

Trust Board Meeting

Agenda

Date: Tuesday, 22nd September 2015

Time: 11.00am – 4.00pm

Venue: Subscription Rooms

(George Room), George Street, Stroud, Gloucestershire, GL5 1AE

Item	Ref No.	Subject	Outcome	Presenter	Time
1	01/0915	Patient Story – Gloucestershire Carers	To receive	Mr Tim Poole – Chief Executive Officer	11.00am
LUNCH					12.00pm
STANDING ITEMS					
2	02/0915	Welcome and apologies	To receive	Chair	12.30pm
3	03/0915	Confirmation that the meeting is quorate	To note	Chair	
4	04/0915	Declaration of Interests	To receive	Chair	
5	05/0915	Minutes of the Meeting held on 21st July 2015	To approve	Chair	
6	06/0915	Matters Arising (Action Log)	To note	Chair	
7	07/0915	Forward Agenda Planner review	To approve	Chair	
8	08/0915	Questions from the Public	To discuss	Chair	
9	09/0915	Chair's Report	To receive	Chair	12.45pm
10	10/0915	Chief Executive's Report	To receive	Chair	12.55pm
11	11/0915	Chief Operating Officer's Report	To receive	Chair	1.05pm
GOVERNANCE, QUALITY AND SAFETY					
12	12/09/15	Board Assurance Framework: Corporate Risks	To discuss	Chief Executive Officer and Head of Corporate Governance	1.15pm
13	13/0915	Quality and Performance Committee Update (Minutes)	To discuss and note	Director of Nursing (Interim)	1.30pm
14	14/09/15	Finance Committee Update (Minutes)	To discuss and note	Director of Finance	1.40pm

Item	Ref No.	Subject	Outcome	Presenter	Time
15	15/0915	Workforce and Organisational Development Committee Update (Minutes)	To discuss and note	Director of HR	1.50pm
16	16/0915	Quality, Finance and Performance Report	To receive for assurance	Chief Operating Officer, Director of Nursing (Interim) and Director of Finance	2.00pm
STRATEGY					
17	17/0915	CQC - Quality Summit and Implementation Plan	To discuss	Chief Executive Officer	2.30pm
18	18/0915	Learning Disabilities Report	To discuss and approve	Director of Nursing (Interim)	3.00pm
19	19/0915	Strategic Objectives	To approve	Chief Executive Officer & Head of Corporate Planning	3.10pm
FOR INFORMATION ONLY					
20	20/0915	Any other Business	To note	Chair	3.30pm

Date of the next Public Trust Board Meeting: **Tuesday, 24 November 2015**

Aspire Sports & Cultural Trust
Oxstalls Sports Park
Conservatory Room
Plock Court
Tewkesbury Road
Gloucester
GL2 9DW

AGENDA ITEM 1

Patient Story – Gloucestershire Carers

AGENDA ITEM 2

Welcome and apologies

AGENDA ITEM 3

Confirmation that the meeting is quorate

AGENDA ITEM 4

Declaration of Interests

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Public: 21 July 2015

Board Members	
Ingrid Barker (IB)	Chair (Voting Member)
Paul Jennings (PJ)	Chief Executive (Voting Member)
Robert Graves (RG)	Non-Executive Director, Vice Chair (Voting Member)
Joanna Scott (JS)	Non-Executive Director (Voting Member)
Richard Cryer (RC)	Non-Executive Director (Voting Member)
Susan Mead (SM)	Non-Executive Director (Voting Member)
Nicola Strother Smith (NSS)	Non-Executive Director (Voting Member)
Jan Marriott (JM)	Non-Executive Director (Voting Member)
Ian Dreelan (ID)	Designate Non-Executive Director
Glyn Howells (GH)	Director of Finance/Deputy Chief Executive (Voting Member)
Susan Field (SF)	Interim Director of Nursing (Voting Member)
Dr. Mike Roberts (MR)	Medical Director (Voting Member)
Duncan Jordan (DJ)	Chief Operating Officer
Candace Plouffe (CP)	Director of Service Delivery
Tina Ricketts (TR)	Director of Human Resources
Jason Brown (JB)	Director of Corporate Governance & Public Affairs (Trust Secretary)
In attendance	
Rod Brown (RB)	Head of Corporate Planning
Bernie Wood (BW)	Head of IT and Clinical Systems
Andrew Mills (AM)	Senior Project Manager
Secretariat	
Louise Simons (LS)	Assistant Board Secretary

Ref	Minute
	<p>Service User Story – Gloucestershire Deaf Association</p> <p>IB set the context for the ensuing presentation / discussion by explaining that service user stories are regarded as a positive way of connecting people who use the Trust's services to the Board.</p> <p>IB then introduced Jenny Hopkins (JH), Chief Executive Officer and Jackie Gloyn (JG), Trustee of the Gloucestershire Deaf Association (GDA), a frontline organisation which delivers specialist services and community activities for deaf and hard-of-hearing adults and children in Gloucestershire.</p> <p>JH provided the Board with a presentation "Why everything you think you know about deafness may not be enough". On behalf of the people represented by the GDA, JH and JG then posed the following four questions to the Board.</p> <p>Question 1: How do the Trust's services currently identify if someone is deaf/ has hearing loss, and what reasonable adjustments do they make? What plans are there for continuous quality improvement?</p>

	<p>In response, CP noted that the Trust currently identifies service users who are hard-of-hearing or deaf via a flag indicator within the electronic clinical records system (SystemOne). All community services then make every endeavour to ensure that reasonable adjustments are made, so as to accommodate the particular needs of people with hearing impairments. It is intended that by future exposure to the Trust's new training film (see question 4 below), staff will have greater understanding of the issues and challenges facing deaf people, and thereby ensure continuous improvement in service user engagements.</p> <p>CP also stated that the Trust will be exploring the introduction of appropriate amplified equipment to enhance service users' hearing ability in suitable clinical environments.</p> <p>Question 2: What alternatives does the Trust provide to telephone helplines and telephone triage?</p> <p>In response, SF stated that the Trust provides online messaging, email, text and postal services as alternatives, and confirmed the organisation's intention to review other technical solutions.</p> <p>Question 3: NHS Accessible Information Standard – new rules have been issued by NHS England which must be implemented within 12 months. These include the requirement to ask about service users' communication needs, and to ensure that information is appropriately recorded and shared. What is the Trust doing to meet the standard?</p> <p>In response, SF stated that the Trust will need to gain a detailed understanding of the requirements in order to align these with current clinical practice and policy. Thereafter, the Trust will seek to ensure implementation in line with the guidance issued by NHS England, and achieve full compliance by July 2016.</p> <p>Question 4: Can the Trust commit to showing the Deaf Awareness Training film to all staff as part of annual mandatory training in 2015-16? Will this include commitment from all Board members to watch the film?</p> <p>In response, TR on behalf of the Board confirmed all members' commitment to watch the Deaf Awareness Training Film, and to ensure that the film is included as part of the Trust's mandatory training programme.</p> <p>PJ relayed his thanks to JH and JG for an enlightening and inspiring presentation, and stated that the Trust would be happy to commit to watching further GDA awareness and educational videos, and to incorporate learning into appropriate Trust working practices.</p> <p>IB thanked the representatives of the GDA for the presentation on behalf of the Board.</p>
37/0715	<p>Welcome and Apologies</p> <p>IB welcomed the Board and members of the public to the meeting.</p> <p>In particular, IB welcomed Elise Hoadley, Hospice Director of Sue Ryder Leckhampton Court Hospice, Andrew Fletcher, Chief Executive of Longfield Hospice, Minchinhampton, and Shelia Rees, Chair of Cirencester League of Friends.</p> <p>IB also welcomed Dr. Mike Roberts, Medical Director, and Susan Field, Interim Director of Nursing in their new roles.</p> <p>There were no apologies.</p>

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38/0715	<p>Confirmation the Meeting is Quorate</p> <p>JB confirmed that the meeting was quorate.</p>
39/0715	<p>Declarations of Interest</p> <p>Members were asked to declare any updates from their original declaration of interests.</p> <p>RC declared his new role as Trustee and Director of Action for Children (Charity). IB congratulated RC on his new appointment.</p> <p>No other interests were declared.</p>
40/0715	<p>Minutes of the Meeting held on 19 May 2015</p> <p>The minutes of the Board meeting held on 19 May 2015 were received and approved as an accurate record, subject to some minor amendments.</p>
41/0715	<p>Matters Arising (Action Log)</p> <p>The following matters were discussed and noted:</p> <p>SF TB038/15 – Quality of Food Action Plan – this action is to be referred to the Quality and Performance Committee. SF to lead.</p> <p>SF 01/05/15 – Liaison Nurses to support people with learning disabilities to be considered as an agenda item at the Community Hospitals Development Group. This action is due to be closed at the September 2015 Board meeting. SF to lead.</p> <p>007/05/15 – Social Care integration report – DJ continues to include this within his report update to Board. This action is therefore now closed.</p> <p>007/05/15 – Quality Strategy Metrics – these are included in the Quality, Finance and Performance report. This action is now closed.</p> <p>013/05/15 – Quality and Performance Committee update to include mandatory training rates. This action is to be discussed at September 2015 Board.</p> <p>014/0515 – FFT Lydney – This action is now closed.</p> <p>014/0515 – Performance Expectations MliU – This action is now closed.</p> <p>014/0515 – Adult Social Care Key Indicators – This action is deferred to September 2015 Board.</p> <p>014/0515 – NICE Guidance – This action is now closed.</p> <p>016/0515 – Annual Accounts – This action is now completed and closed.</p> <p>018/0515 – Duty of Candour, mandatory training – This action is now closed.</p> <p>019/0515 – Finance Report, future reports – This action is now closed.</p>

<p>42/0715</p> <p>JB</p>	<p>Forward Plan Review</p> <p>The Forward Planner was discussed and approved with minor changes as listed below:</p> <ul style="list-style-type: none"> - CQC reflection to be included in the September 2015 Board. - Integrated Business Plan (IBP) / Long-Term Financial Model (LTFM) to be included in the September 2015 Board (Part 2). - Finance Report to be removed as this information is now included in the Quality, Finance and Performance Report. - Nurse Revalidation Report to be included in the September 2015 Board. - Learning Disability Report to be included in the September 2015 Board. - The Lord Rose Report to be included in the November 2015 Board.
<p>43/0715</p>	<p>Questions from the Public</p> <p>There were no public questions submitted prior to the Board meeting.</p>
<p>44/0715</p> <p>IB</p>	<p>Chair's Report</p> <p>IB was pleased to announce that Annie MacCallum, Head of Specialist Services, had been honoured in the Queen's Birthday Honours List with a British Empire Medal (BEM) in recognition of her contributions to nursing.</p> <p>IB conveyed her thanks to all colleagues on behalf of the Board for the extensive work undertaken in preparation for the recent CQC visit, and in particular to RB for overseeing the management of the inspection.</p> <p>IB informed members that Cllr. Ian Dobie had been newly elected as the Chair of the Health and Care Overview and Scrutiny Committee (HCOSC). A Trust briefing meeting for HCOSC members is being planned for early Autumn.</p> <p>IB reported that the Trust's Understanding You Staff Awards took place on Thursday 23 May, with three events staged in Cirencester, Gloucester and the Forest of Dean which celebrated the achievements of colleagues across the Trust. IB congratulated all nominees and winners of the awards.</p> <p>IB reported that the Secretary of State had issued a letter to all Trust Chairs on 2 June 2015 which highlighted the need for executive pay restraint. IB confirmed that a response from the Trust had been issued, stating that the organisation was fully compliant with the requirements detailed within the letter.</p> <p>IB informed the Board that she had been successfully re-elected to serve a second three year term as a Board Member of NHS Providers, representing the Chairs of Community Trusts.</p> <p>The Board received and discussed the Chair's Report.</p>

45/0715 Chief Executive's Report

PJ presented his report and summarised key national and local issues and developments. In particular, he commented on the following:

Leadership Conference

PJ reported that the Trust's first Leadership Conference had been held on 2 June 2015. This had provided an opportunity for colleagues who had undertaken leadership development through Listening into Action, Leading for Quality Care and other leadership schemes, to share their experiences and ideas, enabling others to subsequently adopt new practices in their own service areas. More than 170 colleagues had attended the event, and provided extremely positive feedback. As a result, PJ gave a commitment that the Conference will be staged again in 2016, albeit with a clear ambition to attract attendance from a more diverse staff group.

Care Quality Commission (CQC) round-up

PJ reported that during the week 22-26 June 2015, the Trust had welcomed the CQC Chief Inspector of Hospitals team to the Trust. During this period, 37 inspectors had undertaken assessment, observations and interviews in order to evaluate the quality of care provided by the Trust.

PJ also reported that the CQC would be inspecting the Trust's Dental Services in August 2015: dentistry had not been included in the initial inspection week as qualified inspectors for this service had not been available at that time.

The final Chief Inspector of Hospital's report is due to be published on 22 September 2015 following a Quality Summit on 21 September 2015.

Annual operational plan

PJ noted the Trust's final draft of its One Year Operational Plan which had been submitted to the Trust Development Authority (TDA) on 14 May 2015. The Trust had received response from the TDA on 19 June 2015, which had given the Trust an overall rating of Amber based on the TDA rating system.

RC questioned the rating allocated to the finance section, which was scored as Amber, given that the Trust was planning a surplus. In response, GH reported that the Amber rating was appropriate as the planned surplus was below the TDA target of 1% income: also because the Trust's CIP target was too low. There was also discussion about the impact of agency spend. PJ stated that during the winter, the Trust is in greater need of additional staffing resource, and therefore the use of agency and/or bank staff may be appropriate at this time. DJ added that in 2015/16, the Trust's use of the e-rostering system may help to mitigate over-use of agency resources.

MR sought clarification from PJ in respect of the mortality review rating still being deemed non-compliant, when much work has been undertaken to address this matter. In response, PJ confirmed that it is the Trust's intention to challenge this rating at the next scheduled meeting with the TDA.

Staff Survey Results

PJ reported that the overall results show that the Trust is performing in line with the England average.

TR	<p><u>Health Education England</u></p> <p>PJ reported that on 3 June 2015, Health Education England contacted the Trust requesting support for two strategic frameworks (Talent for Care and Widening Participation) which aim to help develop and support the NHS workforce by ensuring that job opportunities are available to anyone based solely on their merit, ability and motivation, and that thereafter, colleagues have greater chance to further develop their career.</p> <p>IB asked the Board to consider whether it was satisfied with the proposed pledge highlighted within the PJ's report in support of the Health Education England frameworks. In response, the Board agreed to support the pledge. TR now to take forward to the Joint Negotiating and Consultative Forum (JNCF) for staffside's agreement.</p> <p>The Board received and discussed the Chief Executive's Report.</p>
46/0715	<p>Chief Operating Officer's Report</p> <p>DJ presented his report which outlined key local issues and developments. In particular, he reported upon the following:</p> <p><u>Adult Social Care</u></p> <p>DJ drew the Board's attention to the new operating arrangements for Adult Social Care within the Integrated Community Teams (ICTs) which will start on 1 August 2015, and which were detailed within the COO Report for information.</p> <p><u>Cost Improvement Programme</u></p> <p>The Trust's Finance Committee has responsibility for oversight of the Cost Improvement Programme (CIP) and received an update at its meeting on 6 July 2015. DJ reported that there is slippage in the programme due to operational pressures across the Trust. In order to address this, DJ stated that further reduction in the costs of non-frontline roles would be needed in year, and also that additional CIP schemes would need to be identified.</p> <p>IB challenged the process of CIP sign-off at appropriate senior level within the organisation, and in particular focused upon the approval process for Quality Impact Assessments (QIAs). In response, DJ confirmed that the Clinical Senate had approved all QIAs that had been developed to date in relation to CIP schemes, although it was noted that QIAs were not yet in place for each CIP. Additionally IB noted the lack of physical Director of Nursing and Medical Director signatures attached to each QIA. DJ to review.</p> <p><u>Cirencester Hospital</u></p> <p>DJ noted that new arrangements for medial cover at Cirencester Hospital were approved by the CCG on 28 May 2015. As a result, the Minor Injuries and Illness Unit will become nurse-led and continue to operate 24 hours per day. Specialty Doctors will provide medical cover for inpatients during core hours and at other times. This will be provided by the countywide Out of Hours service.</p> <p>DJ also stated that the Trust is currently in discussion with a number of other NHS providers about the use of theatre facilities at Cirencester Hospital. IB requested assurance that the facilities will be fully utilised. DJ to provide update for the next Board meeting.</p>

	<p><u>District Nursing Action Plan</u></p> <p>DJ asked that CP present this discussion item to the Board. Thus, CP reported that as part of the District Nursing Action Plan, representatives from the Gloucestershire Clinical Commissioning Group (CCG) had shadowed nurses in the South Cotswolds ICT. The purpose of this was to determine whether any of the activity could be moved to an ambulatory care setting, thereby releasing capacity in the community nursing service. Additionally, there had been a review of the draft house-bound criteria in order to evaluate whether any service users were being seen at home who should be seen elsewhere.</p> <p>Following this work, CP stated that the Trust had met on several occasions with the CCG to discuss a revised action plan, which is due to be completed by September 2015, and then reported to the Quality and Performance Committee. SM highlighted her concern that work to better understand the house-bound criteria and the action plans was needed. SM also requested further evidence of the interface between the District Nursing Action Plan and the wider Trust Strategy.</p> <p>CP In response to these challenges, IB requested that dedicated time should be allocated to discussion of the quality and service specifications of ICTs and District Nursing at a future Quality and Performance Committee. CP to action.</p> <p>DJ Additionally, IB requested assurance that the Board receive a detailed report in respect of the ICT model. DJ agreed to include at the next Board meeting.</p> <p>The Board received and discussed the Chief Operating Officer's Report.</p>
47/0715	<p>Board Assurance Framework – Corporate Risks</p> <p>PJ presented the Board Assurance Framework (BAF) to the Board, and thanked RB for his work in developing the format of the document and the supporting processes.</p> <p>PJ drew the Board's attention in particular, to the 20 new risks within the BAF which were currently graded as 12+ and therefore represent the most significant challenges to the Trust as identified by colleagues across the organisation.</p> <p>IB asked the Board to consider whether it was satisfied with the proposed mitigations, particularly in relation to these new risks. In response, Executive colleagues confirmed that work was underway to address each of the risks. However, there was particular focus given to discussion of the following:</p> <ul style="list-style-type: none"> • the Board noted the concern regarding the changes in the provision of leg ulcer care in Cirencester (SD15/ICT), which had recently received press coverage. PJ assured the Board that the relocation of this service from a community setting to a community hospital was clinically appropriate and justified. SF noted that an engagement session was being undertaken with service users throughout July and August, with the relocation planned for September 2015; • in respect of the unallocated governance and accountability for Medical Devices (SD7/CWS), NSS raised concern that the solution proposed to this risk by the Executive Team had still not been implemented. In response, PJ stated that SF will lead on addressing this issue forthwith; • GH informed the Board that the ongoing issues with the transition of the pharmacy service (SD17/CWS) would be resolved within the next four weeks;

<p>CP</p> <p>GH</p>	<ul style="list-style-type: none"> • IB sought clarification on the delays to service users of the Sexual Assault Referral Centre accessing counselling services (SD19-CWS). In response, CP confirmed that the delays had been caused in part, by underestimation of the number of historic cases which would be referred to the service. CP noted that this now needed a refresh of the pathway, and that corresponding discussions were underway with the CCG; • IB also requested clarification on colleagues' ability to access Service User Status Alerts on SystemOne when working remotely (IT2). GH confirmed that this work to remedy this risk was being rapidly progressed, and that it would be reviewed ahead of the next Board; • RC challenged the discrepancy in risk ratings between the scores attributed by the finance team to CIP (FIN1 and FIN2) and those ascribed by the Transformation and Change Team (TC2). RC also enquired as to how these ratings were decided in light of the TDA's decision to give the Trust an Amber rating for finances as noted in the Chief Executive's Report earlier. GH noted that an additional process was being introduced into the risk management cycle to ensure that Executives have oversight of the full BAF prior to it being escalated to Board, so as to identify any such differences and resolve them. <p>The Board discussed and approved the BAF.</p>
<p>48/0715</p> <p>ID</p> <p>SF</p>	<p>Quality and Performance Committee Update</p> <p>SM, as Chair of the Quality and Performance Committee, presented the minutes of recent meetings and in particular noted the following:</p> <ul style="list-style-type: none"> • the Quality and Performance Committee now receives improved reporting in respect of scheduled and unscheduled care activity via reports developed by CP and SF respectively, as well as a detailed risk register which informs all meetings; • the Committee has commended colleagues' progress in relation to the delivery of harm free care across the Trust; • there has been considerable work undertaken in order to improve organisational processes and policies regarding the Duty of Candour and complaints management, but that this work will continue to be developed and refined, so that understanding becomes more thoroughly embedded within the Trust. <p>In response to the latter point, IB noted that the Quality and Performance Committee had agreed to set up a Complaints Oversight Group to be chaired by ID, with the first meeting to be scheduled in the coming weeks.</p> <p>JM commented that the Quality and Performance Committee should consider oversight of the development of easy-read clinical policies for colleagues and members of the public. In response, SF agreed to look at this opportunity.</p> <p>IB requested further clarification regarding the action from the Quality and Performance Committee minutes in May 2015 regarding the use and response to call bells within community hospitals. GH confirmed that the Estates Team had made progress particularly in Tewkesbury Hospital where the matter would be resolved via the installation of a new pager system within the following 8 weeks.</p> <p>The Board received the Quality and Performance Committee update.</p>

49/0715	<p>Finance Committee Update</p> <p>IB noted that the dates for future Finance Committee meetings were being revised with an assurance that the Committee will have monthly scrutiny of finance data in those months that Board does not take place. To this end, IB noted that the next finance meeting is now scheduled for August 2015, and that an update will be available at the Board meeting in September 2015.</p> <p>RC, as Chair of the Finance Committee, reported that:</p> <ul style="list-style-type: none">• at the previous meeting, robust discussions took place regarding CQUIN and QIPP;• in-depth budget reviews are timetabled from August 2015 onwards in order that senior budget holders can present to the Finance Committee, and to give Committee members an opportunity to understand in detail any issues facing budget holders;• the CIP programme reports had highlighted significant slippage, although work was now being undertaken to develop alternative plans to deliver the required in year recurrent savings. <p>The Board noted the Finance Committee update.</p>
50/0715	<p>Workforce and Organisational Development Committee Update</p> <p>NSS, as Chair of the Workforce and Organisational Development Committee, presented the minutes of the recent meeting and in particular noted the following:</p> <ul style="list-style-type: none">• Learning and Development will now be reviewed by the Committee;• a programme of “Deep Dive” reports has been developed to explore appraisals, the Friends and Family Test (FFT) and mandatory training. Following the deep dive review in respect of appraisals, the Trust is now looking to undertake appraisals between April and September in order to avoid winter pressures, and thereafter assess if this change has measured effect on completion rates. <p>TR reported that she had reviewed over 1,200 comments received via the FFT, as despite all the engagement activity undertaken by the Trust in quarter 1 2015-16 including the 53 Understanding You events, the Staff Awards and the Leadership Conference, results showed that still only 52% colleagues would recommend the Trust as a place to work. Themes to have emerged from this review show that staff remain concerned about the pace and amount of change, increasing service demands, and lack of support from leaders. In response, a suite of programmes for colleagues at Bands 1-8 has been developed in conjunction with the University of West of England, with the programmes for Band 3 and Band 5 being launched in September 2015.</p> <p>JM asked whether it was possible to identify whether staff raising repeated concerns within the FFT could be traced to a particular locality / team so as to enable targeted support to be provided. TR confirmed that the FFT was anonymised: however, she noted that the Corporate Planning Team under RB was planning to launch a staff engagement pilot in September 2015 in order to understand recurrent anxieties within specific teams, and how these may be addressed via dedicated interventions.</p> <p>TR also reported that sickness absence and mandatory training rates had improved against local targets.</p> <p>The Board received the Workforce and Organisational Development Committee update.</p>

51/0715 **Quality, Finance and Performance Report**

DJ presented the report, summarising activity and performance under the Trust's six strategic objectives. Discussion focused on the following issues:

Objective 1 – Achieve the best possible outcome for our service users through high quality care

- Falls: Higher rate of falls in an inpatient setting compared to benchmarking group.
- Serious Incidents Requiring Investigation (SIRI): Lower rate of SIRIs reported compared to benchmarking group.
- Incidents: Lower rate of incidents reported compared to benchmarking group.
- Duty of Candour: applied to 8 incidents in 2015/16.
- Harm Free Care: Safety Thermometer data evidenced reduction in Harm Free Care to 93.9%: 1.36% new harms compared to national average of 2.2%.

SF IB raised particular concern regarding medication and drug errors, which had risen significantly during May, and asked if this was related to the recent change in pharmacy supplier. SF agreed to investigate, and report to the Quality and Performance Committee and Board in September 2015.

SF NSS sought clarification regarding safer staffing numbers. SF noted that there is increasing need for one-to-one care within community hospitals, and that work is on-going to better understand the trends and cause of this.

SF SM confirmed that at the next Quality and Performance Committee, a report has been requested on agency and staff spend. SF to produce. IB requested that the Board receive an update at the next meeting. SF to action.

Objective 2 – Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

- Friends and Family Test: increase in response rate with 96.6% service users saying they would recommend the Trust.
- Mixed-sex accommodation: No breaches.
- NHS Choices: 11 NHS Choices comments in May; 4 positive and 7 negative.
- Complaints: 6 complaints received in May. 85.7% responded to within agreed timescale.

CP JM noted that of the 7 negative comments received via NHS Choices, 5 related to the dental service. As a result of this, CP agreed to investigate the matter, and feedback to the Quality and Performance Committee in September 2015.

Objective 3 – Provide innovative community services that deliver health and social care together

- Rapid response: referrals received remain below the target level.
- Adult Social Care: 3 key indicators were rated red.
- Reablement: Contact time, cases progressed within 6 weeks and sickness rate are not achieving target; however, average length of Reablement service (4.4 weeks) is below target of 6 weeks.

DJ	<p>IB sought clarification about the quality of the reported data. DJ noted that this would be investigated, and an update provided to Board in September 2015.</p>
	<p><u>Objective 4 – Work as a valued partner in local communities and across health and social care</u></p> <ul style="list-style-type: none"> - Admissions to Community Hospitals between 23:00 and 05:59: number increased in May, both direct admissions and transfers. - Pharmacy: Lloyds Pharmacy started providing services across the organisation in May.
RB	<p>IB noted that a number of the Quality Strategy metrics against this objective were unmeasurable at this time. RB was therefore asked to review these indicators and identify alternatives.</p> <p>On behalf of the Board, IB noted her approval for the inclusion within the report of metrics relating to the Alamac system, and thanked SF for her contribution.</p>
	<p><u>Objective 5 – Support individuals and teams to develop the skills, confidence and ambition to deliver our vision</u></p> <ul style="list-style-type: none"> - Monitor compliance statements: full compliance evidenced. - Board statements: full compliance evidenced. - Staff Friends and Family Test: positive in terms of recommending the Trust as a place for treatment (Q4, 81%), however far lower recommendation in terms of place to work (Q4, 49%). - Sickness absence: improving, but remains above target (3.98% in May compared to target of 3%). - Appraisals: rate of reported completed appraisals remains behind trajectory.
RB	<p>There was some discussion as to the validity of including the Monitor and Board statements. However, IB confirmed that their inclusion was necessary, given that Board members should be fully sighted. However, RB was asked to include further detail on a number of the statements, so as to provide greater clarity.</p>
	<p><u>Objective 6 – Provide innovative community services that deliver health and Support individuals and teams to develop the skills, confidence and ambition to deliver our vision</u></p> <ul style="list-style-type: none"> - Legal claims: increase in number received. - CIP, CQUIN, QIPP: currently rated as high risk. - Finance: on plan although overspending on agency costs, there remains a reliance on agency use that is putting a cost pressure on the Trust, which is being offset by non-recurrent savings. - All major contracts have been agreed and signed; the contract with the County Council has been agreed verbally and changes will be enacted in July (these relate to the transfer of Health Visitor funding from NHS England to the local authority from 1 October 2015).
DJ	<p>IB noted with concern, the projected slippage on the delivery of the CIPs, and questioned how Executives were planning at service and departmental level to achieve the targeted savings. DJ confirmed that the CIP programme would be discussed at the next scheduled Finance Committee, and updates on progress brought to the September 2015 Board.</p>
	<p>The Board received and discussed the Quality, Finance and Performance Report.</p>

52/0715	<p>SystemOne Update (Benefits Realisation Presentation)</p> <p>BW delivered a presentation that highlighted the following:</p> <ul style="list-style-type: none"> • SystemOne provides healthcare professionals across the Trust with a complete management system including electronic service user records, bookings and referrals. • There are 35 services within the Trust that currently use SystemOne, and 1,896 colleagues have been trained to use the system. • Nine key benefits were shared with the Board on the uses of the system and the impact on improved service delivery. • The SystemOne delivery team is currently working with clinicians to identify how to improve the system further in order to make it more accessible and user-friendly. <p>IB conveyed her thanks to BW for the presentation.</p> <p>The Board received and noted the presentation in respect of SystemOne.</p>
53/0715	<p>Annual Report and Accounts</p> <p>GH presented the Annual Report and Accounts which includes the Annual Governance Statement.</p> <p>He confirmed that the document had now been laid before Parliament, and the Board was asked to note the contents.</p> <p>The Board received and noted the Annual Report and Accounts.</p>
54/0715	<p>Annual Quality Account</p> <p>PJ presented the Annual Quality Account which includes feedback from key stakeholders. He explained that the Annual Quality Account had been published on NHS Choices on 30 June 2015 in line with statutory requirements.</p> <p>The Board received and noted the Annual Quality Account.</p>
55/0715	<p>Charitable Funds Committee minutes – 24 April 2015</p> <p>NSS as Chair of the Charitable Funds Committee presented the minutes of the recent meeting. In particular, NSS confirmed that GH is now the lead executive for Charitable Funds supported by the Head of Estates who will manage the administrative process.</p> <p>The Board noted the Charitable Funds Committee minutes.</p>
56/0715	<p>Audit and Assurance Committee minutes – 13 May 2015 and 3 June 2015</p> <p>RC, as Chair of the Audit and Assurance Committee, presented the minutes of the recent meetings.</p> <p>The Board noted the Audit and Assurance Committee minutes.</p>

Trust Board Minutes

57/0715	<p>Register of Seals</p> <p>JB presented the Register of Seals which provided a list of documents that had been appropriately witnessed and fixed with the Trust seal.</p> <p>The Board noted the Register of Seals.</p>
58/0715	<p>Any Other Business</p> <p>No other business was requested for discussion.</p> <p>IB thanked everyone for attending the meeting.</p> <p>The meeting was closed by the Chair.</p>
	<p>Date of Next Public Meeting</p> <p>It was agreed that the next meeting of the Board will be held on 22 September 2015 at The Subscription Rooms, George Street, Stroud GL5 1AE</p>







Chair's Signature:










Date:







PUBLIC TRUST BOARD Part 1 (September 2015) LIVE ACTION SHEET











Key to RAG RATING












	Action completed within agreed original timeframe		Action on track for delivery within agreed original timeframe
	Action deferred once, but there is evidence that work is now progressing towards completion		Action deferred more than once




Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
TB110/14	Receipt of Annual Accounts	To receive annual accounts	GH	May 2015		
TB006/15	IBP and Long Term Financial Model	To be included on September agenda	GH	September 2015		
TB038/15	Quality of food action plan	Quality of Food Action Plan for North Cots to be received and discussed at next QP committee and confirmed to board	SF (EF)	July 2015	Referred to September 2015 Q&P Committee	
01/05/15(Service User Story)	Further support for people with Learning disabilities	RC requested improvement in this critical area of service delivery by developing a detailed and documented plan	SF (EF)	Sept 2015		
	Liaison nurses to support people with learning disabilities when transferred to community hospitals	Community Hospitals Development Group to consider as part of a future agenda item	DJ	September 2015		
	Gloucestershire Voices AGM presentation	PJ invited Glos Voices to present at AGM – JB to follow up	JB	July 2015	Meeting Scheduled August 2015	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
007/05/15	Nurse Revalidation report	Report to go to Q&P and presentation to September board	SF (EF)	Sept 2015		
	Social care integration report	COO report to include social care integration update	DJ	July 2015		
	Quality Strategy Metrics	Going forward the report for Quality, Finance and performance produced for board is to now also include Quality Strategic metrics. Understanding You report will also be included in this report	PJ (RB)	July 2015		
	Regulatory Change	CEO report to include section on regulatory change	PJ	September 2015	To be included on the Sept report	
	Communications	CEO report to include a section on communications	PJ	September 2015	To be included on the Sept report	
	Meeting request from member of public	BM requested a meeting with DJ to discuss recent feedback received whilst visiting a community hospital.	DJ	July 2015		
	Lesson Learnt Report Lead Exec	PJ to nominate an exec lead to champion the Lessons Learnt Report programme of work and respond to board in September	PJ	September 2015		
011/05/15	Cost Improvement Programme	DJ to present to next finance committee full and detailed CIP report with minutes to follow to board	DJ	September 2015		
	Tender process for Public Health Services	DJ stated that following a discussion at Transformation and Change Board meeting it was suggested that the Trust should invest in developing in house core capacity to delivery and write tenders .PJ and DJ to explore further	PJ/DJ	September 2015		

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
	BAF	Assurance required by Board members that executive colleagues review risks as appropriate to their areas of operation. Committees to report discussion of risk registers and any mitigating actions within mins as presented to Trust Board	All Execs	Ongoing		
013/05/15	Quality and Performance Committee update – Mandatory training rates	Executive team asked to change existing processes in order to make appraisals easier. TR working with operation colleagues to streamline processes further.	TR	September 2015	Report to Workforce and OD Committee and then to September Board in Wforce and OD report Committee	
014/05/15	FFT Lydney	SF to investigate response rates for FFT at Lydney	SF	July 2015		
	Performance Exceptions	SF to look into the MIU unplanned re-attendance rate and provide update to board	SF	July 2015		
	Adult Social Care Key Indicators	Trust performance is reported to be higher than is demonstrated EF to look into matter and report back to Board	SF	September 2015	Disconnect in Data sets being revised and action in August	
	NICE Guidance	Further assurance was requested from GH regarding the Trust's compliance with NICE guidelines. EF to report back to board with update in July	SF	August 2015	Managed through Clinical Senate	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
15/05/15	Mortality Report	Data contained within the report to be presented in an easier read format in future reports	MR	September 2015		
16/05/15	Annual Accounts	GH to continue to provide Chair and CEO on any matters arising following sign off from external auditors on 3 rd June	GH	Ongoing		
017/05/15	Complaints Policy	To be review at board in September 2015, ensuring narrative within the policy is appropriate	SF	September 2015		
	Complaints Policy	Communications within the literature submitted to Readers Panel and board requested feedback to inform future iterations	RB	September 2015	To be actioned by Q&P Committee	
018/05/15	Duty of Candour	To be introduced into mandatory corporate training	TR	July 2015		
018/05/15	Duty of Candour	PJ to confirm exec lead and accountability at July board	PJ	July 2015	DoN	
	Duty of Candour	Policy effectiveness to be monitored through Quality and Performance Committee	SF	September 2015		
	Duty of Candour	Policy to be reviewed at September board with appropriate narrative	SF	September 2015		
019/05/15	Finance Report	Future reports to show cash reporting in more detail	GH	July 2015		
B006/15	Membership Strategy	To be developed and presented to the Executive management team in November 2015 and presented to Board in January 2016	JBr	January 2016		

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
Service User Story TB 21 July	Communication needs with deaf and hard of hearing service Users	Further consideration given to exploring other means of communication in line with NHS Accessible Information Standard	CP/SF	Ongoing		
	Deaf Awareness Training Film	Training film to be circulated to all Board members and to be included in Mandatory Training Programme	TR	September 2015		
44/0715	HCOSC	Schedule of meeting with HCOSC Chair	IB	September 2015		
46/0715	COO report. CIP Sign off	Lack as assurance of CIP signoff in respect of signatories	DJ	September 2015		
	COO Report, Cirencester Hospital theatre facilities	Update required in respect of theatre facilities utilised at Cirencester Hospital	DJ	September 2015		
	COO Report, Housebound criteria and action plan	Update required in respect of interface between DN Action plan and wider Trust strategy	DJ	September 2015		
	COO Report, ICT Model	Detailed report to Board in respect of ICT Model	DJ	September 2015		
47/0715	BAF – Corporate Risks	Medical Devices Risk (SD7/CWS) solution to be implemented	SF	September 2015		
48/0715	Quality and Performance Committee Update Report.	Opportunity for development of easy read clinical policies for colleagues and public. Oversight of this to Quality and Performance Committee	SF	September 2015		
51/0715	Quality, Finance and Performance Report (Obj 1)	Report requested detailing medication and drug errors due to rise in May 2015	SF	September 2015		
	Quality, Finance and Performance Report (Obj 1)	Staff and agency spend report requested to Quality and Performance Committee in September	SF	September 2015		

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
	Quality, Finance and Performance Report (Obj 2)	Number of dental concerns raised to be investigated and a report back to Quality and Performance Committee	CP	September 2015		
	Quality, Finance and Performance Report (Obj 3)	Quality and validity of Data to be investigated and reported back to Board	DJ	September 2015		
	Quality, Finance and Performance Report (Obj 6)	CIP Programme of work to be discussed at Finance Committee and an update back to Board	DJ	September 2015		

Board Part 1 2014/15	19 May 2015	21 July 2015	22 September 2015	24 November 2015	26 January 2016	22 March 2016
Venue:	Guildhall	Cirencester FC	Stroud Subscription Rooms	Oxstalls Gloucester	EJC	George Watson Hall- Tewkesbury
Standard Items						
	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies
	Patient Story - Gloucestershire Voices	Service User Story - Gloucestershire Deaf Association	Service User Story -Carers Gloucestershire and Prestbury Carers' Group	Service User Story- GlosCats - Transgender Community	Service User Story- TBC	Service User Story - TBC
	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate
	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
	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log
	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner
	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public
	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report
	Chief Executive's Report (to include FT Programme Board update)	Chief Executive's Report (to include Understanding You Events update)	Chief Executive's Report (to include FT Programme Board update)	Chief Executive's Report	Chief Executive's Report (to include FT Programme Board update)	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
Governance, Quality & Safety						
	Board Assurance Framework - Corporate Risks JBr	Board Assurance Framework Corporate Risks JBr	Board Assurance Framework - Corporate Risks JBr	Board Assurance Framework - Corporate Risks JBr	Board Assurance Framework - Corporate Risks JBr	Board Assurance Framework - Corporate Risks JBr
	Quality and Performance Report - EF	Quality, Finance and Performance Report - EF (inc quality metrics)		Quality, Finance and Performance Report	Quality, Finance and Performance Report	Quality, Finance and Performance Report
	Quality and Performance Committee Update Minutes and update from 8 May Meeting)	Quality and Performance Committee Update (8 May Minutes and update from 18 June Meeting)	Quality and Performance Committee Update (18 June Minutes and update from August Meeting)	Quality and Performance Committee Update (August Minutes and update from 22 October Meeting)	Quality and Performance Committee Update (22 October Minutes and update from 17 December Meeting)	Quality and Performance Committee Update (17 December Minutes and update from 25

Board Part 1 2014/15						
Month	19 May 2015	21 July 2015	22 September 2015	24 November 2015	26 January 2016	22 March 2016
Venue:	Guildhall	Cirencester FC	Stroud Subscription Rooms	Oxstalls Gloucester	EJC	George Watson Hall- Tewkesbury
Standard Items						
	Workforce and OD Committee Update Minutes and update from 13 April Meeting)	Finance Committee Update (24 April Minutes and update from 13 July Meeting)	Finance Committee Update (16 July Minutes and update from August and Sept Meeting)	Finance Committee Update (2 Sept Minutes and update from 3 Nov Meeting)	Finance Committee Update (3 Nov Minutes and update from 11 January Meeting)	Finance Committee Update (11 January Minutes and update from 7 March Meeting)
	Annual Mortality Reporting - JB	Learning Disability Steering Group Report - EF	Workforce and OD Committee Update (1 June Minutes and update from 10 August Meeting)	Workforce and OD Committee Update (10 August Minutes and update from 19 October Meeting)	Workforce and OD Committee Update (19 October Minutes and update from 14 December Meeting)	Workforce and OD Committee Update (14 December Minutes and update from 15 March Meeting)
	ICT Steering Group report.	Workforce and OD Committee Update (13 April Minutes and update from 1 June Meeting)	Quality, Finance and Performance Report			
	Social Care Governance Framework - SF	Monitor Compliance Statements and Board				
Strategy						
				Engagement and Experience Strategy		
	Quality Strategy Metrics Report - RB			Information Governance Strategy (sign-off) (JBr)		Membership Strategy (sign-off) (JBr)
Corporate						
	Finance Committee Update (Minutes and update from 24 April	SystemOne update report (GH)		DoC/Complaints Policy Review		
	Audit and Assurance Committee Update			Operational Resilience Capacity Plan (Winter Plan)		
	Receipt of annual accounts (GH)					
	CQC Inspection Programme Board Update					
Information						
	Charitable Funds Committee Update (Minutes and update from 24 April Meeting)	Charitable Funds Committee Update (24 April Minutes and update from 14 July Meeting)	C/Fund, Q&P, Workforce, Recom, Audit and Assurance	C/Fund, Q&P, Workforce, Recom, Audit and Assurance	C/Fund, Q&P, Workforce, Recom, Audit and Assurance	C/Fund, Q&P, Workforce, Recom, Audit and Assurance

Board Part 1 2014/15						
Month	19 May 2015	21 July 2015	22 September 2015	24 November 2015	26 January 2016	22 March 2016
Venue:	Guildhall	Cirencester FC	Stroud Subscription Rooms	Oxstalls Gloucester	EJC	George Watson Hall- Tewkesbury
Standard Items						
	Annual Governance Statement	Audit and Assurance Committee Update (13 May Minutes)	Any other business	Any other business	Register & Commercial Sponsorship	Register of Declaration
	Complaints Policy - EF	Register of Seals	Date of next meeting	Date of next meeting	Any other business	Register of Seals
	Any other business	Any other business		Nurse revalidation report'	Date of next meeting	Any other business
	Date of next meeting	Date of next meeting				Date of next

AGENDA ITEM 8

Questions from the Public

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 22 September 2015

Location: Subscription Rooms, Stroud, Gloucestershire

Agenda item 9: Chair's report

Working with our communities

On the 8 September 2015, we held a very successful Your Care, Your Opinion all day event at the Friendship Cafe in Gloucester. The event was particularly designed to interest minority ethnic communities, and I was thrilled to see over 130 people from a range of Asian, African Caribbean, Polish, Chinese and other communities.

In the morning frontline colleagues from the Trust, ran information stalls on health improvement, long-term conditions and children's services, amongst others. There were also interactive workshops on dementia and diabetes which were very well-attended. Health checks were also offered by nurse Jules Roberts, which were incredibly popular. During the afternoon we held table top discussions with participants, in order to evaluate how services can be better adjusted to meet the different or extra needs of everyone in our local community.

I would like to say a very big thank you to Haroon Kadodia, Community Development Officer and his team, for their help in securing the interest of such large numbers of people and also to Imran Atcha and his volunteers for the very welcoming venue.

The Engagement Team is currently working through all the feedback received on the day and will be liaising with relevant operational teams, to suggest practical changes in service delivery that will allow us to increasingly tailor our services to different people's needs. Additionally, as a direct result of this event, we have now made contact with a number of local people who I am sure, will be instrumental in helping us better understand the needs of everyone in Gloucestershire in the coming months.

Work is continuing to ensure that the Trust protects free car parking for patients and visitors to Cirencester Hospital in light of third-party pay and display car-parking being approved for part of the site by Cotswold District Council. Paul Jennings, Head of Corporate Planning Rod Brown and I met with representatives from Healthwatch and the hospital's League of Friends to ask for their views of our proposals. We were pleased to confirm to them that it is our intention to maintain free car parking at this and indeed all our community hospitals.

Working with our partners

Together with a number of Board members I attended the very well-supported Gloucestershire Clinical Commissioning Group event and Annual General Meeting at Cheltenham Racecourse on Thursday 3rd September 2015.

The day-long event featured a series of topic presentations and workshops, with display stands and information bordering the events area. This was a great opportunity to present our services to a predominantly GP audience, and I was pleased to see we had displays from our Diabetes, Respiratory, Home Oxygen and Stop Smoking services in addition to information about our Minor Injuries and Illness Units, SPCA and Rapid Response.

Chief Executive Paul Jennings and I were invited to meet with the Cabinet members from Forest of Dean District Council on Monday 27th July 2015 as a precursor to wide-ranging discussions in the locality about health and social care being led by the Clinical Commissioning Group. I also met with the Chair and Secretary of Forest Health Forum on Wednesday 19th August 2015 and Cllr Di Martin on Thursday 20th August 2015 who has a lead role for health and wellbeing for the district council.

Chief Executive Paul Jennings and I met with the new MP for Cheltenham Alex Chalk on Tuesday 28th July 2015 to introduce him to our Trust and its services. It was useful and productive to be able to discuss our role in the county, and to begin building a new relationship which will be important as we seek to develop services in the coming years.

We were pleased to host the Gloucester MP Richard Graham, who spent two days with the Trust on Wednesday 26th August and Thursday 27th August 2015 to see first-hand some of the work of our teams. He met Chief Executive Paul Jennings and myself and spent a morning learning about the work of the Single Point of Clinical Access (SPCA) and an afternoon with a Community Nurse. He also spent time with our Heart Failure service and with the Homeless Healthcare team.

Interim Director of Nursing Sue Field, Chief Executive Paul Jennings and I, held our regular meeting with the Chairs of the Leagues of Friends on Tuesday 1st September which included a presentation on our current plans for this year's period of winter pressure.

Gloucestershire County Council's Health and Social Care Overview and Scrutiny Committee meet on Tuesday 15th September. Paul Jennings, Duncan Jordan and I are planning to attend to present a paper on the future of community hospitals.

I attended a meeting of the NHS Providers Board in London on Wednesday 2nd September where there were discussions about NHSPs response to a range of important national initiatives. Board members have already been briefed separately on this.

The second of the Gloucestershire Strategic Forum's Five-Year View workshops was held on Tuesday 1st September with five of us present from GCS Board. We were interested to hear presentations from the Manchester Devolution initiative as well as the Mid Nottinghamshire Vanguard project. Discussions will continue at our third session later in September.

Paul and I met with the Trust Development Authority on Thursday 27th August to update them on our developing use of the Quality Governance Assurance

Framework (QGAF) within Board thinking and also our activities to respond to their observations of our Board and Committees. As part of this, we now have board development work on going with Sheila Damon who has now completed her initial 'diagnostic' phase with whole board sessions to take place during the autumn and Winter.

Engaging with our colleagues

Non-Executive Directors and I continue our monthly meetings, which are held in service venues around the County. In July we visited Wheatridge Court in Gloucester, which offers care and rehabilitation for people with physical disability and sensory impairment. In August we visited Cirencester Hospital where we were able to see the development of the Ambulatory Care Unit at the Churn Suite, which opened at the end of August, and the emerging Healthy Marketplace. Nicola Strother Smith, as Chair of Charitable Funds, and I did a photo shoot at Cirencester hospital to highlight the initiative to provide new pyjamas and toiletries for patients admitted without any.

Our Non-Executive Directors continue with their regular quality visits to services and I spent the morning of Wednesday 26th August with Rachel Bucknell, Community Nurse in Gloucester, and met with with Steve Carpenter, Stroke coordinator, on Thursday 10th September. In both cases it was inspiring to see people being cared for so skilfully in their own homes. I also visited the Vale Hospital on Thursday 20th August where I was able to meet with local GP Dr Simon Opher to share views on current and future ambitions for the hospital.

Board Developments

We were pleased to have a strong field of applicants for the vacant Director of Nursing post as this is a vital voting executive board member role. We hope to be able to announce the outcome at the Board meeting. My thanks are due to all those Board members and senior nursing colleagues who have given their time to the assessment process for this crucial clinical leadership role.

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 22 September 2015

Location: Subscription Rooms, Stroud, Gloucestershire

Agenda item 10: Chief Executive's Report

The Care Quality Commission (CQC) completed its inspection of our Trust with announced visits to our community dentistry service between August 18 and 21. These had been scheduled to take place in June, but were delayed due to a shortage of inspectors.

We received our draft report from the CQC on Wednesday August 19 which we responded to with comments regarding factual accuracy.

Any inspection will prompt actions and improvement and we are no exception. In response to the draft report we have produced an Action and Implementation Plan to address the issues raised. Our plan contains nearly 200 items divided into 12 themes including accessibility, training, staffing and records management.

Our Quality Summit with the CQC and Trust Development Authority is held on September 21, the day prior to our September Board meeting, and our full report will be published on the day of the Board meeting. I intend to give a verbal update to the Board in light of the outcome of the final report.

The Trust requires a rating of 'Good' or better to proceed with its transition towards Foundation Trust status and we will use the CQC report to inform our progress as we move forwards.

Forest of Dean engagement

This month we are beginning a review of the health and social needs of the people of the Forest of Dean, in close collaboration with both Gloucestershire Clinical Commissioning Group and each of the communities in the locality.

In looking to address questions about our future services we need to look at our role as one part of a larger network of services. So we will also be looking to develop our partnership working on wide-ranging issues from the structuring of domiciliary care support to the provision of key worker housing, to opportunities for education and training.

I would like to stress that these are complex questions, often with no correct answer, and that this exercise does not come with an underlying agenda.

The intention is to take a two-stage approach beginning with a period of engagement running until December this year during which we will be speaking with existing community groups to assess the needs in the Forest of Dean which will inform a series of options for future services.

Then between March and May 2016 we will take those options to the public to provide a further opportunity for input and discussion.

Understanding Why events

Feedback from colleagues regarding our series of Understanding You events earlier in the year revealed that the opportunity to meet and talk with members of the Executive team was well received across the Trust. Discussions with more than 800 colleagues during those events fed into the Listening into Action programme as well as being useful and instructive for this Board.

As a result we will be holding a similar series of events throughout October, called Understanding Why. Again these will be delivered by myself and members of the Executive team at venues across the county, each offering a forum for updates, discussion and commentary on the Trust.

Amongst the likely topics we will look at plans for the Trust in light of national economic and health policy, discuss outcomes and actions resulting from our CQC inspection, and keep looking at how to drive improvement through the Listening into Action programme.

Thirty-five events are planned from October 5th to 30th, open to all colleagues. I am looking forward to the discussions and hope we can encourage even more colleagues to attend and participate.

Nursing Learning and Celebration Event

The Trust has been planning to develop an event for our nursing colleagues for some time. Following the success of our Leadership Conference in June we have taken that formula to create a new event, aimed at all nurses across the Trust.

The Nursing Learning and Celebration event will be held on Thursday, November 5 at the Thistle Hotel, Cheltenham. The drop-in format will offer attendees the flexibility to choose how much of the event to attend and which speakers and workshops interest them, while balancing this with other demands on their time.

The event will conclude with Dame Janet Trotter, Lord-Lieutenant of Gloucestershire, presenting the Trust's Head of Specialist Services Annie MacCallum with the British Empire Medal awarded to her in the Queen's Birthday honour's list.

Trust Development Authority (TDA) Plan Improvement Response

As discussed at the recent Board Development Session, we – along with all NHS Trusts – have been requested by the TDA to resubmit the plan for 2015/16 with a higher surplus – the value of the increase requested from GCS was £1,427k.

In line with the discussions and the figures that were approved by the Board, the Trust responded with an increase of £900k based on two changes in assumptions:

i) SystemOne implementation costs that had previously been planned to be expensed will now be capitalised as an asset and depreciated over five years.

ii) the 1:8 ward staff to patient ratio that this Trust, along with all other Trusts, has been meeting is being reviewed to take into account overall levels of acuity and need as well as the numbers of other staff (e.g. qualified therapists and health care assistants) that are present alongside our qualified nurses to ensure patients receive the care they require.

Both the TDA and the Clinical Commissioning Group (CCG) are supportive of both of these changes and the CCG Director of Nursing will review our proposals for staffing changes on the wards to ensure that standards of care are not compromised.

TDA Agency Rules - Cap on Spend and Framework Contract Requirements

The TDA has written to all NHS Trusts to set out expectations for a reduction in spending on agency nursing staff.

Last year at the Trust around 6% of our qualified nurse pay was through agencies. The TDA has informed us that we are expected to achieve the following trajectory:

Q3/4 2015/16	2016/17	2017/18	2018/19
6%	5%	4%	3%

Through the work rolling out eRostering, the review of the safer staffing levels and continued focus on recruitment it is expected that we will achieve this improved position.

Additionally, all NHS Trusts are required to seek TDA approval for all agencies that are used; any spend with an agency that is not approved will require reports to the TDA outlining what happened exceptionally to require this and what is being done to avoid any repeat.

Internal Engagement scheme

Starting this month and continuing into March, the Trust will be conducting a piece of engagement work with colleagues from Tewkesbury Integrated Community Team and Stroud Hospital. This will aim to identify weaknesses in working practices which

are affecting individual groups – whether those are around team structures or meetings, line management, technical or IT issues, communications or email use.

This initial event will involve around 280 colleagues and the aim is to identify specific issues and develop responses which can be adapted for other, similar teams across the Trust.

Director of Nursing update

The Trust is holding interviews for the vacant Director of Nursing position on Tuesday September 15. I will provide a verbal update regarding progress towards filling the vacancy. I would like to thank Sue Field for filling the role so capably on an interim basis.

Community Health Services – A Way of Life

NHS Providers has produced 'Community Health Services – A Way of Life' in support of the role of community trusts, emphasising the importance of such work while highlighting the tendency for its impact to be under-recognised.

The paper recognises that community trusts are already well-placed to deliver key elements of NHS England's Five Year Forward View, and in some cases are already doing so.

It says: "Work is already very advanced to create a series of indicators that meaningfully describe community service activity in a way that helps people who benefit from them understand their purpose."

And it concludes: "Being locally responsive, neighbourhood based and person focused does not happen on its own. It requires skilled professionals, well-managed and led organisations, strong and meaningful relationships between agencies and committed commissioners."

Media coverage

Media coverage has tended to focused on changes at Cirencester Hospital, with some coverage of the closure of the Ellie Lindsey Leg Club and the new arrangements at the Minor Injuries and Illness Unit. Both the Wilts and Glos Standard and BBC Radio Gloucestershire ran both stories. Coverage was balanced and I was interviewed with regard both stories and able to put forward the Trust's position.

A day of coverage by BBC Radio Gloucestershire at Stroud Hospital is planned for Wednesday 16th September, with participation by myself and Matron Juliette Richardson as well as coverage from the wards, and interviews with volunteers, the Pets as Therapy charity and patients and service users.

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 22 September 2015

Location: Stroud Subscription Rooms, George Street, Stroud. GL5 1AE

Agenda item 11: Chief Operating Officer's Report

This report is intended to provide an executive summary of key operational projects, and any associated issues, across the Trust.

1. System-wide capacity and winter planning

The Trust continues to support the wider health and care system to ensure the national target for 95% of patients to be seen within four hours in an Emergency Department (ED) is met.

This target continues to be the system-wide barometer for performance and the Alamac System remains one of the key enablers for managing information about patient flows. The Trust is now inputting a considerable amount of information into Alamac which includes:

- Single Point of Clinical Access (SPCA)
- Rapid Response Service Capacity
- Community Hospitals Inpatient Wards

The aim of Alamac is to provide a daily report on the situation across health and social care in Gloucestershire and enable the early 'diagnosis' of any system-wide issues. This then guides the necessary actions from each of the key organisations. Combined with the daily conference call this provides an effective tool to manage capacity and patient flow to ensure national standards are met.

For the Trust this includes the availability of our 196 community hospital beds and the safe transfer and discharge of patients into and out of inpatient beds.

The Trust continues to progress with its winter planning arrangements and this has included:

- Reconfirming our Service Level Definitions which categorise services according to whether stopping them has an immediate and detrimental effect on patient care (Priority 1) through to minimal impact on patient care (Priority 3). This has been done in light of new service developments such as the Rapid Response Service
- Refreshing the trigger points and actions at each level of escalation and ensuring that the learning from last winter is taken forward
- Being clear what services should 'stop' when facing heightened escalation – this has involved Trust clinicians and service managers

- Ensuring internal and external communications are timely and joined with other stakeholders – again, embedding learning from last year

2. Cost Improvement Programme (CIP)

As reported to the Finance Committee and discussed previously at Board we have challenging CIP targets, particularly with regard to pay that require non-frontline posts to be removed. We can achieve the necessary savings this year through the active management of vacancies and staff turnover, but these will need to convert to recurrent savings as new operating models are developed and introduced this year.

3. Commissioning for Quality and Innovation (CQUIN) and the Quality, Innovation, Productivity and Prevention programme (QIPP)

The value of the QIPP scheme is £3.9m, while CQUIN income has local and national elements worth £1.7m and £0.2m respectively. QIPP milestones for May and June have been broadly achieved. Work is now underway to update the report for July 2015 milestones.

With regards to QIPP there continue to be discussions with commissioners around the timing of funding and a jointly agreed risk rating tool for assessment of progress.

Deliverability of the QIPP programme is included within the strategic risk register. Risk rating is currently 16. There remains a fundamental £650k QIPP risk which is based on a system-wide improvement in key performance indicators associated with ICTs and the Rapid Response Service that are outside the Trust's control. It is unlikely that this risk rating will change in the foreseeable future.

For CQUIN, there is some residual risk against achieving the milestones with the Acute Kidney Injury (AKI) and the sequencing of clinical reviews at the Community Hospitals. This risk is associated with providing the evidence, prompting the following actions:

- The Head of Community Hospitals has secured support from the Trust's clinical audit team to undertake specific audits around these CQUINS on a monthly basis
- The GCCG is aware of the high level of resource required to evidence the outcomes of this CQUIN and it is likely there will be some programme approach agreed with them
- Ensuring that the AKI activity is aligned to the NHS Safety Thermometer reporting
- Working is in progress with the performance team on a clear definition of infection and how SystemOne could be utilised more proactively (building on what other comparative Trusts have done)
- The Trust will continue its work with the GCCG so that it is not financially penalised against any of the CQUIN schemes. This position is looking favourable.
- With regards to the NHSE CQUIN GCS is still awaiting information about what work is required to earn the £200k. There is a low risk of any financial penalties associated with this.

4. External Care

The transition of the management of adult social care to Gloucestershire County Council (GCC) at the beginning of August has gone smoothly, with our integrated community teams adapting to the new framework. Close monitoring of the operational impact and service user experience continues, to ensure there are no adverse effects.

GCC has appointed Dawn Porter – currently our interim locality manager for Gloucester, Stroud and Cotswolds – as the new Head of Integrated Social Care. While this represents a loss for our Trust, the appointment is great news in a wider sense as we look to continue to build integrated, collaborative and multi-disciplinary services for the people of Gloucestershire. Dawn will take up her new role on Monday, 5th October.

I would also like to thank Caroline Holmes, who has been leading our external care programme, but is now also leaving the Trust to take up the post of Senior Commissioning Manager – Better Care Fund.

Our congratulations and thanks go to both Dawn and Caroline, the Trust still maintains responsibility for reablement, telecare and management of the locality referral centres. Work continues to ensure the reablement service provides the intended support to people, rather than domiciliary care and to ensure that support is successfully concluded within six weeks.

5. Community Hospitals

There are ongoing discussions with our partners regarding the essential role of community hospitals within health and social care provision in the county, both now and in the future. We were invited to discuss the future of community hospitals with Cotswold District Council Health Scrutiny Committee on Tuesday, 1st September, and Gloucestershire County Council's Health and Social Care Overview Scrutiny Committee on Tuesday, 15th September.

We are still engaged in an ongoing process to ensure Cirencester hospital remains a vibrant and essential hub for services in the area. A huge amount of work has been done there to create a dedicated ambulatory care unit, develop a new leg ulcer service, remodel the Minor Injuries and Illness Unit to become nurse-led and develop the healthy marketplace with colleagues from the voluntary and community sector.

Negotiations continue regarding the use of the theatre at Cirencester once the existing contract with Care UK comes to an end. I will provide a verbal update on this to Board.

As discussed in the Chief Executive's report, a review of community services for the Forest of Dean is underway, led by commissioners. Part of this will consider the role of community hospitals, guided by the Forest of Dean Locality Reference Group which is due to meet on Friday, 25th September.

All the Trust's Community Hospitals have participated in Patient-Led Assessments of the Care Environments (PLACE). The Trust is delighted to report that the 2015 PLACE outcomes have indicated overall improvements against national benchmarks and pleasingly, positive praise for what the Community Hospital and GCS colleagues provide in terms of the care and environment for those people living with dementia.

The Trust continues its roll-out of SystemOne across our community hospitals. Stroud and Vale hospitals have successfully gone 'live', the Forest of Dean hospitals will transfer to SystemOne by mid-September and then North Cotswold and Tewkesbury hospitals by November 2015.

6. Rapid Response Service

In the last Board report I highlighted that the referral rate to Rapid Response had been, on average, around 20 per week lower than anticipated. Since the last board meeting there has been a significant rise in referrals as shown below:

Accepted referrals to Rapid Response Service 2015

Week	18	19	20	21	22	23
Date	July 27 – Aug 2	Aug 3 – Aug 9	Aug 10 – Aug 16	Aug 17 – Aug 23	Aug 24 – Aug 30	Aug 31 – Sep 6
Accepted referrals	59	55	47	59	58	59

The average weekly referral rate during this period has been 56.2 against a target weekly referral rate of 60.

7. Homeless Healthcare Team

As previously reported our Homeless Healthcare Team remains in the Vaughan Centre, Southgate Street, Gloucester, following the sale of the building by Elim Housing. Our estates team has been successful in locating suitable alternative premises in Gloucester town centre, close to the hospital, and co-located with other useful services for the client group. Refurbishment work is required on the new premises, but the team is anticipated to move into its new premises later this year.

8. Lower Limb and Complex Wound Care Service

The Trust has been commissioned to provide an extended service to people with leg ulcers which is replacing the Lindsey Leg Club in Cirencester and which will be rolled out across the county over the coming year.

The Cirencester client base is now being cared for in the ambulatory care unit at Cirencester Hospital, a more clinically appropriate setting than previously, and will

maintain a social element with the opportunity to visit the hospital's Healthy Marketplace.

The Trust has recruited an additional six nurses to support the extended service, which is anticipated to go live in Cheltenham at the end of November and then in Stroud in the early part of 2016.

9. Devolution

Gloucestershire County Council is leading on proposals for devolution, a process the Trust is involved in through the Gloucestershire Strategic Forum (GSF). A 'statement of intent' has been put together by the county council in partnership with our six district councils, the Clinical Commissioning Group, Local Economic Partnership, Gloucestershire Constabulary and the Office of the Police and Crime Commissioner.

That statement includes a section on improved health and well-being, envisaging an integrated approach to the commissioning and provision of health and social care. The suggestion at this early stage is that the GSF would remain the forum for developing that vision.

10. Out of Hours services

The Trust has continued a dialogue with the South West Ambulance Service NHS Foundation Trust (SWAST) since the hand-over of out of hours (OOH) services on April 1. Current discussions are focused on co-location of MIIUs and OOH services, a joint approach to staffing and the possibilities of shared receptionist cover.

Contributions

Many thanks to the following for helping compile this report:

- Candace Plouffe, Director of Service Delivery
- Susan Field, Director of Service Transformation
- Tina Ricketts, Director of Human Resources
- Matt Blackman, Communications Specialist

Trust Board

Date: 22nd September 2015

Agenda Item: 12

Agenda Ref: 12/0915

Author: Jason Brown, Head of Corporate Governance

Presented by: Paul Jennings, Chief Executive

Sponsor: Paul Jennings, Chief Executive

Subject: Board Assurance Framework (BAF): Corporate Risks

This Report is provided for: Discussion Decision Approval Assurance Information

Executive Summary:

The attached section of the BAF (i.e. that which forms the Corporate Risk Register) details the most significant risks as identified by staff across the Trust as at the end of August 2015.

It is noted that this month, the BAF is reporting an overall increase of 9 new risks. This rise in the number of identified risks is due to further analysis of QIPP Risks.

3 Risks have reduced in rating and therefore have been removed from the register.

Recommendations:

The Board is asked to:

Review the identified risks in order to ensure that (i) these appropriately reflect the actuality and severity of risk across the organisation, and (ii) the proposed actions and mitigations are satisfactory to reduce the reported risks to acceptable levels.

Considerations:
Quality implications: Implicit within relevant risks
Human Resources implications: Implicit within relevant risks
Equalities implications: Implicit within relevant risks
Financial implications: Implicit within relevant risks
Does this paper link to any risks in the corporate risk register: n/a
Does this paper link to any complaints, concerns or legal claims: Yes, and Implicit within relevant risks

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Provide innovative community services that deliver health and social care together	P
Work as a valued partner in local communities and across health and social care	P
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	P

Reviewed by (Sponsor): Paul Jennings

Date: 15 September 2015

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

Operational risks are discussed with relevant forums, such as the Scheduled Care Governance Forum, the Community Hospitals, Urgent Care and Capacity Forum and the Quality and Performance Committee.

Explanation of acronyms used:

n/a

Contributors to this paper include:

Various

Board Assurance Framework:

Corporate Risk Register

August 2015

Overview

This part of the Board Assurance Framework (BAF) describes the Corporate Risk Register as at the end of August 2015.

It therefore serves to detail the **most significant operational risks** faced by the Trust as identified by staff at all levels across the organisation and validated by senior managers.

Please note that the Trust's **strategic risks** are detailed in a separate document.

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1. Definitions

The risk scoring mechanism in this BAF uses the descriptions provided by the NHS National Patient Safety Agency. These are shown below:

1.1 Description of consequence

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of service users, staff or public (physical or psychological harm)	<p>Minimal injury requiring no/minimal intervention or treatment.</p> <p>No time off work</p>	<p>Minor injury or illness, requiring minor intervention</p> <p>Requiring time off work for >3 days</p> <p>Increase in length of hospital stay by 1-3 days</p>	<p>Moderate injury requiring professional intervention</p> <p>Requiring time off work for 4-14 days</p> <p>Increase in length of hospital stay by 4-15 days</p> <p>RIDDOR/agency reportable incident</p> <p>Impacts on a small number of service users</p>	<p>Major injury leading to long-term incapacity/disability</p> <p>Requiring time off work for >14 days</p> <p>Increase in length of hospital stay by >15 days</p> <p>Mismanagement of service user care with long-term effects</p>	<p>Incident leading to death</p> <p>Multiple permanent injuries or irreversible health effects</p> <p>Impacts on a large number of service users</p>
Quality/complaints/audit	<p>Peripheral element of treatment or service suboptimal</p> <p>Informal complaint/inquiry</p>	<p>Overall treatment or service suboptimal</p> <p>Formal complaint (stage 1)</p> <p>Local resolution</p> <p>Single failure to meet internal standards</p> <p>Minor implications for service user safety if unresolved</p> <p>Reduced performance rating if unresolved</p>	<p>Treatment or service has significantly reduced effectiveness</p> <p>Formal complaint (stage 2) complaint</p> <p>Local resolution (with potential to go to independent review)</p> <p>Repeated failure to meet internal standards</p> <p>Major safety implications if findings are not acted on</p>	<p>Non-compliance with national standards with significant risk to service users if unresolved</p> <p>Multiple complaints/independent review</p> <p>Low performance rating</p> <p>Critical report</p>	<p>Totally unacceptable level or quality of treatment/service</p> <p>Gross failure of service user safety if findings not acted on</p> <p>Inquest/ombudsman inquiry</p> <p>Gross failure to meet national standards</p>

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss with risk of claim remote	Loss of 0.1-0.25% of budget Claim less than £10,000	Loss of 0.25-0.5% of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5-1.0% of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1% of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/ business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

1.2 Description of likelihood

	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

2. Corporate Risk Register (operational risks)

2.1 Categories

This section of the BAF details the most significant risks faced by the Trust as identified by staff across the organisation. To this end, it reflects Risk Registers that are held at local level and that detail risks in relation to the following services:

- a) scheduled care (to include integrated community teams, countywide / specialist services and children's and young people's services);
- b) unscheduled care (to include community hospitals and urgent care services);
- c) the Nursing and Quality directorate (including clinical governance, medicines, safeguarding and infection control);
- d) human resources (including workforce);
- e) corporate governance (including information governance and legal services);
- f) IM&T (including clinical systems);
- g) financial management;
- h) transformation and change;
- i) performance and information;
- j) Foundation Trust programme.

2.2 At a glance

Risks rated 12+ on all local Risk Registers as of the end of August 2015 are:

Area	Ref	Risk	New risk
Scheduled care to include integrated community teams, countywide / specialist services and children's and young people's services	SD1-ICT	Community nurse staffing pressures	
	SD3-ICT	Occupational Therapist and Physiotherapist vacancies	
	SD4-SXH	Inability to achieve Chlamydia screening target	
	SD5- CWS	Increasing demand for specialist services	
	SD6- CWS	Tendering of the integrated healthy lifestyle service	
	SD13-ICT	Lack of independent provider domiciliary care in the Cotswolds	
	SD14-CWS	Decrease in medical staffing in sexual health services	
	SD16-CYP	Suspension of FHSA Link	
	SD17-CWS	Ongoing issues with the transition of pharmacy contract	
	SD18-CWS	Capacity of sexual health administrative team to answer telephone calls into the service	
	SD19-CWS	Sexual assault referral centre has significant waiting times to access counselling	
	SD20-CWS	Access to MSCKAT service for routine appointments are not being met	
	SD21-CWS	Dental staff shortages for patients with special care needs	
	SD22-CWS	No specific foot protection team for service users with diabetes in primary and secondary care – Non-compliance with NICE Guidelines	
	SD23-ICT	Inadequate purchasing and stock control for dressings in the county	
SD24-ICT	Administration & clerical vacancies within the Integrated Care Teams	X	

Unscheduled care to include community hospitals and urgent care services	ST6-RR	Increased demand for overnight community service - nursing and rapid response	
	ST8-MliU	Recruitment and retention in MliUs	
	ST9-MliU	Migration of out-of-hours work to MliUs	
	ST11-RR	Rapid response service's ability to deliver the trajectory of activity set out in contract	
	ST15-CH	33% vacancies in trained nurses at North Cotswolds Hospital	
	ST16-CH	Forest hospitals continue to require extensive capital funding and ongoing maintenance	
	ST17-CH	Reduced staffing in the MliU cover	
	ST18-CH	Financial impact on continued high usage of agency staff	
	ST19-IDT	Unable to recruit suitability qualified staff to IDT	X
Nursing and Quality Team	NQ1	The Trust's low rate of incident reporting may result in missed learning opportunities	
	NQ3	Ability to evidence safeguarding training	
	NQ5	Staff competencies in MliUs	
	NQ6	Clinical Audit Improvement Manager vacancy	
Human Resources	HR1-414	No robust understanding of contingent workforce demand and supply issues	
	HR3-409	High number of nursing vacancies	
	HR4-413	Lack of a joint workforce plan across health and social care	
	HR5-404	Current sickness absence rate above NHS average and benchmark group	
	HR6-406	Appraisal completion rates are below target	
	HR7-315	Insufficient workforce information is masking recruitment hotspots	
	HR10	Gaps in recording clinical mandatory and essential training	X
	HR11	Workforce team vacancy	X

Corporate Governance	CG1	Inconsistent record-keeping means that allegations of negligence cannot always be refuted	
IM&T	IT2	Service user status alerts are not displayed on the mobile working module	
	IT3	Removal of PAS system	
	IT8	Incorrect entries with a patients clinical record on SystemOne	X
Financial management	FIN1	Ability to deliver CIPs against pay costs	
	FIN2	Ability to deliver CIPs against non-pay costs	
	FIN3	Ability to control and reduce agency spend	
Transformation and change	TC2	Ability to deliver £3.15m cost savings as set out in CIP Plan	
	TC3	Ability to deliver full £3.9m agreed QIPP schemes	
	TC4	Ability to deliver multiple milestones across a number of schemes alongside BAU	
	TC5	Financial pressures to deliver in the short term over-ride the longer term transformational aspect of the CIP programme	
	TC6	Inability to take out posts, reliance on staff turnover to reduce headcount	
	TC7	Stock management system is not procured and implemented within expected timeframe	
	TC8	NHS contracts - 2014/2015 CIP initiative which could not be realised	
	TC9	Not able to achieve the £650k risk share activity in KPI QIPP schedule	X
	TC10	Roll out the Leg Ulcer Service across 3 localities by the end of March 2016	X
	TC11	Service specifications within ICTs not being completed in time with QIPP milestones	X
	TC12	QIPP – IDT admission avoidance	X
	Performance and information	PI1	Ability to robustly report workforce information
PI2		Mixed understanding of waiting list information	

FT programme	FT1	Inability to identify required targets or cost savings across a five year period	
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Risks reduced/removed or closed in the previous period and therefore no longer on the Corporate Risk Register:

- SD15-ICT - Nursing provision into Cirencester leg club
- ST10-MliU - MliU's ability to deliver services consistently across the county
- ST12-EPPR - Trust resilience in providing effective information about capacity, demand and flows
- ST14-CH - Lack of reception staff at community hospitals
- HR8-615 - Loss of both HR training administrators
- HR9-715 - Loss of a member of the bank office
- CG2 - Ability to evidence compliance with new Registration Authority requirements
- IT1 - Poor service delivery from countywide IT service provider
- TC1 - Ability of the External Care programme to deliver to target

2.3 In detail

a) Scheduled Care

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD1-ICT	08 July 2014	Community nurse staffing pressures	<p>Current staffing shortfalls in a number of localities (Tewks, Cots, Glos), particularly in band 6 leadership roles, impact on the leadership and support of the community nurses. This has put undue pressure on the remaining staff potentially leading to increased sickness absence and/or more staff leaving.</p> <p>Potential impact on ability to maintain current levels of activity</p>	<p>Controls and actions are described in a detailed District Nursing action plan.</p> <p>Reviewed regularly at the Quality and Performance Committee and with commissioners</p>	<p>Consistent communication with both clinical staff and GPs to provide confidence that work is underway to address ongoing issues</p>	4	4	16	Candace Plouffe / Margy Fowler / Dawn Porter / relevant community manager	<p>Recruitment continues, some new starters now in post. Progress compromised by loss of some staff to the new leg ulcer service (see risk SD16-ICT) In Cotswolds recruitment has been cancelled out by fresh resignations and the viability of the service in this locality is now at risk.</p>	3	4	12	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD3-ICT	26 March 2015	Occupational therapist and physio-therapist vacancies	Recent resignations from both Band 5 OTs and physios who are moving to Band 6 positions both within and outside the organisation have put Gloucester ICT under slight pressure as the recruitment process may impact on the waiting list	Reviewing all cases pre-allocation to re-align existing allocated cases that require further work to staff	Lack of robust action plan similar to the nursing plan to address ongoing retention issues	4	3	12	Margy Fowler / Dawn Porter / relevant community manager	Plan to review establishment and management structures of therapy services in the community Centralised recruitment of Physiotherapy roles. Use of agency as required to ensure continuity of service. Recruitment continues, some new starters now in post	4	3	12	28 August 2015
SD4-SXH	26 June 2014	Chlamydia screening target	There is a risk that the service will not achieve the Chlamydia screening target	Meetings with Public Health Commissioners to review progress and agree a way forward. Performance and action plan being monitored by Quality and Performance Committee	Uncertainty on whether the population in the county is such that achieving higher target is possible	5	3	15	Elaine Watson / Rona McDonald	Trajectory behind target, continued focus on health advisors within the team to improve performance. Liaison with performance team and options being drafted to ensure accuracy of data	4	3	12	27 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD5-CWS	09 July 2014	Increasing demand for specialist services and lack of clinical governance support	Demand for service is increasing beyond the original business case especially for IV therapy nurses, Tissue Viability and Home Oxygen Services, leaving services and service users at risk	Specialist services clinicians doing extra bank work to meet demand where they have reduced capacity. Team is recording capacity issues both in their teams and supporting teams e.g. DN. Links have been made with Rapid Response and unscheduled care. Service specifications and issues have been discussed with the Trust Executive, Board and Commissioners. Medical lead for GHT writing governance paper. Meeting with Governance lead to highlight issues and find solution to reduce governance risk to service	Funding for all services from block contract and therefore inability to recruit as required to meet demand No feedback from clinical governance lead	5	3	15	Andrea Darby	With ongoing gaps in staffing due to vacancies and sickness, support has been secured from clinical directorate to respond to 3 & 4 pressure ulcers. Community Nursing lead informed of issues within TV team.	5	3	15	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD6 - CWS	10 February 2015	Integrated healthy lifestyle tender	The Trust has been served notice that the Health Improvement Function of the business is due to be tendered by the County Council commissioners	The Trust has attended early engagement sessions and has fed back to its Senior Management	Initial sessions seem to indicate that County Council is looking for greater involvement of third sector providers in provision of this type of service	5	4	20	James Curtis	Ongoing networking with third sector providers. Proposal to jointly host network session with Independence trust. Formally notified that tender has been delayed, potentially by 9 months with service transfer now proposed December 2016. Regular tender meetings underway and option paper finalised for review initially at Transformation board in September.	4	4	16	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD13-ICT	21 May 2015	Lack of domiciliary care from independent providers in the Cotswolds	Unable to source domiciliary care to progress people from reablement and hospital care to home	Issue raised with GCC commissioning. Using spot purchasing in the interim. Using reablement whenever possible. Using temporary residential care when appropriate	Creates blockage in patient flow through reablement impacting on overall capacity. Using temporary residential care is not optimum pathway for independent living.	4	4	16	Dawn Porter	<p>Outcome of tender not yet shared with GCSNHST. Ongoing monitoring and escalation to Commissioners continues.</p> <p>This remains an unresolved issue and has been repeatedly raised with GCC commissioning. Results of procurement exercise still not known.</p> <p>Recruitment continues, some new starters now in post. Progress compromised by loss of some staff to the new leg ulcer service (see risk SD16-ICT). In the Cotswolds recruitment has been cancelled out by fresh resignations and the viability of the service in this locality is now at risk.</p>	3	4	12	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD14-CWS	25 May 2015	Decrease in medical staffing in sexual health services	A combination of vacancies and sickness has resulted in capacity issues in sexual health services, particularly for the pregnancy advisory service. Some of the SAS doctors who are leaving are trainers which will impact on ability to deliver coil / implant training that the Trust is commissioned to provide	Use of locums Outsourcing terminations to an authorised independent provider	This creates a financial pressure for the service, and may result in poorer service user experience	4	4	16	Elaine Watson	Commissioners have been informed and consulted on contingency planning underway. New doctor to start in November. Interim consultant session being purchased from GHT and new bank consultant put in place	3	4	12	28 August 2015
SD16-CYP	01 June 2015	FHSA link	The FHSA Link has been suspended as incompatible with SystemOne and new third party provider needed to restore the link. In the interim, the Trust is unable to identify movements into area in a timely manner via the link and therefore consequently unable to identify cohort for NB4 KPI and perform NBBS in appropriate timeframe	All GP surgeries requested to inform CHIS of movements in to county weekly.	Link still not restored SystemOne team providing regular updates and report some progress	5	3	15	Janet Mills	SystemOne team report that technical solutions have nearly been achieved First report received not in usable format, 3 rd party provider re-configuring report for CHIS use. Progress monitored via SystemOne Ops Board. Risk due to be closed in September, in final stages of resolving issue	4	3	12	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD17-CWS	01 June 2015	Pharmacy provision	Ongoing issues with the transition of Pharmacy contract to new provider, resulting in sexual health services not having timely access to medication required to meet service user needs, and delivering a reduced service user experience	Trust lead for the pharmacy contract is aware of the situation.	Current pharmacy service specification may have underestimated pharmacy requirements for sexual health services	4	4	16	Elaine Watson / Val Welsh	Contract meeting with pharmacy provider has been arranged and service provided summary of issues for this meeting.	3	4	12	28 August 2015
SD18-CWS	01 June 2015	Telephone system	Issues raised with capacity of sexual health administrative team to answer telephone calls into the service, particularly at peak times (e.g. 9:00-10:00 am)	New telephone system infrastructure in place, which allows for service to monitor response rates	As new telephone system infrastructure only recently in place, do not yet have data to confirm that current administrative resource can be realigned to address this issue	4	3	12	Elaine Watson / Val Welsh	First set of data on phone activity received. Service creating action plan to address issue and look at alternate technologies re booking appointments.	4	3	12	28 August 2015
SD19-CWS	01 June 2015	Access to SARC services	Sexual Assault Referral Centre (SARC) has significant waiting times for service users to access counselling, resulting in negative impact on service user experience	Service working with referrers on setting clear protocols for accessing counselling and priority framework for service provision	Current service specification does not specify waiting time for service or priority for the service provision	4	4	16	Elaine Watson / Val Welsh	Work underway with NHS England to agree acceptance criteria for those referred with historical sexual assault	4	4	16	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD20-CWS	01 June 2015	Access to MSKCAT services	Access to MSKCAT service for routine appointments (i.e. 4 weeks) is not being met	Detailed action plan agreed with Commissioners to improve action Modelling of capacity required to meet demand has been undertaken	Target previously an average wait, has been agreed to move to 95% all service users requiring routine appointment to be seen in 4 weeks. Service design potentially flawed, and more resources required to meet this access target	4	4	16	Chris Boden	Action plan being revised with new trajectory to be shared with Commissioners and Quality and Performance board subcommittee	3	4	12	28 August 2015
SD21-CWS	31 July 2015	Access to Service	Shortage of Dental Officers to deliver treatment, resulting in large waiting list for patients with special care needs Dental service shortages in Dentists, due to retirement, long term sick.	Recruitment underway, with 2 new dentists to start early Autumn. Use of locum dentist to see emergency patients and release substantive workforce to take on new patients.	Combined with increase demand in urgent care provision, waiting times for patients with special care needs to access service increasing. Current wait time is approx. 25 weeks, with 707 on waiting list. However some localities have longer waits than others	5	3	15	Sandra Major/Di Gould	A locum dentist is secured for 2 days per wk and is seeing all of the emergency patients on those two days which has released some capacity. Two new dental officers are due to commence in September full time and they will create some further capacity. Clinical Directors and Service Manager will explore options for demand and capacity planning. Referrals will be re-evaluated to establish if patients still require treatment.	4	3	12	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD22-CWS	01 May 2015	System non-compliance with NICE Diabetes guidelines	No specific foot protection team for people with diabetes in primary and secondary care settings. Recent peer review by external body identified that Podiatry Service is thereby holding the risk with people with diabetes who may have or may develop lower limb wounds that could result in amputation	Also on GHT risk register, as joint providers of diabetic services. Action plan from peer review in place. Working with GCCG and GHT to implement a diabetic foot protection team and inpatient facilitator in acute setting.	No specific reference to this service in current service specification Currently disjointed service for Diabetes patients further work needed on clear care pathway	4	4	16	Chris Boden	Work on-going with GCCG and GHT to develop the MDT Inpatient model and appropriate clinical pathways.	4	4	16	28 August 2015
SD23-ICT	27 July 2015	Dressing Stock Management	Currently inadequate standardised control of purchasing decisions and stock control for dressing in the county. This creates a commercial and clinical risk, particularly combined with inadequate storage facilities for stock.	Short term joint CCG and GCS working group to review and standardise provision of dressing products in the county. Internal working group established (Head of Profession, Head of medicines management. Purchasing manager)	Single countywide procurement system required that maximises value for money and restricts purchasing to formulary. Current use of Multiple smaller stores across the county in DN bases and a "boot stock" approach makes assurance of storage conditions complex	4	4	16	Laura Bucknell/ Dawn Allen	The Care Home Support Team's Pharmacy Assistant has been co-opted to undertake a detailed stock audit across all sites; to report back to Head of Medicine Management. The Purchasing Manager is reviewing procurement options.	4	4	16	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD24-ICT NEW	28 August 2015	A&C vacancies	Permanent recruitment to A&C vacancies is currently not permitted. Against this back drop the ICTs are experiencing pressure from 3 directions: Unfilled vacancies, Sickness absence and Additional (medium to long term) work load resulting from the reorganisation of social care and the requirement to provide A&C support to the new managers and support the associated new reporting mechanisms etc., This pressure is exacerbated by the fact that ERIC and SAP are complex to use and require training and familiarisation.	A&C staff working across localities to provide cover. Community Managers continue to review workload priorities	Lack of clarity around A&C support for the new ISCMs and their teams	4	3	12	Dawn Porter/ Margy Fowler	Fay Harrison to conduct review of requirements to support social care teams.	4	3	12	28 August 2015

b) Unscheduled Care

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST6-RR	01 August 2014	Appropriate referral and admission criteria into unscheduled care service	Increased demand for overnight community service - nursing and rapid response. This is a finite resource available to respond to appropriate unscheduled care work and not routine work	Routine review of demand. Internal shift review. Securing GCCG funding for additional rapid response staff	Inappropriate level of staff resource to meet increased demand	3	4	12	Helen Hodgson	SOP for overnight nursing now finalised. Staff roles have been drafted Management and leadership structure agreed. Expressions of interest for renewal	3	4	12	28 August 2015
ST8-MliU	22 April 2015	Safe staffing levels in MliUs	Risk to recruitment and retention in MliUs Lack of consistent staff model in MliUs. Lack of Resilience in smaller MliUs with one ENP on duty per shift MliU staff require mentorship and training to support increase in referrals for illness management. The level of service currently being delivered is inconsistent across the County	Develop integrated workforce to enhance flexibility. Improved efficiencies to utilising staff i.e. charting of service users with complex needs. Enhance bank skill set. Undertake training needs analysis and develop urgent care competency framework. Develop resource model to base staffing levels on activity and demand. Review of DOS Profile. Reiterated Communication to MliUs. Capacity and Service Improvement Manager in post to support MliUs.	Staff who are not confident and competent in some areas of service delivery Variable open times in MliU across the county	4	3	12	Helen Hodgson	HCA training day arranged for September. No decision regarding resource allocation model advised by Commissioners for implementation in April 2016. Substantive post recruited.	4	3	12	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST9-MliU	22 April 2015	Migration of out-of-hours work to MliUs	The new out-of-hours provider may potentially transfer out-of-hours cases to MliUs	Codes for reporting added to Patient First. Local operating procedures in place. Incident reporting.	Unable to identify source of referrals to MliUs	4	3	12	Helen Hodgson	Revised structure papers reviewed and recommendations made. Operational arrangements and leadership SOP completed Escalation trigger agreed for MliUs Governance integrated with Community Hospitals Lead Matron for MliUs agreed	4	3	12	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST11-RR	22 April 2015	Rapid response service	Rapid response service's ability to deliver the trajectory of activity set out in contract. Aspire to see 998 service users per annum, target is 1,300	Performance data and monitoring. GP communication. Pathway integration	Current referral rate is below trajectory	4	3	12	Helen Hodgson	Re-communicate to Stroud GP about RRT and their service offer. Review access pathway through SPCA. Develop integrated work with ICTs. Briefing paper with implementation plan being prepared for sharing with CCG. Activity against trajectory improving. Red lead in place working well with SPCA. Implementation plan shared with CCG. GCS monthly process in place.	4	3	12	28 August 2015
ST15-CH	01 June 2015	North Cotswolds hospital staffing	33% vacancy level of trained nurses at the North Cotswolds Hospital. Not all shifts may achieve safe staffing levels and high use of bank and agency nurses	Action plan in progress for recruitment; escalation process for safe staffing levels and use of bank and agency nurses	Lack of applicants - recruitment issues	3	4	12	Linda Edwards	Further resignation - 42% vacancy at band 5. Pilot introduction of band 4 Assistant Practitioner and alternative model of care. Investigate opportunities to redeploy staff from Tewkesbury or Cirencester temporarily	3	4	12	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST16-CH	24 June 2015	Environment - Forest Hospitals	<p>Forest hospitals continue to require extensive capital funding and on-going maintenance issues including heating, plumbing, roofing, decorating, damp, electrical and ventilation.</p> <p>No estates personnel on site: constant communication to team and awaiting visits and action.</p>	Band 4 Admin TL managing all issues with Estates team, James Walker and Mark Parsons. Areas of priority identified by Mark Parsons, other areas avoid use.	Old buildings - not possible to remedy all estates issues	3	4	12	Mandy Hampton	<p>Position statement to be presented to Exec Board highlighting issues across both sites including what works well, what is failing and where development could be achieved.</p> <p>Paper being written for September Board. Review costs of maintenance and capital regularly with Mark Parsons.</p> <p>Ongoing maintenance continues as required. GCCG to commence engagement with local community with regard to provision of future health care services for Forest of Dean - may include hospital services.</p>	3	4	12	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST17-CH	04 April 2014	Reduced staffing in MliU cover	Reduce staffing levels in the Forest MliUs may result in one unit being shut. MliU operational budget is over spent by £60,000. The units are already below the required hours needed to run the service. Bank staff needed to maintain current hours and cover both units. Bank staff an additional pressure on budget	Agency staff to be utilised in the event of no bank staff available. Rotas to be produced within sufficient time to plan cover of gaps. To be agreed by senior management that in the event that an ENP cannot be identified to cover the shift a Band 5 will be utilised in the department to triage and signpost service users appropriately	May not be possible to identify appropriate bank or agency staff to cover	3	4	12	Michelle Slater	Work underway to review staffing models in MliUs linked with activity / demand and opening hours with a view to aligning budgets appropriately Report produced - for discussion at Transformation and Change Board	3	4	12	28 August 2015
ST18-CH	23 June 2015	Financial	Financial impact of continued high usage of agency staff leading to significant budget overspend and resulting reduced flexibility to manage and move budget around to meet changing service user need.	Continue to recruit to vacant positions. Escalation process for use of bank and agency in place - includes exec sign off for use of any agency off framework. Use of e-rostering to enable management of annual leave and proactive booking of bank.	Difficulty in recruiting may lead to ongoing use of bank and agency in order to achieve safe staffing levels	4	3	12	Julie Goodenough / Matrons	Ongoing recruitment to reduce vacancies. E-rostering in place across all inpatient units - plans to produce reports underway. Information capture around number of requests for 121/specialising under discussion. Working group established led by Director of Nursing (interim) Escalation process updated and distributed. Staffing levels agreed (per shift, per ward)	4	3	12	28 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST19-IDT NEW	27 August 2015	Recruitment	Unable to recruit suitably qualified staff to IDT ready to ensure winter resilience	Reviewed banding to introduce band 5 succession planning post	Recent recruitment did not identify suitable staff	3	3	9	Debbie Gray	Post advertised - poor recruitment outcome. Post to be re-advertised	4	3	12	27 August 2015

c) Nursing and Quality Directorate

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
NQ1	01 March 2015	Incident Governance	<p>The Trust's low rate of incident reporting may result in missed learning opportunities from safety incidents leading to an increase of safety incidents up to and including moderate harm.</p> <p>This risk was highlighted by the CQC who noted that staff do not always recognise the thresholds for reporting incidents</p>	<p>Incident reporting system</p> <p>Incident Governance Policy</p> <p>Quality Team</p> <p>Incident reporting is a standing item on in the Scheduled Care Governance Forums and Community Hospital, Urgent Care and Capacity Group</p>	<p>The user-interface of the Trust's datix system may have become an obstacle due it being cumbersome</p> <p>Reliable incident governance through the governance structures</p> <p>Limited detailed scrutiny of incidents at service level</p>	4	4	16	Michael Richardson	<p>Datix system has been rebuilt, roll out was postponed until post CQC, now planned for Sept/Oct 2015. Efforts continue with training and empowering services in general incident reporting, with great headway in CYPS, and wider ICT's (Physios & OT's). The Trust's data shows a significant improvement in incident reporting over the past 4 months back to 2013/14 levels. As the total number of incidents exclude OOHs incidents then demonstrable improvement is clearly occurring. Current risk evaluation will remain in place until the next NRLS data is produced (Oct 15) where hopefully the Trust's rankings against comparators will be favourable.</p>	3	4	12	24 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
NQ3	29 May 2015	Safe-guarding	The Trust may be unable to evidence safeguarding training, leading to non-compliance with the Children Act 2004 and the Care Act 2014	<p>Agreed training matrix.</p> <p>Structured training plan tailored to core role.</p> <p>Safeguarding Adults and Children Training Policy. Safeguarding team database of present training (links to ESR).</p> <p>Sign-up to countywide workforce development programmes.</p> <p>Reporting to countywide workforce development groups and GSAB and GSCB.</p> <p>Strategic Safeguarding Ops Group, reporting to Clinical Senate and the Quality and Performance Committee.</p>	<p>Organisation wide database with robust links to ESR (or by using ESR)</p> <p>Measuring training by percentage of staff groups</p>	3	4	12	Sarah Warne	Work underway to evidence training by % staff group	3	4	12	20 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
NQ5	30 June 2015	Service user safety	Insufficient staff competencies in MliUs may result in incidents with up to and including severe harm	Agreed set of competencies. Matron oversight of management of MliUs	Schedule of competency training. On-site education facilitator (replicating approach in Community Hospitals)	3	4	12	Anita Underwood	MliU education Development Project Plan and MliU Training Schedule in place; this is being led jointly by Professional Practice Leads and Capacity and Service Improvement Manager. Plan includes developing and implementing targeted training plan around core skills based on skills gap analysis.	3	4	12	18 August 2015
NQ6	14 July 2015	Clinical audit and effectiveness	Clinical audit and improvement manager leaves under MARS scheme 30 July 2015. Risk of increased lack of evidence of NICE compliance in the Trust due to lack of failsafe system to ensure processes in place - potentially leading to poorer patient outcomes	Interim plan for cover of prioritised activities to be agreed with Quality Team. Business case and recruitment requisition to replace capacity. Current manager will manage reporting for QPR (Quality Performance Report) and Clinical Senate.	Activities have been prioritised therefore not all have been covered e.g. induction	4	3	12	Michael Richardson	EQIA being completed for discussion at Clinical Senate in terms of determining recommended capacity and replacement, interim plan for cover continues	4	3	12	24 August 2015

d) Human Resources

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR1-414	01 June 2014	Contingent workforce strategy	Further understanding of contingent workforce demand and supply issues is required. Centralised bank function not being utilised effectively	Monitoring of budgets and agency spend.	There are no gaps in controls	4	3	12	Keith Dayment	Developing the strategy and operational policies. Review of centralised bank function – detailed project plan in place Roll out of e-rostering to wards has now helped to stabilise requests for additional staff	4	3	12	25 August 2015
HR3-409	10 May 2013	Nurse recruitment and retention	There are a high number of nursing vacancies: for example, the number of vacancies for Band 6 community nurses has increased since August 2014	Weekly vacancy monitoring and reporting to Workforce Steering Group and Workforce and OD Committee	There are no gaps in controls	4	4	16	Lindsay Ashworth	Centralised recruitment. Dedicated post to lead on nurse recruitment. Preceptorship programme. Return to practice programmes. Nurse recruitment open days and recruitment fairs (eg RCH, UWE). Exit interview analysis. Detailed Work Programme monitored through Workforce Steering Group	4	4	16	25 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR4-413	01 June 2014	Workforce planning across health & social care	A lack of a joint workforce plan across health and social care may impact on ensuring the Trust has the right staff with the right skills in the right place at the right time. Lack of workforce information available for social care	Monitoring of turnover rates and analysis of staff leaving Joint workforce plan has now been developed	Lack of joint workforce planning	4	3	12	Lindsay Ashworth	Joint workforce plan being developed. Joint workforce dashboard being developed Service specification in development Need to triangulate with activity, staff numbers and safety aspects	4	3	12	25 August 2015
HR5-404	10 May 2013	Sickness absence rates	Current sickness absence rate above NHS average and benchmark group	Monthly reports to managers	Levels of sickness absence causing bank and agency spend to increase	3	4	12	Lindsay Ashworth	Absence management workshops for managers. Detailed action plan in place to improve rates monitored through Workforce & OD Committee. Review of Sickness Absence Management Policy and production of management toolkit and guidance. Purchase of Employees Relations Tracker System with two cases to support the management of sickness: 1. LTS - Long Term Sickness 2. STS - Short Term Sickness	4	4	16	25 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR6-406	10 May 2013	Appraisals	Completion rates below target of 95%	Monthly compliance reports to managers	There are no gaps in controls as detailed reports provided to budget holders each month	3	3	9	Tina Ricketts	Pay progression policy updated and linked to appraisal policy report. Report with actions by directorate to be presented to Quality and Performance Committee. Appraisal policy and procedure under review to embed core values framework Trajectories introduced to achieve compliance by end March 2016	4	3	12	25 August 2015
HR7-315	06 May 2015	Insufficient information to facilitate monitoring	There is a risk that insufficient workforce information is masking further recruitment hotspots	The Trust needs to further develop the Recruitment and Retention scorecard across the whole of the Trust to ensure all establishments and the in-post position is being monitored.	Not all budget holders have confirmed agreement with budgets and establishment levels	4	3	12	Matthew O'Reilly	Progress option to further develop these reports with the Trust Information team Workforce information now provided through Performance and Information team. Developing new reports through Essbase	4	3	12	25 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR10 NEW	25 August 2015	Training Records	Gaps in the recording of clinical mandatory and essential training resulting in the lack of central oversight of compliance rates	Workforce scorecard includes non-clinical mandatory training which is reported to Board and Committees	Lack of individual training records Lack of recording of clinical training on ESR/OLM	4	4	16	Keith Dayment	Detailed action plan in development	4	4	16	25 August 2015
HR11 NEW	25 August 2015	Workforce Team	Loss of a member of the Workforce Team has increased the risk that the provision of this service will struggle to be maintained. The risk here is significant as the work of this team directly impacts on staff pay	Monitor this service's ability to deliver on a week to week basis as there is very little capacity within this team to cover internally	There are no gaps in controls	4	4	16	Keith Dayment	The recruitment process is underway. Delivery of this service will be monitored on a weekly basis	4	4	16	25 August 2015

e) Corporate Governance

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
CG1	04 March 2015	Lack of clear evidence of practice	There are some gaps and inconsistencies in record-keeping, meaning that the Trust is not always providing care based on the most up to date information: additionally, the Trust may then not be able to refute allegations of clinical negligence	Clinical policies Clinical record keeping policy Clinical governance policies	Due to some instances of poor record-keeping, the Trust is not always able to present counter arguments to clinical negligence claims, resulting in costs and damages	4	4	16	Jason Brown	A training programme will be carried out to confirm that colleagues have read and understood amendments to the processes Policy guidelines have been developed and published on the intranet	3	4	12	25 August 2015

f) IM&T

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
IT2	01 May 2014	Service user status alerts	SystemOne service user status alerts are not displayed on the disconnected working module used by mobile workers	Staff must review the live system before leaving on appointments	Due to workload and capacity, there is chance that staff may miss necessary alerts	4	5	20	Bernie Wood	Risk reviewed at Ops Board meeting. Current RAG status remains in place as agreed. Letter to TPP drafted by Medical Director and will be sent to TPP week ending 04 September 2015.	4	5	20	02 Sept 2015
IT3	03 Nov 2014	Removal of PAS system	The Hospitals Trust PAS system is due for replacement in the next 12-18 months alongside the Trust introducing SystemOne in community hospitals. Due to these two system changes, a number of activities that occurred on one system will now work across two	Both of these new hospital trust system project groups are aware of this and the SystemOne community hospitals project group are aware of this with a sub group being set up led operationally to identify and resolve possible issues	Not all clinical activities are mapped, leaving a risk that as part of the system's replacement, a clinical function will be missed	4	4	16	Kevin Gannaway -Pitts	PAS Action plan progressing, GHT holding meetings with services to establish requirements. Progress update from SSCG on progress and assumption paper produced by GHT. Further meetings arranged with Specialist Nursing regarding TRAK Access schedule for August 2015.	3	4	12	28 August 2015

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						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
IT8 NEW	01 August 2015	Data Entry	Incorrect entries within a patients clinical record due to negative values recorded on positive read codes	New templates follow QOF - Non QOF Read Codes Service Management process	Historical templates contain "positive" read codes in text boxes where negative text can be added. Incorrect historical records where negative values have been added. Staff understanding of the purpose or read codes.	3	4	12	Louise Kennington	All changes to ID on templates and waiting clinical sign off with Dr Robin Hollands	3	4	12	02 Sept 2015

g) Financial management

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
FIN1	01 June 2015	Ability to deliver CIPs against pay costs	<p>The Trust is finding it difficult to deliver the £1.5m of administrative pay cost savings targeted in the current year. Need to identify tasks no longer required since implementation of SystemOne (and other IT solutions) and agree which posts are no longer required.</p> <p>Ability to reduce pay costs of clinical roles is impacted by input based commissioning and poor historic record keeping which means that no contract base line has been established and agreed.</p>	<p>CIP Programme Board regularly reviews opportunities and is responsible for service transformation needed to deliver savings.</p> <p>Finance engaged with process to agree budget reductions as savings are identified</p>	<p>Lack of clarity on commissioned services and volumes means that efficiency savings can be absorbed and lost.</p> <p>Guidance needed on hospital staffing levels to ensure they are appropriate.</p> <p>Clinical engagement needed to agree pathways (follow up rate consistency and use of telephone contacts where appropriate instead of face to face) and expected productivity levels.</p>	4	4	16	Glyn Howells / Duncan Jordan	£285k of £1.5m of pay cost savings banked so far (end June 15). Need to identify other opportunities for savings	4	4	16	04 Sept 2016

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
FIN2	01 June 2015	Ability to deliver CIPs against non-pay costs	£1m of current year CIP target is based on non-pay savings targets which focus on service recharges from GHFT, capital charges and depreciation on property and drugs costs from Lloyds	Contract board with GHT to review costings and agree which services are to be reviewed / revised Valuer appointed to revalue properties based on latest guidance Regular contract reviews (with head of medicines management) to agree changes to formulary and buying practices	GHT contract board meets infrequently with no agreed reciprocal costing principles Unsure of valuations that will result Need to agree budget reductions to stop unit cost savings being offset by additional volumes	4	4	16	Glyn Howells / Duncan Jordan	£300k of £1m already delivered, plans underway on property and drugs. GHT not progressing as planned and will now be escalated.	3	4	12	04 Sept 2016
FIN3	01 June 2015	Ability to control and reduce agency spend	Fixed staffing levels combined with high levels of sickness/staff turnover and recruitment difficulties mean that the Trust is still paying large sums (approx. £350k per month) for agency staff. This is compounded by lack of competent framework suppliers and cost effective supply rates. Staffing scarcity is driving up the rates being charged Additional service user complexity is increasing required staffing levels above those that are funded.	Agency staff booked through central point to make sure bank used where possible and best rates obtained Central controls (through DH) being implemented to ensure that only framework rates are paid.	Staffing levels not reported on a "live" basis and reasons for agency usage not tracked. No process for agreeing additional income due from commissioners where higher service user need has led to increased staffing levels	4	4	16	Duncan Jordan / Tina Ricketts	New agency agreements being sought. Roster pro being rolled out so staffing levels are more visible	4	4	16	04 Sept 2016

h) Transformation and change

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC2	01 April 2015	CIP	Ability to deliver £3.15m cost savings as set out in CIP Plan	Robust project structure and governance framework to ensure continual monitoring and reporting with clear escalation pathway. Financial targets agreed at the outset between operations and finance. A clear communications plan to ensure that staff understand the importance of managing cost and its direct link to quality improvement	Delay in planning for 2015/16 programme Lack of clear evidence-based intelligence/ operational modelling upon which to build CIP plans and determine associated targets	4	4	16	Duncan Jordan	Plan B being drawn up to include a further review and analysis of non-pay expenditure; assessment of budget for frontline posts/vacancies and discussions with GCCG over potential service changes. Continue to closely monitor and report performance.	4	4	16	17 August 2015
TC3	01 April 2015	QIPP	Ability to deliver full £3.9m agreed QIPP schemes	Robust project structure and governance framework to ensure continual monitoring and reporting with clear escalation pathway	Challenges in milestone negotiations with GCCG, resulting in delays with delivery of programme	4	4	16	Susan Field	Continued focus on QIPP negotiations to mitigate risk as much as we are able, given that we have signed a variation stipulating the total funding and risk share split. Setting up the Quality Steering Group to monitor delivery	4	4	16	21 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC4	01 April 2015	QIPP/CQUIN	Ability to deliver multiple milestones across a number of schemes, alongside BAU as well as CQC inspection and continued roll-out of SystemOne (especially in community hospitals)	The Trust's transformation and change work programme has been developed to explicitly identify the level of work across the multiple T&C programmes, including CIP, QIPP, and CQUIN, as well as additional requirements such as CQC and SystemOne. This should support Executives to prioritise work and ongoing negotiations with GCCG	Contract signed and financial risk limits the Trust's ability to prioritise work programme deliverables across any of the three major change programmes (CIP, QIPP & CQUIN) Limited financial leeway (£100k forecast surplus) to employ additional resource to support delivery of schemes	3	4	12	Susan Field	The Trust work programme developed and updated to identify quantum of work and to support decisions re priorities and how these will be resourced.	3	4	12	21 August 2015
TC5	01 April 2015	CIP Programme	Financial pressures to deliver in the short-term over-ride the longer term transformational aspect of the CIP programme	CIP programme includes elements of a transformational programme with regards to longer term CIP initiatives and aligning CIP to GCS strategies, such as Estates Return on investment consideration given in project planning and decision-making process	Pressure on T & C Programme Board Executives to meet broader organisational financial targets and therefore looking to off-set with transactional initiatives (likely to be non-recurrent). TDA request to stretch surplus putting additional pressure on CIP Programme	4	3	12	Kate Calvert	Demonstrate benefits of planned transformational CIP initiatives	4	3	12	17 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC6	01 April 2015	System / process re-engineering	Inability to take out posts (reliance on staff turnover to reduce headcount)	Robust programme management plan in place, with dedicated resource and focus on how the project deliverables/benefits will be achieved	Whilst dedicated programme resource is in place, it is limited. Establishment control process was not agreed and in place by 1st April. Leaver process is not as effective as required	4	4	16	Tina Ricketts	MARS has been offered and 5 posts removed. eQIAs completed; 2nd MARS now available.	4	4	16	17 August 2015
TC7	01 April 2015	Contracts and Procurement	Stock management system is not procured and implemented within expected timeframe to deliver the estimated savings	Programme management process in place with dedicated resource focussed on delivery	No system currently explored has been used in a community hospital setting. The NHS procurement requirements are likely to cause additional delay	4	3	12	Huw Cox	Business case now to be submitted to IM & T Steering Group. Director of finance has requested that the scope of this project is extended to include SBS replacement	4	3	12	17 August 2015
TC8	01 April 2015	NHS Contracts	The initiative was a 2014/15 CIP, which unfortunately could not be realised. It relies on agreement by Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) to a reviewed recharging schedule	Hold on invoices and progress discussions with GHNHSFT	GHNHSFT also holding payment and have cancelled recent contract meetings	4	3	12	Stuart Bird/Glyn Howells	Continue to pursue discussions with GHNHSFT	4	3	12	17 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC9 NEW	01 April 2015	QIPP - ICT key performance indicators (Risk Share Activity)	Risk of not achieving the £650k Risk Share Activity in KPI QIPP schedule	Initial GCS group meeting held and follow up workshop set to discuss avoided admissions especially within Rapid Response. Looking at what/how data is collected and monitoring/reporting arrangements. Heads of Information and Performance (CCG and GCS) working together.	Ability to influence GHFT admissions	3	4	12	Sue Field	CCG information team looking to remove cohorts of patients in ACU and ACUC (in GHNHSFT) who are seen by Rapid Response and therefore avoiding hospital admission. Linked to Risk ID TC3.	3	4	12	21 August 2015
TC10 NEW	16 June 2015	QIPP - Leg Ulcer Service	QIPP milestone says we must roll out to 3 localities by the end of March 2016. Risk of being able to deliver - tight timeframes (£100k)	Project managers from CCG and GCS working together on plan	Capacity of project lead to enable delivery time	3	4	12	Annie MacCallum	Project level risk register being drafted with full details	3	4	12	21 August 2015
TC11 NEW	17 June 2015	QIPP - ICT Milestones - Service specifications	Risk of service specifications within ICTs not being completed in time with QIPP milestones	Regular meetings to discuss progress	Cannot control commissioner priorities/time pressures to complete details or provide information to inform our milestones and schedules, however, no financial penalties if delay out of GCS control	4	3	12	Sue Field	Working with commissioners closely	4	3	12	21 August 2015
TC12 NEW	11 Sep 2015	QIPP - IDT admission avoidance	Risk that avoiding 5 admissions per day per site (Gloucester and Cheltenham Hospital) target will not be met. (£25k per quarter)	Regular meetings to discuss progress	Limited influence over GHNHSFT admission avoidance	4	3	12	Debbie Gray	Mapping group meetings being held to look at this issue	4	3	12	21 August 2015

i) Performance and information

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
PI1	24 June 2015	Workforce reporting	Transfer of staff and workload into Performance and Information team has identified a number of issues: (i) capacity compared to demand, (ii) lack of shared knowledge, and (iii) inefficient processes	Review processes to identify short- term gains; develop reporting via OBIF solution	Not enough capacity to provide response to all requests for workforce information or to respond in a timely manner	3	4	12	Matthew O'Reilly	<p>Risk identified however capacity within team is blocker to achieving short term progress.</p> <p>Action plan to be developed. This will include making workforce information available through new reporting tool currently being implemented.</p> <p>Some ESR data available in SQL database that should reduce time required to produce some reports. Reconciliation required</p> <p>SQL tables produced a reconciliation to take place before end August</p>	3	4	12	27 August 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
PI2	24 June 2015	Waiting lists	Mixed understanding of specialist nursing waiting lists at local and corporate level.	Head of Performance and Information to develop action plan in agreement with Head of Specialist Services	Gap: that there may be inconsistent information provided and that this may differ to locally held information	3	4	12	Matthew O'Reilly	Performance team to review all waiting lists reporting with Head of Specialist Services. Regular report to be provided to Head of Specialist Services to clearly identify corporate held data for waiting lists and ensure this is consistent with local data.	3	4	12	27 August 2015

j) Foundation Trust programme

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
FT1	11 Sept 2014	Un-sustainable future projections	There is risk that the Trust's Integrated Business Plan (IBP) and Long-Term Financial Model (LTFM) will not be able to identify required targets or cost savings across a five year period: in particular, inability to identify £20million CIP efficiencies	The IBP and LTFM are being developed with oversight of the TDA. The Trust is also working more closely with the CCG so as to ensure that plans align, and that opportunities for cost efficiencies are recognised and realised	The annual commissioning intentions of the CCG remain unclear, and there is lack of clarity over long-term ambitions	3	4	12	Rod Brown	The Trust's current and projected financial position suggests that costs savings are not being achieved, which may lead to financial instability	4	4	16	25 August 2015

Trust Board

Date: 22nd September 2015

Agenda Item: 13

Agenda Ref: 13/0915

Author: Susan Field, Director of Nursing (Interim)

Presented by: Sue Mead, Non-Executive Director

Sponsor: Sue Mead, Non-Executive Director

Subject: Quality and Performance Committee Update

This Report is provided for: Discussion Decision Approval Assurance Information

Executive Summary:

To provide the Board with a summary of the key issues and actions arising from the meeting of the Quality and Performance Committee held on 7th September 2015.

Recommendations:

The Board is asked to:

The Board is asked to receive the report and the approved minutes of the Quality and Performance Committee held on 18th June 2015.

Considerations:
Quality implications: This report draws on discussions and decision at the Quality and Performance Committee and therefore has significant quality implications throughout
Human Resources implications:
Equalities implications:
Financial implications:
Does this paper link to any risks in the corporate risk register:
Does this paper link to any complaints, concerns or legal claims:

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Provide innovative community services that deliver health and social care together	
Work as a valued partner in local communities and across health and social care	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	P

Reviewed by (Sponsor):

Date:

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

Quality and Performance Committee of 7th September 2015

Explanation of acronyms used:

Contributors to this paper include::

Sue Mead, Non-Executive Director
Susan Field, Director of Nursing (Interim)

Quality and Performance Committee September 2015 Report

Introduction

This report provides a summary of the key issues and actions arising from the Quality and Performance Committee meeting held on 7th September. The minutes of the 18th June meeting were approved with final amendments and are attached (appendix 1). Apologies were received from Sue Mead, Non-Executive Director and Committee Chair and due to these unforeseen circumstances the meeting was chaired by the Trust Chair (Ingrid Barker).

Quality Matters

The Quality and Performance Report was presented to the Committee by the Director of Nursing (Interim) and the Chief Operating Officer. The finance elements within the report were not discussed in detail as this is a function of the Trusts Finance Committee. Key highlights from this June data focused report included:

- Performance Targets – the Trust was reporting 81.5% compliance with national targets and 66.7% compliance with local targets. The Musculoskeletal Clinical Assessment and Treatment service (MSKCAT) did not achieve its June Referral to Treatment (RRT) target
- Duty of Candour applied to 7 incidents
- 7 complaints received in June and 93.3% of these were responded to within the 25 day timescale
- The Safety Thermometer data evidenced an increase in Harm Free care to 95.2%; 0.78% new harms compared to the national average of 2.2%
- Clostridium Difficile – the number of cases remained below agreed tolerance level
- Reablement contact time, cases progressed within 6 weeks and sickness rates were not achieving target. However, the average length of stay within the service (3.7 weeks) is below national target.
- Colleague appraisal rates were looking favorable at 77.9% but remains behind the Trust trajectory of 80%

The Committee expressed some concerns about the timeliness of data within this report – discussions about June data was not always felt to be appropriate three months later.

Committee Reports

The Quality & Performance Committee also discussed in detail a number of reports which included:

The Unscheduled Care Directorate Report

It was noted by the Committee that:

- The Rapid Response service action plan which addressed activity trajectories was beginning to have an impact (a separate service report was also discussed)
- That a significant amount of work had been undertaken by the Community Hospital teams to manage falls – this included learning events, evaluating different fall reduction plans.
- Resilience planning in readiness for winter 2015-16 was well underway
- The action plan to address MIU risks highlighted by the recent CQC visit and that MIU activity across the County was continuing to increase
- The PLACE results for the Community Hospitals were extremely positive and benchmarked well against national indicators
- That recent guidance had been published with regards to nurse agency usage. This will provide the Trust with some safe staffing opportunities based on a range of future scenarios that will test that patient care and safety is not compromised. Any proposals will be shared and discussed at a future Trust Board meeting.

Scheduled Care Directorate

It was noted by the Committee that:

- The Healthy Living Service Annual report was well received and informative and that it should be shared more widely (including the commissioners)
- That the governance and monitoring arrangement for the reablement service had recently been reviewed in light of the recent management changes with Gloucestershire County Council. The new arrangements will continue to have a focus on contact time, length of stay and colleague sickness rates and was being oversee by a senior Locality Manager
- That the Trusts District Nursing action plan was due to be refreshed in collaboration with the commissioners and that additional backfill funding had been secured to release nurses to undertaken the Specialist Practitioner Qualification (SPQ) programme; the vacancy rates of district nurses as at June was 12.99 wte
- That both the operational and quality directorate was jointly taking action with regards to a recent vac therapy incident

Nursing & Quality Directorate Report

The Committee noted that this was the first report received and welcomed it. Some key issues noted included by directorate teams included:

- The Infection Control team were actively working with teams on the Trust-wide cleanliness and hand hygiene activities and the provision of training
- The safeguarding teams were actively involved in both dementia and learning disability activities
- That work was well underway with regards to ensuring that there were robust processes in place in the reporting and learning around SIRIS, complaints and incidents. It was also reported that the first Complaints Oversight Group (COG) chaired by a non-executive meeting had taken place
- A progress report about Complaints and Duty of Candour was also discussed by Committee members and actions will be taken forward from these discussions

Committee Terms of Reference

The revised Terms of Reference were discussed and on the basis that some final amendments were made and subsequently supported for onward ratification by the Trust Board.

Corporate Risk Register

This was reviewed by Committee members and it was highlighted that the Committee suggested that there be a review of some risks which included:

- MIIU competencies and staffing levels.
- Achieving CIP

The Committee will continue to receive the risk register at each meeting.

Pharmacy Report

The Committee welcomed this progress report and noted that the Trusts Medicines Optimisation report was indicating a more positive picture after completing the recent Trust Development Authority (TDA) self-assessment tool. The Committee requested that they review future reports on a 6 monthly basis.

The Committee also noted that there was now in place governance arrangements that were intended to monitor both quality and activity levels within the contract with Lloyds Pharmacy the new provider since May 2015. It was acknowledged that there remained some risks i.e. pricing, responsiveness and that these were being managed jointly by the Directors of Nursing, Finance and Head of Medicines Management

CQC

The Quality & Performance Committee noted that the inspection had taken place and that the deferred dental service inspection had also occurred. The Trust was now planning for the Quality Summit due to take place on 21st September 2015 prior to formal publication of the CQC findings on the 22nd September 2015.

Recommendations

The Board is formally asked to:

- Note this report
- Receive the approved minutes of the 18th June Committee meeting
- Receive the revised Committee Terms of Reference at a future date.

Report prepared by: Susan Field, Director of Nursing (Interim)

Report Presented by: Sue Mead, Chair, Quality and Performance Committee

Gloucestershire Care Services NHS Trust

Minutes of the Quality and Performance Committee

**18 June 2015, 1:30pm-4:30pm
Boardroom**

Committee members present:

Sue Mead (SM)	Non-Executive Director	Chair
Duncan Jordan (DJ)	Chief Operating Officer	
Tina Ricketts (TR)	Director of Human Resources	
Nicola Strother Smith (NSS)	Non-Executive Director	
Ian Dreelan (ID)	Non-Executive Director	
Susan Field (SF)	Director of Service Transformation	

In attendance:

Ingrid Barker (IB)	Chair	
Claire Powell (CPo)	Quality and Safety Manager	
Tracey King (TK)	District Nurse Team Leader/District Nursing Student	
Nicky Goodwin (NG)	Quality and Safety Manager	
Matthew O'Reilly (MO'R)	Head of Performance and Information	
Mike Roberts (MR)	Medical Director	
Michael Richardson (MRi)	Deputy Director of Nursing	
Elaine Watson	Interim General Manager for Countywide Services, representing Candace Plouffe	
Rod Brown	Head of Corporate Planning	<i>until 3:05pm</i>
Christopher Brooks-Daw	Deputy Director of Nursing (interim)	
Rosemary Clifford	Clinical audit and improvement manager	<i>agenda item 17 only</i>
Louise Simons	Assistant Board Secretary	
Harriet Howell	Senior Personal Assistant	Minute taker (cover for BM)

Item	Minute	Action
1.	<p><u>Welcome and Apologies</u></p> <p>The Chair welcomed the Committee and attendees introduced themselves.</p> <p>Apologies were Received from: Liz Fenton, Director of Nursing and Quality Candace Plouffe, Director of Service Delivery Glyn Howells, Director of Finance and Deputy Chief Executive Jan Marriott, Non-Executive Director</p> <p>The Chair advised the Committee that the agenda would need to be adjusted to accommodate colleagues preparing from the impending CQC inspection.</p>	
2.	<p><u>Confirmation that the meeting is quorate</u></p> <p>The meeting was confirmed as quorate by the Chair.</p>	

3.	<p><u>Declarations of Interests</u></p> <p>No interests were declared.</p>	
4.	<p><u>Minutes of the meeting held on 8 May 2015</u></p> <p>The minutes of the meeting held on 8 May 2015 were Received and Approved as an accurate record subject to minor amendments.</p>	
5.	<p><u>Matters arising (action log)</u></p> <p>The action log was Discussed and it was Agreed that all actions are closed as they are on the agenda to discuss.</p>	
6.	<p><u>Forward agenda planner</u></p> <p>The Forward Planner was Discussed and Approved with minor changes as listed below.</p> <ul style="list-style-type: none"> • CQC inspection update added to September and October. Whether both or one update is needed will be decided nearer the time. • “Caring for those with learning disabilities” added to October meeting. • “Nutrition and Hydration in Community Hospitals” changed to “Nutrition and Hydration – overarching”. 	
8.	<p><u>Quality and Performance Report</u></p> <p>CB-D provided an overview of strategic objective 1.</p> <ul style="list-style-type: none"> • 3 SIRIs during April 2015. • Falls remain the highest reported incidents. • Safety thermometer is at 95.9%. • Infection control had 0 cases for April. However the Committee was informed that there were 2 C Diff cases since; one in May and one in June. (Both were for the same patient). <p>SM requested SF to explain safety thermometer infrastructure in place across the whole system in order to lower rates of harm and work in a more integrated way.</p> <p>SF to take suggestion forward and have discussions regarding harm with GHFT and the GCCG.</p> <p>The staffing levels and low bed occupancy at the Dilke Community Hospital were particularly high. SF to investigate and report back.</p> <p>SM asked about the new pharmacy contract and whether it is impacting on medicine errors. MR stated that this is unknown, he has spoken with Laura Bucknell regarding this but it is too early to say. There will be a report for the next meeting.</p>	<p>SF</p> <p>SF</p> <p>SF</p> <p>MR/SF</p>

	<p>CB-D updated on FFT under Strategic objective 2. It shows that 96.4% said they were likely or extremely likely to recommend the Trust.</p> <p>CB-D clarified the question in the inpatient survey regarding call bells. This will be presented differently in future reports to provide clarity.</p> <p>CB-D stated that following a look-back of all concerns from 2014/2015, concerns will be categorised differently to provide a more accurate breakdown. This will be reflected in the August Performance and Quality report.</p> <p>SF updated on performance of rapid response under Strategic objectives 3. There is a need to promote the service with SPCA, ICT's and GPs in order to receive more referrals.</p> <p>NSS queried the table with regards to service user transfers under strategic objective 4. SF will look into this in more detail for the next report and clarify. MO'R will do some further analysis of internal transfers for the next report.</p> <p>DJ updated on the adult social care key indicators. SM requested more details on the poor performance and reablement for the next Committee meeting.</p> <p>IB asked if metrics in Alamac can be used in the report. SF said there is now ward based reporting in Alamac and this will be tested in the next report.</p> <p>TR updated on Strategic objective 5.</p> <p>There is an error with the Staff FFT data. Q3 should read that 68% of staff would recommend the Trust as a place to receive treatment.</p> <p>TR is presenting a 'Staff FFT deep dive' report at the next Workforce and OD Committee meeting on 20 August 2015.</p> <p>The Committee Approved the Performance and Quality Report.</p>	<p>MOR</p> <p>MOR</p> <p>SF / MOR</p> <p>DJ</p>
7.	<p><u>Corporate Risk Register – Quality and Performance</u></p> <p>RB reminded the Committee about the risk management process. IB enquired about specific localities and services identified as risks. RB stated that some Directorates do not have a risk register and also they do not have Committee oversight so they do not appear to get the same level of scrutiny as other Directorates. RB to review this.</p> <p>RB highlighted the changes on the risk register.</p> <p>SM asked about where it states that the Trust requires a recognised Decontamination Lead (as per MRHA guidelines) with appropriate qualifications and experience. A paper has gone to the Executive Team Meeting and leads have now been nominated.</p>	<p>RB</p>

	<p>Safeguarding training needs to build in assurances. TR is working with the Nursing and Quality Team to gain clarity on what type of training is needed so this can be included in the scorecard. A Training Report will be brought to the next meeting.</p> <p>Add to Forward planner for September 2015.</p> <p>DJ stated the savings target for the CIPS programme is incorrect. RB will amend.</p> <p>The Committee discussed and approved the Corporate Risk Register subject the minor amendments mentioned above.</p>	<p>TR</p> <p>RB</p>
15.	<p><u>Equality Delivery System (EDS2)</u></p> <p>RB presented the report on Equality Delivery System EDS2. The paper explains the two standards, and outlines the proposed approach to implementation.</p> <p>RB suggested metrics and KPI's to be included in the next Quality and Performance report.</p> <p>The Committee Noted the changes to the EDS framework and Approved the proposals for implementation of the Equality Delivery System and the Workforce Race Equality Standard.</p>	<p>CB-D</p>
16.	<p><u>Quality Account</u></p> <p>RB presented the 2014-15 Quality Account. The Trust will be publishing its final version through NHS Choices on 30 June 2015 in line with national requirements.</p> <p>IB asked if the CQC have visibility of this. RB confirmed that this was sent out to CQC and the TDA on 22 May 2015.</p> <p>The Committee Received and Approved the Quality Account on behalf of the Board.</p> <p>The Chair took agenda item 18 next so RB could feedback on the CQC Programme Board minutes.</p>	
18.	<p><u>Subgroup Reports</u></p> <p>CQC Programme Board minutes: The CQC Programme Board was held on 2 April 2015. RB confirmed Interviews have been scheduled with the CQC and a new invite will be going out by the end of the week (19 June 2015) as they have recently changed.</p> <p>RB left the meeting at 3:05pm.</p> <p>The remaining minutes under agenda item 18 will be discussed at the end of the meeting.</p>	
9.	<p><u>Unscheduled Care Directorate Report</u></p> <p>SF presented the Unscheduled Care Directorate Report which</p>	

	<p>summarised key areas of activity during on April 2015.</p> <p>SF highlighted that in November 2014, Jane Cummings (Chief Nursing Officer for England) published 'Safer Staffing: A Guide to Contact Time'. This is being piloted at Stroud Hospital and the results from the "test & learn" audit will be reported to the next Quality and Performance Committee with a full outcomes report.</p> <p>The Committee Discussed and Approved the updated Unscheduled Care Directorate Quality and Performance Report.</p>	SF
10.	<p><u>Scheduled Care Directorate Report</u></p> <p>DJ presented the Scheduled Care Directorate Report in the absence of Candace Plouffe.</p> <p>DJ stated that progress is being made in respect of recruitment to Community nursing, but that there are ongoing more strategic issues that could affect the quality and perceptions of the service. These issues have potentially wider implications for ICT's. SM suggested and the Committee agreed that this should be escalated to Board. LS to add Community/District Nursing to part 2 of the Trust Board agenda for 21 July 2015.</p> <p>Elaine Watson updated progress against the diabetes action plan and stated that a report has been published which is available for the Committee to review. A GCS Diabetes steering group will be set up. The outcomes of a steering group will be updated at the next meeting.</p> <p>Recruitment continues to show the trend of an improving position for Community staff nurses, and at best a static position in relation to District nurses. EW is currently undertaking review for therapists in the ICT's regarding whole time equivalents.</p> <p>Blood spot screening</p> <p>Q3 flagged that the level of repeat tests required by GHFT at +15% (target 2%) means that the performance for Gloucestershire is off tracks.</p>	LS / CP EW
11.	<p><u>Implementation Plans for Duty of Candour and Complaints policies</u></p> <p>The Duty of Candour Policy was ratified at the Trust Board in May 2015.</p> <p>CPo updated on the Raising Concerns at Work policy to include Duty of Candour action plan which provides an update on the progress made in launching and embedding the policy with all Trust colleagues.</p> <p>TR stated that the Duty of Candour policy has been updated and this is available on the intranet.</p> <p>ID suggested that a summary linked to what has been done</p>	

14.	<u>Manchester Safety Framework – Self Assessment Exercise</u> Agenda item 14 was not discussed	
17.	<u>The Ratification of the Trust Clinical Audit Programme (15/16)</u> RC presented the paper on the Trust Clinical Audit Programme for 2015/16. The paper outlines the proposed Trust programme of mandatory and proactive clinical audits for 2015-16. The Committee Ratified and Approved the Programme. RC left the meeting at 4:30pm.	
18.	<u>Subgroup Reports</u> Infection Prevention & Control & Decontamination Committee This meeting took place on 9 March 2015. NSS stated she was concerned regarding the apologies given at this Committee. CB-D has already picked this up as an issue outside of the meeting. Clinical Senate Report This meeting took place on 31 March 2015. The Committee requested clarity and visibility of the approved eQiAs for the CIP programme and for oversight by the Trust's Board. DJ will look into this and feedback at the next meeting. Terms of Reference The Terms of Reference dated April 2015 were Approved and the sub committee's reporting into the Performance and Quality Committee were Agreed . The Committee Received the minutes from Sub-Committees.	MRi DJ
19.	<u>Any Other Business</u> No other business was raised and the Chair thanked everyone for attending. The meeting closed by 4:40pm.	
20.	<u>Date of the next meeting</u> The next meeting of the Committee be held on 7 September 2015 in the Boardroom at 1:30pm.	

Signed Date

AGENDA ITEM 14

**Finance Committee – Verbal update
Minutes from the 26 August 2015
attached**

Gloucestershire Care Services NHS Trust

<p>Minutes of the Finance Committee (Part 1)</p> <p>Boardroom, Edward Jenner Court – 12.30pm</p> <p>26th August 2015</p>
<p>Committee Members present:</p> <p>Rob Graves (RG) – Non-Executive Director (Chair) Glyn Howells (GH) – Director of Finance Duncan Jordan (DJ) – Chief Operating Officer Candace Plouffe (CP) – Director of Service Delivery Richard Cryer (RC) – Non-Executive Director Sue Mead (SM) – Non-Executive Director Ian Dreelan (ID) – Non- Executive Director</p> <p>In attendance:</p> <p>Kate Calvert (KC) – Head of Programmes – Transformation and Change Louise Simons (LS) – Assistant Trust Secretary</p>

Item	Minute	Action
15/FC015	<p>Agenda Welcome and Apologies</p> <p>The Chair welcomed everyone to the Finance Committee meeting</p> <p>Apologies were Received from Susan Field, Stuart Bird, Johanna Bogle.</p>	
15/FC016	<p>Confirmation that the meeting is quorate</p> <p>The meeting was Confirmed as quorate by the Assistant Trust Secretary.</p>	
15/FC017	<p>Declarations of Interests</p> <p>Members were asked to declare any updates from their original declaration of interests and to declare interests relating to a specific agenda item when that item is discussed. No updates were declared.</p>	
15/FC018	<p>Minutes of the previous Finance Committee meeting held 16th July 2015</p> <p>The minutes of the meeting held on 16th July 2015 were Received and subject to minor amends were Approved as an accurate record.</p>	

15/FC019	<p>Matters arising (action log)</p> <p>The following matters were Discussed and Noted and agreed as complete:</p> <p>70. P&R 91/14 Report on Trust's surplus capacity. Update to September Committee as part of the Hospitals Budget presentation.</p> <p>82. P&R 007.3/15 Cirencester Theatre Progressing at the moment, currently GHFT are preparing a Business Case to take to Board. A further update will be provided for the October Committee.</p> <p>86.P&R 011/15 Regional Benchmarking KC confirmed that a paper will be brought to September Finance Committee.</p>	<p>GH</p> <p>DJ</p> <p>KC</p>
15/FC020	<p>Forward Agenda Planner</p> <p>The Forward Planner was discussed and approved with minor changes as listed below:</p> <p>LTFM (Long Term Financial Model) to be moved to the October meeting.</p> <p>Subject to the above change the Forward Agenda Planner was Approved.</p>	<p>LS</p>
15/FC039	<p>Finance Report</p> <p>GH presented the Finance Report and drew the Committee's attention to the following points:</p> <p>The Trust has submitted a plan with income of £106.5m, a surplus of £0.1m. The position at month 3 shows the Trust is £125k behind the plan and so is reporting a deficit of £384k.</p> <p>QIPP and CQUIN GH stated that QIPP and CQUIN income for Quarter 1 has been assumed in full.</p> <p>CIP delivery is circa £225k behind plan with non-recurrent savings partially offsetting the impact. The forecast outturn for the non-pay schemes is on plan but there remains a 3945k gap in delivery against the pay CIP. DJ commented that alternative schemes were being identified and that the committee would be updated at the next meeting (2nd September). Most CIP slippage has been offset by non-recurrent savings however, GH reinforced the importance of achieving recurrent saving so as not to worsen the current planned £1m recurrent deficit at the end of the year.</p> <p>Income and Expenditure RG asked why there was an increase in non-pay costs rather</p>	<p>DJ / KC</p>

	<p>than pay costs to offset the additional income. GH said that he has requested an analysis from Stuart Bird, Deputy Director of Finance in respect of the variances and will confirm back to the Finance Committee in September.</p> <p>RG reviewed I&E analysis and requested additional assurance for the next meeting by the inclusion of an appendix showing the variance both organisationally and by subjective. GH confirmed this is available and will be included in future months.</p> <p><u>Capital Expenditure</u> GH advised the Committee that Capital Expenditure is on plan, year to date spend is £1.12m. A property has been identified in Gloucester and is likely to be at a lower value than the £2.7m currently in the plan. A Business Case will be produced and discussed at an Executive Meeting and then through a future committee meeting.</p> <p><u>Cash Position</u> GH confirmed that as at month 3, the Trust is £700k behind planned cash level. GH informed the Committee that the cash position is actively being managed with good processes in place with the GCCG (Gloucestershire Clinical Commissioning Group). GH advised that the Trust is struggling to get recharges from GHFT agreed and that this was being escalated to Chief Exec level. GH confirmed that although the Trust is behind plan, there is no cause for concern once the GCC and GHFT positions are resolved.</p> <p><u>Contracts</u> GH informed the Committee that all main commissioning contracts with the NHS commissioners are signed. The last significant contract with GCC for 0-5 services (which transfer from NHS England to GCC from 1st October 2015) is expected to be signed on Friday 28th August.</p> <p><u>Risks</u> The Committee noted the following three key financial risks; <ul style="list-style-type: none"> - Inability to reduce agency spend - Non delivery of Pay CIP £1m - Non achievement of risk share element of QUIPP 900k </p> <p>RG thanked GH for the report and asked for any questions from the Committee members.</p> <p>CP asked whether there would be any financial implications that the Committee should be made aware of following the CQC action plan. In response GH confirmed that these would need to be reviewed but that should there be any costs associated with a change requiring a change to commissioning, then GCCG would be approached to provide appropriate funding.</p> <p>RG sought assurance of the risk in respect of agency spend. In response GH confirmed that there was a reduction in</p>	<p>GH / SB</p> <p>GH / SB</p> <p>DJ</p>
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	<p>Community Hospital agency spending in July as a result of improved use of eRostering. It was agreed that an update would be brought to the next meeting. DJ stated that the new introduction of e-rostering will also allow more robust monitoring in respect of staffing and HCA modelling. Additionally DJ stated that HCA sickness levels had increased, and in light of this perceived growing trend a working group has been tasked to investigate the issue. It was agreed by the Committee that DJ should bring an update report to the next scheduled meeting. The Committee confirmed that the Trust's approach seemed appropriate.</p>	<p>DJ</p>
<p>15/CF040</p>	<p>Capital Schemes – Approvals and Progress review</p> <p>GH presented an update report and requested that the Committee note the following points:</p> <p>As part of the annual plan submissions to the TDA (Trust Development Authority) the Board approved a capital programme of £6.4m gross (after receipts from the disposal of the land at Tewkesbury) including £1.8m carried forward from 2014/15.</p> <p><u>Homeless Healthcare Team</u> It was also stated that The Homeless Healthcare Team requires capital spend of £50k following a move to the new premises in Milsom Street in Gloucester (funding for the increased depreciation has been requested from the CCG).</p> <p><u>Springbank Tender</u> RG requested whether there are financial pressures in respect of the current Springbank tender. GH confirmed that based on information within the tender documents, any premises costs would be funded by the CCG.</p> <p>The Committee noted the current position.</p>	
<p>15/CF041</p>	<p>Business Development Tracker</p> <p>GH presented the Business Development Tracker and drew to the Committees attention the following:</p> <p><u>Springbank Primary Care Tender</u></p> <ul style="list-style-type: none"> - GCS have been shortlisted to present to CCG on 27th August 2015 - A decision in respect of the outcome of the tender is expected on 4th September 2015 <p>RG requested an update from CP at the next Finance Committee meeting on 2nd September 2015 including taking the committee through the assumptions and risks in the costing.</p>	<p>CP</p>

15/CF042	<p>Any other Business</p> <p>There being no other business, the Chair closed the meeting.</p>	
	<p>Date of the next meeting</p> <p>It was agreed that the next meeting of the Committee be held on 2nd September 2015, Boardroom, Edward Jenner Court, 10.00 – 11.30</p>	

DRAFT

Trust Board

Date: 22nd September 2015

Agenda Item:	15
Agenda Ref:	15/0915
Author:	Tina Ricketts, Director of HR
Presented by:	Nicola Strother Smith, Non Executive Director and Chair of the Committee
Sponsor:	Nicola Strother Smith, Non Executive Director
Subject:	Workforce & OD Committee Update Report

This Report is provided for: Discussion Decision Approval Assurance Information

Executive Summary:

In order to seek assurance regarding the key workforce & organisational development risks the agenda items considered by the Committee at its August meeting were:

- Progress against the organisational development strategy
- Mandatory training – deep dive
- Progress against the workforce strategy
- Recruitment and retention review
- Staff friends & family test – deep dive
- Staff engagement pilot programme

The attached report provides a summary of each of these agenda items

Recommendations:

The Board is asked to:

The Board is asked to note the actions being taken to mitigate the key workforce and organisational development risks.

Considerations:
Quality implications: The Organisational Development & Workforce Strategies will have a positive impact on quality
Human Resources implications: This report summarises the key actions that are being taken to maximise the Trust's human resources
Equalities implications: None identified
Financial implications: None identified
Does this paper link to any risks in the corporate risk register: Yes - detailed within the report
Does this paper link to any complaints, concerns or legal claims: No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Provide innovative community services that deliver health and social care together	
Work as a valued partner in local communities and across health and social care	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	P

Reviewed by (Sponsor): Nicola Strother Smith, Non Executive Director

Date: 7th September 2015

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

Workforce & OD Steering Group 14th August 2015
Workforce & OD Committee 20th August 2015

Explanation of acronyms used:

Contributors to this paper include::

Meeting of Gloucestershire Care Ser
To be held on: 22nd September 2015

Agenda item 15

1. Purpose

The objective of this report is to provide the Board with an overview of the key agenda items considered by the Workforce & OD Committee at its meeting on 20th August 2015.

2. Recommendations

The Board is asked to note the actions being taken to mitigate the key workforce and organisational development risks.

3. Background

As a reminder to the Board, the high impact risks (scoring 12 or above) as detailed in the corporate risk register are:

Reference	Risk Title/ Theme	Current Risk Rating
SD1-ICT	Band 6 Community Nursing Vacancies	16
ST1-CH	Community Hospital Staffing Levels	16
HR3 - 409	Nurse recruitment and retention	16
HR5 - 404	Sickness absence rates	16
HR	Gaps in the recording of clinical mandatory and essential training	16
SD3-ICT	Occupational Therapist & Physiotherapist vacancies	12
HR1- 414	Contingent workforce strategy	12
HR4 - 413	Workforce plan across health and social care	12
HR6 - 406	Appraisal completion rates	12
HR-3/15	Insufficient workforce information to identify vacancy/ recruitment hotspots	12

In order to seek assurance regarding the actions in place to mitigate these risks the key agenda items considered by the Committee at its last meeting were:

- Progress against the organisational development strategy
- Mandatory training – deep dive
- Progress against the workforce strategy
- Recruitment and retention review
- Staff friends & family test – deep dive
- Staff engagement pilot programme

4. Discussion of Issues

4.1 Progress against the Organisational Development Strategy

In order to maintain regular oversight of progress against the organisational development strategy the Committee has developed a dashboard which contains key metrics. The dashboard as at 30th June 2015 identified that further progress is required in the following areas:

- **Percentage of colleagues with a personal development plan**
Current performance is 78% against the Trust's target of 95%. An appraisal deep dive report was submitted to the Committee in June 2015 and a number of actions were identified to improve performance. Updates on progress against these actions will be provided to the Committee as a standing agenda item.
- **Stability of the Board**
This measures the stability rate of both Non-Executive and Executive Board members over a rolling 12 month period. The current figure of 73% against a target of 85% has been impacted by the departure of one Non-Executive Director and the Medical Director and the recruitment of two Non-Executive Directors. The Director of HR has committed to review this metric to clarify whether Non-Executive Directors should be included if the reason for leaving is "end of term".
- **Increase in the response rate to the Staff Friends and Family Test**
The target set is to increase from a baseline of 19% however in Quarter 1 of 2015/16 the response rate was 15%. It was agreed by the Committee that rather than undertake a staff FFT survey each quarter that the Trust would participate in the annual NHS staff survey in quarter 3 (a sample of 800 GCS staff and 100 reablement staff) and would undertake a full FFT survey in quarter 1 of each year. The rationale for this decision was based on survey fatigue indicated by low response rates and the other engagement activities that the Trust had planned which would capture staff views. These included the understanding you events, listening into action big conversations and the staff engagement pilot (see section 4.6).
- **Increase the number of colleagues who would recommend the Trust as a place to work**
The target set is to increase performance from a baseline of 52%. In Quarter 1 of 2015/16 performance remained at 52%. A staff FFT deep dive report was considered by the Committee (see section 4.5) which recommended additional priority actions under the OD strategy implementation plan. Updates on progress against these actions will be provided to the Committee as a standing agenda item.

The measures detailed below are currently on track to achieve target.

- Percentage of new job descriptions which incorporates the Trust's CORE values framework so that candidates can be selected against the values and behaviours

- Percentage of managers who have undertaken leadership/ management development in the last 12 months.
- Percentage of teams supported by a dedicated quality performance scorecard linked to team objectives.

4.2 Mandatory Training – deep dive

The Trust's Quality Strategy (2014-2019) supports mandatory training by setting out measures to assess the Trust's quality and performance which are mapped against the organisation's strategic objectives. The measures for 2015/16 relevant to this paper in respect of mandatory training completion rates relate to the strategic objective to *'Support individuals and teams to develop the skills, confidence and ambition to deliver our vision'*.

The learning outcomes for all NHS Trusts are set by Skills for Health under the UK Core Skills Training Framework. This framework sets out the expected learning outcomes and standards of delivery for the following subjects and the Trust has nominated subject leads to oversee each area:

Table 1: Mandatory Training Subject Leads

	Subject Specialist	Subject Director
Conflict Resolution	Security Manager	Director of Finance
Equality, Diversity and Human Rights	Equality & Diversity Manager	Director of HR
Health, Safety and Welfare	Head of Estates	Director of Finance
Fire Safety	Head of Estates	Director of Finance
Infection, Prevention and Control	Infection Control Lead	Director of Nursing
Information Governance	Director of Corporate Governance	Director of Corporate Governance
Moving and Handling	Head of Estates	Director of Finance
Resuscitation	Head of Professional Practice	Director of Nursing
Safeguarding Adults	Safeguarding Lead	Director of Nursing
Safeguarding Children	Safeguarding Lead	Director of Nursing

The Committee confirmed that responsibilities for mandatory training are as follows:

- Subject Directors (with the support of subject specialists) are responsible for ensuring the content of the training is fit for purpose, for identifying which staff group require which level of training and the frequency of training.
- The HR Directorate is responsible for providing a framework for managing compliance which includes reporting, developing policies, procedures, processes and guidance notes and providing professional advice and

guidance. The training team is responsible for ensuring a sufficient number of training sessions are run to enable all staff to access the required training.

- Directors are responsible for monitoring performance and ensuring that their directorate achieves compliance.
- Line Managers are responsible for ensuring that their team members complete their mandatory training as per the framework, and that they are released from duties to be able to do so.
- Colleagues are responsible for ensuring that they comply with mandatory training requirements.

To monitor compliance rates, monthly reports are produced for budget holders and Directors. Completion rates of all subjects highlighted above are currently reported on with the exception of Resuscitation, Safeguarding and Manual Handling. Plans are however in progress to be able to report against these areas and an update will be provided at the Board meeting.

Table 2 Mandatory Training Compliance as at 31st July 2015:

	Health and Safety (including Infection control)	Fire Safety	Equality and Diversity	Information Governance	Conflict Resolution
Trust totals 2015 (to end July 2015)	88.86%	71.54%	85.81%	72.72%	83.27%
Trust totals 2015 (to end March 2015)	79.83%	60.03%	72.93%	61.58%	72.69%
Trust totals 2014 (as at 31 March 2014)	88.37%	57.36%	50.20%	25.05%	65.90%

Table 2 shows that 2015 performance compared to 2014 saw the Trust make significant improvement in all areas. However, overall the Trust is still below the Target of 95% but has achieved the 85% trajectory for health & safety and equality and diversity.

The list below identifies a number of actions that have supported the Trust's increase in performance in the last year:

- Improved monthly reports for budget holders, which include both mandatory training and appraisal completion records.
- Reviewed training content and frequency.
- Development of new ways of training delivery.
- Introduction of revised corporate induction arrangements which includes all corporate mandatory training requirements resulting in new starters being up to date with training requirements upon commencement of employment.

The list below confirms planned actions to ensure that improvement in performance continues and is maintained:

- Further review of training content and frequency requirements.
- Review of mandatory training platform to ensure e-learning is easily accessible to colleagues.

- Working with Nursing and Quality to include Resuscitation and Safeguarding compliance on dashboards and monthly budget holder reports
- Consideration of new and innovative ways to deliver mandatory training requirements.
- Introduction of core objectives for all line managers to ensure that their teams have 95% compliance.
- Mandatory Training Policy to be reviewed and updated to include roles and responsibilities.

4.3 Progress against the Workforce Strategy

Similar to the Organisational Development Strategy, the Committee has developed a dashboard to maintain regular oversight of progress against the Workforce Strategy. The dashboard as at 30th June 2015 identified that further progress is required in the following areas:

- ***Increase in the number of leavers completing exit questionnaires***
In April 2015 a new leavers procedure was developed which introduced the option of a telephone exit interview with a member of the HR team. However, the take up of this option has been low and has not increased the number of completed exit questionnaires. A deep dive report on turnover (including exit questionnaires) will be submitted to the Committee in October 2015.
- ***New staff receiving induction training within their first month of employment***
The Trust runs corporate induction sessions on a fortnightly basis and requires staff to attend this training prior to commencing in role. However, due to vacancy levels, managers have been requesting that staff commence employment prior to undertaking this training which is having a negative impact on the percentage of staff that have completed this within the first month of their employment. Managers have been reminded of the importance of the corporate induction and we are currently working through the backlog to ensure that all new starters have completed this mandatory requirement.
- ***Compliance with all mandatory training (to include clinical mandatory training)***
(see section 4.2 above)
- ***Reduction in staff sickness absence rates from 2013/14 baseline***
The current sickness absence rate is 4.77% (rolling 12 month average to end June 2015). Comparative information as at 31 March 2014 was 4.28%. The Trust's trajectory sets out to achieve 4.4% by 31st March 2016. The Committee was provided with a deep dive report at its last meeting which identified a number of actions to improve performance. Updates on progress against these actions will be provided to the Committee as a standing agenda item.
- ***Increase in the number of front line staff having flu vaccines***
The compliance rate for 2014/15 was 42.5%, a 3.9% increase on the previous year. Work is underway with Occupational Health services to plan clinics at

work bases across the County to improve performance in 2015/16. However, the Committee noted that the target of 50% would be challenging given the media stories about the effectiveness of last year's vaccine.

The measures detailed below are currently on track to achieve target.

- Quality impact assessments completed for all service redesigns or changes to staff configurations
- Roll out of the e-rostering system
- Reduction in length of time taken to recruit staff
- HR policy reviews/ development in line with agreed schedule
- Compliance with all NHS Trust Development Authority, Health Education England and NHS England workforce information submissions
- Increase in the application of Trust policy for staff who have met the sickness absence triggers

4.4 Recruitment and retention

A review of vacancies against establishment identified three 'hot spots':

- Integrated Community Teams (ICT) – 7.55% vacancy rate
- Community Hospitals – 8.01% vacancy rate
- Countywide Services – 10.40% vacancy rate

The majority of vacancies relates to qualified nursing posts which continues to be a priority focus for the Trust. Whilst some progress has been made in attracting new staff significant challenges remain, particularly in recruiting Band 6 Nurses into Community Nursing posts and Band 5 Staff Nurses into Community Hospital inpatient unit roles as can be seen from the following graphs.

Table 3: ICT Vacancy Figures for Band 5 & 6

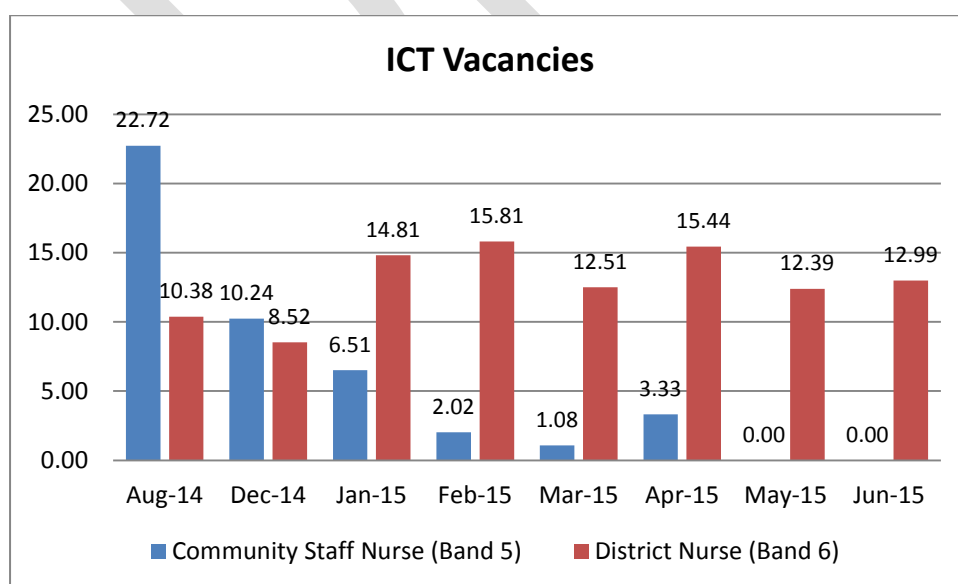
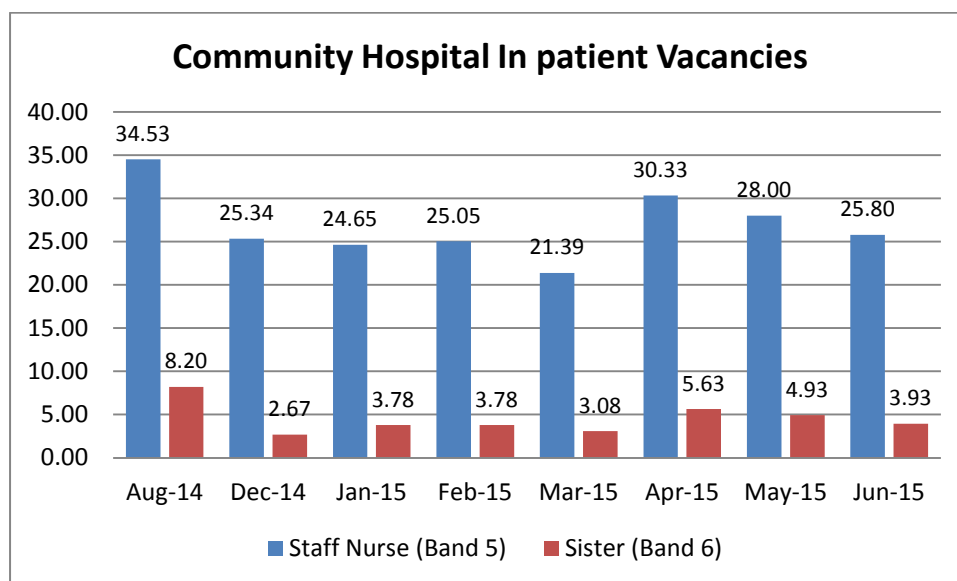


Table 4: Community Hospital Vacancy Figures for Band 5 & 6



Retention also continues to be an issue with 47 qualified nurses leaving the Trust between 1st August 2014 and June 2015. Positively the number of nurses leaving has reduced since January 2015 however turnover rates are closely monitored to identify trends and/or hotspots.

The Committee were informed that a number of recruitment activities were planned including open days at Stroud Hospital and the Dilke which would be supported by local media campaigns. It was also highlighted that the Clinical Commissioning Group had agreed funding of £150,000 to backfill band 5 nurses to undertake their SPQ training. The Trust has committed that all colleagues would be guaranteed a District Nurse role on the successful completion of this training.

The Committee was informed that the recruitment team are working hard to ensure the recruitment process is efficient and as quick as possible. An issue had been identified where candidates are not handing in their notice until they get an unconditional offer letter and contract which is causing up to a 3 month delay in them joining the organisation. The HR team are now trialling the issuing of the formal contract and offer letter at the preferred candidate stage.

The Executive approval process has recently been reviewed and the authorisation of clinical posts is with budget holder and director sign off only. Feedback from colleagues is this has significantly speeded up the process which has been well received. Community nursing vacancies at band 5 and 6 continue to be monitored by HR and do not require any other authorisation process to recruit to establishment.

eDBS is an electronic online system which will enable the Trust to manage our Disclosure applications with the DBS (formerly the CRB). When implemented the main benefits will be a reduction in the number of applicant errors which will save time in the HR team and there will be no reliance on the postal service. Using this system will enable the Trust to use the DBS e-Bulk channel which will reduce the average processing time by 5-10 days.

The Committee was informed that the number of exit interviews being completed is still not reflective of the number of leavers. Further analysis is needed to understand why the HR Advisors are not always being given leaver information in time to enable them to contact and interview colleagues. It was agreed that a deep dive would be undertaken with a report being submitted to the Committee in October 2015.

4.5 Staff Friends & Family Test – deep dive

The Staff Friends & Family Test contains two questions:

1. How likely are you to recommend Gloucestershire Care Services NHS Trust to friends and family if they needed care or treatment?
2. How likely are you to recommend Gloucestershire Care Services NHS Trust to friends and family as a place to work?

Participants are asked to rate their answer as follows:

- a) Extremely likely
- b) Likely
- c) Neither likely or unlikely
- d) Unlikely
- e) Extremely Unlikely
- f) Don't know

A & B are added together to determine the percentage of staff that would recommend the Trust and D & E are added together to determine the percentage of staff who would not recommend the Trust.

The survey contains two free text boxes for participants to comment on the main reason for the answer they have chosen.

Since the survey was launched in April 2014 the results for the Trust are as follows:

Table 5: Staff FFT results for 2014/15 and Quarter 1 of 2015/16:

Quarter	Total Responses	Percentage Response	% recommend - work	% not recommend - work	% recommend - care	% not recommend - care
Q1 2014/15	573	17%	53%	22%	79%	3%
Q2 2014/15	468	14%	49%	21%	78%	4%
Q3 2014/15	425	47%*	52%	16%	68%	8%
Q4 2014/15	532	20%	50%	25%	81%	4%
Q1 2015/16	467	14%	52%	25%	85%	2%

*Quarter 3 results are taken from the NHS Staff Survey which is sent to 825 employees. The response rate is based on this sample size.

Nationally the percentage of staff who would recommend their organisation to friends and family in need of care/treatment is 77%, whilst the percentage who would not recommend their organisation is 8%. The Trust results are above average for quarter 1, 2 and 4 but are lower in quarter 3. A possible explanation for this is that

the questions asked within the NHS Staff Survey are phrased slightly different to those asked in the other surveys.

Nationally the percentage of staff who would recommend their organisation to friends and family as a place to work is 62%, whilst the percentage who would not recommend their organisation is 19%. The Trust has scored below average in all 5 surveys.

Response rates to the survey range from 0.13% to 38.5%. The Trust was 58th out of 243 Trusts in quarter 4 of 2014/15 with a response rate of 19.75%.

In 2014/15 the Trust received 1,227 comments in response to question 2 of the survey. A detailed review of the comments has been undertaken and have been categorised under the following themes:

Table 6 – Analysis of staff FFT comments under themes

Theme	Communication	Culture	Demand & Capacity	Job Satisfaction	Pay & Benefits	Quality of Service Provided	Supportive/Unsupportive Employer	Teamwork	Too Much Change	other	Total
Extremely Likely	2	48	-	39	7	8	41	41	-	-	186
Likely	-	73	-	91	30	52	96	66	-	1	409
Neither likely or Unlikely	22	73	40	3	21	9	65	7	27	44	311
Unlikely	10	77	34	-	6	2	38	-	25	-	192
Extremely Unlikely	8	53	20	1	4	-	33	-	9	1	129
Total	42	324	94	134	68	71	273	114	61	46	1,227
% Positive	5	37	0	97	54	85	50	94	0	2	48
% Neutral	52	23	43	2	31	13	24	6	44	96	25
% Negative	43	40	57	1	15	3	26	0	56	2	26

From the table it can be seen that the highest number of comments received relate to the culture of the organisation and whether the Trust is perceived as being a supportive or unsupportive employer with regard to issues such as career progression and flexible working.

The top three positive themes are:

- job satisfaction,
- supportive employer
- teamwork.

The top three negative themes are:

- demand and capacity,
- too much change
- cultural issues.

- **Culture;** colleagues feeling done to, not being communicated with; not understanding the roles of senior managers; low staff morale, colleagues feeling disengaged; raising concerns; HR processes
- **Communications;** communication is poor within teams, and also Trust wide, particularly around service change; colleagues feeling out of the loop; a general feeling of over-reliance on email and not enough emphasis on face to face communication; increased visibility of senior managers needed.

In order to identify quick wins and longer term solutions to the above issues, the Listening into Action big conversation events held in May 2015 centred around these four themes.

From the analysis of the staff FFT comments, feedback from the understanding you and big conversation events it can be seen that the emerging themes that require improvement are as follows. Two additional themes (6 & 7) emerged from the understanding you events which are integration and technology.

Table 7: Summary of emerging themes from Staff FFT, Understanding You and Big Conversation events

Theme No	Priority Area	Strategy/ Framework	Trust Lead
Theme 1	Internal Communication	Communications & Engagement Strategy	Chief Executive Officer
Theme 2	Culture	Organisational Development	Director of HR
Theme 3	Demand & Capacity (Workload management)	Operating Model & Demand & Capacity Modelling	Chief Operating Officer
Theme 4	Supportive/ Unsupportive Employer (main themes being Personal Development, Career Progression, Leadership & Management Development)	Organisational Development	Director of HR
Theme 5	Too much change	Organisational Development	Director of HR
Theme 6	Integration	Service Specification/ Operating Model	Director of Service Delivery
Theme 7	Technology (including system one rollout)	Information Technology	Director of Finance

This report considers the three themes that fall under the organisational development strategy, namely culture and supportive/ unsupportive employer and too much change. Other themes will be taken forward by the Trust leads under the relevant framework/ strategy.

To ascertain whether the organisational development strategy and supporting implementation plan is fit for purpose to address the three identified themes, a review of the priorities for 2015/16 was undertaken. To improve performance a number of actions will be taken forward as a priority. Furthermore, the following additional actions have been added to the implementation plan to bring more focus to the areas that require improvement:

Task Ref	Action
16	Create competency profile for all roles within the Trust
18	Create career progression framework for bands 1 to 8
19	Develop and deliver integrated education, training and development programmes to support the career progression framework
27	Develop "checklist" to maximise communications and engagement opportunities with colleagues during change process
28	Review rollout of SystemOne from change management perspective. Submit report to Workforce & OD Committee
29	Develop and deliver change management workshops to ensure managers have knowledge and skills to facilitate change
30	Further promotion and delivery of Lighten Up Programme to provide support to colleagues through change
32	Undertake "deep dive review" of staff engagement & communication activities. (Tewkesbury ICT & Stroud Hospital have been identified as locations for the review). Submit finding to Workforce & OD Committee

Progress against the implementation plan will be regularly reported through the Committee as a standing agenda item.

4.6 Staff Engagement Pilot Programme

The Head of Corporate Planning presented a report to the Committee which identified a very clear need to work directly with colleagues so as to truly understand their views and perceptions of the Trust. It was felt that by gaining direct intelligence it would improve the Trust's approach to internal engagement post April 2016.

A pilot programme was proposed which will see the engagement team spending time with colleagues within the integrated community team at Tewkesbury and at Stroud

Community Hospital to gain a real and in-depth understanding of the issues and/or truth behind some “myths”. For example, it is supposed that there is a divide between colleagues in frontline services and their counterparts in head office. We need to challenge whether this is a genuine divide or merely hearsay – is it reflective of staff opinion; if so what drives that belief and how can it be broken down.

The focus of the pilot will be to get teams more engaged in Trust thinking, communicate more effectively with each other, understand how they fit into the organisational whole, and contribute to Trust-wide vision and goals. As such, this pilot aims to engender a greater sense of colleagues’ belonging both to their local team and to the Trust, and create a heightened sense of work satisfaction and pride in the Trust.

The Committee requested that the pilot be extended to include teams from within Countywide and/or Children & Young People Services and that staff working in corporate services were included as part of the front line teams that they support. The Committee were supportive of the proposal and felt that the intelligence from the pilot would help strengthen the Trust’s approach to internal engagement. Regular reports on the progress of the pilot will be submitted to the Committee as a standing agenda item.

5. Further Items for Committee Consideration

The Committee requested reports on Seven Day Services and the Rose Report for its next meeting on 19th October 2015. Also scheduled for this meeting is a “deep dive” report on exit interviews/ reasons for leaving.

Prepared by: Tina Ricketts, Director of HR
Presented by: Nicola Strother Smith, Non-Executive Director

Trust Board

Date: 22 September 2015

Agenda Item:	16
Agenda Ref:	16/0915
Author:	Matthew O'Reilly - Head of Performance and Information
Presented by:	Duncan Jordan
Sponsor:	Duncan Jordan
Subject:	Quality and Performance Report

This Report is provided for: Discussion Decision Approval Assurance Information

Executive Summary:

The integrated quality and performance report, which is driven by the organisation's priority to deliver safe and effective care, has been developed to provide the Board and its sub committees with assurance that quality is being carefully monitored and that improvement measures are being identified and implemented where necessary. It also enables the Trust to demonstrate its commitment to encouraging a culture of continuous learning, improvement and accountability to patients, communities, the commissioners of its services and other key stakeholders.

The report aligns with the Trust's strategic objectives and provides a high level overview of our progress towards meeting those commitments. During 2015/16 it will be further developed to provide clear and robust assurance through reporting, triangulation and analysis of the quality, performance and financial metrics.

Recommendations:

The Board is asked to:

Consider the reported position for the quality, performance and finance metrics.

Note that a revised plan has been submitted to the Trust Development Authority showing a revised full year surplus (after adjustment for depreciation on donated assets) of £1m.

Considerations:
Quality implications: N/A
Human Resources implications: N/A
Equalities implications: N/A
Financial implications: The Trust is required to achieve a surplus and manage its cash position to ensure it is in a position to pay staff and creditors as they fall due. This report
Does this paper link to any risks in the corporate risk register: YES
Does this paper link to any complaints, concerns or legal claims: YES

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Provide innovative community services that deliver health and social care together	P
Work as a valued partner in local communities and across health and social care	P
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	P

Reviewed by (Sponsor):

Date:

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

Quality and Performance Committee.

Explanation of acronyms used:

Contributors to this paper include::

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Quality, Finance and Performance Report

Trust Board
22nd September 2015

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Report Overview (1/3)

Gloucestershire Care Services NHS Trust is committed to providing high quality care and ensuring patient safety. We strive to make improvements in the quality of the care that we provide, at the same time as ensuring that it is clinically effective, person focused and safe.

This report has been developed to provide the Trust Board and its sub-committees with assurance that quality is being carefully monitored and that improvement measures are being identified and implemented where necessary. It also enables the Trust to demonstrate its commitment to encouraging a culture of continuous improvement and accountability to patients, communities, meeting its contractual obligations with the commissioners of its services and other key stakeholders.

The report aligns with the Trust's strategic objectives and provides a high level overview of our progress towards meeting those commitments, illustrated via dashboards within this report.

The key themes related to year to date performance up to end of July 2015 are as follows:

Strategic Objective 1: Achieve the best possible outcome for our service users through high quality care

1. Falls: Higher rate of falls in an inpatient setting compared to benchmarking group.
2. Serious Incidents Requiring Investigation (SIRI): Lower rate of SIRIs reported compared to benchmarking group.
3. Incidents: Lower rate of incidents reported compared to benchmarking group.
4. Duty of Candour: applied to 6 incidents in 2015/16.
5. Harm Free Care: Safety Thermometer data evidenced Harm Free Care rate of 95.2%: 1.25% new harms compared to national average of 2.2%.
6. Clostridium Difficile: number of cases remains below agreed tolerance level.
7. Performance targets: Trust is reporting 88.9% compliance with national targets and 54.5% compliance with local targets.

Report Overview (2/3)

Strategic Objective 2: Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

1. Friends and Family Test: reduction in response rate, although 95.8% saying they would recommend the Trust.
2. Mixed-sex accommodation: No breaches.
3. NHS Choices: 10 comments received in July: 8 (80%) positive and 2 (20%) not so positive.
4. Complaints: 3 received in July. 93.3% responded to within agreed timescale (25 working days).
5. Mortality reviews (Community Hospitals): Saturday appears as an outlier in terms of the number of deaths, however this is only based on 4 months' data and number of deaths are relatively small.

Strategic Objective 3: Provide innovative community services that deliver health and social care together

1. Rapid response: referrals received remain below the target level but show significant increase in July.
2. Adult Social Care: 1 key indicator is rated red
3. Reablement : Contact time, cases progressed within 6 weeks and sickness rate are not achieving target; however, average length of Reablement service (3.7 weeks) is below target of 6 weeks. Details of actions in place are also included within the report.

Strategic Objective 4: Work as valued partner in local communities and across health and social care

1. Average length of stay in Community Hospitals remains in excess of 20 days. This is impacting upon throughput with less patients discharged than planned.

Report Overview (3/3)

Strategic Objective 5: Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

1. Monitor compliance statements: full compliance evidenced.
2. Board statements: full compliance evidenced.
3. Staff Friends and Family Test: positive in terms of recommending the Trust as a place for treatment (Q1, 85%), however recommendation in terms of place to work only 52% (Q1), still below the 53% reported at Q1 2014.
4. Sickness absence: remains above target (5.13% in July compared to target of 3%).
5. Appraisals: rate of reported completed appraisals (77.73%) remains behind trajectory of 80%.
6. Mandatory training: Conflict resolution, Fire Safety and Information Governance remain behind trajectory.

Strategic Objective 6: Provide innovative community services that deliver health and social care together

1. Legal claims: Increase in number received (11 in July).
2. Delivery of CIP and QIPP: currently rated as high risk.
3. Finance: £45k behind plan at month 4 and reporting a deficit of £325k. Full year forecast is in line with plan at present.
4. QIPP and CQUIN income has been assumed in full though there is risk (which can potentially be mitigated) to approximately £900k of QIPP as things currently stand.
5. Although most slippage in CIP delivery has been offset by non recurrent savings. This shortfall on CIPs will need to be caught up so that we do not worsen our recurrent position at the end of the year.
6. Cash is £1.2m adverse to plan at £6.5m



**Strategic Objective 1:
Achieve the best possible outcome for our service users
through high quality care**

Strategic Objective 1 Achieve the best possible outcome for our service users through high quality care (1/2)

- Falls within the Community Hospital in-patient setting remains the highest reported incident (284) by type and of these (199) resulted in no harm (see page 21). GCS has a higher rate of falls with harm per 1,000 bed days at 3.9 compared to the average of the Trusts within the Aspirant Community Foundation Trust group at 2.7 (e.g. Birmingham Community HealthCare NHS Trust at 2.8 or Hertfordshire Community NHS Trust at 1.4). The Vale and North Cotswolds hospitals have a significantly higher rate of falls per 1,000 bed days compared to the other hospitals.
- The Trust has reported no Serious Incident Requiring Investigation (SIRI) during July (see page 17). GCS is reporting a lower rate of SIRIs (2.1 average per month) compared to the average of the Trusts within the Aspirant Community Foundation Trust group (3.3).
- The Trust surveyed 1,039 patients episodes for the July Safety Thermometer report. Of these 988 (95.1%) were harm free. 52 harms were reported, of which 13 were new harms (see pages 18-20). This means that GCS reported 1.25% new harms compared to national average of 2.2% new harms. The national average for harm free care was 94.1%.
- There were no Clostridium Difficile infections reported during July. The Trust remains below the agreed tolerance for 2015/16 with three cases reported compared to threshold of six cases (see page 23).

Strategic Objective 1 Achieve the best possible outcome for our service users through high quality care (2/2)

- On a year-to-date basis (April to July 2015) the Trust is reporting 88.9% compliance with national targets and 54.5% compliance with local health targets. *This represents an increase in national target compliance from 81.5% reported (April to June); local target compliance is reduced from the performance reported previously.*
- Details of actions in respect of areas of under-performance are included within the report (see pages 11 to 14)
- Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) Referral to Treatment (RTT) target was achieved in July 2015.

Quality Strategy metrics 2015-16 against strategic objective 1

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Harm-free care in community hospitals and ICTs	More than 95%	95.9%	93.9%	95.2%	95.1%									95.0%
Reduction in incidents that result in serious harm	Less than 12	0	1	0	1									2
Service users recommending the Trust as a place of care	More than 90%	95.9%	96.1%	95.6%	95.8%									95.9%
Not exceeding threshold of C. diff infections	Less than 18	0	1	2	0									3
Achieving agreed staffing levels in community hospitals	80-120%	104.7%	103.4%	104.7%	105.6%									104.6%
Increasing the number of service users who feel treated with dignity and respect	Equal or more than 98%	98.3%	98.4%	98.7%	98.6%									98.5%

Summary of health performance key indicators – July year to date

	July cumulative year-to-date (with comparators to June)						June cumulative year-to-date			
	Red		Amber		Green		Total	Red	Amber	Green
National	0 0.0%	↓	3 11.1%	↓	24 88.9%	↑	27	1 3.7%	4 14.8%	22 81.5%
Local	8 24.2%	↑	7 21.2%	↑	18 54.5%	↔	33	6 22.5%	6 22.2%	18 66.7%
Total	8 13.3%	↑	10 16.7%	↔	42 70.0%	↑	60	7 13.0%	10 18.5%	40 74.1%

National indicators

Amber	Minor injury and Illness Unit (MIU) unplanned re-attendance rate	Page 11
	VTE Risk Assessment	Page 11
	Newborn Bloodspot screening coverage by 17 days of age	Page 11

Local indicators

Red	Rapid Response – Number of referrals	Page 13
	Integrated Discharge Team – Number of avoided admissions	Page 13
	Chlamydia Screening –positives	Page 13
	Occupational Therapy (Adult) – referral to treatment	Page 13
	7 Day Service - Inpatients	Page 13

Local indicators

Amber	Speech and Language Therapy (Adult) – referral to treatment	Page 14
	Physiotherapy (Adult) – referral to treatment within 8 weeks	Page 14
	Single Point of Clinical Access - % of Calls abandoned	Page 14
	Single Point of Clinical Access - % of calls resolved with agreed pathway within 20 minutes	Page 14
	% of terminations carried out within 9 weeks and 6 days	Page 14
	MSKCAT service – referral to treatment within 8 weeks	Page 14
Speech and Language Therapy (Children's) – referral to treatment	Page 14	

Performance exceptions – Year-to-date 2015 National targets

Indicator	YTD RAG	Performance	Actions	Projected date of remedy
Newborn bloodspot screening coverage by 17 days of age		Performance on year to date basis is 91% (target 95%)	The midwifery service in GHNHSFT are currently undergoing update training to try and reduce their repeat rate for newborn bloodspot screening. In addition they are reviewing the lancets being used in case this will also improve their rate. This has been flagged at the regional operational group, the antenatal and newborn screening programmes board thereby being monitored by Public Health England and the South West QA team.	Ongoing
Minor injury and illness Unit (MIU) unplanned reattendance rate within 7 days		Performance in July improved slightly to 5.0% compared to 5.5% in June, year to date performance is 5.5% (target less than 5%)	The main issue is MSS Patient First system recording issues which is expected to resolve as implementation of SystmOne in extended across the remaining Community Hospitals.	To be confirmed – transition to SystmOne is expected to resolve the MSS Patient First issues
VTE risk assessment		Performance to the end of July was 94.2% compared to target of 95%	The under-performance is due to an identified issue following roll-out of SystmOne in Cirencester Hospital where a number of assessments have not been recorded on SystmOne. The assessments will be recorded retrospectively onto the system.	August 2015

Performance exceptions – In-month 2015 National targets

Indicator	YTD RAG	Performance	Actions	Projected date of remedy
Percentage of Diagnostic tests waiting longer than 6 weeks		Performance in July was 95% (target >99%)	There were 4 breaches of the waiting time target for access to Echocardiography during July due to staff sickness. Further details are provided on page 12. The service has, as part of this reported breach, reviewed its patient tracking processes which are robust – no significant changes to current practice have been made.	TBC – however there is a risk of continued breaches of target due to reduced capacity

Percentage of diagnostic tests waiting longer than 6 weeks – Echocardiography Breaches

Background

The Trust has 1 Cardiac Echocardiographer who works for its Community Heart Failure Service 2.5 days per week, 3 weeks each month. This practitioner scans for 2 days per week, making a total of 6 - 7 scanning days per month and is able to scan 9 - 10 patients per working day. The practitioner has not been able to fulfil the requirements of the scanning appointments.

The GP with Special Interest (GPSI) who also scans has had reduced capacity losing a further 2 days scanning during July and August.

Breaches

None of the 4 patients who were breached were priority referrals (i.e. needed to be seen within 2 weeks). All 4 patients had appointments booked for 31st July that were cancelled due to staff sickness. 2 were rebooked for August, 2 for September.

Reason for delays are due to:

- Delay in receiving adequate information from surgeries to support triage
- Delay in triaging the referrals by the Heart Failure Service & arranging appointments
- Extensive reduced capacity
- Scanner off sick on 31st July

Conclusion

- There is no back fill arrangements in place for this group of skilled practitioners
- There is a project in place trialling BNP blood test in Cheltenham and Tewkesbury to find patients who do not have Heart Failure and will therefore not progress to Echo. This will potentially reduce the impact of this situation. The outcomes report around these “test & learn” sites is due to report next March.
- The service has reviewed its patient tracking processes which are robust – no significant changes to current practice have been made.

Performance exceptions – Year-to-date Local

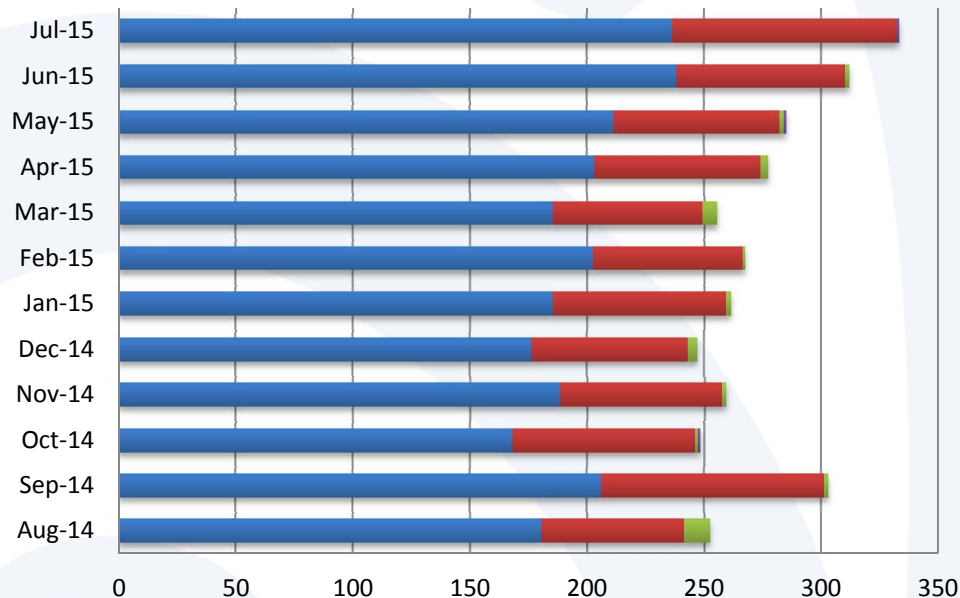
Indicator	YTD RAG	Performance	Actions	Project date of remedy
Rapid response – number of referrals		Performance in July was 240 referrals compared to a target of 266, significant improvement from 178 in June, year to date performance of 741 referrals compared to target of 1,042	The service is not receiving the volume of referrals needed to achieve the target (based on 60 per week throughout the year). To improve patient flow into the service, actions identified: <ul style="list-style-type: none"> • RR shadowing with Single Point of Clinical Access in order to screen RR patient cohort from GP practices • Presence in Locality Referral Centres • Locality rapid response leads to have regular contact with GP surgeries • Calls to South Western Ambulance Service NHS Foundation Trust (SWAST) and Clinical Support desk to ensure potential SWAST referrals can be directed to rapid response • Launch of SPCA promotional materials 	Ongoing
Integrated Discharge Team (IDT) – number of avoided admissions		Performance in July was 207 avoided admissions compared to a target of 310; year to date performance of 758 referrals compared to target of 1,220	Service is working with health community service providers to review out of hours and reablement pathways to identify any scope for increase in IDT involvement. GCCG funding being used to increase resilience within the service	To be confirmed following modelling of additional capacity September 2015
Chlamydia Screening - number of positive screens		Performance in July is behind trajectory by 9 positive screens, (305 positive screens recorded compared to trajectory of 314)	The service have an action plan in place to achieve the number of positive screens which has been shared with Commissioning lead. Service engaging with National team to ensure that focus is on areas expected to realise largest return of positive screens and identify any shared learning.	To be confirmed
Average number of discharges per day from Community Hospital (weekends)		Performance on a year to date basis is an average of 4.3 discharges at weekend compared to target of 10	Number of discharges are currently behind target. The number of discharges have been impacted by an increased average length of stay within the Community Hospitals.	To be confirmed
Average number of discharges per day from Community Hospital (weekdays)		Performance on a year to date basis is an average of 11.4 discharges on weekdays compared to target of 20	This is being investigated by Head of Community hospitals.	To be confirmed
Adult Occupational Therapy - referral to treatment within 8 weeks		Performance in June was 85% compared to a target of 95%; year to date performance of 89%	There were 52 patients seen outside of 8 weeks. Data continues to be reviewed with service following SystmOne go-live to ensure validity of patients on caseload and waiting lists. Staff vacancies continue to impact on delivery of this target.	To be confirmed

Performance exceptions – Year-to-date Local

Indicator	YTD RAG	Performance	Actions	Project date of remedy
Paediatric Speech & Language Therapy - referral to treatment within 8 weeks		Performance in July was 85% compared to a target of 95%; year to date performance of 93%	Service has struggled to fill vacancies which has an impact upon capacity. Staff are moved between locations to cover outpatient work where possible. Service action plan to include review of structure and skill-mixing to mitigate recruitment difficulties	To be confirmed
Adult Physiotherapy Service - referral to treatment within 8 weeks		Performance in July was 90% compared to a target of 95%; year to date performance of 91%	The under-performance reported is within the MSK and ICT Physiotherapy service areas. Staff vacancies continue to impact on delivery of this target. Action plans to be developed to improve the performance.	To be confirmed
Single Point of Clinical Access % of calls abandoned		Performance in July was 5.3% compared to a target of less than 5%; year to date performance 5.9%	The target was not achieved due to demand. There were 2,922 calls received in July, 155 were abandoned. This equates to 9 calls abandoned above the threshold.	To be confirmed – in month performance related to demand
Single Point of Clinical Access % of calls resolved with agreed pathway within 20 minutes		Performance in July declined to 92.1% compared to target of 95%; year to date performance 93.2%	The target was not achieved due to demand. There were a total of 116 calls resolved that had an agreed pathway but outside of the 20 minute target. Call complexity is adding to length of calls.	To be confirmed – in month performance related to demand
% of terminations carried out within 9 weeks and 6 days of gestation		Performance in July was 73% compared to 80% target; year to date performance 75%	The 80% target was missed by 9 patients in July 2015. In total 35 patients were seen outside of 9 weeks and 6 days gestation. This was due to patient choice where appointments within the timeframe were not accepted and impacted by capacity issues within the service due to absence of a doctor.	August 2015
MSKCAT service - referral to treatment within 8 weeks		Performance in June was 97% compared to a target of 95%; year to date performance of 94% primarily due to under-performance in April	The target was achieved in July; however year-to-date performance remains below target. New starter induction programme is complete and all new ESP physiotherapy staff currently working autonomously. Capacity and demand modelling work is ongoing.	Year-to date by end of September 2015

Incidents by category of harm

Incidents by Category of Harm



	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
No Harm	180	206	168	188	176	185	202	185	203	211	238	236
Low Harm	61	95	78	69	67	74	64	64	71	71	72	96
Moderate Harm	11	2	1	2	4	2	1	6	3	2	2	0
Severe Harm	0	0	1	0	0	0	0	0	0	1	0	1
Death	0	0	0	0	0	0	0	0	0	0	0	0

Duty of Candour (DoC)

Duty of Candour applied to 6 incidents from April to July. Patients and relatives have received a verbal apology and written apology as per DoC guidance.

Incident reporting

The incident Governance Policy was ratified at the Quality and Performance Committee in June 2015. Work continues to establish formal reporting of incidents including trends and lessons learnt, in Scheduled Care Governance Group and Community Hospitals and Urgent Care. The Complaints Oversight Group has widened its terms of reference to include scrutinising and disseminating learning from incidents (not only complaints).

Recent data from Datix shows reporting within the Trust has significantly improved over the past 4 months, however it is noted that our benchmarking data based on 1,000 WTE staff is still low compared to our comparators. NRLS benchmarking data is due in October 2015 and when available will triangulate with our information.

Benchmarking

Number of incidents (GCS)	129.2 per 1,000 WTE staff	August - July 2015
Number of incidents (Aspirant Community Foundation Trust Group)	185.4 per 1,000 WTE staff	January - June 2015

Incidents by type (top 5 only)

Category of harm /Type of incident - <u>Patients</u> (top 5 categories)	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	12-month total
Slip, Trip or Fall (Patient)	80	78	69	94	81	86	81	69	96	73	78	69	954
Medication or drug error	13	18	19	14	15	21	16	16	14	28	30	28	232
Treatment or procedure problem	11	19	11	9	6	9	10	10	7	18	16	17	143
Pressure Ulcer	3	3	6	4	9	11	9	10	17	17	18	19	126
Problem with patient records / information	2	3	7	5	6	10	9	10	5	8	11	14	90
Total (All)	177	208	175	191	181	195	197	182	198	209	231	244	2388

Category of harm /Type of incident - <u>Staff</u> (top 5 categories)	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	12-month total
Staffing issues	9	16	16	11	4	4	8	11	7	14	9	33	142
Premises / buildings	6	9	4	5	3	7	6	7	7	3	5	11	73
Verbal/written abuse	9	9	4	6	4	7	5	7	5	5	5	3	69
Property	6	6	3	4	4	5	4	3	4	4	8	3	54
Estates problem/issue	4	4	3	6	4	3	4	2	4	3	4	5	46
Total (All)	76	100	78	75	67	72	75	79	82	77	87	106	974

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

There have been 4 RIDDOR reportable incidents this year to date. All were staff incidents. These are reviewed by the Health and Safety Committee.

RIDDOR Actions taken

Staff reminded of process for cleaning

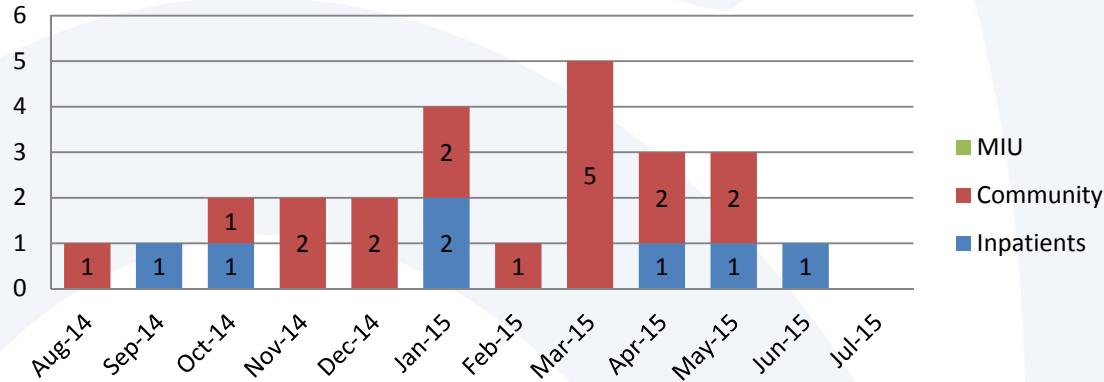
Lone working protocols reinforced and care provider to update control process

Clinical Alert System (CAS)

No overdue CAS alerts this year.

Serious Incidents Requiring Investigation And Never Events

SIRIs by Service Area

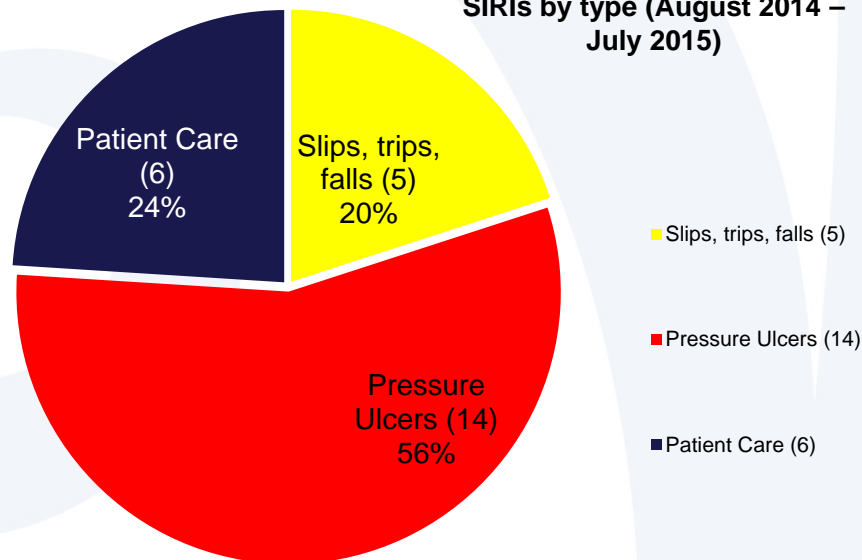


SIRIs

The Quality and Safety Team are starting to work with colleagues to identify and share learning from incidents. A Quarterly Quality and Safety newsletter will first be produced this Autumn which will include themes and lessons learned from selected incidents (including SIRIs), complaints and safety themes. The directorate will work with colleagues to support services in their implementation of agreed actions from SIRIs which may include, audits, meetings, learning sets and quality checks.

No Never Events have been reported in July.

SIRIs by type (August 2014 – July 2015)

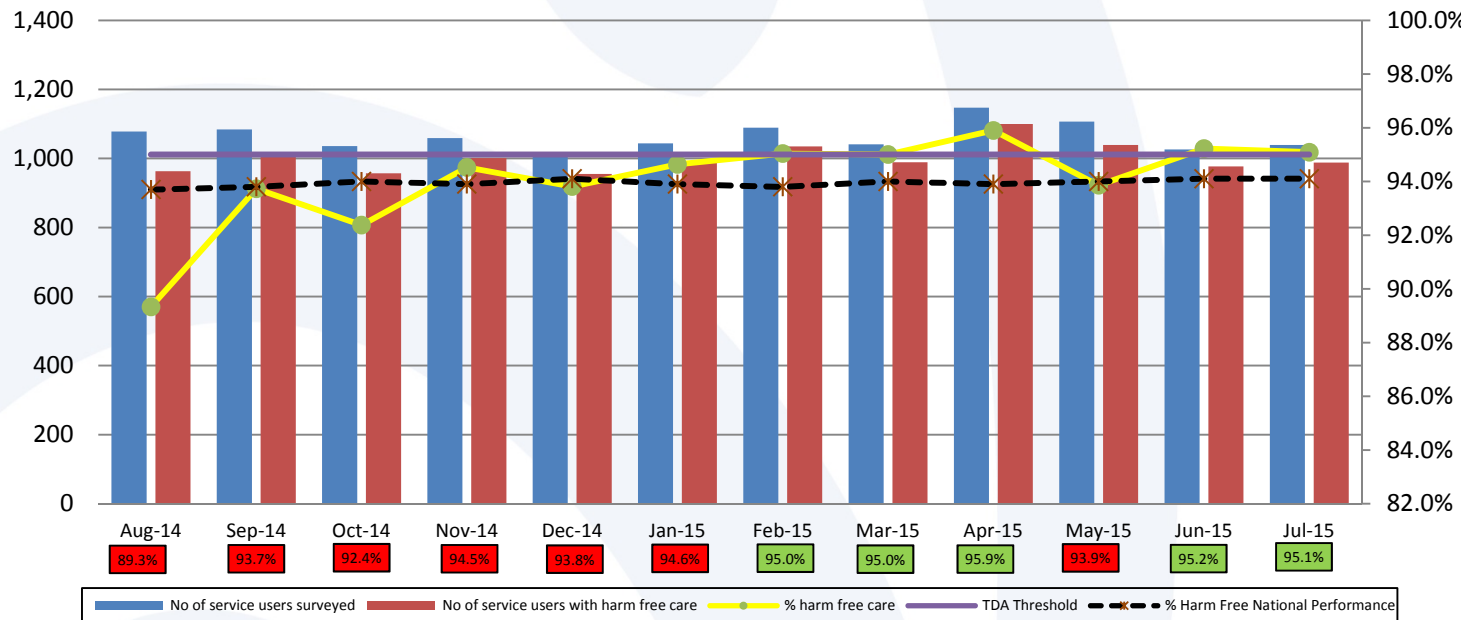


Benchmarking

New SIRIs (GCS)	2.1 average per month, August– July 2015
New SIRIs (Aspirant Community Foundation Trust Group)	3.3 average per month, January – June 2015

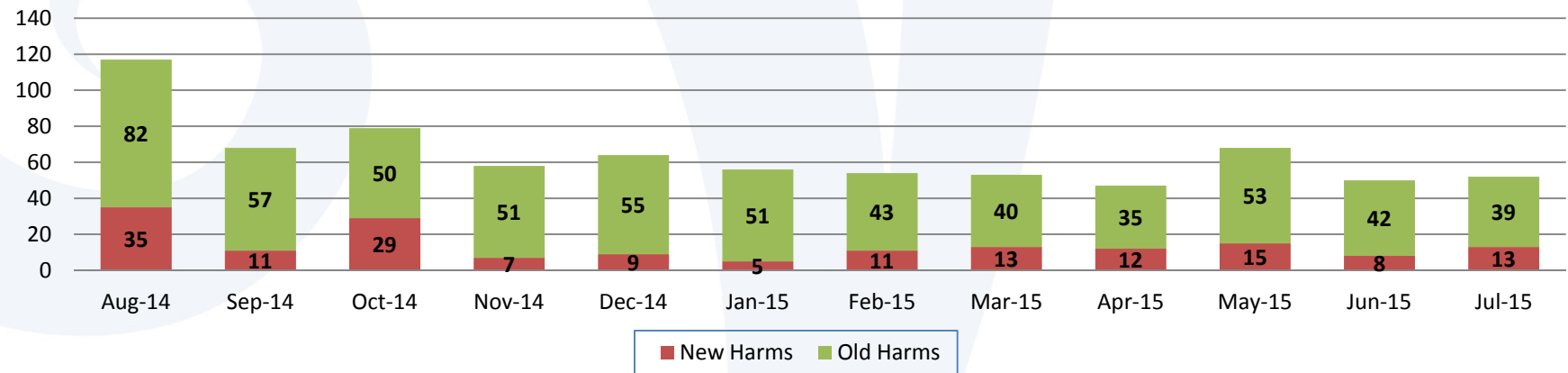
Harm-free care / Safety Thermometer

Safety Thermometer 2015/16



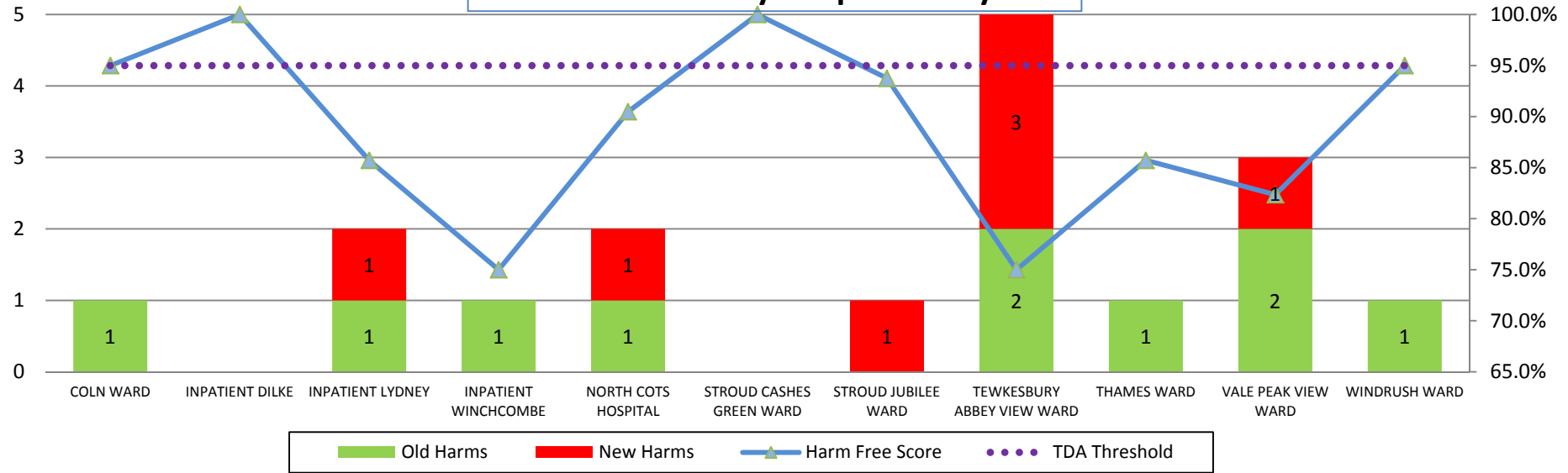
- 100% of teams submitted survey data in July
- Achievement of 95.1% harm free with variation of 75.0% - 100% across teams
- Focus remains on the key areas of falls and pressure ulcers looking at those patients who experienced harm and working across the health community to further reduce this risk

Total Harms 2015/16

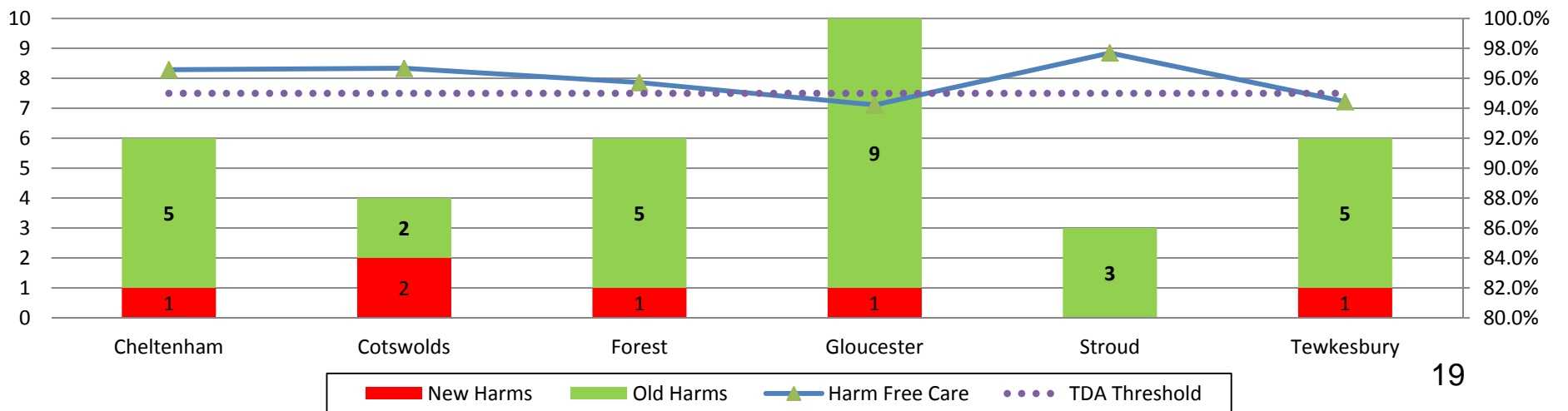


Harm-free care / Safety Thermometer July 2015

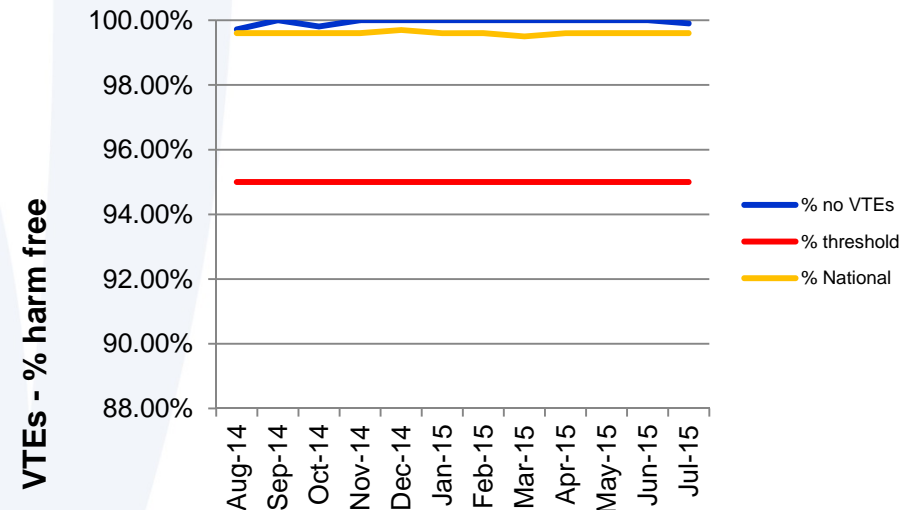
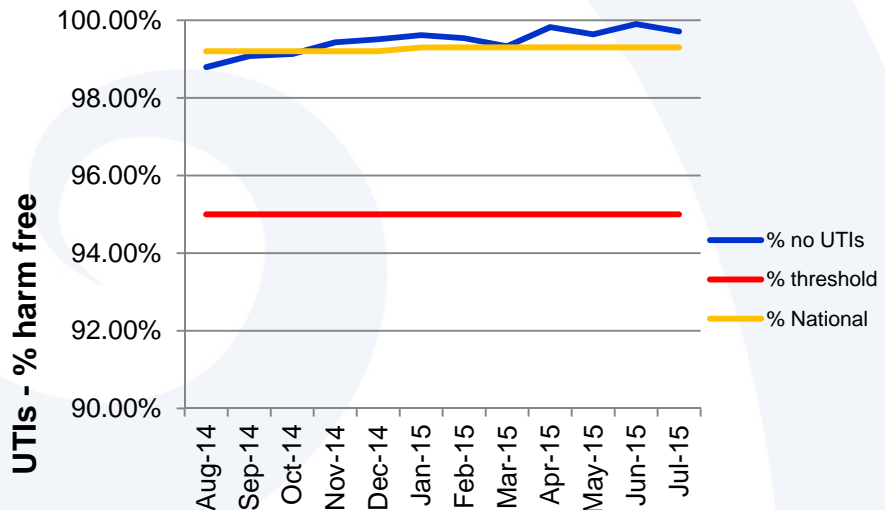
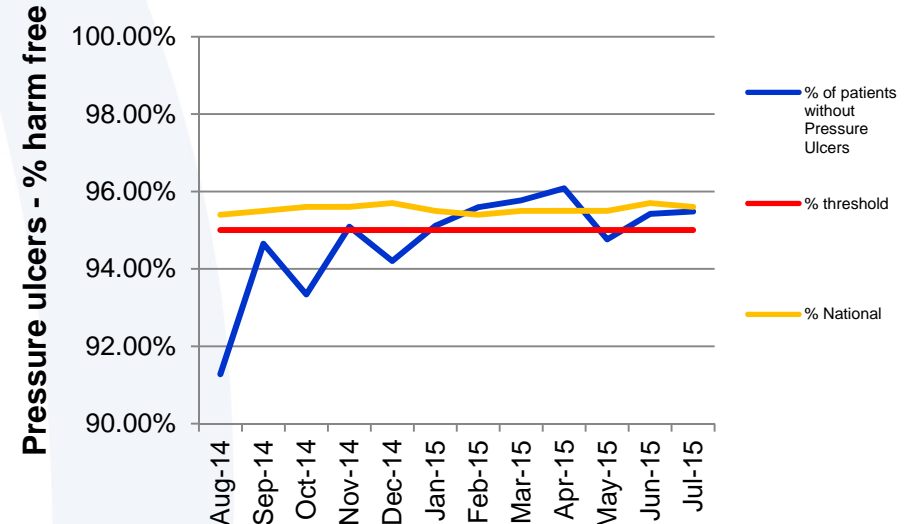
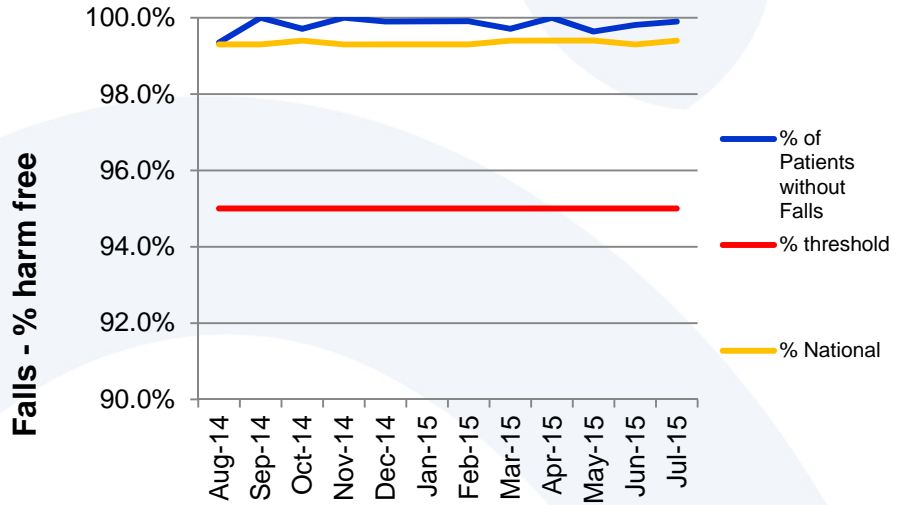
Harms - Community Hospital – July 2015



Harms - Community – July 2015



Harm-free care by type / Safety Thermometer

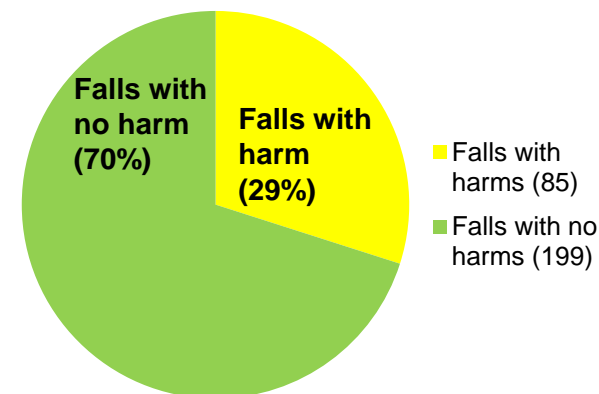


VTE risk assessment:
Performance in July showed 91% VTE risk assessments were recorded as completed against a target of 95%. There is data not being recorded on SystmOne in Community Hospitals that is being retrospectively captured.

Falls in an inpatient setting

Hospital	Total Falls				Falls with harm			
	2015/16 Year to Date		2014/15 Total		2015/16 Year to Date		2014/15 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days
North Cotswolds	49	19.6	137	18.3	12	4.8	43	5.8
The Vale	43	18.5	157	22.7	15	6.5	34	4.9
Cirencester	82	14.0	213	12.5	25	4.3	65	3.8
Dilke	34	11.4	74	9.0	13	4.4	23	2.8
Lydney	24	10.1	85	11.3	5	2.1	24	3.2
Tewkesbury	20	8.4	117	16.8	6	2.5	27	3.9
Stroud General	32	7.1	96	7.7	9	2.0	27	2.2
TOTAL	284	12.4	879	13.2	85	3.7	243	3.6
FORECAST	852				255			
Benchmarking								
Falls with harm per 1,000 inpatient occupied bed days (GCS)					3.9 average per month (12 month average, August– July 2015)			
Falls with harm per 1,000 inpatient occupied bed days(Aspirant Community Foundation Trust Group)					2.7 average per month, January – June 2015			

Result of falls (year-to-date)

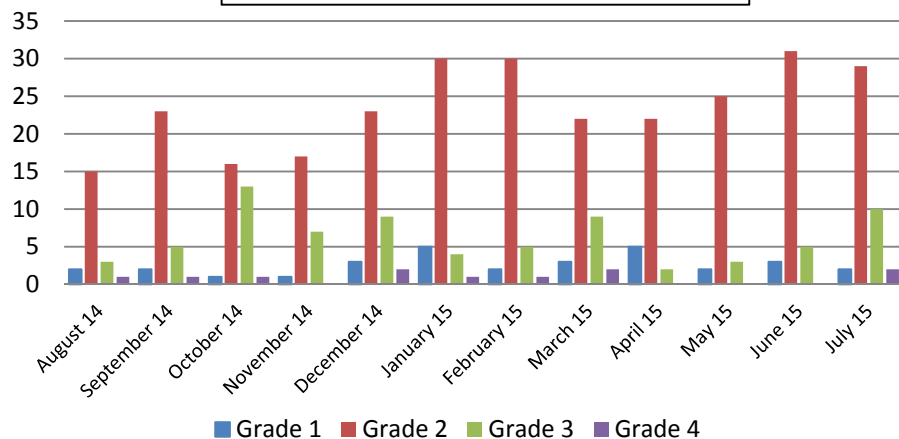


Actions undertaken:

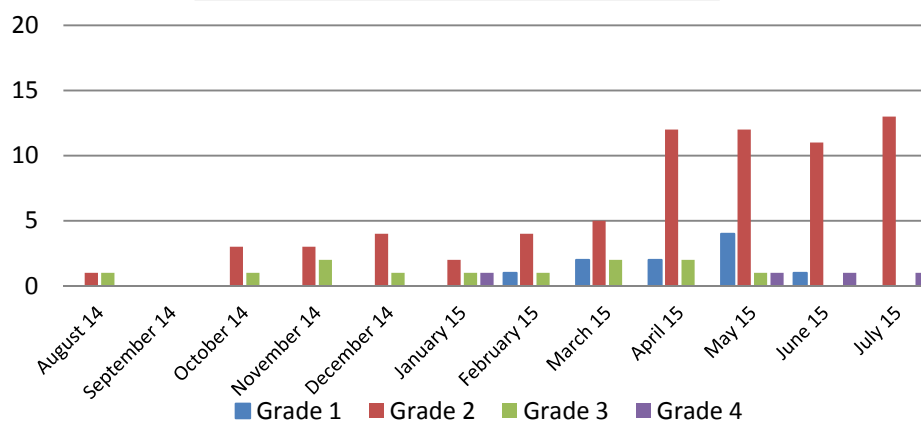
- Review of the Falls Prevention Policy
- Development of an action plan focussed on sharing best practice and learning by Matrons
- Standardisation of falls alert signage in line with NICE guidance

Pressure ulcers

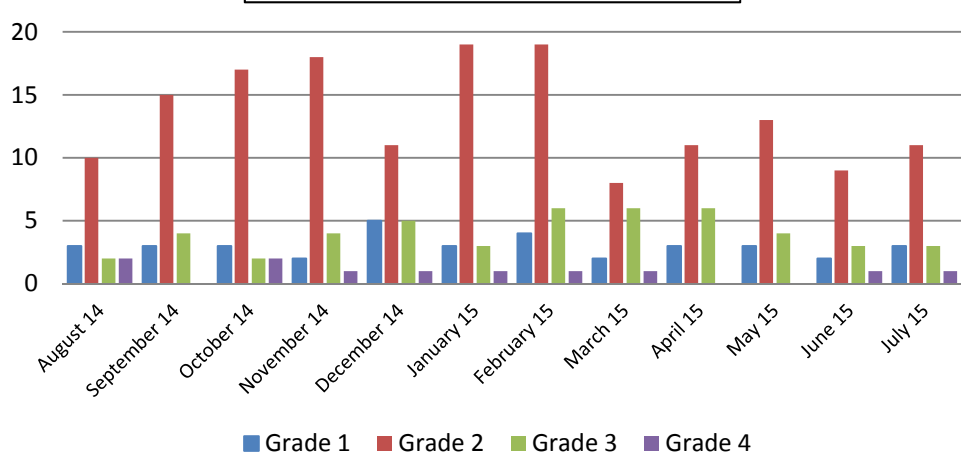
Inherited Pressure Ulcers - Community



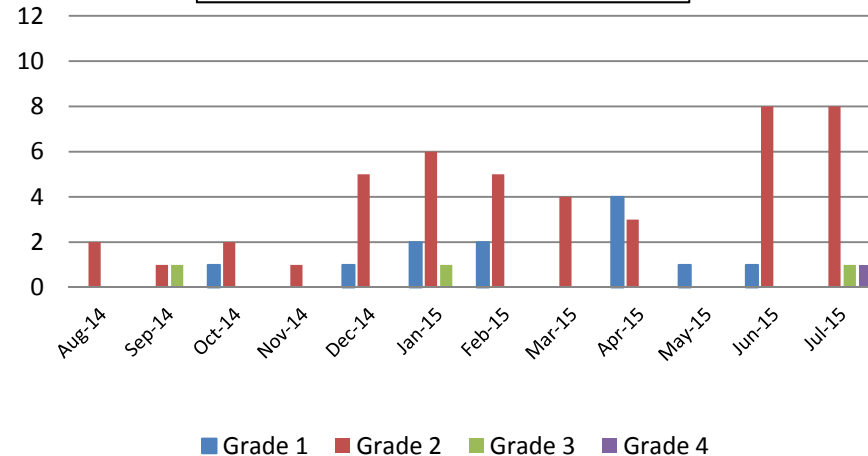
Acquired Pressure Ulcers - Community



Inherited Pressure Ulcers - Hospitals



Acquired Pressure Ulcers - Hospitals



Increasing trend in inherited and acquired pressure ulcers in Q1 2015 (particularly grade 2), this is under investigation.

Actions undertaken:

- Focus on heel blisters (grade 2) with use of hydrofilm dressing as preventative measure
- Learning events with teams to share best practice

Benchmarking

New Grade 2, 3 & 4 pressure ulcers (GCS)	11.3 average per month, July – June 2015
New Grade 2, 3 & 4 pressure ulcers (Aspirant Community Foundation Trusts)	6.0 average per month, January – June 2015

Infection control

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
C diff Cases	0	1	2	0									3
Avoidable cases in GCS care	0	0	0	0									0
Unavoidable cases in GCS care	0	1	1	0									2
Norovirus Outbreaks	2	2	0	0									4

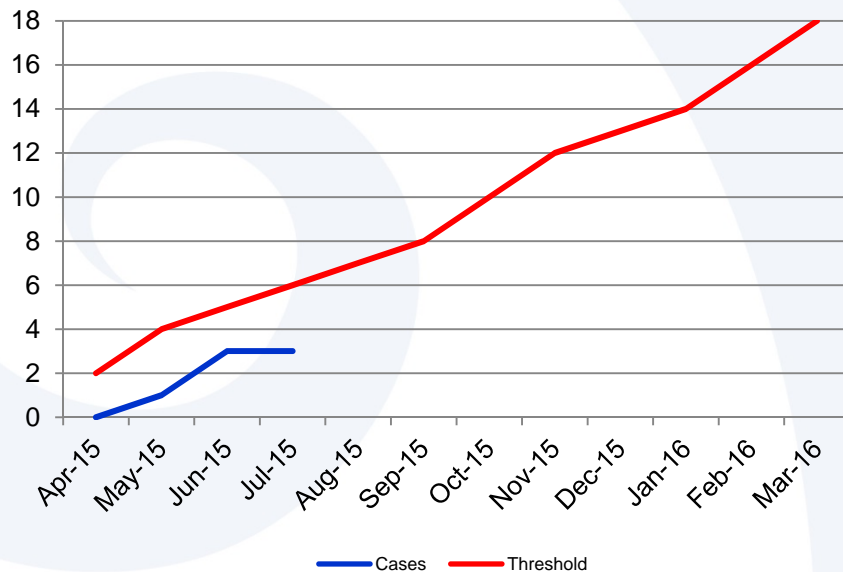
No C diff cases were reported in July 2015.

No outbreaks recorded during July 2015

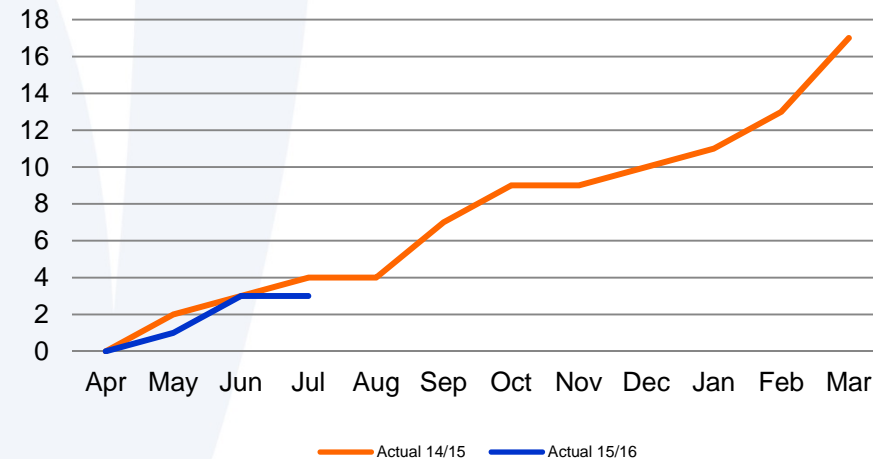
Unavoidable cases

- May (Dilke):** The patient was transferred from GHT where they had received treatment for an infra patella tendon repair. A significant number of courses of antibiotics were administered and surveillance established there were two cases of toxin positive C.diff whilst an inpatient at GHT.
- June (Vale) :** Patient was transferred from GHT where they had been diagnosed as C diff positive. This case is deemed as unavoidable for GCS due to the patients C. difficile gene positive status coupled with the antibiotic therapies administered.
(The cases above will be submitted to the GCCG for appeal)
- June (Dilke):** Relapse case for same patient in May. Infection control team are not assured this case was unavoidable so will not be submitted for appeal to GCCG

Incidence of C. diff 15/16 (compared to threshold)



Incidence of C. diff (comparing 14/15 actuals to 15/16 actuals)



Hand hygiene observation audits including the 'Bare below the Elbows' initiative for July evidenced an average of 93% compliance

Medicines management

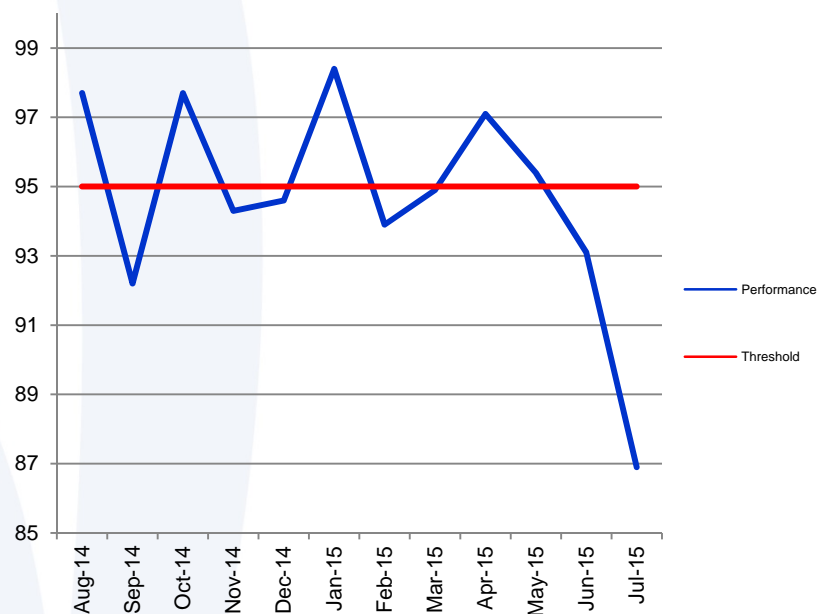
Medication incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2015-16	16	31	37	29									113
2014-15	22	26	12	21	14	21	27	16	15	23	20	18	235

Medication incidents by sub-category (2015/16)	Number
Omitted or delayed administration	35
Medication administered in error/incorrectly	28
Controlled drugs issue	13
Illegible or unclear information	8
Medication missing	7
Failure to follow up or monitor	5
Medication dispensed incorrectly	5
Medication prescribed incorrectly/in error	4
Storage Issue	4
Prescribed with known allergy	2
Failure to discontinue medication or treatment	1
Non medical prescribing issue	1
Total	113

Controlled Drug Issues (13)

- 6 incidents were unaccounted losses
- 2 incidents related to incorrect counting or measuring of Controlled Drugs
 - 1 incident involved incorrect storage (not following policy)
 - 2 incident related to incorrect or omitted entry in CD register
 - 2 incident involved incorrect administration

HAPPI (Hospital Antibiotic Prudent Prescribing Indicator) audits



Hospital Antibiotic Prudent Prescribing Audits

- Results in June and July below threshold, this is being investigated by Pharmacy team

A detailed Performance Report due to be presented at the Quality & Performance Committee in September 2015, which will focus on medication incidents, impact of the new Pharmacy Contract and medicines optimisation

Safer staffing – July 2015

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	93.5%	103.7%	100.0%	101.6%	99.5%
	Windrush Ward	97.8%	111.1%	100.0%	103.2%	99.7%
	Thames Ward	104.8%	109.7%	103.2%	96.8%	96.4%
Dilke Memorial	The Ward	92.3%	111.3%	93.5%	157.5%	91.5%
Lydney and District	The Ward	94.1%	99.5%	100.0%	96.8%	89.3%
North Cotswolds	NCH Ward	97.8%	98.2%	100.0%	103.2%	95.3%
Stroud General	Cashes Green Ward	97.3%	143.8%	100.0%	177.4%	92.8%
	Jubilee Ward	100.0%	111.1%	100.0%	133.9%	99.4%
Tewkesbury Community	Abbey View Ward	82.8%	120.3%	101.6%	148.4%	96.9%
Vale Community	Peak View	97.3%	101.8%	98.4%	132.3%	95.3%
TOTAL		94.9%	111.1%	99.2%	125.4%	95.3%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	18.1%	17.7%
	Windrush Ward	13.8%	14.6%
	Thames Ward	12.8%	8.2%
Dilke Memorial	The Ward	6.3%	11.4%
Lydney and District	The Ward	7.8%	10.1%
North Cotswolds	NCH Ward	15.7%	13.4%
Stroud General	Cashes Green Ward	9.5%	38.6%
	Jubilee Ward	5.1%	32.7%
Tewkesbury Community	Abbey View Ward	5.3%	15.4%
Vale Community	Peak View	17.6%	20.7%
TOTAL		11.0%	19.3%

Exception reporting required if fill rate is <80% or >120%
 •Dilke Memorial, Cashes Green, Jubilee, Abbey View, Peak View – all report staffing levels increased to meet care need required

Safer staffing – June 2015

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	97.2%	105.2%	98.3%	115.0%	97.0%
	Windrush Ward	106.1%	114.8%	100.0%	120.0%	99.4%
	Thames Ward	101.7%	110.0%	106.7%	93.3%	96.4%
Dilke Memorial	The Ward	99.6%	104.7%	98.9%	109.7%	93.6%
Lydney and District	The Ward	101.7%	101.9%	100.0%	100.0%	95.3%
North Cotswolds	NCH Ward	96.1%	101.4%	101.7%	100.0%	94.2%
Stroud General	Cashes Green Ward	97.8%	123.8%	115.0%	145.0%	88.3%
	Jubilee Ward	100.0%	112.9%	100.0%	130.0%	97.3%
Tewkesbury Community	Abbey View Ward	80.6%	113.8%	101.7%	103.3%	98.2%
Vale Community	Peak View	100.0%	101.9%	100.0%	110.0%	91.5%
TOTAL		97.8%	109.0%	101.8%	113.9%	94.4%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	16.4%	17.9%
	Windrush Ward	7.3%	20.4%
	Thames Ward	20.3%	11.2%
Dilke Memorial	The Ward	6.5%	13.4%
Lydney and District	The Ward	9.5%	13.0%
North Cotswolds	NCH Ward	15.4%	11.4%
Stroud General	Cashes Green Ward	11.8%	29.6%
	Jubilee Ward	9.1%	26.5%
Tewkesbury Community	Abbey View Ward	5.3%	8.3%
Vale Community	Peak View	15.8%	13.7%
TOTAL		11.1%	17.1%

Exception reporting required if fill rate is <80% or >120%

- Cashes Green - Staffing levels increased to meet care need
- Jubilee Ward - Staffing levels increased to meet care need

Quality Snapshot – Community Hospital Inpatient Care July 2015

Hospital site	Inpatient wards	FFT response rate	FFT number of responses	% of respondents 'extremely likely' or 'likely' to recommend service	Complaints	Number of cases of C.Diff	Safety thermometer harm free care	Number of patients who fell					Number of patients with acquired pressure ulcers		Safer staffing fill rate (aggregated)		Shortfall of 8 Hours or 25% of RN hours on the shift	Previous Month Sickness (FTE at start of month)		Appraisal %		Movement against Previous Month
								No Harm	Minor	Moderate	Major	Death	Grade 1 & 2	Grade 3 & 4	RNC	HCA		RNC	HCA	RNC	HCA	
SGH	Cashes Green	28.1%	32	100.0%	0	0	100.0%	3	1	0	0	0	0	97.98%	151.25%	2	0.2% (12.19)	17.68% (15.21)	100.00%	94.12%	↑	
SGH	Jubilee	39.1%	23	100.0%	0	0	93.8%	1	1	0	0	0	0	100.00%	116.13%	6	0.00% (9.00)	4.44% (15.01)	45.45%	78.95%	↔	
NCH	North Cotswold	2.9%	34	100.0%	0	0	90.5%	6	3	0	0	0	1	98.39%	99.28%	6	8.36% (12.17)	2.53% (13.97)	62.50%	78.95%	↓	
VLH	Peak View	25.0%	36	88.9%	0	0	82.4%	7	5	0	0	0	4	97.58%	108.60%	6	11.57% (11.56)	8.30% (14.63)	93.33%	66.67%	↓	
DLK	Dilke	30.2%	43	92.3%	0	0	100.0%	3	3	0	0	0	2	92.63%	118.08%	5	2.37% (20.79)	3.16% (16.23)	96.15%	100.00%	↑	
TWK	Abbey View	41.4%	29	100.0%	1	0	75.0%	0	2	0	0	0	1	87.50%	126.52%	21	6.08% (16.24)	12.88% (17.55)	90.00%	76.19%	↓	
LYD	Lydney	80.6%	36	96.6%	1	0	85.7%	4	2	0	0	0	0	95.56%	98.92%	5	0.66% (12.20)	12.90% (16.16)	86.67%	90.48%	↓	
CIR	Coln	30.8%	26	100.0%	0	0	95.0%	3	4	0	0	0	0	95.16%	103.23%	8	3.85% (16.1)	15.17% (12.23)	94.44%	80.00%	↓	
CIR	Windrush	34.8%	23	75.0%	0	0	95.0%	6	1	0	0	0	0	98.39%	109.32%	0	0.67% (11.89)	9.85% (11.82)	57.14%	46.67%	↑	
CIR	Thames	63.6%	11	100.0%	0	0	85.7%	3	1	0	0	0	1	104.30%	105.38%	0	0.00% (7.07)	0.00% (3.73)	50.00%	25.00%	↑	

Quality Snapshot - Community Teams July 2015

Locality	Safety thermometer harm free care	Number of patients with acquired pressure ulcers				Previous Month Sickness (FTE at start of month)	Appraisal %	Complaints	Movement against Previous Month
		Grade 1	Grade 2	Grade 3	Grade 4				
Cheltenham	96.6%	0	0	0	0	5.57% (71.9)	68.54%	0	↔
Cotswold	96.7%	0	2	0	0	5.65% (74.2)	87.64%	0	↔
Forest	95.7%	0	2	0	0	3.44% (61.4)	96.05%	0	↑
Gloucester	94.2%	0	5	0	1	12.80% (84.6)	73.74%	0	↓
Stroud	97.7%	0	0	0	0	3.47% (89.0)	71.30%	0	↔
Tewkesbury	94.4%	0	4	0	0	8.84% (54.8)	77.27%	0	↓



Strategic Objective 2:
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

Strategic Objective 2 - Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

- The Trust is committed to providing care in an environment that protects privacy and dignity. This is supported by providing care in a single sex environment. No breaches have been reported (April to July 2015).
- The Friends and Family Test question asks service users “how likely are you to recommend our services to your friends and family”. During July, there were 2,382 responses (5.1%) from a total of 46,898 patients accessing GCS services (see page 32). *This is a reduction from the 5.6% response rate recorded in June 2015. The highest rate was received from Inpatients (37.0%) and Minor Injury units (27.1%); these units have been collecting the feedback for the longest duration compared to other services which began to survey patients in January 2015. The average of the Trusts within the Aspirant Community Foundation Trust group is 17.0% (based on 5 Trusts, with one outlier at 65%).*
- Of those that responded, 95.8% said they were extremely likely or likely to recommend us (see page 32). *This compares favourably with the average of the Trusts within the Aspirant Community Foundation Trust group (94.4%).*
- 10 NHS Choices comments were received in July; 8 positive and 2 negative (page 35). *The negative comments were directed to the service experience team to discuss the concerns further. Comments were also shared with the Matron/Service lead.*
- Complaints: 3 complaints received in July (page 38). 93.3% responded to within agreed timescale of 25 working days.

Quality Strategy metrics 2015-16 against strategic objective 2

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Measured increase in the number of service users who feel appropriately involved in their care and treatment	Equal or more than 95%	94.5%	95.3%	94.7%	95.5%									95.0%
Increased response rates of service users completing the Friends and Family Test	More than 4.6%	5.6%	6.9%	5.6%	5.1%									5.8%
Increase in the number of public focus / discussion groups per quarter	Two topics per quarter	2			3									5

Friends and Family Test – Community Health July 2015

The tables below show the Friends and Family test data collected across all services during July 2015. The national guidance also changes the user satisfaction score to % Extremely Likely / Likely from the Net Promoter score previously in place.

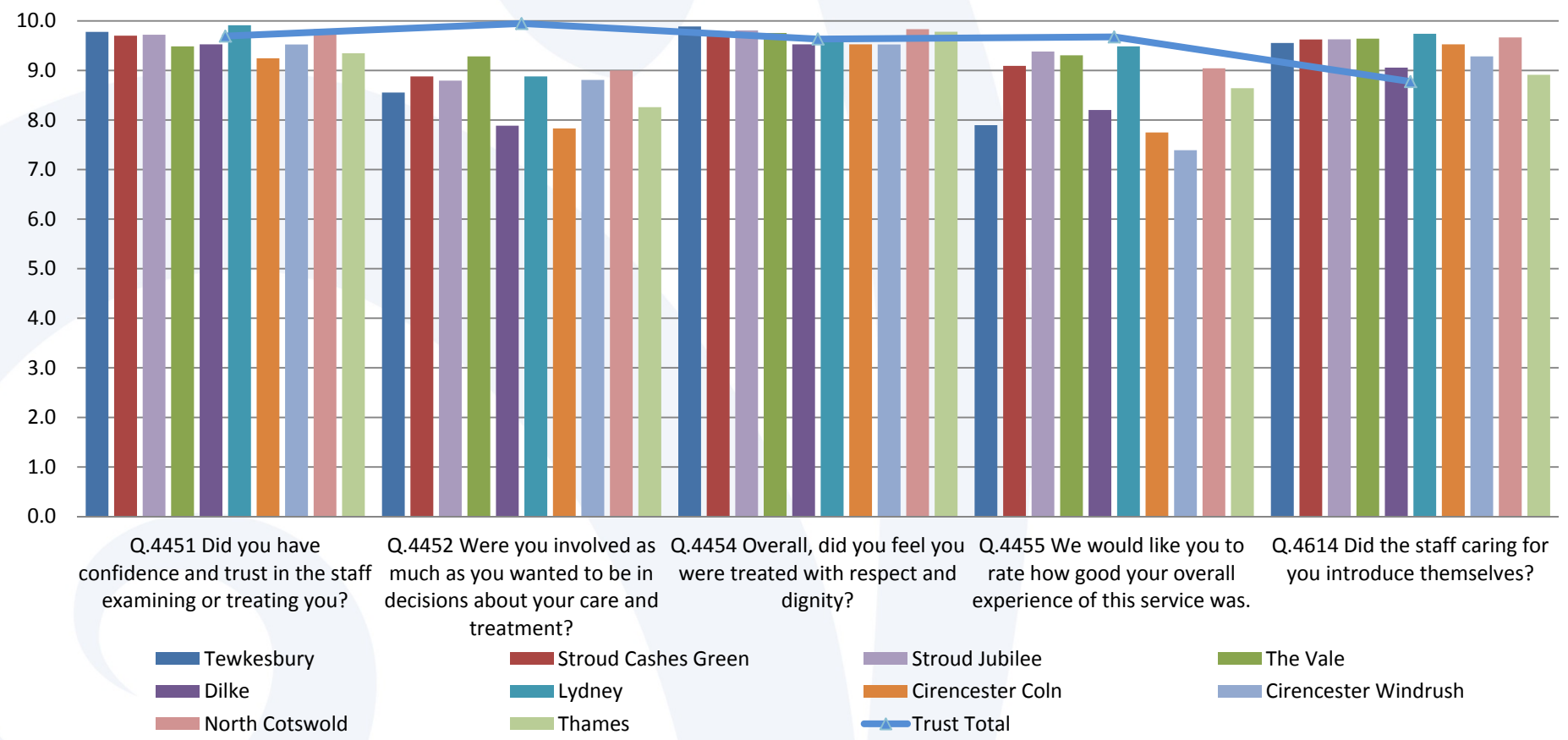
Response rates are expected to increase as processes become embedded during 2015/16.

Number of Unique Patients accessing Services During the Month	Number of responses received via each mode of collection								Response rate
	SMS / Text / Smartphone app	Electronic tablet/kiosk	Paper / Postcard in care / at discharge	Paper survey sent to home	Telephone survey	Online survey	Other	Total responses	
46898	265	6	1,748	115	0	248	0	2,382	5.1%

Service area	Total responses in each category for Community Health						Total responses	Response rate	% Extremely Likely / Likely
	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know			
Community Inpatients	86	21	3	0	0	2	112	37.0%	95.5%
Community Nursing	65	22	1	0	0	0	88	1.0%	98.9%
Rehab & Therapy Services	245	95	12	5	9	2	368	3.9%	92.4%
Specialist Services	181	33	3	1	9	3	230	3.5%	93.0%
Children & Family Services	67	18	2	0	0	1	88	0.5%	96.6%
Community Healthcare Other	1,232	216	20	3	18	7	1496	27.1%	96.8%
Total	1,876	405	41	9	36	15	2,382	5.1%	95.8%

'Community Healthcare Other' includes Minor Injury and Illness Units. In an attempt to increase the response rate a question has been asked of other Trusts via the NHS Benchmarking Network Knowledge Exchange (August 2015) to identify good practice or successful schemes that the Trust can review and consider adopting. To date no responses have been received.

Inpatient survey – Core questions (Cumulative)

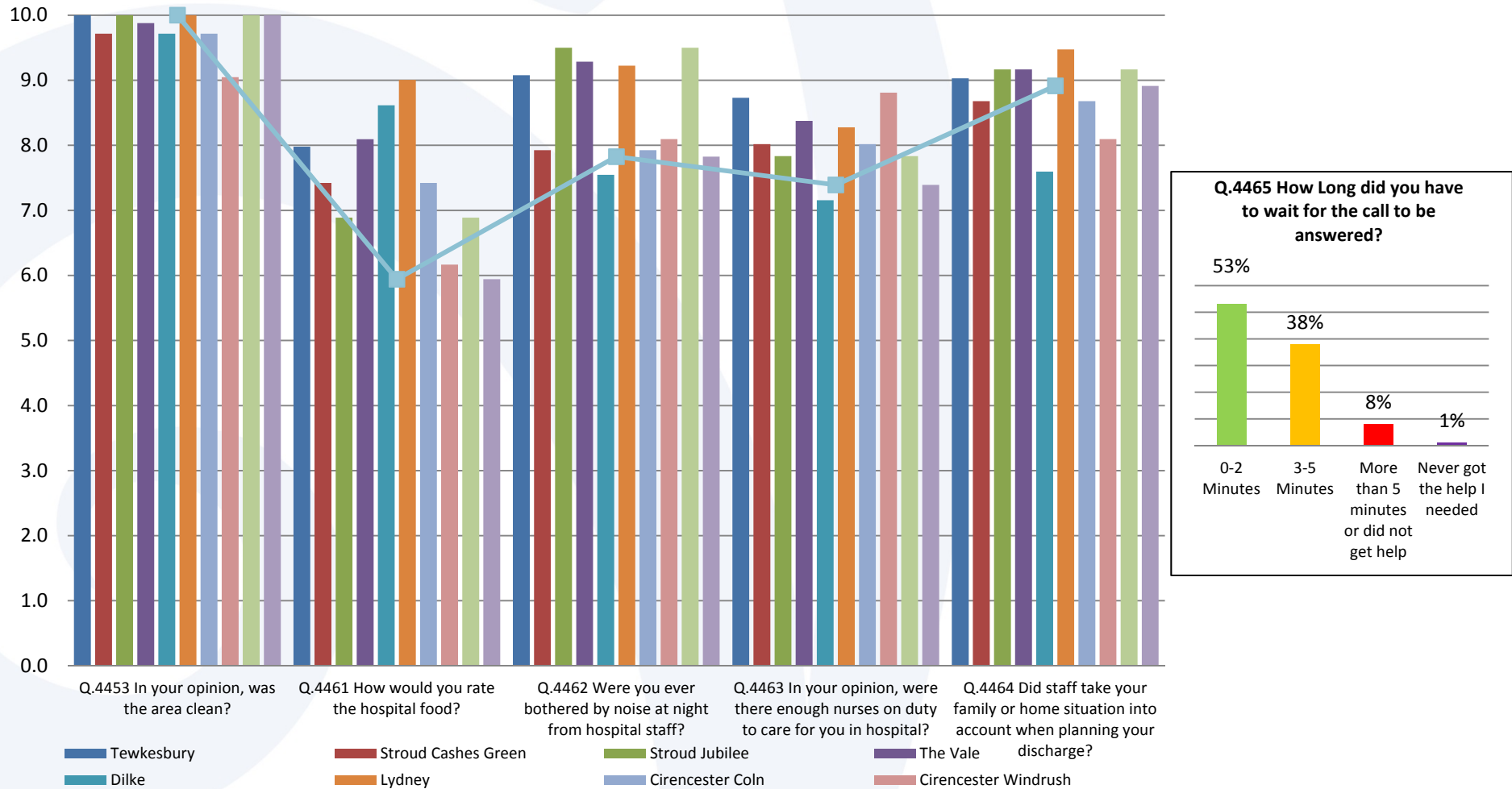


Patients are given the Friends and Family Test questionnaire to complete before discharge from hospital. This can be completed by the patient alone or with the help from a carer/family member or a hospital volunteer. CoMetrica collate the results and provide weekly comments reports to service leads as well as monthly reports on the results achieved.

Scores are an average score (maximum 10).

Q.4452: Discharge audit to take place during 2015/16. Patient engagement will be incorporated within the audit and any actions plans that follow.

Inpatient survey – Experience questions (Cumulative)



Scores are an average score (maximum 10).

NHS Choices

We received 10 NHS Choices comments in July 2015:

Service	Themes	Positive	Negative
Stroud Hospital	<i>"Always been calm, helpful and welcoming"</i>	1	0
Vale Community Hospital	<i>"Great friendly staff, seen quickly and put my daughter at ease"</i> <i>"Amazing care, they couldn't have done more"</i>	2	0
Dental Services	<i>"Kind and patient staff, completely able to trust them, what an amazing team"</i> <i>"Good treatment and lovely staff"</i> However, one service user reported issues with the triage service, and that their difficulty in contacting the team caused additional distress when already in pain	2	1
Dilke Memorial Hospital	Friendly and helpful staff, clean and tidy hospital, efficient and timely treatment	1	0
North Cotswolds Hospital	One service user reported that although this was a nice new clean hospital, the nursing staff were not professional, friendly or approachable	0	1
Cirencester Hospital	<i>"Exceptional care from reception to discharge.. dealt with quickly and with respect"</i> <i>"Warm and friendly staff, dispelling nerves and making me feel comfortable"</i>	2	0

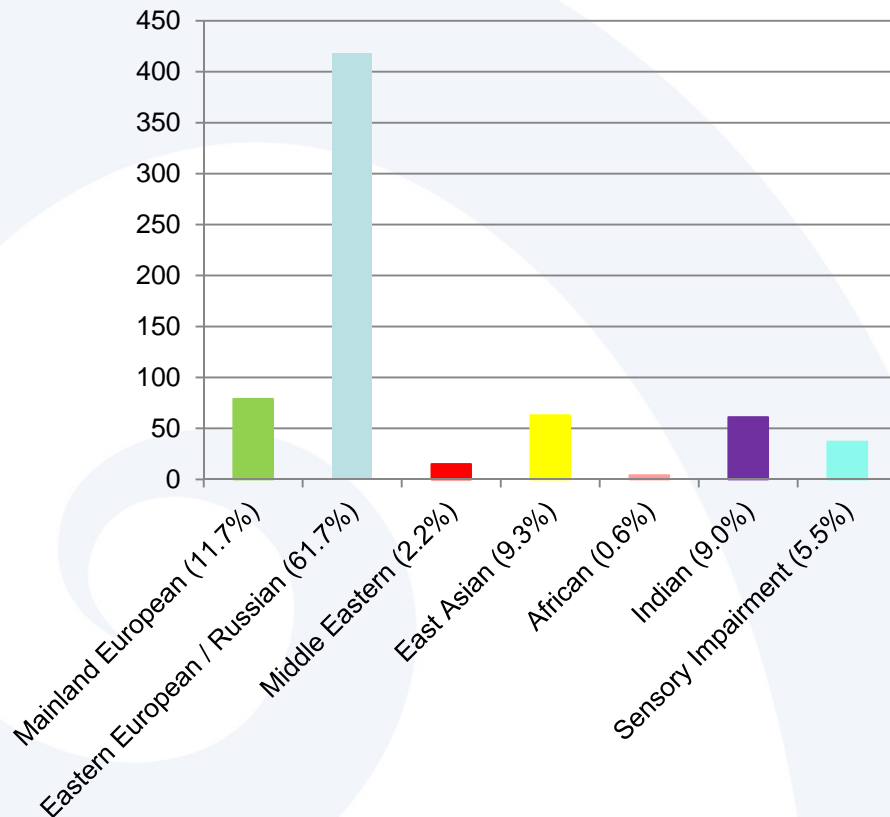
The two negative comments were directed to the service experience team to discuss their concerns further: also, these comments were shared with the Matron/service lead. Responses/outcomes from negative comments were as follows:

- **Dental Services** - The service is re-designing triage in order to increase accessibility (operationally, the team has already been restructured to ensure a smoother service, but the proposed technical solution is subject to a capital bid)
- **North Cotswolds Hospital** - The Matron was alerted to the concern and the matter is under investigation for local action

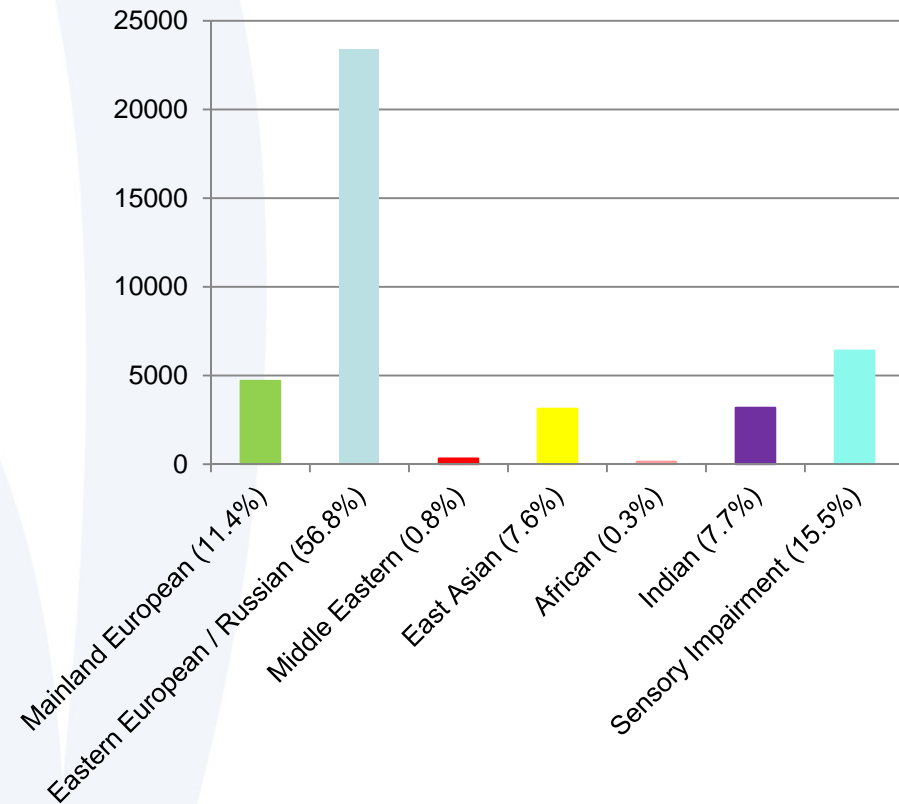
Interpretation services 2014-15

In 2014-15, the Trust provided interpretation sessions as follows:

Interpretation sessions



Interpretation costs (£s)

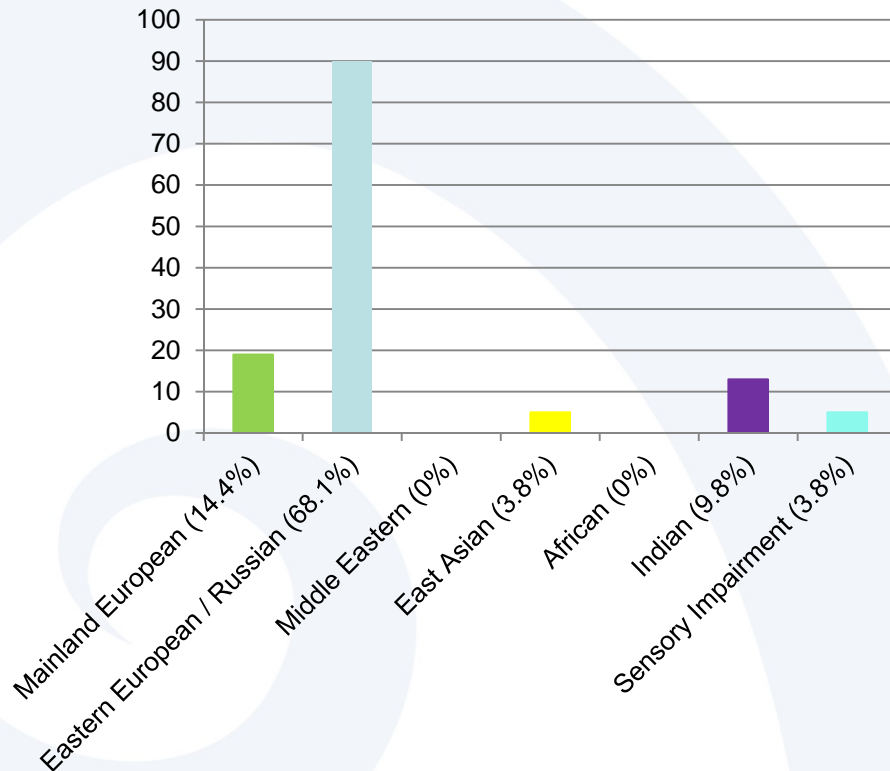


Total cost of interpretation services in 2014-15 was £41,263.66, which equated to 677 sessions. Polish was the most requested language with 166 sessions (25%), followed by Czech at 129 sessions (19%). Interpretation for people with sensory impairment is relatively more expensive than language interpretations.

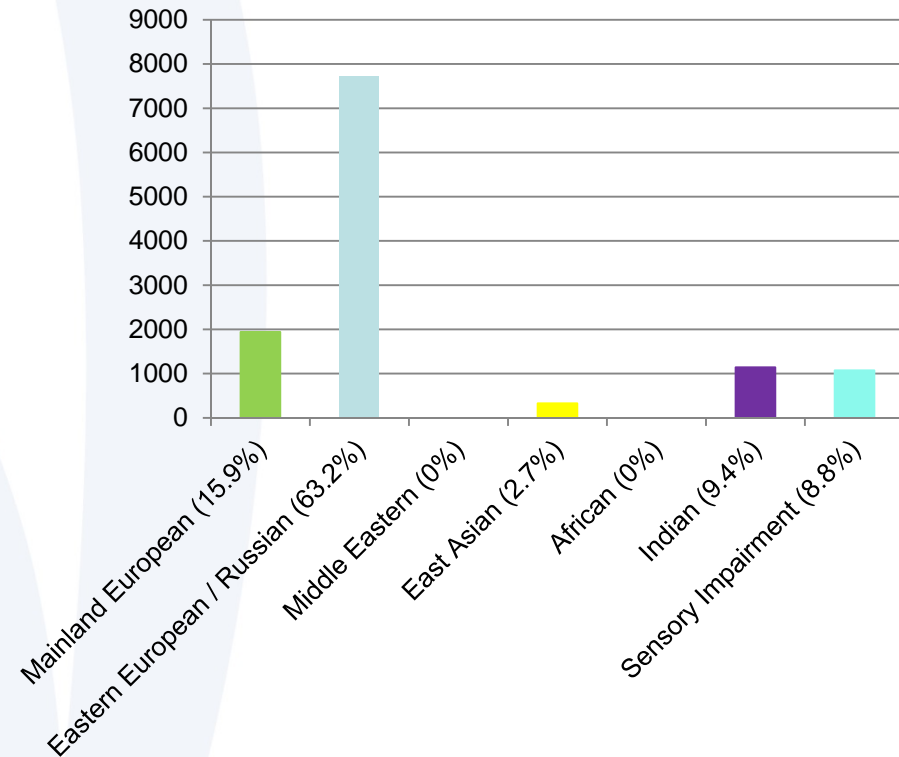
Interpretation services 2015-16 (April-June)

For quarter one 2015-16, the Trust provided interpretation sessions as follows:

Interpretation sessions



Interpretation costs (£s)

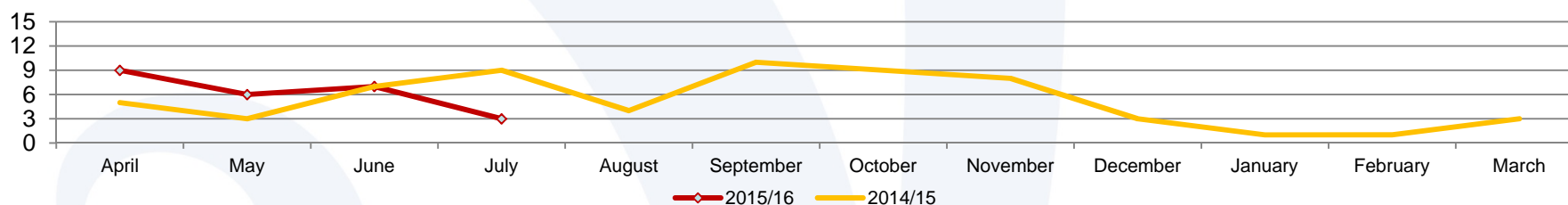


Total cost of interpretation services in quarter one 2015-16 was £12,212.05 which is 18.4% higher than average 2014-15 costs (suggesting total annual costs will equate to approximately £49,000). However, the number of sessions provided was only 132, which represents 78% of the average quarterly number in 2014-15. This suggests that current interpretations are more complex, and require longer interventions. Interpretation for people with sensory impairment continues to be relatively more expensive than language interpretations.

Complaints (cumulative)

Complaints	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	June-15	Jul-15	Rolling 12-month total
Community Hospitals	0	6	1	2	1	1	0	1	5	5	1	2	25
Urgent Care	0	0	0	0	0	0	0	0	2	0	0	0	2
Countywide	4	2	4	2	2	0	1	2	2	1	4	0	24
Integrated Community Teams	0	0	4	0	0	0	0	0	0	0	0	0	4
Children Young People's Services	0	2	0	4	0	0	0	0	0	0	2	1	9
Corporate	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	10	9	8	3	1	1	3	9	6	7	3	64

Complaints	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Rolling 12-month total
Admin	0	0	0	0	0	0	0	0	0	0	0	0	0
Attitude	1	0	1	0	1	0	0	0	0	1	0	0	4
Clinical Care	3	9	6	5	2	0	0	1	3	4	3	2	38
Comms	0	0	2	3	0	1	0	0	3	1	3	0	13
Environment	0	0	0	0	0	0	0	0	0	0	0	0	0
Waiting Times	0	0	0	0	0	0	0	1	2	0	0	0	3
Discharge	0	1	0	0	0	0	1	1	1	0	1	1	6
Total	4	10	9	8	3	1	1	3	9	6	7	3	64



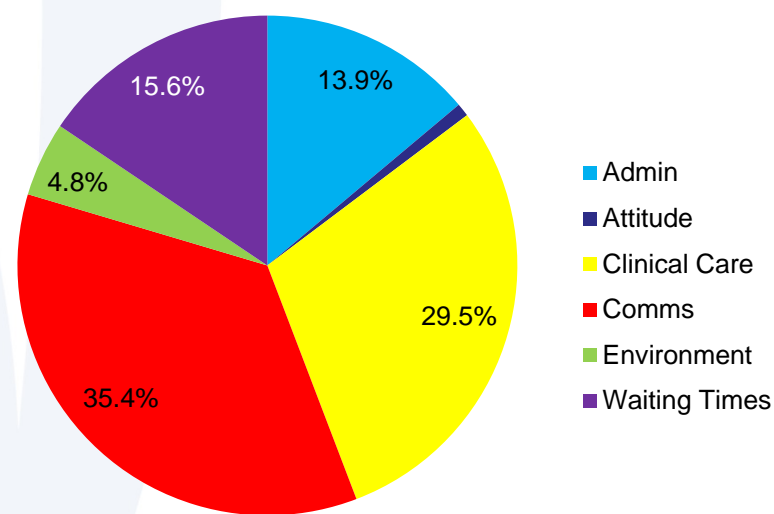
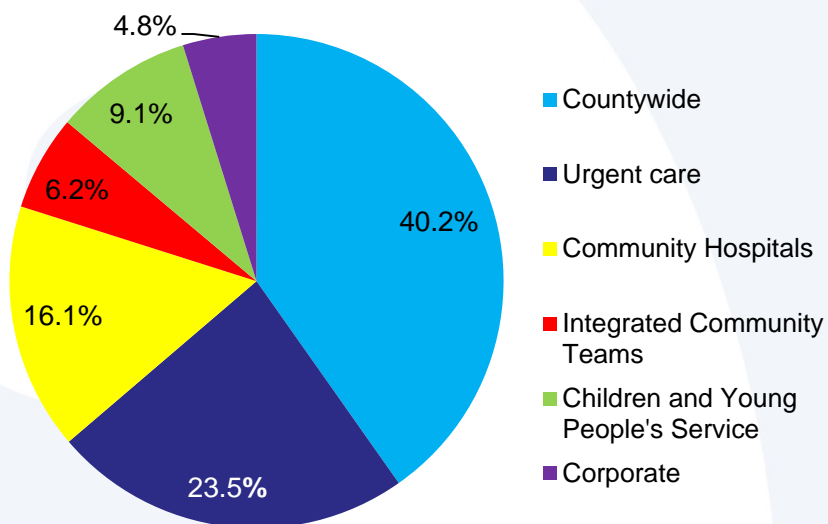
Response Time		2015/16 April – July	
		(snapshot 13 th August)	
Responded	Target time within agreed timescale (25 working days)	20	90.9%
	% Over the agreed timescale by 1-3 days	0	0.0%
	Over the agreed timescale in excess of 4 days	2	9.1%
O/S	Awaiting /under investigation	3	n/a
Total		25	100%

Benchmarking	
Complaints per 1,000 WTE staff (GCS)	2.5 average per month, July - June 2015
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	4.9 average per month, January – June 15

Concerns (cumulative)

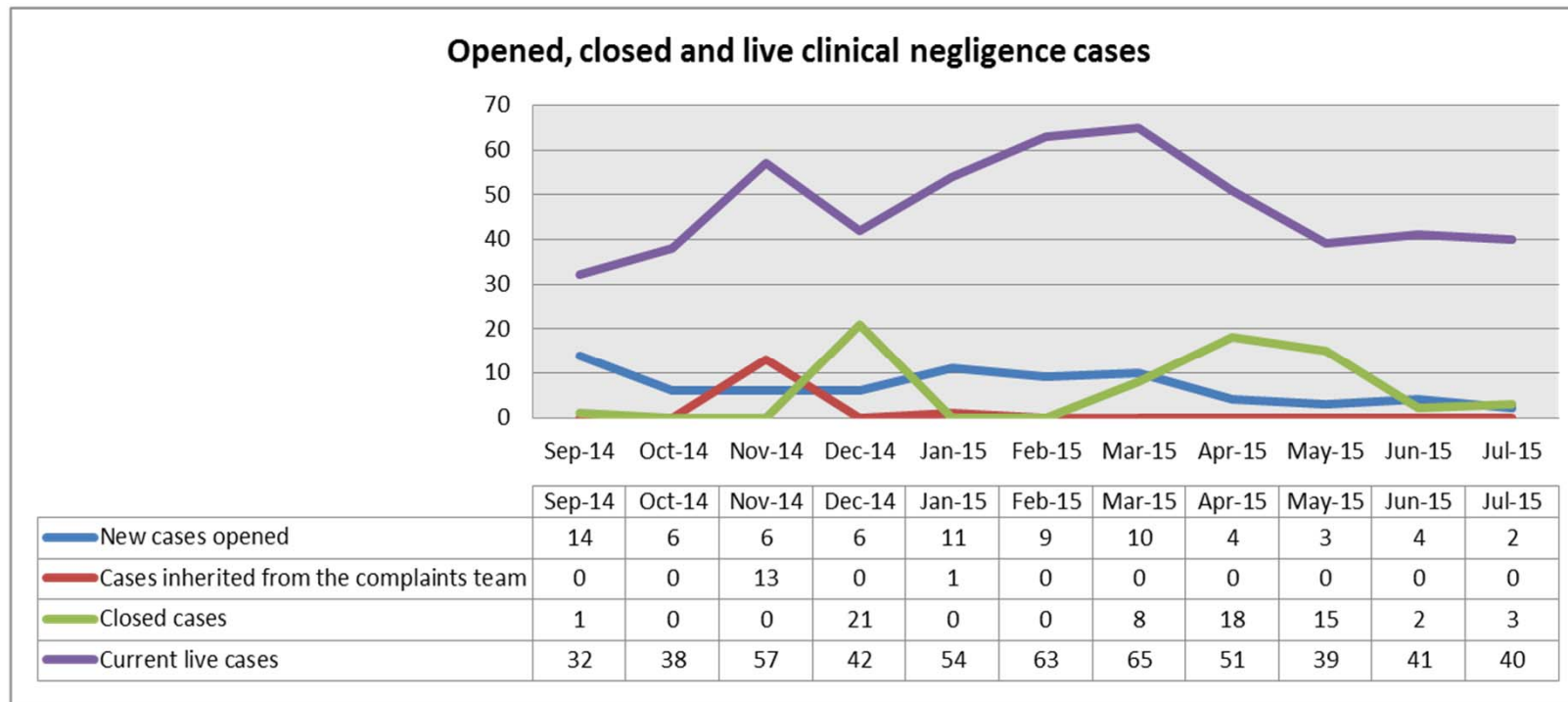
Concerns	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	June-15	Jul-15	Rolling 12-month total
Community Hospitals	2	4	9	5	8	4	4	5	4	3	4	5	57
Urgent Care	6	13	13	3	9	12	7	6	2	2	7	3	83
Countywide	1	15	14	14	1	10	13	19	19	8	16	12	142
Integrated Community Teams	4	3	2	2	1	2	2	1	0	1	1	3	22
Children Young People's Services	1	4	3	1	3	3	3	1	3	6	2	2	32
Corporate	2	4	2	0	1	1	3	0	0	2	1	1	17
Total	16	43	43	25	23	32	32	32	28	22	31	26	353

Concerns	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Rolling 12-month total
Admin	3	7	5	7	3	2	5	8	2	3	3	1	49
Attitude	0	0	0	0	0	0	0	0	0	0	2	1	3
Clinical Care	5	14	11	10	7	14	6	12	7	3	6	9	104
Comms	4	9	18	6	9	9	14	7	13	10	16	10	125
Environment	0	5	2	2	2	1	2	0	0	1	0	2	17
Waiting Times	4	8	7	0	2	6	5	5	6	5	4	3	55
Total	16	43	43	25	23	32	32	32	28	22	31	26	353



The revised complaints policy was approved by the Trust Board in May and the implementation plan is being overseen by the Quality and Performance Committee.

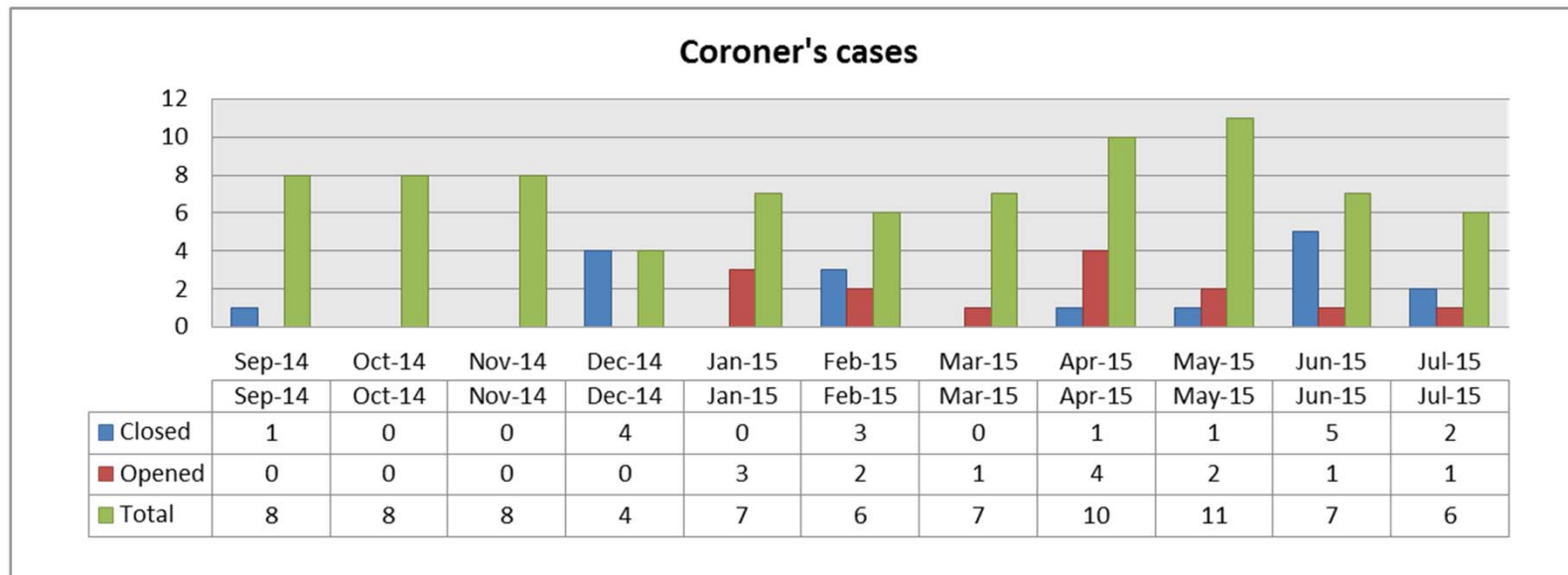
As of July 2015, the Trust’s Legal Services are managing 40 clinical negligence claims. These include both potential pre-action cases (35) and the actual clinical negligence claims in litigation which have been reported to the NHSLA. Not all potential claims are reportable to the NHSLA and in the initial pre-action stage the matter is dealt with by the Trust. The chart below shows the numbers of opened, live and closed cases.



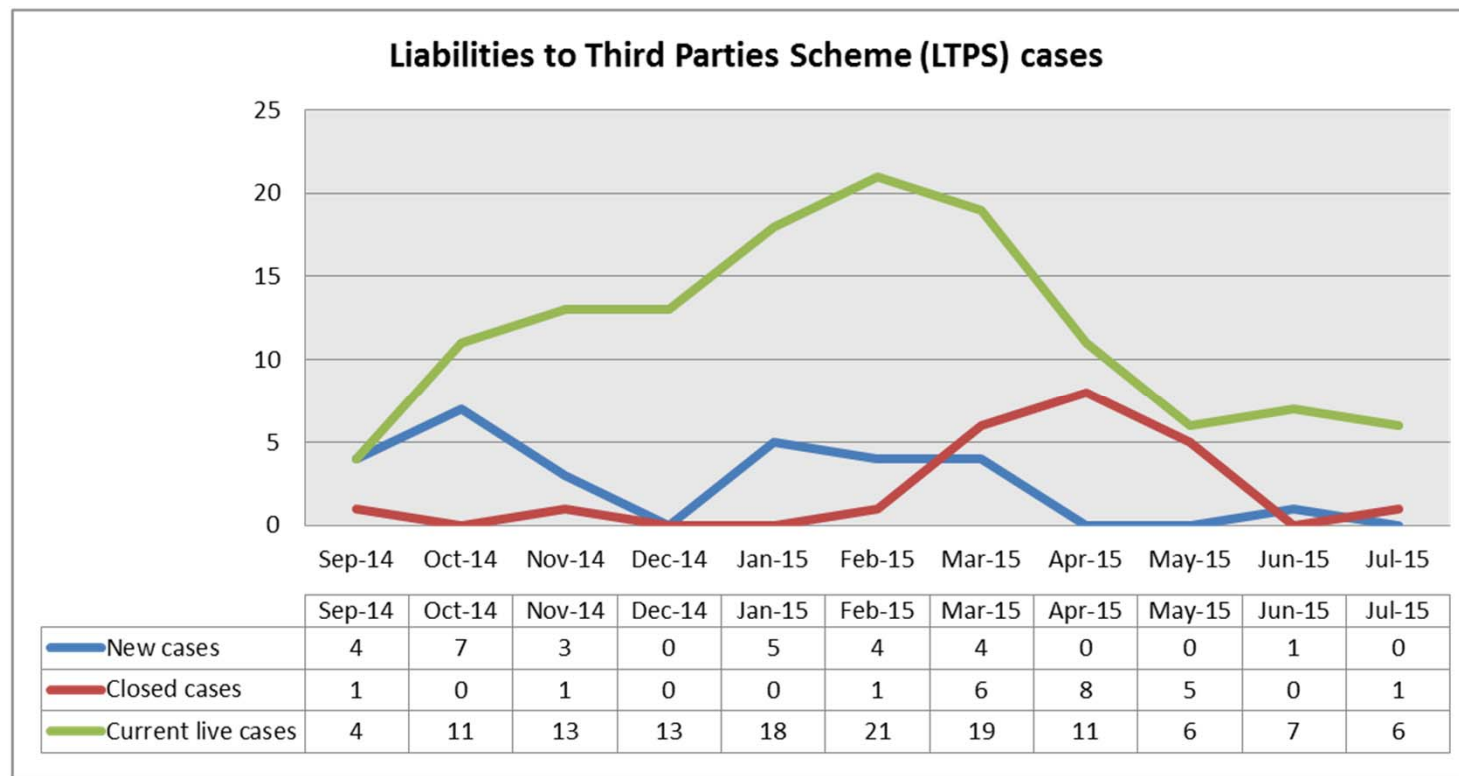
- NHS Litigation Authority (NHSLA) requires Trusts to provide Trust Boards with details of the value, volume and cause of clinical negligence claims. The current live clinical negligence cases in litigation are as follows:

Description	Total Claim	Damages Reserve	Claimant Costs Reserve	Defence Costs Reserve
Alleged failures on part of Health Visitors leading to delayed referral/diagnosis of Vein of Galen malformation.	£630,000	£500,000	£100,000	£30,000
Alleged failure to prevent the claimant falling and sustaining injuries and fractured hip leading to death.	£42,000	£22,000	£16,000	£4,000
It is alleged that the wrong tooth was extracted and local anaesthetic not applied to the extraction area.	£40,000	£15,000	£20,000	£5,000
Failure / delay in diagnosing spinal fracture.	£30,000	£8,000	£20,000	£2,000
Negligent treatment of the skin resulting in development of grade 4 pressure ulcer.	£47,000	£35,000	£10,000	£2,000
Used needle from a syringe, mistakenly reattached to a syringe for another child (the Claimant).	£40,000	£25,000	£10,000	£5,000
Total	£829,000	£605,000	£176,000	£48,000

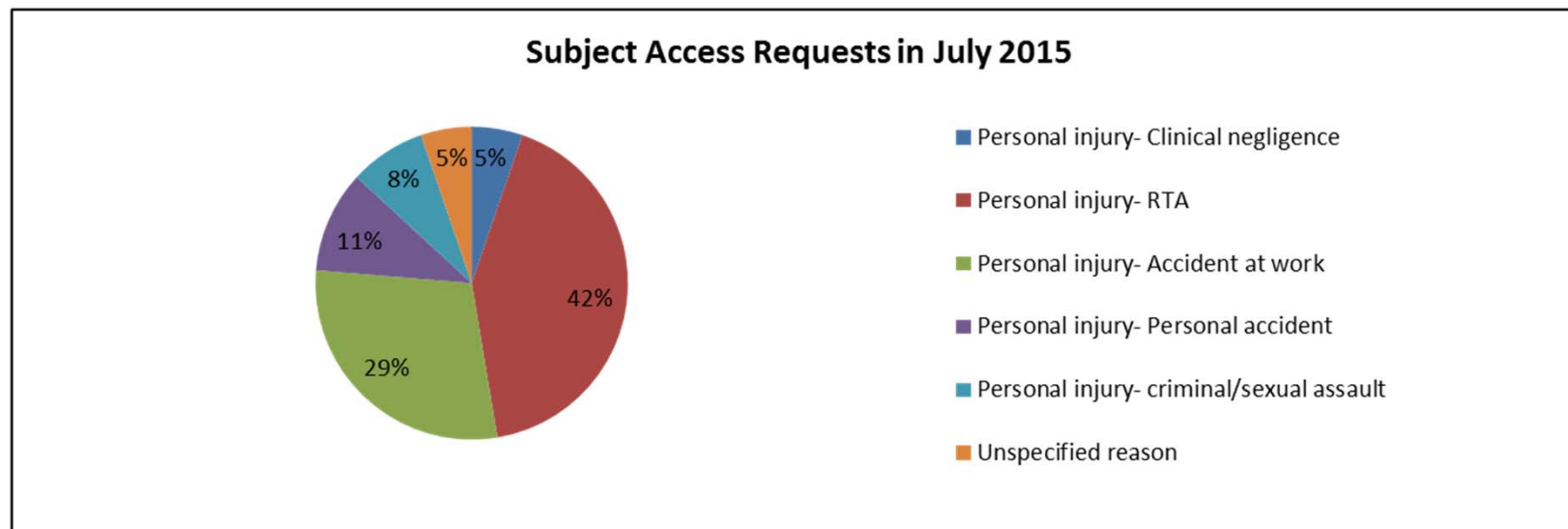
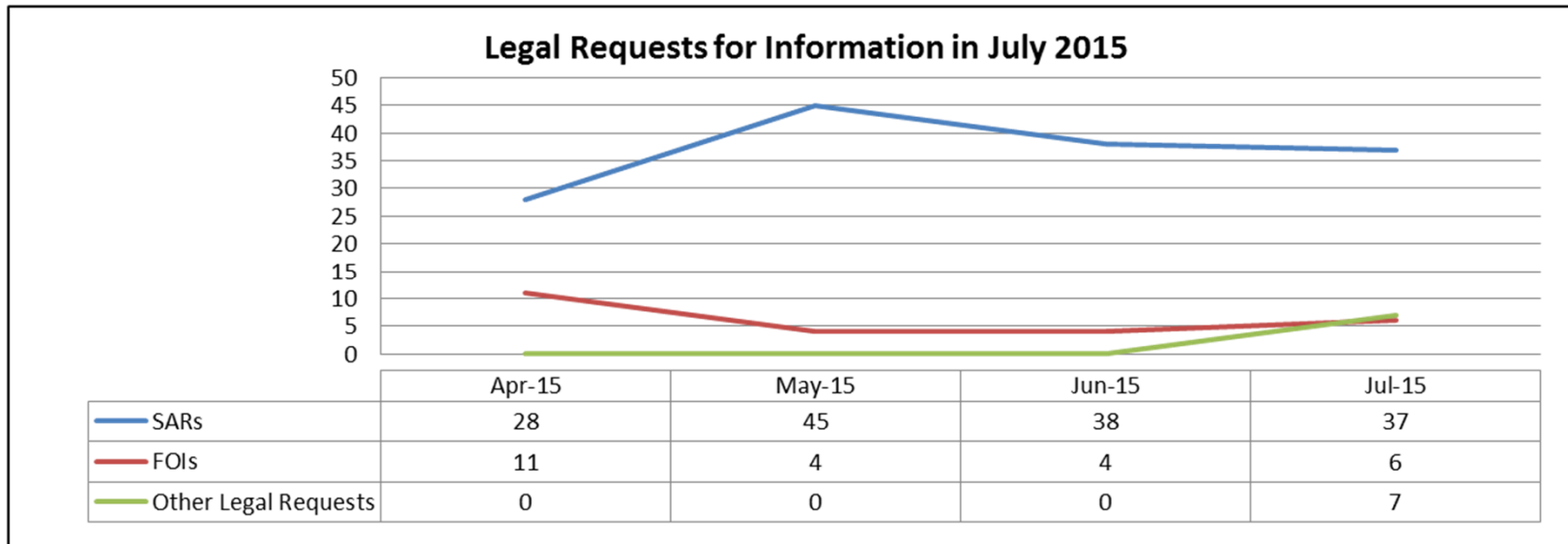
- In addition to clinical negligence claims the NHSLA may, agree to fund in whole or in part, the costs associated with Coroner’s Inquest hearing, the extent of such costs to be determined on a case by case basis. The NHSLA will exercise its discretion to provide such funding when there is a clear risk of a claim arising out of the subject matter of the Inquest Hearing.
- As of July 2015, the Trust’s Legal Services are managing 6 coroner’s inquest cases.



- As of July 2015, the Trust's Legal Services are managing 3 potential Employer's Liabilities and Public Liabilities cases and 3 actual claims which are in litigation. Not all potential cases are reportable to the NHSLA and in the initial pre-action stage the matter is dealt with by the Trust. Below is a breakdown of the claims:



The charts below show Legal requests for Information and Subject Access request in July 2015

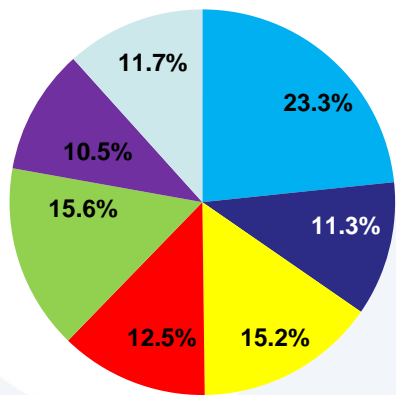


Mortality Reviews: Community Hospitals

Number of Discharges from Community Hospital where discharge reason is as a result of death

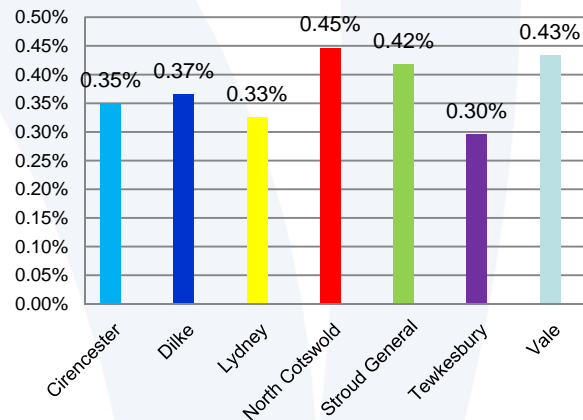
Hospital Site	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Rolling 12 month total
Cirencester	7	7	9	3	3	8	6	2	2	5	5	3	60
Dilke	2	2	3	0	3	2	3	1	2	2	3	6	29
Lydney	4	2	2	4	8	5	1	4	5	2	2	0	39
North Cotswold	2	1	4	3	4	2	5	1	0	2	4	4	32
Stroud General	2	2	2	3	7	3	4	4	6	5	0	2	40
Tewkesbury	1	0	2	4	3	4	1	5	2	3	2	0	27
Vale	1	2	2	2	7	5	2	3	2	1	1	2	30
Total	19	16	24	19	35	29	22	20	19	20	17	17	257

Number of deaths per Community Hospital (%) – Rolling 12 month Total

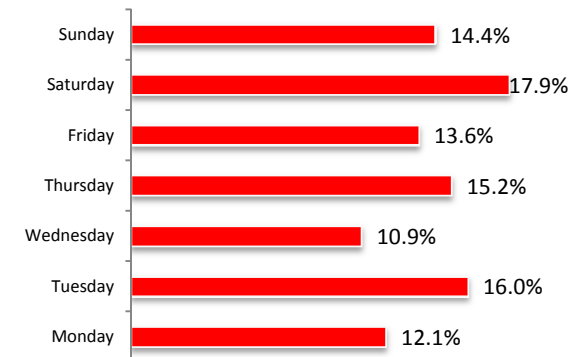


- Cirencester
- Dilke
- Lydney
- North Cotswold
- Stroud General
- Tewkesbury
- Vale

Number of Deaths as % of Occupied Bed Days per Hospital - Rolling 12 month Total



Number of Deaths (%) per Weekday - Rolling 12 month Total



- The revised data capture tool (MIDAS) is now fully implemented
- The review process has noted some improvement in the recording of DNAF conversations

- On a rolling 12-month basis, the most deaths occur on a Saturday (17.9%), however this is less of an outlier compared to previous reports. In 2014/15 there was no weekday that was a significant outlier, Saturday was the highest with a rate of 17.0%.

Non-Executive Directors (NED) Quality Visit Schedule (2015/16)

Date	Who	Service	Location	Status	Feedback from visit
30 th April	<u>Richard Cryer</u> James Curtis	Stop Smoking Service	Gloucester	Visit Completed	Service users felt adequately involved and informed of the effects of smoking and the available non-smoking aids.
14 th May	<u>Ingrid Barker</u> Liz Bromwell	Public Health Nursing Service	Cheltenham	Visit Completed	One theme that came through from both families was how much continuity of care from a single named health visitor matters to them. A proposal is being considered to organise the team geographically
21 st May	<u>Nicola Strother-Smith</u> Louise Simmonds	Community Nursing Service (ICT)	Winchcombe	Visit Completed	Awaiting report
2 nd June	<u>Rob Graves</u> Sharon Clark	Community Nursing Service (ICT)	North Cotswold	Visit Completed	All the patients were very appreciative of and complimentary about the service they receive from our community nurses.
4 th June	<u>Joanna Scott</u> Sarah Nicholson	Adult MSK Physiotherapy	Stroud	Visit completed	Awaiting report

Non-Executive Directors (NED) Quality Visit Schedule (2015/16)

Date	Who	Service	Location	Status	Feedback from visit
1 st July	<u>Rob Graves</u> Chris Teague	Community Nursing Service (ICT)	Health Centre, Cinderford	Visit completed	The service users spoken to were very positive about their experience of services and their interaction with the community nursing team.
8 th July	<u>Ingrid Barker</u> Alex Harrington	Podiatry	Gloucester Royal Hospital	Visit completed	Great improvements have been made to the telephone service as previously, patients had experienced technical difficulties with the old system when making contact with the service
9 th July	<u>Richard Cryer</u> Debbie Gray	Integrated Discharge Team	Cheltenham General Hospital	Visit confirmed	There are clearly challenges for a team that is funded cross organisationally between GHT and GCS but there was assured that the working relationships are now both constructive and functioning well, with the interests of patients being regarded as paramount.

Non-Executive Directors (NED) Quality Visit Schedule (2015/16)

Date	Who	Service	Location	Status	Feedback from visit
22 nd July	<u>Nicola Strother</u> <u>Smith</u> Louise Bevan	MSKCAT	Gloucester Access Centre	Visit completed	Awaiting report
26 th August	<u>Ingrid Barker</u> Rachel Bucknell	Community Nursing Service (ICT)	Heathville Surgery, Gloucester	Visit confirmed	Visit confirmed
10 th September	<u>Ingrid Barker</u> Steve Carpenter	Stroke Coordinators	Gloucester	Visit agreed	-
14 th September	<u>Sue Mead</u> Lee Harrison	Children's Community Service	Cheltenham	Visit agreed	-
5 th November	<u>Richard Cryer</u> Sandra Major	Dental service	Redwood House, Stroud	Visit agreed	-
26 th November	<u>Ingrid Barker</u> Sue Watts (clinical nurse specialist)	Parkinson's/MND	TBC	Visit confirmed	-
October /November	<u>Sue Mead</u> Tina Craig	Podiatry/MSKCAT	Cirencester	Awaiting confirmation on date	-



**Strategic Objective 3:
Provide innovative community services that deliver health and
social care together**

Strategic Objective 3 - Provide innovative community services that deliver health and social care together

- There are performance indicators with the new provider which will detail drug usage for GCS and ordering frequency by all sites and services. This information will be shared monthly with Heads of Service and will be reviewed by the Medicines Management committee. This will strengthen governance of medicine usage across the organisation.
- One of the Adult Social Care indicators is currently rated red, (see page 56). But there are ongoing concerns with the accuracy of the data provided to the Trust.
 - Reablement indicators are included within the report and are currently rated as red (see page 58).
- Rapid response referrals remain behind target, but show significant improvement in July (page 60).
- The work around Quality and Equality Impact Assessments continue and this includes the introduction of the Devon Tool, planned training program for Operational Managers and more Robust documentation and review by the Clinical Senate

Quality Strategy metrics 2015-16 against strategic objective 3

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Decrease in the number of permanent admissions of people aged 65+ to residential and nursing care homes per 100,000 population	Less than 731.90	711.2	686.8	654.3	626.8									669.8
Number of referrals accepted by Rapid Response service	60 per week	145 (total)	173 (total)	171 (total)	239 (total)									42 (average per week)
Number of avoided admissions as a result of ICT intervention	80%+	95.9%	98.3%	94.7%	95.4%									96.1%
Increase in the percentage of service users who have had a full re-assessment of their needs within the last 12 months	80.0%+	86.3%	84.8%	83.2%	80.8%									83.8%

Effective – NICE Quality standards

Trust compliance with NICE Quality Standards published June 2010 to July 2015

Type of guidance	Not Assessed	Not Implemented	Partially Implemented - Minimal Concern	Partially Implemented - Moderate Concern	Fully Implemented	Not Applicable	Yet to be reviewed by Clinical Senate
Quality Standards	31	0	1 (QS19 Bacterial meningitis and meningococcal septicaemia in children and young people)	6 (QS2 Stroke: QS6 Diabetes: QS10 COPD: QS 43 Smoking cessation: QS54 Faecal incontinence: QS64 Feverish illness in children under 5)	11	49	5

The Trust applies:

- A compliance rating for each Quality Statement in each Quality Standard.
- A “non-assessed” overall rating will apply where one or more statements remain unassessed. A “not implemented” overall rating will apply where one or more statements are considered not implemented.
- Clinical leads are identified to review each piece of guidance under the leadership of the Medical Director.
- A full report related to progress to implementation and requirements under newly published guidance is submitted to each Clinical Senate meeting.

The Clinical Senate approved the Trust's [policy on the management of NICE guidance](#) at their meeting in June.

Following a recent update to NICE Assure each service can now evidence their implementation and compliance with cross-cutting NICE guidance e.g infection control guidance, falls guidance, etc for all guidance issued since 2010 and with all NICE Quality standards. This functionality was only available for guidance issued in 2013 -2015 previously.

Trust compliance with NICE guidance published May 10 to July 15

Type of guidance	Not Assessed	Not Implemented	Partially Implemented - Minimal Concern	Partially Implemented - Moderate Concern	Fully Implemented	Not Applicable	Yet to be reviewed by Clinical Senate
NICE guidance	32	0	11	3	41	469	11

The guidance below is currently declared as being partially implemented.

Clinical guidelines	Lead clinician	Supporting information
Partially implemented - moderate concern		
CG102 Bacterial meningitis and meningococcal septicaemia	Jules Roberts, Caroline Osborne	The Nov 2014 MliU Feverish Illness in Under 5s audit, indicated a lack of baseline observations recorded. Required baseline observations circulated to relative clinical areas. Awaiting results of May re-audit .
CG119 Diabetic foot problems - inpatient management	Chris Boden	Recent Peer Review Report from NHS England highlighted the non-compliance with this standard i.e. lack of MDT inpatient team. Work underway with GHFT and GCCG to identify resource required to satisfy the NICE guidance. GHFT have a CQUIN to achieve this and we are working with them on this.
CG160 Feverish illness in children	Jules Roberts,	The MliU audit did not evidence compliance. Guidelines have been sent to staff. Awaiting results of May re-audit.

Effective : Trust compliance with NICE guidance published May 10 to July 15

The guidance below is currently declared as being partially implemented.

Clinical guidelines	Lead clinician	Supporting information
Partially implemented - minimal concern		
CG101 Chronic obstructive pulmonary disease	Sally King	
CG115 Alcohol dependence and harmful alcohol use	Rebecca Robson	Awaiting assessment by homeless healthcare
CG117 Tuberculosis	Stephen Moore	Revised guidance due to be published October 15.
CG140 Opioids in palliative care	Laura Bucknell	Recommendations may be implemented in some sites. Trust guidance not in place to ensure best practice across all sites.
CG147 Lower limb peripheral arterial disease	Chris Boden	Most of this guideline refers to secondary care. As this guidance is developed further a greater onus on prevention will appear. At this stage a primary care multi-disciplinary vascular team is not in place. Podiatrists and tissue viability nurse undertake some of this work but not in a formal MDT.
CG 191 Pneumonia	San Sumathipala	SystemOne to include a template to be filled by clinicians for patients with lower respiratory tract symptoms to ensure that risk scores are captured.
NG006 Excess winter deaths and morbidity and the health risks associated with cold homes	Dawn Allen	

Effective : Trust compliance with NICE guidance published May 10 to July 15

Public health guidance	Lead clinician	Supporting information
Partially implemented - minimal concern		
PH037 Tuberculosis - hard-to-reach groups	Stephen Moore	New draft guidance will not require major changes other than the outstanding section that has yet to be commissioned. Expected September/October 2015. Compliance discussed with commissioners on a quarterly basis. To liaise with Homeless Healthcare team regarding their compliance.
PH041 Walking and cycling	Georgina Smith	Further organisational consideration needs to be given to the feasibility of fully implementing the guidance given that staff time will need to be dedicated .
PH044 Physical activity: brief advice for adults in primary care	Clare Charlton	There is a need for clarity on the role of GCS staff have to play in providing brief advice on physical activity as part of the prevention agenda.
PH048 Smoking cessation - acute, maternity and mental health services	James Curtis	Implemented within Acute and Maternity settings but not in the 2gether trust (2g). Due to the high prevalence of smoking in mental health populations and the nature of care, historically smoke free policy has been hard to implement. It will take time to change the ethos and culture. A steering group has been formulated with Director support. GCS Stop Smoking Service is working with 2g in completing a Public Health England self assessment to look at areas where 2g are not compliant.

Effective: Quality and Equality Impact Assessments

Completion of a Quality and Equality Impact Assessment are now part of each business case that quantifies service change / development

The Trust Clinical Senate continues to oversee the scrutiny of these and for June the following were ratified by the Clinical Senate:

- Template for Out-patient calling system
- Digital Dictation

Adult Social Care Key Indicators

Target description	2013/14 Outturn	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	June-15	July-15	Target
% service users who have been asked at initial assessment whether they have a carer		67.1%	84.20%	84.2%	84.3%	83.9%	83.8%	84.1%	72.9%	72.8%	72.9%	72.8%	72.6%	100.0%
Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population	885.87	770.22	768.6	748.6	736.1	744.5	739.5	724.5	720.4	711.2	686.8	654.3	626.8	Smaller is better 731.90
% service users who have had a full re-assessment of their needs within the last 12 months	80.8%	86.1%	90.1%	89.3%	88.2%	87.0%	86.1%	84.9%	87.1%	86.3%	84.8%	83.2%	80.8%	80.0%

The above 3 indicators are those that have been agreed between the Trust and Gloucestershire County Council (GCC) as highest priority. Service areas above will be returning to Local Authority management from 1st August.

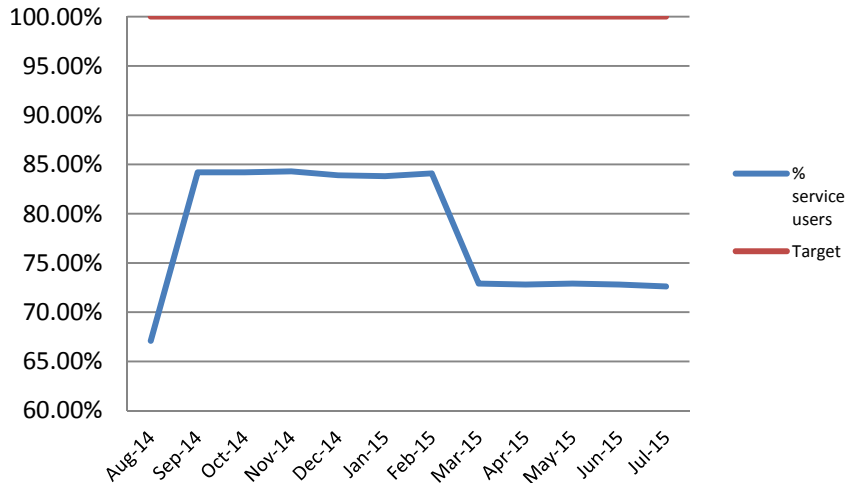
% service users who have been asked at initial assessment whether they have a carer – Figures are taken from GCC’s Adult Social Management Team (ASMT) scorecard. The values reported by GCC have fluctuated significantly in consecutive publications but GCS has been unable to obtain an explanation for the changes in reported values. Work is continuing to understand the basis on which this indicator is reported and has been amended.

Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population – Figures are taken from GCC’s ASMT scorecard. The values reported by GCC have fluctuated significantly in consecutive publications. Work is underway to understand the reason for the fluctuating values but as yet is not understood.

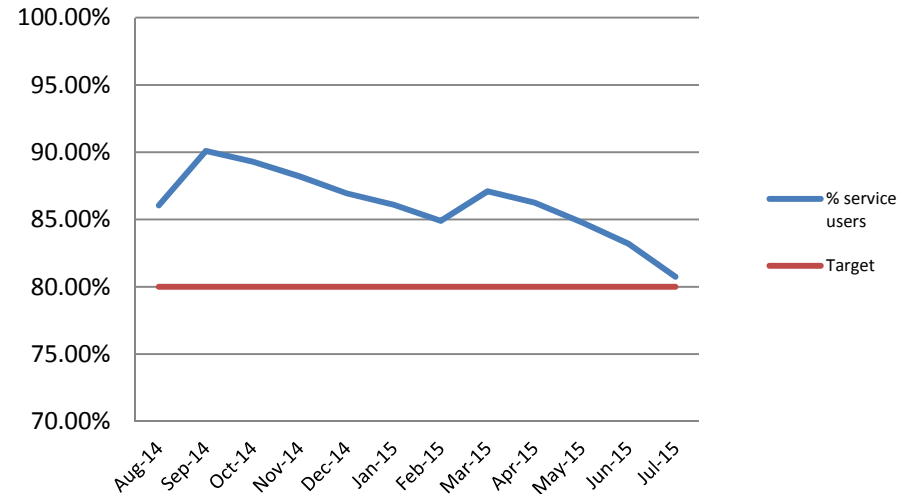
% service users who have had a full re-assessment of their needs within the last 12 months - Figures are taken from GCC’s ASMT scorecard and are different from how the GCS performance team calculate this figure. Actions being undertaken to improve this include reallocating long-standing incomplete allocated reassessments to other workers with available capacity.

Adult Social Care Key Indicators

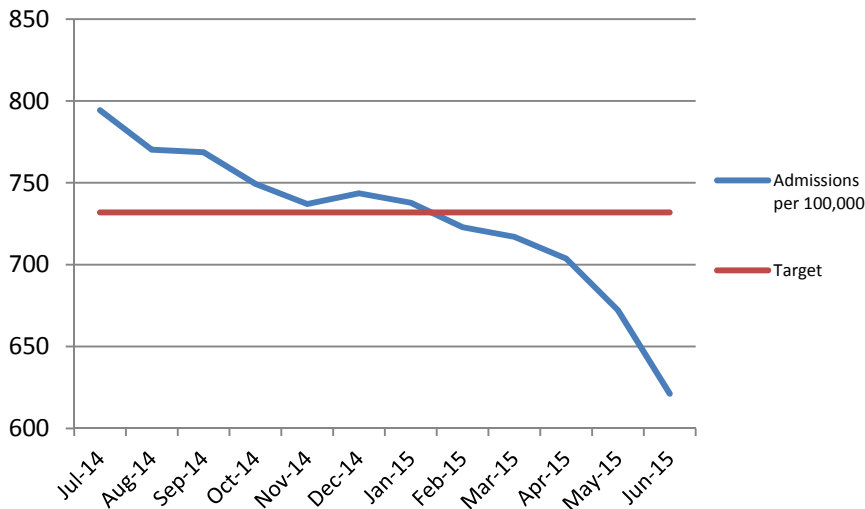
% service users who have been asked at initial assessment whether they have a carer



% service users who have had a full re-assessment of their needs within the last 12 months



Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population



% service users who have been asked at initial assessment whether they have a carer – Figures are taken from GCC's ASMT scorecard. The values reported by GCC have fluctuated significantly in consecutive publications but GCS has been unable to obtain an explanation for the changes in reported values. Work is continuing to understand the basis on which this indicator is reported and has been amended.

Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population – Figures are taken from GCC's ASMT scorecard. The values reported by GCC have fluctuated significantly in consecutive publications. Work is underway to understand the reason for the fluctuating values but as yet is not understood.

% service users who have had a full re-assessment of their needs within the last 12 months - Figures are taken from GCC's ASMT scorecard and are different from how the GCS performance team calculate this figure. Actions being undertaken to improve this include reallocating long-standing incomplete allocated reassessments to other workers with available capacity.

Reablement Service Key Indicators

Reablement service key actions to improve performance are detailed on the subsequent page

Target description	2014/15 Outturn	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	June - 15	Jul - 15	Target 2015/16
Proportion of older people still at home 91 days after discharge	Not yet available (13/14 Outturn 70.4%)	Annual data collection												(Comparator Group) 81.3%
Proportion of people aged 65+ offered Reablement services after hospital discharge	Not yet available (13/14 Outturn 3.7)	Annual data collection												(Comparator Group) 3.3
% Contact Time	34.9%	29.3%	32.0%	36.1%	43.2%	42.2%	37.0%	41.3%	35.6%	39.0%	37.7%	37.2%	37.8%	40%-60% by Mar 16 Target this month: 42%
Number of Community Reablement Starts (ERIC)	257	264	274	298	316	317	367	276	296	337	288	336	344	
Number of Current Cases open longer than 6 weeks	106	Report not produced until Oct 14		94	99	121	96	data not available	118	73	62	53	45	0
% of cases progressed within 6 weeks (from those closing this month)	81.1%	80.1%	81.7%	78.6%	79.8%	82.7%	83.1%	83.2%	73.8%	86.2%	80.3%	79.5%	84.7%	100%
Average Length of Reablement Service (weeks)	4.0	3.7	3.7	4.1	3.5	3.6	4.8	4.0	5.9	3.3	4.3	3.7	3.7	6.0
Sickness rate in Reablement Workforce	6.9%	6.6%	5.9%	5.6%	7.0%	7.2%	5.4%	6.1%	6.6%	6.2%	3.2%	5.3%	5.5%	3%

Reablement actions

The Reablement Delivery Group (locality Manager lead, Reablement lead, Transformation Team support, lead Joint Commissioner) was established in May 2015 to monitor performance and set an Action Plan, meets fortnightly. Actions to deliver improvement are shown against key targets below:

Measure	Definition	Actions
Face to Face Contact Time	This targets relates to the amount of time the Reablement workers spend giving direct intervention with a service user	<ul style="list-style-type: none"> • Test and Learn project in Forest of Dean to better understand processes, capacity, timescales, • Meeting with Reablement co-ordinators (August 2015) to reinforce requirement to ensure full amount of time scheduled for visit is adhered to, • Process to support discharges from Acute Trust is in place, average of 95% achievement in making 'reablement offer' is maintained, • 'Action cards' launched, • New version of Coldharbour system to be introduced November 2015, including issue of smartphones to reablement workers, • 6 new Coldharbour champions identified to receive training and then cascade to all staff, beginning in September 2015, • Close working with GCS performance team, • Amended reports to be in place by end of August 2015.
Sickness absence	This target relates to sickness absence of all staff within the reablement service	<ul style="list-style-type: none"> • Performance / Sickness management processes to support staff to return to work as quickly as possible and if not possible, then to consider appropriate alternatives, • Changes to role of Team managers responsibilities has enabled a confirmation that they directly manage the Reablement Co-ordinators, and therefore 'local ownership' of the performance targets and their delivery has been reinforced.
Over 6 week length of stay	This target relates to the number of people receiving a reablement service who have been in the service for longer than 6 weeks	<ul style="list-style-type: none"> • Data changes on ERIC system have resulted in greater clarity, • This includes only recording the time spent with a reablement worker rather than including a Therapists input also, • Where a service user has ongoing care needs, but an independent care provider cannot be sourced at time of need, this is recorded as 'in-house domiciliary care', however these service users continue to require service input (capacity) • Data cleansing on ERIC system • Weekly report provided by GCS performance team sent to each Community Manager to validate and exception report

Rapid Response - Key Indicators

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16	14/15 Outturn
Number of referrals accepted (plan)	Target	254	266	256	266	265	256	265	257	263	263	246	263	1042	
Number of referrals accepted	Actual	145	173	171	239									728	1381
% of patients with assessment initiated within 1 hour	95%	94.1%	89.7%	94.2%	95.0%									92.7%	92.4%
% of patients referred from SPCA who have an agreed patient led care plan in place	100%	100%	100%	100%	100%									100%	100%
% of patients where the direct referrer reports that rapid response intervention avoids hospital admission		95.9%	98.3%	94.7%	95.4%									96.1%	82.0%
Number of referrals where the direct referrer reports that rapid response intervention avoids a hospital admission		139	170	162	228									699	1154

Rapid response referrals:

Number of referrals remain behind trajectory. To improve patient flow into the service, case finding priorities have been identified to be followed:

- RR shadowing Single Point of Clinical Access in order to screen for RR patient cohort from GP
- Presence in Locality Referral Centres
- Locality rapid response leads to have regular contact with GP surgeries
- Calls to South Western Ambulance Service NHS Foundation Trust (SWASTFT) and Clinical Support desk to ensure potential SWASTFT referrals can be directed to rapid response
- Launch of SPCA promotional materials

% of Patients with assessment initiated within 1 hour:

The 1 hour target is reliant on the Rapid Response Practitioner (RRP) being connected to Adastra when they are deployed to a new referral. Adastra has no mobile working access therefore often new referrals will come in while staff are between patient visits so 'accepting' the referral and 'stopping the clock' is recorded at a later time – RRP's are on the scene but maybe not active on the platform. Referrals received from IDT where the patient is already receiving care delays the initial RR assessment and this also applies to Early Supported Discharge from GHT. Such referrals are not applicable for the 1 hour target although the referrer may have requested a 1 hour response in error.

Integrated Discharge Team (IDT)	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Number of service users discharged by the IDT from the acute Trust Emergency Department	280	119	96	120	123									335
Number of service users discharged by the IDT from the acute Trust ACU (same day)	56	33	42	49	50									124



**Strategic Objective 4:
Work as a valued partner in local communities and across
health and social care**

Strategic Objective 4 - Work as a valued partner in local communities and across health and social care

- The Trust is performing well against its data quality targets. In respect of the validity of 45 data indicators that are submitted to the Secondary Uses Services (SUS), Trust performance is 99.1% against a target of 96% (*not referenced elsewhere*) based on the latest data available from the Health and Social Care Information Centre (HSCIC) (April 2015 to June 2015). The National average is 96.1%, South Central regional average 95.1%.
- The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow. We are continuing to work with colleagues within service delivery teams to be able use the data as information to drive action - leading to more measurable improvements (see pages 64-65).
- Average length of stay in Community Hospitals continues to be in excess of 20 days (page 66). There has been a reduction in short-stay admissions and increase in longer-stay admissions. This has an impact on throughput meaning that the number of discharges on a weekday and weekend are behind target. This is under review by Head of Community Hospitals.

Quality Strategy metrics 2015-16 against strategic objective 4

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Increase in the number of GP engagement events per quarter	TBC	<i>Not available</i>											<i>Not available</i>	
Number of service users discharged by the IDT from the acute Trust Emergency Department	280 per month	119	96	120	123									115 average
Number of service users discharged by the IDT from the acute Trust ACU (same day)	56 per month	33	42	49	50									44 average

Alamac – Gloucestershire Health Community reporting (1/3)

The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow. This approach has been commissioned by the CCG and adopted by a number of other NHS providers including GHFT and SWASTFT. It has been in place for approximately 9 months.

As part of the process, Community Hospitals inpatient wards, SPCA, IDT and Rapid Response teams gather (on a daily basis) relevant, capacity and activity data and then use this as information to drive actions which deliver real benefits across the health & care economy.

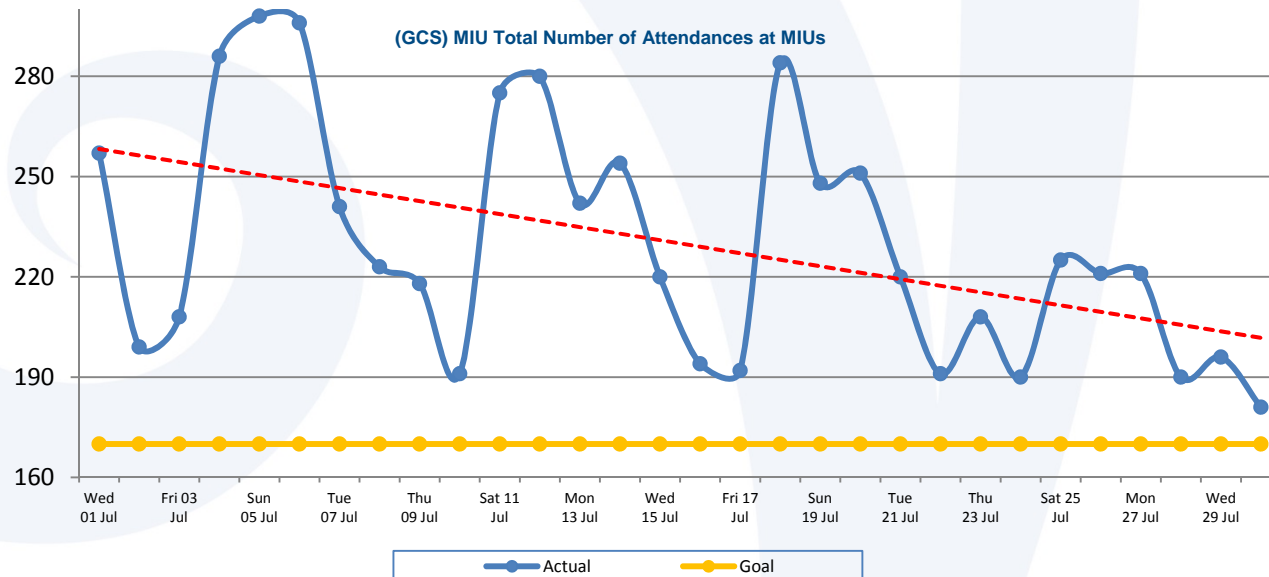
The long-term aim has been to create behavioural and cultural change alongside our partner organisations, creating improvements which can be measured, monitored and managed in real-time. This involves a daily “diagnosis” on system-wide issues and helps to inform actions (via daily conference calls) and to effectively manage these issues.

The “Alamac” approach has allowed the Trust (and others) to work on objective intelligence and reality, rather than emotion and myth. What has emerged is a more disciplined culture of support rather than blame and of action rather than story. The process of inputting data is one that is relatively simple and involves work alongside teams to gather relevant data. We are continuing to work with colleagues within the teams mentioned above to be able use this data as information to drive action - leading to more measurable improvements.

Alamac – Gloucestershire Health Community reporting (2/3)

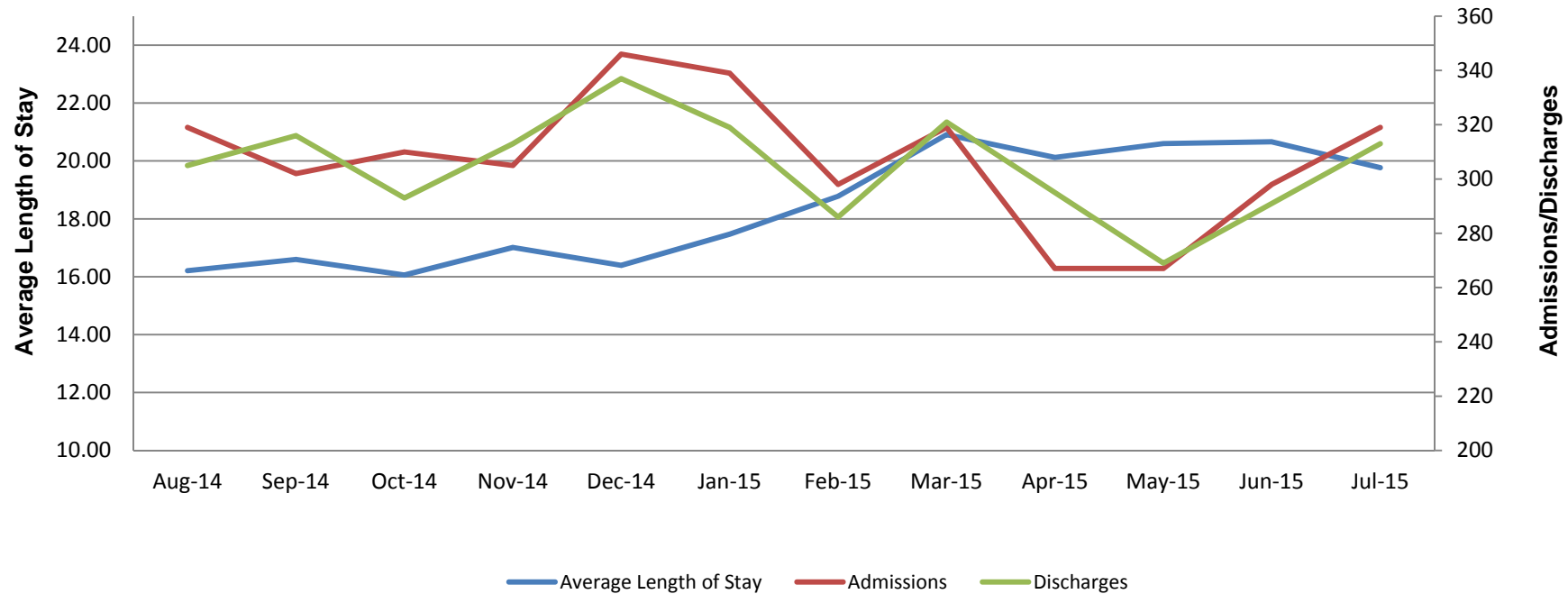


Countywide Emergency Department and Minor Illness and Injury unit performance compared to 4 hour target – showing low of 78% on Saturday 18th July



GCS Minor Illness and Injury unit attendances during July 2015. This shows number of attendances to be consistently above the goal, or target of 170, peaking on Saturday 5th July with 298 attendances.

Community Hospitals – Average Length of Stay

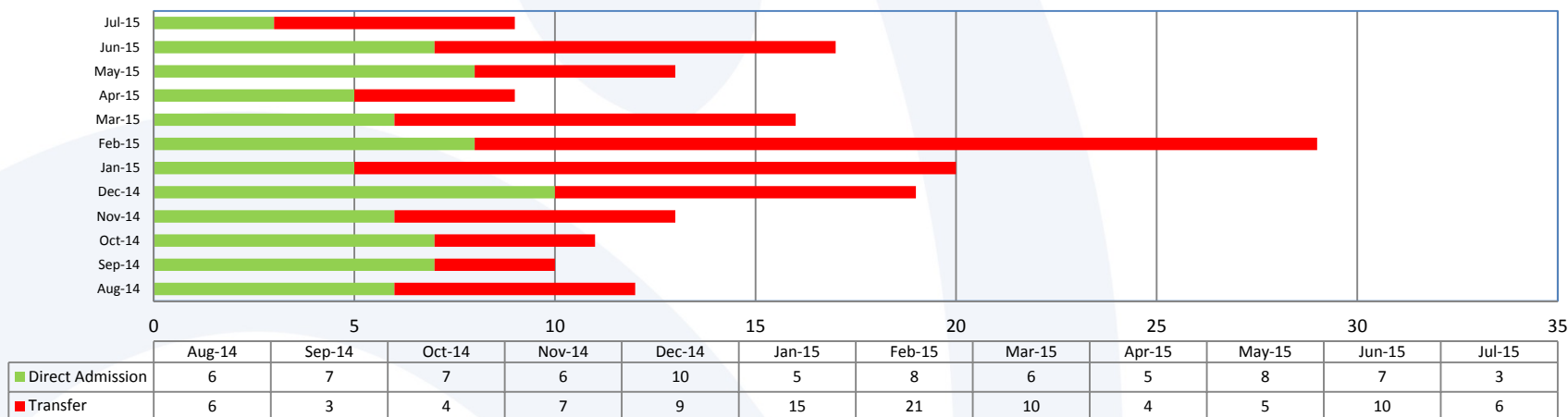


	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	July-15	12 Month Total
Average Length of Stay	16.21	16.60	16.06	17.01	16.39	17.47	18.78	20.91	20.12	20.60	20.66	20.26	18.34
Admissions	319	302	310	305	346	339	298	319	267	267	298	319	3,689
Discharges	305	316	293	313	337	319	286	321	295	269	291	313	3,658

The average length of stay within Community Hospitals has increased significantly since January 2015 and has been steady since March 2015 in excess of 20 days. There has been a reduction in short-stay admissions, but an increase in longer-stay admissions. This is currently being reviewed by Head of Community Hospitals.

Service user transfers*

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



Additional analysis – admissions between 23:00 and 05:59 (July 2015)

Time of admission	Direct Admission	Transfer	Total
23:00 - 23:59	3	4	7
00:00 - 00:59	0	1	1
01:00 - 01:59	0	0	0
02:00 - 02:59	0	0	0
03:00 - 03:59	0	1	1
Total	3	6	9

Day of admission	Direct Admission	Transfer	Total
Saturday	0	2	2
Sunday	0	0	0
Monday	0	0	0
Tuesday	0	0	0
Wednesday	2	2	4
Thursday	0	1	1
Friday	1	1	2
Total	3	6	9

Admitting Hospital	Direct Admission	Transfer	Total
Stroud General	0	0	0
The Vale	0	0	0
Lydney	0	2	2
North Cotswold	1	0	1
Cirencester	0	2	2
Tewkesbury	0	0	0
Dilke	2	2	4
Total	3	6	9

There was a reduction in admissions into Community Hospitals between 23:00 and 05:59 in July compared to May and June. Of the 9 transfers in July:

- 78% (7) of the 9 admissions occurred between 23:00 and 23:59.
- 44% (4) admissions occurred on a Thursday, however there is no real outlier in terms of day of week.
 - 44% of the admissions were to Dilke (4).



**Strategic Objective 5:
Support individuals and teams to develop the skills, confidence
and ambition to deliver our vision**

Strategic Objective 5 - Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

- Monitor compliance statements: full compliance evidenced (see page 71-72).
- Board statements : full compliance evidenced (see pages 73-74).
- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place for treatments (85% Q1); however, there is opportunity to improve the Trust's recommendation as a place to work (see page 75)
- Sickness absence: remains above target (5.13% in July compared to target of 3%) (see page 76).
- Appraisals: rate of reported completed appraisals (77.73%) remains behind trajectory (see page 76).
- Mandatory training: Infection Control, Health and Safety, Equality and Diversity are now ahead of trajectory; however Conflict Resolution, Fire Safety and Information Governance remain behind trajectory (see page 76).

Quality Strategy metrics 2015-16 against strategic objective 5

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Increase in the number of staff self-reporting that their appraisal was of a high quality	More than 33%	39%	39%	39%	39%									39%
Staff recommending the Trust as a place to work	More than 60%	52%			TBC									52%
Completion of a Service Development Plan for each clinical and corporate service with coverage of the workforce profile	To be quantified													
Identification of Competency Framework for each role within service delivery teams	To be quantified													
Annual staff appraisals	More than 95%	72.1%	78.2%	77.9%	77.7%									76.5%
Completion of all mandatory training	100%	78.4%	81.2%	83.1%	81.8%									81.1%

Monitor compliance statements (1/2)

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Condition G4: Fit and proper persons as Governors and Directors												
Condition G5: Having regard to Monitor guidance												
Condition G7: Registration with the CQC												
Condition G8: Patient eligibility and selection criteria <i>This requires Trusts to set and publish transparent patient eligibility and selection criteria and to apply these in a transparent manner. This includes criteria for determining patient eligibility for particular services, for accepting or rejecting referrals, or determining the manner in which services are provided to that person.</i>												
Condition P1: Recording of information Condition P2: Provision of information Condition P3: Assurance report on submissions to Monitor Condition P4: Compliance with the National Tariff Condition P5: Constructive engagement concerning local tariff modifications	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Monitor compliance statements (2/2)

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
<p>Condition C1: The right of patients to make choices</p> <p><i>This condition (i) requires licensees to notify their patients when they have a choice of provider, and to tell them where they can find information about the choices they have. This must be done in a way that is not misleading; (ii) requires that information and advice that licensees provide to patients about their choice of provider does not unfairly favour one provider over another and is presented in a manner that helps patients to make well-informed choices; and (iii) prohibits licensees from offering gifts and benefits in kind for patient referrals or for the commissioning of services</i></p>												
<p>Condition C2: Competition oversight</p> <p><i>This condition prohibits the licensee from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users. It also prohibits the licensee from engaging in other conduct which has the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users</i></p>												
<p>Condition IC1: Provision of integrated care</p> <p><i>The Integrated Care Condition is a broadly defined prohibition: the licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care. It also includes a patient interest test. The patient interest test means that the obligations only apply to the extent that they are in the interests of people who use health care services.</i></p>												

Board statements (1/2)

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients												
The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements												
The Board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the Trust have met the relevant registration and revalidation requirements												
The Board is satisfied that the Trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time												
The Board will ensure that the Trust remains at all times compliant with regard to the NHS Constitution												
All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner												
The Board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans for mitigation of these risks												

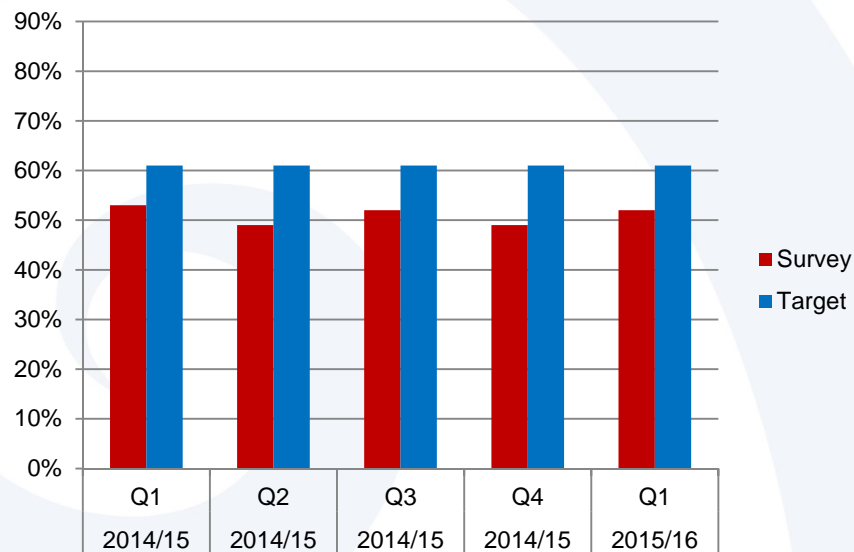
Board statements (2/2)

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the Board are implemented satisfactorily												
An Annual Governance Statement is in place, and the Trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury												
The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant TDA quality and governance indicators; and a commitment to comply with all known targets going forwards												
The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit												
The Board will ensure that the Trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the Board of directors; and that all Board positions are filled, or plans are in place to fill any vacancies												
The Board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability												
The Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan												

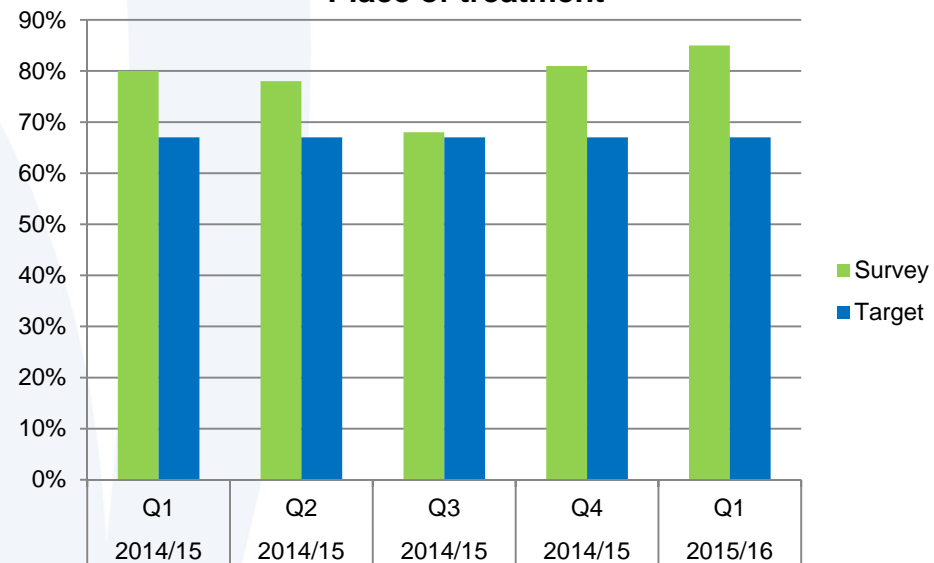
Staff Friends and Family Test

	2014-15				2015-16
	Q1	Q2	Q3	Q4	Q1
Percentage of staff who would recommend the Trust as a place of work	53%	49%	52%	49%	52%
Percentage of staff who would recommend the Trust as a place to receive treatment	80%	78%	68%	81%	85%

Place of work



Place of treatment



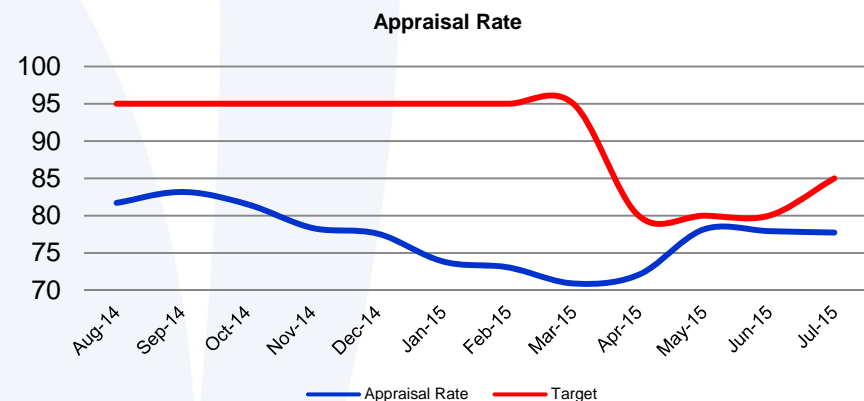
Full analysis of the data is being undertaken. Report to HR & OD Committee
Deep Dive into Staff FFT and outcomes to be shared at August HR & OD Committee.
OD plan updated accordingly.

Sickness absence / mandatory training / appraisals

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Target
Sickness absence average % rolling rate - 12 months	4.59	4.59	4.59	4.73	4.8	4.92	4.89	4.85	4.86	4.82	4.77	4.85	3.00
Sickness absence % rate (1 month only)	4.94	4.34	4.69	4.83	5.15	5.35	4.54	4.11	4.56	3.98	3.74	5.13	3.00

Mandatory training course	Target (End July 2015)	Health performance
Infection Control	85%	88.86%
Health & Safety	85%	88.86%
Equality & Diversity	85%	85.81%
Conflict Resolution	85%	83.27%
Information Governance	85%	72.72%
Fire Safety	85%	71.54%

Appraisal rate	Target	Performance
July	85%	77.73%



Appraisal rates remain behind target across all service areas but there have been some improvements over recent months. Regular reports are produced by the Information team to highlight to managers the staff that have appraisals due in future months to allow them to be appropriately scheduled. The onus is on managers to ensure appraisals are scheduled and completed.

A 'Deep Dive' exercise was undertaken during June and presented at the HR & OD Committee. A further 'Deep Dive' exercise on mandatory training will be discussed at August HR & OD Committee.



**Strategic Objective 6:
Manage public resources wisely to ensure local services remain
sustainable and accessible**

Strategic Objective 6 - Manage public resources wisely to ensure local services remain sustainable and accessible

- Legal claims: Increase in number received
- The Trust has submitted an original plan with income of £106.5m, a surplus of £0.1m which includes the delivery of:
 - QIPP £3.9m
 - CQUIN £1.9m
 - CIP £3.15m
- As at month 4 the Trust is £45k behind plan and reporting a deficit of £325k (page 80). Full year forecast is in line with plan at present.
- The plan for the year has recently been resubmitted to the TDA and the adjusted surplus has been revised upwards to £1m for the full year. The actions needed to deliver this improvement while mitigating the risks in the current forecast are now being implemented.
- QIPP and CQUIN income has been assumed in full though there is risk (which can potentially be mitigated) to approximately £900k of QIPP as things currently stand (page 81)
- Although most slippage in CIP delivery has been offset by non recurrent savings. This shortfall on CIPs will need to be caught up so that we do not worsen our recurrent position at the end of the year (page 82)
- Cash is £1.2m adverse to plan at £6.5m (page 84)
- All major contracts with NHS commissioners have been agreed and signed (page 85)

Quality Strategy metrics 2015-16 against strategic objective 6

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	
Achievement of agreed CIP, CQUIN and QIPP targets in year	To be quantified	See pages 81 and 82 for further explanation and detail													
Completion of a Quality and Equality Impact Assessment as part of each business case that quantifies service change / development	To be quantified	The coverage of completion of Quality and Equality Impact Assessment as part of each business case that quantifies service change / development is to be quantified													
Measured reduction in the number of legal claims received by the Trust	103 in year	37	20	5	11									73 total	
Financial sustainability via a continuity of services risk rating	2.5 or more	3.0	3.0	3.0	3.0									3.0 (average)	

Income and Expenditure

As at month 4 income and expenditure are both £2.3m higher than plan reflecting additional escalation beds held open during April and early May and higher levels of MSKCAT activity and some other smaller additional pieces of work being requested and funded by the CCG.

CIP schemes are behind plan at the end of month 4 (discussed on slide 4) and Agency usage at £1.52m for the first 4 months is adding additional cost pressures.

The rate of CIP savings required increases quarter on quarter and so non delivery of the pay CIP is the Trust's biggest risk to delivering the required surplus at circa. £1m. The other two risks to the outturn are agency spend and QIPP risk share.

If agency spend continues at the current rate, the agency premium will add circa. £1.0m to the Trusts' costs for the year.

The £0.9m risk share on QIPP requires improvement on indicators that are not wholly within the control of the Trust. Year to date metrics are unfavourable but recent performance has improved significantly and work is ongoing to mitigate the risk to income.

Statement of Comprehensive Income	Current Year to Date		
	Plan	Actual	Variance
	£000s	£000s	£000s
Revenue from Patient Care Activities	34,855	37,226	2,371
Other Operating Revenue	692	338	(354)
Gross Employee Benefits	(26,720)	(26,822)	(102)
Other Operating Costs	(8,229)	(10,183)	(1,954)
OPERATING SURPLUS/(DEFICIT)	597	559	(38)
Public Dividend Capital Dividend	(918)	(917)	1
RETAINED SURPLUS/(DEFICIT)	(320)	(358)	(38)
Reported NHS Performance			
Donated assets adjustment	40	33	(7)
Adjusted Retained Surplus/(Deficit)	(280)	(325)	(45)

2015/16 QIPP and CQUIN

The Trust needs to deliver £3.9 of QIPP schemes and £1.9m of CQUIN schemes to achieve its £100k surplus.

Delivery against these schemes is detailed in separate reports to Finance Committee and Board so the financial impact only is captured here.

As at month 4 schemes are all on track with the largest risk being risk share element of QIPP (£900k) where the exact triggers that release payment and details of how any early missed income can be recovered are still being agreed with the CCG.

Much of this risk share element is dependent on reduced admissions to the Acute hospital where some elements sit outside of the Trust's control and performance on Urgent Care in the County is not at the level expected by commissioners.

Ref	QIPP Programme	Type of Scheme	Risk Share Activity KPIs (£000)	KPIs/Milestones (£000s)
1a	ICT: Continuation of Phase 1	Existing	650	400
1b	ICT: Testing and roll out of Phase 2	Existing		300
1c	ICT: Community Nurses	Existing		300
1d	ICT: Reablement	Existing		75
2	Integrated Discharge Team	Existing	125	250
3a	Community Hospital Programme: Service Model	Existing		300
3b	Community Hospital Programme: Bed Availability	Existing		250
3c	Community Hospital Programme: MIU Opening Hours	Existing		100
3d	Community Hospital Programme: Staffing Model	Existing		300
4	Single Point of Clinical Access	New		150
5	MSK: pathway	Existing	125	125
6	Leg Ulcers	Existing		150
Service Reviews				
A	Physiotherapy	Existing		100
B	Rehabilitation	Existing		100
C	Podiatry	Existing		100
Total GCS QIPP Programme			900	3000
			3900	

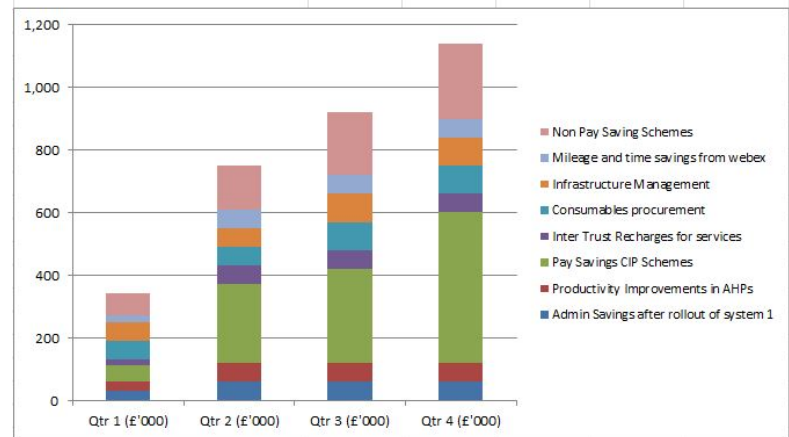
2015/16 CIPs

CIP full year requirement is £3.15m, delivery of these savings remains the biggest financial risk to the Trust.

As at month 4 the Trust planned to achieve £550k of CIP savings. Against this plan the Trust has achieved £463k of recurrent savings though only circa. 40% of this will have benefitted in the first 4 months. This under delivery has been offset by non-recurrent savings (identified by CIP scheme leads) and also through active management of vacancies. As new operating models for non clinical services are confirmed, posts will be removed from structure to create recurring savings.

The table to the right shows the required CIP savings ramping up over the year. The table shows achievement at month 4 by scheme.

Savings schemes 2015/16	Planned Profile of Savings				TOTAL
	Qtr 1 (£'000)	Qtr 2 (£'000)	Qtr 3 (£'000)	Qtr 4 (£'000)	
Admin Savings after rollout of system 1	30	60	60	60	210
Productivity Improvements in AHPs	30	60	60	60	210
Pay Savings CIP Schemes	50	250	300	480	1,080
Inter Trust Recharges for services	20	60	60	60	200
Consumables procurement	60	60	90	90	300
Infrastructure Management	60	60	90	90	300
Mileage and time savings from webex	20	60	60	60	200
Non Pay Saving Schemes	70	140	200	240	650
Total 2015/16 schemes	340	750	920	1,140	3,150



CIP Scheme/Initiative	Target (£000)	Recurrent Position (£000)
Business Process/System Re-engineering	1,500	187
Contracts and Procurement	400	31
Infrastructure Management	400	20
Smart Working	300	75
NHS Contracts	200	0
Asset Revaluation	650	150
Total Programme Value	3,450	463
(Contingency Value)	-300	
Total Value CIP Savings	3,150	463

Capital Expenditure

Capital Analysis of Projects	Current Year to Date			Forecast Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
Backlog Maintenance Programme	80	60	20	250	250	0
Premises and Plant refurbishments 2016	320	240	80	1,000	1,000	0
Medical - Equipment	160	120	40	500	500	0
COIN (Community IT Network)	400	400	0	400	400	0
IM T 2015/16	400	300	100	1,400	1,400	0
Gloucester Premises	0		0	2,300	900	(1,400)
Unidentified Projects	0	0	0	0	1,400	1,400
Gross Capital Expenditure	1,360	1,120	240	5,850	5,850	0

Plan by Quarter			
Q1 £000s	Q2	Q3 £000s	Q4 £000s
60	60	60	70
240	240	240	280
120	120	120	140
400	0	0	0
300	300	300	500
0	0	1,000	1,300
0	0	0	0
1,120	720	1,720	2,290

- Year to date spend is £1,120k out of a full year forecast of £5.85m
- The capital plans allow for the receipt of £600k for land on the Tewkesbury Hospital site. This money has now been received.
- Capital spend in year will include approximately £1m of spend on projects started and committed in 14/15 (Milsom Street and Stratton ward)
- A property in Gloucester has been identified and this is likely to come as a business case at a lower value than the £900k included in the plan at present.
- Business cases and proposals are still being received for spend in 15/16 including a refit of the operating Theatre at Cirencester so forecast remains at £5.85m even though the available funding hasn't been fully allocated at present.

Cash Position

- The trust actively manages its cash position to ensure that funds are available to meet obligations as they fall due.
- At the end of month 4 the actual balance of cash on hand was £5,337k compared to a plan of £6,541k
- The main variance is getting billing agreed on joint management positions with Gloucestershire County Council and getting recharges to GHFT collected (GHFT have not agreed recharges to GCS and so they are holding payment until they have billed GCS)
- Capital spend is behind plan with £1,120k spent in the year to date compared to a plan of £1,360k

All figures £000s	Opening Balance 01/04/2015	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Cash and Cash Equivalents	2,812	7,941	6,641	6,841	6,541	6,741	5,741	5,941	6,141	5,841	6,041	6,241	5,485
Actual	3,328	5,796	6,630	6,139	5,337								
Variance	516	(2,145)	(11)	(702)	(1,204)								

Contracts

- All main commissioning contracts with NHS Commissioners are signed
- All elements in the contract with the local authority have now been agreed verbally and will be varied into the contract in September. Delays were down to:
 - Health Visitor service transferring from NHS England to the Local Authority from 1st October 2015.
 - Funding for OT laptops and inflations / CIP requirements in s76 OT services
- Recharges from Gloucestershire Hospitals NHS FT remain to be agreed through repeated cancellation of contract meetings / calls to resolve (including the £170k disagreement on year end balances). This matter is now being escalated as a priority to achieve resolution without further delay.

Risks (summary)

The main risks are as follows:

- Non delivery of Pay CIP £1m on a recurrent basis
- Non achievement of risk share element of QIPP £0.9m
- Inability to reduce agency spend £1m



Change request log

Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
13	Director of Finance	Charts added to illustrate Mortality reviews as % of Occupied Bed Days per Hospital site and also % of Mortality reviews per Day of the week	33	8 th May 2015
14	Director of Finance	Graphical representations of Key Adult Social Care Indicators	53	8 th May 2015
15	Director of Nursing and Quality	Addition of details of Internal Audit – Clinical Record Keeping	39-41	8 th May 2015
16	Director of Nursing and Quality	Details on National Audit of Intermediate Care benchmarking completed May to August 2014	42-43	8 th May 2015
17	Director of Nursing and Quality	Executive Summary added	3	8 th May 2015
19	Director of Nursing and Quality	NED Quality Visit schedule expanded to include feedback from visit	60-63	8 th May 2015
20	Head of Workforce Transformation	Appraisal and Mandatory Training targets adjusted to 95%	59	8 th May 2015

Page numbers refer to page number within the specific report identified that report change applied to

Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
21	Director of Nursing and Quality / Director of Finance	Change of format and structure of report (ongoing)	Report	18 th June 2015
22	Director of Finance	Rolling 12 month trend data added to charts	Report	21 st July 2015
23	Head of Corporate Planning	Monitor compliance statements added to report	65	21 st July 2015
24	Head of Corporate Planning	Board statements added to report	66-67	21 st July 2015
25	Head of Corporate Planning	NHS Choices data added to report	34	21 st July 2015
26	Head of Corporate Planning	Quality Strategy metrics added to report	Report	21 st July 2015
27	Director of Service Transformation	Alamac slides added to report	58-60	21 st July 2015
28	Director of Finance	Finance report incorporated	71-80	21 st July 2015

Page numbers refer to page number within the specific report identified that report change applied to

Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
29	Head of Corporate Planning	Added details in respect of some of the Monitor Compliance Statements	64-65	7 th September 2015
30	Director of Finance	Community Hospitals – Average Length of Stay	59	7 th September 2015
31	Head of Corporate Planning	Inclusion of translation and interpretation data	36-37	22 nd September 2015
32	Head of Corporate Governance & Trust Secretary	Inclusion of Legal services data	40-44	22 nd September 2015

Page numbers refer to page number within the specific report identified that report change applied to

AGENDA ITEM 17

CQC – Quality Summit and Implementation Plan

Trust Board

Date: 22nd September 2015

Agenda Item:	AI-18
Agenda Ref:	Learning Disabilities Report
Author:	Sarah Warne, Head of Safeguarding
Presented by:	Susan Field, Director of Nursing (Interim)
Sponsor:	Susan Field, Director of Nursing (Interim)
Subject:	Learning Disabilities Progress Report

This Report is provided for: Discussion Decision Approval Assurance Information

Executive Summary:

This is the first formal report that has been presented to the Gloucestershire Care Services NHS Trust Board.

Gloucestershire's population profile suggests that there are currently 11,360 people with a learning disability.

People with a learning disability have a significantly shorter life expectancy, partly due to the health inequalities to which they are exposed.

This paper describes the activity to date by Gloucestershire Care Services NHS Trust to ensure that those people with Learning Disabilities accessing our services receive care, treatment and support that is evidence based and is intended to meet individual needs.

Recommendations:

The Board is asked to:

Discuss this report and note the activity and progress made during 2014/15

Provide some strategic planning guidance that will help further inform the Trust's 2015-16 strategy plans

Agree future reporting arrangements against Trust plans and that this be reported to the Quality and Performance Committee on a six monthly basis commencing January 2016

Considerations:
Quality implications: The strategy and ongoing work plan for LD is supported by the key recommendations from the Enquiry into Premature Deaths for People with LD
Human Resources implications: Decision making Mental Capacity Act (MCA) and Learning Disabilities training mandatory for all colleagues
Equalities implications: The developing strategy and ongoing work plan seek to engage with service users with Learning Disabilities, carers and experts by experience
Financial implications: Plans to use Gloucestershire Voices to help with a 'quality checker' role will have a cost implication for which no budget has been identified
Does this paper link to any risks in the corporate risk register: N/A
Does this paper link to any complaints, concerns or legal claims: N/A

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Provide innovative community services that deliver health and social care together	P
Work as a valued partner in local communities and across health and social care	P
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	P

Reviewed by (Sponsor): Susan Field, Director of Nursing (Interim)

Date: 14 September 2015

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

A quarterly report on the Learning Disabilities Quality Improvement Group, work plan and training uptake goes to both the Strategic Safeguarding Operational Group and the Trust's Clinical Senate.

Explanation of acronyms used:

LD - Learning Disabilities
MCA - Mental Capacity Act 2015
DoLS - Deprivation of Liberty
CIPOLD - Confidential Inquiry into Premature Deaths for People with Learning Disabilities
DNACPR - Do Not Attempt Cardio-Pulmonary Resuscitation
GCCG - Gloucestershire Clinical Commissioning Group
GSAB - Gloucestershire Safeguarding Adults Board

Contributors to this paper include::

Sarah Warne, Head of Safeguarding
Alison Bradshaw, Specialist Nurse Safeguarding Adults

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 22nd September 2015

Location: Subscription Rooms, Stroud, Gloucestershire

Agenda Item 18.1: **LEARNING DISABILITIES REPORT**

1. Introduction

Gloucestershire's population profile indicates that there are currently 11,360 people with a Learning Disability (LD).

People with a learning disability have a significantly shorter life expectancy, partly due to the health inequalities to which they are exposed. Having said that, the life expectancy for this group is now starting to increase (Emerson et al 2008 & 2011).

2. Context

Nationally activity is supported by the Children's Act 1982, The Care Act 2014, and Working Together to Safeguard Children 2015 and by the Confidential Inquiry into Premature Deaths for People with a Learning Disability (CIPOLD) 2013. This latter report details 18 key recommendations, of which the following 8 are applicable to Gloucestershire Care Services NHS Trust (GCS), and provides the Trust with a framework for its Trust-wide LD work plan.

- 2.1 Clear identification of people with learning disabilities on both NHS central registration and in all healthcare systems
- 2.2 Reasonable adjustment required by, and provided to individuals: this is audited annually and best practice shared
- 2.3 Access to the same investigations and treatments as anyone else but acknowledging and accommodating that they may need to be delivered differently to achieve the same outcome
- 2.4 Barriers in individuals 'access to healthcare' to be addressed by proactive referral to specialist LD services
- 2.5 Mental Capacity Act (MCA) advice to be available 24 hours per day
- 2.6 MCA training and regular updates to be mandatory for staff involved in the delivery of Health or Social Care
- 2.7 All decisions that a person with LD is to receive palliative care only to be supported by the framework of the MCA and the person referred to a specialist palliative care team
- 2.8 Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) to be clearly defined and standardised across England.

For Gloucestershire this work plan maps across to both the LD Partnership Board and to the LD Programme Board led by the Gloucestershire Clinical Commissioning Group (GCCG). It also supports the Health Action Group, one of the sub groups identified within The Big Plan – services for people with a learning disability in Gloucestershire 2010-2015.

3. Activity During 2014-15

To ensure a focus of activity for those individuals who come into contact with Trust services a Learning Disabilities steering group was established, chaired by the Trust Board's non-executive champion for LD. The group included a range of professionals from within the Trust supported by experts from other agencies such as Gloucestershire Voices and 2gether NHSFT as well as a carer and service user representative to ensure the 'expert by experience' voice was heard.

3.1 Actions Progressed:

- Embedding working partnerships Countywide to ensure that continuity of care and practice extends across all health and social care providers. This has included:
 - the chair of the LD Steering Group and the Head of Safeguarding representing the Trust at the Gloucestershire LD Partnership Board ensuring active participation and to gather learning for subsequent cascade to Trust colleagues
 - The Head of Safeguarding attending the GCC Programme Board
- Working towards having the ability to 'flag' clinical records so that Trust colleagues are made aware that an individual may require adjustment to their contact with them in order to get the best experience and outcome
- Introduction of information boards within the Trust Community Hospitals which can display an 'alert' for the need for reasonable adjustment.
- Development of a suite of easy read information leaflets
- Ongoing commitment to training and education with 241 colleagues attending specific LD training
- Supporting the Countywide LD Big Health Check day with a stand on hydration and nutrition
- Individual service activity including the Healthy Lifestyles team producing flashcards to use with people with LD related to hydration

Despite this focus progress, the Trust LD has been slow at gaining momentum and this has been formally highlighted at the Trust's September Quality and Performance Committee meeting.

4. Planned Activities for 2015-16

To re-energise the steering group it was agreed with the non-executive LD champion that the Trust would progress with a Learning Disabilities Quality Improvement Group, following the model successfully utilised with dementia care. Linked to this will be an expert reference group made up of partner organisations and service users to provide input to the revised work plan and provide assurance.

The group, chaired by the Head of Safeguarding, met for the first time in its new format on 15th July where terms of reference were agreed and the existing work plan was reviewed and key priorities were identified.

The work plan at Appendix 1 is produced in an easy to read version and in response to Gloucestershire Voices feedback. It is easily accessible to our expert reference group, and aligns to the CIPOLD key recommendations.

As yet an operational joint chair has not been identified and the Director of Nursing (Interim) will progress this action.

An initial draft of a GCS LD Strategy which will pull together the work plan activity and CIPOLD key recommendations is in progress and will be presented to the LD Quality Improvement Group during October for comment and input.

5. Progress on Work Plan to Date

5.1 Clear identification of people with learning disabilities on both NHS central registration and in all healthcare systems

Until recently flagging on IT systems related to PAS and Child Health. With the advent of SystmOne this has been reviewed as part of a larger Trust-wide piece of work related to flagging and alerts. This is more complicated than it may appear as the choice of symbols and the READ codes that relate to it have to have zero impact on other system users such as primary care. To date, the symbol to be used has been identified and tested and the policy document to support use of alerts and flags is having some final amendments.

Next steps: It is anticipated that the Trust will be ready to flag service user records from October 2015 onwards.

5.2 Reasonable adjustment required by, and provided to individuals: this is audited annually and best practice shared

Work related to reasonable adjustment is wider than just those with LD as it includes others with cognitive impairment, those with hearing or visual need etc. Flagging on electronic records will alert colleagues to a reasonable adjustment need and templates within SystmOne have been amended so the detail of that reasonable adjustment is easily available. This could be, for example, the need for double appointments, appointment at the beginning or the end of the day, or accommodation in a single room or quiet environment to reduce stressors.

Next Steps: Once the work setting up flags is completed the LD Quality Improvement Group will be able to lead audit activity, starting with decisions on key audit criteria at its October 2015 meeting. Linked to this will be scoping to provide the 'friends and family test' in easy read format so views of service users can be effectively captured. A pilot tool has been developed within Dental Services with a view to roll out over the coming months.

A short survey for colleagues is being finalised which will focus on both training and whether they are able to identify the need for reasonable adjustment and facilitate that adjustment in practice.

5.3 Access to the same investigations and treatments as anyone else but acknowledging and accommodating that they may need to be delivered differently to achieve the same outcome

As well as the changes in recording so that the Trust captures the need and detail for reasonable adjustment as described above the quality improvement group is working to ensure information for those with LD is provided in an easy read format for those key investigations and treatments provided within the Trust. The existing leaflets and those produced and available nationally are available on the intranet for colleagues to print and use as required.

Next Steps: Ensuring that as leaflets are reviewed they are linked into the SystmOne templates for ease of access.

5.4 Barriers in individuals 'access to healthcare' to be addressed by proactive referral to specialist LD services

Currently the Trust does not have its own specialist LD services, and therefore reliant on other providers for support and advice - in the main 2Gether NHS Trust. Contact details for practitioners are available on the intranet.

The GCCG is currently reviewing Community LD provision and the needs of GCS for access to services and support will be captured as part of this review.

Next Steps: Update of the existing contact details and provision of existing referral pathways on the intranet by December 2015.

5.5 Mental Capacity Act (MCA) advice to be available 24 hours per day

Gloucestershire as a County does not have an existing MCA advice line that is available 24 hours per day. To ensure colleagues have access to support and advice the Trust has developed a leaflet available in paper format but also as an icon on all Trust PCs which supports MCA assessment and best interest decisions.

The MCA two stage capacity assessment tool is available within SystmOne templates, and the link to multiagency policy, process and decision support tools, hosted on the GCC website is available for all to access.

'In hours' this decision making is supported within the GCS safeguarding team or by the MCA/DoLS practitioners, based within the safeguarding team at Gloucestershire County Council.

Next Steps: Ongoing training and support so practitioners feel competent and confident to assess capacity. Audit of clinical records to evidence capacity and best interest decisions planned for January 2016.

5.6 MCA training and regular updates to be mandatory for staff involved in the delivery of Health or Social Care

Within the Trust LD and MCA training is not mandatory, or mandated through countywide workforce development strategy.

Training related to LD is currently co-ordinated by the LD training lead within 2Gether NHS Trust. Currently this training provision consists of:

- The patient with a learning disability via E learning
- Reasonable Adjustment for those with LD as a ½ day taught session

Training provision for MCA is provided as part of both the countywide safeguarding adults and dementia workforce development programme as well as specific in house training, and consists of:

- E learning foundation.
- One day face to face training for practitioners.
- Bespoke training for teams as part of the safeguarding, MCA and DoLS update sessions.

In addition those colleagues working at Band 6 and 7 in Community Hospital inpatient areas have MCA training as part of their DoLS train the trainer session.

MCA training is monitored by the countywide MCA/DoLS group which is a sub group of the Gloucestershire Safeguarding Adults Board

5.7 All decisions that a person with LD is to receive palliative care only to be supported by the framework of the MCA and the person referred to a specialist palliative care team

This recommendation will be captured within the Countywide newly formed End of Life Working Group led by the GCCG. An update has been requested for the October 2015 LD Quality Improvement Group, at which point the Trust will identify if there is a role for the group to be involved.

5.8 Do Not Attempt Resuscitation (DNACPR) to be clearly defined and standardised across England

The Trust's resuscitation guidelines for both adults and children are taken from the National Resuscitation Council guidelines last updated in October 2012. At this point in time there was no specific reference to supporting those with LD to make informed decision about DNACPR decisions or the best interest support.

The guidelines are due for review in October 2015. A high level gap analysis to assess whether this position has changed will be undertaken by GCS.

To support practitioners, the unwell and deteriorating patient decision support tool is being implemented across the Trust's inpatient areas as well as within GHFT and care homes - the GCS version has a clear section relating to capacity assessment.

Next Steps: Review updated guidelines in October 2015. At this point in time if need be a local decision re inclusion of information specific to those with LD to be considered with the support of the Trust's resuscitation committee.

5.9 Involving Service Users and Other Experts

Key to the delivery of all of the above recommendations is the involvement of service users, carers, experts by experience and partner organisations. Their input will continue to provide both assurances that the Trust is on the right track with its activity but will also provide a steer to its next steps.

To enable this it is proposed that an 'expert reference group' is established and potential members have been identified. This has been broadly welcomed and this group will also be utilised to 'test' service user leaflets and the development of the Friends and Family Test in easy read. It is also the Trust's intention to scope the 'quality checker' approach where members of Gloucestershire Voices go into supported living etc. to seek the views of those residents to assess whether this can be adapted for use within the Trust.

Next Steps: Planning for first expert reference group to meet in November 2015.

5.10 Learning from Serious Case Reviews (SCR)

A review was commissioned by Gloucestershire Safeguarding Adults Board following the imprisonment of Adult A in March 2014 for the rapes of three women who were residents at Supported Living Home in 2013. The three women had LD with very limited communication.

Adult A was employed as a care assistant at the home from 2004. Adult B (the wife of adult A and manager at the home) was imprisoned at the same time for financial abuse of residents within the same supported living home.

Learning from this SCR for the Trust has included changes to its chaperone policy to clearly identify the identity of chaperones. The Trust's bespoke safeguarding training also includes one case study relating to an individual with LD and how we might identify potential abuse, and facilitate disclosure.

5.11 Training Activity related to LD

The LD workforce development and training plan is currently under review countywide and GCS is an active participant in that review.

During 2014 the training lead provided LD champion training with more than 70 Trust champions. Details of those champions are currently being updated and are available on the intranet along with a job description of the role.

Discussion within the LD Quality Improvement Group would suggest that a LD Champion Forum would be supported bringing those champions together regularly to share experiences, provide peer support, identify training needs and to keep up to date with research, policy etc.

Training Activity (April 2014 to June 2015) is as follows:

LD Champion training	70 p/w
LD e learning	TBC
LD Reasonable Adjustment	TBC
MCA e learning	74
MCA 1 day face to face	62
Bespoke sessions within GCS (commenced April 2015)	89
MCA / DoLs train the trainer	23
Foundation Day	277

NB some data not as yet confirmed to date due to capacity issues within the performance team.

As described in section 2 on page 3, one of the purposes of the short survey for colleagues is to identify what training has been accessed but also what further training colleagues feel they need.

5.12 Future Reporting and Governance Arrangements

As indicated within this paper, there is a need to maintain a level of focus and momentum with the Trust's LD activities and the recently formed LD Quality Improvement and Expert Reference Group will enable this. However, it will be important to ensure that progress against plan and any risks associated with this plan are more formally reported to the Trust's Quality and Performance Committee and a suggestion of this being on a six monthly basis needs to be explored further by the Trust Board.

References

Care Act 2014. Available at www.legislation.gov.uk/ukpga/2014/23/contents/enacted (last accessed 2/9/2015)

Children's Act 2005. Available at www.legislation.gov.uk/ukpga/2004/31/contents (last accessed 2/9/2015)

Confidential enquiry into premature deaths of people with learning disabilities.
Available at <http://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf> (last accessed 2/9/2015)

Emerson et al (2011) *Health inequalities and people with learning disabilities in the UK: 2011*. Learning Disabilities Public Health Observatory, in The Health Equalities Framework (HEF) (2013) An outcomes framework based on the determinants of health inequalities.

Emerson, E., Hatton, C. (2008) People with Learning Disabilities in England. Lancaster: CeDR Research report 2008:1. Centre for disability research (ceDR), Lancaster University

Sexual and Financial Abuse within Supported Living Home X: A serious case review, Gloucestershire Safeguarding Adults Board available at <http://www.gloucestershire.gov.uk/gsab/CHttpHandler.ashx?id=63024&p=0> (last accessed 2/9/2015)









The Big Plan (2010) Available at www.gloucestershire.gov.uk/thebigplan (last accessed 2 9 2015)



Working Together to Safeguard Children 2015.
Available at <https://www.gov.uk/.../working-together-to-safeguard-children--2> (last accessed 2/9/2015)



Plan to make our services better for people who have a learning disability 2015/16




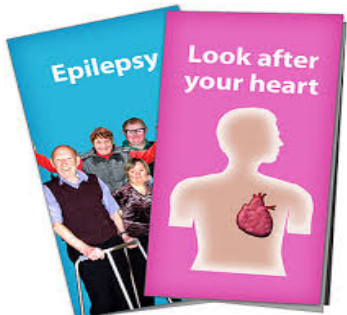




Title:	Plan to make our services better for people who have a learning disability
Date:	September 2015
Version:	This is the eighth version of plan
Owner:	Sarah Warne – Head of Safeguarding
Executive Lead:	Director of Nursing (Interim)





What do we want?	Why?	What do we need to do?	Who will do it?	Who and what do we need to help us?	How will we know we have done what we said?	When?	  	What else?
<p>To know which of our patients have a learning disability.</p> 	 <p>So that we can do what the Inquiry said and meet each person's needs.</p>	<ol style="list-style-type: none"> To find out how we can do this on our computer records. To find out where else we need to record this information. To ask people if it's OK to do this. 	<p>L Collins/ S Murphy</p> <p>L Collins/ S Murphy</p> <p>A Bradshaw</p>	<p>L Collins/ S Murphy</p> <p>L Collins/ S Murphy</p> <p>S Warne</p>	<p>We will be able to see the flag on the record.</p> <p>We will know how many people with a learning disability have used our services.</p> <p>We now know it is ok</p>	<p>17/06/15</p> <p>02/09/15</p> <p>17/06/15</p>	  	<p>We have chosen the sign.</p> <p>We are changing the computer system</p> <p>This is finished ✓</p>



		4. To get people who work with us to share this information.	L Collins/ S Murphy	Communication team	Staff will know to look for the sign.	October 2015		
		5. To tell our staff how to do this.	L Collins/ S Murphy	Training		October 2015		






<p>been made to a service so that people with learning disabilities can use them like anyone else.</p>		<p>3. Introduce a reasonable adjustments tool</p>	<p>S Warne/ A Bradshaw</p>	<p>S Shorrick</p>	<p>page of the intranet. We are waiting for our new intranet</p> <p>We can see that this is being used in practice (audit)</p>	<p>18/08/15</p>		<p>Some of the links are not easy to find – needs more work</p> <p>The links on the intranet need to be clearer.</p>
		<p>4. Introduce the hospital communication book. Adapt this so that it can be used by other services.</p>	<p>S Warne/ A Bradshaw</p>	<p>S Shorrick/ C Hebron</p>	<p>We can see that this is being used in practice (audit)</p>	<p>19/01/16</p>		<p>We need to adapt this so that it can be used by other services as well as the hospital</p>



		5. Measure when we are doing this and if we are doing it well (audit)	H Tunbridge		We are able to measure how often we make reasonable adjustments and if they work	19/10/15		Work to be taken forward to the LD quality improvement group
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What do we want?	Why?	What do we need to do?	Who will do it?	Who and what do we need to help us?	How will we know we have done what we said?	When?		What else?
To give information that people with a learning disability can understand	So that people will understand what we do. People will be able to make a choice.	<p>1. See what leaflets we need</p>  <p>2. Make sure they are easy read</p>  <p>3. What else do we need?</p>  <p>? Web pages for service users</p>	<p>M Blackman</p> <p>M Blackman</p> <p>M Blackman</p>	<p>Gloucestershire Voices</p> <p>Gloucestershire Voices</p> <p>Gloucestershire Voices LD liaison nurses in the acute trust.</p>	<p>Experts by experience will tell us</p> <p>Experts by experience will tell us</p>	<p>15/09/15</p> <p>15/09/15</p> <p>Review 15/09/15</p>	 	<p>Check this is right every 6 months</p> <p>Check at expert reference group.</p>





What do we want?	Why?	What do we need to do?	Who will do it?	Who and what do we need to help us?	How will we know we have done what we said?	When?		What else?
To involve people with a learning disability and their carers in saying how services should be.	So that they have good care that meets their needs.	<p>Work with other people.</p> <ol style="list-style-type: none"> 1. Join LD partnership board 2. Get the right people in GCS to help make things better. Start the learning disability quality improvement group. 3. Check that we are doing the right thing. Start the expert reference group. 	<p>S Warne</p> <p>S Warne/A Bradshaw</p> <p>S Warne/A Bradshaw</p>	<p>Representative s from different areas of the organisation</p> <p>Gloucestershire voices. LD partnership board 2gether learning</p>	<p>Number of meetings attended.</p> <p>Minutes of meetings.</p> <p>Minutes of meetings. Gloucester Voices quality checks.</p>	<p>31/07/14</p> <p>1st meeting 15/07/15</p> <p>Nov 2015</p>	  	<p>Both Sarah and Richard go to the meetings</p> <p>Changed from GCS LD steering group</p>

		<p>4. For GCS staff to be able to access expert professional help</p> 	<p>S Warne</p>	<p>disability services. J Marriot The Clinical Commissioning Group. Access to LD liaison or community learning disability team</p>	<p>We will have a route to get expert help</p>			<p>This is instead of getting money for our own LD nurse.</p>
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What do we want?	Why?	What do we need to do?	Who will do it?	Who and what do we need to help us?	How will we know we have done what we said?	When?		What else?
Staff who know how to support people with learning disabilities.	So that people with a LD get good care.	<p>Training</p> <p>1. E-learning ? to be included in induction </p> <p>2. LD awareness training. With reasonable adjustments.</p> <p>GCS to write and give its own training (Face to face)</p> <p>3. Information on the intranet</p>	<p>Training team</p> <p>Training team</p> <p>S Warne/A Bradshaw</p> <p>S Warne</p>	<p>Simon Shorrick has done this.</p> <p>Simon Shorrick has done this.</p> <p>Simon Shorrick</p> <p>Mark Lambert A Welham</p>	<p>Number of staff trained</p> <p>Number of staff trained</p> <p>Number of staff trained</p> <p>?</p>	<p></p> <p>17/08/15</p> <p>16/06/15</p>	<p></p> <p></p> <p></p> <p></p>	<p>We need to make sure this is kept up to date.</p> <p>This is to update.</p>

		4. LD champions	Alison Bradshaw		Number of champions	17/09/15		Restart this work
		5. Mental Capacity Training	Sarah Warne / Alison Bradshaw		Records will show assessment. Training numbers			More staff are being trained and they have support on the computer

What do we want?	Why?	What do we need to do?	Who will do it?	Who and what do we need to help us?	How will we know we have done what we said?	When?		What else?
Involve people with learning disabilities in improving our services	Because they know what we need to do to make it better.	<p>1. Involve service users through the expert reference group.</p> <p>2. Experts by experience to do quality checks</p>	<p>A Bradshaw</p> <p>S Warne</p>	<p>Gloucestershire Voices.</p> <p>Gloucestershire Voices.</p>	<p>Meeting minutes. Changes in practice.</p> <p>Glos. Voices reports</p>	01/10/15	 	<p>This is instead of the LD steering group</p> <p>New!</p>

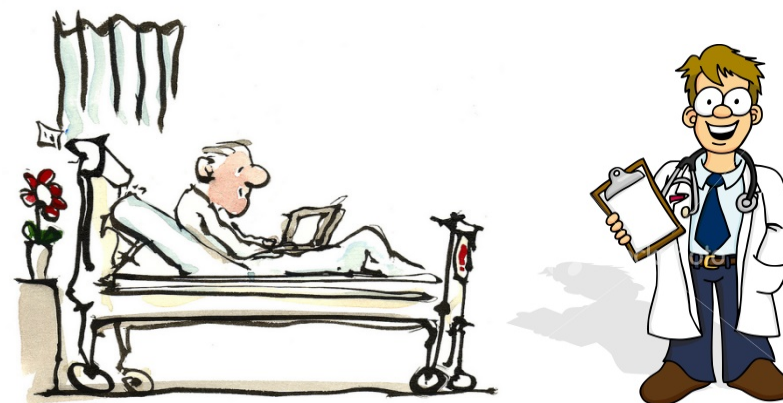
What do we want?	Why?	What do we need to do?	Who will do it?	Who and what do we need to help us?	How will we know we have done what we said?	When?		What else?
To show that we are doing what it says in this plan.	To show good care. To help us see where we need to get better.	1. To collect information – Audit 2. See what service users and carers think ?survey ?quality checking 3. We will use the Friends and Family Test 4. Tell the LD partnership board and others how we are doing.	H Tunbridge ? LD group S Warne	Gloucestershire Voices Marit Enderson	We will be able to write a report. Results from the test Report to the board		   	The dental team are trying this out for us

Some other groups in GCS are helping us to make sure things are right.

1. We need people to know what you want them to do if your heart stops. We have a policy about this and a committee will make sure it is right for everyone



2. If you need special care when you are dying this is called palliative care. If this is happening to you will have a special Dr and team to help you and those who love and look after you



Trust Board

Date: 22 September 2015

Agenda Item:	19
Agenda Ref:	19/0915
Author:	Rod Brown, Head of Corporate Planning
Presented by:	Rod Brown, Head of Corporate Planning
Sponsor:	Paul Jennings, Chief Executive
Subject:	Strategic objectives

This Report is provided for: Discussion Decision Approval Assurance Information

Executive Summary:

The Trust Board agreed to review the organisation's strategic objectives at the Board Deevlopment on 18 August 2015.

Recommendations:

The Board is asked to: Agree the proposals to replace current strategic objectives 3 and 4 with a new single objective

Considerations:
Quality implications: The new proposed strategic objectives align more clearly to the five CQC Quality Domains
Human Resources implications: n/a
Equalities implications: n/a
Financial implications: n/a
Does this paper link to any risks in the corporate risk register: No
Does this paper link to any complaints, concerns or legal claims: No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Provide innovative community services that deliver health and social care together	C
Work as a valued partner in local communities and across health and social care	C
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	
Open	
Responsible	P
Effective	P

Reviewed by (Sponsor): Paul Jennings

Date: 10 September 2015

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

The background for this change was discussed at the Board Development on 18 August 2015.

Explanation of acronyms used:

CQC - Care Quality Commission

Contributors to this paper include::

n/a

Strategic Objectives

At the Board Development on 18 August 2015, the Trust undertook a review of its Strategic Objectives aligned to its SWOT (Strengths, Weaknesses, Opportunities and Threats) and PESTELI (Political, Economic, Social, Technological, Environmental, Legal and Industrial) analyses. This review concluded with the recommendation that the Trust merges its existing strategic objectives 3 and 4 into a single statement given the shared aspirations: currently:

- strategic objective 3 is *Provide innovative community services that deliver health and social care together;*
- strategic objective 4 is *Work as a valued partner in local communities and across health and social care.*

Following various proposals, it is therefore suggested that this single objective becomes:

- ***Actively engage with health and social care partners in order to deliver seamless, joined up services across Gloucestershire***

This would make the Trust's strategic objectives as follows:

- *Achieve the best possible outcomes for our service users through high quality care*
- *Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work*
- *Actively engage in partnerships with other health and social care providers in order to deliver seamless, joined up services across Gloucestershire*
- *Support individuals and teams to develop the skills, confidence and ambition to deliver our vision*
- *Manage public resources wisely to ensure local services remain sustainable and accessible*

Although not the primary reason for the change, by adopting the above as the Trust's five strategic objectives, there is clear synergy with the five CQC Quality Domains i.e.:

Strategic objective	Quality domain
Achieve the best possible outcomes for our service users through high quality care	Safe
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	Caring
Actively engage in partnerships with other health and social care providers in order to deliver seamless, joined up services across Gloucestershire	Responsive
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	Effective
Manage public resources wisely to ensure local services remain sustainable and accessible	Well-led

Rod Brown, Head of Corporate Planning
10 September 2015

AGENDA ITEM 20

Any other business