



**²gether NHS Foundation Trust
Gloucestershire Care Services NHS Trust
Meeting in Common of the Trust Boards**

Thursday, 25 July 2019 - 10:00 am – 1:00 pm
Town Hall, 8 St Owen Street, Hereford HR1 2PJ
(Venns Close Car Park, Hereford HR1 2HA)

Agenda

GENERAL BUSINESS			PRESENTER	PURPOSE
10:00	1	Apologies for Absence and Confirmation the Meeting is Quorate	Joint Chair	To note
	2	Declarations of Interest To receive any declaration of interest from Board members in relation to items on the agenda. Standing declarations are attached as appendix 1.	Joint Chair	To note
	3	Service User Story Herefordshire services – 2g	Director of Engagement and Integration	To note
	4	Minutes of the previous Joint Board Meeting - Held on 6 th June 2019 – 2g & GCS	Joint Chair	For Approval
	5	Matters Arising Action Log Matters arising not covered by other items on the agenda	Joint Chair	To note
	6	Questions from the Public	Joint Chair	To note
LEADERSHIP & STRATEGY				
10:30	7	Risk Board Assurance Framework - GCS	Joint Chief Executive Officer	To note
	8	Chair's Report	Joint Chair	To note and approve
	9	Chief Executive and Executive Team Report Herefordshire update	Joint Chief Executive Officer	To note
	10	One Gloucestershire Integrated Care System Update - GCS	Joint Chief Executive Officer	To note
	11	One Herefordshire & Worcestershire – 2g	Managing Director - Herefordshire	For discussion
	12	Annual Membership Report	Director of Engagement & Integration	To note
REPORTS FROM COMMITTEES*				
	13	Quality and Performance Committee update from 27 June 2019 - GCS	Chair of Committee	To note
	14	Resources Committee update from 11 July 2019 - GCS	Chair of Committee	To note

15	Governance Committee – 2g Governance Committee Update Verbal Quality Report Verbal Service Experience Report Q4	Chair of Committee Director of Quality Director of Engagement & Integration	To note
16	Delivery Committee Update - 2g (May & June)	Chair of Committee	To note
17	Development Committee – Annual Report	Chair of the Committee	To note
18	Appointments and Terms of Service Committee Update – 2g Verbal	Marcia Gallagher	To note
MONITORING REPORTS			
19	Financial Report Prior month – 3	Director of Finance	To note
20	Performance Dashboard Operational Exceptions Report Prior month – 2	Director of Service Delivery/Chief Operating Officer	To note
21	Quality and Performance Report Prior month – 1 – GCS	Director of Nursing	To note
FOR INFORMATION*			
22	Forward Planner for Joint Board	Chair	To note
OTHER ITEMS*			
23	Any Other Business	Chair	To note
Date of Next Meeting - 26 th September 2019			

* These items will be discussed where a Committee has highlighted issues to be escalated to the Board or where a Director advises the Chair and Trust Secretary that they wish to raise an item which has been discussed within a Committee.

Quorum:

GCS: 4 Directors, including two Executive Directors and two Non-Executive Directors, one of whom must be the Chair or Vice Chair

2g: One-third of the whole number of the Chair and Directors (including at least one Executive Director and one Non-Executive Director)

²GETHER NHS FOUNDATION TRUST

BOARD MEETING RIKENEL, GLOUCESTR 6 June 2019

PRESENT

Ingrid Barker, Joint Trust Chair
Maria Bond, Non-Executive Director
John Campbell, Director of Service Delivery
Marcia Gallagher, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Andrew Lee, Director of Finance
Jane Melton, Director of Engagement and Integration
Colin Merker, Deputy Chief Executive (from item 9)
Nikki Richardson, Non-Executive Director
Paul Roberts, Joint Chief Executive
Neil Savage, Joint Director of HR & Organisational Development
Duncan Sutherland, Non-Executive Director (from Item 9)
John Trevains, Director of Quality
Dr. Amjad Uppal, Medical Director

IN ATTENDANCE

Sandra Betney, Director of Finance/Deputy Chief Executive (GCS)
Hilary Bowen, Member of the Public
Sue Corden, Grant Thornton
Richard Cryer, Non-Executive Director (GCS)
Lisa Evans, Assistant Trust Secretary
Sue Field, Director of Nursing (GCS)
John McIlveen, Trust Secretary
Bren McInerney, Member of the Public
Jan Marriott, Non-Executive Director (GCS)
Sue Mead, Non-Executive Director (GCS)
Louise Moss, Deputy Trust Secretary, GCS
Kate Nelmes, Head of Communications
Rob Newman, Freedom to Speak Up Guardian
Sonia Pearcey, Freedom to Speak Up Guardian (GCS)
Candace Plouffe, Chief Operating Officer (GCS)
Nick Relph, Non-Executive Director (GCS) (from item 9)
Graham Russell, Non-Executive Director (GCS)
David Seabrooke, Interim Trust Secretary (GCS)
David Smith, Executive Director for Transition
Jill Smith, Tewkesbury Borough Council
Nicola Strother Smith, Non-Executive Director (GCS)
Jordon Taylor, Liaison

1. WELCOMES, APOLOGIES AND INTRODUCTIONS

- 1.1 Apologies were received from Jonathan Vickers and Helen Goodey
- 1.2 The Chair welcomed all those present and noted that this was the first joint meeting of the two Trust Boards and would be a great opportunity to learn more about the work of each Trust.
- 1.3 The Chair welcomed David Seabrooke to his first Board meeting. The Board noted that David had taken on the role of Interim Trust Secretary for Gloucestershire Care Services and would be working for both Trusts following John McIlveen's retirement.

2. DECLARATIONS OF INTERESTS

- 2.1 There were no Declarations of Interest received from those present.

3. FREEDOM TO SPEAK UP STORY

- 3.1 Rob Newman the 2gether Freedom to Speak Up Guardian attended the Board along with Sonia Pearcey who held the role for Gloucestershire Care Services. Rob reported that he and Sonia had intended to bring a staff story to this meeting but had agreed that it was inappropriate at this time.
- 3.2 Sonia Pearcey reported on the report of the Gosport Independent Panel. The Board noted that the report published in 2018 found that in 1991 a staff nurse had reported concerns, which were shared by other members of the night staff about the overuse of diamorphine and syringe drivers. This information had not been properly acted on.
- 3.3 It was reported that Freedom to Speak Up baseline data had been submitted to the National Guardian Office. The Board noted that 81 cases were raised to the Guardian at GCS and 15 were raised to 2gether. 5 2gether cases were raised anonymously while no cases at GCS were raised that way. There were 20 cases which related to Patient Safety at GCS and 8 at 2gether and 34 cases which related to Bullying and Harassment at GCS and 5 at 2gether. Sonia reported that the Freedom to Speak up Model was performing well and the diversity of advocates was noted, however some cynicism regarding the involvement of the Freedom to Speak Up Guardians from middle management was noted.
- 3.4 Sonia reported a number of areas of learning around Freedom to Speak Up. This included the importance of clear communication regarding the process and time frames for investigations, leadership support required to manage poor behaviours, how to support colleagues who have been investigated with allegations not founded and how to support Guardians and colleagues in line with psychological safety. Sonia also reported on a number of areas that were working well. Staff agreed that there was good visibility of Guardians and Advocates and they were easy to contact. Knowing that there was confidential and independent route to report concerns was seen as positive.
- 3.5 The Joint Director of HR and Organisational Development said that he had found the presentation informative and the Director of Engagement and Integration welcomed the way the two Trusts values were being brought together. The Joint Chief Executive reported that he operated 'Open Door' sessions and he said that the Board must consider how middle managers were supported. Nikki Richardson thanked Rob and Sonia for the work they were doing and asked if they had considered the advantages of working in a merged organisation. Rob Newman reported that they had been working together and supporting each other for some time, he added that they also linked with the Freedom to Speak Up Guardian at Gloucestershire Hospitals NHS FT and were constantly thinking about how they could develop this work across the local Healthcare network. Sonia was asked whether social care was being discussed as the CQC did not currently have a Freedom to Speak Up Guardian. The remit for the National Guardian Office currently was integration within Primary Care. It was agreed that the Director of Finance (GCS) would take this to the ICS Executive

ACTION: The Director of Finance (GCS) to raise the development of Freedom to Speak Up work across with the ICS Executive

4. MINUTES OF THE PREVIOUS MEETING HELD ON 27TH MARCH 2019

- 4.1 The minutes of the meeting held on 27th March were agreed as a correct record.

5. MATTERS ARISING AND ACTION POINTS

- 5.1 The Board reviewed the action points, noting that these were now complete or progressing to plan. There were no matters arising.

6. QUESTIONS FROM THE PUBLIC

- 6.1 The Board had received a question in advance of the meeting under the Public Questions and Protocol from Bren McNerney, Trust Governor/Member of the public. This related to the introduction of the NHS Workforce Race Equality Scheme and asked what approach/approaches the Trust had undertaken to achieve visible ethnic minority at senior leadership level, executive level, and at the board. The Trust's response had been provided to Bren in advance of the meeting and this was taken as read and the Joint Director of HR & Organisational Development confirmed that a report would be taken to the Shadow Board on talent planning. It was noted that the responses would also be included in full in the minutes of this meeting as an appendix.
- 6.2 Bren McNerney thanked Ingrid for the way she chaired the Board meetings. He said that more could be done around talent identification. The Joint Director of HR and Organisational Development assured Bren that a report on talent planning would be going to the shadow board in the near future.

7. JOINT CHAIR'S REPORT

- 7.1 The Chair provided a report to the Board which reflected the breadth of activities across both Trusts. The Board noted that the production of this joint report did not impact on existing accountability as the appointed Chair of each Trust.
- 7.2 The Report also provided an overview of 2gether Non-Executive Director (NED) activity.

8. JOINT CHIEF EXECUTIVES REPORT

- 8.1 The Chief Executive presented his report to the Board which provided an update on key national communications and a summary of progress against local developments and initiatives.
- 8.2 The Board also noted the extensive engagement activities that had taken place during the past month by both the CEO and the Executive Team, and the importance of these activities in order to inform strategic thinking, raise awareness of mental health, build relationships and influence the strategic thinking of others. The report offered the Board significant assurance that the Executive Team was undertaking wide engagement and the Chief Executive reported that he continued to hold a range of meetings with staff groups from across both Trusts.
- 8.3 Progress on the strategic intent to merge 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust (GCS) was noted. The Board noted that rapid and encouraging progress was being made and the merger was now at a key stage in the process. The Full Business Case was recently submitted to NHS Improvement and following consultation the name for the joint Trust had been agreed as Gloucestershire

Health and Care NHS Foundation Trust, as long as the merger was approved. The Chief Executive reported that Grant Thornton were at the Trust this week and NHSi would be attending the following week. Interviews would be undertaken with staff.

- 8.4 It was noted that a visit by the Parliamentary Ombudsman and his team had taken place the previous day. It was hoped that this would forge better connections with providers particularly around complaints resolution. The Chief Executive reported that he had been pleased with their feedback and he thanked the staff involved.
- 8.5 The Chief Executive reported that in order to give the services 2gether provided in Herefordshire a unique identity, relevant to communities and colleagues in that area, the Trust's Herefordshire services would be given their own name: Herefordshire Mental Health and Learning Disability Services. The Board noted that this name would be used for Herefordshire Services starting immediately.
- 8.6 The Chief Executive reported that interviews for the Director of Strategy and Partnerships had taken place and he hoped to be able to make an announcement regarding the successful candidate very soon. It was noted that Phase 2 interviews were taking place and the Chief Executive thanked staff for the Professionalism they had shown during this time.
- 8.7 The Annual Mental Health and Wellbeing event would be taking place on 2nd July at Walls Club in Barnwood. Members were encouraged to attend.

9. QUALITY REPORT

- 9.1 The Annual Quality Report summarised the progress made in achieving targets, objectives and initiatives identified, and had been collated following an extensive review of all associated information received from a variety of sources throughout the year. The Quality Report was signed off by the Audit Committee on 24th May 2019.
- 9.2 The Director of Quality reported that priorities for improvement during 2019-20 had been agreed in consultation with both internal and external stakeholders. These priorities were categorised under the three key dimensions of effectiveness; user experience and safety and included all initiative which were not achieved during 2018-19. It was the intention that all initiatives that were not achieved on 18-19 would be subject to scrutiny throughout the year and the methods of reporting data would be analysed to ensure that a cumulative position was reflected rather than performance quarter to quarter.
- 9.3 It was noted that the draft Quality Report had been shared with commissioners in Herefordshire and Gloucestershire, and also both Healthwatch organisations and the Health and Community Care Overview and Scrutiny Committees (HCOSCs) in the two counties, in order for them to provide formal feedback which is published as part of the final report. The Board also noted the requirement that External Assurance on the Quality Report (provided by KPMG) must provide a limited assurance report on the content of Quality Reports produced by Foundation Trusts. In providing this assurance, KPMG had reviewed the draft report for consistency with other key documents.
- 9.4 The Director of Quality reported that KPMG had also tested the following mandated indicators in line with the updated NHSI guidance:
1. *Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral.*
 2. *Inappropriate out-of-area placements for adult mental health services.*

Along with the local indicator requested by Trust Governors:

3. *Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.*

- 9.5 The Quality Report must be included as part of the Trust Annual Report and be submitted to NHSI by the end of May. The Director of Quality reported that KPMG had issued an unqualified audit opinion which was received by the Audit Committee on 24 May 2019 and the Board noted that the Audit Committee approved the Quality Report on 24 May 2019. The Board approved the Quality Report for submission to NHSI and wider publication.

10. ONE HEREFORDSHIRE & WORCESTERSHIRE

- 10.1 The Deputy Chief Executive updated the Board in relation to the Herefordshire and Worcestershire Sustainability and Transformation Plan ('H&WSTP')/ICS revised operating model.
- 10.2 The Board received the 'Proposal for our ICS Operating Model' which set out changes to the STP leadership arrangements, STP Chair arrangements and the overall STP/ICS Governance framework. The Board noted that the 4 Clinical Commissioning Groups (CCG's) within Herefordshire and Worcestershire (1 Herefordshire, 3 Worcestershire), had agreed to come together within a Joint Commissioning Committee in common. This would effectively enable the 4 CCG's to act as one across Herefordshire and Worcestershire. The Deputy Chief Executive reported that Simon Trickett was to take on the role of Accountable Officer for the four CCG's and Jo (Anne) Alner had taken on the role of Managing Director for Herefordshire CCG following the retirement of Simon Hairsnape as Herefordshire Accountable Officer.
- 10.3 The Deputy Chief Executive reported that the changes in the CCG Configuration and leadership arrangements had been linked to the refresh of the H&WSTP overall governance and operating model. The STP lead role formally held by Sarah Dugan, Chief Executive of Worcestershire Health and Care Trust was now to be shared between Sarah and Simon Trickett to strengthen the STP/ICS's commitment to collective system ownership.
- 10.4 The Board noted that the STP/ICS operating model proposed changes to the governance/decision making framework and linked this to the end of the term of the former STP Chairs term of office. The revised arrangements moved the STP/ICS Partnership Board to a joint discussion/partnership/consensus forum across the wider system partners. This Board was to be chaired by Dr. Ian Tait who was the Clinical Chair of Herefordshire CCG. The role of the STP/ICS Executive Board had been revised, so that they took on the role of Executive decision making and oversight. Duncan Sutherland and the Deputy Chief Executive would represent 2gether on this Board which would be chaired by the chair of Worcestershire Acute, Sir David Nicholson, on behalf of the system.
- 10.5 There were 3 main operational forums which would lead and support the day to day delivery of business within the STP/ICS in relation to Finance, Quality and Performance; the Chairs for these groups were yet to be appointed. A further group looking at clinical transformation and sustainability would also feed into and out of these forums, to ensure clear links between finance, performance, quality and clinical transformation/ownership across the STP/ICS.

- 10.6 It was noted that overall the structure was focused on strongly supporting “Place” based delivery through Primary Care Networks (PCN’s). The Deputy Chief Executive reported that Herefordshire was a very clearly defined “Place” within these arrangements and the ONE Herefordshire Strategy set out the arrangements for the operating model/Governance arrangements at the Place/One Herefordshire level.
- 10.7 The Deputy Chief Executive also provided an overview of the evolving One Herefordshire Operating Model/Governance arrangements. On the whole the arrangements mirrored the H&W STP arrangements and propose a One Herefordshire Executive Alliance and a One Herefordshire Integrated Primary and Community Services Alliance Board (‘ICAB’). There two Boards were supported by Herefordshire, Performance and Finance; Quality and Outcomes groups; the framework would follow the principles of the H&WSTP/ICS operating model and would be chaired by lay members from the partnerships. The Board noted that Duncan Sutherland had put himself forward for a Senior Chair/Leadership role with these arrangements alongside others from WVT, Taurus and the CCG.
- 10.8 The Board noted that Herefordshire was now considering 5 Primary Care Networks (‘PCN’s’) rather than the 4 locality clusters that have operated over the last 12 months. The additional PCN had been proposed within the Hereford City locality, through 1 PCN comprising of all of the members of the newly formed Herefordshire Medical Group (circa 46,000 patient population) and 1 PCN consisting of the Wargrave House, Cantilupe and Belmont practices (circa 30,000 patient population). The Clinical Directors for all of the PCN’s would be agreed as the final arrangements were put in place/agreed.

11. ONE GLOUCESTERSHIRE – INTEGRATED CARE SYSTEM UPDATE

- 11.1 The Chief Executive updated the Board on the progress being made in the ICS transformation programmes against the system vision and priorities for the Gloucestershire Integrated Care System. This report provided focus in the main programme areas;
- Enabling Active Communities;
 - Reducing Clinical Variation;
 - One Place, One Budget, One System
 - Clinical Programme Groups.
- 11.2 The Chief Executive updated the Board on the 2019/20 System Operational Plan and the approach to the public engagement in the NHS Long Term plan. The Board noted that an outcome of engagement report would be available after the end of the engagement period.

12. GOVERNANCE COMMITTEE

• NED Audit of Complaints 2018/19 Q3 & Q4

- 12.1 A Non-Executive Director Audit of Complaints was conducted covering three complaints that had been closed between 1 October 2018 and 31 December 2018 and a further three complaints that were closed covering the period from 1 January to 31 March 2019.
- 12.2 Duncan Sutherland had carried out the audit and reported that three cases for each quarter were chosen at random for review. The Committee noted that overall the documentation was properly prepared and easy to follow, however two of the Investigators’ reports were difficult to follow mainly because they did not follow the required format i.e. clarity of view and decision. As such, full assurance could not be given on these reports.

12.3 Duncan reported that there was a definite improvement in the way investigations and reports were being carried out. As with the last NED report there was a great improvement in learning from these complaints and in the way in which the Trust responded to complainants in the CEO's response letter. However, Duncan reported that in a couple of the cases outlined there was still a lack of clarity in the learning actions and a lack of clear decisions in regard to whether complaints were upheld or not. Duncan said that investigators should be encouraged to follow the report template if possible. Nikki Richardson added that she had discussed complaints with the Ombudsman the previous day and they reported that they were very impressed with the Trust's approach.

- **Learning from Deaths Q4**

12.4 This report was deferred until the next meeting of the Board

- **Complaints Annual Report 2018/19**

12.5 The Director of Engagement and Integration provided the Board with high level information and analysis about complaints and concerns received by the Trust in 2018-19. The data had been considered in a number of ways to review any themes and trends. An indication and assurance of learning from the feedback and the high level action taken by the Trust was provided in line with the Trust's support of the NHS Constitution and our values to deliver best quality care viewed through the eyes of service users and carers.

12.6 The Board was significantly assured that complainants were contacted within 3 days or less to acknowledge and further clarify their concerns (97%). There was also significant assurance that the Trust had made considerable effort to listen to, understand, and resolve complaints over the past year. The Director of Engagement and Integration assured the Board that the themes of complaints received during 2018-19 had been reviewed and comparisons made with information from previous years. Data had been recorded and analysed to ensure that complaints and concerns from individuals were responded to promptly and effectively.

12.7 The Board noted that during 2018-19 the Trust provided treatment and care through 109,679 individual contacts; 74 formal complaints were recorded, suggesting that 0.07% of contacts resulted in the people we supported feeling the need to make a formal complaint. The number of complaints received during 2018-19 (n=74) was slightly more than the previous year (n=65). However, the Director of Engagement and Integration reported that this provided significant assurance that individuals were increasingly prepared to share their concerns and this was evidenced by the increased number of concerns resolved outside of the formal NHS complaints process. It was agreed that the Director of Engagement and Integration would include information about trends regarding complaints, compared with the total number of contacts in the next Complaints Report to the Board.

ACTION: The Director of Engagement and Integration to include information about trends regarding complaints, compared with the total number of contacts in the next Complaints Report to the Board.

12.8 The Board was significantly assured that the Trust sought to learn from service experience feedback and to share this learning across the organisation in order to further improve service experience. The Board noted that a number of practice development objectives which were planned for the coming year.

- **Governance Committee Update**

- 12.9 The Board received the summary report from the Governance Committee meeting that had taken place on 26 April 2019. The Board noted the summary report and the assurances provided.

Nikki Richardson reported that the Committee had reviewed its Terms of Reference and no changes were made this time.

13. DELIVERY COMMITTEE UPDATE

- 13.1 The Board received the summary reports from the Delivery Committee meeting held on 26 March and 24 April 2019. The reports and the assurances provided were noted. Maria Bond reported that the Committee continued to focus on risks, particularly around IAPT and waiting times in CYPS/CAMHS.

14. AUDIT COMMITTEE UPDATE

- **Audit Committee Update**

- 14.1 The Board received the summary reports from the Audit Committee meeting held on 3 April and 24 May 2019. The reports and the assurances provided were noted. Marcia Gallagher thanked the Director of Finance and Commerce and the team for all the work for the year end accounts.

- **Audit Committee Update – Provide Licence Confirmation**

- 14.2 The Board noted that at its last meeting the Audit Committee, on behalf of the Board, had agreed to make a declaration 'Confirmed' in respect of the governance condition of the Trust's provider licence, as set out in the Corporate Governance Statement which required the Trust Board to confirm:
- Compliance with the governance condition at the date of the statement; and
 - Forward compliance with the governance condition for the current financial year, specifying (i) and risks to compliance and (ii) any actions proposed to manage such risks
- 14.3 The Board noted that the Audit Committee had also made a declaration of 'Confirmed', on behalf of the Board, in relation to an annual self-certification regarding their systems for compliance with provider license conditions (General Condition G6). The self-certification related to systems and processes in place in the financial year just ended, and to systems and processes in place for the current financial year. The Audit Committee had agreed to publish the self-certification within one month as required by NHS Improvement.
- 14.4 It was reported that the Audit Committee had noted in respect of each declaration that the views of Governors had been sought, and had been taken into account in making the declarations.

15. MONITORING REPORTS

- **Financial Report Month 1**

- 15.1 The Director of Finance and Commerce reported that the month 1 position was a surplus of £26k which was £23k above the planned surplus. The Board noted that month 1 forecast outturn was an £803k surplus in line with the Trust's control total.

- 15.2 The Board noted that the Trust had an Oversight Framework segment of 1 as at April 2019 and the cash balance at month 1 was £14.779m which was slightly above the plan. Capital expenditure was £136k at month 1, within the capital limit. The Director of Finance and Commerce reported that the Trust had finalised and signed 2019/20 contracts with Gloucestershire CCG, Herefordshire CCG, and NHS England and Budgets were approved by the Board in March for 2019/20.
- 15.3 The Board noted that the final accounts had been signed off by the Audit Committee and submitted to NHS Improvement. There were no material adjustments from the draft accounts submitted in April and the final surplus was unchanged at £3.641m.

16. PERFORMANCE DASHBOARD

- 16.1 The Director of Service Delivery provided the outturn report which set out the performance of the Trust's Clinical Services for the full 2018/19 contract period against our NHSI, Department of Health, Herefordshire and Gloucestershire CCG Contractual and CQUIN key performance indicators.
- 16.2 The Board noted that of the 151 reportable measures, 125 were compliant and 26 were non-compliant. Of the remaining 43 indicators, 16 were for baseline information to inform future reporting, 5 had had either no activity or insufficient activity recorded against them during the year to support reliable performance reporting and 22 were not yet available, of which all were Gloucestershire CCG Contractual measures. The Director of Service Delivery reported that the Information team were working with services to ensure data capture and reporting processes which would enable performance to be reported against those indicators which had been carried forward in the 2019/20 contract.
- 16.3 The Board noted the key performance indicators that were compliant at the end of 2017/18 but non-compliant at the end of 2018/19:
- 3.25: CYPS: Referral to assessment within 4 weeks
 - 3.40: LD: To deliver specialist support in accordance with specifically developed pathways
 - 4.10: Percentage of eligible Service Users with Personal Budget receiving Direct Payments
 - 5.15 CYP Eating Disorders; Routine referral to NICE treatment within 4 weeks
 - 7.01a: Improvement of health and wellbeing of NHS Staff (Gloucestershire CQUIN)
 - 9.01a: Improvement of health and wellbeing of NHS Staff (Herefordshire CQUIN)
- 16.4 The Board noted the Trust's Performance Dashboard Report for the full 2018-19 contract period and accepted the report as a significant level of assurance that contract and regulatory performance measures were being met or that appropriate action plans were in place to address areas requiring improvement. The Board was assured that there was ongoing work to review all of the indicators not meeting the required performance threshold. This included a review of the measurement and data quality processes as well as clinical delivery and clinical practice issues.

17. INFORMATION SHARING REPORTS

- 17.1 The Board received and noted the following reports for information:
- **Use of the Seal**

- 17.2 The Trust Secretary presented the Board with a report on the use of the Trust Seal for the period January – March (Q4 2018/19). The Board noted that the seal had been used twice during that period both in relation to the Planning Application for Standish Hospital (former Westridge Hospital). The Director of Finance and Commerce reported that the Sale of the former Westridge Hospital had taken some time but payment of around £950k for the site had now been received.

18. ANY OTHER BUSINESS

- 18.1 There was no other business for discussion at this meeting.

19. DATE OF THE NEXT MEETING

- 19.1 The next Board meeting would take place on Thursday 25th July 2019 in the Assembly Room at the Town Hall, Hereford

Signed:
Ingrid Barker, Chair

Date:

BOARD MEETING ACTION POINTS

Date of Mtg	Item ref	Action	Lead	Date due	Status/Progress
27 March 2019	7.6	The Director of Quality to consider whether comparative data could be made available regarding readmissions to hospital within 28 days of discharge	John Trevains	July 2019	JT liaising with network colleagues on how to obtain this info
6 June 2019	3.5	The Director of Finance (GCS) to raise the development of Freedom to Speak Up work across with the ICS Executive	Sandra Betney	July 2019	
	12.7	The Director of Engagement and Integration to include information about trends regarding complaints, compared with the total number of contacts in the next Complaints Report to the Board.	Jane Melton	September 2019	

QUESTION FROM A MEMBER OF THE PUBLIC – TRUST BOARD, JUNE 2019

"Since the introduction of the NHS Workforce Race Equality Scheme (WRES) what approach/approaches have 2gether NHS Foundation undertaken to achieve visible ethnic minority at senior leadership level, executive level, and at the board of 2gether NHS Foundation Trust. What have been the significant impact of this approach/approaches?"

Great quality care needs great leadership at all levels. Great leadership is impossible without diversity and valuing difference. A number of top global organisations have conducted compelling research quantifying the value of diversity in the workplace. In study after study, research consistently shows that there is a substantial positive correlation between diverse leadership teams and organisational performance. Against that background and the wider equalities duties, the Trust is working to improve diversity across the organisation.

In partnership with Gloucestershire Care Services, we have carried out NED campaigns for the planned merged Trust taking successful positive action to increase representation at Board level. The Trust Board has increased its BAME representation and now has 2 BAME directors, an Executive and Non-executive Director, both of whom also serve on the Shadow Board for the planned merged organisation. However, we need to continue to do more to ensure wider diversity across the fuller range of protected characteristics.

For the Trust's wider leadership strategy, alongside Gloucestershire Care Services' Board, the 2gether Board has recently considered the content and recommendations in a discussion paper on "Diverse Leadership For A Transformational Organisation." The debate and subsequent working group are developing the Trust's strategy and implementation plan for taking this forwards which will come back to the Boards for consideration later in Summer. A number of actions are planned in this, including the launch of a "Valuing Difference" colleague network, leadership training (including access to BAME specific national programmes), coaching, reverse mentoring, a review of our recruitment processes and equality and diversity training, alongside new approaches to talent management and succession planning. The impact of these will be measured through a variety of methods including the staff survey, HR KPIs, WRES and WDES data analysis.

In terms of wider diversity matters, 2gether is an Alumni member of NHS Employers Diversity and Inclusion Partners programme, having participated in the scheme during 2017/18. A number of actions were completed as a result of this, including achieving the Disability Confident Leader accreditation and increasing the BAME diversity of our Dignity At Work Officers.

Meeting on 6th June 2019
Business Continuity Room, Rikenel, Gloucester GL1 1LY
10:00 Hours – 13:00 Hours

Board Members	
Ingrid Barker	Chair
Paul Roberts	Chief Executive Officer (CEO)
Sandra Betney	Director of Finance/Deputy Chief Executive Officer
Dr Amjad Uppal	Medical Director
Candace Plouffe	Chief Operating Officer (Voting Member)
David Smith	Executive Director for Transition
Neil Savage	Joint Director of Human Resources & Organisational Development
Nick Relph	Non-Executive Director
Nicola Strother-Smith	Non-Executive Director
Graham Russell	Non-Executive Director
Jan Marriott	Non-Executive Director
Richard Cryer	Non-Executive Director
Sue Mead	Non-Executive Director
In attendance	
John McIlveen	Trust Secretary (² gether)
Lisa Evans	Assistant Trust Secretary (² gether)
David Seabrooke	Interim Trust Secretary
Louise Moss	Deputy Trust Secretary
Colin Merker	Deputy Chief Executive Officer (² gether)
John Trevains	Director of Quality (² gether)
John Campbell	Director of Service Delivery (² gether)
Andrew Lee	Director of Finance
Jane Melton	Director of Engagement and Integration
Kate Nelmes	Head of Communication (² gether)
Maria Bond	Non-Executive Director (² gether)
Marcia Gallagher	Non-Executive Director (² gether)
Sumita Hutchison	Non-Executive Director (² gether)
Nikki Richardson	Non-Executive Director (² gether)
Duncan Sutherland	Non-Executive Director (² gether)
Others in attendance	
Hilary Bowen	Member of Public
Sue Corden	Grant Thornton
Rob Newman	Freedom to Speak Up Guardian (² gether)
Sonia Pearcey	Freedom to Speak Up Guardian

Trust Board Minutes

Jill Smith	Tewkesbury Borough Council
Jordon Taylor	Liaison
Bren McInerney	Member of Public

Ref	Minute
1/0619	<p>Apologies and Quoracy</p> <p>Apologies were received from Jonathan Vickers.</p> <p>The Chair welcomed all those present and noted that this was the first joint meeting of the two Trust Boards and would be a great opportunity to learn more about the work of each Trust.</p> <p>The Chair welcomed David Seabrooke to his first Board meeting. The Board noted that David had taken on the role of Interim Trust Secretary for Gloucestershire Care Services and would be working for both Trusts following John McIlveen's retirement.</p>
2/0619	<p>Declarations of Interest</p> <p>There were no Declarations of Interest received from those present.</p>
3/0619	<p>Service User Story or Freedom to Speak Up Story</p> <p>Rob Newman, the ²gether Freedom to Speak Up Guardian, attended the Board along with Sonia Pearcey who held the role for Gloucestershire Care Services. Rob reported that he and Sonia had intended to bring a staff story to this meeting but had agreed that it was inappropriate at this time.</p> <p>Sonia Pearcey highlighted the report of the Gosport Independent Panel. The Board noted that the report published in 2018 found that in 1991 a staff nurse had reported concerns, which were shared by other members of the night staff about the overuse of diamorphine and syringe drivers. This information had not been properly acted on.</p> <p>It was reported that Freedom to Speak Up baseline data had been submitted to the National Guardian's Office. The Board noted that 81 cases were raised to the Guardian at GCS and 15 were raised to ²gether. Five ²gether cases were raised anonymously while no cases at GCS were raised that way. There were 20 cases which related to patient safety at GCS and eight at ²gether and 34 cases which related to bullying and harassment at GCS and five at ²gether. Sonia reported that the Freedom to Speak up Model was performing well and the diversity of advocates was noted, however some cynicism regarding the involvement of the Freedom to Speak Up Guardians from middle management was noted.</p> <p>Sonia reported a number of areas of learning around Freedom to Speak Up. This included the importance of clear communication regarding the process and time frames for investigations, leadership support required to manage poor behaviours, how to support colleagues who have been investigated with allegations not founded and how to support Guardians and colleagues in line with psychological safety.</p>

<p>Director of Finance</p>	<p>Sonia also reported on a number of areas that were working well. Staff agreed that there was good visibility of Guardians and Advocates and they were easy to contact. Knowing that there was confidential and independent route to report concerns was seen as positive.</p> <p>The Joint Director of HR and Organisational Development said that he had found the presentation informative and the Director of Engagement and Integration welcomed the way the two Trusts values were being brought together. The Chief Executive Officer (CEO) reported that he operated 'Open Door' sessions and he said that the Board must consider how middle managers were supported. Nikki Richardson thanked Rob and Sonia for the work they were doing and asked if they had considered the advantages of working in a merged organisation. Rob Newman reported that they had been working together and supporting each other for some time, he added that they also linked with the Freedom to Speak Up Guardian at Gloucestershire Hospitals NHS FT and were constantly thinking about how they could develop this work across the local Healthcare network. Sonia reported that Social Care was being discussed but was not in the CQC plan for this year, it was agreed that the Director of Finance (GCS) would take this to the ICS Executive.</p> <p>ACTION: The Director of Finance (GCS) to raise the development of Freedom to Speak Up work across the ICS Executive.</p>
<p>4/0619</p>	<p>Minutes of the Meetings Held on 28th March 2019.</p> <p>The Minutes were APPROVED as a true record.</p>
<p>5/0619</p>	<p>Matters Arising (Action Log)</p> <p>The Board reviewed the action points, noting that these were now complete or progressing to plan. There were no matters arising.</p>
<p>6/0619</p>	<p>Questions from the public</p> <p>The Board had received a question in advance of the meeting under the Public Questions and Protocol from Bren McNerney, Trust Governor/Member of the public. This related to the introduction of the NHS Workforce Race Equality Scheme and asked what approach/ approaches the Trust had undertaken to achieve visible ethnic minority at senior leadership level, executive level, and at the board.</p> <p>The Trust's response had been provided to Bren in advance of the meeting and this was taken as read and the Joint Director of HR and Organisational Development confirmed that a report would be taken to the Shadow Board on talent planning. It was noted that the responses would also be included in full in the minutes of this meeting as an appendix.</p> <p>Bren McNerney thanked Ingrid for the way she chaired the Board meetings. He said that more could be done around talent identification. The Joint Director of HR and Organisational Development assured Bren that a report on talent planning would be going to the shadow board in the near future.</p>

7/0619	<p>Board Assurance Framework</p> <p>The Board Assurance Framework (BAF) provides an overview of the strategic risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives.</p> <p>The BAF has been updated to reflect latest activities. Risks which are currently at target score have been moved to the end of the report to allow the Board to focus on Risks where attention is being focused by the Executive. (All risks continue to be included in the Summary of Risks).</p> <p>It was noted that the highest current score risk on the Board Assurance Framework remains Strategic Risk 5 – recruitment and retention of colleagues, and that this is also one of 2gether NHS Foundation Trust's highest scoring risks, recognising the importance of this risk and the challenging national backdrop.</p> <p>The Board NOTED the BAF including the current risk position and actions being progressed</p>
8/0619	<p>Chair's Report</p> <p>The Chair provided a report to the Board which reflected the breadth of activities across both Trusts. The Board noted that the production of this joint report did not impact on existing accountability as the appointed Chair of each Trust.</p> <p>The Report also provided an overview of 2gether Non-Executive Director (NED) activity.</p>
9/0619	<p>Chief Executive Officer Report</p> <p>The CEO presented his report to the Board which provided an update on key national communications and a summary of progress against local developments and initiatives.</p> <p>The Board also noted the extensive engagement activities that had taken place during the past month by both the CEO and the Executive Team, and the importance of these activities in order to inform strategic thinking, raise awareness of mental health, build relationships and influence the strategic thinking of others. The report offered the Board significant assurance that the Executive Team was undertaking wide engagement and the CEO reported that he continued to hold a range of meetings with staff groups from across both Trusts.</p> <p>Progress on the strategic intent to merge 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust (GCS) was noted. The Board noted that rapid and encouraging progress was being made and the merger was now at a key stage in the process. The Full Business Case was recently submitted to NHS Improvement and following consultation, the name for the new Trust had been agreed as Gloucestershire Health and Care NHS Foundation Trust, as long as the merger was approved. The CEO reported that Grant Thornton were at the Trust this</p>

	<p>week and NHSI would be attending the following week. Interviews would be undertaken with staff.</p> <p>It was noted that a visit by the Parliamentary & Health Service Ombudsman and his team had taken place the previous day. It was hoped that this would forge better connections with providers, particularly around complaints resolution. The CEO reported that he had been pleased with their feedback and he thanked the staff involved.</p> <p>The CEO reported that in order to give the services ²gether provided in Herefordshire a unique identity, relevant to communities and colleagues in that area, the Trust's Herefordshire services would be given their own name: Herefordshire Mental Health and Learning Disability Services. The Board noted that this name would be used for Herefordshire Services starting immediately.</p> <p>The CEO reported that interviews for the Director of Strategy and Partnerships had taken place and he hoped to be able to make an announcement regarding the successful candidate very soon. It was noted that Phase 2 interviews were taking place and the CEO thanked staff for the professionalism they had shown during this time.</p> <p>The Annual Mental Health and Wellbeing event would be taking place on 2nd July at Walls Club in Barnwood. Members were encouraged to attend.</p> <p>The Board NOTED the CEO's report.</p>
10/0619	<p>One Gloucestershire - Integrated Care System Update</p> <p>The CEO updated the Board on the progress being made in the ICS transformation programmes against the system vision and priorities for the Gloucestershire Integrated Care System. This report provided focus in the main programme areas;</p> <ul style="list-style-type: none"> • Enabling Active Communities; • Reducing Clinical Variation; • One Place, One Budget, One System • Clinical Programme Groups. <p>The CEO updated the Board on the 2019/20 System Operational Plan and the approach to the public engagement in the NHS Long Term plan. The Board noted that an outcome of engagement report would be available after the end of the engagement period.</p>
11/0319	<p>Quality Account – Annual Publication.</p> <p>The Director of Nursing (DoN) presented the Quality Account, which had also been discussed by the Quality and Performance Committee in April 2019 and recommendations taken forward to provide the final report.</p> <p>The DoN noted that there is a national requirement to publish the annual Quality Accounts by 30th June 2019 and in addition to this there is also a requirement to</p>

	<p>seek formal stakeholder feedback which was currently underway.</p> <p>It was noted that the draft Quality Report had been shared with Commissioners, Healthwatch and the Health and Community Care Overview and Scrutiny Committees (HCOSC), in order for them to provide formal feedback which is published as part of the final report.</p> <p>This 2018-19 Quality Account meets national requirements outlined during January 2019 by NHS Improvement.</p> <p>Members thanked the DoN and colleagues for their work on the publication and APPROVED the Quality Account.</p>
12/0619	<p>Quality and Performance Committee Update.</p> <p>It was noted that the report provided assurance to the Trust Board that its Quality and Performance Committee continues to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board.</p> <p>The report confirmed decisions made by the Committee at its meeting on 25th April 2019, in line with the Trust's Scheme of Delegation and; highlighted some discussion points that required Board attention. Of particular note:</p> <ul style="list-style-type: none"> • The Trust's Quality Priorities 2019-20 • Endorsed the proposal to adopt the ²gether NHS Foundation Trust Research and Development Strategy 2016-2020. • Achievement of 77% flu Vaccinations and note 2019-20 target of 80% and additional reporting requirements to NHS England <p>The Board NOTED the Quality and Performance Committee Report.</p>
13/0619	<p>Resources Committee Update.</p> <p>The report provided assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources, including on behalf of the Board, including:</p> <ul style="list-style-type: none"> • Decisions made by the Committee in line with the Trust's Scheme of Delegation. • Progress made against the Trust's operating plan (including finance, workforce, estates and business development). • The key risks and issues identified by the Committee and the actions taken to mitigate these risks. <p>The Board NOTED the update from the Committee.</p>
14/0619	<p>Audit and Risk Assurance</p> <p>The Chair of the Audit and Risk Assurance Committee presented the report to</p>

	<p>provide assurance to the Trust Board that the Audit and Risk Assurance Committee is discharging its responsibility for oversight of the Trust's independent and objective review of its financial systems, financial information and compliance with laws, guidance and regulations governing the NHS, including:</p> <ul style="list-style-type: none"> • Decisions made by the Committee in line with the Trust's Scheme of Delegation. • Progress made against the Trust's audit and assurance activities • The key risks and issues identified by the Committee and the actions taken to mitigate these risks. <p>The Chair confirmed that Internal Audit presented their Annual Report and the Opinion was the same level as in 2017/18 "Opinion – generally satisfactory with some improvements required". Progress that had been made was highlighted.</p> <p>Board members acknowledged that the Audit and Risk Assurance Committee, on behalf of the Board, formally approved the accounts, duly signed by the Chair, CEO and Director of Finance, for submission to NHSI.</p> <p>The Chair thanked Finance Colleagues for their work throughout this process</p> <p>The Board NOTED the update from the Committee.</p>
15/0619	<p>Financial Report month 1</p> <p>The Director of Finance took the Board through the overview of the Trust's position at Month1 and confirmed the 2018/19 position, highlighting the accounts had been finalised and submitted to NHSI.</p> <p>The Board noted the key aspects of the overview of the Trust's financial position for Month 1 of 2019/20.</p> <p>The Director of Finance outlined the ongoing work for 2019/20. She highlighted Cost Improvement Plan performance to date and further work in train. She updated on the latest Capital position and the work to ensure the capital position was achieved.</p> <p>The Board NOTED the content of the report and the risks detailed.</p>
16/0619	<p>Quality and Performance Report month 1</p> <p>The report provided an overview of the Trust's Quality and Performance activities as at April 2019. It is also highlighted achievements made and outlined how the Trust is responding to those areas where improvements are either continuing or need to improve further.</p> <p>The DoN took the Board through the report. The Board were pleased with the</p>

	<p>achievement of the Trust's target for colleague's flu vaccinations.</p> <p>The CEO advised that the wheelchair service data had only recently moved to being incorporated within the report and remained work under review.</p> <p>The Board discussed the progress against the Quality Priorities. It was confirmed that further work was ongoing to test whether the position shown, particularly in relation to deteriorating patients and nutrition and hydration reflected practice or an issue of capturing activity correctly. It was agreed that audits should be undertaken and the Board updated through the Quality and Performance Committee. The importance of ensuring meaningful measures which were both qualitative and quantitative for future years was stressed. It was confirmed the Quality and Performance Committee would consider this in February. Jan Marriott advised that the work within the Mortality Group, which she attended, confirmed that the MEWS was routinely done even if it was not recorded on system one.</p> <p>The Board NOTED and Receive the April 2019 Quality and Performance report.</p>
17/0619	<p>Forward Planner Review.</p> <p>The Board considered and NOTED the forward agenda planner.</p>
	<p>Any Other Business.</p> <p>There was no other business for discussion at this meeting.</p>
	<p>Date of Next Meeting in Public</p> <p>It was agreed that the next meeting of the Board be held on 25th July 2019 in Hereford</p>

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log – as at the 06 June 2019

Key to RAG rating:



- Action completed (items will be reported once as complete and then removed from the log).
- Action deferred once, but there is evidence that work is now progressing towards completion.
- Action on track for delivery within agreed original timeframe.
- Action deferred more than once.

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
10/0718	Medical Revalidation process	Propose similar framework be considered for dentists	Medical Director	August 2019	Continues to be under consideration	
13/0918	E&D	Board Session to be arranged for shadow board	Chair	Ongoing	Kings Fund led development sessions in place consideration of specialist provider for E&D Development also being considered.	
13/0319	Quality and Performance Report – Month 11.	Sue Mead queried whether the reference to acquired pressure ulcers should be reflected within the Quality Account and the Director of Nursing agreed to reflect on this.	Director of Nursing	June 2019	Update to be provided at July meeting.	

Board Assurance Framework

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1.1 Strategic Risks - Summary of strategic risks

Trust strategic objectives	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
<i>We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities</i>	SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services		CEO	Board	16	8 On Target	8
	SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		CEO	Board	16	16	12
	SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		Dir. HR&OD/ D of N	Resources	16	8 On Target	8
	SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence (including demand) and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.		D of N/ Med. Dir.	Q&P	16	9	6
	SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.		Dir of HR&OD	Resources	20	16	12

Trust strategic objectives	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
<i>We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care</i>	SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimally designed to meet the needs of service users and carers.		COO	Board	16	12	8
	SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.		COO	Board	12	6 On Target	6
<i>We will provide services in partnership with other providers so that people experience seamless care and support.</i>	SR8	There is a risk that we are too internally focused and do not support system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.		CEO	Board	16	8	8
	SR9	There is a risk that lack of mutual understanding of the services and assets provided by ourselves and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.		CEO	Board	16	12	8
<i>We will have an energised and enthusiastic workforce and each individual will feel valued and supported.</i>	SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness.		Dir HR&OD	Resources	20	12	6
	SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.		Dir HR&OD	Resources	20	12	8

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
	SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated workforce.		Dir HR/OD	WF&OD	16	12	8
<i>We will manage public resources effectively so that the services we provide are sustainable.</i>	SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.		D of F	Finance	16	8	8
	SR14	There is a risk that we do not invest in long term sustainability, resulting in inability to sustain quality and compromising year on year cost improvement.		D of F	Finance	20	15 On Target	15
	SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.		D of F/TS	Audit & Assurance	20	9	6
	SR 16	There is a risk that system pressures have an unplanned effect on the organisation's ability to ensure ongoing sustainability.	NEW Risk	JCEO	Board	20	8	8
We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent .	SR 17	There is a risk that capacity to progress the Strategic Intent is not sufficient across the two Trusts, leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits		JCEO	Strategic Intent Leadership Group	20	12	6
	SR 18	There is a risk that competing agendas and demands from primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper progress and delivery of benefits.		JCEO	Strategic Intent Leadership Group	20	12	6
	SR19	There is a risk that having successfully merged (ie completed the		JCEO	Strategic Intent	20	12	6

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
		transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace			Leadership Group			
	SR 20	There is a risk that changes at a national level relating to health and/or social care impact on the planned transformation		JCEO	Strategic Intent Leadership Group	20	12	8

1.2 Detail of strategic risks

Links to Regulatory Framework CQC, NHSI, Well Led Framework, Single Oversight Framework			
Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities		
Risk SR2	There is a risk that we do not provide a clear vision for community-based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		
Type	Reputation	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	1 st April 2017
Previous Meeting Risk Score	4 x 4 = 16	Date of Review	July 2019
Current Risk Score	4 x 4 = 16	Date Next Review	September 2019
Tolerable (Target) Score	3 x 4 = 12	Date to Achieve Target	1 st October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Documented service vision for community services aligned to place base model to be progressed as part of the Transformation work to develop an integrated Physical and Mental Health Care Offer with ² gether NHS Foundation Trust.		Increase system investment in community based services	
Achieved business development plan		Delivery of QIPP priorities, CQUIN priorities and quality priorities and business plan milestones	
Agreed benefits realisation framework developed through the STP to support community based service developments - to be progressed in 18/19		Benefits realisation framework	
Rationale For Current Score (Identifying progress made in previous period)			
The development of the Joint Strategic Intent has provided an opportunity to develop a new vision for integrated physical and mental health services and move to a new look organisation better able to champion the role of community based services. It is, however, clear that the ability to influence patterns of investment in the shorter term remains challenging, particularly in light of ongoing financial issues with the main acute service provider in Gloucestershire. The progression of the shadow integrated care system (wave 2) will be an opportunity for these issues to be further reviewed.			
July update - Integrated Locality Partnerships continues to be developed. The Primary Care Networks are also taking shape. Discussions at the Integrated Care System level are considering priorities at the system. The recently issued Long Term Plan implementation framework sets out ambitions for greater provision of services in the community and sets out ways this will be delivered.			

Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Production of annual operational plan		NHSI Confirmation		Board oversight Regulator Oversight
Agreement of quality priorities		Regular reports on performance		Board Oversight
Contractual agreements		Regular contract monitoring meetings		Executive
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Development of clearly documented service vision for our community services. This will now reflect the developing integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust	Will now be part of wider discussion with 2gether to reflect intent to deliver new physical and mental health offer. This will be a key element of the transformation strand of this work and included within the Strategic Case to be submitted to NHSI autumn 2018 Strategic Case submitted, overarching vision set	CEO/COO	Autumn 2018 Completed
2	Business plan to be delivered	Business Plan agreed and in place. To be monitored through Executive and Board Executive monitoring ongoing. Confirmed on track by Executive Feb 2019. Development 19/20 Business Plan approved March 2019 Board	DoF	March 2019 Completed at March 2019 Board
3	Development of benefits realisation methodology across the ICS	This will now be a key element of the Integrated Care System work. 5 year plan for ICS to be submitted Summer 2019.	DoF/CEO	July 2019
4	Place based model processes embedded – One Place One Budget	To be developed through ICS development and work with 2gether. Place-based working reflected in the Strategic Case. Development of ICS Integrated Locality Partnerships (ILP) in progress as key enabler.	CEO	July 2019
5.	Clear processes and structures to support progress on joint strategic intent with 2gether to develop shared vision for strengthened physical and mental health offer	Programme Delivery Structure reviewed and revised following appointment of Strategic Intent Programme Director. Workstream leads in place for Transition, Transaction and Transformation. Programme being implemented and monitored by PME and the shadow executive and shadow board. Ongoing through Transaction processes. Post Transaction Implementation Plan in place and Merger	CEO/Chair	Stage 1 complete July 2018 Stage 2 Completed May 2019

		Business Case approved and submitted May 2019 and progressing .		
6.	Integrated Care System	<p>Governance processes to be clearly defined, supported through development with the Kings Fund.</p> <p>Governance leads meeting regularly to consider governance processes going forward.</p> <p>March 2019: Interim ICS Chair appointed to take forward the ICS agenda to support the further development of work at a system level.</p> <p>July 2019 Update: Ongoing governance development work continues. Joint CEO is lead for number of key streams within the ICS to ensure understanding of GCS input is clearly understood (for example diagnostics and QI).</p>	CEO/Chair with system partners	Spring/summer 2019
		The potential challenges and opportunities for system control totals within the Integrated Care System are to be further explored and clarified. Issues of double lock and delegation from Board to be considered	ICS Board	July 2019
Links to Regulatory Framework Single Oversight Framework Well Led Framework				

Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities			
Risk SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.			
Type	Quality	Executive Lead	Director of Nursing	Med Director
Risk Rating	(Likelihood x impact)	Assurance Committee	Quality & Performance Committee	
Inherent (without controls being applied) Risk Score	4 x 4 =16	Date Identified	April 2017	
Previous Meeting Risk Score	3 x 3 = 9	Date of Review	July 2019	
Current Risk Score	3 x 3 = 9	Date Next Review	September 2019	
Tolerable (Target) Score	3 x 2 = 6	Date to Achieve Target	October 2019	
Key 2018/19 Deliverables		Relevant Key Performance Indicators		
Implementation of plan for use of BIRT reporting to inform CIPS, Service Development & Pathways Reference Group which supports use of research and development and innovation by identifying variation – further work to deliver ongoing		Safety Thermometer (Fall and Pressure ulcer levels)		
Increased use of technology to support clinical practice, eg smartphones for clinical support – continuing to be investigated and implemented – in discussion with service users		Quality Priorities performance (incorporating research and evidence based development)		
Achievement Quality Priorities.		Progress to Quality Priorities		
Rationale For Current Score (Identifying progress made in previous period)				
There has been good progress in investing and developing clinical innovation, for example system one, use of smart phones, developing use of virtual consultations, rapid response diagnostic testing, e-prescribing, internal R&D Group, End of Life, Complex Leg Wound Service. These are now to be further embedded and work undertaken with service users to ensure benefits are recognised and understood.				
March 2019: Research and innovation workstream and forum is now in place across GCS and 2g. Business Intelligence for the newly merged organisation subject to shadow executive discussion.				
May 2019: Research progress being actively monitored within both Trusts using common framework.				

Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Clinical Reference Group Monitoring		Quality Visits		Board Oversight
Internal R & D Group		Benchmarking Review		Board & Management
PACE Team Workplan, including Clinical Audits		Quality & Performance Report		Board & Management
Quality Improvement Monitoring (Quality Priorities)		Clinical Reference Group and Quality & Performance Committee		Management & Board
Staff Development Investment – supported through – Essential to Role and Statutory and mandatory training matrices		Quality and Improvement Networks		Management
CQC Compliance Processes		Quality & Performance Committee		Board
Investment in specialist practitioners		Workforce & OD Committee		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	More in depth Benchmarking Review to identify areas of significant variation and any aresponsive action identified	Further work to ensure benchmark information easily accessible on BIRT implemented – part of phase 2 development. July 2019 Update: Work ongoing.	DoF	July 2019
2	Development BIRTIE reporting on this area to inform CIPS and Service Development.	Discussions with DoN ongoing to ensure BIRTIE used to inform quality and performance priorities and the quality dashboard. Incorporated in phase 2. Reference costs are used as element of cost improvement process. March 2019: Cost Improvement Plan approach presented to Board as part of the Operating Plan Submission. Confirmation that this integrates business intelligence. July 2019 Update: CIP process for 2019 in place. Role of QEIA in process clearly defined. CIP process for proposed new Board progressing.	DoF	July 2019
3	R&D Strategy	To be developed and reviewed in conjunction with ² gether NHS Foundation Trust Research and Development work continuing collaboratively In the last 12 months GCS has been recognised nationally rate of increase as highest	DoN	October 2019

		increase in clinical research July 2019 Update developing a combined research strategy		
4	Project reviews on impact of new technology to learn lessons for implementation	Project Review Proforma implemented and feedback reviewed for learning	Executive	Complete
5	CPD Offer and Personal Development to be linked to quality priorities	CPD and Personal Development Budget focused for 2018/19. And monitored for impact. Updated PDR document issued. Strategy agreed to improve PDR and Mandatory Training processes at Resources Committee	HR&OD&OD	Oct 2019

Links to Primary Regulatory Framework

Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities		
Risk SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	April 2017
Previous Meeting Risk Score	4 x 4 = 16	Date of Review	July 2019
Current Risk Score	4 x 4 = 16	Date Next Review	September 2019
Tolerable (Target) Score	3 x 4 = 12	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Reduction in hard to fill roles (nursing and physiotherapy including specialist functions)		Vacancy levels – less than 10% - to monitor for all areas	
Reduce turnover rates in line with Community Trust average;		Turnover rates – below 16/17 baseline	
Reduction in agency spend		Agency spend – in line with cap set	
Jointly support the delivery of educational programmes (pre and post registration) – increased emphasis on post registration support			
Local plans to respond to issues raised in staff survey			
Rationale For Current Score (Identifying progress made in previous period)			
Turnover rate has remained consistent (not worsened), demonstrating Trust is still able to attract to the organisation. There is uncertainty about the impact of National bursary scheme ceasing for pre-reg learning. Variances remain in rate of applications received. There is a hot spot in Band 5 hospital nurses which is not reducing.			
Update March 2019: The Staff Survey 2018 indicates on going challenges to staffing resilience, but an improving picture against 2017.			
Update May 2019 – Position has not substantively changed from above. Recent Internal Audit of Recruitment and Retention identified 2 medium risks relating to the recruitment process.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Recruitment drives / fayres to attract new staff		Workforce data which is reported through the Workforce & OD Committee and thereafter to Board	Board Oversight
Revised establishment control process for community		Safer Staffing data which is included within the Quality and	Management & Board Oversight

hospitals		Performance Report which goes to Board		
E-rostering across the Trust		Top-level workforce plan submitted to Workforce & OD Committee		Board Oversight
Centralised bank and agency function		Agency working group chaired by the Chief Operating Officer		Management
Gloucestershire Nursing Degree programme in place		Recruitment and Retention Steering Group chaired by Head of HR		Management
Monitor impact & effectiveness of Gloucestershire Trainee Nursing Associate programme		Strategic Workforce Group (system-wide)		Management (Educational)
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Real time workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and response	Information now in place for HR and Service Leads and Managers. Business planning process and monitoring to confirm effectiveness.	Head of Performance and Information	Completed
2	Clear progression pathways for clinical colleagues	Talent management programme to be developed to be undertaken jointly with 2gether NHS Foundation Trust. This has been incorporated within the Transition work for the merger. Work to take this forward is on track..	Head of OD	Sept 2019
3	Process to learn from exit interviews	Triangulated against latest staff survey information March/April 2018 and discussed at June Workforce Committee. Issue also highlighted within presentation from Freedom to Speak Up Guardian at June Board. Freedom To Speak Up Guardian now part of the process to ensure learning from exit interviews.	Head of HR	Completed
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Monitoring is ongoing, monitored by the Quality and Performance Committee and also the Executive. Detailed discussion at Resources Committee, Weekly monitoring by Exec. Workshops with NEDs & Exec. Strategy agreed to improve PDR and Mandatory Training processes at Resources Committee	Exec	Ongoing
Links to Regulatory Framework CQC.				

Strategic Objective				<i>We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care</i>			
Risk SR6				There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers (Service Transformation Focus).			
Type		Quality		Executive Lead		Chief Operating Officer	
Risk Rating		(Likelihood x impact)		Assurance Committee		Trust Board	
Inherent (without controls being applied) Risk Score		4 x 4 = 16		Date Identified		20 April 2017	
Previous Meeting Risk Score		3 x 4 = 12		Date of Review		July 2019	
Current Risk Score		3 x 4 = 12		Date Next Review		September 2019	
Tolerable (Target) Score		2 x 4 = 8		Date to Achieve Target		October 2019	
Key 2018/19 Deliverables				Relevant Key Performance Indicators			
Mechanism for initial impact on projects developed – to be further developed in conjunction with 2gether NHS Foundation Trust. Transformation centred on co design with service users.				FFT Response Rate			
Negative assurance, eg complaints etc, being fed into the business planning process – to be monitored to ensure happening across GCS and also that learning are across both Trusts.				FFT % recommend service – likely , extremely likely			
Examlpars of co-design – examples of Transformation Centred co design				Number of compliments, complaints, concerns			
Policy on Policies updated to include co-design and patient-centred care focus. – Policy now being reviewed against 2gether Policy as element of Strategic Intent work				Feedback from service users at engagement events			
Rationale For Current Score (Identifying progress made in previous period)							
While strong progress is being made in a number of areas through place based working to develop local solutions to meet local needs, we have recognised that there is further work to progress in the context of the Transformation strand of the Trust's work with 2gether NHS Foundation Trust.							
May 2019 Update: Values sessions completed and discussed at Kings Fund session. 2018 Staff Survey results improving picture of engagement.Transformation continues to be key element within merger work.							
Key Controls To Manage Risk				Assurance on Controls			Type of Assurance
Use of the Friends and Family Test (FFT) across all Trust settings				Operational Meetings			Management
Direct feedback to teams from FFT comments				Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board			Board Oversight
Complaints Policy				6-monthly Understanding You Report			Board Oversight

The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments		Service user stories at Board	Board Oversight	
The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities		The Your Care, Your Opinion Group	Board Oversight	
Annual Report and Quality Account		Board	Board	
Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion		Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight	
On-going review of all feedback so as to ascertain themes		Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight	
QEIAs will be completed and signed off for all appropriate CIP schemes before they are implemented		Reports to Q and P Committee	Board Oversight	
Learning Assurance Framework		Reports to Q and P Committee	Board Oversight	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Control – ensuring opinions we collect feed into service design and development	Mechanism to ensure feedback captured through Transformation strand of work with 2gether NHS Trust. GCS review of FFT service user detailed feedback to be considered by Executive.	COO/DoN	July 2019
2	Your Care Your opinion, Understanding You report to be reviewed against planned wider stakeholder engagement to identify any areas where GCS specific areas required	Review of your care your opinion against planned wider service user engagement to be undertaken. Merger engagement activity within the Transformation strand will be a key element of this. Recognised within planned values work – stage 2	COO/DoN	Sept 2019
3.	Skills for Co-production require further development	Co production development of teams to be undertaken. In conjunction with work with 2gether to learn from good practice. Values sessions with service users took place Nov 2018 Recognised within planned values work – stage 2 March 2019 Update: Key element of co production within values sessions May 2019 Update: Co production is key pillar of	COO	Sept 2019

		transformation for the new organisation and mechanisms to support this are being developed jointly by the Trusts.		
4	Service audits to be reinstated.	Service audits reinstated and monitored for impact	COO	Complete
		Increase use of "You said, We did" feedback processes. This is an element within the merger processes.	COO	Ongoing
5	Business Planning Process incorporates feedback.	Business Planning monitoring to include consideration feedback Strand of co-production is an element in business planning	DOF	Complete

Links to Regulatory Framework

CQC

Constitution Right and Pledges

Strategic Objective	We will provide services in partnership with other providers so that people experience seamless care and support		
Risk SR9	There is a risk that lack of mutual understanding of the services and assets provided by the Trust and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.		
Type	Quality	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Effective Provider Locality Boards creating advocates for the Trust		Friends and Family test, complaints, compliments	
Establishment of cluster MDT working with full participation by GCS		Regular Integrated Locality Board Meetings	
Rationale For Current Score (Identifying progress made in previous period)			
While good progress has been made to develop new ways of working with primary care, including MDT working and redesign of ICTs, progressing public health nursing services transformation and the development of the joint strategic intent to improve the interface between physical and mental health, we have seen significant pressures impacting across the wider system, in particular: pressures in relation to domiciliary care which are impacting on service user experience; the additional pressures to mitigate the issues associated with the GHFT implementation of TrakCare and the responsiveness of Arriva.			
May 2019 Update: GCS continues to co-ordinate with GHFT and 2g to support system working.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Partnership working through STP - Key development work undertaken		MDT KPI Measures	Management
Leadership of place based model and meetings - Key development work undertaken		Reports to Board on STP	Board
Regular Exec to Exec networks and LMC – in place			

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Lack of formal and relevant frameworks for joint working with key partners	Develop formal frameworks for joint working with 2G and GCCC Actions to date Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Joint Working Framework strand of agreed activity	CEO/COO	Complete
2	System quality indicators	Develop Business Plan incorporating Estates	COO	Completed
3	Relationship building with provider partners to resolve issues swiftly.	Trakcare escalation processes in place. Monitoring on going. Proposals for Joint action groups being progressed, for example re SIRIs and Mortality. Reablement support for Domiciliary Care. Development of Intergrated Care System Director of the "Better Care Together" programme building relationships with ICS leads and attending relevant ICS programme meetings	COO DoN COO CEO Dir Bettercare Together	Completed Nov 2017 Completed Completed Ongoing Ongoing
4	Development of Seamless Care key element of Strategic Case and Full Business Case.	Strategic Case submitted Full Business Case submitted to NHSI May 2019		Completed May 2019

Strategic Objective	We will have an energised and enthusiastic workforce and each individual will feel valued and supported.		
Risk SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Manager toolkit in place to be reviewed with 2gether NHS Trust to monitor impact		• Staff engagement levels (from annual staff survey)	
Improvement in staff friends and family test (colleagues recommending the Trust as a place to work		• Staff friends and family test results	
Continuing increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised –		• Staff Survey Question on feeling supported to raise concerns.	
Local Plans to spread good practice and target issues identified by the staff survey			
Rationale For Current Score (Identifying progress made in previous period)			
Staff Friends and Family score is consistently below community trust average as place of work . Overall Staff Engagement outcome in NHS survey whilst improving remains below average for a community trust.			
Update March 2019: Improved Staff Survey Outcomes 2018			
Update May 2019: Engagement considered at July Resources Committee. Feedback through Pulse survey and Frequently asked Questions key two way engagement processes in place.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Fourth year of listening into action		Improvement in staff engagement levels (from survey results)	Independent
Investors in People standards/ accreditation		Improvement in the number of colleagues recommending the Trust as a place to work	Independent
Further embedding of the CORE values behavioural framework		Number of informal and formal grievances and concerns raised (awaiting benchmark data)	Management/Board
Review of Freedom to Speak Up (Raising Concerns at Work) Policy.		Report to Audit & Assurance Committee and Workforce & OD Committee	Board
Investment in Freedom to Speak Up Guardian – active in national network and regional Chair		Report to Audit & Assurance Committee and Workforce & OD Committee	Board

Monthly Core Colleague Network Meetings		Review & Feedback of CORE	Management	
Annual celebration events (AHP, Nursing, Admin & Clerical etc)		Review of Events for levels of engagement & impact internally and externally	Management	
Range of Mechanisms to encourage raising of concerns - Katie's Open Door, Meet the Execs, Chair and CEO meetings		Feedback at Execs and Board	Management/Board	
Workforce and OD Plan		Workforce and OD Committee	Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Low completion rate of staff friends and family test	May 2019 Update:Actions to respond to survey findings ongoing. Discussed at April Resources Committee	Head of OD	Oct 2019
2	Management Toolkit	Launched Jan 2018 with funding from SW Leadership Academy Funding CORE Leadership Session discussed Jan 2018 To review as part of transition work	Head of OD	Completed
3	Staff Engagement Framework	Review Staff Engagement Framework to ensure embedding of CORE values and LiA – through development of a “quality Academy” Being taken forward within the Engagement processes relating to the merger. Values Programme engaged significant proportion of staff Oct 2018 Stage 2 Values Programme in launch process.	Director of HR	Oct 2019
Links to Primary Regulatory Framework. CQC				

Strategic Objective	We will have an energised and enthusiastic workforce and each individual will feel valued and supported.		
Risk SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	Not applicable
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Reduction in overall sickness absence rate		Rolling 12 month sickness absence rate	
Reduction in absences relating to stress		Reasons for sickness absence	
Reduction in absences relating to musculoskeletal conditions			
Rationale For Current Score (Identifying progress made in previous period)			
While a significant amount of work has been progress to support colleague health and wellbeing, we are seeing an increase in sickness absence rates in a number of areas with increasing pressure on colleagues to meet competing demands. This suggests that this risk is increasing and further focus is needed. Related CQUIN not achieved. Following consideration of the Staff Survey outcomes at Board local plans are being developed which should help to reduce the risk. The need for work on supporting the mental well being of colleagues was also flagged.			
Update May 2019: The Audit and Risk Assurance Committee recognised that the merger, and the development of the structure for the new organisation has the potential to impact on this. This issue is recognised within the risk register for the merger which is kept under review by the shadow board and the Programme Management Executive.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Working Well services including in house fast track physiotherapy		Contract review meetings with working well	Management
Employee Assistance programme		Contract review meeting with Care First	Management
Employee health and wellbeing plan including health and hustle initiative		Employee health and wellbeing plan monitored through Workforce and OD committee	Board
Healthy eating initiative		CQUIN	Independent
Mental health first aid training		CQUIN	Independent
Stress management workshop, including mindfulness and resilience.		CQUIN	Independent

Stress management policy		Annual staff survey results regarding the organisation taking positive action on H&W.	Independent	
Employee Health and Wellbeing Charter achieved		Employee Health and Wellbeing Charter achieved	Independent	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Line manager capability and capacity to undertake stress risk assessment audits	To further develop managers toolkit and guidance. Further guidance and support issued to managers.	Head of OD	July 2018 Complete
2	Review of Application of Sickness Policy to ensure follow up	Regular workshop on Absence Management in place, attendance to be reviewed. Executive monitoring of application to be implemented. Monitoring and Review ongoing	DHR&OD	Complete
3	Local Staff Survey response plans with focus on well being to be developed	Development session at CORE to provide support for development. Plans now being monitored.	DHR&OD	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Being monitored by the Quality and Performance Committee and the Executive.	DON	Ongoing
5	Ensure CQC Must do's in relation to training (in particular End of Life) are in place	CQC Improvement Plan achieved with timeliness. Being monitored by the Quality and Performance Committee and the Executive. End of Life Group working to take this forward. Being monitored by Q&P Committee	DON	Ongoing
Links to Primary Regulatory Framework				

Strategic Objective	We will have an energised and enthusiastic workforce and each individual will feel valued and supported.		
Risk SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated workforce.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 20	Date Identified	April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Refresh of leadership development plan including talent management – combining with review of 2gether processes		Level of support provided by manager (measured through staff survey)	
		PDR compliance rates	
Managers induction implemented and monitored		Number and percentage of managers participating in leadership development programmes	
Rationale For Current Score (Identifying progress made in previous period)			
While continuing to support a number of leadership development activities, Professional Development Review and Mandatory Training levels remain below target with limited resources to support required investment in system and transformational leadership. This is becoming an increased risk in light of the level of change and transformation required at a time of signifiant service pressure. Identified for action within Transition and Transformation workstreams			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Range of leadership programmes in place		Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee	Board
Annual leadership conference		Leadership plan approved and monitored through Workforce & OD Committee	Management
Monthly leadership Core Colleague Network meetings		Exec Planning and Review	Management Oversight
CORE values behaviour framework		Reports to Workforce and OD Committee	Board Oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Talent Management Strategy	Strategy to be developed and approved through Resources. Also to be supported by the merger transition work. May 2019 Update: Cohort for GCS (and 2g) identified. Additionally agreed Managers appointed at tier 2 will need specific development programme pre and post merger.	Head of OD	Sept 2019
2	The assessment of individual's ability against the NHS Leadership Competency Framework is varied and it not intrinsically linked to personal development plans	360 Programme in development to increase self-awareness and personal impact. Also to be supported by the merger transition work. Currently on hold – part of transition work	Head of OD	-
3	Managers induction	Managers toolkit and induction delivered. Review whilst planned manager development within transition workstream being considered. To be rolled out 2019/20	Head of OD	July 2019
4	Leadership Development Programme – regional	Colleagues attending SW leadership development programme	Head of OD	Complete
5	Leadership Development Programme - local	ICS 5 elements of leadership programme – 16 leaders from GCS band 7 and above. – piloting managers toolkit Proposed new leadership development training programme discussed at Board	Head of OD	Complete

Strategic Objective	We will manage public resources effectively so that the services we provide are sustainable		
Risk SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.		
Type	Financial	Executive Lead	Director of Finance
Risk Rating	(Likelihood x impact)	Assurance Committee	Audit & Assurance Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 3 = 9	Date of Review	July 2019
Current Risk Score	3 x 3 = 9	Date Next Review	September 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	October 2019
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Review of SFI Compliance		No high priority Internal Audit Recommendations (with IA assignments continuing to be risk based)	
Timely compliance with Internal and External Audit recommendations		At least 50% of Internal Audits give Substantial assurance	
Rationale For Current Score (Identifying progress made in previous period)			
While good progress made to strengthen internal controls, current significant pressure on capacity could distract from maintaining control if not effectively managed, recognising that cumulative gaps can lead to a significant impact.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Clinical and corporate governance arrangements enable controls to be effectively managed		The sub-Board Committee structure, , provide assurance on all corresponding controls to the Trust Board.	Board
Committee / reporting structures enable controls to be monitored and reviewed		Internal Audit of Governance December 2016, Reported to the Audit and Assurance Committee February 2017, classified Corporate Governance – Governance Framework as low risk and advised;	Independent
The Trust's strategy framework provides oversight of activity and controls in all key operational and support areas		"Our review of corporate polices and documentation, including committee structure, terms of reference,minutes,board papers and other ad-hoc document sidentified that, overall, the Trust has appropriate structures in place to support good governance." – Internal Audit	Independent
The Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is managed and controlled which are being re-designed for		IA and EA feedback	Independent

the new trust				
Line management structures provide clarity in terms of responsibilities and accountabilities		Management Review		Management
Internal and external audit and plans provides additional scrutiny		Degree that Internal Audit is risk based.		Board
Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation		Internal Audit Review		Independent
IT Investment to maintain Cyber Security Protection		Reports to Audit & Assurance Committee through IM&T Group		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Confirmation of Compliance with SFIs	Review of Compliance SFIs	DOF	Oct 2019
2	Well Led framework needs further consideration by Board following consultation changes	To be further reviewed as part of the work with 2gether NHS Foundation Trust. Development work with 2gether will take this forward.	TS/Board/SILG	Sept 2019
3	Up to date Board development programme to support understanding of roles and appreciative enquiry	Board Development Programme implemented. Development process ongoing. Initial consideration of forward programme has taken place.	Chair	December 2019
5	Preparation for Use of Resources	Use of Resources implications considered at Execs Sept 2017. To be considered by Board. Financial Report revised to include metrics from Use of Resources. Initial actions complete, further information awaited from NHSI on implementation date for Community Trusts. Actions to date shared with 2gether.	DoF	Sept 2018 Completed
		Timely Actioning of EA and IA – follow up process embedded. Confirmation at end of year Audit Committee that this is being achieved.	DoF	Completed
		Reference Costs Monitoring to support best value. Programmed for discussion CORE & Finance Committee	DoF	April 2018 Complete

6	Merger Governance processes in place to ensure merger process is managed effectively	Merger governance processes – PME, SILG, Risk Register , Budget monitoring etc in place.	CEO/Chair/DoF	Ongoing
Links to Regulatory Framework SOF, Well Led, CQC.				

Strategic Objective		We will manage public resources effectively so that the services we provide are sustainable		
Risk SR16 NEW RISK		There is a risk that system pressures have an unplanned effect on the organisation's ability to ensure ongoing sustainability.		
Type	Financial	Executive Lead	Director of Finance	
Risk Rating	(Likelihood x impact)	Assurance Committee	Audit & Assurance Committee	
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1 st April 2017	
Previous Meeting Risk Score	New Risk	Date of Review	July 2019	
Current Risk Score	2 x 4 = 8	Date Next Review	September 2019	
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	Ongoing	
Key 2018/19 Deliverables		Relevant Key Performance Indicators		
Continued engagement in ICS processes and debates to ensure GCS role in the system is understood		Control Total		
Ongoing Lobbying at a national level relating to the role of community services		Cost Improvement Plan Levels		
Rationale For Current Score (Identifying progress made in previous period)				
The Trust's current financial position is strong and the merger with 2gether should ensure ongoing strength in position discussions. The indications within the Long Term Plan are encouraging for community providers but this will need to be further reviewed once more information is available on how this will be taken forward, particularly in the light of the new Primary Care Network proposals and the outcomes of the NHSE's proposals for legislative change to commissioning and procurement processes.				
Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
GCS key part of ICS – Chair, Exec and CEO engagement		Regular Reports to Board on ICS Activity		Board
ICS Governance		NED ICS Forum		Board
ICS Governance – mechanism for setting priorities to be transparent		ICS Board Feedback		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Ongoing review of the increasingly complex operational framework to ensure Board is	Structure of board for new organisation contains post which focuses on Strategy and Partnerships	Chair/JCEO	1 st Oct

	appropriately sighted to make best use of opportunities			
2	GP NED position on new Trust to be filled	Work ongoing to fill this Board position to help continue relationship building with localities	Chair/JCEO	1 st Oct 2019
3	Work with GCCG on localities	Plans for key shared post developed.	Board	1st April
4	Local ICS in initial stages	Development of priorities, protocols and ways of working to be further refined to reflect current and future challenges	Chair/JCEO	On going
5	Review required to consider impact of aggregation of potential risks through the system due to range of external factors	Review to be undertaken	Executive	1 st December
Links to Regulatory Framework SOF, Well Led, CQC.				

Strategic Objective	We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent		
Risk SR17	There is a risk that capacity to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits		
Type	Strategic	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1/1/2018
Previous Meeting Risk Score	-	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	31 st March 2020
Key 2019/20 Deliverables		Relevant Key Performance Indicators	
Shadow Board in place		Transaction remains on track	
Revised Structures developed			
Post Transaction Integration Plan			
Rationale For Current Score (Identifying progress made in previous period)			
This risk is monitored at the Programme Management Executive and Strategic Intent Leadership Group on a regular basis. The monitoring includes review of the transaction, transition and transformation workstreams and feedback from colleagues through the regular pulse check updates.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Dedicated Joint Strategic Intent Programme Management Team and Programme Management Office in place		Feedback to Strategic Intent Leadership Group and both boards	Board
Ring-fenced Business as usual and Joint Strategic Intent posts		Feedback to Strategic Intent Leadership Group and both boards	Board
Programme plan for transaction mapped with aligned resources.		Feedback to Strategic Intent Leadership Group and both boards	Board
Better Care Transformation Programme dedicated lead in place from 10 9 18.		Feedback to Strategic Intent Leadership Group and both boards	Board
Development of engaging values programme		Feedback to Strategic Intent Leadership Group and both boards	Board
Gaps in Controls and Assurance (what additional		Mitigating Actions (what more should we do)	

controls and assurances should we seek)				
		Action	Owner	Deadline
1	Board level Capacity	Capacity at Board level to be kept under review at Remuneration Committee	Chair	Ongoing
2	Values Programme at pilot stage	Values Programme to be further developed, ensuring involvement colleagues, third sector, stakeholders and service users.	JCEO	April 2019 Complete
	Values Programme Development work complete	Outcome to be considered by Shadow Board 22/5/19 and updated to Boards	Chair	July 2019
3	Clearly defined relationship with the Integrated Care System	Ongoing work with ICS Partners	JCEO	Ongoing
Links to Regulatory Framework SOF, Well Led, CQC.				

Strategic Objective	We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent .		
Risk SR18	There is a risk that competing agendas and demands from primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper progress and delivery of benefits.		
Type	Strategic	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1/1/2018
Previous Meeting Risk Score	-	Date of Review	July 2019
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	31 st March 2020
Key 2019/20 Deliverables		Relevant Key Performance Indicators	
Integrated Locality Partnerships further developed		-	
Integrated Care System Board further developed		-	
Rationale For Current Score (Identifying progress made in previous period)			
Progress in partnership working			
Key Controls To Manage Risk	Assurance on Controls		Type of Assurance
Both Trusts have clear business plans to support delivery of core business with clarity on priorities agreed by Boards and aligned to resources	Feedback to Strategic Intent Leadership Group and both boards		Board
Maintain strong engagement as partner in ICS and development of robust ICS engagement plan.	Feedback to Strategic Intent Leadership Group and both boards		Board
Stage 1 engagement undertaken	Feedback to Strategic Intent Leadership Group and both boards		Board
Strategic Intent work monitored for implications to place based working to ensure inter-dependencies recognised –	Feedback to Strategic Intent Leadership Group and both boards		Board

interdependencies routine part of meeting review.			
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)	
		Action	Owner
1	Two way engagement process with stakeholders to be finalised for next stage of engagement	Communication and Engagement Plan to be implemented	JCEO
2	Key Relationships identified but specific activations required to be defined	Key Relationship Managers for key stakeholders to be put in place	JCEO
3	Knowledge of Gloucestershire and Herefordshire/Worcestershire to be built into Board working	Increased oversight of One Herefordshire at Board level to be built into Board agendas	Chair
Links to Regulatory Framework SOF, Well Led, CQC.			

Strategic Objective		We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent .		
Risk SR19		There is a risk that having successfully merged (ie completed the transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace		
Type	Strategic	Executive Lead	Chief Executive	
Risk Rating	(Likelihood x impact)	Assurance Committee	Strategic Intent Leadership Group	
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1/1/2018	
Previous Meeting Risk Score	-	Date of Review	July 2019	
Current Risk Score	3 x 4 = 12	Date Next Review	September 2019	
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	31 st March 2020	
Key 2019/20 Deliverables		Relevant Key Performance Indicators		
Structures in place to deliver transformation		-		
Rationale For Current Score (Identifying progress made in previous period)				
Progress in partnership working				
Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Distinct transformation workstream and lead in place		Feedback to Strategic Intent Leadership Group and both boards		Board
Board Commitment to transformation		Feedback to Strategic Intent Leadership Group and both boards		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Detailed benefits programme	Detailed benefits programme being developed	JCEO	31 st March 2020
2	Potential gap between Business Case and operation	Full Business Case to be deconstructed to provide operational guidance to ensure delivery	JCEO	Sept 2019
3	Potential lack of transition of organisational memory	Shadow Board appointees developing knowledge both Trusts and learnings from current Trust being built up. Appointees from both Trusts to serve on new board (both	All	Ongoing

		Non Execand Exec		
Links to Regulatory Framework SOF, Well Led, CQC.				

Strategic Objective		We will, jointly with ² gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent .		
Risk SR20		There is a risk that changes at a national level relating to health and/or social care impact on the planned transformation		
Type		Strategic	Executive Lead	Chief Executive
Risk Rating		(Likelihood x impact)	Assurance Committee	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score		4 x 5 = 20	Date Identified	1/1/2018
Previous Meeting Risk Score		-	Date of Review	July 2019
Current Risk Score		3 x 4 = 12	Date Next Review	September 2019
Tolerable (Target) Score		2 x 3 = 6	Date to Achieve Target	31 st March 2020
Key 2019/20 Deliverables			Relevant Key Performance Indicators	
Community Engagement Plan			-	
Rationale For Current Score (Identifying progress made in previous period)				
Progress in partnership working				
Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Monitoring and keeping under review policy announcements.		Feedback to Strategic Intent Leadership Group and both boards		Board
Lobbying local and national stakeholders and policymakers.		Feedback to Strategic Intent Leadership Group and both boards		Board
Ensuring our plans contain future proofing and contingency options		Feedback to Strategic Intent Leadership Group and both boards		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Knowledge and awareness levels of communities and service users of the impact of national changes.	Engaging across community groups to build knowledge and awareness of the interconnections of national and local policy implications for Trust operational services	JCEO	Ongoing

Links to Primary Regulatory Framework SOF, Well Led, CQC.				

Risks On Target

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

Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.				
Rationale For Current Score (Identifying progress made in previous period)				
The joint work with 2gether has raised the profile of community based physical and mental health services, and increased understanding of the benefit of integrating this offer. This work will continue through a range of stakeholder events and activities to ensure that stakeholders are the best advocates for our services and champion greater equity of resources for community and mental health services. The current score reflects that the wider stakeholder engagement activities are commencing 29 th May and will be part of a wide programme of events.				
Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Development of programme to integrate community based physical and mental health services.		Monitoring by Strategic Intent Leadership Group and Board		Board Oversight
Communications and External engagement strategy		Workforce and OD Committee		Board Oversight
Regular reports to Health and Care Oversight and Scrutiny Committee (HOSC)		Regular Chair and Chief Executive reports		Board Oversight
Chair and Chief Executive Membership of Gloucestershire Strategic Forum (GSF)		Regular Chair and Chief Executive reports		Board Oversight
Member of Emergency Planning Preparation and Resilience Forum		Regular Chief Executive reports		Board Oversight
Chair membership of Health and Well Being Board		Regular Chair Reports		Board Oversight
Active member of NHS Providers and Community First Network		Regular Chair and Chief Executive reports		Board Oversight
Stakeholder Transformation events		Updates on Transformation at Board		Board Oversight
Quality Account		Review of Quality Account		Board oversight
Gaps in Controls and Assurance (additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Stakeholder Engagement informing integration with 2gether plans)	Stakeholder engagement processes launched and feedback mechanisms in place.	Chief Executive	Stage 1 complete June 2018
2	Clarity on GSF Decision Making (controls), particularly following announcement that One Gloucestershire has been granted status as a shadow Integrated Care System.	Memorandum of Understanding developed for Integrated Care System which reflects roles of GCS and 2gether and the planned integration.	Chief Executive	August 2018
3	Develop Relationship new HOSC members (assurance)	Joint induction session planned autumn 2018 and HOSC members to be fully integrated in Stakeholder events	Chief Executive	September 2018
4	Must dos actions identified by CQC	CQC Quality Improvement Plan actioned with timeliness	DoN	Ongoing

Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities		
Risk SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4x 4 = 16	Date Identified	April 2017
Previous Meeting Risk Score	2 x 4 = 8	Date of Review	November 2018
Current Risk Score	2 x 4 = 8 – TARGET SCORE	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Increase the Trust's profile on social media and that this focusses on quality		Number of national, regional and local awards	
Increase the number of entries to national, regional and local awards		Number of positive media stories	
Raise profile of range and breadth of services with primary care			
Review methodology of the friends and family test to increase completion rates		Friends and family Test - increased completion	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Increase the Trust's profile (and that of the work with 2gether) on social media and that this focusses on quality		Number of national, regional and local awards	
Increase the number of entries to national, regional and local awards		Number of positive media stories	
Raise profile of range and breadth of services with primary care		Integrated Locality Board meetings well attended and positive feedback on role from primary care	
Maintain and further increase number of FFT responses and increase use of information provided.		Friends and family Test - increased completion and impact on services	
Rationale For Current Score (Identifying progress made in previous period)			
The Trust has improved its national, regional and local profile each year with good news stories outweighing negative stories. This has included the development of the 60 second service video's and the increased use of social media including Twitter by a range of Trust colleagues. The Trust's performance was recognised by CQC and a range of stakeholders in relation to winter pressures etc.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Communciations and engagement strategy and plan in place		Monitored through Workforce and OD Committee	Board
Calendar of entry dates for national, regional and local awards used to support entrants		Montioered through the Executive Team	Management
Investment in Annual Understanding You Awards		Trust Understanding You awards	Managemt & Board

Regular attendance at LMC meetings, Locality Meetings and Integrated Locality Boards		Feedback at Board from Executive and partners		Executive
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Monitoring and targets for media presence (positive, negative etc)	Communication Plan agreed by WF&OD Sept 2017 and now being progressed and monitored by WF&OD Committee.	DoHR	Sept 2018
2	Clear targets to improve response rates for the friends and family test (FFT) and to demonstrate use of information to drive engagement activities including the merger.	<p>Significant engagement activity has been ongoing and also the importance of FFT completion reiterated to colleagues. Feedback recently received is indicating an improved position. Q1 Staff FFT and the results are as follows:</p> <ul style="list-style-type: none"> • Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19. • Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. <p>We also had a higher response rate than in previous FFTs at 22.1% Engagement remains a key strand within the merger processes. Response rates for service user FFT are also increasing and being monitored by the Quality and Performance Committee.</p>	<p>DoHR/Director of Transition</p> <p>Director of Nursing</p>	<p>Ongoing</p> <p>Ongoing</p>
3	Mechanism to improve Service User Feedback systematically shared through organisation	Key element of Stakeholder Engagement programme which is at the Core of the work to develop an integrated Physical and Mental Health Care offer	Exec	September 2018
Links to Primary Regulatory Framework				

Definitions

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

LEVEL	INJURY / HARM	SERVICE DELIVERY	FINANCIAL / LITIGATION	REPUTATION / PUBLICITY
5 CATASTROPHIC	Fatality, Multiple fatalities or large number injured or affected.	Complete breakdown of critical service/ 'Significant under-performance' against key targets.	Losses; claims/damages; criminal prosecution, over-spending; resourcing shortfall: >£1M.	National adverse publicity/reputation irreparably damaged.
4 Major (HIGH)	Fatality/multiple serious injuries/major permanent loss of function/increased length of stay or level of care >15 days.	Intermittent failures of a critical service/'under-performance against key targets'.	£501K - £1M	Adverse national publicity
3 Moderate (MEDIUM)	Semi-permanent harm (1 month-1 year). Increased length of stay / level of care 8-15 days, >1 month's absence from work.	Failure of support services/under-performance against other key targets'.	£51K - £500K	>3 days local media publicity
2 Minor (LOW)	Short-term injury (<1 month). Increased length of stay or level of care <7 days, 3 days-1 month absence for staff.	Service Disruption	£11K - £50K	<3 days local media publicity
1 (Insignificant)	No harm. Injury resulting in <3 days' absence from work for staff.	No service disruption	<£10K	

LIKELIHOOD SCORE		
Level		
5	Almost certain	Will occur frequently given existing controls
4	Likely	Will probably occur given existing controls
3	Possible	Could occur given existing controls
2	Unlikely	Not expected to occur given existing controls
1	Rare	Not expected to occur, except for in exceptional circumstances, given existing controls

RISK RATING MATRIX

Likelihood	IMPACT				
	1	2	3	4	5
5	5 (LOW)	10 (MEDIUM)	15 (HIGH)	20 (CATASTROPHIC)	25 (CATASTROPHIC)
4	4 (LOW)	8 (MEDIUM)	12 (MEDIUM)	16 (HIGH)	20 (CATASTROPHIC)
3	3 (LOW)	6 (MEDIUM)	9 (MEDIUM)	12 (MEDIUM)	15 (HIGH)
2	2 (LOW)	4 (LOW)	6 (MEDIUM)	8 (MEDIUM)	10 (MEDIUM)
1	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)

Impact Score x Likelihood Score = Risk Rating:



Trust Board

Date of Meeting: 25th July 2019

Report Title: Joint Chair's Report

Agenda reference Number	08
Accountable Executive Director (AED)	Not Applicable
Presenter (if not AED)	Ingrid Barker - Chair
Author(s)	Ingrid Barker - Chair
Board action required	Note
Previously considered by	Not Applicable
Appendices	

Executive Summary

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

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

Recommendations:

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

1. Introduction and Purpose

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

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

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

Shadow Board

The Shadow Board met on 11 July. The principal items considered there are being discussed today.

The Shadow Board has been fully engaged on behalf of the Trusts in guiding the considerable and at times detailed work required to meet the requirements of the merger process.

Whilst not the end of the process a considerable milestone was achieved on 16 July when members of the Shadow Board met with NHSI at a Board to Board meeting to put the case for merger to them. The Shadow Board is developing the means through which it will ensure the setting and maintenance of pace and direction as focus now shifts to delivery of the integration post-merger and the delivery of benefits to our service users, colleagues and partners.

There was overwhelmingly positive feedback given from Grant Thornton who have been appointed to scrutinise our merger preparations. Later in our private meetings the two boards are asked to approve a number of formal documents in support of the planned merger – these were reviewed by the Shadow Board.

We reviewed the options put forward by the Communications Team for the Gloucestershire Health & Care NHS Foundation Trust branding, and agreed that this would be publicly launched at the 23 July AGM.

The next meeting of Shadow Board is 20 August.

To increase in-depth Board understanding of the business of each Trust we continue to undertake visits to the services of each Trust (Non-Executive and Executive visits) and today's inaugural consecutively held Board meeting is part of this process.

1.2 National and Regional Meetings

I was pleased to be involved in the appointment process for the **new Chair of NHS Providers** and can report that Sir Ron Kerr will take over as the next Chair on 1st January 2020, when the term of the current Chair, Dame Gill Morgan, ends.

I attended the **NHS Providers Board on 3rd July** where items discussed included a policy debate on Primary Care Networks, NHSP's excellent staff survey results and year end accounts.

On Wednesday 17th July, the Joint Chief Executive and I attended a meeting in Taunton with **Simon Stevens, Chief Executive, NHS England and Elizabeth O'Mahony, Regional Director, NHS South West, along with Dido Harding, Chair of NHS Improvement.** Matters discussed included the NHS Long Term Plan, the Interim Workforce Plan and a regional overview and performance data.

1.3 Working with our Partners

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

The second event in our **Better Care Together** programme of events took place on Tues 2nd July focussing on **"Improving and Supporting Mental Health and Wellbeing for our Communities"**. We were fortunate to have Claire Murdoch, NHS England National Director for Mental health and the Chief Executive of North West and Central London NHS Foundation Trust, share her aspirations for the NHS Long Term Plan, along with a representative from Gloucestershire Young Carers who shared their experiences of the intergenerational impacts of mental health. We also had a panel of local people with lived experience who shared their experiences of care as service users and carers.

1.4 Working with the Communities and People We Serve

The Joint Chief Executive and I held a quarterly **meeting with the Chairs of the County's Leagues of Friends** on 11th June. **Val Welsh (Sexual Health Operational Manager)** gave a talk on the work of the Sexual Health services based at Hope House at Gloucester Royal Hospital and Milsom Street, Cheltenham. **The Chief Executive** gave an update on the ongoing work of the Trusts.

The **official opening of the Stroke Rehabilitation Unit took place on 18th June 2019** and we were honoured that the Lord Lieutenant of Gloucestershire, Edward Gillespie OBE, performed the official opening. The development of this unit has been a result of collaborative partnership working between commissioners and clinicians from Gloucestershire Hospitals NHS Foundation Trust, community organisations, patient representatives and a range of key stakeholders.

Its opening means Gloucestershire now has its own dedicated community stroke rehabilitation service for the first time, in line with national recommendations for therapy provision following a stroke.

Along with the Joint CEO, I attended a meeting of the **Gloucestershire ICS Board on 25th June.**

A meeting of the **Hereford & Worcester Health and Wellbeing Board** took place on 8th July where I was represented by Duncan Sutherland, Non-Executive Director. Matters discussed included the Better Care Fund quarter 4 report for 2018/19.

A regular meeting of the **Gloucestershire Health and Care Overview and Scrutiny Committee** (HCOSC) took place on 16th July. The Trusts were represented at this meeting by Colin Merker, Deputy CEO for 2gether and Candace Plouffe, Chief Operating Officer for GCS. The meeting considered performance across the health and care system and matters discussed included an update on the proposed merger of the two Trusts.

Other items discussed included One Place, where Members were briefed on urgent care and centres of excellence, and current arrangements and proposals; an update on the Radiology service and an update from the general surgery scrutiny task group.

A meeting of the **Gloucestershire Health & Wellbeing Board** took place on 23rd July. Items discussed included the Joint Health and Wellbeing Strategy; One Gloucestershire Way, Safer Gloucestershire Community Safety Strategy 2019-22, Children's Health and Wellbeing Strategy and Child Friendly Gloucestershire Proposal, an update on new Strategies and Plans, and membership of the Gloucestershire Health and Wellbeing Board.

1.6 Engaging with our Trust Colleagues

I continue to meet regularly with Trust colleagues at Gloucestershire Care Services and 2gether and visit services at both Trusts to inform my triangulation of information.

I am pleased to welcome newly-elected **public governors** from 1 July 2019

Jenny Hincks, Cotswolds
Stephen Wright, Forest
Craig Pryce, Gloucester
June Hennell, Stroud

And two re-elected with effect from 1 July

Mervyn Dawe, Stroud
Said Hansdot, Gloucester

I am having introductory meetings with each of the newly elected and re-elected Governors throughout July and August.

There have been two meetings of the **Council of Governors on 18th June and 11th July at Rikenel**, since the last report. As always, these are important sessions focusing on matters of key concern for our community in particular focussing on our merger plans. Both meetings had inspiring presentations, further demonstrating the benefits of integrated working between mental and

physical health was given. In July, the IHOT team support mental health patients with routine physical interventions such as blood tests, taking regular medicines.

Through open questions sessions, Directors were able to provide continued assurance around the preparations for the planned merger, including the aligning of the merging trusts' internal policies.

Non-Executive Directors continue to be invited to attend the **Senior Leadership Forum** as part of the Boards' ongoing commitment to our wider leadership team. Attendees have fed back that they find it very enjoyable to spend time with the leaders of both Trusts as they consider how best we can work together. Maria Bond, Shadow Board Non-Executive, introduced herself to the group at the meeting on 27th June. This is part of an ongoing series of similar introductions from shadow NEDs so that colleagues have a chance to meet board members of the proposed merged organisation.

On Weds 10th July I visited **2gether services in Hereford** – Etnam Street and Oak House. I have further visits to Herefordshire services planned for the end of July.

The Joint Trust AGM was held on Tuesday 23rd July at the Friendship Café in Gloucester. We can share more about that event at the Board meeting.

I continue to have a range of **1:1 sessions with Executive and Non-Executive** colleagues as part of my regular activities. I have also carried out **annual appraisals** for the Joint Chief Executive and Non-Executive Directors from both Trusts, as well as chairing a range of other meetings.

2. **NED activity**

As part of the ongoing Shadow Board work with the King's Fund, a **Shadow NED development** session took place on Mon 17th July to progress our team building and joint thinking.

An **ICS NED/lay member network** meeting was held on Thurs 18th July at Sanger House.

Activities undertaken by the Gloucestershire Care Services Non-Executive Directors

Key meetings and events have included:

- Routine attendances at planned meetings of:
 - Shadow Board
 - Board to Board meetings
 - Board committees
 - Meetings with Grant Thornton
 - Shadow Board development
- Interview Panel member for Head of Communications position (Graham Russell)

- Visit to Charlton Lane Hospital (Graham Russell)
- Opening of Stroke Rehabilitation Ward at Vale Hospital (Graham Russell)
- Improving and Supporting Mental Health & Wellbeing for our Communities (Graham Russell)
- Nurse Associates celebration event (Jan Marriott)
- Visit to PCMHT team, Herefordshire (Jan Marriott)
- Council of Governors meeting (11th July)
- Annual Appraisal procedures and follow ups
- Joint Annual General Meeting
- ICS NED/Lay Member network

Quality Visit reports are reported to the Quality and Performance Committee.

Activities undertaken during June by 2gether Non-Executive Directors

Maria Bond

Discussion group for 7th NED interview
 Shadow Board Development Day
 Shadow NED's Development Day
 Council of Governors meeting
 Shadow Board, Board to Board Preparation
 Delivery Committee (Chair)
 Senior Leadership Network
 GCS Quality and Performance Committee
 Interview with Grant Thornton in regard to Quality and Governance
 Governance Committee

Jonathan Vickers

Mock NHSI board-to-board meeting
 Meetings with Executive and Non-Executive colleagues on Trust matters
 Council of Governors meeting

Nikki Richardson

Meeting with PHSO
 Meeting with Director of Quality
 Joint Boards x2
 Panel member for MHAM Hearing
 Meeting with a Senior Manager
 Telephone conversation with Director of Service Delivery
 Attended Queen's Birthday Reception at Imjin Barracks
 Governance Committee (Chair)

Duncan Sutherland

Joint GCS/2G Board
 Meeting with Herefordshire CCG
 Shadow Board Development Session
 Visit to Cirencester Hospital

Marcia Gallagher

Sat on the interview panels for the 7th NED Vacancy and the Director of Strategic Partnership

GCS and 2GFT Public and Private Board meetings

Met with Grant Thornton in preparation for the NHSI Board to Board meeting

Shadowed an Occupational Therapist in the Forest of Dean as part of GCS Induction

Shadow Board Development day

Shadow NED Development day

Council of Governors meeting

Attended Gloucestershire Audit Chairs

Shadowed a Community Nurse in the Forest of Dean for the afternoon as part of GCS Induction

Attended Queen's Birthday Reception at Imjin Barracks

Shadowed a Physiotherapist in Tewkesbury as part of GCS Induction

Sumita Hutchison

Joint Trust Board

Shadow Board Development Day

Shadow NED Development Day

Delivery Committee

Visit to Berkeley House

3. Conclusion and Recommendations

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



Trust Board	
Date of Meeting:	25 th July 2019
Report Title:	Chief Executive and Executive Team's Report

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

Executive Summary

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

Recommendations:

The Board is asked to:

1. **NOTE** the Report.

Chief Executive's Report

1. Chief Executive Engagement

I remain committed to spending a significant proportion of my time visiting front-line services in both organisations and continue to be impressed and heartened by the professionalism and commitment of colleagues across the organisations and in the pride that they take in the delivery of, in many cases, outstanding services.

Inevitably given the current focus of the Executive teams on the development of the structure for the planned merged organisation my visits have been reduced, but I continue to make every effort to make time for this key activity which enables me to take the temperature throughout both organisations.

Services I have visited in recent weeks include:

Gloucestershire Care Services:

Vale Community Hospital, Dursley – along with the Trust Chair, I attended the official opening of the Stroke Rehabilitation Unit. The Trust was honoured that the Lord-Lieutenant of Gloucestershire, Edward Gillespie, OBE, performed the official opening and he also spent time talking to staff and patients afterwards.

2gether services:

I was invited to attend the **Complex Psychological Interventions (CPI) Service** away-day to give an update on service developments.

I have continued to attend a range of other meetings across both Trusts including:

Competitive interview processes have taken place for the **Head of Communications** and the **Director of Strategy and Partnership** positions within the new organisation. I am pleased to report that Kate Nelmes has been appointed as the Head of Communications and Angela Potter has been appointed as the Director of Strategy and Partnerships.

I have attended two **Council of Governors** meetings since the last Trust Board – these are reported on in the Joint Chair's report and elsewhere in this agenda.

Team Talk sessions have taken place at Tewkesbury Hospital and Rikenel.

Gloucestershire Senior Leadership Network - Joint Director of HR & OD, Neil Savage and Transition Director, Dave Smith, gave an update on Phase 2 and an overview of Phase 3 appointments. Head of OD and Improvement for GCS, Linda Gabaldoni, gave a presentation on the launch of the Health Needs Assessment and Non-Executive Director, Maria Bond, attended as part of the continuing introduction of the Shadow NEDs to the group.

Hereford Senior Managers Network - I plan to attend as many of the Hereford Senior Managers meetings as time permits. At this meeting, Colin Merker, Deputy CEO for 2gether, introduced Duncan Sutherland, Non-Executive Director, 2gether, along with Governor colleagues, and matters discussed included an overview on the proposed merger; Hereford & Worcester STP and One Herefordshire and Worcestershire Health & Care Trust.

I continue to hold **regular meetings with Executive Directors and senior managers** from both Trusts. **Annual appraisals** have been held with Executive Directors from both Trusts.

2, Progress on the strategic intent to merge Gloucestershire Care Services NHS Trust (GCS) with 2gether NHS Foundation Trust

As noted in the summary from the Shadow Board, we have made good progress with preparing for the merger, with positive verbal feedback from Grant Thornton arising from their interviews and document review.

This is a really exciting time for our Trusts. We are still on track to become one organisation from 1 October 2019, but that is not the end of the process. We know it will take many months, if not years, for us to fully transform services and provide the joined up mental and physical healthcare services our communities want and need. Colleagues within both Trusts continue to work tirelessly to deliver our usual, high quality services and support, and also to progress our merger.

3. Partnership Working

Along with Mary Hutton (Accountable Officer, Gloucestershire CCG) and Deborah Lee (CEO for GHFT), I took part in a **meeting with three of the County's Members of Parliament** - Laurence Robertson, Richard Graham and Alex Chalk - in order to give an update on ICS activities. I continue to have regular meetings with the **CEO of Gloucestershire Hospitals NHS Foundation Trust** and the **Accountable Officer for Gloucestershire Clinical Commissioning Group**. I also continue to attend regular meetings with the **ICS Board** and **ICS Executive**.

I attended the Joint Trust Chair's quarterly meeting with the **Chairs of the County's Leagues of Friends** and gave an update on the ongoing work of the Trusts.

I joined school nursing, district nursing, dental services clinicians and system partners in participating in the **Barton and Tredworth NHS Junior School Employment Fair – Opportunities and Aspirations**. This was organised by Bren McInerney, Community Champion, and hosted by St James School. The day was about promoting careers in healthcare and encouraging the next generation of nurses and clinicians. It was a fantastic day supported by GCS, 2gether, SWASFT, GHFT, the University of Gloucestershire and a host of other organisations. Former Chief Nurse, Professor Jane Cummings was in attendance and all the children had a great time; bandaging each other, listening to pulses with dopplers, taking blood pressures, practising resus and getting hands on.

I met with **Vicci Livingstone-Thompson, CEO for Inclusion Gloucestershire**. We had a useful meeting discussing how the new Trust could work with Inclusion Gloucestershire in the future.

The second event in our **Better Care Together** programme of vents took place on 2nd July focussing on **"Improvement and Supporting Mental Health and Wellbeing for our Communities"**. We were fortunate to have Claire Murdoch,

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NHS England National Director for Mental Health and the Chief Executive of North West and Central London NHS Foundation Trust, share her aspirations for the NHS Long Term Plan, along with representatives from Gloucestershire Young Carers who shared their experiences of the intergenerational impacts of mental health. We also had a panel of local people with lived experience who shared their experiences of care as service users and carers.

A meeting of the **Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC)** was held on 16th July 2019 where I was represented by Colin Merker, Deputy CEO, 2gether and Candace Plouffe, Chief Operating Officer for Gloucestershire Care Services. The meeting considered performance across the health and care system and matters discussed included an update on the proposed merger of the two Trusts.

As part of my work with the Gloucestershire ICS, I continue to lead on three major strategic workstreams and since the last Trust Board have **chaired meetings of the Diagnostics Programme Board and the Urgent Treatment Centre (UTC) Project Board**.

I have attended meetings with the **CCG Governing Body; Gloucestershire Hospitals NHSFT Management Meeting** and **Gloucestershire County Council Management Team** to give updates on the Full Business Case for the proposed merger.

4. Herefordshire Integrated Working Developments

Colin Merker, Deputy Chief Executive 2gether and Duncan Sutherland Non-Executive Director, 2gether, continue to be heavily engaged in working with colleagues in Herefordshire and Worcestershire to further develop partnership working.

5. National and Regional meetings attended

Annual **NHS Confederation Annual Conference** in Manchester – this year's theme was "The Future Starts Here". The Keynote speaker was Simon Stevens, CEO for NHS England, who shared his perspective from the top of NHS England and NHS Improvement, highlighting what has gone well for the NHS in the last 12 months and the essential areas where change is needed. He announced that the implementation framework for the NHS Long Term Plan was shortly to be published. Andy Burnham, Mayor of Greater Manchester, praised the NHS Confederation's Health for Care campaign for a fair, long-term funding settlement for social care.

NHS Providers Chairs and CEOs where matters discussed included an update on CQC matters from Peter Wyman, Chair of CQC and a discussion about STPs and ICSs.

Along with the Trust Chair and other South West Chairs and CEOs, I attended a meeting in Taunton with **Simon Stevens, Chief Executive, NHS England; Elizabeth O'Mahony, Regional Director, NHS South West; and Dido Harding,**

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Chair of NHS Improvement. Matters discussed including the NHS Long Term Plan, the Interim Workforce Plan and a regional overview and performance updates.

6. Joint Annual General Meeting – 23 July 2019

The **second Joint AGM** was held at the Friendship Café in Gloucester. A full update on this event will be given at the Trust Board.

7. NHS Long Term Plan

The Long Term Plan Implementation Framework was published on 27th June and outlines the detailed requirements for the five year strategic plan. We will work with our ICS colleagues to ensure the draft strategic plan is submitted by the 27th September and the final plan is submitted by the 15th November. All system plans will then be aggregated and published as part of a National Implementation Plan by the end of the year.

The system plan will include the following:

- a system narrative that sets out the detail for clinical priorities and commitments for delivery across the 5 years from now to 2023/24
- a System Delivery Plan that demonstrates the phased trajectories for finance, workforce and activity.

Technical guidance for the narrative and templates will be published at the end of July however we have received the draft Strategic Planning Tool so early work on the submission has begun.

Gloucestershire ICS has already carried out a number of engagement events on the Long Term Plan with partner organisations and wider stakeholders to ensure our local plan is clinically-led and locally owned.

The ICS governance structure for the Long Term Plan has been agreed and includes a newly formed project group with Trust representation. The project group has developed a high level action plan including over 300 Long Term Plan commitments. The 'foundational commitments' particularly relevant for our services are:

- **transformed 'out-of-hospital' care and fully integrated community-based care** including: supporting the development of primary care networks (PCNs) and improving the responsiveness of community health crisis response services and reablement care;
- **improving mental health services**, with investment in mental health growing faster than the NHS budget overall for each of the next five years, and children and young people's mental health services growing faster than both overall NHS funding and total mental health spending

System plans will need to demonstrate guaranteed spending in these areas to reflect the National funding of 1.8b to be invested in primary and community care and 2.5b in mental health (2.3b a year by 23/24). This funding will be made available in two ways including a 'fair share' basis with each system given an indicative additional allocation and 'targeted funding' based on specific needs and national transformation programmes.

In addition to the significant process in establishing Primary Care Networks across our county, local proposals for mental health transformation have been developed to secure the additional funding for a number of key priorities and ensure we are well placed to deliver the commitments for the people we serve.

Within the context of the funding guarantees, the approval of our system plan is conditional on our submission being financially balanced and able to demonstrate how we will meet the five financial tests set by the Treasury:

- Test 1: plans will need to include the financial recovery plans for individual organisations in deficit against specified deficit recovery trajectories
- Test 2: actions to achieve cash releasing savings (1.1% pa)
- Test 3: reduction of unwarranted variation
- Test 4: moderate growth in demand
- Test 5: set out capital investment priorities for capital budgets being agreed through the forthcoming Spending Review

Additional guidance has been published to support the delivery of the implementation framework including the Digital Strategy and Investment Plan and the recent interim NHS People Plan which sets out the national context for workforce assumptions.

Further guidance for aspirant provider groups will be published later in 2019 which will set out changes in the provider and commissioner landscape and a 'fast-track' approach to assessing transactions for groups in the second half of 2020.

8. One Gloucestershire Research Developments

The development and ongoing dialogue for realising the research potential for Gloucestershire as an Integrated Care System (ICS) continues to progress with the emergence of a vision for One Gloucestershire "Research4Gloucestershire" - both GCS and 2gether Trust colleagues have been involved with this and an outline vision will include:

- Developing a research governance and operational structure that supports the sustainable growth of research activity that will both compliment and build upon existing national research strategies.
- Supporting One Gloucestershire member organisations to become centres of research excellence.

- Improving the scale, pace and impact of research and innovation which is a key theme of the NHS Long Term Plan.
- Developing a 5 year operational plan which sets out how we will grow research leadership capacity as well developing the opportunities for joint appointments and combined research teams.
- Developing a series of metrics to define success and impact of research activities.
- Increasing Gloucestershire's collaboration with research focussed funding bodies and grants.
- Continuing to develop Gloucestershire's reputation for research and its expertise for research in the area of prevention and population health.
- Supporting partner organisations including Primary Care Networks and Social Care to attract and retain its future workforce through innovative practice and opportunities for research and development.
- Developing closer relationships with relevant commercial and Voluntary, Community and Social Enterprise (VCSE) organisations, where these relationships add to the scale, range and pace of any research agenda's.

9. National Patient Safety Strategy – published July 2019

Although the NHS strives to provide patients with the safest possible care, there are times, unfortunately, when things go wrong and there are approximately two million patient safety related incidents reported every year, with most occurring within the acute, mental health and community care sectors.

The NHS Long Term Plan published 2018 highlighted several safety issues that need to be addressed which included:

- the fear of blame and retribution which curtails reporting and learning,
- lack of staff understanding of patient safety matters and;
- workforce issues (including safe staffing levels)

With the aim to make the NHS the safest healthcare system in the world, this new strategy for patient safety sets out plans to focus on continuous learning and measurable improvements. The strategy is based on three principles which are 1) A Just Culture 2) Openness and Transparency and 3) Continuous Improvement. The strategy also recognises three areas of work priority 1) Insight 2) Infrastructure and 3) Initiatives.

There have been a number of colleagues representing the Trust at a range of strategy launch events and from here there will be an opportunity to undertake a "gap analysis" internal response to the strategy and how it will align to other activities such as Freedom to Speak Up both of which will undoubtedly be taken forward by the new Trust October onwards.

10. Nursing Associate Celebration Event

This took place at Kingsholm Rugby stadium on 3rd July. The event was attended by many One Gloucestershire colleagues was about celebrating the achievements of our trainee nursing associates receiving their registered practitioner status with the Nursing & Midwifery Council (NMC) and for those trainee nursing associates who have recently embarked on their two year educational journey.

The Registered Nursing Associate is a new role to the nursing family, who will work alongside Healthcare Support Workers and Registered Nurses to deliver direct patient care. The role will bridge the gap between HCAs and nurses, will play a key part in a contemporary multi-disciplinary workforce and will include them carrying out extended clinical skills and administration of medications.

One Gloucestershire was selected to take part as a national “fast follower” test site in 2017 which was delivered in partnership with the University of Gloucestershire and the first trainee programme commenced April of that year.

We all recognise a need for the Nursing Associate role as we believe it will enhance the care provided to patients but at the same time provides real opportunities for staff to learn & develop skills and to be part of a nursing career pathway and already community Nursing services have identified that they need a minimum of 50 Registered Nursing Associates to be part of the Integrated Community Teams (ICTs). Our newly registered Nursing Associates have commenced a preceptorship programme and have already moved in their first posts within 2gether & GCS.

11. EU Exit

The Trusts continue to follow national guidance on this issue and respond to information requests from the Department of Health and Social Care/ NHS England/Improvement.

12. Operational Service Overview

12.1 Next stage of Development of the New Community Hospital in the Forest of Dean

With approval of the Outline Business case by the Trust Board in March 2019, there has been ongoing collaboration with Gloucestershire Clinical Commissioning group in determining the inpatient, outpatient and urgent care services which will be provided within the new Community hospital to meet the needs of the Forest of dean residents.

To support this work there is detailed bed modelling underway to forecast the number of beds in the new hospital to adequately provide for the needs of the local people now and in the future.

There has been a commitment for a further period of engagement with the local population on the range of services proposed, and discussion is underway on how to align this with the upcoming One Place engagement events being planned. Once confirmation is received of the commissioning intentions for this new site, then the Full Business case can be completed for consideration and approval by the Trust board later in year.

12.2 Community Phlebotomy Service for Gloucester Locality

A new community phlebotomy service for Gloucester locality went live at the beginning of June, offering a service for patients who are unable to access the primary care phlebotomy service from their GP practice.

The service model is similar to the offer provided in Cheltenham locality, enhances the range of support delivered through our Integrated Community teams.

12.3 Supporting the Urgent and Emergency Care System

The June Accident and Emergency Delivery Board reviewed the findings and discussion of the Urgent Care summit as part of the refresh of the Gloucestershire urgent care improvement plan and support planning for the 2019/20 winter season.

The three key system priorities include

Priority 1: Accelerate roll out of Cinapsis

Cinapsis uses mobile communication technology to link primary and community care clinicians with acute care colleagues, with the aim to:

- Facilitate the management of the acutely unwell patient by having direct access to an appropriate specialist on call, either directly or by a call back system
- Enhance clinical conversations with specialists by enabling secure image and document transfers where appropriate direct from a mobile device
- To help reduce unnecessary patient trips to the hospital
- To ensure the unwell patient are transferred directly to the best place of care for their condition rather than all being directed to the Emergency department.

The use of Cinapsis to date has been limited to GP accessing the emergency department consultant; however the acceleration of the roll out will now include additional specialities and additional users including Rapid Response and SWAST and work with the Acute Trust on a bespoke programme of positive decision making.

Priority 2: Design and Implement an Enhanced Independence Offer (EIO)

The Trust Board previously received a presentation by colleagues from Gloucestershire County council on the recent review they had undertaken and the strategic change they wish in both preventing a hospital admission and for those individuals are inpatient to support patient discharge in a timely way back to their place of residence.

The aim is to significantly redesign and enhance the reablement service across the county and improve the long term outcomes of patients following a hospital stay.

The principles that underpin the new model are:

- No assessments to be made in an acute hospital bed
- Supports both step up and step down
- Therapy led reablement approach
- Supports proactive 'brokerage' of personalised care packages

This proposal aligned with the feedback from the Emergency Care Improvement system team (ECIST) from NHS England who noted in the Urgent Care Summit the need to improve patient pathways to reduce unnecessary delays and a particular need to focus on and develop a "Home First" approach to reduce the current over reliance on transfers to alternative bed based care settings.

Priority 3: ED attendees from Gloucester City locality

The Urgent Care summit noted the high level of activity associated with both attendances to the emergency department and emergency admissions for the residents from Gloucester city locality. Gloucester City has the highest rate per 1000 of avoidable attendances as well as the highest volume of admissions, with the biggest growth when reviewing by locality.

There was agreement that there are opportunities within place based working to understand the unique population needs and configure services for the Gloucester city population accordingly.

As a result, there will be targeted work in understanding the needs of these patients presenting at the emergency department and developing alternative pathways of care.

The Delivery Board also reviewed and agreed a timetable for the development of the 2019/20 system resilience (winter plan) and key action and dates are noted below.

Date	Action
May 2019	Winter System Review – review of last winter and discussion around escalation and system support for winter 2019/20
June 2019	Develop consistent demand and capacity modelling across Gloucestershire System

June 2019	Review Winter Plan 2019/20 approach and agree structure/content for all system partners
June/July 2019	Individual provider workshops to be scheduled for review and development of first draft of organisation plan
End July 2019	Winter and escalation workshop for whole system – Review of escalation actions and system plans
26th August 2019	Submissions to be received from providers and CCG: <ul style="list-style-type: none"> • Provider internal escalation plans, winter plans and demand & capacity modelling. • contributions to system wide Winter Resilience Plan 2019/20 and whole system Escalation Plan & Framework 2019/20
26th-29th August 2019	CCG to review and translate all returns to inform the wider system wide Winter Resilience Plan 2019/20.
30th August 2019	Submit Draft plans to NHSE
September & October 2019	Providers and CCG to submit Winter Resilience Plan 2019/20 to relevant organisational Boards for sign off.
4th October 2019	Final submission of Winter Resilience Plan to NHSE
16th October 2019	NHSE Winter Stress Testing (incl Christmas & New Year Assurance) – middle of week
November 2019	Review planning assumptions/assurance process for the weeks for Christmas & New Year 2019/20
December 2019	Implementation workshop, Christmas and New Year Assurance review – all organisations represented.

Both the Trust and the System Resilience Plan will be provided to the Board in due course.

Trust Board

Date of Meeting: 25 July 2019

Report Title: Integrated Care System (ICS) Lead's Update

Agenda reference Number	10
Accountable Executive Director (AED)	Ellen Rule: Director of Transformation & Service Redesign
Presenter (if not AED)	Paul Roberts
Author(s)	Emily Beardshall: Deputy ICS Programme Director
Board action required	To note
Previously considered by	Not Applicable
Appendices	App 1: One Gloucestershire ICS Leads Update July 2019 App 2: Long Term Plan briefing Boards & Governing Body

Executive Summary

This report provides an update on Gloucestershire Integrated Care System.

The report provides an insight into the progress being made in the ICS transformation programmes against the system vision and priorities.

Key Issues

This report provides focus in the main programme areas;

- Enabling Active Communities;
- Reducing Clinical Variation;
- One Place, One Budget, One System
- Clinical Programme Groups.

This report also includes an annex paper showing a high level overview of the NHS Long Term Plan Implementation Framework and an outline of the One Gloucestershire approach to developing the local system response to the Long Term Plan. The response is due for final submission by mid-November 19 (draft submission September 19).

The Implementation Framework outlines the expectations on systems to ensure that system responses are clinically led and locally owned and summarises the “foundation commitments” within the Long Term Plan that have specified timelines for delivery.

Partner Organisation Boards and Governing Body will be consulted on the draft response in October/November.

Risk Issues

Original Risk (CxL)**Residual Risk (CxL)**

ICS programme risks are regularly reported to ICS Executive as a standing item. Further consideration is being given to the development of a view of system-wide risk.

Impact on Health Inequalities

The report supports the effort to reduce health inequalities.

Impact on Equality and Diversity

The report positively impacts on improving equality and diversity

Patient and Public Involvement

The report considers the matters of public engagement and is also submitted to the Health and Care Overview and Scrutiny Committee.

Recommendation

Governing Body/Board members are asked to note the content of the report.

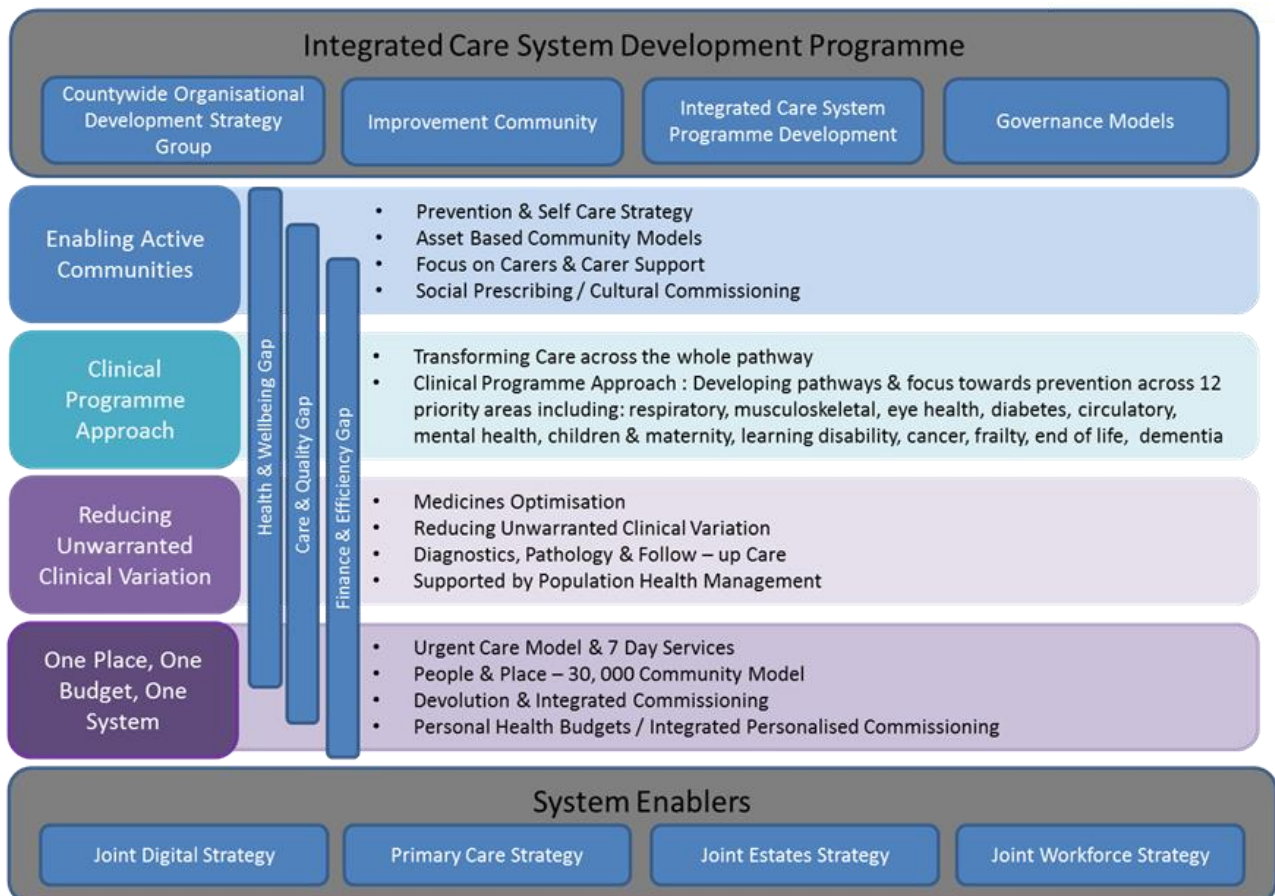
July 2019

One Gloucestershire Integrated Care System Lead Report

1. Introduction

The following report provides an update to Governing Body/Board members on the progress of key programme and projects across Gloucestershire's Integrated Care System (ICS) to date.

Gloucestershire's Sustainability & Transformation Plan commenced year three of four in April 2019 continuing priorities against the central transformation programmes with refreshed delivery plans in place that will transition the system into delivering against the Long Term Plan. In this report we provide an update on 2019/20 plans and the progress made against the priority delivery programmes and supporting enabling programmes included within the One Gloucestershire Integrated Care System.



[Gloucestershire's ICS Plan on a page](#)

2. Enabling Active Communities

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

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

Key priorities for 2019/20 will align to the refreshed Health & Wellbeing Strategy and are split across the 4 main workstreams: supporting pathways, supporting people, supporting places and communities and supporting our workforce.

Supporting Pathways

- There have been 3,237 referrals onto the **National Diabetes Prevention Programme (NDPP)** with a 60% referral uptake.
- **Tier 2 Child Weight Management** – There is a focus on increasing awareness and engagement in the community; we have identified families for focus groups and to support co-production throughout the project.
- A key achievement has been the running of a one-day **Blue Light** training event on the 17th June, delivered by Alcohol Concern. The event was targeted at Cheltenham staff and 23 people attended.
- **Postpartum contraception:** this way of working is embedded and there is sustained delivery from the ward team. The Cheltenham Midwifery teams have now received training and are due to join the pilot this should increase uptake of postpartum contraception.

Supporting People

- The **Early identification of domestic abuse** pilot project that was due to end on 30th June 2019 has identified further funding. The service will be commissioned by Gloucestershire County Council through the Gloucestershire Framework for Domestic Abuse.
- **Healthy food for NHS staff, visitors and patients:** good progress was seen in a recent review and further work is planned over the coming year to continue to improve the healthy food offer. This work is being overseen by the Gloucestershire Hospitals NHS Foundation Trust (GHFT) Health and Wellbeing Board.
- **Social Prescribing Plus** - Approximately 50 people have been referred into the **Breathe In Sing Out** project which is delivered by the local music charity Mind song. A network of arts based self-management groups for people with living with chronic pain is being developed. This will offer an accessible option for patient led self-management before, after or instead of pain management programme. Two local arts organisations, Artshape and Cinderford Artspace are running an **arts based project for Children & Young People who have Type 1 Diabetes** with accompanying mental health needs. Around 18 children and young people who have Type 1 Diabetes have been referred into the project.

Supporting Places & Communities

- **Gloucestershire Moves Programme Update:**

- 2 Schools have signed up to the **Cotswold's Walking Project**
- **Special Olympics Gloucester** – Big Health check day delivery is complete. 1,500 people attended with 14 accessible sports provided. This was delivered in partnership with volunteer students from Hartpury College.
- **Beat the Street** launched in June 2019. A focus on the programme is given below
- The **Dear Daily Mile** case study campaign is working with primary schools across the county to share their stories of doing the daily mile, in particular overcoming barriers and the impact it had in their school.
- **Strengthening Local Communities** - Work continues to engage with local communities and groups to understand how they can work together to benefit the community.

Supporting Workforce

- **Workplace Health and Wellbeing:** The workplace wellbeing newsletter is now reaching an audience of 720 people. Work continues to expand the readership. There is ongoing work to engage and support workplaces across Gloucestershire. New workplaces are being supported to develop healthy workplace policies.



Focus on Beat the Street

Originally implemented as part of Active Gloucestershire, Beat the Street aims to increase levels of physical activity in those least active and most vulnerable (less than 30 mins per week). Target cohorts are: older people; those with long term health conditions/disabilities; women; people from lower socio-economic groups; BME communities. In addition, it will look to change behaviour across the county as a whole to one where physical activity is the norm, including enabling the infrastructure to support sustained behaviour change.

Step change across a community



Hugely successful in 2018, Beat the Street turns Gloucester into a giant game; it's a fun, free challenge which aims to make physical activity part of daily life. The scheme was so successful last year that it is being re-introduced to Gloucester from 26th June to 7th August 2019.

Highlights from 2018 Beat the Street Gloucester:

- 71 Beat Boxes across the City
- 10 distribution points including libraries and leisure centres
- Over 10,000 participants
- 74,000 miles travelled in total
- 1200+ Facebook and twitter followers
- Over 4,300 people registered providing health, travel and behaviour data
- 60% of registered players were female
- 20% of registered adults were inactive (<30mins a week)
- The proportion of adults using their car every day decreased from 32% before the game to 25% six months later
- 11% increase of players meeting physical activity guidelines
- 1200+ Facebook, Twitter and Instagram followers
- 42.9% weekly newsletter engagement rate



Comments from participants included that the scheme created a real buzz around the City and that they enjoyed “spending time with family” and “finding new places”. Some examples are featured below:

“I cycled to places I’d never been to; found cycle paths in places I didn’t know. I looked forward to the challenge and felt excited when looking for the boxes. Felt a sense of achievement and motivated to go out and exercise after work”

“We spent time as a family, planning routes then going out and completing them. We would go out every Sunday for a long walk and then a few times during the week. It made us enjoy being together and outside! We’ve tried to keep it up since”

This inclusive initiative is suitable for individuals, families, schools, community groups and workplaces to take part in. To join in, players just pick up a card and map from a distribution point, register on the website and pick a team.

The website features leader boards for schools and communities and spot prizes can be won during the game, the more active you are the greater the chance of winning a prize.

Players use the map and move between tap point boxes. If 2 different boxes are tapped within an hour, this will record as 1 journey (10 points). The more journeys you make, the more points you get.

For 2019 Beat the Street has:

- more beat boxes 93 total and has new locations
- Eye catching signs above the Beat Boxes
- More distribution points including supermarkets and community hubs
- New bonus points events and themed weeks
- Prizes and incentives for registering, playing and completing end of game survey

- The game runs into the summer holidays
- Better partnerships, more of a legacy and better connections to existing local activities and facilities

Success will be measured via:

- Sport England evaluation framework
- Player registration, end of game survey and 6/12 month follow up surveys
- Participants asked about their activity levels, travel behaviours, mental wellbeing and connection to their community
- Case studies, quotes and focus groups

To find out more and get involved please visit the website and signpost groups and individuals there:

- www.beatthestreet.me/Gloucester

3. Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to systematically redesign the way care is delivered in our system, by reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time. During 2019/20 we have identified 4 clinical programmes for acceleration with faster paced work with Integrated Locality Partnerships. These Clinical Programmes are Respiratory, Diabetes, Circulatory and Frailty & Dementia.

Respiratory: The Respiratory CPG has made strong progress with integration, initially concentrating on the Chronic Obstructive Pulmonary Disease (COPD) pathway. The test and learn cycles have resulted in changes to how patients are seamlessly transferred between acute and specialist community elements of the pathway.

An education and training programme to embed the pathway is being developed, to be delivered at a Primary Care Network Level.

A focus will be placed on prevention in 2019/20 including smoking cessation, the use of pulmonary rehabilitation and links with local communities

Diabetes: The CCG has been selected as an early implementer sit to use the HeLP online tool for people with type 2 diabetes. The new offer will mean people with type 2 diabetes have evidence-based information and support available at the touch of a button, via an online portal, giving them convenient and quick help to deal with the physical and mental challenges of diabetes.

The resource will make the right advice available from home, work or on the move, helping people manage their health and wellbeing independently, potentially preventing the need for extra medical attention or the condition becoming worse.

Trials of the online package showed people making use of the online courses and information reduced their blood glucose levels, a crucial part of managing type 2 diabetes.

There are 11 pilot sites nationally and Gloucestershire will be the only pilot site in the South West.

24 children with Type 1 diabetes attended a camp over the early May Bank Holiday to help provide a peer network and support to children and their families. The camp was well-received by those who attended.

The number of patients attending the NHS Diabetes Prevention Programme continues to increase with 3155 patients having attended this programme aimed at supporting those at high risk of developing diabetes with behaviour change and reducing their risk.

A draft 10 Year Diabetes Strategy has been produced and is being reviewed by stakeholders.

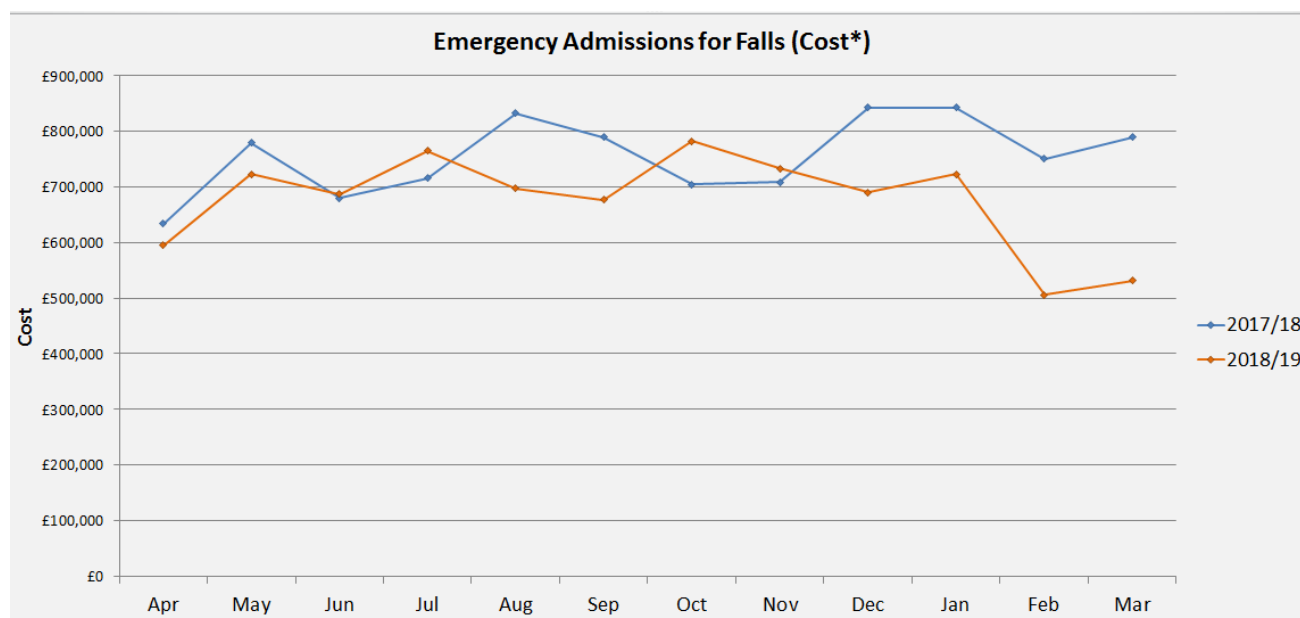
Circulatory:

- The Cardio Vascular Disease (CVD) prevention work has been well aligned with NHS Long Term Plan and NHS Rightcare National Priority Initiative.
- Community blood pressure programme has commenced and work is underway to improve the management of Atrial Fibrillation.
- Proposal from Gloucestershire Wildlife Trust for a Social Prescribing offer for Cardiac rehab has been agreed

Frailty & Dementia

Work is underway to agree a **Frailty Strategy** for Gloucestershire. As part of the Frailty Strategy, the Frailty CPG will develop and agree a core set of requirements for PCN based frailty services.

Work is well underway in the re-commissioning the **Falls Assessment and Education Service (FAES)** which has shown excellent results in reducing falls; the graph below shows the year on year reduction in the cost of emergency hospital admissions for patients following a fall.



Active Gloucestershire have been working closely with the Frailty Clinical Programme to produce a **Strength and Balance** exercise leaflet

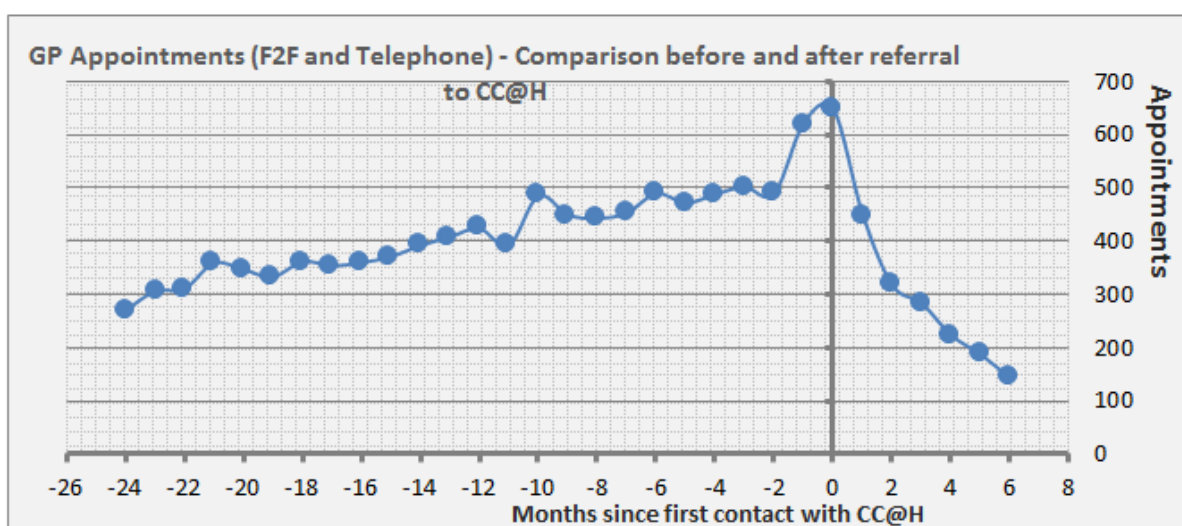
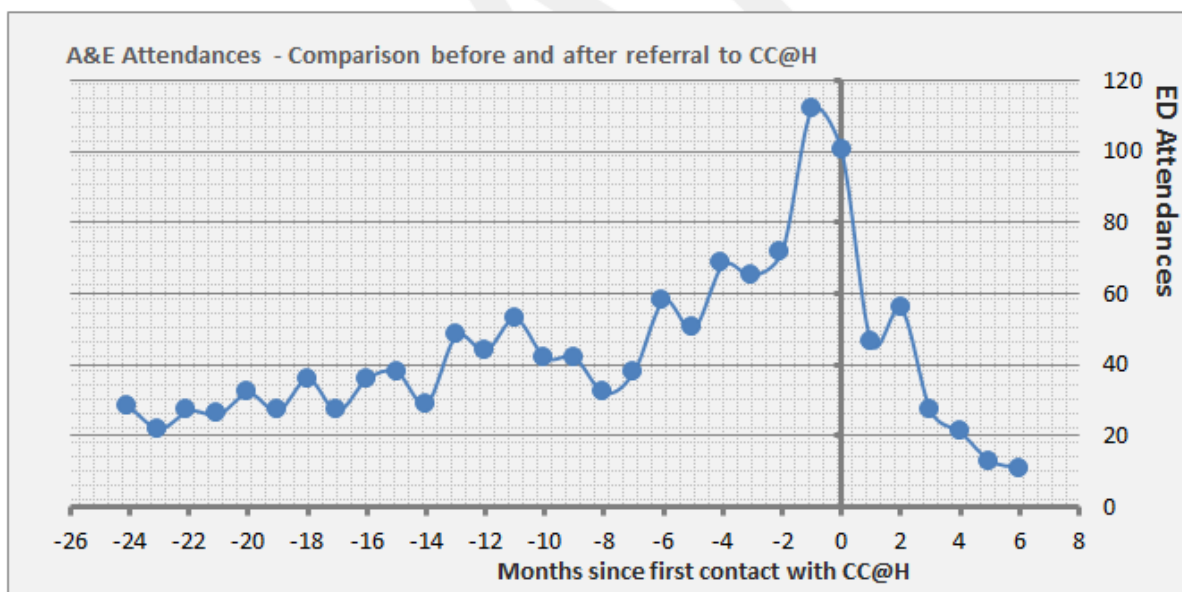


Focus on Complex Care @ Home

The **Complex Care @ Home** service was launched on 1st April 2018 with a phased approach to recruitment and implementation. The service focuses on identifying people who are losing resilience and independence, increasing in frailty and at risk of hospital admission or long term care. The team is multi-disciplinary led by Community Matrons and includes dementia specialists, therapists, wellbeing coordinators, a dietitian and social care practitioners. They adopt a person-led care planning approach and promote the self-management of health conditions by using health coaching and the Patient Activation Measure. The team works closely with the person and resources in the community to identify and access longer term low level support to maintain benefits.

The service has recently undertaken an evaluation and to 31st January 2019 the service has worked with 423 people.

The evaluation showed a significant reduction in A&E attendances and GP appointments for patients before and after the support from Complex Care at home as shown below.



Alongside this analysis the evaluation also presented really positive case studies for individuals who had benefitted from being supported. One of the case studies is shown below.

Person
Mrs H. Lives at home with husband independently, neither have support from Adult Social Care
Living Circumstances
Mrs H has a history of falls with a number of hospital admissions. She has Arthritis, spinal damage, poor mobility, probable difficulties with short term memory and a catheter in situ. The Reablement Service identified no long term care needs following the most recent hospital admission

Complex Care @ Home Team intervention

Joint visits were undertaken by the Care Navigator and Matron to support Mr and Mrs H. The team supported Mr H to better provide personal care for Mrs H. A range of equipment was suggested allowing Mrs H to elevate her legs during periods of the day to reduce the risk of falls. Occupational therapy intervention provided for handrail in bathroom and to promote independence with personal care. Information and advice was given on preventative support – fall detectors, Gloucestershire Fire and Rescue Service Fire Safe and Well check and Carer Support as well as the Adult Social Care process. Mrs H was supported to contribute to daily living tasks and now helps with meal preparation and going out jointly on shopping trips relieving pressure on her husband.

The whole intervention entailed:

- 6 Community Matron Visits
- 1 visits by Occupational Therapist
- 2 visits by Physiotherapist
- 9 Wellbeing Coordinator visits
- 2 Care Navigator visits

Outcomes

Mrs H's risk of falls has reduced; she now contributes to daily tasks. They are going out as a couple and enjoying the summer.

They both have improved wellbeing due to:

- Provision of equipment and reduced risk of falls
- Promotion of independence in daily living and personal care tasks
- Improved social interactions as the couple are accessing the community together
- Reduced anxiety due to safer environment because of equipment and digital technology

Admission to permanent care is prevented at this time.

Overall the evaluation has informed the action plan for the service going forwards over the next 12 months to further refine and improve the service alongside recognising the success of the programme to date whilst also considering the next steps for the roll-out of the service more widely within the county.

4. Reducing Clinical Variation

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

Key priorities for 2019/20 are

- We will make continued use of the successful Prescribing Improvement Plan (PIP) to ensure the early in-year savings, and subsequent in-year benefit for as much of the year as possible. Actions include working with GP practices via the prescribing support team to identify and record beneficial changes to prescribing activity.
- We will continue to work with secondary care colleagues to consider areas for mutual benefit within medication choice and supply routes.
- Continued inclusion of Medicines Optimisation topics within the annual Primary Care offer to support primary care colleagues to maximise efficiencies available from appropriate prescribing
- Continue the successful provision of the Clinical Pharmacist team working within many GP practices by recruiting to fill current vacancies.
- Implement a two year programme Medicines Optimisation in Care Homes (MOCH) scheme, specifically in residential homes.
- Develop and improve mechanisms to allow GPs to access specialist opinion/advice and guidance.
- Develop appropriate alternatives to secondary care outpatient services where there are opportunities to manage patients in a less specialist and lower cost setting.
- Support transformation in the outpatient approach across the system.
- Strengthen our approach to commissioning thresholds through changes and developments to the CCGs Effective Clinical Commissioning Policies list.
- Develop stronger secondary care gatekeeping functions through effective referral triage/management processes.
- Undertake a review of diagnostic provision across the system to support transformational programmes.

What we've achieved so far:

- Work within the practices is progressing towards achievement of the **2019-2020** Prescribing Savings target through the updated Prescribing Improvement Plan and Primary Care Offer which have been merged for the first time this year.
- Our team of Prescribing Support Pharmacists (PSPs), Prescribing Support Technicians (PSTs) and Clinical Pharmacists (CPs) are working to continue to interact with their allocated practices and provide support to achieve the allocated prescribing savings to individual practices.
- The Go-live of phase 1 of the community Ear Nose & Throat (ENT) service (microsuction for ear wax removal, nose bleeds, and otitis externa) is planned from 1st July 2019.
- Work is progressing towards the Gastroenterology Referral Assessment Service (RAS) with an estimated go live date on 15th July 2019.
- There has been continued growth in Advice and Guidance usage in April and May 2019.
- Outpatient service transformation is focusing on 4 key specialties at Gloucestershire Hospitals with the intent to roll-out improvements. The specialties are dermatology, diabetes, neurology and rheumatology.
- We are building the strategy for diagnostic service across the county in-line with the development of a national approach.

5. One Place, One Budget, One System

New Models of Care & Place Based Model

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

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

Key priorities for 2019/20 are

- Operational and Strategic partnership of senior leaders of health and social care providers and locally elected government and lay representatives informing and supporting integration at Primary Care Network (PCN) level, unlocking issues and sharing responsibility for finding local solutions to deliver ICS priorities and tackling issues which arise for their population which can only be resolved collectively.
- Clinically-led integration, involving staff and local people in decisions, to support more people in the community and out of hospital.
- Integrated Locality Partnerships (ILP) Plan to deliver defined population strategy including prevention and public health, with aligned priorities agreed to improve outcomes.
- Develop multidisciplinary workforce models which will operate at PCN level.

What we've achieved so far:

- Integrated Locality Partnerships (ILPs) have now commenced in all geographical areas.
- Primary Care Networks have confirmed their boundaries and Clinical Directors have been appointed.
- The Place based development group are now routinely meeting with representatives from education and Gloucestershire Voluntary Community Services Alliance (VCSA). The first "Place development session" has been organised for 9th July.
- South Cotswold Community Frailty Service have been working with Specialist Falls physiotherapists and they have been looking at strength and balance awareness project in flu clinics.

5. One Place, One Budget, One System

Urgent Care

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

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

Regular updates on the One Place Programme have been shared with HOSC, describing how the programme aims to deliver an integrated urgent care system and hospital centres of excellence to ensure we realise the vision for urgent care a further update on progress is given at the July meeting in addition to this paper.

Our key deliverables for 2019/20 include;

- Continue to develop and refine the “One Place” strategy focussing upon development of same day urgent care services, Centres of Excellence and Integrated Urgent Care (Clinical Advice and Assessment Service).
- To further develop and deliver schemes identified within the Emergency Department attendance, admission avoidance programme and length of stay management (overseen by the Urgent and Emergency Care Alliance).
- To further develop and deliver schemes identified within the improving system flow programme which will reduce bed occupancy of long stay patients by 25%.
- To further develop and deliver schemes identified within the Community Admission Prevention programme.
- To further develop and deliver schemes identified within the Find and Prevent programme.

Current progress

Pre-consultation engagement will continue through the summer to support a developing dialogue on the solutions for Centres of Excellence and same day urgent care services.

6. Enabling Programmes

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

Joint IT Strategy: Local Digital Roadmap - The WiFi project has been completed across all 74 Practices. Cyber security action plans have been consolidated. The latest Primary Care data shows Gloucestershire has 25% of patients registered for patient facing services. All practices have enabled patient online services with some practices achieving in excess of 30%. E-Consultations are now live across the 5 pilot practices within the County, with 5 more being planned to go live. As part of the Cinapsis Advice and Guidance workstream, the average time GPs wait for a call response is 19 second. 24 Practices across Gloucestershire have now received a demonstration of Cinapsis with 57 GPs having used the service. There are 1000+ users now live on Joining Up Your Information (JUYI) providing an, average of over 200 accesses per day and over 18,000 patient records viewed overall since initial Go-live. This is an additional 400+ users since the previous report.

Joint Workforce Strategy – system-wide workforce planning workshops are taking place over the summer to support our long-term workforce strategy. The third cohort of the ICS Leadership Development Programme started on 18th June with 20 leaders attending from organisations across the county. Organisation executives are currently making nominations for the fourth which is prioritised for Dementia & Frailty. The programme has been highly recommended by previous attendees and has been funded by Health Education England (HEE) Workforce Development funding and the South West Leadership Academy. This will ensure as many of the system leaders as possible can benefit from, and implement, the programme learning.

Joint Estates Strategy – The ICS Estates Strategy is being developed which brings together updated organisational estates strategies of each constituent, as part of the long term plan. Within the Primary Care Infrastructure Plan, an updated Primary Care Infrastructure Plan with forward look to 2026 is being drafted and developed. The South Western Ambulance NHS Foundation Trust strategy for future estate provision will deliver a range of operational sites. These will consist of the development of new Hubs (Make Ready Centres) mainly close to Acute hospitals and supported by a network of Book On locations (staff start and finish shifts) and Spokes (standby points). Each Hub will be subject to a detailed Business Case for approval by the Trust.

Primary Care Strategy – Our local digital first primary care strategy is to have a core offer for all practices, while also testing further digital enhancements to establish the benefits for patients and practices, while keeping an eye to the future developments with 111 Online and the NHS App roll out.

7. Integrated Care System

As a Wave 2 Integrated Care System we are working towards increased integration to improve health and wellbeing, we believe that by all working better together, in a more joined up way, and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to local people.

The System Development work stream captures the work to develop the overarching ICS programme. The responsibilities of this programme are as follows:

- Provide Programme Direction to the Gloucestershire ICS
- Manage a Communications and Engagement approach on behalf of the ICS, including ensuring the Health and Social Care Act duties regarding significant services changes are met in relationship to the ICS
- Ensure the ICS has a robust resources plan in place that all ICS partners are signed up to and that is aligned to organisational level plans.
- To ensure that the ICS has clear governance and performance management in place to ensure the system can manage and oversee delivery.

Our key achievements made since the last report include;

- Completion of the “what matters to you” engagement on the deliverables within the Long Term Plan. We are currently awaiting the final output of engagement and will use it to inform our next steps in building the One Gloucestershire response to the NHS Long Term Plan.
- We continue to seek additional transformational funding for the county to support being at the forefront of developments in care.
- We have relaunched the ICS Strategic Stakeholder Group which brings together a wide variety of stakeholders to steer the direction of the ICS and support delivery of our priorities.
- The Implementation Framework for the Long Term plan has now been published and we will be building the One Gloucestershire response aligned to the timeframe laid out with our response being finalised by mid-November 19 (please see separate slide pack for NHS Long Term Plan Implementation Framework Overview).

8. Recommendations

This report is provided for information Governing Body/Board members are invited to note the contents.

Mary Hutton

ICS Lead, One Gloucestershire ICS

Long Term Plan Response

Organisational Boards/Governing Body
July 2019

Background

The NHS Long Term Plan was published in January 2019. The plan sets out the direction for health services over the next five years. It builds on the Five Year Forward View and lays down national commitments to deliver changes in care and outcomes across a range of areas.

The plan particularly focuses on

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

To ensure that the NHS can achieve the ambitious improvements for patients, the NHS Long Term Plan also sets out actions to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. Doing things differently
2. Preventing illness and tackling health inequalities
3. Backing our workforce
4. Making better use of data and digital technology
5. Getting the most out of taxpayers' investment in the NHS



Long Term Plan Implementation Framework

- Each STP/ICS area is expected to respond setting out how we will deliver on the commitments laid out
- An Implementation Framework published late June 19 gives further guidance on what is expected in system responses and gave some further support.
- The implementation framework brings together the NHS Long Term Plan with the direction set out for primary care set out in Investment and Evolution (A five year framework for GP contract reform to implement The NHS Long Term Plan)
- Clear emphasis on closer working at place level of primary care and community services
- The framework contained further detail on support available to systems to support delivery alongside transformation fund allocation information.



Implementation Framework Structure

Chapter 1. Introduction to the NHS Long Term Plan Implementation Framework

- An integrated approach to strategic and operational planning
- A proactive approach to prevention and reducing health inequalities
- Investment to support transformation

Chapter 2. Delivering a new service model for the 21st century

- Transformed 'out-of-hospital care' and fully integrated community-based care
- Reducing pressure on emergency hospital services
- Giving people more control over their own health and more personalised care
- Digitally-enabling primary care and outpatient care
- Better care for major health conditions: Improving cancer outcomes
- Better care for major health conditions: Improving mental health services
- Better care for major health conditions: Shorter waits for planned care

Chapter 3. Increasing the focus on population health

Chapter 4. More NHS action on prevention

Chapter 5. Delivering Further progress on care quality and outcomes

- A strong start in life for children and young people
- Learning disabilities and autism
- Better care for major health conditions
- Cardiovascular disease
- Stroke care
- Diabetes
- Respiratory disease
- Research and innovation to drive future outcomes improvement
- Genomics
- Volunteering
- Wider social impact

Chapter 6. Giving NHS staff the backing they need

Chapter 7. Delivering digitally-enabled care across the NHS

Chapter 8. Using taxpayers' investment to maximum effect

- Financial and planning assumptions for systems
- Improving productivity
- Reducing variation across the health system

Chapter 9. Next steps

- **Annex A:** Funding the Long Term Plan
- **Annex B:** Financial assumptions for strategic plans
- **Annex C:** LTP headline metrics
- **Annex D:** Supporting wider social goals

System Response Principles

1. Clinically-led
2. Locally owned
3. Realistic workforce planning
4. Financially balanced
5. Delivery of all commitments in the Long Term Plan and national access standards
6. Phased based on local need: systems will be able to develop phasing of local implementation to reflect the needs of the local population
7. Reducing local health inequalities and unwarranted variation
8. Focussed on prevention
9. Engaged with Local Authorities
10. Driving innovation

LTP Headline Metrics

The Implementation framework contains some “foundation commitments” which have fixed implementation timelines. There are 20 headline “metrics” which will be measured; these are aligned to the following themes

- A new service model for the 21st century
- More NHS action on prevention and health inequalities (including an inequalities reduction trajectory)
- Further progress on care quality, access and outcomes (including maternal & child health, mental health, LD & autism, cancer survival and waiting times/clinical standards)
- NHS staff will get the backing they need
- Digitally enabled care will go mainstream across the NHS
- Taxpayers’ investment will be used to maximum effect (5 financial test)



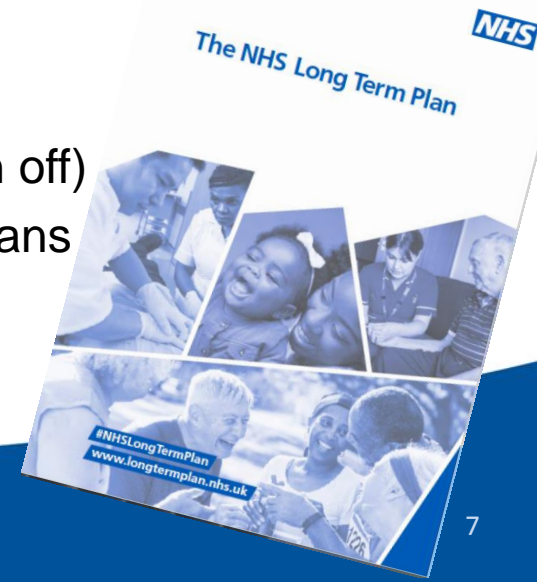
Expectations of system plans

System (ICS) plans for delivery through to 2023/24 covering

- **System Narrative Plan:** to describe how systems will deliver the required transformation activities to enable the necessary improvements for patients and communities as set out in the Long Term Plan.
- **System Delivery Plan:** to set out the plan for delivery of finance, workforce and activity, providing an aggregate system delivery expectation and setting the basis for the 2020/21 operational plans for providers and CCGs. The system delivery plan will also cover the LTP “Foundation Commitments”

Timeline

- End of September 2019 – draft submission
- Mid-November 2019 – final submission (requires Board sign off)
- Christmas 2019 – National publication on implementation plans



The One Gloucestershire approach to response

- Utilise feedback from “*What Matters to You*” engagement
- Utilise population health management information to tailor phasing to local need
- Work with Primary Care Networks and Integrated Locality Partnerships to tailor the priorities for each of the places within One Gloucestershire
- Recognise what is already working well: as a system we are already delivering on a number of the commitments within the Long Term Plan and have plans in place for around 60% of the system commitments and deliverables outlined.
- Develop our response alongside the existing and emerging strategies and plans already within our county
- Take an assets based approach to our solutions and ensure that we have an impact on inequalities and the wider determinants of health
- Continue to challenge and plan around the deliverables we haven't yet got clear plans for ensuring we can deliver outcomes within the resources we have available to the system
- Engage existing groups to ensure the plans are clinically lead and owned across our system partners. We will make prioritisation decisions together as a system.
- Use the opportunity of the response to bring people together across the county to restate our ambition for health and care services in 2025.



Agenda item 11

Report to: 2gether NHS Foundation Trust Board – 25th July 2019
Authors: Colin Merker, Deputy Chief Executive and Managing Director for Herefordshire

Presented by: Colin Merker, Deputy Chief Executive and Managing Director for Herefordshire

SUBJECT: One Herefordshire and Worcestershire

<i>Can this report be discussed at a public Board meeting?</i>	Yes
If not, explain why	

This Report is provided for:

Decision	Endorsement	Assurance	To note
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SUMMARY

This paper provides colleagues with an update in relation to work ongoing within Herefordshire and the Herefordshire and Worcestershire STP.

One Herefordshire

Since we last met, Duncan Sutherland has been confirmed as Chair of the Integrated Care Alliance Board (ICAB). This Board brings together the Clinical Directors of the Primary Care Networks, WVT, CCG, Social Care, Taurus (the GP federation) and ourselves.

This Board's main focus is on improving community services delivery through integration and collaborative working.

Duncan's role will be pivotal in the success of this work and will help ensure equitable views around physical and mental health are considered. Duncan will take up the chairs role formally from the September 2019 meeting.

Tamar Thompson also takes on the role of independent chair to the ONE Herefordshire Executive Board from September 2019 and similarly will help ensure our overall strategic direction is balanced.

These revisions to the Governance arrangements should ensure a more 'equitable' and

challenged approach to progressing the transformation and integration arrangements in Herefordshire.

Alongside the above, we continue to engage with the Senior Leadership across our Herefordshire Services in relation to our review of the future delivery of mental health and learning disability services. Some 50-60 colleagues attended our last Senior Leadership forum (SLF) and supported us in identifying a range of issues they would like to be considered as we progress our work. Governor representatives also attend and contribute to our SLF.

Herefordshire and Worcestershire STP

The revised governance arrangements around the Herefordshire and Worcestershire STP (H&W STP) have also progressed since we last met with initial meetings of the refreshed H&W STP Executive Forum chaired by Sir David Nicholson, and the H&W STP ICS Partnership Board Chaired by Dr Iain Tait having taken place.

We have been asked to share the Terms of Reference for these Groups with Boards for information and any comments. The Terms of Reference for these groups are attached as Appendix 1 to this report.

Both groups have been considering how we best approach the implementation of the NHS Long Term plan across H&W alongside our commitment to integration, transformation, improving experiences and achieving a sustainable STP.

To support this, the STP project office commissioned the Herefordshire and Worcestershire Healthwatch groups to undertake a range of engagement events to provide us with user, carer and the public's views, on what we are setting as our eight priority areas for development.

The engagement work undertaken by Healthwatch has been significant and provides us with a rich and diverse range of perspectives, comments and concerns to consider as we progress matters. I have attached a copy of Healthwatch's report for information as Appendix 2, as a number of the comments/themes will be applicable to our work in Gloucestershire.

To benchmark our starting point/readiness as an STP, the Executive Board also commissioned a self assessment from the Executive Board members so that we had a view of where we believe we are in our development as a system as a collective. Some 15 colleagues completed the self assessment, undertaken anonymously by NHSE/I on behalf of the STP.

Attached as Appendix 3 is a copy of the self assessment analysis for colleagues to note.

A similar assessment was undertaken some 18 months ago as part of the STP development programme and the level of consensus was not as close as it is becoming now. For instance 12 months ago over 50% of respondents did not believe that the STP was based on a meaningful geographical footprint.

The consensus view on most measures appears to suggest that the majority of colleagues

see us sitting in a “Development” phase, with “Streamlined Commissioning” arrangements possible edging towards “Maturing” and “System Control Totals, Operating Plans and Financial Risk Sharing” sitting in the “Emerging” phase.

RECOMMENDATIONS

Board members are asked to note:

- The content of this report
- Identify any issues relating to any of the enclosures provided for information that they would like the STP to be aware of

Corporate Considerations

<i>Quality implications</i>	Helps inform quality within the partnership
<i>Resource implications:</i>	Non to note
<i>Equalities implications:</i>	Helps in form equality within the partnership
<i>Risk implications:</i>	Helps inform risk within the partnership

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:

Colin Merker	Date	July 2019
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Where in the Trust has this been discussed before?

Ongoing update/dialogue	Date	ongoing
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What consultation has there been?

N/A	Date	
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Herefordshire and Worcestershire Sustainability and Transformation Partnership

Date & Title of Meeting	H&W STP Partnership Board draft ToR
Agenda Item, Att no.	Item 4, Att. 4A
Title of Paper	Terms of Reference for H&W ICS Partnership Board
Document Purpose	To provide the purpose, function and key responsibilities of the H&W Partnership Forum for the transition year of 2019-2020
Document Author	Ali Roberts – STP Programme Manager
Summary	The H&W Partnership Board is the main forum for system partners to work collectively. It will enable the development of the broadest possible public sector consensus on the way we run our system. Ensuring we prioritise the best interests for patients and the public across H&W.
Recommendation	Draft for comment
Previously considered by	STP core team

Version Control:

Version Number/Date produced	Date	Brief Summary of Changes	Circulated to
0.1	14.05.2019	First draft developed from scope agreed within ICS operating model paper	H&W STP Programme Directors
0.2	16.05.2019	Comments from A T-Smith STP Joint PD	H&W STP Leads
0.3	28.05.2019	Reviewed by H&W Core team – comments incorporated <ul style="list-style-type: none"> Purpose updated LB & RD added as members/vice chair 	STP Partnership Board members

Terms of Reference

Meeting	H&W ICS Partnership Board (PB)
Date Agreed	Draft for comment
Chairman	Dr Ian Tait – Chair and Clinical Lead, Herefordshire CCG
Purpose	<p>To focus on system enablers for the delivery of our H&W strategic objectives, providing genuinely joined up, personalised and anticipatory care, working collectively with system partners to:</p> <ul style="list-style-type: none"> • Improve health and wellbeing outcomes, and reduce health inequalities • Improve quality and performance by better use of system capacity • Return the system to financial balance <p>The main forum for system partners to work collectively. It will enable the development of the broadest possible public sector consensus on the way we run our system. Ensuring we prioritise the best interests for patients and the public across H&W.</p>
Decision making	<p>Routine decisions</p> <p>The Board has no formal delegated authority. Meeting attendees are expected to be able to make decisions on behalf of their organisations and commit them to action where it is reasonable to assume delegated decision making is acceptable.</p> <p>For routine decision making where a consensus cannot be reached each member or deputy in attendance will have one vote. Reaching decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary.</p> <p>Significant decisions</p> <p>It is recognised that there will be occasions when significant decisions are required for items needing agreement by organisational Boards and Governing bodies. The process and setting within PB is designed to encourage organisations to take decisions that are the same or compliment each other achieving aligned decision-making.</p>
Key responsibilities	<p>Leadership, Partnership and Engagement</p> <ul style="list-style-type: none"> • Provide leadership to achieve change across H&W, facilitating improved partnership working across all sectors to improve outcomes for our population and maximise efficient use of collective resources • Provide strategic input into and endorse key strategies and plans which support the joint delivery of priority outcomes for the benefit of the population • Provide leadership in the development of shared outcomes; reviewing system priorities in light of performance information

	<ul style="list-style-type: none"> • Ensure that patient, public, workforce and stakeholder engagement is at the heart of strategic system priorities <p>Influence</p> <ul style="list-style-type: none"> • Operate effectively as partners in the region and across regions, and secure effective engagement in regional arrangements where appropriate • Provide a means for the formulation and expression of joint views on issues of strategic significance, to the LGA, central government, and other bodies in respect of legislation, proposed legislation, policy and resource allocation <p>Innovation and Joint delivery</p> <ul style="list-style-type: none"> • Provide a means of co-ordination in respect of joint action and joint working, and ensure that opportunities for collaboration on service delivery and efficiency are given enough focus and drive <p>Learning and development</p> <ul style="list-style-type: none"> • Identify opportunities and increase collective capacity for shared learning and development across all partner organisations • Develop collective understanding across the public and third sector of key policy issues affecting Herefordshire and Worcestershire through focused discussion and seeking expert input where appropriate
Membership	<p>The membership of the board is as follows</p> <p>All members have equal standing and are requested to attend each meeting or, in their absence, to nominate a suitable deputy to represent them.</p> <ul style="list-style-type: none"> • Chair • STP joint AO Leads • CCG(S) Accountable Officer • WF & R&B CCG Chairs (Vice Chair) • Provider Chief Executive's • GP Provider Board chair • Health & Wellbeing Boards Chairs' • Local authority Chief Executive's • Directors of Public Health • NHS England / NHS Improvement representative • Healthwatch's Chairs' • VCS Representatives • STP Comms and Engagement Lead • STP Programme Director's • STP Finance Lead • STP Quality Lead • STP Performance lead • STP Programme Manager

	<p>Co-opted members</p> <ul style="list-style-type: none"> Other senior executive/operational/clinical staff as required for specific topics <p>For the meeting to be quorate, the following attendees must be present</p> <ul style="list-style-type: none"> An agreed chairperson (either the chair or the STP CEO Lead) At least one CCG AO or Deputy At least one Acute Trust Chief Executive or Deputy At least one Community and / or Mental Health Trust Chief Executive or Deputy At least one local authority representative <p>Recognising resource pressures on other partners, we would request at least one GP representative, one Healthwatch Representative and one VCS representative (or suitable deputies) attend, but failure to do so would not result in the meeting failing to be quorate.</p>
Relationships with other committees & Reporting	<p>Relationships with other forums</p> <ul style="list-style-type: none"> The forums noted in appendix 1 will have a direct relationship with the PB for agreement of system level strategies and plans, such as the Operational Plan, Estates Strategy, Workforce Strategy and response to the NHS Long term plan The Board may escalate issues to the ICS Executive, and receive delegated activity from them in line with strategic priorities The STP Programme Directors will form a critical link between Partnership Board and the Executive forum <p>Reporting</p> <ul style="list-style-type: none"> The PB will not receive regular formal reporting from other forums, this role is undertaken by the H&W Executive forum Provide an annual report on its achievements for system partners
Structure and Frequency	<p>Frequency & Structure</p> <ul style="list-style-type: none"> Formal meetings will be held bi-monthly focusing on issues of strategic importance The agenda for each meeting will include a single, strategic issue to allow in depth discussion The agenda should also allow space for timely discussion of any critical current issues. A forward plan will be agreed at the annual meeting in May The forward plan for the Partnership Board and Executive Forum will be managed concurrently with clarity on the items that are for prior consideration in other forums – Including the EF and JCC <p>Meeting Management</p> <ul style="list-style-type: none"> The forum will be managed by the STP Programme Manager Coordination of meetings, agendas, supporting papers and minutes will be undertaken by the allocated business support person

Herefordshire and Worcestershire Sustainability and Transformation Partnership

	<ul style="list-style-type: none">• Papers will be circulated at least three working days before the meeting• Meetings will routinely be held in Malvern
Review of ToR	<ul style="list-style-type: none">• The ToR will be reviewed annually, unless circumstances dictate that an earlier review is required.• The ToR and any amendments to it needs to be approved by the Chair and members of the Partnership Board prior to approval by the H&W Joint Commissioning Committee

NHS Long Term Plan

2019 Healthwatch Engagement Report

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Background

What is the NHS long term plan?

In January 2019, the NHS in England published a ten-year plan detailing how the NHS should evolve over the next decade. The government has also announced that the NHS budget will be increased by £20bn a year

These developments are in response to the growing demand for NHS services. More people have long-term conditions for which they need ongoing support. Illnesses linked to inequality and to lifestyle choices are also adding to the pressure on the NHS. The NHS wants to get better at understanding what people need, at using technology and providing support tailored to them as an individual.

The plan sets out the areas the NHS wants to make better, including:

- Improving how the NHS works so that people can get help more easily and closer to home. For example, being able to talk to your doctor on your computer or smart phone; access more services via your GP near to where you live; use other community services which could improve your health; and leave hospital without delay when you are well enough.
- Helping more people to stay well. This includes things like helping more people to stay a healthy weight or to stop smoking. It covers helping to tackle air pollution and making sure your health isn't worse because of where you live, the services and treatments available and the amount of money you have.
- Making care better. The NHS wants to get even better at looking after people with cancer, mental health, dementia, lung and heart diseases, learning disabilities and Autism.

More money invested in technology so that everyone is able to access services using their phone or computer, and so that health professionals can make better, faster decisions.

Why have these eight priorities been chosen?

For this piece of engagement, the STP have chosen the following eight priorities to focus on;

- The eight priorities are:
- Out of hospital local care
- Emergency services
- Prevention & Self-Care
- Health Inequalities
- Mental healthcare for children & young people
- Learning disability and Autism services
- Mental health care for adults

In 2016 Healthwatch and partner organisations across Herefordshire and Worcestershire NHS and voluntary sector engaged with the public about the Sustainability and Transformation Partnership (STP) at the start of its journey.

The formal STP engagement was extensive across both Herefordshire and Worcestershire. It sought to highlight some key themes which have been incorporated into the workstreams.

The recently produced NHS Long Term Plan affords the opportunity to build on the engagement that has taken place to date, to progress conversations and understanding around the key issues that will be pertinent to the partnership moving forward.

The eight priorities chosen for this current piece of work across our STP footprint are areas emphasised in the plan that require more feedback locally from the public. The work of the STP will involve a wider range of priorities than these eight, but it was felt the eight topics are the areas of focus to move on the conversations from the 2016 engagement and gain greater insight from the public which will inform the implementation of the NHS long term plan.

Healthwatch England and NHS England agreed to a partnership to engage the public across England to see how the public thought that the plan should be delivered in their local STP area.

Healthwatch Herefordshire and Worcestershire have undertaken this work in collaboration with the Herefordshire and Worcestershire STP organisations.

What was involved in this engagement exercise?

The survey priorities and questions were agreed by the STP in March 2019. Healthwatch Herefordshire coordinated the work across both counties and undertook the analysis and reporting of the project.

Healthwatch teams worked together to undertake the same engagement work from March 15th to June 3rd, 2019. The body of this report is the analysis of the focus group and online survey responses which contained several thousand comments. Representative comments from the public have been selected and highlighted in each of the eight topic sections.

Focus groups:

Engagement officers attended existing community groups in both counties and arranged focus groups to ask the public about the 8 priority areas. Appendix 2 lists a breakdown of the groups, locations, number of people and the priority topic discussions which were undertaken.

Online survey:

A collection of eight short online surveys, one for each priority, was promoted widely across both counties by all partner organisations in the STP. The questions for each survey were the same questions as those used in focus group work. The survey was open from 15th March - 1 June 2019. Postcode data was collected for respondents which is detailed in Appendix 2.

Existing Healthwatch work:

Appendix 3 outlines key findings and recommendations from additional recent Healthwatch work in both counties which is relevant to priorities in the NHS long-term plan, which are;

- Dementia
- Outpatients
- Autism
- Homefirst and Hospital at Home
- Complex and multiple conditions
- Living with and beyond cancer
- Children & young people's mental health
- Mental health home treatment plan

Executive Summary

Out of hospital local care

26 focus groups engaging 60 people responded
with 274 people online

83% Of people agreed with
avoiding hospital care where
possible

1. Avoid words such as 'crisis', 'social prescribing'.
2. Early assessment of those who are at risk to help with early intervention and prevention.
3. Good communication and listening with patients and carers when caring for them.
4. Good quality, timely communication about care plans.
5. Ensure there is resource and capacity to deliver care out of hospital.
6. Increase access to GP's.
7. Ensure the patient's home environment is safe to be discharged to
8. Ensure robust discharge planning involves patients and carers.
9. Improve timely discharge and coordination.
10. Clinical digital patient information system for professionals to deliver integrated care.
11. Provide digital solutions whilst continuing to deliver alternatives to digital.
12. Provide support and training to use digital technology.
13. Locate local services around GP practices and community hospitals.
14. Improve transport to central locations.

Emergency Services

14 focus groups engaging 126 people responded
with 178 people online

72% Of people agreed with new
approaches to same day
emergency care

1. Use term 'urgent care' not minor injury.
2. Walk-in or better alternatives to A&E.
3. Good publicity about available options for urgent care.
4. Effective triage system.
5. Improved health education for prevention and self-care.
6. Increase access to GP's.
7. Improved access to mental health care, in particular young people and transgender.
8. Locality and accessibility of alternatives is important.
9. Multi-disciplinary community teams in a hub for services.
10. Ensure the services meet the needs of older people and those who need emergency mental health services.
11. Digital technology is useful and should be used to improve sharing of information for professionals and patients. e.g. results, records.
12. Use video conferencing for appointments and triage.
13. Online symptom checker for self care and choosing where to go.
14. Ability to check real time waiting times at locations.
15. Ensure NHS IT is designed for future development and provide training and support.

Specialist Services

13 focus groups engaging 57 people responded
with 123 people online

56% Of people agreed with
centralisation of specialist
services

1. People understand the principle of centres of excellence but are concerned about the transport availability and options.
2. Consider the perspective of patients and transport when choosing locations of centres.
3. Consider the implications for patients on the borders of counties when choosing locations for centres.
4. Specialists could offer day visits to hubs around smaller hospitals for pre op or post op appointments.
5. Consider how patients are managed outside of the centres of excellence, local but seamless transition for patients
6. To recruit and retain staff conditions need to be improved; not overworking and providing supervision, training and support. Recruit to train people and offer career development.
7. Increase information for patients on how to help themselves and make use of expert patients.
8. Ensure that older people, vulnerable or disadvantaged are not unduly affected by any changes.
9. Use of digital technology welcomed particularly records being shared across organisations and teams.
10. Consider connectivity and access to IT.

Prevention & Self-Care

21 focus groups engaging 62 people responded
with 177 people online

84% Of people agreed with the
prevention approaches
proposed

1. Make support groups more attractive and accessible.
2. Use role models to make prevention more relatable.
3. Healthy messages need to be constant across various media channels.
4. Education through young people in schools and target parents.
5. Recognise that people need to wish to make changes to their lifestyle.
6. Doctors need to be more direct with patients about need to change.
7. Regular consistent support, low level screening and increase reviews of long term conditions.
8. Increase efforts to overcome language and cultural barriers in communities.
9. National campaigns, legislation and taxes on unhealthy food.
10. Professionals to support local community initiatives.
11. People should take responsibility for their health, however good neighbour schemes can help.
12. Consider prevention of mental ill health.
13. A lot of potential in apps and information digitally. Reminders for 5 a day, monitoring apps which link to doctors notes, advice and support online.

Health Inequalities

12 focus groups engaging with 164 people 46 people responded online

Of people agreed that health inequalities need to be addressed
89%

1. Targeted resource needed in disadvantaged areas.
2. Increased education, target schools to support parents teaching children about healthy lifestyles and increase physical activity.
3. Community work identifying those at increased risk, support them to develop local support networks.
4. Improve access to GP. Clear information about where and how in alternative formats and languages.
5. Consider wider determinants such as housing, benefits and employment opportunities.
6. Increase free access to sports.
7. Increase front line professionals; an over 75's GP, health visitors, community matrons and community development workers.
8. Use Technology for promotion and sharing of information, to improve communication such as reminders, prescription services, videos and advice for management of long term conditions.
9. Technology particularly important to use for hearing loss and learning disabilities.

Mental Health Care For Children & Young People

11 focus groups engaging with 174 people 59 people responded online

Of people agreed with the approach considered for these services.
79%

1. Improve waiting times for all levels of support.
2. Increase service access times to 24/7 and promote what is available.
3. work in schools and colleges to reduce stigma and build resilience.
4. Make use of peer support models.
5. Tackle bullying as a major cause of poor mental health.
6. Increase whole family support and improve the environment for the young person.
7. Individually designed services. Person centered approach.
8. Improve the transition from children's to adult's mental health services and increase the service to 25 years old.
9. Increase the accessibility of counselling and talking therapies.
10. consider improving support for particular groups such as: LGBTQ+, those under 18, those likely to self-harm or attempt suicide, those with Autism and anxiety.
11. Use digital technology with caution. Use for information sharing, connecting patients with specialists, out of hours support and information and self help apps.

Learning Disability and Autism Services

9 focus groups engaging with 60 people 54 people responded online

Of people agreed with the approach considered for these services.
81%

1. Quick access to an early diagnosis which listens to family members.
2. Training for medical staff to recognise hidden disabilities and have more specialist knowledge to aid diagnosis and assessment.
3. Reasonable adjustments at GP surgeries.
4. Home visits by GP's to avoid crisis.
5. Increase awareness of learning disability and autism in the general population.
6. More information for schools to recognise conditions and understand referral process.
7. Multi-agency approaches to support.
8. Increase support for families, particularly during the diagnosis process and shortly afterwards.
9. Providing a safe, calm, neutral space for assessments and also in schools and other settings.
10. Provision of 24 hour services, including Doctors, phone lines and messaging services.
11. Improve communication and listening to patients by staff. Use of health action plans, providing info to take away.
12. Communicating directly about healthy lifestyles, support groups, using apps and fit-bits.

Mental Health Care For Adults

11 focus groups engaging with 84 people 64 people responded online

Of people agreed with the approach considered for these services.
84%

1. How and who defines a crisis?.
2. Provision of an accessible service 24/7. Immediate access in a crisis and reasonable waiting times otherwise.
3. Place of safety available anytime.
4. More staff needed to improve access.
- 5 Improve joined up working and integration with other services.
6. Improve training of workforce to understand mental health and impact of physical health on mental health.
7. Increase low level prevention to prevent crisis.
8. when people with mental health issues present to a medical professional provide an holistic approach looking at the person. situation and environment .
9. Support services for the family of people living with mental health illness.
10. Clear information. knowing where to go when needed is key.
11. face to face support essential.
12. Increase talking therapies as alternative to medication where possible.
13. Digital technology only useful in this area for information and signposting, sharing information across teams, and 24/7 support.

Engagement results for the 8 priorities

1.) Out of Hospital local care

In 2016, local people told us that they wanted as much routine, non-urgent, non-specialist care as possible, to be provided at home, or in the local community. Since 2016, we have been working to respond to this by developing local teams which for the first time in our area are bringing together nurses, therapists, social workers and GPs into single teams responsible for supporting vulnerable patients in the local community.

Whilst this work is keeping many more people at home, there is still much pressure on hospital services. Over the coming years, we want to help as many people as possible to avoid going into hospital by offering them timely crisis care and recovery support in the community. This will also mean that when people are admitted to hospital, the care they get will be much more focused and purposeful and we will be able to discharge them back home quickly.

Quantitative results from online survey

There were 26 focus groups held about out of Hospital local care, which engaged with approximately 274 people.

There were 60 responses to the online survey, in which 58 answered whether they agreed with the priority.

There was a clear majority who supported this approach:

Over the coming years, we want to help as many people as possible to avoid going into hospital by offering them timely crisis care and recovery support in the community. This will also mean that when people are admitted to hospital, the care they get will be much more focused and purposeful and we will be able to discharge them back home quickly.

There were five 'Other, write in responses which can be seen below, but in general they do support the approach but concern around the support it would need to make this happen in reality. Comments below:

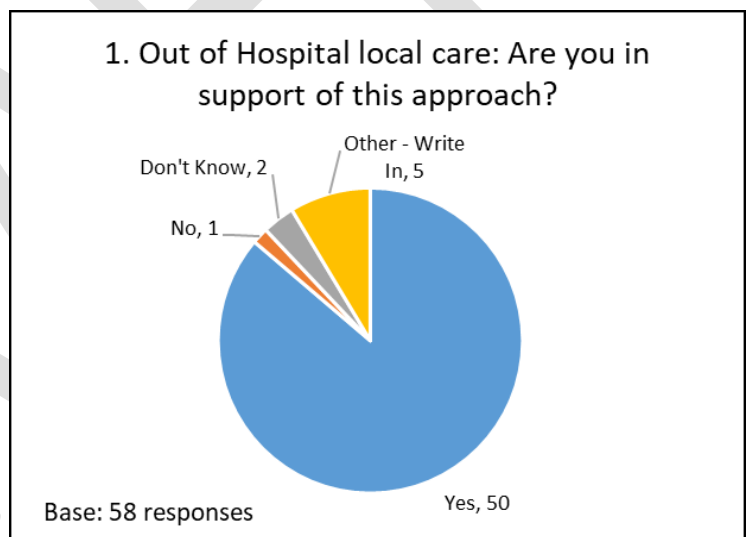
"A 'qualified' yes, but there needs to be far more information provided about the value and service capability of this."

"The discharge arrangements at the Prince of Wales Community Hospital in Bromsgrove can be absolutely deplorable."

"Yes but the approach needs to be better supported by professionals."

"Yes I support it, but needs community staff to support primary care more closely - by being based and available for GPs and practice nurses to refer to them and discuss patients daily as needed face to face."

"Depends on case scenario."



Detailed results of the engagement:

1. What do you think are the important things that we need to consider, as we develop crisis community care services to prevent people being admitted to hospital?

There was some concern about using the word 'crisis' in the community care services title, about its definition and use.

"Who defines a crisis? Be useful to refer to supporting people to better manage risk."

However, there was a strong view that respondents did want to avoid people having to be admitted to hospital wherever possible. Some of the important points to consider were around better, joined up plans; early assessment of those at risk; better communication with patients and carers; the sustainability, particularly the capacity and funding of this plan; access to a GP and location of services and the service being 24 hours a day. Also mentioned were the availability of home visits, information about services available and information/advice about their own medical condition or medicines. Working together and sharing information also emerged as a theme.

Joined up planning - this is primarily around integrated care plans, ensuring services are in place coming out of hospital, prevention planning and the softer side of making sure people can cope at home. This is particularly critical about the timeliness of the plan and the follow up action.

"Social assessment - to make sure they can cope at home and have enough support."

"Occupational Therapists - the waiting list to have an assessment is 6 - 8 months (e.g. if you are vulnerable, had a fall, then people wait 6 - 8 months to be assessed) within this 6 - 8 months some people have more falls and have to go back to the hospital. If there was a triage system where people can be assessed straight away after fall, if they have a high risk of falls again, then they should be able to get the equipment installed straight away to avoid repeat admissions to hospital."

"Ensuring people have adequate care at home at reasonable cost to enable them to be SAFE in the home environment. Not everyone has relatives or close neighbours to keep an eye on them."

"We get told we will get support.....but we DON'T get it!!!! Kicked out of hospital with no support!!! It's happened to me and to my husband.....admitted again within days!!!"

There was also some concern around planning for homeless people, where they have been discharged without a proper plan, i.e. back onto the street. Also, specific planning around particular conditions e.g. Dementia and MS.

Early assessment of those at risk - This somewhat links to the above point where prevention is important. There were also specific points about who could do this either a GP, Nurse Practitioner or a specialist service, and how to word some of these services that will help reduce barriers to accessing those services.

"Identify who might benefit from additional support before a critical incident like a fall."

"GP role to help identify - if became more involved in earlier identification it would reduce their workload."

"Regular health checks at GP to identify issues before they escalate - routine and reminders sent, as some may have issues or concerns, but not want to bother the doctor with them."

“GP could give info / leaflet to carers with number to ring for assessment. As some older people may be reluctant to seek or accept help themselves.”

“Assessing need and identifying what support is available could be carried out by Nurse Practitioner or another member of staff within GP Practice.”

“Social prescribing - don’t use the word social as this may have implications for older people of ‘charity’ and may be rejected. Make it sound like health rather than ‘social’ support.”

Better communication - This was particularly around how patients and family are spoken to. Additional ‘softer skills’ training was suggested for some specific professions e.g. district nurses, but it was more in general about making sure patients felt listened to, that patients understood what they were being told and what is happening next.

“An easily accessible means of communication between the patient and a named person responsible for the care at home...not an ever-changing group of staff.”

“People need to feel as if someone cares about their problem and is taking action. That you are kept informed about what is happening and why.”

“Important you know what is happening and when - different people who are coming in to the home to treat and support you.”

“Make sure that people have information and explanation about any equipment that they might need to use at home, so they understand what it is for and who they should contact if they have any problems.”

There was some difficulty identified with the script used by the NHS 111 service, about how this was limiting and for specific conditions such as MS that it added to the pressure of an exhausting condition.

The sustainability, particularly the capacity and funding of this plan - There was a general concern that services are stretched already with no local access to services, limited access to Drs and home visits. If services were going to be moved from acute hospitals to the community, the funding needs to follow.

“A guaranteed sustainable service so that the patient at home feels secure.”

“Making sure there is enough money to deliver the alternative services closer to home. If the funding is not enough to cover the service, then it means it will not be financially viable. Also making sure providers have flexibility to deliver the new service in a way that meets local population needs.”

“Ensure there is capacity in community services - not simply taking on extra work without being resourced.”

This very much links into the next few themes which talk about the **difficulty in accessing a GP**; either by getting there or getting an appointment, time allowed during an appointment and the ability to see the same Dr again. Walk-in centres, the NHS 111 service and an alternative to A&E or the current out of hours service were mentioned. Walk-in centres are seen as a positive option, an out of hours service was requested, although some were aware of the already available extended hours GP service, although not all respondents were aware of this service. Concerned around the NHS 111 service was that they were very quick to send you to A&E or send an ambulance whereas residents felt other options should be available such as seeing a GP or referring onto local teams.

Location of services - there were varying views about this but much of it was about accessibility, with more services being clustered around GPs, or community hospitals with a wish that non-life threatening conditions be dealt with locally, alternatively make sure there is better transport provision to help patients get to 'central locations' or community NHS vans similar to the library bus.

"Develop the use of Minor Injury Units so that they become a hub for support. More diagnostics and longer opening hours."

"All services should be clustered around the GP."

"That there are local in-patient services available in the market towns. De-centralising provision for those who need nursing care rather than medical interventions would be cost-effective, keep people in their home communities and improve outcomes."

24-hour support was raised, somewhat linked to being able to access a GP, but also 24-hour support being available in general.

"System to support more 24/7 emergency care for care homes to reduce hospital admissions."

"The service will need to be 24 hrs a day 7 days a week. Inconsistent at the moment regarding services on weekends and bank holidays."

"Immediate response needed - if not people would need to go to hospital."

"One story was about someone's wife - she didn't want to go into hospital, but the paramedic said she had to go to see a doctor as it was the middle of the night."

Also mentioned is the availability of home visits, particularly for those recently discharged from hospital, older people, those with mobility issues and those who are more at risk.

"As many services as possible to go into people's homes to prevent hospital admission."

"Home visiting and support at home - GP's, nurses and other health professionals, including mental health professionals, willing to do home visits and provide support in the home."

Other points made were about sharing information and being able to access patients' records, encouraging social contact, patients being able to help themselves (particularly for patients with MS and urine sample kits available on prescription to test for relapses), multi-disciplinary teams and better follow-ups.

2. What do you think are the important things that we need to consider, as we develop recovery support in the community to discharge people back home quickly?

The main thing cited as important by respondents were robust discharge plans and packages being in place before the patient is discharged, followed by capacity of the workforce/volunteers to support this and whether the home environment that they are going to is suitable. Then respondents wanted this to be communicated clearly to the patient, their carers/family.

Discharge plans - There should be a robust plan in place before a person leaves hospital, assessing what is needed in the home in terms of adaptations, if there are people there to support with practical tasks, and that they understand any new medication they have.

"Adequate care packages in place before discharge."

“Better social care for older people so that they are not sent home to try to look after themselves if this is not possible.”

“Care at home after a stroke - professionals were coming and going, didn’t know any of them - it didn’t feel like my own home. One personal carer at night and one in the day would have been better. Must have been about 6 people in the day - didn’t see the need for all of them.”

“Correct people and services in place to ensure a smooth transit from hospital to home with constant ongoing support.”

Another point raised alongside the discharge was knowing who to call if there were any problems. A need was expressed for a 24-hour phone service to query symptoms, medication, care, etc.

“Also, a 24-hour helpline for anyone who has been discharged who may be worried about their symptoms and aftercare.”

“Knowing who to contact when you come out of hospital - doesn’t always have to be the GP.”

“Make sure people are given a list of numbers of people they can contact if they need to.”

Suitable home environment - Suitable discharge plans also linked to there being suitable home environment, whether this is people there to support them, a safe house to return to and even the time of day returning.

“Ensure environment person is being discharged to is appropriate - including equipment and carer capacity.”

“Family / community support / state support to enable discharge to home - is home suitable? is there a home?.”

“Ensuring people have adequate care at home at reasonable cost to enable them to be SAFE in the home environment, as not everyone has relatives or close neighbours to keep an eye on them.”

Previous reablement homes were mentioned positively however acknowledged that these were now closed. It was felt there was still a need for this, especially as care homes were sometimes expected to help in this way when they weren’t always able to do this.

“All step-down beds from the acute service have been closed in the Wyre Forest area of Worcestershire in the last ten years.”

“When ready for discharge - the hospital thinks that the care team at the Rose Gardens Hereford provide medical care, but they don’t. All the care here is domiciliary care so people are being discharged too early, then having to go back to hospital a few days later as they haven’t got the right care. One lady went into hospital at 9pm with a TIA, was then sent home at 4am in the morning - this is no good especially in the winter.”

Better communication - similar to the responses to question 1, communication with patients and residents about the plans and what is happening is important.

“Inform the patient and carer, in writing, what to do if things go wrong after discharge. Inform the patient and carer, in writing, about how their recovery should progress and what symptoms to be concerned about.”

“Communication is key with the patient and their families as well as with other health professionals who are involved.”

Capacity - again there was concern over the capacity and funding available to provide and maintain this type of service.

“Accessible suitable levels of staffing so that things don't fail, and the back stop is ‘phone the GP.’”

“How will the NHS afford this extra support and service - where will the money come from??.”

Other issues raised were that modifications in the home needed to be in place, patients were discharged at an appropriate time of day and that medication was ready before discharge so patients were not having to wait on the hospital pharmacy (often in the discharge lounge/waiting room) before they are able to leave. Notes being transferred in a timely manner and ensuring that support is available for carers if needed.

3. What do you think digital technology can do to support this work?

There was a strong message from respondents that the use of digital technology **would not be suitable for all**, for reasons such as the elderly are not as familiar using this, the coverage across the county, the cost of having technology and not trusting the use of it. However, it was suggested that if more people did use this type of digital technology then this would free up time for people who need face to face. Although there was a general positive view that it could help bring different services together and help share information safely and quickly to those who need it.

“Not everyone over a certain age has access to, or the necessary skills to enable them to access digital technology.”

“If younger population can use technology to free up resources etc, it may allow older patients to be treated in a more traditional way, the simpler the better.”

“Save nurses time, reduce paperwork, webinar discharge.”

“Sharing of knowledge of patient needs, quicker communication.”

Support and training - Many suggested that training in new digital technology would be needed to support this, as well as support for when things didn't work.

“Help for people who don't use technology.”

Wouldn't help and don't know - There were respondents who felt that digital technology wouldn't help in this scenario or did not know how it could. There was concern about taking away the importance of face to face assistance.

“Personally, I don't think digital technology has a role in this, unless you count a 24-hour help line for advice/worries. Nothing can replace a friendly, well-trained person visiting a patient just returning from hospital.”

The use of apps/smart assistants - However, there was acknowledgement of where new digital technology could help.

Smart phone apps/smart assistants (Alexa, Echo) - to help with everyday tasks around the home, accessing help when needed and reminders about medication/appointments.

“Alexa - someone who is blind and physically disabled uses an Alexa to control the oven, lighting, heating and phone calls.”

“Phone apps for sight loss can be really helpful.”

“Gadgets available to assist people at home e.g. to turn TV off, close curtains etc.”

“Apps to co-ordinate appointments.”

Digital video calling such as Skype, Facetime and WhatsApp, were seen as potentially of benefit in terms of being able to keep in touch more with family and friends and potentially health professionals to check up on. However, there were also some concerns with this particularly around the diagnosis aspect, with patients either hiding how they are really feeling as not wanting to ‘bother’ the professionals.

“For in home monitoring keeping in touch via video i.e. facetime.”

“Some sort of monitoring system at home for the first few days post discharge?.”

“Use of IT for comms e.g. face-to-face counselling.”

“GPs currently do phone calls, have a conversation and if you need a visit then they will come, but a conversation is sometimes enough - can sometimes work well, although with some older people, they will say they are fine on the phone when they are not and don’t want to bother people - this is where face to face would be better as the health professional could see for themselves if they need support.”

“It’s not knowing what’s wrong and whether to phone people (e.g. hit head but couldn’t see the back of head to see how bad it was) - not wanting to bother people and not knowing so observation could be good. Could a skype call help, rather than 111, when not medically trained - observations would be much more important. Could also use Facetime or WhatsApp video messaging.”

IT systems need improvements - The security of the IT systems and their ability to cope with this was a reasonable concern to respondents. Including the ability to share data across different systems in terms of the technology and data protection.

“Sensible approach to data protection, systems that talk to each other.”

“One system of IT to merge records, sort records across health and social care. Electronic prescriptions to pharmacy are a good development.”

“An integrated computer system used by all hospital/community/social care plus some of the various gadgets in use in hospital should be brought into use at home.”

IT was viewed as positive if a solution could **share the information better and quicker** with those who need and use it.

“One clinical system for patient information across all service providers. Better connectivity in the community so that iPad and tablets can be used when the clinician is actually with the patient in their home.”

“Instant communication between all sections of team.”

“Pad tests and sends results automatically - saves a trip to Queen Elizabeth Birmingham.”

Recommendations:

1. **Avoid words such as 'crisis', 'social prescribing'.**
2. **Early assessment** of those who are at risk to help with **early intervention and prevention.**
3. **Good communication and listening** with patients and carers when caring for them.
4. **Good quality, timely communication about care plans.**
5. **Ensure there is resource and capacity to deliver care out of hospital.**
6. **Increase access to GP's.**
7. **Ensure the patient's home environment is safe** to be discharged to.
8. **Ensure robust discharge planning** involves patients and carers.
9. **Improve timely discharge and coordination.**
10. **Clinical digital patient information system** for professionals to deliver integrated care.
11. **Provide digital solutions** whilst continuing to deliver **alternatives to digital.**
12. **Provide support and training** to use **digital technology.**
13. **Locate local services around GP practices** and community hospitals.
14. **Improve transport** to central locations.

2.) Emergency Services

The work we are doing to boost out of hospital care is important and this will mean many more patients can be cared for in the community. However, there remain very substantial pressures in looking after emergency patients and we have an emergency care system under real pressure. The engagement work we did in the summer of 2018 when we celebrated NHS 70 showed that local people really understand that the NHS A&E resource is stretched. However, in 2016, people told us that one of difficulties for them was a lack of alternative 24/7 local emergency options and understanding what to use and when.

We want to ensure patients get the care they need fast, whilst relieving pressure on A&E departments. To do this, we need to look at how we could provide better pre-hospital urgent care. One idea is to develop Clinical Assessment Services, which would bring together physical and mental health advice to support health professionals working outside hospital settings to make the best decision about how to support patients closer to home and potentially avoid unnecessary trips to A&E. Another idea is the provision of local urgent treatment where staff would work alongside community based services to provide a locally accessible and convenient alternative to A&E. Finally, there is the idea of having same day emergency care. For those people who do attend A&E, this would look to increase the number who are discharged the same day.

Quantitative results from online survey - Percentages

There were 14 focus groups held about Emergency Services, which engaged with approximately 178 people.

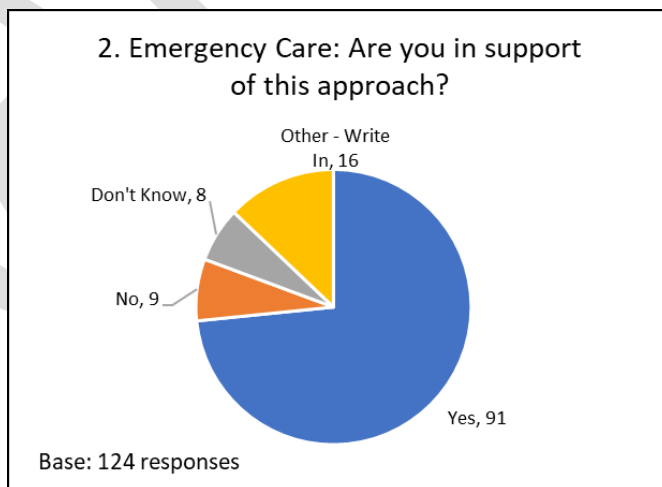
There were 126 responses to the online survey, in which 124 answered whether or not they agreed with the priority.

There was a clear majority who supported the approach described above.

Those who have responded 'other' and have written in - cluster around a couple of points:

Some are not sure what they are commenting on as there are three options detailed above, and some concern about implementing three changes at once.

There was also concern about the cost of implementing these initiatives and the capacity of the staff and the community support needed to make these work.



Detailed results of the engagement:

1. What needs to happen to help reduce the number of people going to A&E?

The most overwhelming response by nearly half of those consulted identified an **increase availability and access to GPs** would help reduce the number of people going to A&E; with two main barriers identified as; out of hours access to a GP and the waiting time currently experienced in getting a GP appointment with their own Dr or Doctors surgery. There were many examples and experiences given which were felt to need urgent medical attention but as there was no doctor available then the only alternative was to attend A&E to ensure that they received urgent medical care. **Walk-in centres** were offered as good alternatives, or more services being available at the GP surgery.

“Quicker access to doctors’ appointments. Out of hours support.”

“Own Doctors to have a better booking service when patients require help and advice. Currently you cannot make an appointment in advance and can only spend lots of time trying to phone from 0800 hrs. This is so frustrating and leaves the only alternative to visit A&E.”

“Need to increase access to GP services, availability needs to include Saturday and Sunday working as part of the normal working week.”

“For non-emergencies our GP practices should be available 24/7 I am happy with not going to A&E but the alternative needs to be freely available and competent healthcare professionals.”

“The walk-in centre took a lot of people that may now go to A&E. Walk in option for advanced nurse practitioners.”

“Broaden availability of services at GP practices.”

“GP surgeries should have professionals from all specialities, e.g. physios, mental health, paramedics etc. to offer all round care/treatment/advice.”

“Easier access to doctors, i.e. more local doctors, open longer hours, with an ‘emergency examination’ system. Maybe a specific doctor who only does this.”

Better alternatives to A&E, such as local urgent treatment alongside community-based services with diagnostics, was cited by the next highest number of respondents. If, you don’t want people attending A&E give them an alternative to attend as it is likely that if they feel they will need medical attention they will seek it wherever, and if there is no alternative then they will use A&E. **Minor injury units** were highlighted as good alternatives if they were open longer and have more facilities.

“Better info about what defines a minor injury and where to go locally.”

“Extend role of Minor Injuries Unit (MIU). Have diagnostic services such as X-ray available at MIU for the same opening hours as the Unit.”

“Improve minor injuries provision develop treat and leave services, to mitigate ‘ambulance queuing.’

“Minor injuries units 24 hour opening and ensure they can deal with minor illnesses perhaps bringing out of hours GP service under the same roof. This would ensure that in a lot of cases, only serious cases would be seen by A&E.”

Once there are better alternatives in place **better information about these options and pathways are needed** and should be **communicated and advertised** to the community so that they know about it.

“Minor injuries Units - Extend hours / X-ray facilities available over longer hours. People may go straight to A&E if they think they will end up being sent there anyway.”

“A 24/7 local healthcare package which allows patients who require immediate treatment (this does not necessarily mean emergency it could just be someone with a bleed that requires stitches) to see a medical practitioner without going to A&E.”

“Alternative local services that are some way between a GP and A&E.”

“Minor injuries units should all be 24x7 and all should have access to diagnostics.”

“More emphasis on Minor Injury Units and increasing facilities at Community Hospitals.”

“Provide alternatives more locally for medical care that is less urgent, but nevertheless needs attention and is “urgent” to the person in pain or discomfort. And tell people where it is and how to get it.”

“More education about what A&E is for. An alternative for people who are not well but not an emergency. For example, urine infection (passing blood) that needed antibiotics. Or severe stomach pains but not an emergency. When people turn up in A&E they are told where else they can get treatment. Having an A&E department close by where people can turn up with a sore finger is not viable.”

“Another idea is the provision of local urgent treatment where staff would work alongside community based services to provide a locally accessible and convenient alternative to A&E’ Such an idea would be good providing the staffing numbers are correct and it is ‘very well advertised’ as the alternative. If people remain unsure as to where they should attend, then they are bound to turn up at the nearest A&E.”

“Clarity on what to do in an emergency - clear info and pathways for public to refer to.”

“Confusion about what the different services do - NHS111, Minor Injuries Unit (MIU), Accident & Emergency (A&E) - better information needed.”

These highlight the need for an **effective triage system**, stopping people from getting to A&E, dealing with them quickly at the hospital to move them to more appropriate care options and also turn away minor injuries that should not be treated at A&E.

“In an accident or emergency, it is preferable to have a single point of entry. People don't want to have to decide about which service is appropriate for them when speedy attention is needed. The capacity of the emergency system should be sufficient in terms of infrastructure and personnel to enable everyone to be seen as soon as they arrive. Immediate screening and referral onward (or being immediately discharged if they are not accident or emergency cases) will keep the waiting time down for everyone.”

“Individuals deemed not to need emergency attention should be directed to use the correct service i.e. told to attend GP. Is it possible to have a GP perform the triage so patients could be instantly discharged?.”

“People need to be categorised e.g. broken limbs or sprains or drunks or heart and strokes. Everyone should have a phone number to ring for their particular problem and would then be directed where to go or what to do.”

This seems to be the role of the **NHS 111 service**; however, many do not feel that this is effective currently - hence the request for an effective triage service.

“NHS 111 so risk averse; they send out ambulances for everything which results in ambulances lined up outside A&E and increased waiting times.”

“Improving the NHS 111 service, proper clinical history taking reducing need to send out emergency ambulance.”

Other suggestions to how to help people avoid attending A&E include better health education to both prevent and self-help, particularly for our young people/through schools, alternative for people who take up much time at A&E; people under the influence of alcohol were specifically mentioned where they would be better served in a space where they could safely sleep it off, those who are frail older people or those with complex medical needs such as dementia should be cared for at home or in care homes.

Quicker/easier access to mental health care was also mentioned in relation to young people, particularly in the transgender communities.

2. What do you think are the important things that we need to consider around the development of local alternatives to A&E?

The most prominent issues raised here were around **accessibility** - in terms of the location of the service being ‘local’ and the hours that it serves, incorporating an out of hours service. With many of the rural areas and small towns across Herefordshire and Worcestershire many respondents were concerned about transport issues, accessing ‘hubs’ by public transport or expensive taxis.

“Access - many people in Hereford and Worcester rely on poor rural public transport services.”

“How easy they are to access, especially by those without their own transport. What services they would offer and hours of opening.”

“Making the alternatives more local, to serve different parts of the county efficiently.”

Other things to consider were making sure there was **enough qualified staff**, enough **advertising to divert people away from A&E**, still **improve access to see people’s own GP**, and having those **local minor injury units** that are able to act as an in-between for GPs and A&E.

“Local Urgent Treatment - support for the idea, but concern that there are not enough staff with the right training available to do this, seen as potentially costly.”

“To do this more staff are required - i.e. more trained. GP and Nursing university bursaries to be reintroduced to encourage parents to apply.”

“More staff, particularly looking at frail elderly population.”

“Responsive social care. Increase resources in neighbourhood teams.”

“The sign at the hospital (Herford) explaining alternatives to A&E is in the wrong place. By the time you have arrived at the hospital it is too late for the message, you’re not going to consider going elsewhere as you have already travelled to the hospital.”

“Communication is key here. there are still people who are unaware of what else is out there and will just go to A&E if they can't get to see a doctor, so education and communication are the most important factors.”

“Education of the public about what is an A&E incident and what isn't, or an on-site assessment that sends them to an alternative venue (minor injuries).”

“Out of hours GP services. GP services to be available within hospital grounds. All GP surgeries to have access to multi-disciplinary teams, including access to social care. Too much emphasis is being placed on 'reactive' care and assessment, this this is usually provided within A and E. Not enough is being done to 'proactively' seek out the most vulnerable patients in the community and for services to be made available to these patients before a crisis.”

“Local hospitals providing a better range of services to reduce visits to A & E - halfway house between minor and acute. Local.”

“Make sure it is clearly understood what they offer as the current MIUs, for example, are largely misunderstood by the general public.”

“Keep the local A&E centres open and running. Maybe not 24/7. I recently had to use the Kidderminster minor injuries as an A&E unit (broken ankle) this saved me calling an ambulance and they managed to treat me there within an hour. Perfect service.”

There was still a need for **better information for patients to know where to go** when they need medical care and a general need to have a **better understanding about how to help themselves** in terms of healthier lifestyles.

“Awareness/campaign about where to go for each condition. Explaining the best route for a specific medical emergency or situation (e.g. NHS 111, pharmacy etc.). Education of health conditions, symptoms and treatment needed.”

“Ensure the public is aware of when to go to A&E, improve health education e.g. eating healthier, taking exercise, developing positive lifestyle and feelings of wellbeing.”

“Have a booklet (hard copy and online) on common issues that people can have / injuries as a reference with a traffic light system on it as to possible actions they can take for self-help and use your primary healthcare workforce to promote it.”

There was concern about **funding** these services and a wish for **multi-disciplinary/agency teams wherever** the ‘hub’ is located, **more services located within a GP surgery.**

“Proper funding bringing together social care, mental health and all other services.”

“Have social services, GPs, mental health and community care teams working together efficiently. Properly funded and yes technology may help.”

“Local GP surgeries to cater for mini emergencies, for example, walk-in cases needing first aid including dressing of wounds.”

“Greater use of GP surgeries/ nurse prescribers/ minor injury care.”

An **effective triage system** was still felt to be needed, **accessible walk-in centres** and **better support in the community** to prevent issues developing into emergencies.

“GP hubs, qualified community healthcare staff on ambulances, retrain NHS 111 staff, I think they are unable to triage properly over the phone; you need to see your patient to do this adequately and they are hung up on litigation.”

“Local walk-in centres to be available and accessible.”

“Same day discharge - only supported if 24/7 community support available.”

Some concern was shown for **older patients** and those who needed **emergency mental health services**.

3. What do you think digital technology can do to support this work?

Overall there were some positive feeling about the improvements that could be made by using technology, particularly around **information sharing**, **sharing patient records** and getting **instant access to results**.

“X-rays available, good sharing of test results MRI, scans blood tests etc across healthcare system.”

“Lose the need for person to repeat and repeat details to each service.”

“Notes on records to flag up lifelong/life limiting conditions that will inform the range of healthcare professionals involved.”

“It must be integrated so that wherever a patient is treated the evidence of that in real-time goes on to a consolidated patient record. At this point in time this is not possible.”

“It could be joined up so that patient care and delivery of care can be accessed by all health professionals to enable holistic joined up service delivery and care.”

Respondents also felt there was some opportunity for video conferencing/ telephone appointments, possibly also with some triage to prevent people going to A&E and finding out about alternatives.

“Could talk on phone or video conference at local surgery? Or somewhere somebody could tell you what to do.”

“The facility to have a webchat would be useful for those with hearing difficulties who find listening on the phone difficult.”

“Maybe use digital chats available with healthcare professionals that can maybe triage cases.”

“Video consultations might help, especially for those who struggle to get out or would call an ambulance unnecessarily.”

Like the video triage, an **online symptom checker or triage system** that you can look at yourself and be told what medical care would be best suited, with an approved list of Questions and Answers related to different conditions.

“Being able to put in what's wrong and for it to tell people where to go, directions and how far it is. Option to accept suggestion so that the surgery/minor injuries/etc. knows you're coming and can manage the amount of people or redirect them elsewhere if full.”

“Effective apps on smartphones/tablets could provide a system of questions and answers to help determine whether or not a patient needs to be seen by a clinician.”

“Health diagnostic app with decision tree? However, the danger of this is that people who are in real need may resort to this, may make a decision error, may not have access to it. Older people, infirm or injured would hate to and should not have to rely on digital technology.”

“Traffic light actions to guide people on what to do to self-help, red indicating further professional help. Consultations online.”

There was concern that the NHS IT system would need updating to be able to handle this.

“Digital technology in any case causes massive complications. Can’t even get a prescription without hassle from technical holdups but national access to medical records would be a boon.”

“There needs to be a national compatibility of all hospital record systems to make sure that patient records can be accessed wherever they are in the Country.”

“It’s man-power that is needed, although an integrated computer system would definitely help.”

As expressed in the point above there were views that technology is not the answer here, manpower and face to face contact are important, and that use of technology would not be suitable for all. There were a similar number of respondents who didn’t know if technology could help or not.

“Very little - give someone an app, they enter their symptoms and are told to seek medical advice - it might even make the problem worse. patients don’t need to have Skype consultations. If they are ill enough to warrant medical intervention they should be examined properly. If a review can be done by Skype it can be done by phone. We need to stop pandering to patients wishes and focus on their needs.”

“I think digital technology will work for the more fit and able amongst us. Also, only those familiar and happy to use digital tech are likely to benefit. I do not believe this will work for those who are at most risk in our community, older people and those patients suffering from chronic, complex and multiple conditions, who are most likely to be overwhelmed by their lot.”

“When you’re in an emergency situation, people do not always think rationally and using technology is not always the first thing you want/need. Technology does not always ask the right question or allow someone to provide the right answer for their personal situation.”

“Digital technology is supposed to save time and be more efficient, without human beings you are losing that human contact, the crisis in A&E is reaching critical point, so is technology really helping? Perhaps we do not have the correct program to run the National Health Service efficiently.”

However, there was still some favour for an **online booking system** for appointments, having a way of checking **real time waiting times** may prevent people from attending A&E if they can see there is a considerable waiting time, and **use of apps** where appropriate - all with **suitable training/support**.

“Making people aware of what's out there at any time, perhaps having digital links to available out of hours services which enable people to make a choice dependent on accessibility, locale and availability. (if people know there is a 6 hour wait at A&E they might look elsewhere!). Communication via digital means is also very useful, the ability to have text messages for appointment reminders has been successful so why not expand the ease of access to information digitally.”

“Could there be a provision to enable hospital staff to book appointments with GPs for the following day. This could placate patients and make them more willing to leave A&E. A re-referral back to the appropriate care provider if you will.”

“Updated digital access pointing to available units /services to attend.”

Recommendations:

1. **Improve access to a GP/doctor.** Many respondents felt that with the current access levels at ‘normal’ times of the day and ‘out of hours’ they had no choice but to attend the local hospital/A&E as there was no other option. Waiting times to see a GP is often weeks away, and many respondents did not know what options there were available to see a GP outside of normal working hours. Examples of these types of cases where they felt they needed urgent medical care but that it wasn’t an emergency, were a wound that needed dressing, and infection/illness that required medication due to pain levels.
2. **Walk-in options** were felt to be a good option and other better **alternatives to A&E** like services at community hospitals or minor injury units. However, it was felt that once it was decided about these options - **publicity** was key in terms of where people should attend for what different cases. Better advertised and communicated throughout the community.
3. An **effective triage system** was felt to be needed. Many did not feel the current NHS 111 triage system worked, as they were done over the phone by people without medical training and without access to patients notes or history.
4. Respondents also felt there was scope for better prevention in terms of **health education** to both prevent and encourage self-help. Also, identifying where is **most suitable for people to be treated**, i.e. those who have had too much alcohol may take up lots of medical time at hospital so better placed elsewhere to be monitored, whereas those who are frail or have complex needs should be cared for at home.
5. Better access to **mental health care** was felt to be needed especially for young people particularly in the transgender communities.
6. **Location and accessibility** of alternatives to A&E was felt to be key - making sure that people could access them easily either in terms of distance and how easy it is to get to using public transport and the hours of service.
7. **Multi-disciplinary teams** were mentioned as being useful if there was a ‘hub’ for services, and **more support in the community**.
8. Need to make sure these services meet the needs of **older people** and those who need **emergency mental health services**.
9. **Digital technology** was felt to be useful if used to improve the sharing of information, access to patient records and immediate test results. Positive suggestions for use of digital technology include:
10. Video conferences appointments; potentially used for triage purposes.

11. Online symptom checker or triage system so that people can check themselves may be of use to some.
12. Online booking system for appointments
13. Able to check real-time waiting times at locations
14. Ensuring that the **current NHS IT system** could cope with any major redevelopments was a concern to respondents. Also, that man-power was needed as opposed to digital technology. Also **training and support** may be needed.
15. The term 'urgent care centre' may be better to use than 'minor injury'

DRAFT

3.) Specialist Services

We need to develop new ways to look after patients with the most serious illness and injury, ensuring they receive the best possible care in the shortest time frame. We need to deliver improvements in patient outcomes and ensure timely assessment and treatment to reduce the risk of death and disability.

Many services that provide clinically specialist care experience significant challenges around several areas including workforce. Work is currently going on to help ensure that these services are strong and sustainable for the future. To produce better outcomes for patients and to support these challenged services, we know we have to make better use of the resources we do have. We could do this by bringing these clinical teams and their specialist equipment together over fewer sites to create centres of excellence.

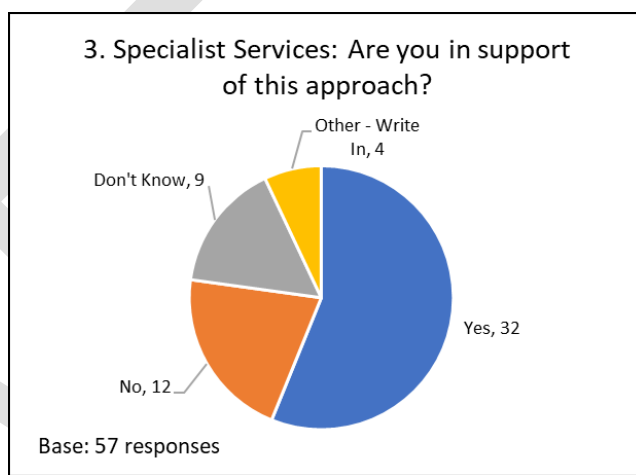
Quantitative results from online survey

There were 13 focus groups held about Specialist Services, which engaged with approximately 123 people.

There were 57 responses to the online survey and answered whether or not they agreed with the priority.

There was a slight majority who supported the approach described above.

Those who responded 'Other - please write in' were mostly concerned with the locality of services and specialist equipment, and the access difficulty this may add, particularly for patients travelling to appointments.



Detailed results of the engagement:

1. What do you think of this idea?

It was only the focus groups that were asked this specific question, so responses come from 13 of the groups, three from Worcestershire and ten from Herefordshire and they are a mix of patient liaison groups, hospice groups and specialist conditions support groups for types of long term conditions and cancers.

Overall, the majority of respondents were ok with having centres of excellence and were very happy to be treated by a qualified specialist, however there was much concern about travel and where these centres of excellence would be located.

"In theory a good idea but access and transport issues are a major barrier to patients when the treatment is out of area."

Concerns were:

- Time spent travelling when you are ill, particularly if you suffer from long term conditions such as MS
- Locations of these centres being chosen on merit rather than history, the ability to change/expand service as conditions become more common over time
- Looking at where is easier to travel i.e. from Hereford to Birmingham is easier than Hereford to Coventry in terms of the transport links and roads.

There were also concerns around how people's postcodes affected the level of treatment, i.e. live in Hereford with a Worcestershire postcode, and those living over the border in Wales but receive treatment in England.

"Some comments were expressed about problems with people coming to the hospital from just over the border in Wales - Welsh ambulance, but nightmare to coordinate as some will do it, some won't."

Respondents also wanted to know what impact this would have on patients being able to see the same Doctor or specialists.

2. Do you have other ideas or thoughts about how we can address this issue?

Again, travel for patients was a large concern, the impact of having to travel much further to see specialists. There were similar levels of support for encouraging specialists to visit localities i.e. one person traveling further away so many patients can meet at local centre.

"Equipment should come to local locations rather than patients travelling to centres, and surgeon/clinicians come to these facilities e.g. Worcester head and neck clinic held at Hereford once a week."

"Centres of excellence are great, but 50 patients travel to see one doctor or nurse. How about one doctor or nurse going to local hospitals."

Following that there were some ideas about what is needed to improve conditions for staff, in order to recruit and retain more staff in the NHS. Some comments were about staff being overworked, over-managed and bullied in certain locations; other options were about providing opportunities for career development, recruit people with a view to train them up, ongoing training, supervision and support

"Provide better targeted training for the staff of the future. Free courses in healthcare to attract new students. Pair up schools and colleges with universities to provide the right training and range of courses."

"The specialist workforce needs to be continuously learning, developing new skills, using clinical audit and measuring their practice against the best. To do this they need to have access to resources (time and money). By providing these resources we can attract the best staff and thereby provide the best care. Having experienced excellent care provided in a specialist unit with knowledgeable, motivated and staff with delegated clinical decision-making responsibility made a lasting impression."

There were also similar proportions of respondents who felt unable to offer any ideas about how to address these issues.

There was some concern about how care could and would be managed across two sites i.e. centre of excellence then community care for recovery, with a strong view that follow ups/after care should be local. This included the idea of better working with Voluntary and Community Organisations, which can help with transport issues as well as care in the community.

"All agreed that post-operative support needs to be at a local level, not at centre of excellence. This raises the issue of which clinician is responsible for the patient's care. Would this be the surgeon at the centre of excellence or a local consultant or other professional leading on after-care. Ownership of services provided across two sites (tertiary & secondary)."

Agreement that after-care and support did not necessarily have to be consultant led. It could be a specialist cancer nurse who took this role.”

“Community transport is really good - will take you to hospital appointments and wait for you (If you receive benefits, you can claim some expenses towards this). Some charities have voluntary drivers. Community and voluntary organisations need to be promoted and advertised more. NHS should work closer with community/voluntary orgs that help their services a lot.”

“Use mentors/volunteers to do home visits. Mobile carers. Check rest of patient’s everyday life - support networks, financial situations - to ensure that they are coping with all aspects or if they need other support services.”

There were some suggestions as to how to provide better information to patients to help them to be more informed, manage expectations and be able to help themselves.

“Be honest with service users and carers on provision and availability involve them more, provide more information.”

“Train expert patients as they know how to live with conditions better than doctors.”

There was some concern around the disproportionate affect this may have on elderly people and those who are disadvantaged in the community.

3. What do you think digital technology can do to support this work?

There was felt to be huge benefits in being able to access and share patient records/results with different professionals, hospitals and teams, reducing the duplication and risks of not having the right information.

“Patient held records and real-time digital records so that care can be organised anywhere in the UK. Provide easily accessible information. Give fast access to patient records for health professionals throughout the NHS.”

“Speed up unnecessary paperwork, send reminders to patients so they are less likely to miss an appointment, pass information around those who need to know have full knowledge of the patient so can make a better assessment of their needs towards a better outcome.”

“Use digital technology to record patient information once for the use of all relevant medical professionals. Recent experience at Worcester Royal was that many different medical professionals asked the same or similar questions many times over, recording the answers on sheets of paper. This must be a waste of time. Passing information between services, professionals and different centres appears to be haphazard and slow. Why can’t they all access the relevant data on-one with sensible safeguards to protect confidentiality? Sharing of X-ray and scan results between hospitals seems to be difficult too sometimes resulting in the same tests being done twice at different centres, why is this?”

The use of video conferencing for medical care was mixed, in that some felt it would be very useful and save people time waiting etc, but that this would not be suitable for all, for various reasons such as age and connectivity.

“You can offer support to people through digital platforms. Experts could video call patients that they needed to check in with, would be quicker than an appointment.”

“Skype for routine appointments to avoid travel or sitting in queues.”

“Skype appointments/ telephone calls can be useful, but many patients are already isolated due to their health conditions and there are definite benefits to them seeing someone face-to-face.”

It was felt that there needed to be improvements in the NHS IT system in order to facilitate any increase in use of digital technology.

There were some specific uses that could be trialled to help with specialist services such as:

“Clear directions downloaded onto a mobile phone and a parking disc that can be printed for that session.”

“E-learning, simulation etc.”

“Video could be used to provide information to patients about their condition or treatment plans. This could be offered in addition to other types of information, such as written, and not necessarily instead of face-to-face consultations.”

“In terms of a model I would argue for very well-equipped satellites/access centres where all but the most advanced diagnostics can be done by technicians. Each site would be supported by an on-site consultant who rotates with other members of the central team and acts as a communication channel (up and down) between life at the coal face amongst general and para medical practitioners and the ivory tower of interdisciplinary consultants at the Centre. Digital technologies can then be redesigned to optimise the performance for the many not the few.”

Recommendations:

1. **Centres of Excellence** were felt to be ok, however there was concern with the **locations** of these centres and the knock-on effect of **travel**, especially on patients. It was felt patient having to travel much further for treatment was negative and added extra stress to the situation, particularly those who are very ill or have long term conditions such as MS.
2. **How these centres would be chosen** was queried, i.e. preference that locations were chosen on merit rather than history; and realistic travel planning i.e. not restrained by the STP e.g. if it is easier to travel to Birmingham from Hereford than it is to get to Coventry.
3. Some thought needs to be given to **people living on the borders** of counties, such as the Herefordshire/Worcestershire border and those on the English/Welsh border. Making sure that there is a consistent approach to how those are dealt with, and what level of service people should expect.
4. The potential for **specialists to do ‘day visits’ to hubs** was suggested, as this would impact on the numbers of people having to travel as far.
5. It was felt consideration was needed into how patients would be managed outside of these centres of excellence, i.e. after-care and follow-ups. It was felt that this needed to happen at a local level, but the **care across these two sites** needed to be seamless.
6. In order to **recruit and retain staff**, respondents felt that conditions needed improving particularly around not being overworked and levels of bullying, levels of supervision and support and on-going training. There should be options for career development and alternatively recruit people with a view to train them up, as this may prove less costly and be more attractive.
7. More **information** to patients in terms of what to expect and how to help themselves, use of ‘Expert Patients’.

8. Make sure that those who are **older** and/or **disadvantaged** are not unduly affected by any changes.
9. **Improvements in digital technology** was felt to be a huge improvement if **information and patient records and results** could be shared more efficiently and effectively across locations and teams. However, with any digital technology this **would not suit all**, potentially at risk are **older people** or those **without good connectivity**. The **capacity of the current NHS IT system** was questioned whether it could cope with such improvements. Although it was felt that digital technology could potentially help around:
- Video conferencing/appointments
 - Directions, parking and information about the centre you are visiting available in a app
 - Videos for patients to provide them with information about their condition or treatment plan
 - Use for e-learning/simulations for ongoing personal development for staff.

4.) Prevention and Self-Care

In 2016 local people told us that information about how to keep healthy, or how to manage long term conditions, proved difficult to access, contradictory and sometimes confusing. They told us that they wanted to access this information through trusted sources and people - like GP's, nurses or other health care professionals. They also told us that some people need encouragement to help them access groups or make changes to the way they live their lives.

Since 2016, we have been working to help people manage more aspects of their long-term conditions themselves, and to support communities to live healthier and active lives. We now have social prescribing schemes in some areas to encourage patients to access non-medical treatments which are often helpful.

Whilst this is helping, demand for NHS services continues to grow - often for avoidable illnesses caused by such things as smoking, poor diet, obesity or alcohol or drug use. The plan is to address some of this through smoking cessation support for some groups of people, and through such things as Diabetes Prevention Programmes.

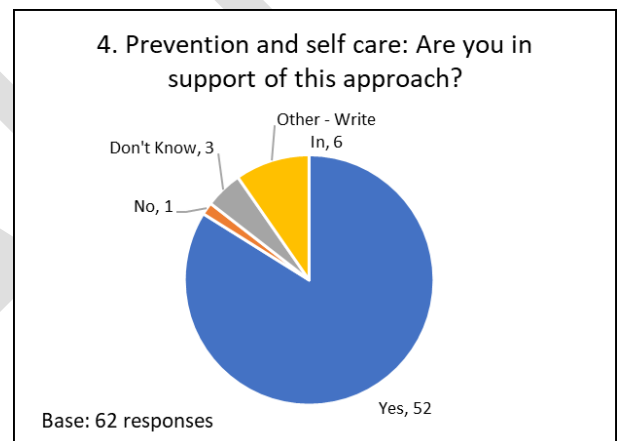
Quantitative results from online survey

There were 21 focus groups held about Prevention and self-care, which engaged with approximately 177 people.

There were 62 responses to the online survey and answered whether or not they agreed with the priority.

There was a clear majority who supported the approach described above.

Those who responded 'Other - please write in' were split between support and not, some thought it was a good idea, but the challenge is getting people to access these types of support. Others felt that there were other clusters of population that needed help more for conditions that are not self-inflicted such as dementia, mental health, etc.



Detailed results of the engagement:

1. How can we encourage people to engage with support programmes?

A lot of the comments were around **support groups**, making them **more attractive** to people with like-minded people, making them **local** and at **times of day** that suit those who may be working. There was also a need for **good advertising** that they are there and the possibility of using a '**mentor**' type role to go along with people the first few times as it can be daunting going to new groups.

"Run them out of normal working hours."

"Transport / local to communities / free classes / info?."

"Have many groups for different people, so one group for women over 40, one for under 40, mixed groups for those who'd prefer that. I've got fibromyalgia and going to the support group was painful. Much older ladies going on and on about how they couldn't change anything to make them better. They needed their own group. I am active and healthy and for me my

condition is a mystery. I want a group with like-minded people. And I'm sure everyone accessing a support group wants to feel unity."

"Support people to actually attend for the first time. It can be difficult to go somewhere new on your own."

Following that, respondents felt that the **messages of healthy lifestyles** needed to be continually shared across various channels. There was a mix of views as to whether these messages should be **hard hitting** or more a 'nudging rather than nagging' style.

"Focussed into messages via systemic approach of key priorities with repetition and variety of styles."

"Give more profile to programmes such as diabetes prevention, mobility and obesity on TV advertising campaigns. Consider which images are used to advertise programmes - don't put people off e.g. older people using mobility classes might discourage those who are younger. More local events to highlight opportunities locally. GP surgeries could host these."

One idea that was proposed by a number of respondents was the use of 'success stories' either by those people becoming mentors or visiting schools/support groups to talk about how it is in real life.

"By publicising success stories, of people who have engaged with social prescribing and have benefitted, A public campaign on TV media, etc to explain what it is and why it works."

"Peer support experiences from people who have already undergone similar experiences and support groups."

"Maybe a mentoring scheme via past users of the support programme."

Young people were often mentioned, in terms of getting the messages instilled in people early in life.

"School programmes to educate from an early age - better engagement with YP on Health messages."

Respondents acknowledged that it was difficult as you **cannot make people change**, they must want to change and will do so in their own time. However, it was felt that there needed to be a culture change in **Doctors to get people to tackle lifestyle issues** with patients more directly.

Language was a barrier for one group of Syrian refugee women as their English language skills were not yet good enough to engage with any support groups.

2. How can we support people to make better lifestyle choices and better manage the conditions they do have?

Respondents gave a very broad view of how to support people, as this topic covered quite a wide range of conditions. Education is key, again tackling issues with children in schools and parents at home to instil healthy lifestyle messages early. Clear consistent messages, advertised nationally were also felt to be useful, sometimes linked in with TV shows. Engagement with schools to get healthy messages out there.

"Knowledge of what a good lifestyle choice is."

“Education and information on the benefits for them personally might help. They've got to be convinced that it's in their best interests.”

Better written information available, easy to understand, in different languages if needed. Having these available in different locations and given to patients at different times. If people are given a long-term condition diagnosis, they are not able to take in too much information at once.

“Consistent information and messages. People are bombarded with conflicting advice about how we should manage our health, for example diet and exercise and what is good for you and what helps.”

“Making sure that information is out there so that people know about what is available such as expert patient program is often too late when we hear about it and there is no space left on the courses.”

“When people receive information is a key issue, sometimes we are not ready to hear it at the point of being told we have a problem, so information needs to be given at multiple times along a patient's journey.”

There was a clear role for GPs and other health care professionals to tackle the issues directly, giving enough time to get to the bottom of the issue, i.e. what are the barriers to people changing, what support do they have around them etc. However, it was acknowledged that the time available for appointments prevented this type of discussion/intervention taking place. There were some views that these lifestyle changes needed to be explored first before medication was prescribed but support for the patient and professional was needed for this to happen. Trying a holistic approach rather than just medical.

“Provide access to information and assistance in change. Listen to patients. When told “I can't cope” don't dismiss it. Don't keep talking about healthy eating when told “I can't cook”. Ask questions because patients don't know what help is available.”

“GPs need to be more upfront about speaking to people about sensitive things, like weight or smoking, this is limited at the moment by short appointments”

“Be straight with people and ask the professionals to be honest and straightforward too. Professionals should be prepared to stop dishing out pills willy nilly when they are covering up lifestyle choices. Encourage a healthy diet. Offer lonely people social outlets so that they do not need to seek out professionals for company and sympathy.”

Regular, consistent support and/or support groups/open clinics were identified as potentially being useful. Having the same person check up on you and praise you for achievements was felt to be effective. Like peer mentoring - having that understanding support around you, would be effective.

“Group member with experience of mental health services - need better post hospital support, person felt they needed weekly support but were offered monthly support.”

“Provide regular, consistent support. Set up support groups - encouragement from others in a similar situation. Peer support (mentoring scheme).”

“Information about the benefits, addressing barriers to people making changes and helping them to problem solve around these ‘1 step at a time’ approach, recognition that change is not easy and not judging people when they struggle. Peer mentors.”

“Using tech, providing supportive phone/text encouragement.”

“Regular interested contact/praise etc.”

Ongoing checks for long-term health conditions need to be reinstated, pharmacists, or specialist nurses were felt to be best placed to do this.

“Group members with diabetes - offered a yearly check-up/blood test. Would welcome more regular contact/support - e.g. telephone call.”

“Fund e.g. pharmacies and walk-in centres to provide e.g. Blood pressure checks, other screening services and use social prescribing e.g. Singing/dance/tai chi /walking groups.”

“Even the nurse doing my annual checks tells me if I want a professional opinion on my worsening angina, I have to request a GP appointment rather than her doing it as a matter of routine!”

There was also a view that nationally there should be some changes, such as tax on unhealthy food, national healthy lifestyle campaigns, changes in legislation where necessary e.g. increase smoking age.

3. What needs to happen for people to make better lifestyle choices while they are well?

There were very similar responses to those above. Education; clear, simple messages and information. Use a holistic approach to treat patients, offering support groups and encourage self-help with patients taking responsibility for their own health.

Some of the more specific changes mentioned in answering this question were making healthy lifestyle options cheaper, such as food, exercise and activity; making use of national campaigns, celebrity endorsements and focusing on the positives.

“Carrot incentives (feels like all the effort goes into people who cannot be bothered to look after themselves - feels like they get rewarded) e.g. cheaper fresh fruit and veg, promote cheap or free ways to keep active, improve walking and cycling routes to make it possible for people to do these things (roads feel too dangerous).”

“Encourage people to buy healthy foods by not charging too high prices.”

“National help with back to basics re how to cook, shop well.”

“Education during school years. Better food labelling! Not serving food with chips, bread and rice on the same plate! A program of moving towards cold pressed oils rather than inflammatory refined fats.”

“Promote screening by celebrity endorsement, publicity and social media.”

However, there were also the more hard-hitting suggestions, higher taxes on unhealthy food, restrictions on alcohol and tobacco.

Offering more support groups, particularly around mental health and self-esteem, such as ‘food for mood’; engaging with workplaces and having more healthy community groups/champions were also ideas that were supported. There was a suggestion to do more low-level screening to highlight people who may be at risk of unhealthy lifestyles.

“More involvement of workplaces - work practice can cause a lot of stress and illness.”

“NHS putting on more courses to support good mental health e.g. mood master and food for mood. Need more of this not just one off.”

“Positive role models in the community championing the idea i.e. local sports clubs etc.”

“Encourage community groups to start exercise classes/weight loss programmes.”

“Screen people for healthy lifestyle indicators at blood donation point.”

“Low key screening, e.g. multiple-choice online questionnaire.”

4. What could local people do or contribute to improve their own health and that of others in their community?

There were a few key themes that came out of the responses, like the other questions; around setting up/joining support groups; becoming peer supporters, champions or mentors and how community groups could help. There were several similar suggestions about how community groups could help in terms of walking groups, exercise classes, supporting allotments, holding workshops and cookery classes. People expressed a need that professionals may need to support some of these groups.

“Organising open days, holding groups that prevent anything, from social isolation to exercise to prevent falls.”

“Some sort of bartering system i.e. I will train/run with you for an hour, what can you do to support me? or a catalogue of support: people offering the healthy bits of their lifestyle to others for free or nominal cost.”

“Start local walking/running/cycling groups that are free to join and attend. Local shops need to make the healthier options cheaper. People who grow their own veg and have surplus should share it round their community.”

There was talk of being a ‘good neighbour’ or friend that looks out for other people, particularly if they are unwell, or inviting them for a walk or to join an exercise class with you.

“Offering help with certain tasks (e.g. gardening, cooking, housework) as a means of improving their own and the health of others, as part of an education program, course, or less formal means.”

“Keep an eye on local older people.”

There were views that this should not be left to communities to deal with, and that it is very much everyone’s individual responsibility to take care of themselves.

“Don’t assume there is a community, public health needs to be active in these areas.”

There was felt to be a general need to educate and encourage a healthy lifestyle but no specific methods of how this should be done.

There should be a focus on mental health and how this can impact more widely on a person.

“Stress, depression, anxiety stop people coming out of their houses to join in. Mental Health may be a barrier.”

There were some cultural/generational barriers identified, particularly in the Asian community and how they are not aware of some of the unhealthy lifestyle choices they may

be making in terms of cooking and exercising and were resistant to change, relying on family member to try to educate and change behaviours.

“Main concern is middle and older generation. Other family members encourage older people to attend events with them. Need motivation to go out. Culture change. Stay in house is normal, didn’t have culture of walking in the park or exercising. Younger generation have big role in encouraging older generation to join in.”

5. What do you think digital technology can do to support this work?

Mixed views about digital technology, with equal numbers who felt they didn’t know if it could, those who felt that it wouldn’t help and those who had some innovative ideas about how it could.

Types of healthy lifestyle apps, message reminders, were thought to be useful; particularly if they could be used to monitor yourself at home and results be checked over by a doctor. Anonymous messaging for support, or emails/forums for advice were also felt to be useful.

“Free to access programmes and apps. - like couch to 5k running etc.”

“Promotion of healthy lifestyle apps via Text/email.”

“GP surgeries to give you some equipment e.g. blood pressure machine, heart monitor etc. Then you send them the results. They check up on you regularly.”

“GP surgery offer ongoing health advice prompts/texts e.g. “Have you had your five a day?” “Have you moved 250 steps this hour? Apps where there is a community/league with others = competitive.”

Respondents felt it would be useful for sharing information instantly, sharing trusted information and helping to educate around this theme of healthy lifestyles. It also had the potential to link people up locally either with others with similar experiences or particularly community groups that would be of assistance.

“Coordinate and streamline processes for patient - one stop info centres and records.”

“E-referral from clinicians/social workers to local social prescribing providers. “

“Online availability of local group details for help with talking about particular issues, destressing, where to turn to.”

It was very clear that the use of technology would not be suitable for all, such as areas of the county not connected well with the internet and the older generation, but for the younger generation and potentially men then it might help access.

“If men had to use technology to address their health, this will help. Give a man a gizmo and they will monitor themselves. But depends on what you mean by digital. It could mean texting to remind to drink some water, how many steps today?”

Recommendations:

1. Respondents felt that **making support groups more attractive and accessible** would help people to attend these, along with **good advertising** of when and where they are. It was felt that a ‘mentor’ type role might be needed for some as it may be daunting for some to attend particularly that first session.

2. Respondents viewed **success stories** as being potentially very powerful, either in a role as mentor or simply going out and teaching others (schools/support groups) about how it is in real life.
3. **Messages** of healthy lifestyles needed to be **continually and consistently shared across various media channels**, however there were contradictory views about whether these should be hard hitting or a 'nudging rather than nagging' style. **Better written information**, leaflets were felt to be useful so that they could be re-visited in the patient's own time, when they are ready to take in more information.
4. **Education** in general but particularly **young people** via schools and parents was mentioned frequently.
5. There was some acknowledgement that **people needed to want to change** and that you couldn't make them.
6. It was felt that **doctors needed to be more direct with patients** in dealing with their lifestyle issues and consequences. Although the **time given at doctor's appointments** was felt to be a barrier to this.
7. **Regular, consistent support** was felt to be needed, particularly if it was the same person, and there was praise for achievements. **Regular on-going checks for long-term conditions** was also felt to be reinstated more, although it was proposed that nurses/pharmacists could do this, not only a doctor. **Low-level screening** was felt to be a potential way to prevent some of these issues by picking people up earlier.
8. **Language and to some degree culture**, was seen as a barrier in some communities, such as Syrian, Arabic and Asian.
9. Respondents felt there was scope **nationally** to be able to help in terms of healthy lifestyle campaigns, taxes on unhealthy foods and changes in legislation.
10. **Locally** there were some suggestions around the ability to set up support groups, have local champions/peer supporters. Hosting local walking groups, exercise classes, supporting allotments and holding workshops were all suggestions about how local communities could help but felt that they should not be doing all the work and **support from professionals** was needed.
11. Respondents felt there was generally a need for **people to take responsibility for themselves**, however there was scope for a 'good neighbour' type scheme to look after those more vulnerable in the community.
12. **Mental health** prevention was an important area.
13. **Digital technology**, although **not suitable for all**, could be of use in terms of:
 - Healthy lifestyle apps with message reminders such as 'have you eaten your 5 a day',
 - Apps that could link with the doctor to monitor yourself at home and 'send' over your results to be checked by a doctor.
 - Anonymous messaging for support.
 - Online forums for advice.
 - Sharing trusted information instantly.
 - Linking people up to local community/support groups.
 - Engaging with men i.e. new gizmo to try out to monitor themselves.

5.) Health Inequalities

Overall, health outcomes in Herefordshire and Worcestershire are good but we face some real health inequality challenges. For example, there are large numbers of older people living in poor health meaning there is a gap between life expectancy and healthy life expectancy, and there are some condition specific premature mortality concerns around certain illnesses including some cancers and heart disease. We also know there is a gap in mortality rates between advantaged and disadvantaged communities - especially in Worcestershire - and some outcomes for children and young people are not what we would want them to be - for example, in terms of school readiness, obesity and homelessness.

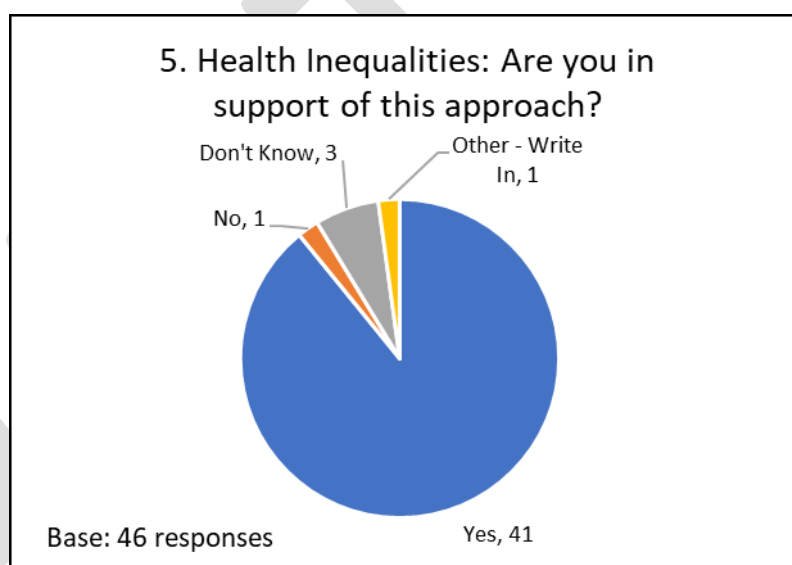
We need to address health inequalities and the fact that some communities are at higher risk of poor health.

Quantitative results from online survey

There were 12 focus groups held about Health Inequalities, which engaged with approximately 164 people.

There were 46 responses to the online survey, who all answered whether or not they agreed with the priority.

The majority supported this approach.



Detailed results of the consultation:

1. What actions do you believe will help to address these issues?

The responses to this question were extremely broad and there were very few 'themes' that stood out. Some potential actions that were mentioned a few times were **targeted advice and resources**.

"Input of cash/resources into disadvantaged areas."

"Target advertising at the poorer communities about whatever health issues they are more likely to have."

"Better access to services for all especially where rural transport is an issue."

Education, particularly in schools was the second most commonly raised issue, along with working with parents to teach younger children about healthy lifestyles, and early intervention at that age group to pick up issues early. It was also felt that schools should offer more sports/PE and free school meals.

Followed by **working with the local community and sharing local knowledge**.

“Think about who within communities can communicate with people - laundrette, police station. People who visit places e.g. shop which may be their only contact with others. Information and understanding of issues in places people may visit. Identifying where people go e.g. Supermarket or community café. Staff and volunteers to have awareness and training to help identify who might need help and support.”

“Listening to deprived communities and funding the services and activities that they would like “

There were a few comments about Hereford Medical Group and other GP surgeries in Colwall, where respondents experienced some difficulty accessing GPs. Including difficulties, seeing the same GP, getting through on the phone to make an appointment and having to visit other GP surgeries. It was felt having a walk-in GP service would be useful for most people and especially those who led more chaotic lives making it difficult for them to access a specific appointment time.

There were a similar number of responses that felt individuals needed to be more accommodating and responsible themselves.

Tackling some of the environmental factors that affect health was felt to be an area that needed action, although it acknowledged that this was wider than just health.

“Addressing the disparities between health and lifestyle and home. Heating poverty? Food Poverty?”

“I do not think the NHS is responsible for the fact there are these communities, however, educate parents to provide healthy, home cooked meals. The provision of nursery places, before and after school clubs and free school meals plus more emphasis on sports at school but these are not in the remit of the NHS.”

All other suggestions were only made by one or two respondents.

2.What do you think needs to be offered locally to improve the health of disadvantaged communities?

Similar to the responses above, there were very many different suggestions as to what can help improve the health of disadvantaged communities. The most common response was **to have services in those areas** and try to improve environmental circumstances so that there are **no disadvantaged areas**.

“An end to austerity! Disadvantaged communities need services, funding, support and aspiration to counteract their disadvantages. Decent wages, a functional social security system and affordable housing.”

“Local GPs staff to always contact the Council / local Councillors whenever health problems are due to inadequate living conditions (e.g. mould spores, un-heated dwellings etc).”

There was felt a need to have **parenting classes/support** within communities, to help instil healthy lifestyles into young children.

“Parents should have classes every year about childcare for that age.”

“Parenting classes - not offered but mandatory, not everyone is a natural parent and some really struggle but feel the pressure to be perfect.”

Other suggestions were support groups, health seminars and information and free sports/exercise facilities.

“First diagnosed with lung condition - thought there would be an expert at the GP surgery, but there wasn’t. Someone mentioned Pulmonary Rehab - started 2 years ago. Invited to start Breathe Easy (Malvern) - these sessions are well attended, but they are trying to stop these sessions, the instructor says it may not survive as they are wanting to save money, but the costs are minimal and the benefits are huge as without it, people would go backwards. It is used by a lot of people (nearly all men) and there isn’t anything else for them. If you get people in a group doing exercise specifically for them, the social benefits are huge (mood lifts, don’t need to see GP as much and lots of other benefits).”

There were some mentions of specific **types of medical staff** that currently or previously checked on vulnerable groups of people, however the current service is not as good as it could be, such as over 75’s Health Visitor, Community Matrons, Community Development Workers.

3. What do you think digital technology can do to support this work?

There were a lot of respondents who felt digital technology wouldn’t support this work, almost as many who didn’t know and the same number who felt it wouldn’t be suitable for all to use.

For those that did feel it could support this work, there were two areas; better communication and quickly sharing records were the most advantageous. Better communication covered areas such as advice, information, healthy lifestyle messages. Whilst sharing of information meant patient records being used by all medical staff involved.

“In some ways it can help patients access services that otherwise may be difficult especially if whilst the long-term plan emphasises local services it seems that many specialist services (e.g. cancer and stroke) will be concentrated in centres of excellence and therefore more difficult to access.”

“Advice on Facebook and Twitter.”

“Help get the message out to help improve their health.”

“An integrated computer system in use by health, community and social care would help.”

“Better access to notes. Better knowledge of pathology to upcoming patients”.

“Speed things up and inform.”

There was some useful suggestions where technology could be useful, such as videos for patients to demonstrate exercises, appointment reminders and use of the online prescription service.

Technology was felt to be able to help those with hearing problems and learning disabilities.

“Careline - can’t really hear them on the phone, can’t hear the phone ring, can only use the house phone, can’t use mobile. Signal problems with mobiles makes it even harder to hear. Careline do a test, they phone back, but if you can’t hear it, it’s no good. Careline would be good if they found other ways to communicate (e.g. vibration, text messages).”

“Get a lot of problems with doctors - not being able to make appointments due to difficulty with hearing people on the phone and problems with telephone appointments (can’t hear doctor/ they mumble) - they are not allowed to speak to a third person. To make an

appointment with Hereford Medical Group you must ring up to make an appointment, they have to ring you back - if you can't hear nothing gets done - so adjustments to overcome these problems would be welcome. “

“Some people with learning needs can find technology useful - don't have to speak to anyone in person or over the phone.”

Recommendations:

This was a broad theme and respondents views reflected that, meaning that there were not many unanimous recommendations.

1. There was some support for **targeted resource and advice in disadvantaged areas**.
2. **Education**, particularly in schools and support for parents to teach young children about healthy lifestyles. Schools were also felt to be a good place to increase levels of activity through more physical education and healthy eating with free school meals.
3. **Working with local communities**, both to identify those at risk and needing help and to put support in; having local support groups.
4. **Improving access to a GP**, this was particularly around being able to make an appointment as phone waiting times were felt to be too long, the ability to see the same GP; and it was felt that a walk-in GP service would be particularly useful for people who led more chaotic lives.
5. There was a view that the **wider environmental factors that affect health**, such as wage levels, housing condition, and cost of living needed improving, however it was acknowledged that this was wider than health and probably needed tackling on a national level.
6. **More access to free sports**.
7. **More on the ground staff**, Doctors, over 75's Health Visitor, Community Matrons, Community Development Workers.
8. Technology could be used, particularly for **sharing information and easier communication**; a few ideas to use technology for videos to support patients with condition, appointment reminders, and the online prescription service.
9. Technology could be particularly useful for those with **hearing loss and learning disabilities**.

6.) Mental Health Care for Young People

Mental health problems often develop early and half of all mental health problems are established by the age of 14 years, with three quarters established by 24 years of age. Prompt access to support enables children and young people to maximise their prospects for a healthy and happy life.

Over the next 5 years the NHS wants to look at how what it could do around offering community mental health crisis services to meet the needs of our children and young people and providing Mental Health Support Teams in schools and colleges, to build on the support already available. Work will also take place to look at the structure of mental health services and how it supports young people aged 18-25 years to understand how it could become more joined up across health, care, education and the voluntary sector.

Quantitative results from online survey

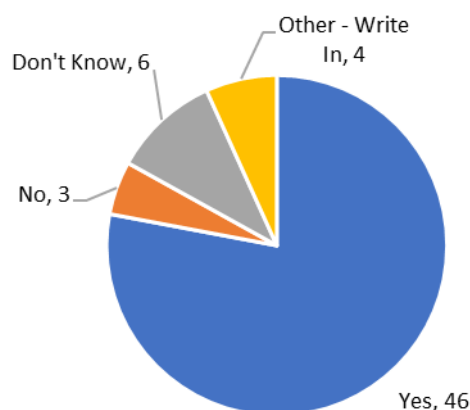
There were 11 focus groups held about mental health care for young people, which engaged with approximately 174 people.

There were 59 responses to the online survey, who all answered whether or not they agreed with the priority.

The majority supported this approach.

Of the four who answered 'Other - write in', two added information. One in support of having trained counsellors in each school and other who felt five years was too long for a time frame to wait for improvements.

6. Mental Health Care for young people: Are you in support of this approach?



Base: 59 responses

Detailed results of the engagement:

1. What do you think we need to consider when thinking about community crisis services for children and young people?

Waiting times for accessing services was the most frequently mentioned issue by respondents, along with being able to access services immediately, and not having to wait for weeks/months for a service and having an accessible service.

“The support needs to be flexible and available to the young person when they need it. They shouldn't have to wait months to see a professional or access support as during this time issues can escalate and actually require more intervention which increases delivery costs.”

Other suggestions were education about mental health in schools and colleges. More resources should be available in schools to be able to deal with issues when they arise. Better working between education and health was felt to be required.

Support for low level mental health problems would be useful to prevent problems getting out of control.

It was felt that family therapy was needed or at least support for the whole family approach. Support received should be tailored to individual needs.

“There needs to be a wider range of options available e.g. 1-2-1, groups, counselling, helplines so that a wider range of young people feel able to access support.”

“Help that caters for your needs, rather than read from a textbook.”

There was felt to be a general lack of awareness of what services are available, and that the capacity of current staff meant that services were not accessible/available, services also needed to be available 24 hours a day, 7 days a week.

Respondents felt that the young people needed a ‘safe place’ in order to ask for help.

“Friendly non-clinical environment.”

“An objective secure place like school or in a counselling room.”

There were some concerns about the age range of services particularly for those younger age groups, under 16 and under 18 were mentioned.

Targeted intervention and more resources were also requested by a few respondents.

Specific comments were made about the current crisis team, with difficulties being able to call them directly, them no longer providing outreach at certain services such as SHYPP (young peoples supported housing). Also how young people physically get support in A&E in times of crisis as Ambulances and SHYPP were no longer able to assist with this.

Respondents identified that services/support were needed for self-harm and suicide particularly.

2. What would make a good mental health support service in schools and colleges?

Having specific individuals/ roles situated in schools in suitable locations that were accessible to young people at all times was very important.

More training and support for staff to identify and deal with issues as they arise, along with clear pathways for referral and expectations about service and waiting times.

For young people themselves, bullying was identified as a major issue and cause of mental health problems, with tougher consequences needed for those doing it. Also, anonymity and confidentiality were important to young people, being able to quietly access help without peers being able to see/know what they were doing. Making sure they were listened to and believed was important to young people.

De-stigmatizing mental health through education was seen by respondents as a vital role to prevent mental health issues in the future and make it ok for people to ask for help.

Respondents felt a general need to build up resilience and develop better coping mechanisms in general.

Peer support or champions were felt to be a useful tool. As well as there being more support for low level mental health issues and more capacity in specialist services.

Support for parents/families dealing with their children’s mental health.

Services that were young people friendly.

Schools in general putting less pressure on young people and employing alternative approaches to tackle times of high stress such as exam time. Suggestions were use of animals, green woodworking and creative arts.

Respondents felt there were opportunities for outside agencies to be able to come into schools and talk with young people and support the staff in dealing with mental health issues.

Particular groups at risk were the LGBT community, particularly children who are trying to identify who they are and where they belong. Also, those with Autism and Anxiety.

“Before my daughter came out, she was very anxious and didn’t know who to talk to and she got in a real state. There was no one at school, no local information available. She lacked confidence and became anxious and started to have panic attacks because there was no support available and no one to talk to. Didn’t know where to get help. Nothing at school. Usually something available at schools for the 16 plus age group but not younger and my daughter was 13 when she needed support.”

3. When thinking of mental health services for young people aged 18-25, what changes are needed locally?

The key factor respondents identified was more resource needed. Shorter waiting times for services, services for those not at crisis point to prevent them from getting to crisis. Specifically, targeted support for this age group and many more services providing the same service for patients up to age 25 years.

The transition from Child and Adolescent Mental Health support to adult mental health support was not viewed as being very good. The transition is not smooth and patients often have to go back to being on a waiting list.

Easier access to services, including referral processes like self-referral, location of services and times that young people are available.

The availability of counselling services was not felt to be very good from respondents although many felt it should be, as talking to someone was felt to be important. The potential of using peer support was also thought to be important.

“Trained youth support workers in 24/7 late night cafe places listening ears, support from young people.”

Clearer expectations of service provision, process and pathways, which are communicated and shared widely. Better working with communities and community groups, support groups for those leaving school as this is quite a significant transition. Working with schools in general to educate about mental health, remove stigma and building resilience.

“Once out of school age, young people may feel abandoned so a continued support group, maybe like the AA groups.”

A walk-in service could be useful and joined up teams/services aimed at this age group were other suggestions.

4. What do you think digital technology can do to support this work?

Human interaction was the single most favoured request, although digital technology could be seen to help, counselling and talking to someone was best done face to face. The risks associated with Skype and connectivity/buffering only added to anxiety.

There was also a strong view that digital technology and social media adds to or is a cause of some mental health issues, therefore relying on it to solve these issues was not realistic. Although there is potential for social media campaigns and YouTube videos, celebrity endorsements to help reduce the stigma of mental health issues.

Although many respondents felt there were opportunities to use digital technology. Sharing information and records about patients, signposting to services, being able to access support 24 hours a day, 7 days a week was felt to be very useful. Respondents also felt that sometimes it was easier to write down feelings rather than talking about them, so chat rooms and texting facilities were supported.

There were several apps mentioned that were felt to help; Calm harm, BESTIE, Kooth, headspace, Knothole and others aimed at meditation, anxiety, colouring, distraction.

Improving access to professionals was one option where respondents felt digital technology could be used. Although particularly with young people there was concern about confidentiality.

“Maybe access to a chat with trained professional so they feel listened to when they feel low.”

“Have counsellor/ therapist/support worker profiles available to see online.”

Recommendations:

1. **Waiting times** was the main issue being raised, support not being available at the times needed, including low level support as well as crisis points.
2. The general **accessibility** of current services was not felt to be good enough and services are required **24 hours a day and 7 days a week**. More resources are required, and better publicising of what services were available, and how to access them. Walk in services were felt to be useful with the ability to self-refer for support.
3. **Working with schools and colleges:** education to help reduce stigma of mental health, learning coping mechanisms and building resilience. Ensuring staff are trained to identify those who need help and ensure that they have the resources needed to support those in need by having accessible ‘**well-being practitioners**’ who are readily accessible. Having safe places where young people could access support anonymously and confidentially.
4. Make use of **peer support** roles.
5. **Tackle bullying** - this was seen by young people as a major cause of mental health problems and was rarely dealt with effectively.
6. **More support for families**, and family therapies to help the whole environment surrounding the young person.
7. **Individually designed services**- what may help one young person may not be suitable for another.
8. **A better transition** from child and young person’s mental health service to the adult mental health services was needed, but also all services should be providing the same service for all those aged up to 25 years old.
9. **Human interaction**, talking therapies and counselling were all felt to be needed but inaccessible.
10. Groups that were felt to **need support** were those **under 18 years** old, those who were likely to **self-harm and attempt suicide**, those from the **LGBT** community, those with **Autism** and those suffering from anxiety.

11. **Digital technology** could be used - with caution as it was at times seen as a **cause of mental ill health**, however it could be used to better share information, connect patients with specialists, **signpost to services and self-help with apps**. It was felt to be useful in providing support/advice 24 hours a day, 7 days a week.

DRAFT

7.) Learning Disability and Autism Services

Since the development of the Sustainability and Transformation Plan in 2016, much work has gone on to improve how services work together, and how they understand and respond to the needs of people with learning disabilities. Going forward, this will need to include an understanding of the particular needs of people with autism. This work is often about making reasonable adjustments in health services to support those with a learning disability or autism - for example by including flags in patient records to ensure staff know and respond accordingly.

Over the coming years we need to work towards achieving timely diagnostic assessments for children and young people with suspected autism. We also need to look at how we can enable more people to receive care closer to home through multidisciplinary services and crisis care, which could reduce preventable admissions. It is also recognised that people with a learning disability or autism are likely to experience poorer physical health and outcomes, making treatment of the whole person important.

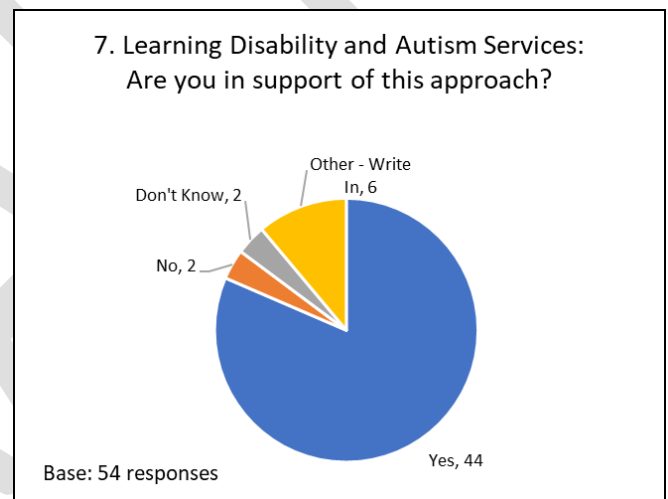
Quantitative results from online survey - Percentages

There were 9 focus groups held about Learning disability and Autism Services, which engaged with approximately 60 people.

There were 54 responses to the online survey, who all answered whether or not they agreed with the priority.

The majority supported this approach.

Of the six who answered 'Other - write in', four agreed but didn't feel they had the right knowledge to fully respond, another agreed but wanted more resource with it. And another did not feel the approach was clear enough for them to agree nor disagree.



Detailed results of the consultation:

1. What other reasonable adjustments could be made by health providers to support people with a learning disability and/or autism?

There were two priorities that came out clearly; the need for early diagnosis and reduce the waiting times to get one and that all staff be trained to recognise hidden disabilities and act accordingly.

There were specific things that could be done to aid people with learning disabilities or autism when attending a GP surgery:

- Easy read appointment reminders/information booklets.
- A quieter environment so it is less busy, or a separate waiting area, shorter waiting times,
- Longer appointments to allow time for better communication and making sure the patient has time to understand and ask questions, better use of Health Action Plans.
- Not assuming people can read and better use of pictures and symbols.

- Patients with learning disabilities and/or autism may need support from someone to get to an appointment and during it, transport and finding your way around the surgery or hospital were a concern. The patient should always be addressed directly during appointments rather than just communicating with carer.

It was felt that there should be better general awareness from all staff and members of the public about hidden disabilities and some of the adjustments they require.

There was a need for a multi-agency approach in dealing with people with learning disabilities or autism.

More support for teachers in schools, and more support for parents.

2. What would make a good diagnostic service and process for people with autism?

Overwhelmingly the main response was for a quicker, simpler referral process for diagnosis. This was for parents to refer via a GP, but also for schools and nurseries to be able to refer.

“A better referral process for schools/parents to access.”

“Getting parents to look out for a few indicators and then booking appointments with someone who could assess their child.”

“It needs to be made a faster pathway and ensure parents are kept involved/updated throughout. It is also essential that all providers involved talk to each other and not leave it for parents to chase.”

“Make it easy for nurseries and schools to refer parents with children who they believe are in need of intervention.”

There was a need for qualified staff to enable these assessments to happen, those with specialist knowledge, understand and experience to enable them to accommodate the various needs. A neutral, safe place could be used as an assessment centre or alternatively visiting a child in their home, nursery/childminder or school setting was also helpful in the diagnostic process.

“Well trained staff who understand people with learning disabilities or those who may have an autism diagnosis. Staff who can communicate with people with learning disabilities and autism Those staff who give time to understand the person and treat them holistically. people with learning disabilities /autism cannot always show /tell where pain is. Treat the patient with respect -get to know them.”

“The involvement of professionals who are experienced and trained in interacting with people with autism. Clear, concise communication. Calm, non-threatening environment. Space to calm down if feeling stressed, threatened etc.”

Listening to parents more was highlighted by respondents, as well as there being more support available for parents and families; especially after the initial diagnosis.

Access to local assessments and support was felt to be important. A multi-agency approach was identified as a benefit.

“Multi-agency approach. Speak to those working with the individual.”

3. What would make a good community and crisis care service and so prevent admissions to hospital?

Views about this were quite broad as to what would make good care. The most commonly mentioned suggestion was that staff should be specifically trained in disabilities therefore would understand and assess the situation better.

“Making sure that they have had training about understanding learning disabilities.”

“Specialist trained staff and enough of them to provide a good service to users and their families.”

Following that, there was a need identified for medical professionals needed to be able to visit people in their own homes.

“A multi-disciplinary team, trained to work with people with learning disability and autism, possessing the appropriate skills. The team should be prepared to work in the Community and in the patient's home.”

“I think it comes down to employing more people so that someone is available 24/7 when a crisis occurs. Treatment could be carried out in the home of the patient.”

“More on call professionals available to assess person before they end up at A&E.”

In general, respondents felt there needed to be more resources, more support in the community and services available before crisis points are reached. This also included a 24-hour service, either as an actual service, like a walk-in centre, or a 24-hour advice phone line or 24 hour messaging service. It more support was put in at home then the patient would not end up at A&E.

Being listened to more was identified both for the patient and/or the carers.

“Listen to people and their families.”

“To actually listen to people better the first time and to explain things properly.”

4. What could services change or do to better treat the whole person, not just the presenting learning disability and/or autism?

This was quite a broad theme; however, a better understanding of learning disability and autism was felt to be beneficial so professionals could treat and understand the patient better.

“A better understanding of varying conditions so appropriate understanding and advice can be given.”

“Better training and awareness of autism and how it effects the whole person.”

“Ensure that staff in generic services have a working knowledge of learning disability and of autism.”

There needs to be better communication, to listen to and treat the patient as an individual.

Respondents also felt that this area need more resources, use more holistic approaches for the individual, joined up services and listening to parents/carers/family members.

More time with a GP to be able to discuss healthy lifestyles would be appreciated, especially if they told patients the benefits. Healthy lifestyle support groups/workshops were welcomed where participants can learn about healthy eating, cooking and shopping, learning these tasks together. Provide easy read versions of leaflets and recipe cards.

“Easy Read information about how to eat healthily. Easy read recipes. Ideas about things you can swap to make your food healthier. Groups to go to about healthy living. Could include cooking demonstrations and exercise taster sessions. Regular sessions so you can see how you are getting on and share ideas and support each other. You Tube demonstrations about exercise and cooking.”

General information about hygiene and what people can do to help it. Seeking medical help as soon as you need it not to let it linger and worsen, tackling personal issues with the help of Doctors.

“Having more of an understanding about how illness spreads and hygiene. Films, for example on YouTube giving simple messages about personal care, such as handwashing and cleaning your teeth.”

“Have sessions that are male or female only to discuss specific issues around health and ask questions.”

“Support staff need to notice if people are not well and make sure they see a GP to nip things in the bud so they don’t get really ill.”

“Make sure people go to the GP and that illnesses do not get really bad so that people need to go to hospital e.g. constipation, chest infections and urine infections. “

5. What do you think digital technology can do to support this work?

This question was only asked and answered via eight focus groups across Herefordshire and Worcestershire, so numbers of comments are very low. However, there seems to be general support for accessing doctors’ appointments via a video link such as Skype or Facetime, or by phone.

There was general support for apps and smart assistants as these are considered useful reminders and tools. Videos on YouTube were also seen as a useful resource showing step by step instructions e.g. recipes.

“Get ‘Alexa’ or mobile phones to remind you to take medication regularly or reminders about health appointment.”

“An app could offer de-escalation tips, role plays or any virtual or written support/advice/info?”

Using a Fitbit and challenging friends was a way to encourage more exercise, and other technology to help to do exercise at home for those who do not like to go out.

It was acknowledged that the use of digital technology would not be suitable for everyone with learning disabilities or autism, however having simpler to use phones and tablets would help.

Recommendations:

1. **The need for early diagnosis.** This needs to be a quick, simple process started as soon as concerns are raised. A key part of this would be listening to parents/family.
2. There should be a **basic level of understanding by all medical staff** to recognise hidden disabilities and act accordingly. Also, a need for more specialist knowledge for medical staff who could deal with assessment/diagnosis process.

3. Reasonable adjustments within GP surgeries:

- a. **Easy read appointment reminders/information booklets**
 - b. **A quieter environment** so it is less busy, or a separate waiting area, shorter waiting times
 - c. **Longer appointments** to allow time for better communication and making sure the patient has time to understand and ask questions, better use of Health Action Plans,
 - d. Not assuming people can read and better **use of picture and symbols**.
 - e. Patients with Learning disabilities and/or autism may need **support from someone to get to an appointment and during it**, transport and finding your way around the surgery or hospital were a concern.
 - f. The **patient should always be addressed directly** during appointments rather than just communicating with carer.
4. A need for **GPs to be able to visit patients in their own homes**, as a way of preventing them from reaching crisis point.
 5. Better **general awareness/understanding** about learning disabilities and autism across the general population.
 6. **Multi-agency approaches**, although the detail of what exactly was not spelled out in this process.
 7. **More support for teachers in schools**, particularly in recognising conditions and the referral process.
 8. **More support for parents/families**, particularly during the diagnosis process and straight after.
 9. Having a **safe, calm, neutral place for assessments** was felt to be useful, as well as observations in 'normal' settings such as schools, nurseries, childminders and home.
 10. **Services available need to be 24-hours a day, 7 days a week**, which includes doctors' appointments, walk-in, phone lines and messaging services.
 11. **Better communication and listening to patients, by staff**. Communicating in a way that they understand and make sure they do understand before they leave. Better use of health action plans, information so that people can look these up later when they can take the time to understand/remind themselves. Skype appointments were a possibility.
 12. **Communicating directly about healthy lifestyles**, what to do and how. Support groups, YouTube videos, apps/smart assistants, easy read leaflets, Fitbit challenges were all ideas about how to encourage people with learning disabilities and autism to remain healthy.

8.) Adult Mental Health Services

Over the next five years, investment in mental health services will grow, which needs to support the work of frontline services for common disorders, severe mental health problems and emergency support. We will also be looking to better organise services generally so that they are more joined up with local physical health care provision. We know this is important because it provides a better patient and carer experience but also because people with mental illness are at higher risk of poor physical health. It is therefore essential that we look at ways of working that treat the whole person, not just the presenting illness.

Over the coming years, work will be undertaken to look at how we can provide access to mental health crisis support in the community. We will also alternative forms of provision for those in crisis, which might include safe havens or crisis cafes for instance.

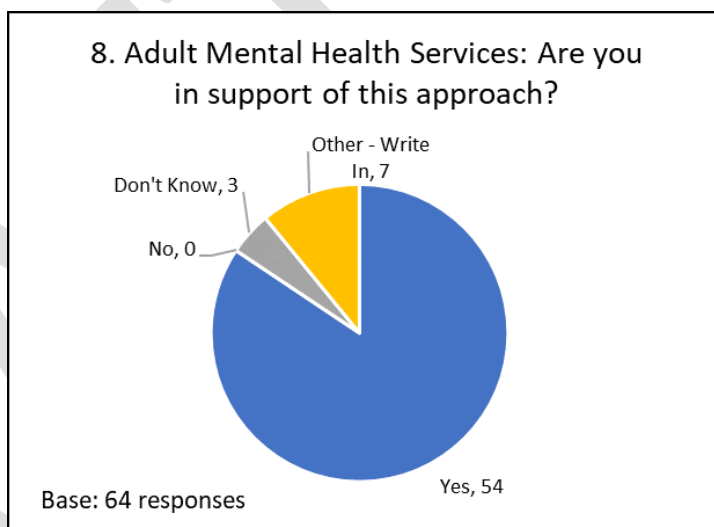
Quantitative results from online survey - Percentages

There were 11 focus groups held about adult mental health services, which engaged with approximately 84 people.

There were 64 responses to the online survey, who all answered whether or not they agreed with the priority.

The majority supported this approach, and there were no respondents who did not support the approach.

Of the seven who answered 'Other - write in', there was general support, but with some concerns over funding, for crisis cafes, community services not being free and more services being available.



Detailed results of the engagement:

1. What do you think makes good mental health crisis care?

There was a clear message about a service that was accessible, available immediately and 24 hours a day 7 days a week. Making a service that was available with a reduction on waiting times to receive that service. Ideally the respondents wanted it to be local.

Respondents felt that more resources in terms of staff is needed.

'A place of safety' was identified - often as a drop in for evening or weekend, somewhere patients could turn to when they needed support.

"24hr facility for people to walk into when in crisis - place of safety overnight, it always seems worse on your own at night."

"Crisis care now - people are dealt with by a clinician and deal with the problem, but people want a safe haven, not necessarily an acute unit. They don't want to go to Stonebow inpatient mental health unit, they want to cope away from places like this, places that are more homely. Need things that are available at the weekend (crisis seems to come at the weekend)."

“Fast access to the right people in a safe environment.”

It was felt that better joined up working would make better crisis care, particularly those working on the front line together, NHS 111, ambulance, police and mental health teams, as well as long term care when faced with a crisis or trying to prevent one.

“Clear information so patients, police, social care & others who need to know can understand and support people to use the service.”

“To work holistically with the patient. To identify which service is most appropriate to the individual patient, i.e. a key social worker experienced with the needs of older people and who is able to work closely with a health visitor - both of whom can link into multi-specialist support services, e.g. physio, falls management, oncology etc. You have mentioned into your intro above that often mental health problems lead to physical conditions. Yes, that's correct but such an assumption should not be at the cost of forgetting that many physical problems which are not addressed in a supportive environment will undoubtedly lead to depression and despair.”

Respondents felt there was a general need for more services put in place where people could access to prevent them from getting to a ‘crisis’ stage, support for low level mental health issues and early intervention.

It was also recognised that there needed to be support for the family of those suffering from a mental health crisis, it is often family dealing with it but they don’t know where to turn for help.

“Where carer and patient can both access support. We must consider that mental illness not only affects the patient but the carer also. Work needs to be done with both, especially the carer so they don't end up suffering too.”

Having a better trained workforce was needed, including training in some of the softer skills such as listening, communication, non-judgemental attitude, relaxed, empathy and a good understanding of what patients are going through.

Knowing who to contact and getting through to someone face to face for an assessment was felt to be important as is continuity and consistency of care.

There were also queries as to how a ‘crisis’ is defined and by whom.

2. What alternative forms of provision would best work for Herefordshire and Worcestershire?

There were quite broad responses to this question, with lots of different suggestions. Most common suggestions were around having a ‘safe place’ or a drop in and having access to services before and at the point of crisis.

“Yes, I have enjoyed visiting the new lightpoint cafe on Broad St in Hereford. But my crisis is always late Friday and over the weekend. A place where I could go to keep me safe is really needed.”

“If safe havens are created, they need to be properly funded and staffed, they need to be genuinely safe and be able to signpost you in the best direction to get the help you need.”

“Open clinics to encourage people to support each other and avoid crisis.”

“Drop in centre’s where someone could go for advice support and for check-ups.”

Face to face support and support groups that were local would help, and treatments within the community.

“Small intervention units closer to the patient’s home and community.”

“Regular drop in sessions for people to get low level support in their communities.”

Having staff better trained in mental health issues.

Respondents felt that it was useful to have crisis cafes, but also to have services that were there to support enduring mental health conditions.

“Support psychologically for long term conditions.”

“Long term support for people with on-going needs that currently fall outside your support (care leavers, ex-offenders) is needed. Their life needs support to manage their independence.”

3. What could mental health services change or do to better treat the whole person, not just the presenting illness?

The key area of change is respondents would like to see is better joined up working, integration of different services and teams, making the care more seamless.

“Having a multi-disciplinary team that can support access to longer term support that might be needed whether it’s housing, social care or employment support.”

“Link acute mental health services to other acute services. Allow fluid timely access of mental health professional to acute patients experiencing in-patient stays for physical conditions.”

“Ensure the various professionals are working together, e.g. Community Psychiatric Nurse, GP, psychiatrist, psychiatric pharmacologist.”

Following that there was felt a need for both ‘whole person’ care so more than just mental health - their whole body and health and holistic care that looked at the whole situation and environment for that person and the effect that might be having on the person.

Better training for staff, particularly around physical health so that they can understand how physical health affects mental health and vice versa. Also, better listening skills.

More talking therapies are needed, as well as additional funding to pay for alternative therapies rather than a medical intervention.

4. What do you think digital technology can do to support this work?

Human interaction was felt to be vitally important when supporting adults with mental health issues, however it was seen useful if technology would allow better sharing and access to personal records across teams and agencies.

There was some support for an online support offer and signposting of services which is available 24 hours a day 7 days a week.

“Video consultations might help with earlier access to treatment and reduce anxiety in patients who find going out or unfamiliar settings difficult.”

Otherwise respondent did not feel there was much more of a role for digital technology.

Recommendations:

1. **How and who defines a 'crisis'.**?
2. Provision of an **accessible service available 24 hours a day**. Immediate service at times of crisis and reasonable waiting times otherwise.
3. **A place of safety** that they could access any time was needed.
4. **More staff** in general was felt to be needed in order to help access.
5. Better **joined up working**, integration with services was also wanted.
6. A better **trained workforce who understand mental health issues**, had knowledge of how physical health impacted on mental health and had a better set of 'softer skills' such as listening.
7. More **low-level intervention** to stop people from reaching crisis point.
8. When a person with a mental health condition presented to a medical care professional it was felt better to treat the whole person in terms of physical and mental health, and a **holistic approach** looking at their whole situation and environment.
9. **Support services for the family** of the patient who are dealing with the effects of living with someone with mental health issues.
10. **Knowing where to go for help**, who and how to contact them was needed, i.e. phone number to call at the time of a crisis.
11. **Face to face support** was felt to be vital to this service.
12. **More talking therapies** and alternative to medication was felt to be needed.
13. Digital technology was felt to only be useful in this field in the area of **sharing information across teams and agencies, access online support 24 hours a day 7 days a week** and signposting where to get help and available services.

Appendix 1

The following tables list the community groups visited and the focus groups organised across Herefordshire and Worcestershire between March 15th and June 3rd 2019.

Out of Hospital local Care 274 people		
Group	Number of people	Location
Malvern	8	Malvern
Ledbury over 65's	20	Ledbury
Norfolk House (Stonewater Housing) Leominster - Residents meeting	18	Leominster
Simply Limitless, Kidderminster - Older People	8	Kidderminster
Herefordshire Carers Support Group	8	Herefordshire
Evesham and District Mental Health Support Service	3	Worcestershire
Wychavon Focus Group	3	Worcestershire
Worcester Hive	2	Worcestershire
Wye Valley Trust Patient Experience Forum	14	Hereford
Bromsgrove focus group	4	Bromsgrove
Sight Concern Redditch	14	Redditch
Sight Concern Malvern	12	Malvern
Kidderminster	Not recorded	Worcestershire
MS Society - WF (Wyre Forest) Group, Kidderminster	13	Worcestershire
Redditch Focus Group	3	Worcestershire
Redditch Older People's Forum	18	Worcestershire
Redditch Carers Group	6	Worcestershire
Keenage Club, Age UK, Worcester	8	Worcestershire
Hereford Library Stand	50	Herefordshire
University of Worcester - Health and Social Care students	50	Worcestershire
Sight Concern	12	Worcestershire
St Michaels Hospice - Living Well Group	18	Herefordshire
Arkwright court, Leominster - Stonewater Housing	11	Herefordshire
Headway	2	Herefordshire

Emergency Services 178 people		
Group	Number of people	Location
Simply Limitless, Kidderminster - Older People	8	Worcestershire
Hot Food Kitchen (St Martins Church)	23	Herefordshire
Herefordshire Headway	9	Herefordshire
Wychavon Focus Group	3	Worcestershire
Wye Valley Trust Patient Experience Forum	14	Hereford
Bromsgrove	4	Worcestershire

Kidderminster	Not recorded	Worcestershire
Redditch Carers Group	6	Worcestershire
University of Worcester - Health and Social Care students	50	Worcestershire
St Michaels Hospice - Patient & Carer	22	Herefordshire
St Michael's Hospice - Living Well Group	18	Herefordshire
Arkwright Court, Leominster - Stonewater Housing	11	Herefordshire
Headway	2	Herefordshire

Specialist Services 123 people		
Group	Number of people	Location
Herefordshire Headway	9	Herefordshire
Venture	Not recorded	Herefordshire
HCS Support Group	8	Herefordshire
The Swallows Head and Neck Cancer Support Group	12	Worcestershire
Wye Valley Trust Patient Experience Forum	14	Hereford
MS Society - WF (Wyre Forest) Group, Kidderminster	3	Worcestershire
Simply Limitless	3	Worcestershire
St Michaels Hospice Patient & Carer group	22	Herefordshire
St Michaels Hospice - Living Well Group	18	Herefordshire
Arkwright Court, Leominster - Stonewater Housing	11	Herefordshire
Headway (One stroke survivor and carer wife)	2	Herefordshire
Kidderminster Prostate Cancer Support Group	11	Worcestershire

Prevention & Self-Care 177 people		
Group	Number of people	Location
Herefordshire Carers Support Group	8	Herefordshire
Talent match	6	Herefordshire
Vennture	Not recorded	Herefordshire
Mental Health Forum	10	Herefordshire
Ledbury over 65's	8	Herefordshire
SHYPP Leominster	6	Herefordshire
Herefordshire Headway	9	Herefordshire
Ross on Wye GP practice patient participation groups 65+	15	Herefordshire
Evesham and District Mental Health Support Service	3	Worcestershire
Wychavon Focus Group	3	Worcestershire
Simply Limitless - Older People	5	Worcestershire
Simply Limitless	5	Worcestershire

Kidderminster	Not recorded	Worcestershire
Muslim Women's Association	8	Worcestershire
Redditch Focus Group	3	Worcestershire
Sight Concern Malvern	12	Malvern
University of Worcester - Health and Social Care students	50	Worcestershire
Syrian Refugee Women - Kidderminster	6	Worcestershire
Hereford Library Stand	Not recorded	Herefordshire
St Michaels Hospice - Living Well Group	18	Herefordshire
Headway - one stroke survivor & his carer wife	2	Herefordshire

Health Inequalities 164 People

Group	Number of people	Location
Deaf Direct Group	10	Herefordshire
Herefordshire Headway	2	Herefordshire
Herefordshire Carers Support group	8	Herefordshire
Redditch Focus Group	3	Worcestershire
Simply Limitless	5	Worcestershire
Redditch Mental Health Group	14	Worcestershire
Hot Food Provider - Baptist Church	19	Herefordshire
University of Worcester - Physiotherapy and Occupational Therapy Students	50	Worcestershire
St Michaels Hospice - Patient & Carer	22	Herefordshire
St Michaels Hospice - Living Well Group	18	Herefordshire
Arkwright Court, Leominster - Stonewater Housing	11	Herefordshire
Headway	2	Herefordshire

Adult Mental Health

Group	Number of people	Location
Carers in Mind	6	Herefordshire
Vennture	Not recorded	Herefordshire
Herefordshire Carers Support Group	8	Herefordshire
Herefordshire Headway	9	Herefordshire
Worcester Hive	2	Worcestershire
Wye Valley Trust Patient Experience Forum	14	Hereford
Community Connectors, Tolly Community Centre	9	Worcester
LGBTQ+ group, The Hive	14	Worcestershire
Redditch Carers Group	6	Worcestershire
Redditch Mental Health Group	14	Worcestershire
Headway	2	Herefordshire

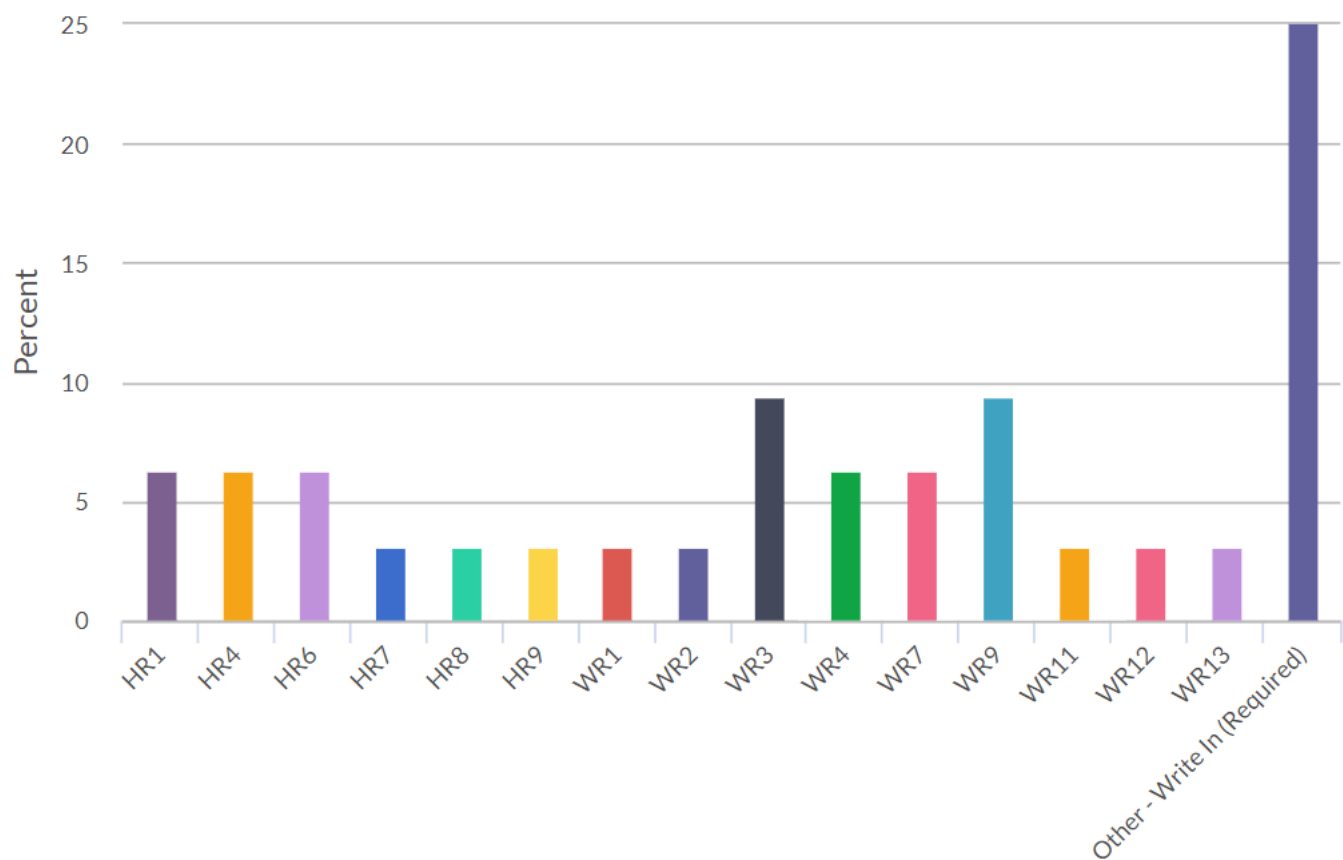
Learning Disability and Autism Services		
Group	Number of people	Location
Speakeasy NOW Health Checkers team	9	Worcestershire
Speakeasy NOW forum	12	Worcestershire
Severn Source	5	Worcestershire
Starlight Expression Self Advocacy Group - Bromsgrove	8	Worcestershire
Comet Group Malvern - Self Advocacy group for people with LD	9	Worcestershire
Headway	2	Herefordshire
Where next work council - Redditch	8	Worcestershire
ECHO Rep group	7	Herefordshire

Children & Young People's Mental Health		
Group	Number of people	Location
Malvern	8	Worcestershire
SHYPP - Leominster Foyer	6	Leominster
Talent match	5	Hereford
Venture	Not recorded	Hereford
School and college staff leading on MH Schools MH forum	75	Herefordshire
Wellbeing Ambassadors - CLD	4	Herefordshire
Wye Valley Trust Patient Experience Forum	14	Hereford
LGBTQ+ group, The Hive	14	Worcestershire
Hereford Library Stand	Not recorded	Herefordshire
Headway	2	Herefordshire

Appendix 2

Postcode breakdown from online survey responses.

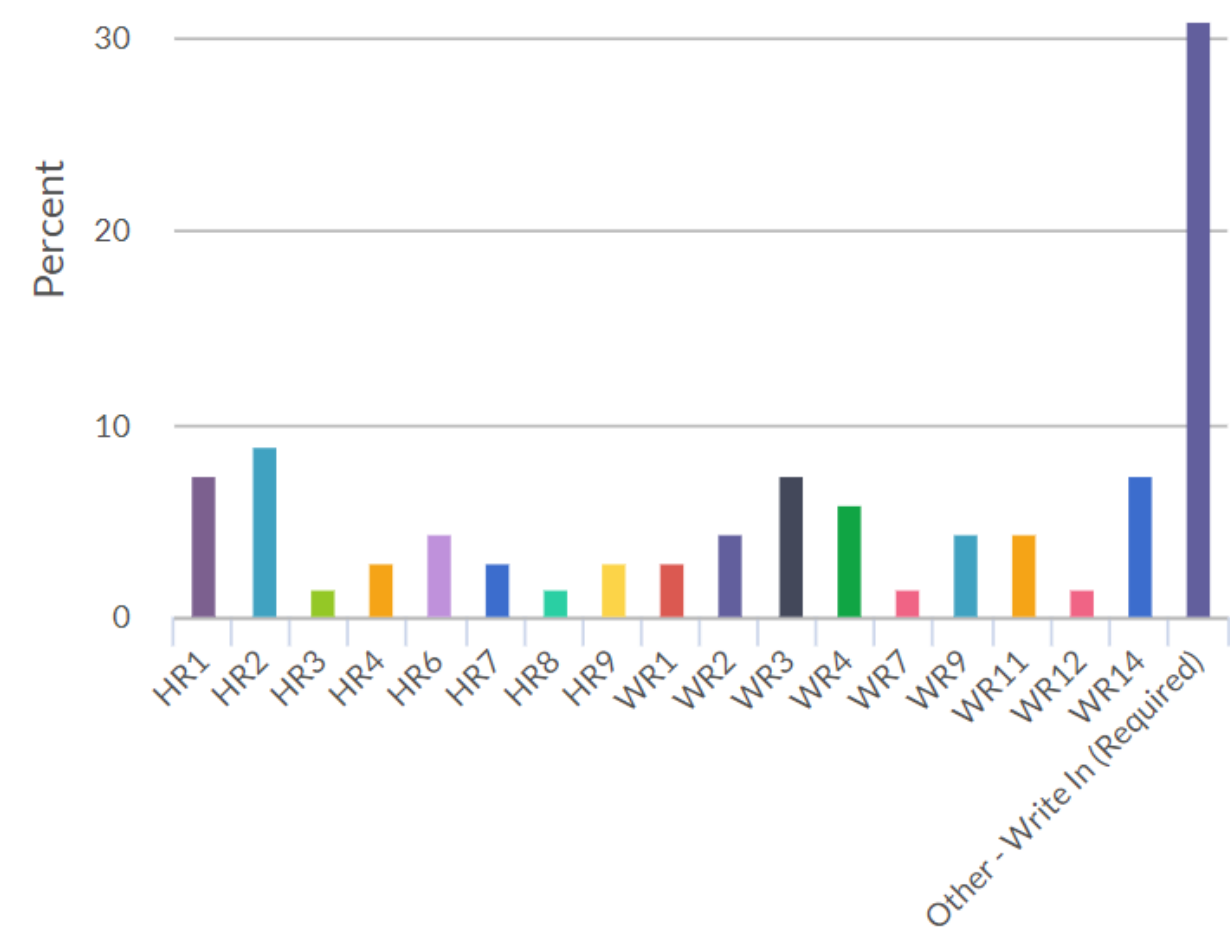
Out of hospital local care - 60 online responses



Other - write in

Other - Write In (Required)	Count
B60	4
B48	1
B98	1
DY10 4RU	1
N459yb	1
Totals	8

Emergency services - 126 online responses

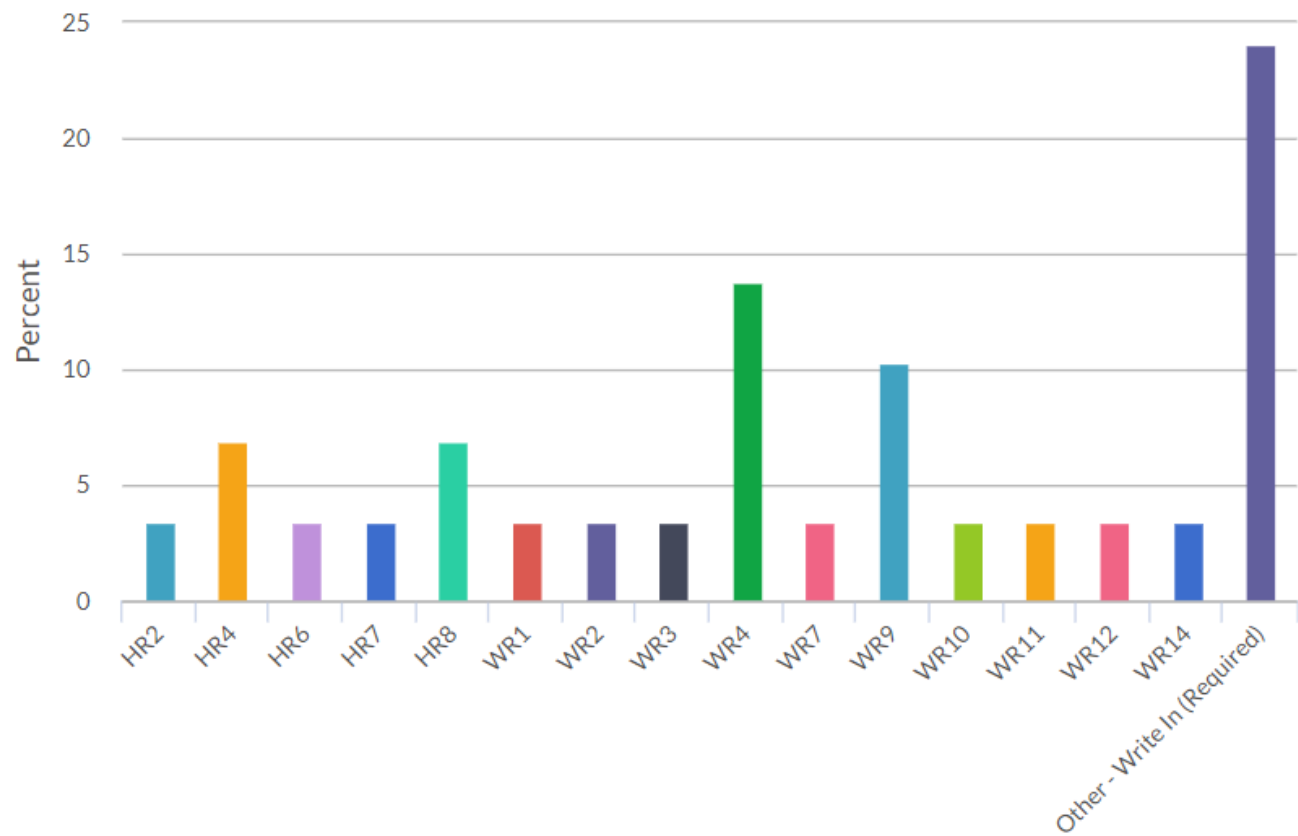


Other - write in

Other - Write In (Required) Count

B60	4
B97	3
B98	3
B48	2
DY11	2
3ly	1
B45	1
B48	1
B61	1
DY10	1
DY11	1
DY12	1
Totals	21

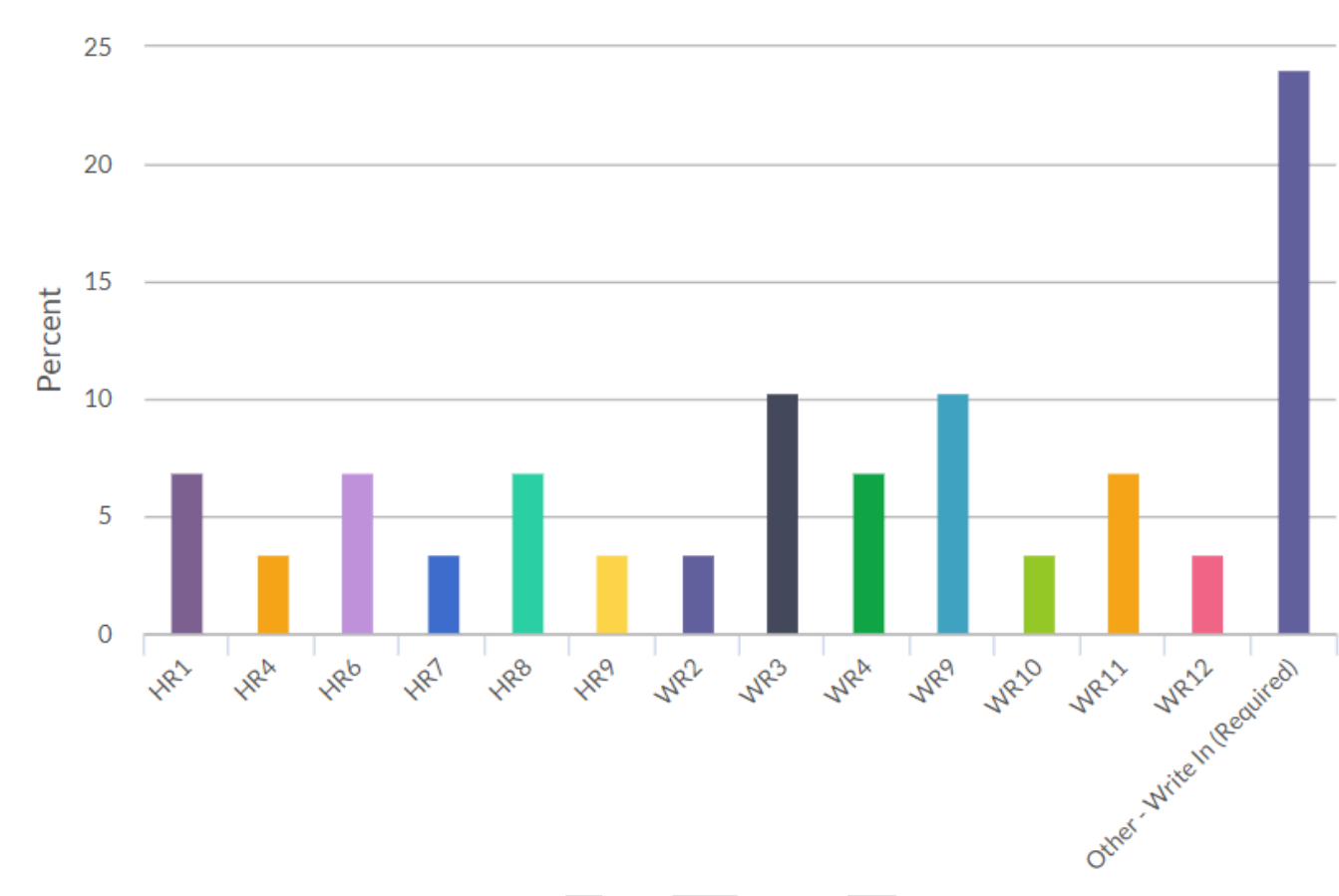
Specialist services - 57 online responses



Other - write in

Other - Write In (Required)	Count
B60	4
DY10	1
GL20	1
N45	1
Totals	7

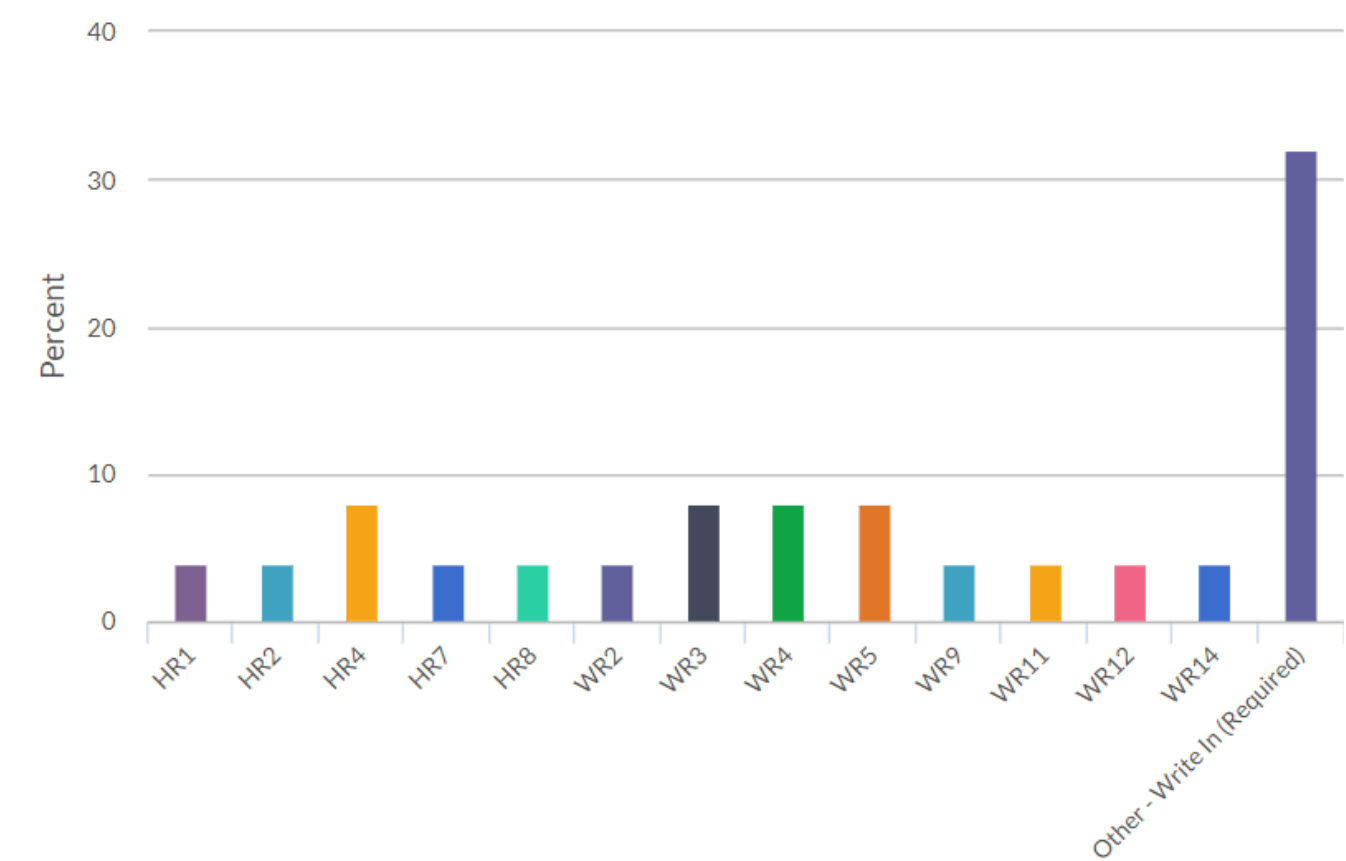
Prevention & self-care - 62 online responses



Other - write in

Other - Write In (Required)		Count
B60		2
B45		1
B98		1
DY10		1
DY11		1
Dy12		1
Totals		7

Health inequalities - 46 Online responses

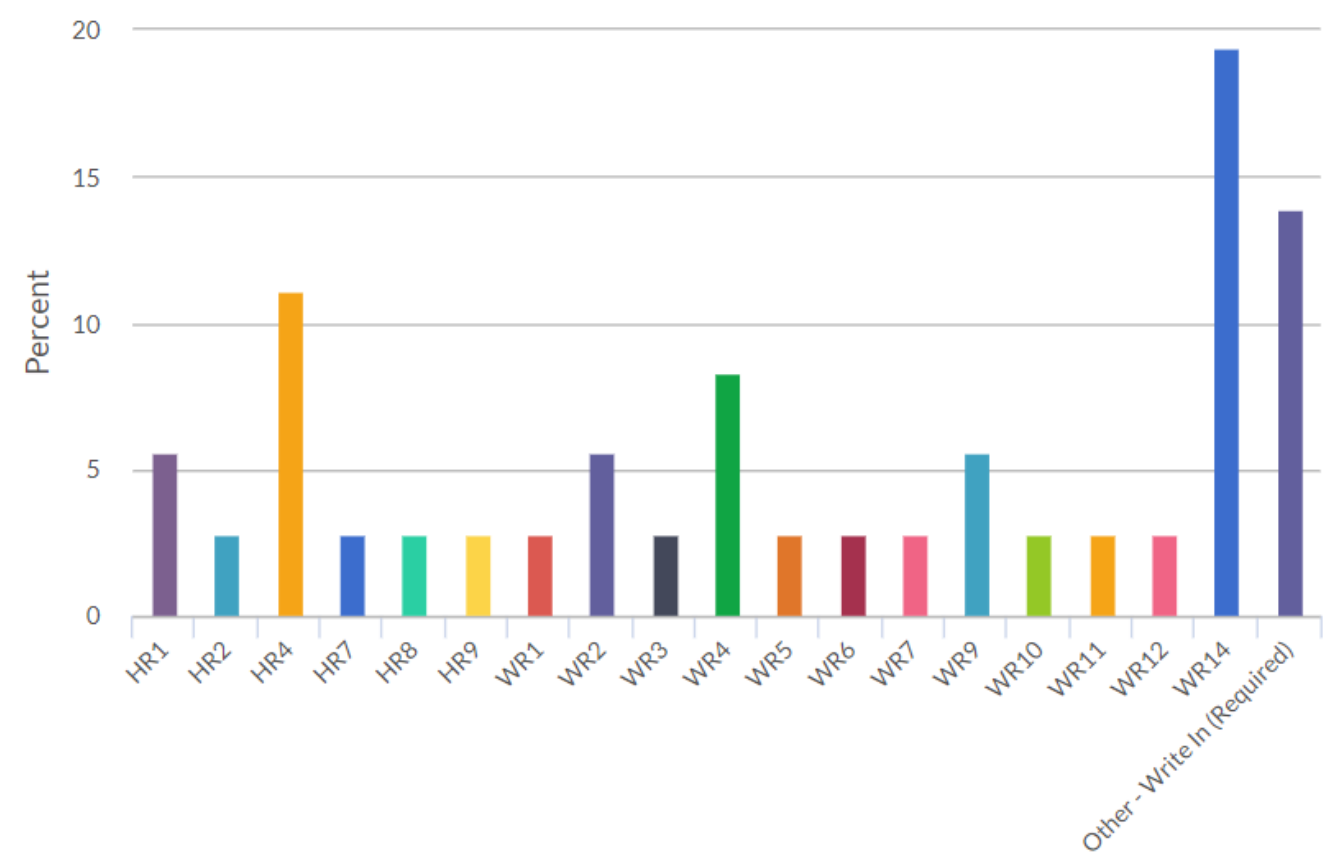


Other - write in



Other - Write In (Required)	Count
B60	3
B45	1
B48	1
DY10	1
DY11	1
DY12	1
Totals	8

Mental health care for children & young people - 59 online responses

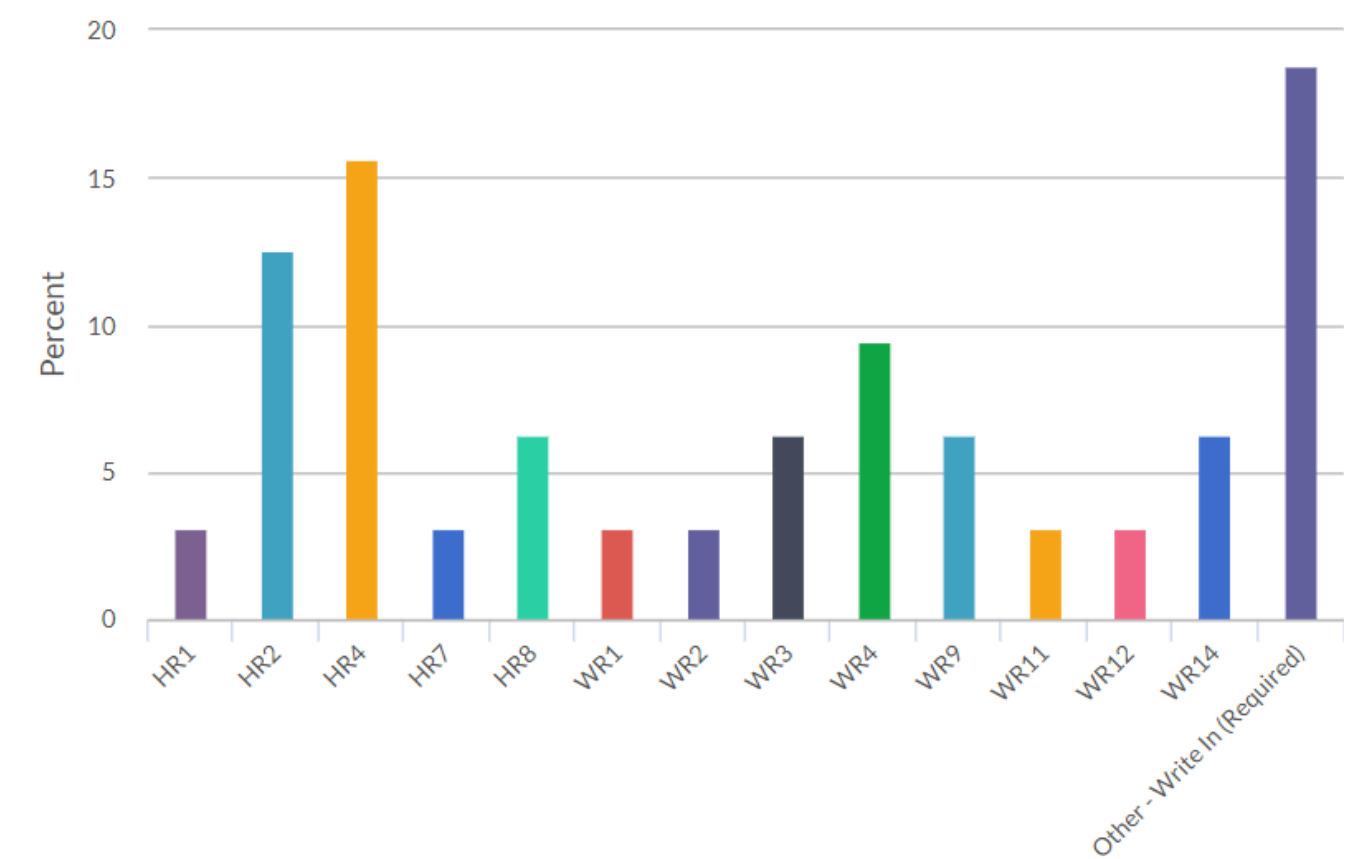


Other - write in



Other - Write In (Required)	Count
3ly	1
B60	1
B98	1
DY10	1
DY11	1
Totals	5

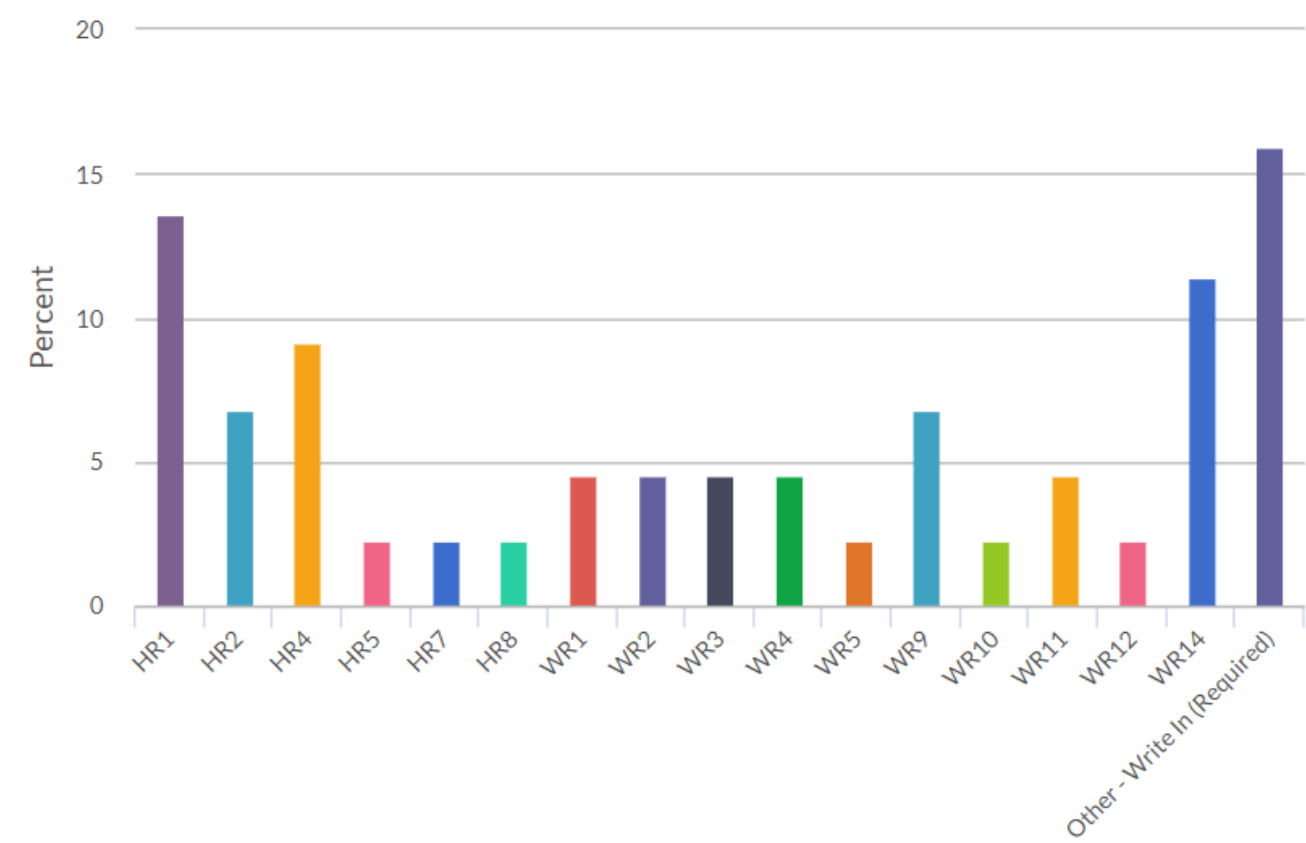
Learning disability and autism services - 54 online responses



Other - write in

Other - Write In (Required)	Count
B60	4
B97	2
Totals	6

Mental health care for adults - online responses



Other - write in

Other - Write In (Required)	Count
B45	1
B48	1
B60	1
B97	1
B98	1
DY10	1
DY11	1
Totals	7

Appendix 3

Existing Healthwatch Engagement Reports

In planning the NHS Long-Term Plan engagement project with Herefordshire and Worcestershire STP, we decided to focus on areas where more information was needed in our engagement and draw on previous recent engagement work where relevant. The following outlines some key findings from the public, which Healthwatch Herefordshire and Worcestershire have gathered over the last eighteen months in previous work.

Healthwatch Herefordshire

Dementia (Publication April 2019)

The engagement took place with 152 people across many settings including dementia specific support or community groups, health care professionals working with people living with dementia, general community groups, public events and learning disability groups.

The findings are grouped into the following headings:

- Generic feedback on the dementia pathway
- Support following a diagnosis
- Respite
- Carers
- Social Care
- Care in hospital

People wanted:

- A single point of contact throughout their dementia journey
- Varied methods of trusted information for families/carers in a variety of formats.
- A campaign to highlight the benefits of an early diagnosis and advice on what steps people could take to aid prevention of dementia onset.
- Easy and accessible information on planning for RESPECT (Advance care planning), Lasting Power of Attorney, social care funding, continuing healthcare.
- Expanding on dementia friendly communities' movement. Focusing on everyday places in our community such as hairdressers, shops, banks etc.
- Increase in the Dutch Meeting Centre model like Leominster & Ross on Wye into areas such as Bromyard, Ledbury & Hereford.
- Support with form filling and provision of education sessions for carers about dementia.
- Thinking about respite in alternative non-traditional ways for carers.

Homefirst and Hospital @ Home (Publication June 2019)

31 people from across Herefordshire agreed to complete a survey either on the telephone or by a home visit. The services received by them were as follows:

- Hospital @ Home 7 people
- Home First 18 people
- Both services 6 people

Most customers were happy with the services they received from both Home First and Hospital @ Home and the staff providing services. 74% said they had achieved their goals. Over 70% of people gave examples of positive experiences and just under 20% of people gave examples of areas of their treatment that they were unhappy with and how services could be improved.

The key recommendations were:

- Information to be given to patients and carers about the integrated service, at multiple different points on the journey.
- Encourage carer involvement to work on a short term reablement solution.
- Consider the ending of the service and exit onwards. Such as use of talk community and social prescribing to encourage community activation. And outline self-care to continue and maintain independence, e.g. physio exercises.
- Encourage use of the goal sheet with hospital @ home patients
- Help to navigate the system on people's behalf. E.g. coordinating with GP if new medications aren't on a care plan.
- Integrated discharge team improvements in timely co-ordination with family members and transport from secondary care and discharge prescription medication.
- Hospital discharge function clearly linked to continuation of home first including the continuation, start, stop or restart of the package.
- Routinely give out information to patients and service users to feedback improvements which can be fed into staff development.

Outpatients (Publication June 2019)

In March 2019 Healthwatch visited 8 clinics over a two-week period at Hereford County Hospital and surveyed 165 patients.

The clinics visited were:

- Radiology, fracture clinic and trauma and orthopaedics.
- Ophthalmology.
- Ear, nose and throat.
- Urology and Rheumatology.

Key themes were:

- Text reminders were helpful.
- Signage improvements could be made in some clinics to point out reception areas and check in procedure for clinics.
- Mixed feedback on waiting times for appointments. Delays at x-ray.
- Improvements to cleanliness in radiology.
- Positive feedback about staff attitude, friendliness and helpfulness.
- Patients like to know what delays are likely to be.
- Mixed views about electronic check in.
- Some clinics could send out information ahead of the appointments to highlight what to expect.
- More space in waiting rooms for wheelchairs.
- Examples of staff going beyond to help patients.
- Better coordination with GP needed.

Complex and multiple conditions (Publication October 2018)

We engaged with a variety of community groups and organisations that have attendees with multiple/complex conditions to gather people's experiences of health and social care services.

We also carried out a survey online. 66 people have contributed to this project at a focus group or through completing a survey.

Our findings are:

Medication

- We recommend greater promotion of medicine reviews at pharmacies.
- Health professionals should provide patients with trusted websites to use to avoid patients looking at websites that may provide them with inaccurate information.

Inter-agency coordination and communication

- Departments and organisations to communicate more efficiently, especially with mental health services. Primary Care Home1 Co-location of services to make this a priority in the model and demonstrate how it is effective.
- Seeing mental and physical health as the same thing as opposed to treating in isolation - taking a holistic approach to care.
- Health/hospital passports (document detailing a patient's important information; requirements around care, their health needs, communication and any reasonable adjustments which may be required) - a consistent approach to patient passports in order to reduce patients having to explain their full story at appointments. This could also be used to list multiple conditions to encourage health professionals to use a more holistic approach in their treatment.
- When someone's care is reviewed, professionals to encourage a more holistic approach.

Customer service

- Health professionals to be reminded about the importance of communicating with patients in a kind and considerate manner. Where we have heard about positive experiences, good communication has been part of the reason, however where communication has not happened so well, it has had a negative impact on the patient (A training resource or top tips to engage with patients may be a useful reminder).

Unpaid Carers

- To resource and support the running of organised carers' groups, as an example of valuing carers.
- Consistency across the county so that all services actively promote the rights of carers and the support they can receive. For example, reasonable adjustments can be made to help them in their caring role when accessing a GP surgery and this should be the same in all surgeries.

2gether Triangle of Care (coordination between patient, carer and health professional)

- Ensure that this process happens with all patients during their care planning process and is explained and demonstrated to patients and carers.

Respite Care

- Improved access to respite beds in the county / alternative approaches to be considered for patients who don't necessarily need a hospital bed or need respite for a week (e.g. some patients/carers would benefit from a day service).

Managing your condition

- Implement a 'listening service' which will help people feel supported, especially around the point of diagnosis. Potentially expert patients could be utilised to talk through what it means to live with a condition and when people might need further information or support.

Living with and beyond cancer (Publication April 2019)

In December 2018 & April 2019 Wye Valley Trust and Macmillan jointly hosted a focus groups in Hereford with Healthwatch, for people who have or have had cancer and family and friends to share their experiences and views on cancer care.

We gathered the views of 19 carers and patients who have experience of cancer. We asked them:

'What should good cancer support look like for patients and their families?'

Below are the themes:

- Aftercare support centre - support groups, counselling, nutrition, and access to diagnostics specific to cancer history.
- Integration - Joining up of services beyond Discharge.
- A named person or GP to go to - for support information on medical or emotional issues.
- Family Aftercare - Partners, Close friends, Parents, Children.
- Training of district nurses. E.g. provision of treatment close to home for the night-time.
- Use of telemedicine
- Holistic needs assessment looking at the whole person - helping to find way through what's on offer including psychological.
- Better education of GP's on metastatic diagnosis or a Macmillan Renton Unit service for Post treatment follow up which can be accessed ongoing.
- Discharge planning across borders.
- Cancer nurses at every GP surgery.
- Confidence in unpaid family carers - Training course for carers.
- Access to cancer specific professionals - to avoid GP's.
- Buddy scheme.
- Time - an afternoon became a day, why? What's the blockage? Has impact on family and leads to low tolerance.
- Reduce time spent on the cancer unit when you don't have much time left to live. Need better systems.
- Reduce isolation. Some people have no family and friends' network to help them through cancer.
- Social prescribing - extension to community.
- Good signposting for next steps - and additional communication for family members.
- Fear of recurrence.
- Support to continue working.
- Listening and psychological skills training for patients/carers to help support one another. Peer support.
- Post treatment side effects support. Late effects clinic

- Community support for carers and patients.
- Key point of contact. Cancer Nurse Specialist (CNS) or other key person.
- One record for a patient which includes everything.
- Isolation due to lack of transport.
- Access to the same GP.
- Signposting. GP doesn't know information to signpost. Would like information on signposting.
- Men screening. E.g. proper MOT whilst under care for anything. Making every contact count as men do not readily seek out medical advice. Diagnostic pub - meet in public house to discuss issues 1
- Early prevention & detection.
- Transport - Expansion and coordination needed for increasing community voluntary transport.

Healthwatch Worcestershire

Children and young people's mental health report (Publication March 2019)

Between September 2018 and January 2019, we engaged with 233 people about mental health and emotional wellbeing support for children and young people. We have:

Gathered feedback from parents and carers about their experiences of accessing mental health support for their children:

- 102 parents and carers completed our survey
- 24 parents and carers spoke with us as part of our engagement

Gathered feedback from children and young people about mental health and emotional wellbeing and accessing support:

- 70 young people completed our survey
- 37 young people took part in group discussions as part of our College engagement

The feedback led to the following recommendations:

Commissioners to

1. Ensure clear information is available for parents and carers and young people about:
 - Understanding children and young people's mental health and emotional wellbeing.
 - Different types of support available for mental health and emotional wellbeing in Worcestershire including: CAMHS, Kooth, Reach4Wellbeing, Healthy Minds, local voluntary groups and organisations support and private counselling.
 - Explanation of different levels of support available and when each may be most appropriate.
 - Criteria and referral process to access different types of support.
2. Ensure there is information available for parents and carers about support available for them, including local support groups and organisations.
3. Consider how this information can be more widely promoted to parents, carers and young people, including:
 - Most appropriate online platform - e.g. Worcestershire County Council Website, NHS website

- Schools and Colleges
- Social media
- GP practices and other health and community settings

4. Promote and encourage the implementation of Emotional Wellbeing Toolkit in Schools and Colleges across Worcestershire. Ensuring:

- Parents, carers, children and young people are aware who they can contact or speak to about any concerns or issues regarding emotional wellbeing or mental health.
- Staff within schools and colleges have a good understanding of support available, how to access support and advice available from CAMHS CAST.
- Promotion within schools and colleges about the importance of mental health and speaking to someone about concerns, as part of Personal Social Health and Economic (PHSE) lessons and wider school ethos and approach.

5. Consider the possibility of a point of contact or information helpline for parents, accessible by phone and email, to enable them to find out about most appropriate support and discuss the referral process. Similar to the CAMHS CAST service available for professionals.

Access to appropriate support

6. Commissioners to carry out mapping of available support and counselling to ensure that all children and young people across Worcestershire can access appropriate one-to-one support if required.

7. Commissioners to promote and encourage implementation of guidance in Emotional Wellbeing Toolkit for all schools and colleges to provide or commission counselling for students.

8. Worcestershire Health and Care Trust to ensure that all children and young people who are referred to CAMHS but not offered treatment are informed of alternative support available to them.

9. Commissioners to monitor if those referred to CAMHS but not offered treatment are informed of alternative support available to them.

Waiting times for CAMHS

10. Worcestershire Health and Care Trust to provide reassurance of the process to assess risk to children and young people in relation to not offering treatment following referral or delay to start of treatment.

11. Commissioners and Worcestershire Health and Care Trust to provide information about actions taken to reduce waiting times following Summit.

12. Commissioners to provide ongoing key performance indicators, including waiting times for CAMHS for publication in the public domain, to enable monitoring and review.

Satisfaction with CAMHS service

13. Commissioners and Worcestershire Health and Care Trust to carry out evaluation and monitoring of CAMHS service to provide reassurance that quality standards are being met in relation to - o Understanding individual needs of child / young person

- Involving children, young people and parents and carers in decision making

- Effective communication between CAMHS and schools
- Overall effectiveness of treatment

Outpatients visits

Healthwatch Worcestershire completed 25 visits to the fracture clinics across the three hospital sites between 5th March 2019 - 9th April 2019.

- 13 visits to the Worcestershire Royal Hospital.
- 7 to the Alexandra Hospital.
- 5 to the Kidderminster Hospital & Treatment Centre.

Publication due July 2019.

Mental Health Home Treatment Plan (Publication March 2019)

The new Home Treatment Service (HTS) had been running for 16 months when this project began. In total 22 interviews were arranged and 18 completed.

Recommendations

Service User - Crisis and Care Planning

- Worcestershire Health and Care Trust identify ways to better involve service users in the co-design of their Care Plan
- Worcestershire Health and Care Trust considers the following service user suggestions regarding improving patient experience of the Home Treatment Service:
 1. More frequent visits
 2. Visited more consistently by familiar Home Treatment Service team members
 3. Spending more time with the service user
 4. More medical/psychological input
- Worcestershire Health and Care Trust considers the use of a recorded Discharge Summary within the Care Plan to be shared with the service user for future reference as an aid to the transition between services

Information and Support

- Worcestershire Health and Care Trust should aim to achieve 100% awareness amongst service users of how to make a complaint
- Worcestershire Health and Care Trust considers the following service user suggestions for service improvement:
 1. More staff/resources/funding to enable its expansion
 2. Changing it specifically to address individually voiced criticism
 3. Improve consistency of Home Treatment Service team members attending each service user
 4. Enable a familiar staff member to stay with service user after the transfer on from the Home Treatment Service
 5. Reverting to the previous model or finding a third alternative
 6. Making home visits available day and night
 7. Discretion with identity badges when visiting service users within sight of neighbours
 8. Becoming more accessible to ex Forces personnel

- Worcestershire Health and Care Trust ensure all service users are fully informed in an accessible format about prescribed medication and its potential side effects

Carers - Care Planning

- Worcestershire Health and Care Trust systematically capture the contact details of all carers (regardless of whether they identify as carers) supporting patients engaged with the Home Treatment Service
- Worcestershire Health and Care Trust ensure all carers are meaningfully involved in the planning of the Home Care Plan and fully understand any expectations required of them where applicable
- Worcestershire Health and Care Trust should aim to achieve 100% awareness amongst carers of how to make a complaint and of the Patient Advice and Liaison Service

Information and Support

- Worcestershire Health and Care Trust routinely provide all carers with information about Worcestershire Association of Carers, the Carers Assessment and Jigsaw support group
- Worcestershire Health and Care Trust ensure all carers are aware of the complaints process and the Patient Advice and Liaison Service

Autism spectrum conditions (Publication March 2018)

Gathering feedback from people with Autism Spectrum Conditions:

- 34 people completed our survey
- 15 young people completed Easy Read surveys
- 29 people took part in group and individuals discussions as part of our engagement

Gathering feedback from Carers of people with Autism Spectrum Condition:

- 101 Carers completed our survey
- 40 Carers took part in group and individual discussions as part of our engagement

Access to Health Services

People told us about the difficulties they can experience when visiting the doctors and hospitals. They gave us lots of examples of things that would help them when making appointments, waiting to be seen and communicating with Doctors and Nurses. We have made suggestions for GP practices and hospitals about ways they can make adjustments for patients with Autism, including a flagging system to make sure they know who might need extra support.

Awareness of Autism Spectrum Conditions

Our findings show that there is variation in the awareness and understanding of Autism across health services in Worcestershire. There is a need to increase awareness by encouraging and promoting training and identifying Autism Champions.

Information

Feedback suggests that there is a need for comprehensive and up to date information about services and support available for people with Autism Spectrum Conditions and their carers. This needs to be available in a central location and promoted in a variety of ways including online and via social media. People also told us they would like more information to help them understand Autism Spectrum Conditions and strategies for support.

Support

On the whole people did not feel they receive the support they need in relation to their Autism Spectrum Condition or their caring role. A need for more appropriate mental health support was identified. People valued support they received from support and social groups and feel there is a need to increase access to these across Worcestershire.

Diagnosis

Feedback suggests that in some cases children, young people and adults have experienced long waits for an Autism Spectrum Condition diagnosis. Many felt they did not receive enough information about the process for diagnosis, understanding the diagnosis or support available following diagnosis.

DRAFT

Acknowledgements

Healthwatch Herefordshire and Worcestershire would like to thank all the community organisations, groups and members of the public who took part in this engagement exercise.

We would also like to thank Max Bassett Research for data analysis services provided.

We thank Healthwatch England for guidance and advice.



Contact us

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ICS Maturity Matrix

Self-assessment and thematic review for
Herefordshire & Worcestershire

July 2019 – V0.1

NHS England and NHS Improvement



Methodology

The ICS Maturity Matrix online self-assessment was distributed to senior leaders across Herefordshire & Worcestershire STP. 15 recipients completed the survey.

Recipients were asked to assess against five capability domains across four stages of emerging, developing, maturing and thriving. The data tables within this report collate scores across the five capability domains of:

Domain 1: System Leadership, Partnerships and Change Capability

Domain 2: System Architecture and Strong Financial Management and Planning

Domain 3: Integrated Care Models

Domain 4: Track Record of Delivery

Domain 5: Coherent and Defined Population

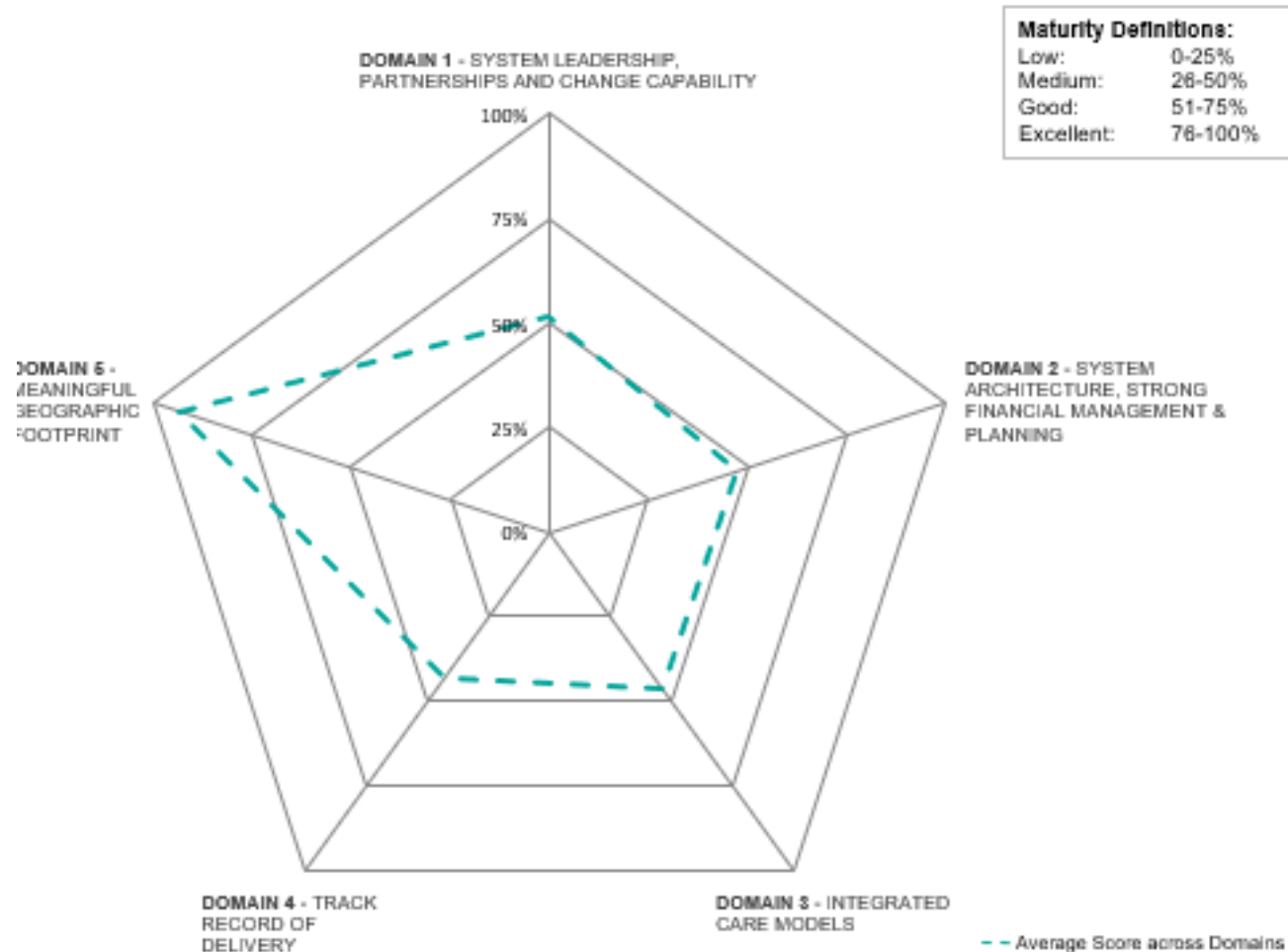
A free text option was also available for each of the domains along with prompt questions to aid reflection and thinking around what the system leader perceived as the key strengths or areas for development within their system.

All free text responses have been reviewed across the domains for any emerging themes and commonalities. Emerging themes have then been categorised into “Strengths” or “Areas for Development”.

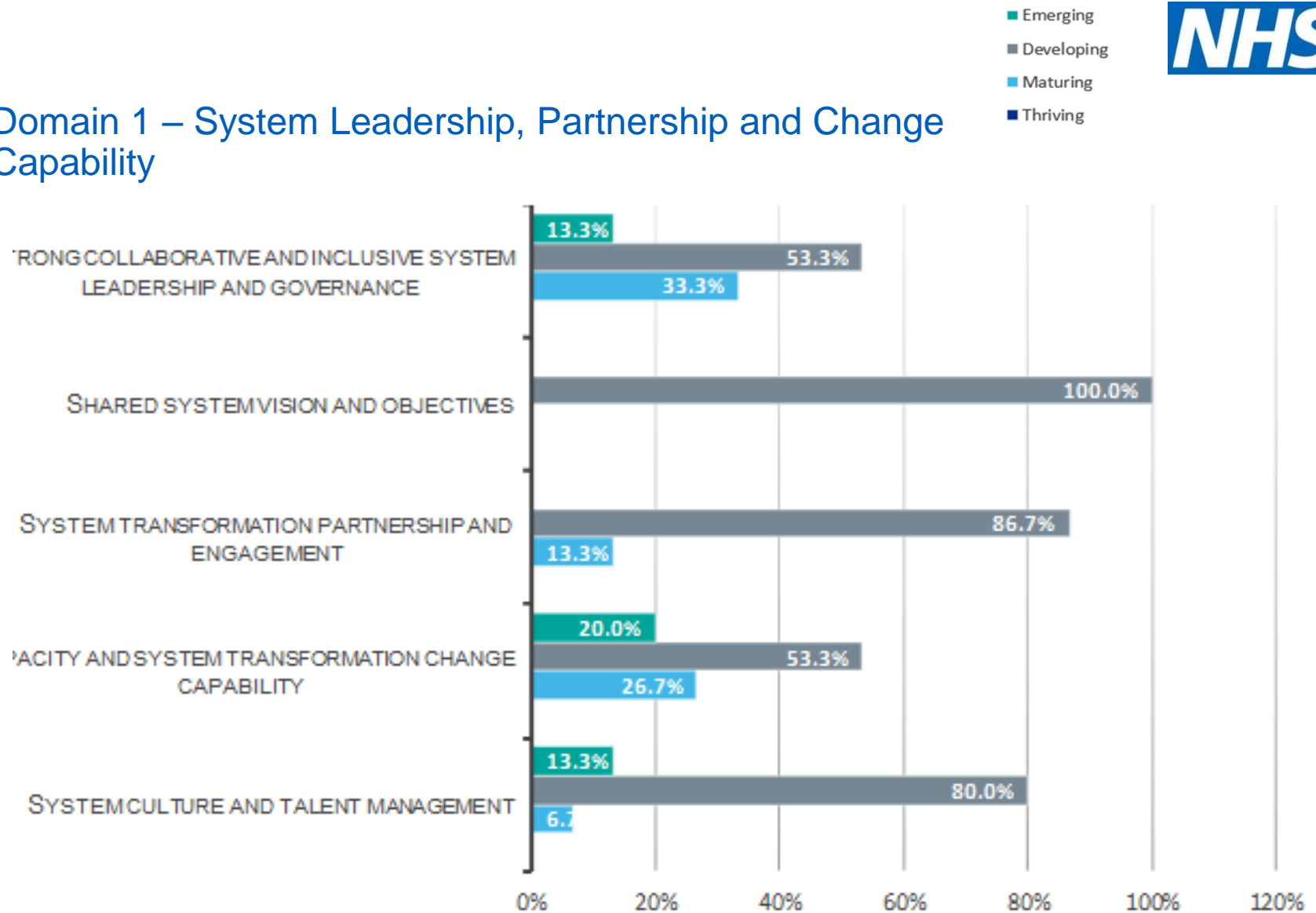
Overview of the findings for

This radar chart shows a summary of findings across the five domains of:

Average Maturity Across Domains in the Footprint

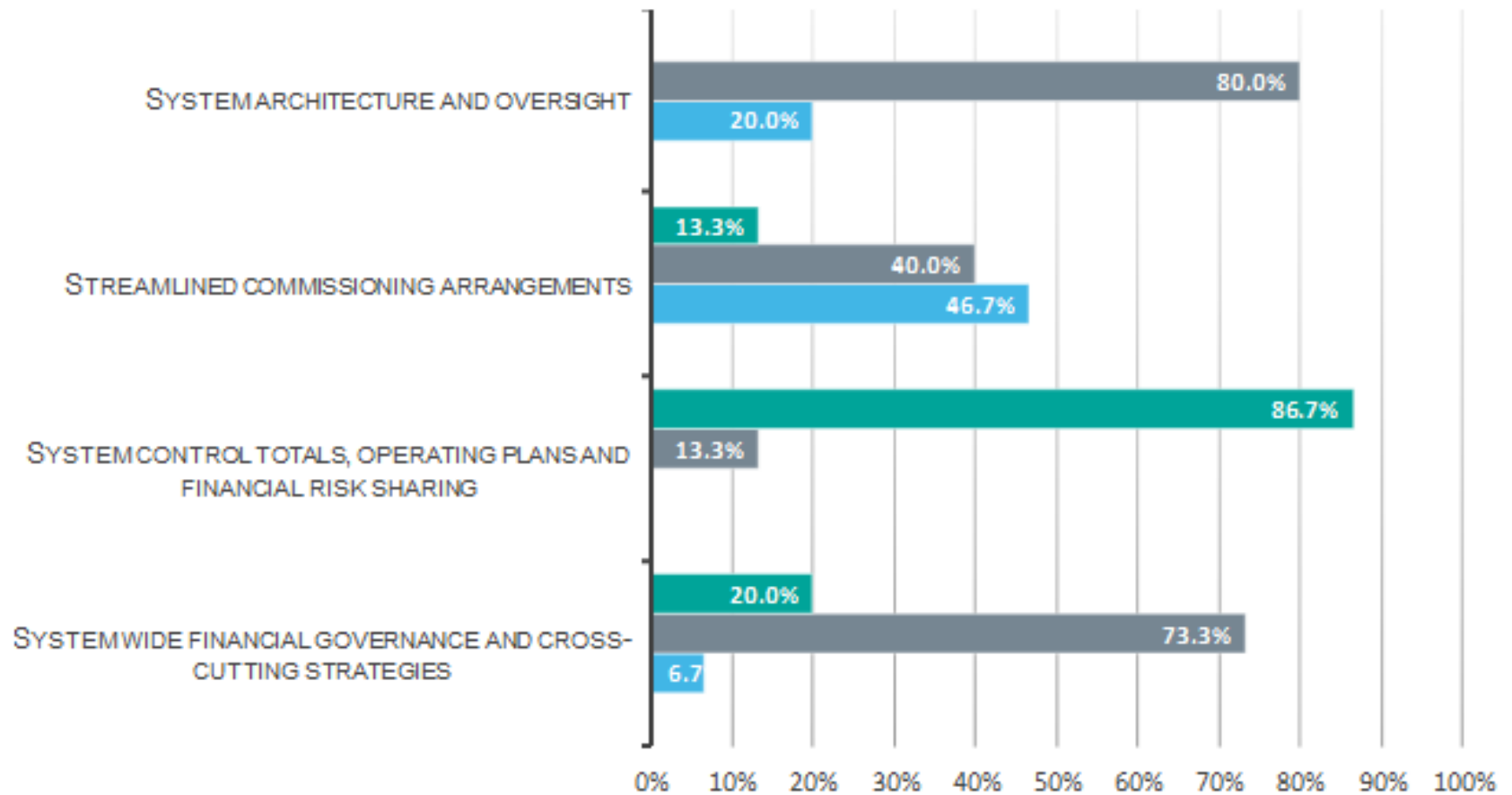


Domain 1 – System Leadership, Partnership and Change Capability

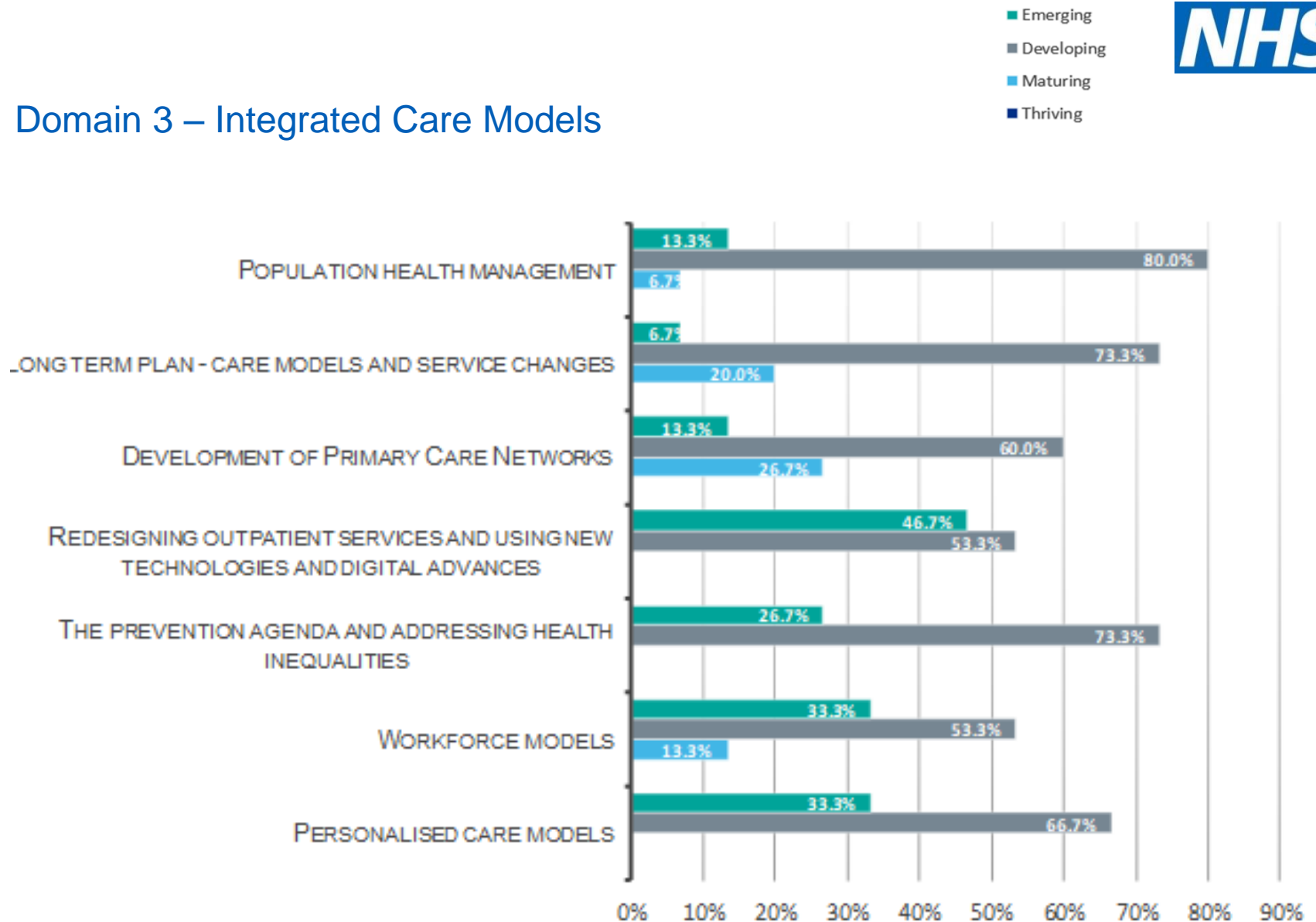


Domain 2 – System Architecture, Strong Financial Management & Planning

- Emerging
- Developing
- Maturing
- Thriving

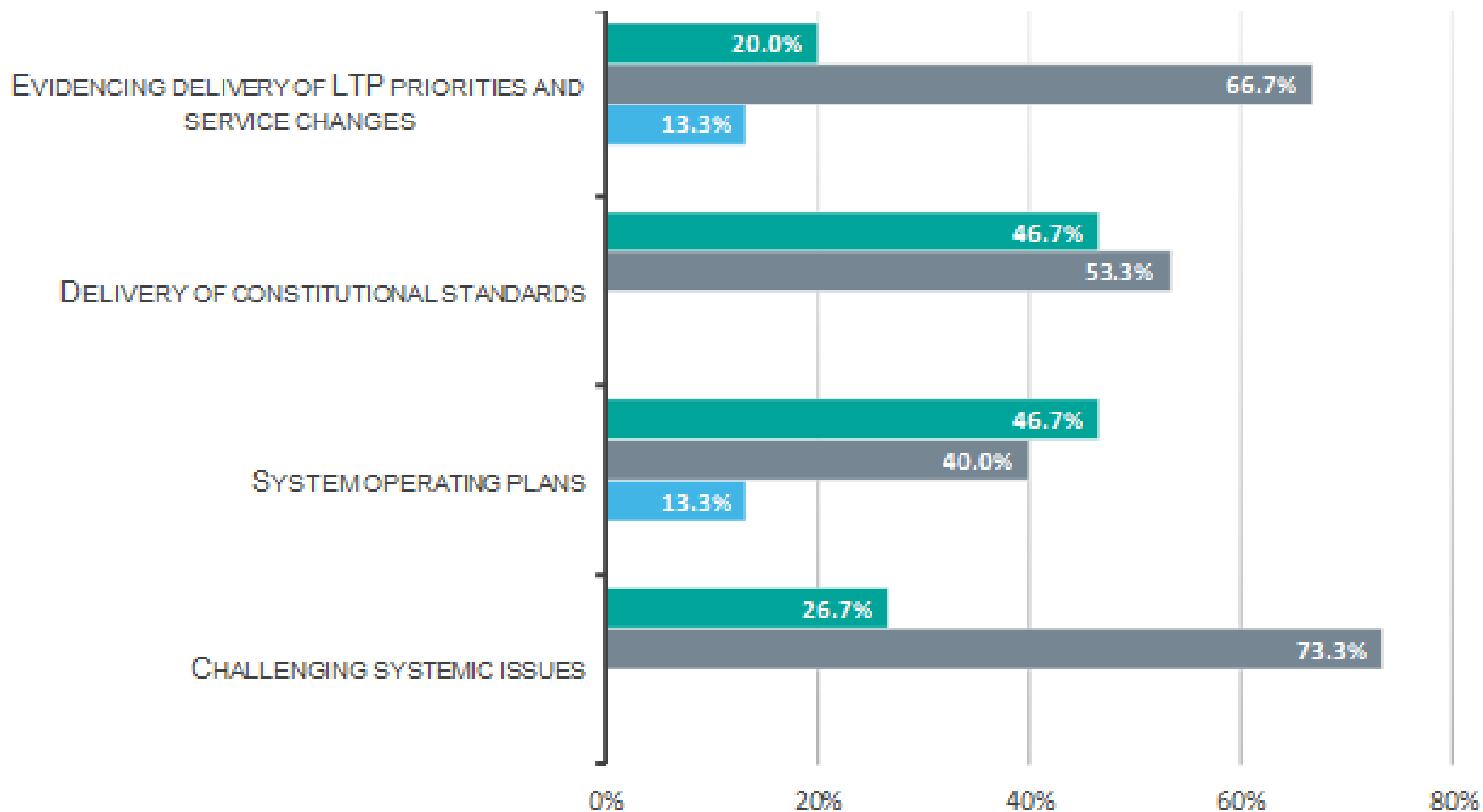


Domain 3 – Integrated Care Models



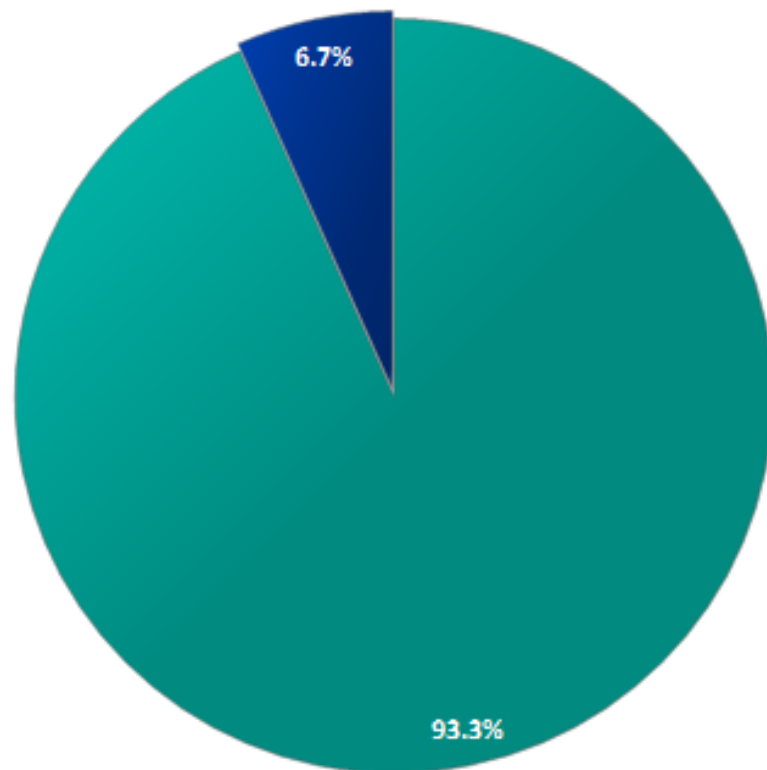
Domain 4 – Track Record of Delivery

- Emerging
- Developing
- Maturing
- Thriving



Domain 5 – Meaningful Geographical Footprint

DO YOU HAVE A MEANINGFUL GEOGRAPHICAL FOOTPRINT THAT RESPECTS PATIENT FLOWS AND, WHERE POSSIBLE, IS CONTIGUOUS WITH LOCAL AUTHORITY BOUNDARIES OR HAVE CLEAR ARRANGEMENTS FOR WORKING ACROSS LOCAL AUTHORITY BOUNDARIES?



Domain 1 discussion points: System Leadership, Partnerships and Change Capability	Next steps and agreed actions	Potential support required
Theme 1: Strong collaborative and inclusive system leadership and governance Theme 2: Shared system vision and objectives Theme 3: System transformation partnership and engagement Theme 4: Capacity and system transformation change capability Theme 5: System culture and talent management		
Domain 2 discussion points: System Architecture and Strong Financial Management and Planning	Next steps and agreed actions	Potential support required
Theme 1: System architecture and oversight Theme 2: Streamlined commissioning arrangements Theme 3: System control totals, operating plans and financial risk sharing Theme 4: System wider financial governance and cross-cutting strategies		
Domain 3 discussion points: Integrated Care Models	Next steps and agreed actions	Potential support required
Theme 1: Population health management Theme 2: Long term plan – care models and service changes Theme 3: Development of Primary Care Networks Theme 4: Redesigning outpatient services and using new technologies and digital advances Theme 5: The prevention agenda and health inequalities Theme 6: Workforce models Theme 7: Personalised care models		
Domain 4 discussion points: Track Record of Delivery	Next steps and agreed actions	Potential support required
Theme 1: Evidencing delivery of LTP priorities and service changes Theme 2: Delivery of constitutional standards Theme 3: System operating plans Theme 4: Challenging systemic issues		
Domain 5 – Meaningful Geographical Footprint	Next steps and agreed actions	Potential support required
Do you have a meaningful geographical footprint that respects patient flows and, where possible, is contiguous with local authority boundaries or have clear arrangements for working across local authority boundaries?		

Domain 1 - System Leadership, Partnerships and Change Capability				
Domain 1 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
Strong collaborative and inclusive system leadership and governance	Leadership team that lacks authority with no collectively-owned local narrative or sense of purpose.	All system leaders signed up to working together with ability to carry out decisions that are made.	Collaborative and inclusive system leadership and governance; including primary care, NEDs, the voluntary and community sector, local authorities and social care providers.	Strong collaborative and inclusive system leadership, including primary care, NEDs, the voluntary and community sector, local authorities and social care providers. Robust governance in place including clinical leadership and health and wellbeing boards.
Shared system vision and objectives	Little progress made to finalise system vision and objectives or embed these across the system and within individual organisations.	An early shared vision and objectives, starting to build common purpose and a collectively-owned narrative among the broader leadership community including primary care and wider 'out of hospital' services.	Clear shared vision and objectives, with consistent progress seen.	A strong public narrative outlining how integrated care is being developed with, and benefiting the public showing demonstrable impact on outcomes.
System transformation partnership and engagement	Minimal meaningful engagement with local government, voluntary and community partners, service users and the public.	Plans to increase the involvement of local government, voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood.	Effective ongoing involvement of voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood levels.	A greater emphasis on partnership working and system wide quality in its regulatory activity.
Capacity and system transformation change capability	Lack of transparency in ways of working, and little understanding of current workforce, capacity and capability requirements for system transformation.	Plans to secure dedicated capacity and system transformation infrastructure, including clinical leadership and close working with local government, Health and Wellbeing Boards and social care providers.	Dedicated capacity and supporting infrastructure being developed to enable change at system, place (including health and wellbeing boards) and neighbourhood level (through primary care networks (PCNs)).	Dedicated clinical and management capacity and infrastructure to execute system-wide plans.
System culture and talent management	Lack of a collectively-owned system narrative and agreed ways of working.	A developing culture of learning and sharing with system leaders solving problems together and drawing in the experiences of others.	A proactive approach to talent identification and management to build a strong pipeline of leaders.	Leaders across the system skilled at identifying and scaling innovation, with a strong focus on outcomes and population health, and building relationships.

Domain 2 - System Architecture and Strong Financial Management and Planning

Domain 2 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
System architecture and oversight	Limited understanding of system architecture across the footprint and limited plans to organise delivery around neighbourhood, place and system.	Clear plans to organise delivery around neighbourhood, place and system.	System is working with regional teams to take on increased responsibility for oversight.	System has progressed to the most advanced stage of oversight progression – i.e. self-assurance, with clear communication and relationships with regional team.
Streamlined commissioning arrangements	Fragmented commissioning landscape with few agreed plans to streamline arrangements.	Plans to streamline commissioning (including the interface with local NHSE commissioning functions), typically with one CCG that is leaner and more strategic.	Plans to streamline commissioning are underway.	Streamlined commissioning arrangements fully embedded across all partners. Incentives and payment mechanisms support objectives and maximises impact for the local population.
System control totals, operating plans and financial risk sharing	System not in financial balance and unable to collectively agree recovery trajectory.	Good understanding of system financial drivers and efficiency opportunities, with a shared plan to address issues.	System has credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance.	System is in financial balance and is sharing financial risk using more sophisticated modelling of current and future population health and care needs.
System wide financial governance and cross-cutting strategies	Lack of system wide plans on workforce, estates and digital.	System wide plans being developed to address workforce, estates and digital infrastructure across the breadth of local health and care services.	System wide plans for workforce, estates and digital infrastructure being implemented.	Improvements in workforce, estates and digital infrastructure being seen across the system.

Domain 3 - Integrated Care Models				
Domain 3 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
Population health management	Limited use of national and local data to understand population health and care needs.	Some understanding of current and future population health and care needs using local and national data.	PHM capability being implemented including segmenting and stratifying population using local and national data to understand needs of key groups and resource use.	Full population health management capability embedded at neighbourhood, place and system levels which supports the ongoing design and delivery of proactive care.
Long term plan - care models and service changes	Minimal collaboration or engagement across providers.	Early development of the 5 service changes within the LTP, and care models aiming to: 1) address unwarranted clinical variation; 2) integrate services around the needs of the population in neighbourhoods; 3) integrate services vertically at place; 4) collaborate horizontally across providers at the system and/or place level.	Starting to implement plans to: 1) address unwarranted clinical variation; 2) deliver the 5 service changes in the LTP; 3) tackle the prevention agenda and address health inequalities.	Implementation of the 5 service changes set out in the LTP demonstrating improvement in health outcomes. Integrated teams demonstrating improvement in outcomes.
Development of Primary Care Networks	Limited thinking about how to scale up primary care and how to integrate services at neighbourhood or place.	PCNs developing clear vision and plans for local integrated care models and providing services together. Plans include primary care and community services, and have started to form approaches with social care.	PCNs implementing plans to deliver national service specifications (in preparation for implementation of specifications as they become available nationally) and starting to design care models with partners to meet population need.	Fully mature PCNs across the system delivering care with partners (at a neighbourhood level and collectively with secondary care and local government at the place level) that meets population needs.
Redesigning outpatient services and using new technologies and digital advances	There are limited plans to redesign outpatient services or they are limited to individual organisational plans	Plans in place to support interoperable access to care records across health and social care providers.	There is a clear plan for how interoperability can enable care redesign with a clear vision and strategy in place to redesign services, focussing initially on outpatient redesign.	Digital and new technologies are fully functioning and operating at a system level to deliver redesign of services such as Outpatients

Domain 3 continues onto next slide...

Domain 3 - Integrated Care Models				
Domain 3 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
The prevention agenda and addressing health inequalities	Limited plans or strategies to tackle health inequalities or to create a system-wide prevention agenda.	Plans developing to align local plans to address key issues in health inequality and prevention.	Use of robust data to identify key determinants of health inequalities and population specific prevention needs. Plans in place to address these across all system level organisations and stakeholders.	Implementing priorities in prevention and reducing health inequalities as part of care model design and delivery.
Workforce models	There is no workforce strategy aligned to the system vision.	Full system involvement to develop workforce strategy aligned to new models of care and population needs.	Integrated care teams operating at neighbourhood and place bringing together PCNs, mental health, social care and hospital services as per the triple integration set out in the LTP. Community services teams are increasingly organised to align with PCN footprints.	Workforce model is agile and adaptable to population need, organisational boundaries are blurred and roles aligned to population needs rather than organisational need.
Personalised care models	There are no plans in place to implement the NHS comprehensive model of personalised care.	Plans developing to understand population needs and working groups set up to understand how to develop personalised care models.	There is a clear plan for how personalised care models can improve quality of life. Initial models are being tested and delivered across system, place and neighbourhood levels.	All 6 components of the comprehensive model for personalised care are in place across all pathways of care.

Domain 4 - Track Record of Delivery				
Domain 4 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
Evidencing delivery of LTP priorities and service changes	Slow progress towards delivering national priorities especially the 5 service changes set out in the LTP.	Evidence of progress towards delivering national priorities especially the 5 service changes set out in the LTP and further local priorities identified by the system.	Evidence of tangible progress towards delivering national priorities especially the 5 service changes set out in the LTP and further local priorities as identified by the system..	Evidence of delivering national priorities especially the 5 service changes set out in the LTP and further local priorities as identified by the system.
Delivery of constitutional standards	Lack of relative progress in delivering constitutional standards without system agreement to work together to support improvements.	Improved delivery of constitutional standards.	Consistently improving delivery of constitutional standards with credible system plans to address risks.	Delivery of constitutional standards including working as a system to mitigate risks.
System operating plans	Weak system operating plan developed and system unable to make collective decisions around system funding.	System operating plan in place that demonstrates a shared set of principles to start to manage finances collectively.	Robust system operating plan and system financial management in place, with a collective commitment to shared financial risk management.	Demonstrating early impact on improving population health outcomes and consistently delivery system control total with resources being moved to address priorities.
Challenging systemic issues	Limited evidence of support or understanding of challenged organisations within the system.	Evidence of progress towards understanding of each organisational issues and alignment across the system.	Robust approach in place to support challenged organisations and address systemic issues.	As issues emerge, leaders join forces to tackle them as a system including when under pressure.

Domain 5 – Meaningful Geographical Footprint

Domain 5	Stages of Maturity	
Do you have a meaningful geographical footprint that respects patient flows and, where possible, is contiguous with local authority boundaries or have clear arrangements for working across local authority boundaries?	Yes	No

Agenda item 12

Report to: Trust Board, 25th July 2019
Author: Kate Nelmes, Head of Communications
Presented by: Jane Melton, Director of Integration and Engagement
SUBJECT: **Membership Data Annual report 2018/19**

This Report is provided for:

Decision	Endorsement	Assurance	Information
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EXECUTIVE SUMMARY

- This paper provides a full analysis of the 2018/19 financial year membership data for 2gether NHS Foundation Trust.
- In September 2016, the Council of Governors agreed the Trust's current Membership Strategy. Our focus has been on retaining members and recruiting new members, with a specific emphasis on recruiting young members, members from black, Asian and minority ethnic backgrounds and men, who are all under-represented. More recently, we have also had a focus on attracting new members who use the services of or have an interest in the work of Gloucestershire Care Services, in advance of our proposed merger.
- An annual report on membership was requested by the Council of Governors to provide a year-on-year comparison of membership data.
- There were **8,116** members of our Trust at the end of the 2018/19 financial year. This represented an increase of 311 members (4%) over the year.

RECOMMENDATIONS

That the Board notes the 2018/19 financial year-end membership data and analysis.

Corporate Considerations

<i>Quality Implications:</i>	An active and representative group of members will assist the organisation to enhance understanding of service experience, tackle stigma and provide links across our constituencies.
<i>Resource implications:</i>	Further membership activity may require additional resource to utilise membership benefits to best effect.
<i>Equalities implications:</i>	Understanding the diversity of membership will assist

	targeted recruitment and retention to best effect. Ensuring diversity in membership will offer a range of important views and participation to influence ² gether's work.
<i>Risk implications:</i>	There are risks of marginalising certain groups within the local community if attention is not paid to membership demographics.

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Continuously Improving Quality	C
Increasing Engagement	C
Ensuring Sustainability	C

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:

Jane Melton, Director of Engagement and Integration	Date	June 2019
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Where in the Trust has this been discussed before?

Council of Governors	Date	June 2019
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What consultation has there been?

N/A	Date	N/A
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Explanation of acronyms used:

1. Context

- 1.1. A new membership strategy was agreed by Governors in September 2016, in line with the Trust's Engagement and Communications Strategy. Our focus has been on those groups under-represented within our membership base, including men, younger people (under 19) and people from a black, Asian and minority ethnic background. Our membership base in Herefordshire and the Cotswolds is also far lower than it is in Gloucestershire as a whole, so this is another area of priority.
- 1.2. So far, work on implementing the strategy has included the recruitment of a membership volunteer who provided membership administration support for six months. A new Membership Advisory Group was formed with dedicated involvement from Trust Governors and members. This group has, so far, reviewed the Trust's membership form and explored ideas for a new membership pack, as well as new methods of attracting and engaging with members. A survey was also conducted in April 2017 among existing members, in order to gain feedback on our membership programme.

Work has also been taking place to cleanse our membership data, to ensure we are accurately reporting and have a clear starting point for increased recruitment. This work has included removing members who are no longer engaging with us, including those who have moved without leaving a forwarding postal or email address, and ensuring that we are only counting staff members who are within the relevant categories for membership. We also carried out a data cleansing activity when the General Data Protection Regulation (GDPR), came into effect in May 2018. This had a significant impact on membership figures. It also meant we were no longer able to automatically transfer staff members to public members when they left the Trust's employment. All leavers are now written to and asked to actively 'opt in' to membership.

- 1.3. Throughout 2018/19 we have also, in advance of our proposed merger with Gloucestershire Care Services, been aiming to increase membership among people who use the services of GCS. We have had some success in this regard, and this will be a continued area of focus in 2019/20. Our membership programme will need to be relaunched when we merge, as we will need to have a new name, new branding, new newsletter, new joining forms and new membership packs.
- 1.4. Another new element of membership this year has been the introduction of a new constituency for Wales. Previously we could not accept members with a Welsh postal address, but the Council of Governors approved an amendment to the constitution and members are now able to join from Wales.
- 1.5. The membership data in this paper will help to inform the appropriate focus and tactics to enable recruitment, retention and engagement of members. This report will focus on overall change within membership data. The actions presented here seek to compliment the Trust's Engagement and Communication Strategy 2016-2020, which is structured to influence more people in our community to become champions of the services that we deliver to make life better.

2. Membership figures

2.1 Membership data, at 31st March 2019, is as follows:

- There are **8116** members of our Trust
- **5926** are Public Members and **2190** are Staff Members
- Our public membership increased by **251** over the year
- Our staff membership increased by **60**
- On average, membership increased by 26 new members every month, which is a decrease on the previous year, when membership increased by 31 members per month.
- Most new members are recruited through our website and public events, such as stands during awareness weeks. Our most successful member recruitment event in 2018/19 was again the open day at Gloucestershire Police Headquarters.

2.2 Number of Public Members at 31 March 2019

Table 1 represents the actual numbers of members per constituency. However, the actual numbers do not provide information about the relative numbers of members in relation to the size of the associated constituency. This is considered in the additional tables below. Information regarding the demographics of ethnicity, disability, age and gender are also provided.

Table 1 Public Membership Numbers by Constituency at 31st March 2019

Cheltenham	Cotswolds	Forest of Dean
908	384	601
Gloucester	Stroud	Tewkesbury
1557	896	646
Greater England	Herefordshire	Wales
440	459	4

Figure 2 provides the percentage spread of membership by constituency whilst Table 2 shows the relative percentage of membership. This data suggests that membership in Herefordshire is significantly lower than in Gloucestershire. However, the number of members in Herefordshire has risen from 434 to 459 in the last 12 months (an increase of 6%). Gloucester City has the largest proportion of Trust members and the largest population.

Figure 2 Membership data by constituency as at 31 March 2019

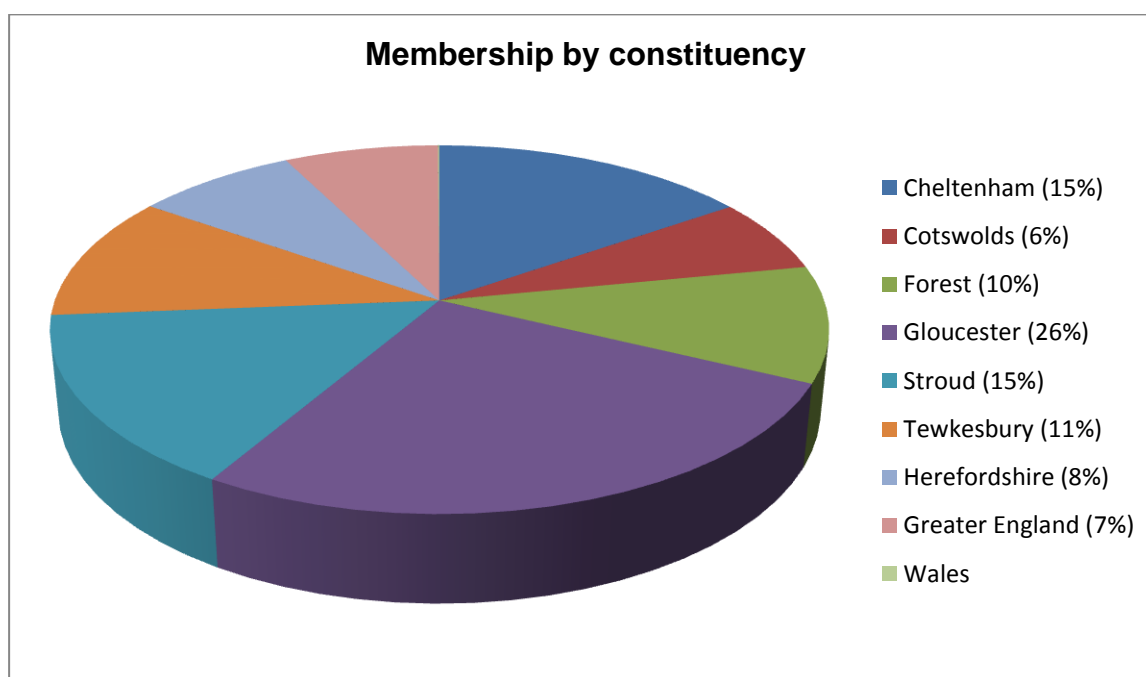


Table 2 Public Membership as a total percentage of constituent population (excluding Greater England)

Constituency	Members	Population	% members in constituent population
Cheltenham	908	115,732	0.77
Cotswolds	384	82,881	0.45
Forest of Dean	601	81,961	0.70
Gloucester	1557	121,688	1.22
Stroud	896	112,779	0.77
Tewkesbury	646	81,943	0.76
Herefordshire	459	183,477	0.23
Wales	4	3,125,000	N/A

2.3 Ethnicity of Trust Members

Tables 3 and 4 suggest that the Trust has successfully recruited a reasonably representative group of people by ethnicity. This is particularly the case in Gloucestershire, although in both counties there is more work to undertake.

Table 3

Ethnicity - Gloucestershire		
	White British/White Other	Black and Minority Ethnic
Gloucestershire Census 2011	92% (596,984 people)	5% (27,337 people)
Public membership	92%	8%

Table 4

Ethnicity - Herefordshire		
	White British/White Other	Black and Minority Ethnic
Herefordshire Census 2011	94% (183,477 people)	2% (3,308 people)
Public membership	99%	1%

Table 5 Ethnicity of members in relation to the associated populations of Gloucestershire and Herefordshire

Ethnicity	Gloucestershire	Glos Members	%	Herefordshire	Hfd members	%
White British	546,599	4591	0.83	171,922	440	0.3
Mixed	8,661	50	0.57	1,270	2	0.16
Black/Black British	5,150	73	1.34	331	0	0.00
Asian/Asian British	10,522	121	1.07	1,162	1	0.00
White Other	23,048	139	0.53	8,247	11	0.13
Chinese/Other	3,004	11	0.36	545	1	0.18

Total	596,984	4985		183,477	455	
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2.4 Disability status of Trust Members

In relation to members' self-report of their disability status, a much larger proportion of Trust members report a disability than do the general population of Gloucestershire and Herefordshire. These figures are represented in Table 6 with 14% of Trust members in Gloucestershire reporting disability and 14% of people in Herefordshire.

Table 6 Disability status of members in relation to the associated population of Gloucestershire and Herefordshire

Disability – Gloucestershire	
Census data 2011	0.5%
Public membership (Glos)	14% (702 of 4992 members)
Disability – Herefordshire	
Herefordshire Census 2011	0.2%
Public membership (Hfd)	14% (65 of 458 members)

2.5 Age Distribution of Trust members

A wide distribution of membership age range is reported in Table 7. Whilst the largest number of members are between the ages of 20 and 64, in relation to the population size for adults who are older than 65, the Trust reports a higher percentage. Work is required to increase membership representation from younger people.

Table 7 Age group of members in relation to the associated population of Gloucestershire and Herefordshire

Age	Total Hfd & Glos	% of people in age group	Total Public Membership	% of membership (disclosed)
10 – 15	54,528	8%	17* ¹	3%
16 – 19	38,260	6%	38*	6%
20 – 44	236,952	34%	1,703	29%
45 – 64	216,612	31%	1,969	33%
65 – 74	78,706	11%	844	14%
75+	71,665	10%	793	13%
Did not disclose			562	9%
Total	696,723	100%	5926	100%

¹ * Please note that the 2011 Census age groups differ to how we currently collate membership data. The age range noted against the census age group 10 – 15 for members is 11 – 16; and the age range noted against the census age group 16 – 19 for members is 17 – 19.

Table 8 Gender of Trust public members

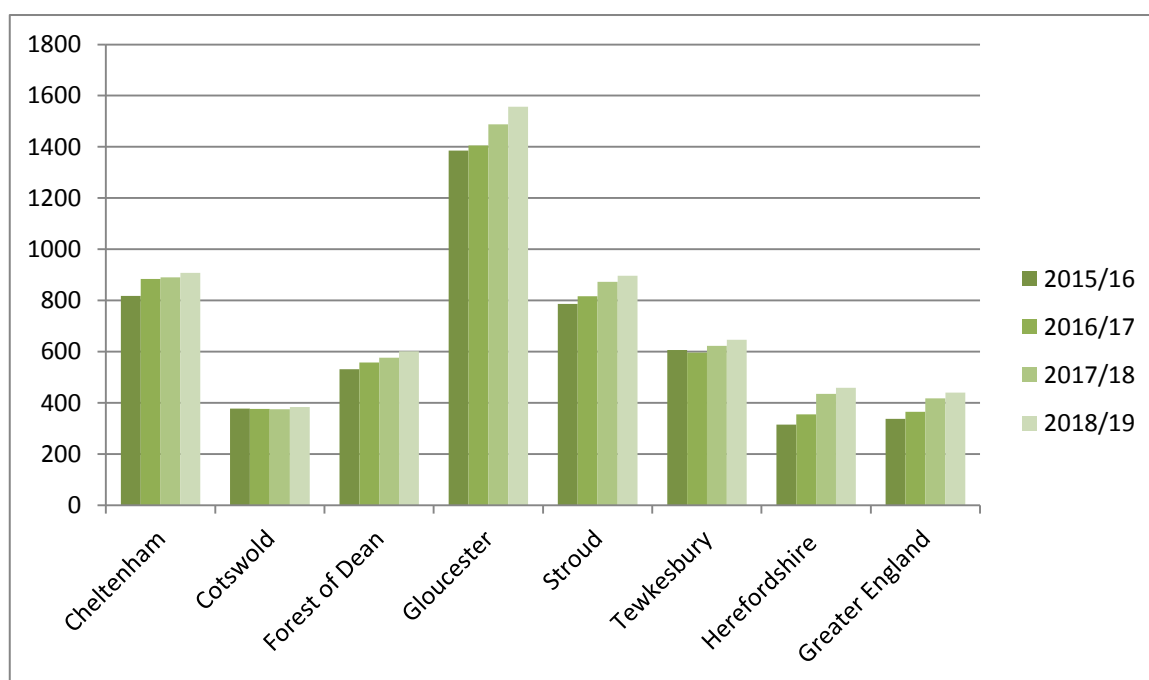
Gender – total public membership	
Male	1929
Female	3933

We are in the process of updating our database, to enable us to capture data on members who are trans.

2. Comparison of Annual Public Membership Data (2018/19)

The following chart (Figure 3) shows a modest overall increase in public membership between 31st March 2018 and 31st March 2019. The graph indicates that overall, membership has been relatively constant in each constituency but with our largest constituency increases by population in Gloucester City, Greater England and Herefordshire.

Figure 3 Comparison of membership between 2015/16, 2016/17, 2017/18 & 2018/19



3. Conclusion

Analysis of the membership data suggests that:

- Membership currently appeals more to women than men, to people aged between 20 and 65 and to those with self-reported disability.
- Further tactics need to be developed with Trust Governors to encourage membership from males, younger people, people from minority ethnic groups and from people who are without disability in order to reflect an accurate representation of the constituents of Gloucestershire and Herefordshire.

- The number of members from Herefordshire remains significantly lower than in Gloucestershire. Gloucester City has the largest proportion of Trust members.

4. Recommendations

- The Membership Advisory Group devises tactics for increasing membership in Herefordshire, and among men, younger people and people from minority ethnic backgrounds.
- That the Communications Team further reviews the Trust's Membership Strategy as our merger work with Gloucestershire Care Services NHS Trust progresses, to identify any opportunities to increase membership or highlight any development required in light of the move towards becoming a joint organisation.
- That the Social Inclusion Team works alongside the Communications Team, Trust Governors and Membership Advisory Group to ensure membership is promoted through our partnerships and at events.

Key Performance Indicators for 2019/20 are:

- A 5% increase in members recruited in Herefordshire.
- A 5% increase in members recruited in the Cotswolds.
- A 5% increase in membership among men.
- A 5% increase in membership among younger people (under 21s).
- A 5% increase in membership among people from a Black and Minority Ethnic background.
- At least 50% of all new members recruited express an interest in the work of community physical health services.



Trust Board

Date of Meeting: 25th July 2019

Report Title: Quality and Performance Committee Report

Agenda reference Number:	13
Accountable Executive Director: (AED)	Susan Field, Director of Nursing
Presenter: (if not AED)	Nicola Strother Smith, Non-Executive Director
Author(s):	Susan Field, Director of Nursing
Board action required:	To Note and Receive
Previously considered by:	Quality and Performance Committee – 27 th June 2019
Appendices:	

Executive Summary

The Quality and Performance Committee meeting took place on 27th June 2019 and this report provides an overview of the Trust Quality and Performance activities. It also highlights achievements made as well as how the Trust is responding to areas of risk or where improvements need to be made.

Recommendations:

The Trust Board is asked to:

1. **Discuss, Note** and **Receive** the contents of the Quality and Performance Committee Report.

Related Trust Objectives:	1, 2, 3
Risk Implications:	Risk issues are clearly identified within the report

Quality and Equality Impact Assessment: (QEIA)	Implications are clearly referenced in the report
Financial Implications:	No finance implications identified
Legal/Regulatory Implications:	Legal/Regulatory implications are clearly referenced in the report

Quality and Performance Committee Update

1 INTRODUCTION AND PURPOSE

This report summarises the key highlights and exceptions in the Trusts May Quality and Performance data. The Trusts Quality and Performance Committee reviewed May 2019 data, when it met on 27th June 2019 and in line with the Trust's scheme of delegation, this paper reports:

- Decisions made by the Quality and Performance Committee.
- Risks and achievements currently overseen by the Committee.

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

2.1 Musculoskeletal (MSK) Physiotherapy Service

This service has continued to experience significant demand and capacity risks including consistent non-achievement of its eight week referral to treat standards. An in-depth review of the service has been undertaken by operational colleagues and some key outcomes from this have included:

- Staff turnover within the service is worse than the national average – **19%**. Recruitment of staff also remains a challenge.
- That during 2018-19 the service had received 25,459 referrals, which average at approximately 500 per week, of which 20% of patients had urgent needs. A high proportion of referrals were working age service users.
- A quarter of referrals were self-referrers.
- That the service was holding extensive numbers of patients on a waiting list (2,813 as at April 2019).
- That there is some clinical variation in terms of individual practitioners seeing different numbers of patients.
- That the service was receiving a high number of out of county referrals.
- The Family and Friends Test (FFT) despite service pressures remained positive.

The Committee considered a range of options that were presented to resolve some of the risks experienced and from this, the following was **supported** on behalf of the Trust Board:

- That the Trust set a service standard for each practitioner seeing a minimum of 15 new patients each week.
- That the executive team progress with 1) a more in-depth review of out of county referrals and recommended that there should be a decision made about whether acceptance of these should cease, which would also align with neighbouring counties and; 2) consider and decide whether to consolidate clinic sessions, which are operating in close proximity to each other, from one site instead of two.

- Cease every four weeks Monday clinic sessions (lowest attendance rates) that will then facilitate clinical colleagues to lead the transformation programme required to get the service “back on track”.

2.2 Adult Speech and Language Referral (SLT) to Treat Targets

Further to discussions with the Gloucestershire Clinical Commissioning Group (GCCG) the Committee **supported** the decision to cease the RAG rating approach for reporting against the SLT service performance. This would be the case whilst the service was under review in collaboration with the GCCG.

2.3 Patient Experience Report – Complaints

The Committee noted the outcomes of the Qtr. 4 report and **recommended** that any future reports include more evidence of learning from complaints and how this was being embedded with operational services.

2.4 Safeguarding Children (and Young People) Annual Report

The Committee **received** and **approved** the wider publication of this report. Key highlights **noted** included:

- Trust colleagues continue to support system wide developments with regards to improving safeguarding children procedures and practices across the county.
- The implementation of a revised Multi-Agency Safeguarding Hub (MASH) service September 2018.
- The Trust introducing an internal Safeguarding advice line for colleagues to access timely support and advice.
- The Trusts level of compliance with Section 11 of the Children Act remains high.

3 ISSUES ESCALATED TO BOARD

The Committee **discussed** a range of matters where it was agreed the following should be escalated to the Trust Board. These included:

3.1 Quality Dashboard Developments

The Committee **noted** the introduction of these dashboards within all the Trusts inpatient and Minor Injury and Illness Units (MIIUs). It was also **assured** that the current variation in performance that had been highlighted was being addressed using a quality improvement methodology approach. The Committee also **supported** the ongoing development of the quality dashboards, which in future could also incorporate 2gether Trust inpatient units.

3.2 *Quality and Performance Report*

The Committee **discussed** and **noted** the Quality and Performance data for May 2019. Particular points of note included:

- There being no reported cases of Clostridium Difficile being reported since April 2019.
- Clinical audit and assurance was underway with regards to measuring improvements against the Trust's agreed 2019-20 quality priorities.
- Improvements with Personal Development Reviews (PDRs) continue to materialise.
- Performance with regards to eight week referral to treat for services such as Integrated Community Team (ICT) MSK Physiotherapy, podiatry and ICT Occupational Therapy (OT) remain challenging.

3.3 *Quality Governance Transition Arrangements*

The Committee discussed the outline proposals for transitioning the existing Quality and Performance Committee into the governance framework for the new Trust as from October 2019. The Committee **noted** that:

- For the new Trust there would be a Quality, Safety and Improvement Committee.
- There would be a Quality and Performance Committee closure report for the new Committee (mentioned above) after its last meeting due to take place August 2019.
- Concern expressed by Committee members about the timeliness of a high number of Committee meetings due to take place during August and queried whether the proposed transition arrangement could be streamlined further.

4 RECOMMENDATIONS

The Trust Board is asked to:

1. **Discuss, Note** and **Receive** the contents of the Quality and Performance Committee Report.

ABBREVIATIONS USED IN THE REPORT

GCCG – Gloucestershire Clinical Commissioning Group

FFT – Family and Friends Test

ICT – Integrated Community Teams

PDR – Personal Development Reviews

MASH – Multi-agency Safeguarding Hub

MSK – Musculoskeletal

OT – Occupational Therapy

SLT – Speech and Language Therapy

Trust Board

Date of Meeting: 25 July 2019

Report Title: Resources Committee Report

Agenda reference number:	14
Accountable Executive Director: (AED)	Sandra Betney, Director of Finance Neil Savage Joint Director HR & OD
Presenter: (if not AED)	Graham Russell, Non-Executive Director
Author(s):	David Seabrooke, Interim Trust secretary
Board action required:	Note
Previously considered by:	Not Applicable
Appendices:	-

Executive Summary

This report provides assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources, including on behalf of the Board.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's operating plan (including finance, workforce, estates and business development).
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

Recommendations

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

Resources Committee Report

Introduction and Purpose

This report provides assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources on behalf of the Board.

The Resources Committee met on 11 July 2019. The following highlights are presented:

- **Staff survey** Two themes, 'Safety culture' and 'Staff engagement' showed significant Improvement: the other eight themes remained stable. Equality, diversity and inclusion come close to the best. Overall, the Trust is the same as the benchmarking group average in five out of the ten themes. The other five are only slightly worse. The committee reviewed the actions being taken and planned to address the findings.
- **ICS Estates Strategy** The committee endorsed the Trust's check-point submission following early review by the Executive as part of a multi-agency planning process. The submission addressed feedback on the 2018 submission, summarised Clinical Service Strategies and Capital Plans, Primary Care Estates Strategies and Capital Plans and sets out progress on delivery of Estates efficiencies
- **Month 2 finance report** – because of changes to timings of our meetings, the committee briefly reviewed the month 2 position. The year to date surplus was on plan at £0.2m. Full year forecast is to deliver control total of £2.256m, based on the delivery of Challenge CIPs. Capital spend was £326k and cash balance was £430k above plan.
- **Business development** – we noted that the Trust's provision of a new Community Phlebotomy Service for the Gloucester City Locality had begun on 1st July.
- **Reference costs 2018/19** – in line with central requirements we approved the Trust's approach to Reference Costs for 2018/19 on the Board's behalf
- **One Gloucestershire Workforce and OD workstream reports**
We reviewed the reports of these workstreams and there are no matters to bring to the Board's attention at this stage. We recommend that the trust continues to monitor this work on a quarterly basis
- **Workforce dashboard – April and May** We noted that there has been a slight decrease in headcount. Vacancies are showing at the lowest percentage since this information has been produced, but that there is ongoing work to review the integration of establishment data. The sickness rate for the year ending May 2019 is reported to be 4.82%. PDR compliance was 77.72% in May 2019. A detailed action plan is in place which is expected to continue to increase reported uptake, which we reviewed. Statutory and Mandatory training compliance rates have improved within the Trust and three areas are notably above the 92% target (E&D, H&S and Prevent).

- **Gender Pay Gap** we noted this mandatory report which has been published on the Trust website, showing the position on 31 March 2019. There is a reported gender pay gap of 12% and we noted the remedial actions being taken in this regard
- **HR Policies** – we approved new joint policies for pay progression, a recognition agreement, flexible retirement and relationship/professional boundaries

Conclusion and recommendations

The Board are asked to **NOTE** the update from the Committee, and to ratify the approval of the 2018/19 Reference Costs.

Agenda Item: 15

Report to: 2gether NHS Foundation Trust Board – 25th July 2019
Author: Angie Fletcher, Service Experience Clinical Manager
Presented by: Jane Melton, Director of Engagement and Integration
Subject: **Service Experience Report Quarter 4 2018/19**

This report is provided for:

Decision	Endersement	Assurance	Information
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EXECUTIVE SUMMARY

(1) Assurance

This Service Experience Report provides a high level overview of feedback received from service users and carers in Quarter 4 2018/19. Learning from people's experiences is the key purpose of this paper, which provides assurance that service experience information has been reviewed, scrutinised for themes, and considered for both service-specific and general learning across the organisation.

Significant assurance that the organisation has listened to, heard and understood Service User and carer experience of 2gether's services.

This assurance is offered from a triangulation of information gathered across all domains of feedback including complaints, concerns, comments and compliments. Survey information has been triangulated to understand service experience.

Significant assurance that service users value the service being offered and would recommend it to others.

During Quarter 4, 87% of people who completed the Friends and Family Test said that they would recommend 2gether's services, this is an increase on the previous quarter (n=80%).

Limited assurance that people are participating in the local survey of quality in sufficient numbers.

Our **How did we do?** survey was launched during Quarter 1 2017/18. Whilst feedback given by respondents has generally been positive, response rates remain lower than hoped for. Encouragingly Quarter 4 2018/19 has seen an increase in the numbers of responses received for the second consecutive quarter. Our SED are continuing to implement and embed a new system to receive collate and analyse feedback to encourage more responses to our surveys.

Significant assurance that services are consistently reporting details of compliments they have received.

Compliments continue to be reported to the Service Experience Department.

Numbers have decreased slightly during Quarter 4 and work continues to increase reporting by colleagues throughout the Trust.

Full Assurance that complaints have been acknowledged in required timescale
During Quarter 4 100% of complaints received were acknowledged within 3 days.

Limited assurance that all people who complain have their complaint dealt with by the initially agreed timescale.

50% of complaints received final response letters within timescales agreed with the complainant. This is lower than the previous quarter (81%). The SED are working hard with Trust colleagues to ensure that future complaints are investigated and responded to in a timely way.

Significant assurance is given that all complainants receive regular updates on any potential delays in the response being provided.

(2) Recommended learning and improvement

The Trust continues to seek feedback about service experience from multiple sources on a continuous basis.

This quarter concerns and complaint themes continue to focus on communication issues by our services with service users and/or their carers. Colleagues across the Trust are working hard to develop practice in this area.

Other themes which have been identified following triangulation of all types of service experience information includes the following learning:

- We must listen to the information that people tell us.
- We must make sure that we do the things that we have agreed to do.

RECOMMENDATIONS

The Trust Board is asked to:

- Note the contents of this report.

Corporate Considerations	
Quality Implications	Patient and carer experience is a key component of the delivery of best quality of care. The report outlines what is known about experience of 2gether's services in Q4 2018/19 and makes key recommendations for actions to enhance quality.
Resource Implications	The Service Experience Report offers assurance to the Trust that resources are being used to support best service experience.
Equalities Implications	The Service Experience Report offers assurance that the Trust is attending to its responsibilities regarding equalities for service users and carers.
Risk Implications	<p>Feedback on service experience offers an insight into how services are received. The information provides a mechanism for identifying performance, reputational and clinical risks.</p> <p>Survey response rates continue to be lower than hoped and this has an impact on the interpretation of data received for our Quality Survey</p>

	<p>and FFT scores, this area is identified as having <i>limited assurance</i> within the Quarter 4 report.</p> <p>This risk is logged on the Trust Risk Register and a structured plan is in place led by SED to increase response numbers.</p> <p>Adherence with complaint response timescales has also been identified as having <i>limited assurance</i> this quarter. SED and operational colleagues are working hard to investigate and respond to complaints in a timely way. However challenges have been encountered due to staffing levels and availability this quarter. This is also logged on the Risk Register for onward monitoring and action required.</p>
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WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

WHICH TRUST VALUE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective				P
Excelling and improving	P	Inclusive, open and honest		P
Responsive	P	Can do		P
Valuing and respectful	P	Efficient		P

Reviewed by:

Jane Melton, Director of Engagement and Integration	Date	12 th June 2019
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Where in the Trust has this been discussed before?

Quality and Clinical Risk Sub-committee	Date	17 th May 2019
Trust Governance Committee		28 th June 2019

What consultation has there been?

Lauren Edwards, Deputy Director of Engagement	Date	8 th May 2019
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Explanation of acronyms used:

NHS	National Health Service
PALS	Patient Advice and Liaison Service
CYPS	Children and Young People Service
SED	Service Experience Department
HR	Human Resources
CEO	Chief Executive Officer
BME	Black and Minority Ethnic Groups
IAPT	Improving access to psychological therapies
PHSO	Parliamentary and Health Service Ombudsman

CQC	Care Quality Commission
CHI ESQ	Children's Experience of Service Questionnaire
CAMHS	Child and Adolescent Mental Health Service
MHA	Mental Health Act
MCA	Mental Capacity Act
CCG	Clinical Commissioning Group
Q3	Quarter 3 (previous quarter (2018/19)
FFT	Friends and Family Test (survey)

Service Experience Report



Quarter 4

1st January 2019 to 31st March 2019

“To all the cleaners on Abbey Ward. Many thanks for all your hard work and for the cheer smiles and kindness.”

Facilities staff, Wotton Lawn Hospital, Gloucestershire

“To all the staff on Jenny Lind Ward your kindness and understanding will always be remembered by us.”

Jenny Lind Ward, Stonebow Unit Herefordshire

Contents

Executive Summary

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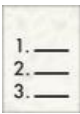




- 3.1 Learning themes emerging from individual complaints
- 3.2 Aggregated learning themes emerging from feedback from this quarter
- 3.3 Aggregated learning themes emerging from feedback from last quarter

Key

NHS	National Health Service
PALS	Patient Advice and Liaison Service
CYPS	Children and Young People Service
SED	Service Experience Department
HR	Human Resources
CEO	Chief Executive Officer
IAPT	Improving Access to Psychological Therapies
PHSO	Parliamentary and Health Service Ombudsman
CQC	Care Quality Commission
CHI ESQ	Children's Experience of Service Questionnaire
CAMHS	Child and Adolescent Mental Health Service
Mental Health Act	Mental Health Act
LGO	Local Government Ombudsman
Q2	Quarter 2 (previous quarter 2018/19)
FFT	Friends and Family Test (survey)

Service Experience Report

1st January 2019 to 31st March 2019

Complaints 	<p>21 complaints were made this quarter. This is about the same as last time (Q3=22).</p> <p>We want people to tell us about any worries about their care. This way we can help to make things better.</p>	
Concerns 	<p>60 concerns were raised through PALS.</p> <p>This is less than last time (Q3=79).</p>	
Compliments 	<p>685 people told us they were pleased with our service. This is less than last time (Q3=767).</p> <p>We want teams to tell us about every compliment they get.</p>	
FFT 	<p>87% of people said they would recommend our service to their family or friends.</p> <p>This is more than last time (Q3=80%).</p>	
Quality Survey 	<p>Gloucestershire: 227 people told us what they thought. This is more than last time (Q3=153)</p> <p>Herefordshire: 58 people told us what they thought. This is more than last time (Q3=29)</p> <p>We want more people to tell us what they think.</p>	 (number of replies)
We must listen 	<p>We must listen to the information that people tell us.</p> <p>We must make sure that we do the things that we have agreed to do.</p>	

Key

			Full assurance
↑	Increased performance/activity		Significant assurance
↔	Performance/activity remains similar		Limited assurance
↓	Reduced performance/activity		Negative assurance

Section 1 – Introduction

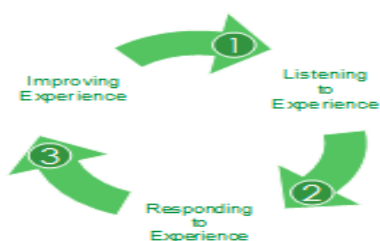
1.1 Overview of the paper

- 1.1.1 This paper provides an overview of people's reported experience of ²gether NHS Foundation Trust's services between 1st January 2019 and 31st March 2019. It provides examples of the learning that has been achieved through service experience reporting, and an update on activity to enhance service experience.
- 1.1.2 **Section 1** provides an introduction to give context to the report.
- 1.1.3 **Section 2** provides information on emerging themes from reported experience of Trust services. It includes complaints, concerns, comments, compliments and survey information. Conclusions have been drawn via triangulation of information provided from:
- A synthesis of service experience reported to ²gether NHS Trust
 - Patient Advice and Liaison Service (PALS)
 - Meetings with stakeholders
 - ²gether quality surveys
 - National Friends and Family Test (FFT) responses
- 1.1.4 **Section 3** provides examples of the learning that has been identified through analysis of reported service experience and the subsequent action planning.

1.2 Strategic Context

- 1.2.1 Listening and responding to comments, concerns and complaints and being proactive about the development of inclusive, quality services is of great importance to ²gether. This is underpinned by the NHS Constitution (2015¹), a key component of the Trust's core values.
- 1.2.2 ²gether NHS Trust's Service User Charter, Carer Charter and Staff Charter outline the commitment to delivering our values and this is supported by our vision for best Service Experience:

You said – We did



A shared goal to listen to, respond to, and improve service experience; through a continuous cycle of learning from experience we will provide the best quality service experience and care:

Our vision for best Service Experience:
As we serve patients and their carers, we will go beyond what people expect of us to ensure that we earn their trust, confidence, and foster hope for the future.

Every service user will receive a flexible, compassionate, empathetic, respectful, inclusive and proactive response from ²gether staff and volunteers.

¹ <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Section 2 – Emerging Themes about Service Experience

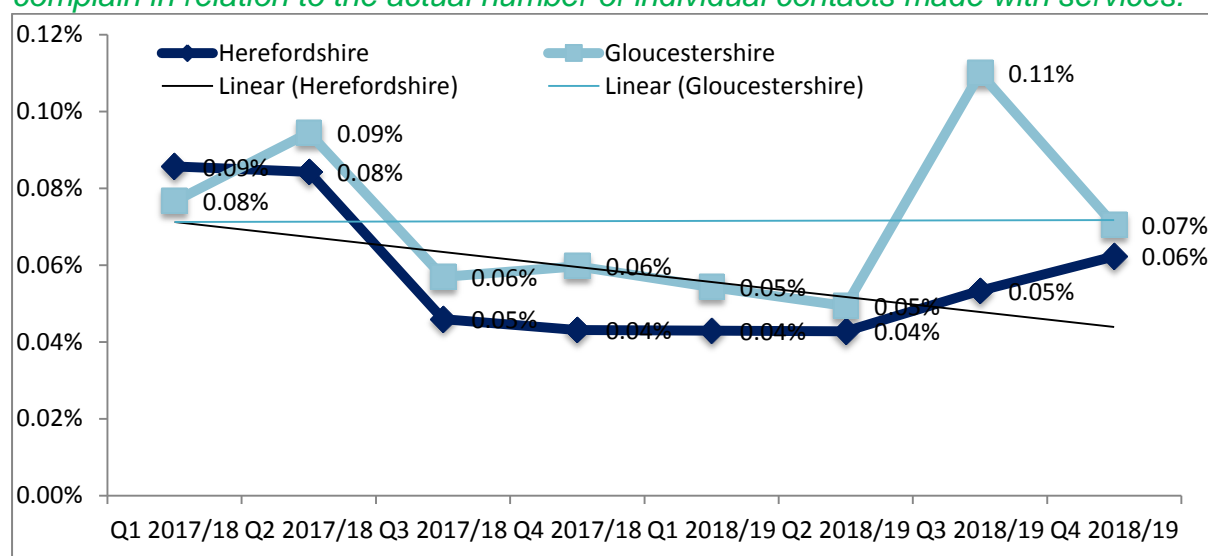
2.1 Complaints

2.1.1 Formal complaints to NHS service providers are highly governed and responses must follow specific procedures (for more information, please see the Trust's Policy and Procedure on Handling and Resolving Complaints and Concerns). We value feedback from those in contact with our services as this enables us to make services even more responsive and supportive. We encourage people to let us know if they are concerned so that we can resolve issues at the earliest possible opportunity.

Table 1: Number of complaints received this quarter

County	Number (numerical direction)	Interpretation	Assurance
Gloucestershire	18 ↔	The number of complaints reported in Gloucestershire is about the same as the previous quarter (Q3=19)	Significant
Herefordshire	3 ↔	The number of complaints reported in Herefordshire is about the same as the previous quarter (Q3=2)	Significant
Corporate	0 ↓	There have been no complaints relating to our corporate services this is a small decrease from the previous quarter (Q3=1)	Significant
Total	21 ↔	The total number of complaints received is about the same as the previous quarter (Q3=22)	Significant




Figure 1: Trend line of complaints received over time in Herefordshire and Gloucestershire. Figure 1 also illustrates quarterly % numbers of people who complain in relation to the actual number of individual contacts made with services.



2.1.2 Figure 1 shows the percentage of complaints received in relation to the number of individual contacts made with our services during each quarterly period since Q1 2017/18. During 2018/19 the yearly average percent of complaints received in relation to individual contacts for Gloucestershire is 0.07% and for Herefordshire 0.05%. Whilst there have been minor fluctuations quarter by quarter, a continual low level of complaints to contacts has been observed over time.

2.1.3 Table 2 summarises our responsiveness. This quarter has seen a continued high level of responsiveness from our Service Experience Department when acknowledging complaints. Our processes have encountered challenges during this quarter when meeting agreed timescales to respond to complainants with the findings of our investigations. This has been due to a combination of factors such as availability of operational colleagues to allocate and participate in the investigation process, lack of protected time for operational colleagues to undertake investigations whilst maintaining clinical roles and our Service Experience Department experiencing significant staffing issues. Whilst staffing issues are resolved at present within our SED, work remains ongoing to review the way investigations and protected time is allocated as identified in our Internal Audit report 2018/19 - Learning from Service Experience Feedback (detailed in Quarter 3 2018/19 SE report)




Table 2: Responsiveness

Target	% Number	Direction compared with Q3	Interpretation	Assurance
Acknowledged with three days	100%		All complaints were acknowledged within target timeframes (Q3=100%)	Full
Response received within agreed timescales	50%		This is lower than last quarter (Q3=81%). Seven letters of response were not received by the complainant within the timescale agreed.	Limited
Concerns escalated to complaint	0%		Of 59 concerns closed (Q3=77 closed), none were escalated to a formal complaint; this is less than last quarter (Q3=4%)	Full

2.1.4 Seven complaint responses were not received within initially agreed timescales. Six responses were overdue as relevant people were not available to contribute to the investigation process – in two cases this was the complainant, and in the other cases the investigation was delayed due to the staff availability. The seventh response was overdue because of a delay within our quality review processes. On each occasion the complainant was contacted in order to provide an explanation, an apology, and an expected date that our response would be sent to them.

2.1.5 The SED continue to monitor delayed response rates carefully, working closely with operational and corporate colleagues to ensure that our complaints policy is adhered to in relation to all aspects of complaint handling.

Table 3: Satisfaction with complaint process

Measure	Number (numerical direction)		Interpretation	Assurance
Reopened complaints	2		This figure is slightly more than the previous quarter (Q3=1)	Significant
Local Resolution Meetings	2		This figure is greater than the previous quarter (Q3=0)	Significant
Referrals to external review bodies	1		One complaint was referred for external review (Q3=2). See Table 13 for more detail.	Full

2.1.6 In Quarter 4, two recently closed complaints were reopened. One was re-investigated, had a Local Resolution Meeting and was reclosed. The other is awaiting a Local Resolution Meeting. One complainant contacted PHSO for review of their concerns during Quarter 4; this is reported in more detail in section 2.4 of this report.

2.1.7 Analysis of data is undertaken by the SED in order to identify any patterns or themes. Analysis of complaints closed during Quarter 4 is shown by the status of complaint outcome (Table 4).

Table 4: Outcome of complaints closed this quarter

Outcome	No.	%	
Not upheld <i>No element of the complaint was upheld</i>	6	50%	<p>Following feedback from complainants and stakeholders, the Trust no longer uses the terms upheld/partially upheld/not upheld within our response letters. However, these categories are required to be recorded for national reporting purposes.</p> <p>In total, 12 complaints were closed this quarter. This is less than the number of complaints closed in Quarter 3 (n=15).</p> <p>42% of the complaints closed this quarter had at least some or all issues of complaint upheld. This is less than Quarter 3 (53% upheld/partially upheld).</p>
Partially upheld <i>Some elements of the whole complaint were upheld</i>	4	33%	
Upheld <i>All elements of the whole complaint were upheld</i>	1	8%	
Withdrawn <i>All elements of the whole complaint were withdrawn</i>	1	8%	

**Individual issues within each formal complaint are either upheld or not upheld. Partially upheld is not used for individual issues, the term is used to classify the overarching complaint where some but not all of the issues were found to have been upheld. Percentages rounded to nearest whole number*

2.1.8 Table 5 shows the outcome following investigation of complaints in relation to the staff group involved in individual issues of complaint. Nursing and Medical colleagues have the most amount of contacts with people and continue to feature as the staff groups most frequently involved in complaints received, it is reassuring to see that following investigation the numbers of investigations that partially or fully uphold the issues raised is low.

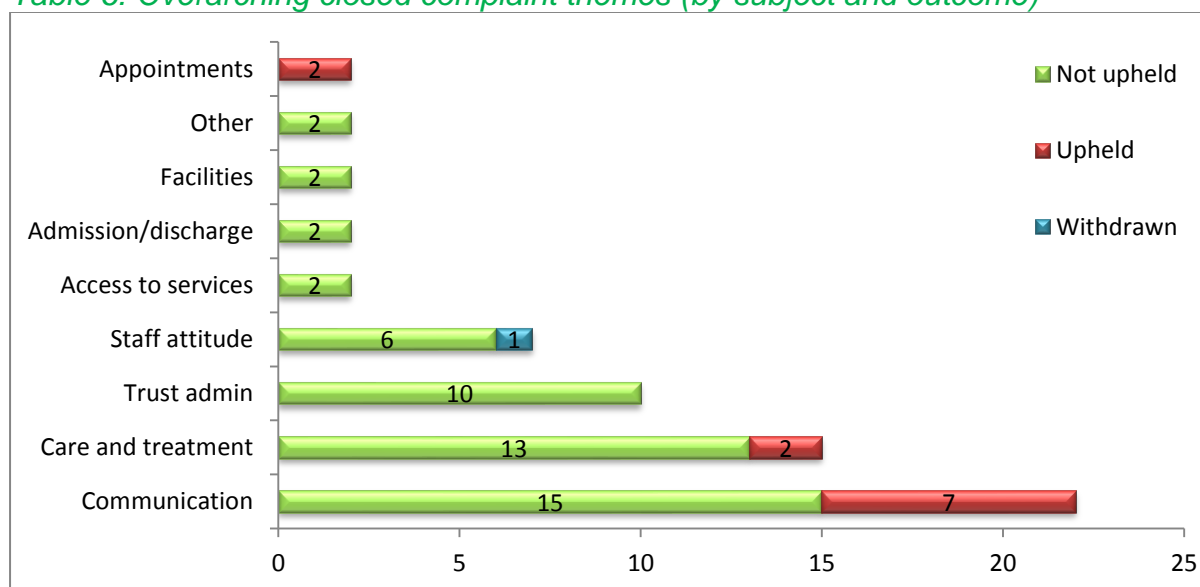
Table 5: Breakdown of closed complaint issues by staff group for Quarter 4

	Not upheld	Upheld	Withdrawn	Total
Admin	1	0	0	1
Medical	13	2	0	15
Nursing	21	3	1	25
HCA	1	0	0	1
Social Worker	5	0	0	5
AHPP	2	2	0	4
Psychological Wellbeing Practitioner	0	2	0	2
Other	1	1	0	2
No staff involved	8	1	0	9
Total	52	11	1	64

**The numbers represented in these data relate to a breakdown of individual complaint issues following investigation*

2.1.9 Table 6 provides an overview of the issues of complaint in the context of the investigation outcome (upheld or not upheld). Analysis of this information shows that the main theme emerging from the Q4 issues of complaint that were upheld (n=11) following investigation, related to aspects of the reported experience of **communication**.

Table 6: Overarching closed complaint themes (by subject and outcome)

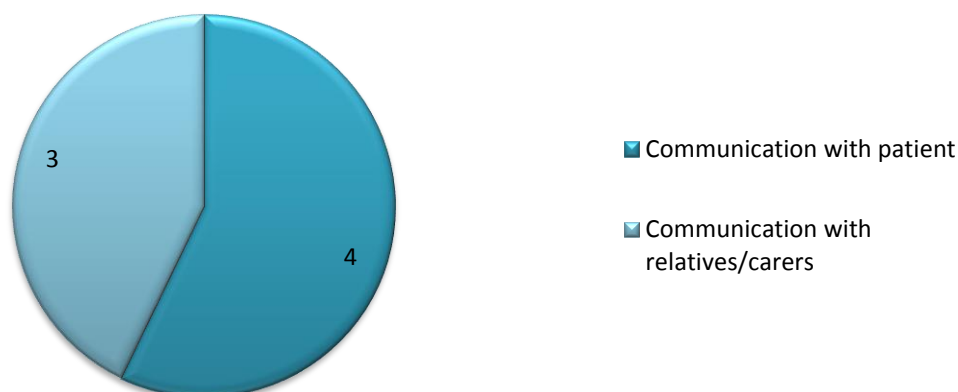


2.1.10 Communication is a recurrent theme found following the investigation of complaints raised with our Trust and is also found to dominate thematic data nationally. Further analysis of upheld issues relating to **communication** is shown in Figure 2.

Figure 2: Review of identified complaint themes

Breakdown of upheld complaint issues

Our Trust takes all concerns very seriously. The themes reflected below demonstrate the outcomes of complaint issues that have been investigated and upheld. The main upheld complaint theme relates to **communication** and is analysed further below:



2.1.11 SED have undertaken further analysis of the seven issues relating to aspects of communication that were upheld following investigation and found that four of the issues relate to people feel they were not listened to as Trust colleagues did not follow up on the agreements made during discussion such as being called back when requested or receiving appointment times that were not appropriate when previously advised of availability.

The SED have continued to work with operational colleagues throughout Quarter 4 to implement systems of learning from service experience feedback. Practice notes detailing learning from complaints continue to be produced monthly and disseminated throughout our locality governance boards for onward review and discussion by our teams and services. The learning from issues represented in Figure 2 has been included in this quarter's practice notes and is detailed further in section 3 of this report.

Some individual examples of actions taken by Trust colleagues linked to the thematic data are detailed further in Table 8.

Table 8: Examples of complaints closed and action taken





Example	You said	We did	Assurance
Communication	When I called the out of hours number I was distressed that the staff member who answered the call was not interested in my concerns, and interrupted me to request my full name and contact details	We apologised and explained that clinical staff try to ascertain the identification of the caller in order to access the correct health record and identify contact details in case emergency services need to be contacted.	Significant

Example	You said	We did	Assurance
Care and treatment	My relative was not given appropriate physical health care upon admission, leaving him distressed and agitated	We offered an apology and reminded ward staff that they could contact the duty doctor should the ward doctors be unavailable.	Significant
Communication	I was unable to attend an appointment as it was offered at a time I had already said I was unavailable. I was offered another appointment and the member of staff was late, and when I said I could not attend the next appointment it was not noted, so I was discharged from the service.	We apologised and reminded staff to clearly document access and availability requirements where known. We also reminded staff to be prompt for appointments, and to ensure that all contact with service users and their families must be documented.	Significant

2.2 Concerns

2.2.1 Our Trust endeavours to be responsive to feedback and to resolve concerns with people at the point at which they are raised. This has resulted in complaint numbers being maintained at a lower level and a corresponding increase in the number of PALS contacts overtime. Data regarding the concerns received by our SED have been analysed and are reflected in Table 9.

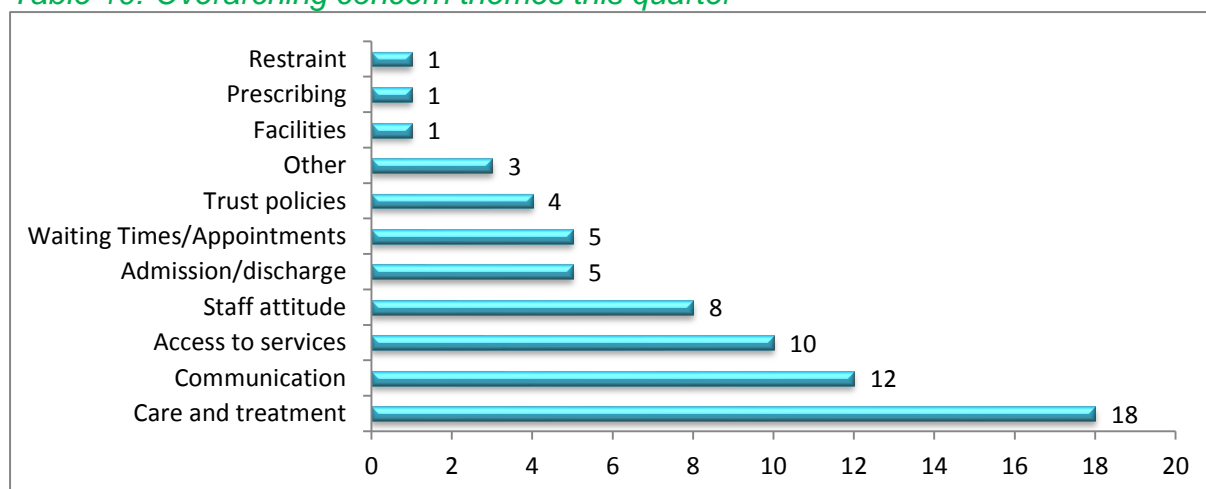
Table 9: Number of concerns received this quarter

County	Number (numerical direction)		Interpretation	Assurance
Gloucestershire	53		The number of concerns raised in Gloucestershire is less than the last quarter (Q3=60)	Significant
Herefordshire	5		The number of concerns raised in Herefordshire is much less than the last quarter (Q3=14)	Significant
Corporate	2		There are fewer concerns relating to corporate services compared to last quarter (Q3=5)	Significant
Total	60		The number of concerns raised is lower than last quarter (Q3=79)	Significant

2.2.2 The number of concerns raised remains relatively consistent with previous quarters but has reduced slightly by comparison to last quarter. The themes of concerns raised during Quarter 4 are captured in Table 10.

There were also 85 other contacts with our Service Experience Department during Quarter 4 (Q3=60) covering a range of topics. The increase in contact seen in Quarter 4 continues to offer assurance that people are continuing to access the SED as a resource to respond to queries relating to our Trust, whilst the number of complaints and concerns received remain low compared to the number of clinical contacts.

Table 10: Overarching concern themes this quarter



**The numbers represented in this data relate to a breakdown of individual issues and do not equal the number of concerns*

2.2.3 Table 10 outlines the themes from concerns that have been closed this quarter. The main theme identified is **Care and Treatment**, which is also a recurrent theme within analysis of issues of our formal complaints and is found to tie in closely with the theme of communication in terms of explaining what our services are able to offer in order to meet people's expectations of the support and services that are available.

2.2.4 Table 11 demonstrates the staff groups referred to in individual concerns.

Table 11: Breakdown of closed concerns by staff group for this quarter

Staff group	No	
Nursing	25	<p>Nursing represents the largest staff group in the Trust and has the greatest number of contacts with service users and carers.</p> <p>Work is ongoing to ensure that professional leads are made aware of any themes relating to their staffing group.</p>
None	12	
Medical	9	
PWP	6	
Other	5	
Psychologist	4	
Admin	3	
Hotel Services	2	
OT	1	
Estates	1	

2.2.5 Examples of concerns and actions taken during Quarter 4 are shown in Table 12.

Table 12 Examples of concerns and action taken:

Example	You said	We did	Assurance
Appointment	I had a telephone appointment but no-one called and then I was discharged	The team attempted to contact you again regarding this but were unsuccessful. A message has been left to contact the service to discuss further.	Significant

Example	You said	We did	Assurance
Communication	I have not heard from your services for a long time – have I been discharged?	We contacted the team who made contact and arranged an appointment	Significant
Care and treatment	My brother is an inpatient and said he has been restrained multiple times. I am also worried that the treatment seems ineffective as he's not getting better.	We contacted the Ward Manager, Modern Matron, and medical team. The medical team reviewed the service user and the ward staff discussed your concerns, treatment and updated you about progress.	Significant

2.2.5 PALS Visits

2.2.5.1 Patient Advice and Liaison Service (PALS) visits are undertaken in our clinical services to ensure that people's concerns are heard and resolved as soon as possible. Visits to Wotton Lawn Hospital and Charlton Lane Hospital in Gloucestershire, and Stonebow Unit in Herefordshire, were undertaken during Quarter 4. PALS also visited Pullman Place and are planning visits to other community hubs in the near future.

2.2.5.2 During each visit the SED PALS Officers visited the designated wards and community hub to speak with service users and families/carers.

2.2.5.3 PALS provided the following types of support and assistance during visits undertaken in Quarter 4:

- Assisting service users to resolve queries relating to the ward environment.
- Providing support about how to give feedback about Trust services.
- Receiving compliments about the ward and our staff from both service users and members of their families.
- Listening to service users' and carers' experiences of our wards.
- Responding to concerns and queries through liaison with staff and ward managers

2.2.5.4 The following **emerging themes** have been identified from analysis of PALS reports following visits to our inpatient services across our Trust:

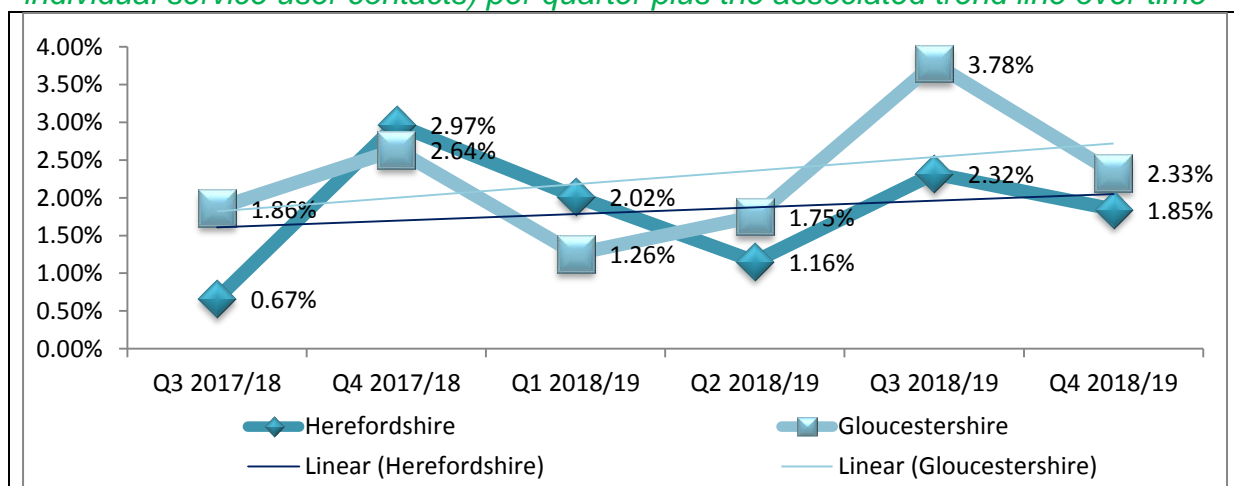
- Feedback about food served on the wards has been mixed with some service users reporting too much food and others saying the portions are too small. Some feel the quality of the food is bad, others say it is excellent
- Varied views about the ward environment with some people saying the ward was too loud and others commenting that they felt safe and enjoyed the activities on offer
- Feedback about the ward staff has been mainly positive in nature, such as, staff are all very good, supportive, and approachable. Other comments related to busy staff not always being available, and there not being enough staff on the ward

2.2.5.5 The majority of feedback given has been positive and any issues raised were reported directly to the ward for timely resolution wherever possible. A summary report of each visit is sent by the PALS Officers to the Ward Manager, Modern Matron, Deputy Director of Nursing, Estates and Facilities and Locality Governance Lead.

2.3 Compliments

2.3.1 The SED continues to encourage the reporting of compliments received by Trust services. **685** compliments were received this quarter. This is a decrease when compared to Quarter 3 (n=767). A dedicated email address is set up to simplify the process for colleagues to report compliments that they have received: 2gnft.compliments@nhs.net. Figure 3 shows the percentage of compliments to contacts as reported during Quarter 4 and the previous 5 quarters.

Figure 3: Percentage of compliments received (calculated by the number of individual service user contacts) per quarter plus the associated trend line over time



Compliments are being shared and regularly updated with colleagues via the Trust intranet system to further encourage reporting.

Examples of compliments received during Quarter 4:

This service has been an absolute lifeline to us all and a source of comfort. I have been so impressed by the professionalism and expertise of everyone that I have spoken to on the phone and everyone that has paid us a visit. All your support, help and guidance has been very much appreciated.

CRHTT, Gloucestershire

With profound thanks for the efforts and expertise you gave in providing what feel to me like a sanctuary. It will demand cheerful good will, personal patience and tolerance.

Mulberry Ward, Charlton Lane

I can't even begin to explain how grateful I am to have received your help. I have never had someone so understanding and, for once, you made me feel accepted, at ease and valued

CAMHS, Herefordshire

I just wanted to say thank you and that you all do a fantastic and admirable job. Without the support from the staff in your Team, I recognise that things may have turned out quite differently for me.

GRiP, Gloucestershire

2.4 Complaints referred for external review following investigation by our Trust

2.4.1 Current open referrals for external review:

Table 13: current open referrals for external review

Reviewing organisation	Date of first contact from reviewing organisation	Date official investigation confirmed	Current status of referral	Assurance Level
PHSO (86)	25/01/2017	07/08/2017	10/01/2019: investigation officially closed see 2.4.3 for further detail.	Full
LGO (172)	23/01/2018	03/04/2018	Investigation ongoing	
PHSO (1243)	04/09/2018	29/10/2018	Investigation ongoing	
PHSO (415)	18/10/2018	24/01/2019	PHSO accepted complaint for further investigation	
PHSO (1061)	27/11/2018	Declined	23/01/2019: PHSO declined to investigate this complaint	Full
PHSO (1498)	19/03/2019	Status unconfirmed	Awaiting further update from PHSO	
PHSO (1723)	07/03/2019	Status unconfirmed	Awaiting further update from PHSO	
PHSO (2743)	14/03/2019	Status unconfirmed	Awaiting further update from PHSO	

PHSO - Parliamentary and Health Service Ombudsman, LGO - Local Government Ombudsman

2.4.2 Referrals made for external review of complaint this quarter

There were three referrals made to the PHSO during this quarter by complainants requesting an external review of complaints that had previously been investigated by and responded to by our Trust. The PHSO have not confirmed the status of these referrals as yet.

2.4.3 Completed external complaint investigations

PHSO:

The PHSO have released the final report detailing their findings to us regarding their investigation of a complaint (86) previously investigated by our Trust. The report does not find fault with our investigation or indicate any recommendations or actions for our Trust.

2.5 Surveys

2.5.1 'How did we do?' Survey

2.5.1.1 The Trust continues to implement the Trust's **How did we do?** survey. This survey combines the "Friends and Family Test" and "Quality Survey" and is used for all Trust services apart from IAPT and CYPS/CAMHS, where alternative service experience feedback systems are in place.

2.5.1.2 Survey results are reported internally, locally to our Commissioners, and nationally to NHS Benchmarking. It is important that colleagues encourage and support people who use our services to make their views and experiences known so we can learn from feedback and make improvements where needed.

2.5.1.3 For the past 3 years we have utilised an external provider to input and manage our survey feedback. Following a review of our processes and a desire to seek more feedback, a new system to manage Trust feedback has been commissioned that commenced in Quarter 4 2018/19. This will bring us in line with processes used by Gloucestershire Care Services NHS Trust.

2.5.1.3 The two elements of the **How did we do?** survey are reported separately below as Friends and Family Test and Quality Survey responses.

2.5.2 Friends and Family Test (FFT) Service User/ Carer feedback

2.5.2.1 Service users are asked "*How likely are you to recommend our service to your friends and family if they needed similar care or treatment?*" Our Trust has played a key role in the development of an Easy Read version of the FFT. Roll out of this version ensures that everybody is supported to provide feedback.

2.5.2.2 Table 14 details the Trust-wide number of responses received each month. The FFT score is the percentage of people who stated that they would be 'extremely likely' or 'likely' to recommend our services. The FFT questionnaire is available in all Trust services.

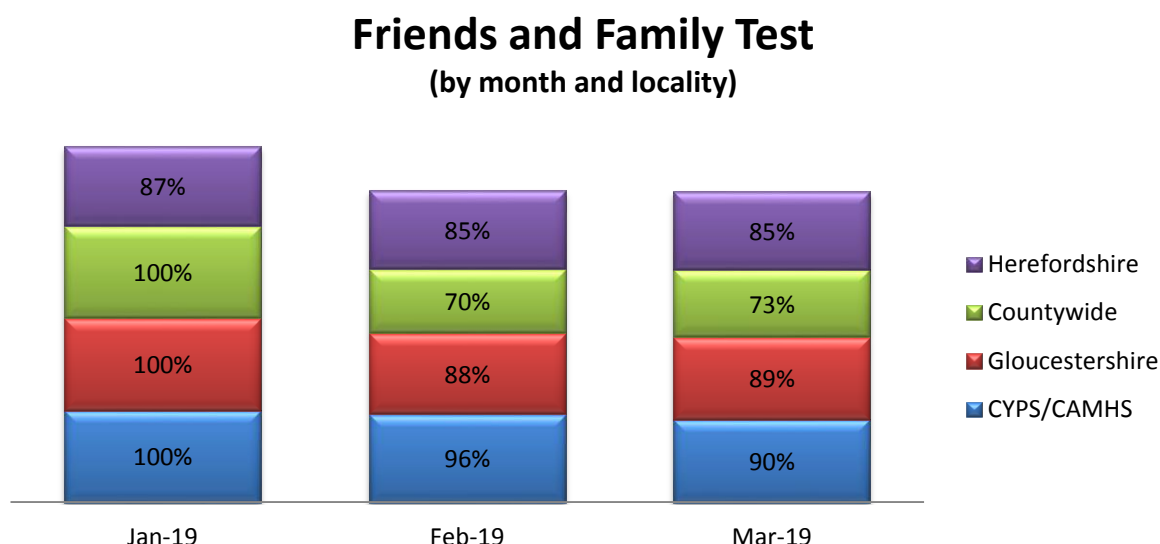
Table 14: Returns and responses to Friends and Family Test in Q4

	Number of responses	FFT Score (%)
January 2019	55 (53 positive)	96%
February 2019	196 (168 positive)	86%
March 2019	203 (173 positive)	85%
Total	454 (394 positive) (last quarter = 1046)	87% (last quarter = 80%)

2.5.2.3 The FFT score for our Trust this quarter has increased, which suggests that those who responded to our survey experienced a high level of satisfaction with the services that we provide. This is encouraging news as previous Quarters of this year have shown a downward trend in levels of satisfaction.

Although the number of responses is lower than we would like and it is hoped that the new system implemented during Quarter 4 to capture survey feedback will enable us reach the wider population of the people who we serve.

Figure 4: FFT percentage of respondents recommending our services by month and Locality



2.5.2.5 The FFT score for our Trust has increased slightly this quarter; this is encouraging news following disappointing decreases seen in previous quarters of this year.

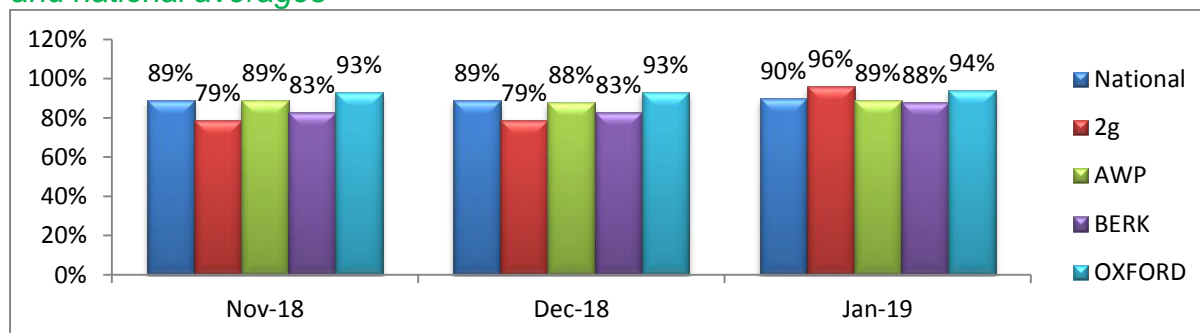
SED continue to monitor FFT scores and undertake further analysis of scores to identify any areas that are influencing lower scores.

Further analysis has shown that we continue to receive a relatively low number of responses to the FFT survey. The responses are widely spread from across our services, meaning that statistical significance is impacted, for example a service that receives only one response in total that does not recommend the service has a score of 0% recommendation. This in turn impacts our Trust's overarching FFT score.

It is anticipated that the implementation of our new system to seek FFT feedback from Quarter 4 onwards will enable us to gradually increase our response rates to allow statistical significance when analysing scores and responses.

2.5.2.6 Figure 5 shows the FFT Scores for November and December 2018 and January 2019, (the most recent data available) compared to other Mental Health Trusts in our region, and the average of Mental Health Trusts in England. Our Trust consistently receives a high percentage of recommendation and has achieved the highest score in our region for January 2019, although this is based upon a low number of responses.

Figure 5: Friends and Family Test Scores – comparison between the regional data and national averages



2g – 2gether NHS Foundation Trust // AWP – Avon and Wiltshire Mental Health Partnership NHS Trust, BERK – Berkshire Healthcare NHS Foundation Trust // OXFORD – Oxford Health NHS Foundation Trust

Friends and Family Test Comments

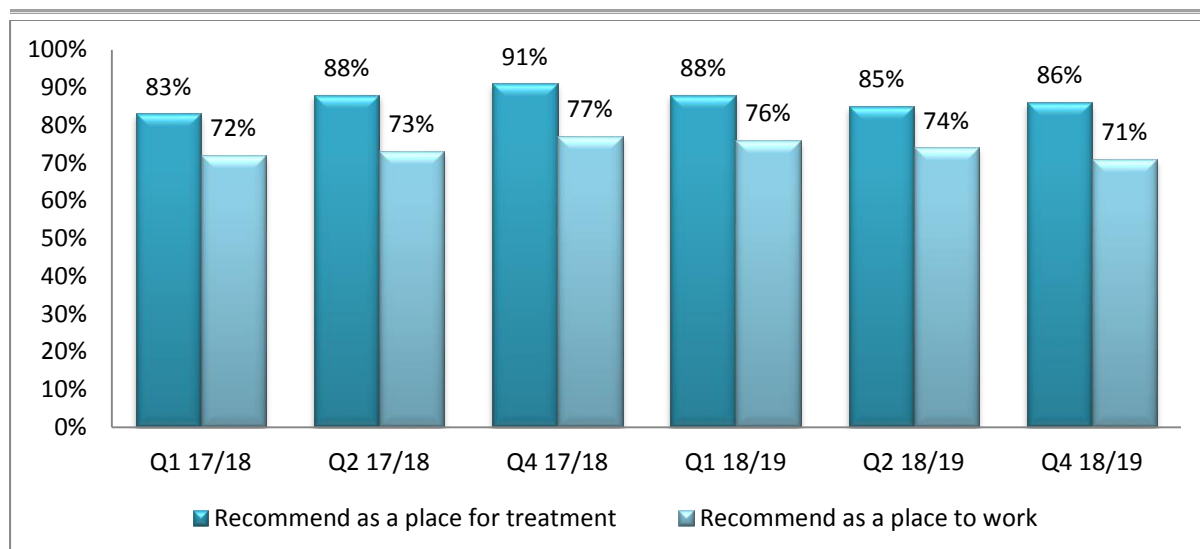
Comments are fed back to services in order that they can be shared with team members and for appropriate actions to be taken as a result of the valuable learning. Our increased high percentage of recommendation continues to indicate the large amount of positive comments received about our services.

2.5.3 2gether Staff Friends and Family Test (FFT) feedback

Our staff are asked about their experience of working for our Trust during quarters 1, 2 and 4 each year. In Quarter 3 of each year the FFT is replaced by the annual Staff Survey.

Figure 6 shows the latest staff FFT scores along with previous quarters.

Figure 6: Staff Friends and Family Test Scores



2.5.3.1 The results of the Staff FFT continue to align closely with the observed trend seen from service user feedback. Comparison of the two FFT scores suggests that over the past year, our staff are slightly more likely to recommend Trust services than service users.

2.5.4 How did we do?

2.5.4.1 The How Did We Do? survey (Quality Survey questions) provides people with an opportunity to comment on key aspects of the quality of their treatment.

Table 15: How Did We Do? Quality survey questions and responses

Question	County	No. of responses	Target Met?
Were you involved as much as you wanted to be in agreeing the care you receive?	Gloucestershire	227 (191 positive)	85% TARGET 84%
	Herefordshire	58 (50 positive)	
Have you been given information about who to contact outside of office hours if you have a crisis?	Gloucestershire	89 (74 positive)	81% TARGET 71%
	Herefordshire	14 (9 positive)	
Have you had help and advice about taking part in activities that are important to you?	Gloucestershire	81 (63 positive)	76% TARGET 64%
	Herefordshire	13 (8 positive)	
Have you had help and advice to find support for physical health needs if you have needed it?	Gloucestershire	79 (67 positive)	82% TARGET 73%
	Herefordshire	11 (7 positive)	

2.5.4.2 Quality survey targets were reviewed and refreshed for the commencement of Quarter 1 2018/19. All targets set have been exceeded this quarter. This suggests that, of those people who responded to the survey, most are feeling supported to meet their needs and explore other activities. Targets will be reviewed and refreshed for 2019/20.

2.5.4.3 Feedback from the Quality Survey along with the annual National Community Mental Health survey results helped us to identify the need to increase the involvement of people in the development of their care plans. This is the focus of our work to implement an Always Event as part of the NHS England campaign and an increased drive for co-production across our services.

2.5.4.4 Although response rates for the survey have increased over time the level of response continues to be lower than we would like. During Quarter 4 we have introduced a new system to capture survey feedback with aim to increase the number of response we receive to both aspects of the How did we do? survey.

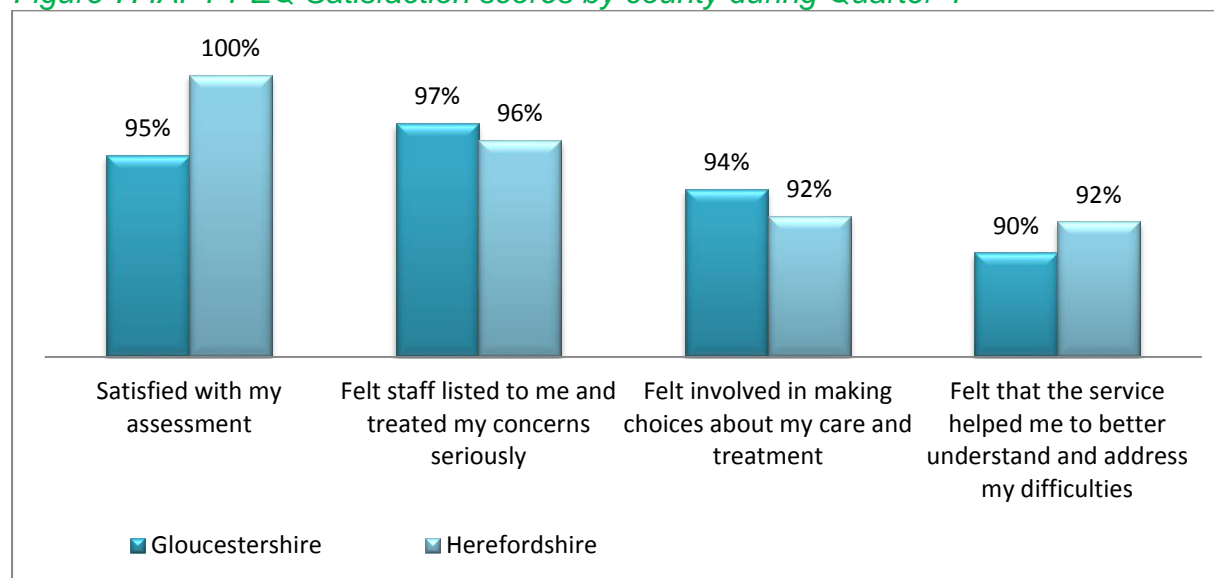
2.6.5 Improving Access to Psychological Therapies – Patient Experience Questionnaire (IAPT PEQ)

2.6.5.1 Our IAPT Let's Talk services use a nationally agreed survey to gain feedback and measure levels of satisfaction with the service.

2.6.5.2 Feedback questionnaires are sent to people following the initial assessment and after discharge from the service. Quarter 3 feedback (figure 7) shows that people are largely satisfied with these elements of the Let's Talk service.

2.6.5.3 This information is shared with colleagues from IAPT Let's Talk so that it can be used by them to deliver service improvements. The free text comments from surveys received during Quarter 4 have been reviewed and analysed by SED. The majority of comments received are extremely positive about our Let's Talk services, the remainder of comments continue to reflect findings from Quarter 3 and relate to length of waiting time to access the service or length of time between initial assessment and commencement of therapy sessions.

Figure 7: IAPT PEQ Satisfaction scores by county during Quarter 4



2.6.5.4 The IAPT PEQ seeks comments from people about the service that they have received. A selection of comments for Q4 responses are shared below:



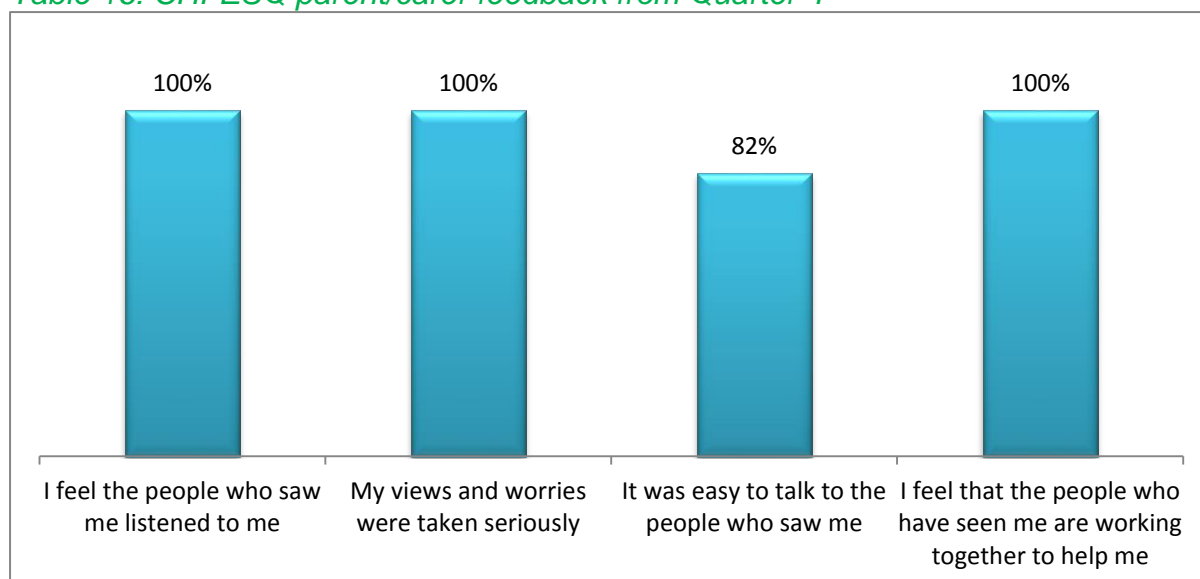
2.6.6 Children and Young People service (CYPS)

2.6.6.1 CYPS gather service feedback using the Experience of Service

Questionnaire, known as CHI-ESQ. CHI-ESQ is a nationally designed survey to gain feedback from children, young people and their parents/carers. There are three versions of the CHI-ESQ survey used, these are identified by age and role type as follows: Age 9 -11 yrs, Age 12 -18 yrs and Carer & Parent. All the surveys ask questions based upon the same theme but are presented differently in an age appropriate format.

2.6.6.2 Tables 16 and 17 reflect responses to questions asked to the differing groups of respondents during Quarter 4.

Table 16: CHI-ESQ parent/carer feedback from Quarter 4



Examples of some feedback given by carers/parents:

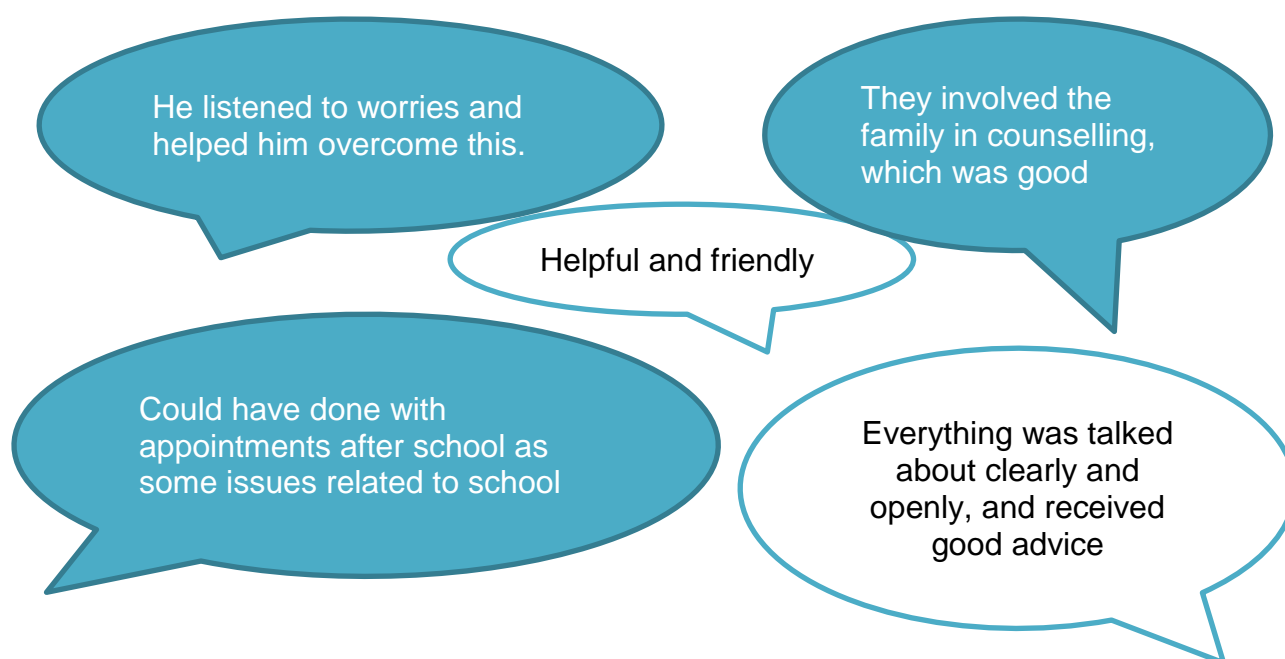
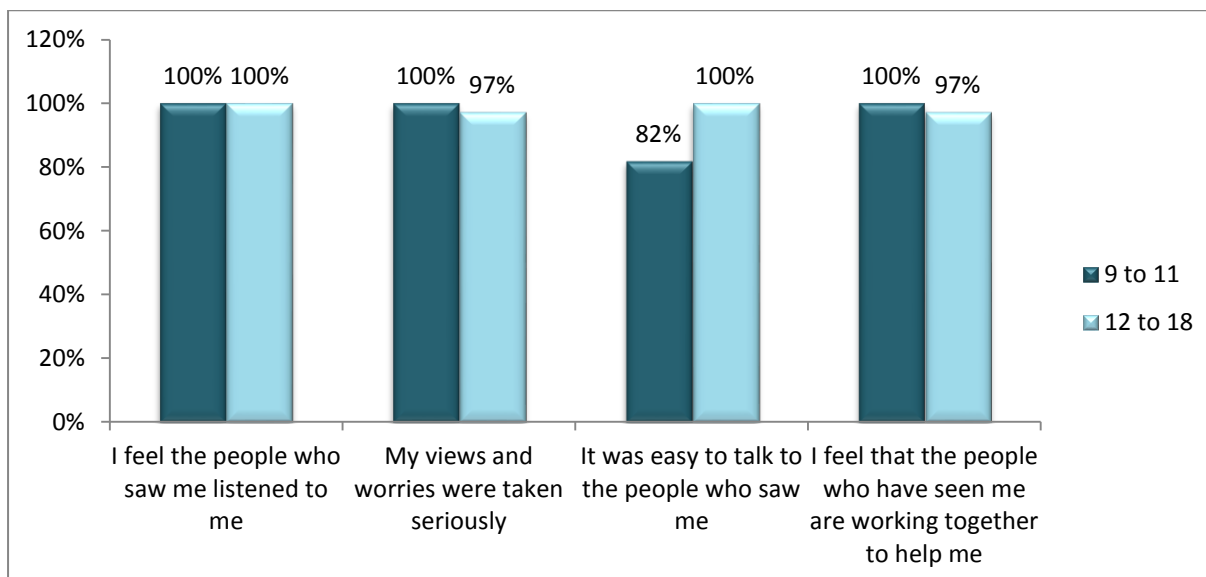
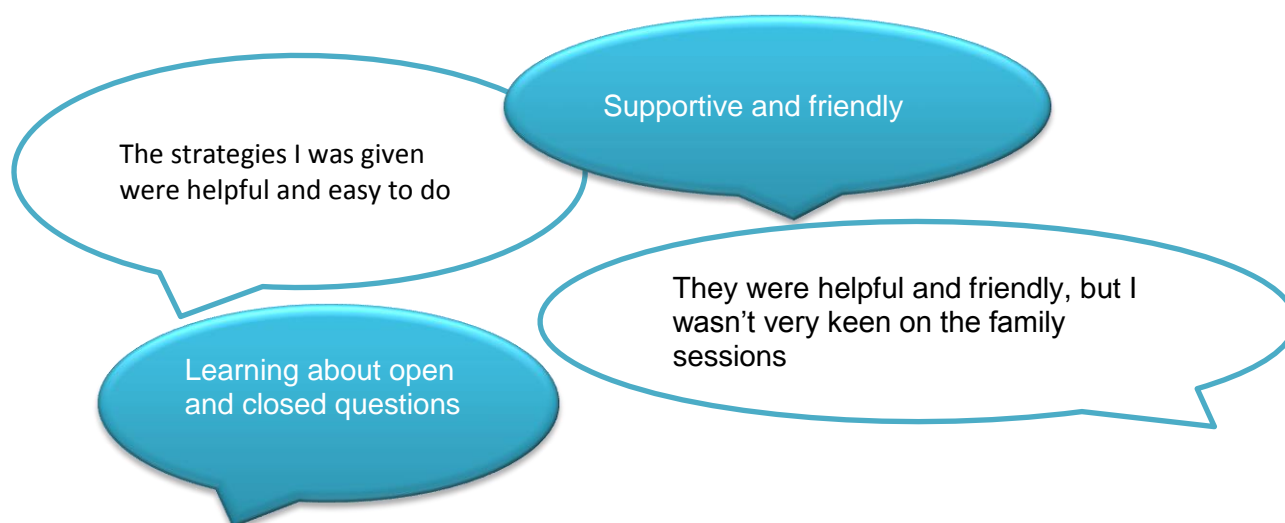


Table 17: Children and young people feedback



2.6.6.3 This information is shared with CYPS colleagues so that it can be used by them to deliver service improvements.

Examples of some feedback given by children and young people:



Section 3 – Learning from Service Experience Feedback

Section 3.1 – learning themes emerging from individual complaints

The SED, in partnership with Service Managers, routinely record, report and take actions based upon the valuable feedback from complaints, concerns, compliments and comments.

Reporting of local service experience activity and learning from feedback continues on a monthly and quarterly basis at each locality governance meeting. The SED is also attending these meetings regularly to discuss local themes, trends and learning and disseminate practice notes regarding elements of Trust wide learning, detailed in Table 18.

Table 18 illustrates points of learning from Service Experience feedback. Localities, in partnership with corporate services, are asked to disseminate local and Trust-wide learning and embed in practice to ensure that it informs quality improvement of our services and shapes future practice

Table 18: Trust-wide points of learning from Service Experience feedback Q3 closed complaints disseminated to localities via Practice Notes– assurance of actions to be sought from locality leads

Practice Note number	Organisational Learning
2193	That all staff should be given the opportunity to attend or participate in specific training in the management of difficult situations and E-Learning on dealing with difficult situations (both available via Learn 2gether).
2216	Teams should ensure that the clinical records clearly document access and availability requirements where known. Colleagues should promptly and repeatedly check for service user arrival from the start of the appointment Contact with service users or their carers/families must be documented
2237 (inpatient services)	Ensure that ward staff are aware that they may call the duty doctor if the ward doctor is not available Ward staff to ask doctors to clarify what medication should be given for pain relief/analgesia when several analgesics are written up together Where there is more than one condition it would be best practice to specify which analgesic is for which pain/indication Physical health team to consider if they can provide guidance about physical examination for service users who have recently had an operation, and in particular to highlight the need to review wounds if there is a pyrexia

Section 3.2 – Aggregated learning themes emerging from feedback from this quarter
Effective dissemination of learning across the organisation is vital to ensure ²gether's services are responsive to people's needs and that services continue to improve. Service Experience feedback has continued to contribute to our learning from Incidents, Complaints and Claims.

Section 3.3 – Assurance of learning and action from aggregated learning themes from Quarter 2

The learning shown in Table 18 is shared with localities via practice notes on a monthly basis who disseminate these amongst colleagues and feedback learning and actions through our Quality & Clinical Risk Committee (QCR) where aggregated learning themes are identified and compiled to be included in the Learning ²gether from Incidents, Complaints and Claims reports. The process by which learning is embedded within the organisation is described our *Policy for Continuous Improvement (Aggregated Learning Policy)*.

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Delivery Committee

DATE OF COMMITTEE MEETING: 22 May 2019

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

PERFORMANCE DASHBOARD

Outturn Report for the Contract Year 2018/19

The Committee received an outturn report which set out the performance of the Trust's Clinical Services for the 2018/19 contract period against NHSI, Department of Health, Herefordshire and Gloucestershire CCG Contractual and CQUIN key performance indicators.

Of the 151 reportable measures, 125 were compliant and 26 were non-compliant. Of the remaining 43 indicators, 16 were for baseline information to inform future reporting, 5 had had either no activity or insufficient activity recorded against them during the year to support reliable performance reporting and 22 were not yet available, of which all were Gloucestershire CCG Contractual measures. The Information team were working with services to ensure data capture and reporting processes which would enable performance to be reported against those indicators which had been carried forward in the 2019/20 contract.

The Committee noted that the key performance indicators that were compliant at the end of 2017/18 but non-compliant at the end of 2018/19.

Performance Dashboard to the end of April 2019

The Committee received the Performance Dashboard for the period to the end of April 2019. Of the 194 performance indicators, 167 were reportable in April with 67 being compliant and 10 non-compliant at the end of the reporting period. Where performance was not compliant, Service Directors were taking the lead to address issues and work was ongoing in accordance with agreed Service Delivery Improvement Plans to address the underlying issues affecting performance.

DEMAND MANAGEMENT – CYPS / CAMHS LEVEL 3

The Committee received the CYPS / CAMHS demand management report. The Committee noted that in October 2018 a report was received which outlined the challenges faced by CYPS for increased demand and reduced capacity and the contractual risk of becoming non-compliant with Level 2/3: Referral to Treatment (RTT) Key Performance Indicator (KPI). It was reported that since November 2017, CYPS had shown non-compliance with both the 8 week (3.27) and 10 week (3.28) Level 2 & 3 Referral to Treatment KPI.

The Committee noted that RTT KPIs for 8 and 10 weeks had been "suspended" from the 2019/20 contract schedule to allow for service development in delivering the national Trailblazer programme. However, waiting times would continue to be monitored by Commissioners through new Data Quality Improvement Plans (DQIP LQR64) which had been introduced for 4 week waits (WW), with trajectory thresholds still to be confirmed. CYPS demand and capacity trajectory had been revised accordingly, including an estimated recruitment rate of 1.0 WTE additional member of staff per quarter. The Committee noted that the trajectory model indicated that the 4WW target would not be achieved for 4 years.

The Committee noted that key risk was that the recruitment and retention initiatives did not achieve the

4WW targets within the anticipated timescale. In addition, it was recognised that the development of new specialist services within CYPS typically came at the expense of retaining staff within core services.

Maria Bond was concerned that there was an expectation that the Trust would deliver on these targets. Sarah Batten reported that Commissioners were very aware of issues and they understood that the service was doing the best it could. However, challenging conversations were taking place.

Maria noted that KPIs had been suspended and asked how the Committee could monitor performance against the 8 week (3.27) and 10 week (3.28) Level 2 & 3 Referral to Treatment KPI, she challenged the service to get agreement to this in writing. It was agreed that bi-monthly reports would be brought to the Delivery Committee to include work force strategy/recruitment and retention and productivity work. Sarah Batten reported that the service was not losing its current staff and John Campbell reported that he was looking into whether it would be useful to have an external company to undertake a review of the service.

PROCUREMENT ANNUAL ASSURANCE STATEMENT

Ed Taylor, Head of Procurement at Gloucestershire Shared Services reported on the procurement Services provided to the Trust. The Committee note that the Trust had an annual Service Level Agreement which set out the specification the service expected from Procurement and included Operational and Financial Key Performance Indicators against which performance was monitored.

The Operational KPI's for 18/19 and the Financial KPI's were provided and the results of the Customer Satisfaction Survey and the Cashable savings achieved by the procurement service were noted. The Chair reported that there had been concerns about the service provided by procurement service in the past and Marcia Gallagher said that this report did not provide the Committee with an understanding of whether the Trust was receiving value for money. A further update was requested.

SECURITY ANNUAL REPORT AND WORK PLAN

The Committee was assured that the momentum of the previous year had been maintained and significant work had been undertaken throughout the year on maintaining work place safety. Prosecutions for staff assaults and criminal damage to Trust property continued, with some significant results and compensation being paid to both staff and the Trust following claims to the Criminal Injuries Compensation Authority.

Violence and Aggression (V&A) policy and procedures had been audited by Price Waterhouse Cooper (PWC) following the previous year's drive towards all areas of the Trust reviewing, renewing and publishing detailed risk V&A assessments. That audit report confirmed that the V&A risk within the Trust could now be regarded as a low. The end of year V&A figures were noted and it was reported that reported that if figures for Berkeley House were removed, the Trust had seen a drop of 6.3% in actual reported assaults on staff year on year. It was felt that much of the increase at Berkeley House was due to more robust systems of reporting having been put in place.

The Committee noted that this year has seen very poor attendance at the Security and Resilience board (SRB) meetings. This was being reviewed and colleagues who were empowered and capable of making decisions on behalf of their respective areas or teams were required to attend.

The Security Management Strategy for the year 2018 – 21 was provided; the Security and Resilience Board and the Safety, Health and Environment Committee had ratified this.

HR INDICATORS

The Delivery Committee received an update on quarter 4 2018/19 performance against the Trust's Workforce Key Performance Indicators (KPI). The report detailed compliance for statutory and mandatory training, appraisal and sickness absence. It also reported on the current position regarding workforce turnover. The final section of the report provided a comparison with other organisations which enabled the Trust to benchmark the performance presented in this paper.

The Committee was assured that compliance for statutory and mandatory training had reached an

average of 90% for quarter 4 2017/18. There was a 1% reduction in compliance during February 2019, however this was recovered in March and had led to the achievement of the Trust's target of 90% during this final quarter.

Appraisal compliance had remained below the target of 90% for the last three months of quarter 4 2018/19. However, with the renewed focus on appraisal following the Agenda for Change Pay Agreement requirements was introduced in 2018/19 and it was anticipated that compliance would improve. The Committee noted that sickness absence remained above the target of 4.5% for in-patient areas for January and February 2019 but had reduced in March to below the target and currently stood at 3.52%. Corporate and all other areas were also below the target for March 2019, at 2.85%. It was anticipated that sickness absence would be reduced further over time by continuing to monitor absence and working closely with managers and staff to ensure staff were supported.

2G STAFF TURNOVER

The Committee noted that the average turnover for Q4 2018/19 was 8.30%. Turnover had been fairly stable over the last 12 month period and had reduced from 9.9% in April 2018 to 8.00% in March 2019. This stood against a national figure of 10.8% for the NHS for March 2019.

IAPT APRIL PERFORMANCE

The Delivery Committee received an overview of the key issues for April 2019 in the context of recent performance and the Trusts plan for 2019/20 for both Gloucestershire and Herefordshire. The Delivery Committee noted the following key issues around In stage waiting list backlog clearance, access rates, recovery rates and waiting time thresholds.

A number of initiatives had been developed and reviewed. The Committee noted that the performance of the Sugarmans master vendor contract had been disappointing. Moving forward the access trajectory would be capped at 17%, however discussions were required to consider what could be done differently in the future. The Committee noted that the model may need to be challenged. An annual report would be received at the next meeting.

OUT OF AREA PLACEMENTS

The Committee received an update on Out of Area placements and noted that in early 2019, Inpatient Bed Occupancy was in excess of 95% (excluding leave) and a number of Gloucestershire individuals were receiving mental health treatment Out of Area. The update provided in April 2019 had assured the members that there were 0 OAP's. However, this position was contradicted by information presented to the Governance committee by the Mental Health Individualised Case Management Service (MHICMS) where it was reported that 1 individual remained in an OAP Psychiatric Intensive Care Unit. The Delivery committee had therefore requested clarification and classification of OAP's to ensure completeness in future reporting.

This paper provided classification of those individuals in Out Of Area Placement's (OAP's) as defined by the Department of Health (DoH). It also recognised those individuals known by the Trust and in receipt of Specialised Commissioned Placements by either the Mental Health Individual Case Management Service (MHICMS) of 2gether or NHS England. The Committee noted the report and agreed to receive updates quarterly.

OTHER ITEMS

- The Committee received the Locality exception reports from the CYPS / CAMHS and Herefordshire Localities
- The Committee received a report on CQUIN implementation and was significantly assured around the delivery of 2019/20 CQUINS.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the content of this report.

SUMMARY PREPARED BY: Maria Bond

ROLE: Committee Chair

DATE: 18 July 2019

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Delivery Committee

DATE OF COMMITTEE MEETING: 26 June 2019

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE UPDATE

The HCA agency spend stood at £50k and this was an additional £27k on last year's performance. The Director of Quality was working to improve this position and discussions would take place at the temporary staffing group this afternoon.

The Capital Review Group would need to focus on figures net of asset sale as well as spend and spend would need to be reduced if major sales did not go ahead. The Committee was assured that this was being tracked by the Capital Review Group and detail would be included in the Finance Report to board.

There was to be additional investment in ADHD services and final figures were needed before recruitment could begin.

PERFORMANCE DASHBOARD

The Committee received the Performance Dashboard for the period to the end of March 2019. Of the 156 performance indicators, 77 were reportable in March with 67 being compliant and 10 non-compliant at the end of the reporting period. Where performance was not compliant, Service Directors were taking the lead to address issues and work was ongoing in accordance with agreed Service Delivery Improvement Plans to address the underlying issues affecting performance.

It was reported that the Trust felt that some of the content (indicators and thresholds) within Gloucestershire's Schedule 4 did not reflect the 2019/20 contract negotiations with Commissioners. Further negotiations had begun to resolve this position. The Trust had proposed the removal of incomplete indicators and the reassessment of altered indicators via a contract variation. These would then be reintroduced when appropriately prepared. This was progressing through Contract Management Board (CMB). The Committee noted that if negotiations progressed as expected numbers of indicators would revert to last year's levels and the Trust would be on target. The Committee noted that the alignment of these indicators was taking place with the Integrated Care System and if they could not be joined up soon the Trust would not have the capacity to deliver. It was agreed that that this would be referred to the Board to consider.

IAPT SERVICE IMPROVEMENT PLAN

The Delivery Committee received an overview of the full year performance against all the key targets, trajectories and performance standards which are set out in our service improvement plans for both Gloucestershire and Herefordshire.

Performance against the improvement plan objectives and key performance indicators during 2018/19 had been largely successful. The services had delivered sustained achievement of Referral to Treatment waiting times (both for 6 and 18 weeks) and recovery rates for patients who accessed Trust services in Gloucestershire and Herefordshire. The Trust had also achieved Access rates in line with recovery plans for both Counties, but remained behind the national target of 19% (nationally mandated

since March 2019).

The service had developed and implemented a set of initiatives to support IAPT Workforce Recruitment and Retention which had been supported by the Trust Executive. It was reported that whilst substantial improvements had been achieved, the service continued to hold a significant waiting list backlog throughout the year due to lower than planned staffing capacity levels in our services in both localities.

The Trust had agreed 2019/20 contracts with Gloucestershire and Herefordshire CCG's and both include additional investment for IAPT services with plan trajectories to achieve increased (core service) access rates by Q4 in 2019 / 20 and the development of Long Term Condition IAPT services / pathways.

PERSONALISATION PROJECT TO INCREASE DIRECT PAYMENTS AND PERSONAL HEALTH BUDGETS

The Committee received a presentation on the Trust's personalisation project. It was noted that an assessment tool had been developed which would allow for a true narrative picture of a person focusing on their strengths. A training programme was being developed around co-production and narrative based assessments and would use integrated budgets and personal health budgets creatively.

It was reported that the Personal Health Budgets worked very well for people whose needs could not be met by current commissioned services, staff were able to develop better relationships with patients and service users had reported that they felt listened to, staff were able to find out more about the service users interests and could use this to aid recovery. The Committee also noted that costs were much lower than keeping patients in a secure facility.

STAFF SURVEY RESULTS

The Delivery Committee received an update on the NHS Annual Staff Survey and timeframes for the release of the next Staff Friends and Family Test results and on progress with the associated action plan.

The Committee noted that NHS England published the national and local provider Trust NHS 2018 Staff Survey results in February 2019 and the Trust had performed well. The Trust was rated better than average in 8 themes, however, it was noted that responses had decreased since the last survey and the response rate this time was around 40%.

OTHER ITEMS

- The Committee received the Locality exception reports from the Gloucestershire and Countywide Localities
- The Service Plan 6th Monthly update, the HR Policies and Procedures report and the Staff Turnover report were also received

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the content of this report.

SUMMARY PREPARED BY: Maria Bond

ROLE: Committee Chair

DATE: 18 July 2019

Agenda item 17

Report to: Trust Board, 25 July 2019
Author: John McIlveen, Trust Secretary
Presented by: Jane Melton, Director of Engagement & Integration
SUBJECT: **Development Committee Annual Report 2018/19**

This Report is provided for:

Decision Endorsement **Assurance** To Note

EXECUTIVE SUMMARY

- The Committee's Terms of Reference require it to
review its performance against its Terms of Reference and report the findings of its assessment to the Board at least once annually.
- This draft annual report provides an overview of the Committee's activities against its Terms of Reference during 2018/19, and the assurance that it has been able to provide to the Board in respect of its activities.

RECOMMENDATIONS

The Board is asked to note the report.

Corporate Considerations

<i>Quality implications:</i>	None other than those identified in the report
<i>Resource implications:</i>	None other than those identified in the report
<i>Equalities implications:</i>	None
<i>Risk implications:</i>	None other than those identified in the report

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

WHICH TRUST VALUE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:			
Jane Melton	Date	5 th July 2019	

Where in the Trust has this been discussed before?		
	Date	

What consultation has there been?		
N/a	Date	

Explanation of acronyms used:	
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2gether NHS Foundation Trust

Development Committee Annual Report 2018/19

1 Introduction

- 1.1 The Development Committee was established to hold the Executive Directors to account in order to provide assurance that proposals for service development, meet the current and future needs of the Trust, patients and the local health and social care economy, and that engagement and other relevant enabling activities to inform and achieve these service developments have been considered. In carrying out its role, the Committee has regard to relevant regulatory and contractual requirements, and national and local standards of good practice and equality and diversity as well as the views of service users, carers and staff.
- 1.2 Two designated Non-Executive Directors are members of the Committee, along with the Director of Finance and the Director of Engagement and Integration, who is the designated lead Executive Director for the Committee. The Trust Chair and Chief Executive are *ex officio* members of the Committee and may attend meetings as they see fit, as may other Non-Executive Directors.
- 1.3 The Trust Secretariat is in regular attendance at the meeting to produce the minutes. A number of officers attend regularly, while others attend less frequently, for example when there is a relevant item of business on the agenda. The Committee Chair provides a summary report of the Committee's activities to the next Board meeting.
- 1.4 The Committee met 6 times in 2018/19, in order to discharge its duties as set out in the Committee's Terms of Reference. Each meeting was quorate. Recognising that the impending merger has reduced its *raison d'être*, the committee has therefore deliberately sought to cut down its work during 2018/19.
- 1.5 Attendance by members and others at the Committee during the period is shown in the table at Figure 1 below.

Figure 1: Attendance	2018					2019
	18 April	19 June	8 August	17 October	12 December	14 March
Jonathan Vickers (Chair)	✓		✓	✓	✓	✓
Duncan Sutherland (Vice Chair)	✓	✓			✓	
Andrew Lee, Director of Finance	✓		✓		✓	✓
Jane Melton, Director of E&I	✓	✓	✓	✓	✓	✓
Stephen Andrews, Deputy Director of Finance**		✓		✓		✓
Marcia Gallagher, Non-Executive Director			✓			✓
Neil Savage, Director of HR & OD				✓		
John McIlveen, Trust Secretary	✓	✓				✓
Anna Hilditch, Asst. Trust Secretary			✓			
Lisa Evans, Board Committee Officer	✓	✓		✓	✓	
Alan Bourne-Jones, Risk Manager	✓					
Lauren Edwards, Deputy Director of Engagement	✓		✓			✓
Kate Nelmes, Communications Manager		✓		✓		
Dominika Lipska-Rosecka, Social Inclusion Team Manager			✓			
Nikki Taylor, Commercial & Planning Manager						✓

Mark Walker, Head of R & D		✓					**
Said Hansdot (Governor)	✓	✓		✓		✓	Ste phe

n Andrews attended the Committee to deputise in the absence of the Director of Finance, and was therefore recorded as a full member of the Committee on these occasions

2 Principal Review Areas

2.1 Review of Strategies

- 2.1.1 A key part of the Committee's role has hitherto been to provide oversight of a number of the Trust's key enabling strategies. During the year however, as the preparatory work for the merger of 2gether and Gloucestershire Care Services NHS Trust gathered pace, the Committee's focus in relation to strategies was on gaining assurance that mapping and alignment of strategies between the two trusts was robust. The Committee sought and received such assurance both by receipt of regular updates from the Strategic Intent Leadership Group (and subsequently the Shadow Board) and also from receipt of reports showing progress in mapping and alignment of these strategies. In view of the forthcoming merger, and the development of a suite of new strategies for the new trust, the Committee paused its strategy development oversight work, while keeping a watching brief on those strategies which would be unaffected by the merger, and which may be due for review. Responsibility for ensuring consistency of strategies was transferred to the Shadow Board.
- 2.1.2 The Committee reviewed the Research Strategy Delivery Plan, covering the period July 2018-March 2020. The Trust's specialism in dementia research was a strength, but the intention is to broaden the portfolio of the Fritchie Centre beyond mental health and dementia, and to collaborate in other areas of research with universities and other NHS organisations.

2.2 Research Developments

- 2.2.1 By way of providing better assurance and oversight of the Trust's Research activity, the Development Committee now receives a quarterly research update. The Chair and Deputy Chair of the Development Committee are also listed as ex-officio members of the Research Overview Committee, in order to receive papers and to attend the meetings on a periodic basis.
- 2.2.2 Key research highlights during 2018/19 included:
- Regular updates on the partnership with Cobalt
 - Regular updates on specific clinical research studies in which the Trust was involved.
 - A Dementia Education Evening took place to highlight toe collaborative work between 2gether and Cobalt
 - Regular updates from the Research Overview Committee.
 - A new Director of Clinical Research appointment on a job-share basis.
 - The Research team was shortlisted for a Nursing Times award, and presenting to the National research Group in connection with that nomination.
 - An annual review of research developments took place. This produced positive feedback, with the Trust performing well for its size.
 - The Committee reviewed finances associated with the research portfolio.

2.3 Engagement and Communication

- 2.3.1 The Development Committee has the lead oversight for implementation of the Engagement and Communication strategy and receives regular updates on progress with the objectives and actions set out in the associated Tactical Plan. The plan focuses where possible on measurable engagement indicators. The Committee received and approved priorities for the 2018/19 Tactical Plan, and received quarterly updates on progress during the year.
- 2.3.2 The key focus of the Tactical Plan was to increase Trust membership in Herefordshire and the Cotswolds, and among young people. A further aim was to increase the percentage of Staff Friends and Family Test respondents recommending the Trust as a good place to work.
- 2.3.3 By the end of the year the Committee heard that significant progress had been made towards achievement of the Trust's engagement and communication targets. Specific achievements included:
- The Trust met its internal target of meeting the NHS national average of 42% of staff reporting good communication with their managers in the annual Staff Survey. The Trust achieved 42.4%.
 - 78% of Volunteers reported as being happy to recommend the Volunteers Programme; the target for this was 75%.
 - 89% of people that met the Social Inclusion Team at community events agreed that their knowledge and understanding of mental health services had increased as a result of the contact, exceeding the 75% target.
- 2.3.4 Other engagement highlights included;
- Communications about the merger.
 - Introduction of a system to assess the effectiveness of 2gether engagement events in increasing knowledge and understanding of mental health and mental health services.
 - Attendance by Trust Executives at Integrated Locality Board meetings to ensure improvements in Gloucestershire and Herefordshire place-based developments
- 2.3.5 The Development Committee received significant assurance throughout the year on progress against the Engagement and Communications Strategy Tactical Plan.

2.4 Stakeholder Committee

- 2.4.1 The Committee received regular updates from the Stakeholder Committee during the year. The Stakeholder Committee's membership includes Experts by Experience, and a Governor representative, and continues to be a positive forum for progressing the Trust's engagement aims and objectives.

2.5 Scrutiny of Capital Expenditure

- 2.5.1 The Committee resumed responsibility for reviewing capital expenditure in 2018/19. During the year the Committee received regular updates on progress against the capital plan, noting and challenging any underspends, and receiving updates on property disposals. The Committee received the minutes of the Capital Review Group at each meeting, enabling the Committee to have a clearer picture of approvals of capital expenditure for schemes the value of which meant that Committee approval was not required. Attendance at CRG meetings, chaired by the Director of Finance, had improved compared to previous years, and the Committee received assurance that where schemes were delayed, this was for good reason, and having taken account of the needs of service users.

2.6 Other matters worthy of note

2.6.1 In addition to the matters listed above, during the year the Committee:

- Received and noted the 2019/20 Financial Plan
- Reviewed its Terms of Reference
- Received updates on progress on securing appropriate long term accommodation for Working Well, and progress updates regarding Occupational Health contracts with local Trusts
- Received the Recovery College Annual Report for 2017/18, noted that the college was fully funded, and commended the Recovery College as a really successful and cost effective project
- Received the Social Inclusion Annual Report for 2017/18, and commended the impressive amount of work undertaken by the Social Inclusion Team. This work included development of 54 volunteer roles, involvement of 73 Experts by Experience in Trust recruitment activities, and involving EbE's in supporting 455 activities and projects across the Trust.
- Received regular policy updates in relation to engagement and integration activities
- Received the draft Service Plan for 2019/20, and welcomed progress compared to previous years in making objectives more SMART and limiting the number of objectives to a manageable level

3 Conclusion

- 3.1 The Development Committee will cease to exist after the merger takes effect, and therefore this is likely to be the last annual report which the Committee submits to the Board.
- 3.2 This report gives an overview of the work of the Committee in delivering against the Committee's Terms of Reference. The Committee's work during the year has enabled it to recognise good work and achievements, assure itself that capital underspends were justified and had minimal negative impact, and monitor and report on research activities. The members of the Development Committee are confident that the Committee's work has not only provided robust assurance on matters to the 2gether Trust Board, but will also help to provide a sound footing on which the new Trust can make progress in transforming mental and physical health services for the local population. The Committee will ensure that there is a handover of its remaining business to an appropriate governance vehicle in the combined Trust, to assist in progressing that transformation agenda.

Jonathan Vickers

Chair, Development Committee
July 2019

Trust Board

Date of Meeting: 25 July 2019

Report Title: Finance Report M03

Agenda reference Number	19
Accountable Executive Director (AED)	Sandra Betney
Presenter (if not AED)	
Author(s)	Johanna Bogle
Board action required	To note
Previously considered by	Not Applicable
Appendices	App 1 : Main M03 Finance Report

Executive Summary

This report provides an overview of the Trust's financial position for Month 3 of 2019/20.

Background

The Trust financial context for 2019/20 is summarised below.


- Control Total surplus is £2.256m including £1.626m of Provider Sustainability Funding (PSF).
- Capital spend plan is £2.93m of in-year CRL request, plus £0.75m of multi-year CRL allocation for the Forest of Dean hospital. Total £3.68m.
- Cost Improvement Plan (CIP) target is £5.3m
- Agency spending cap is £1.865m
- Income potential Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) are £1.06m and £3.9m respectively. Contracts have not yet been signed, with milestones and proportional values for respective periods not yet allocated.

M3 full year performance forecast is on plan, subject to the risks noted at page 6 of Appendix 1:

- Full Year surplus, including PSF, is £2.256m
- Capital spend is £3.68m
- Cash at the end of Month 12 is £19.7m
- YTD agency spend is £469k compared to a plan of £508k

Recommendations

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

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2019/20 Month 3 Finance Report

v 1.0

Overview

- The year to date surplus is on plan at £0.4m. Full year forecast is to deliver control total of £2.256m, but there are significant risks to this if the Trust cannot deliver its Challenge CIP Schemes. PSF accounts for £1.626m of the control total surplus.
- Annual Agency ceiling is £1.865m (18/19 full year spend was £1.66m). The year to date actual is under the ceiling at £558k.
- Full year Cost Improvement Plan (CIP) target for the full year is £5.28m. The CIP amount removed so far is £2.001m from the following schemes: 1% Schemes £1.372m; Differential Targets £0.521m and Challenge Schemes £0.108m.
- The asset lives changes following the District Valuer's work in 2018/19 have led to £540k of additional cost. This is currently being managed through non-recurrent underspends.
- Capital spend is £503k.
- Cash balance at the end of month 2 is £382k below plan at £18.1m. The PSF cash payment for 18/19 is expected in July, improving the cash position by £2.7m.

Income and Expenditure

Full Year performance at Month 3 is on plan at £2.3m surplus.

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

Operational directorates are generally in surplus YTD, with Hospitals posting £220k deficit due to high bank and agency spend covering sickness, maternity leave and vacancies. Central cost areas are posting a deficit YTD and in FC. This is due to revised asset lives depreciation, agreed non-recurrent costs expected to be funded by Trust underspends, and unidentified Challenge CIP.

Statement of comprehensive income £000	2018/19	2019/20	2019/20 YTD			2019/20
	Full Year Actual	Full Year Plan	Plan	Actual	Variance	Full Year Forecast
Operating income from patient care activities	112,668	113,540	28,668	28,555	(113)	114,221
Other operating income exc PSF	2,099	1,528	374	496	122	1,591
Provider sustainability fund (PSF) income	3,962	1,626	244	244	0	1,626
Employee expenses	(80,782)	(84,235)	(21,383)	(21,094)	289	(84,705)
Operating expenses excluding employee expenses	(31,719)	(28,202)	(6,983)	(7,334)	(351)	(28,498)
PDC dividends payable/refundable	(1,739)	(2,066)	(516)	(468)	48	(2,051)
Other gains / losses	(56)					
Surplus/(deficit) before impairments & transfers	4,433	2,191	404	399	(5)	2,184
Add back impairments	885					
Remove capital donations/grants I&E impact	(249)	65	15	20	5	72
Surplus/(deficit) inc PSF	5,069	2,256	419	419	0	2,256
Surplus/(deficit) exc PSF	1,107	630	175	175	0	630
Control total including PSF	3,078	2,256	419	419	0	2,256

Work is in progress to align the prudence within aggregate Directorate forecasts to the full Trust forecast position.

Capital – YTD Actuals and Multi-Year Plan

	YTD	FOT			
£000s	2019/20	2019/20	2020/21	2021/22	2022/23
Land and Buildings					
Buildings	347	1,375	740	750	1,000
Backlog Maintenance		100	120	500	250
Urgent Care		25	475		
IT Device and software upgrade		277	600	600	600
IT Infrastructure	10	300	420	300	1,400
Corporate Systems Replacement					
Medical Equipment	133	853	200	200	200
Sub Total	490	2,930	2,555	2,350	3,450
Forest of Dean	13	750	5,000	3,600	
Total	503	3,680	7,555	5,950	3,450

The Shadow Integrated Care System has been required to reduce its capital plan by 20% in year. GCS had already reduced by 36%, so our plan remains per last month. Year to Date capital spend is £503k.

Balance Sheet

STATEMENT OF FINANCIAL POSITION (all figures £000)		2018/19	2019/20 Year to Date			2019/20
		Full Year Actual	Plan	Actual	Variance	Plan
Non-current assets	Intangible assets	829	744	754	10	486
	Property, plant and equipment: other	63,315	63,526	63,121	(405)	63,837
	Total non-current assets	64,144	64,270	63,875	(395)	64,323
Current assets	Inventories	288	288	288	0	288
	NHS receivables	5,800	5,274	6,090	816	5,598
	Non-NHS receivables	2,978	2,978	2,936	(42)	2,978
	Cash and cash equivalents:	17,837	18,482	18,100	(382)	19,715
	Total current assets	26,903	27,022	27,414	392	28,579
Current liabilities	Trade and other payables: capital	(1,454)	(829)	0	829	(1,329)
	Trade and other payables: non-capital	(9,518)	(10,037)	(10,611)	(574)	(9,518)
	Borrowings	(76)	(76)	(200)	(124)	(2)
	Provisions	(371)	(371)	(371)	0	(371)
	Other liabilities: deferred income including contract liabilities	(389)	(389)	(623)	(234)	(389)
	Total current liabilities	(11,808)	(11,702)	(11,805)	(103)	(11,609)
Non-current liabilities	Borrowings	(1,593)	(1,540)	(1,419)	121	(1,456)
	Total net assets employed	77,646	78,050	78,065	15	79,837
Taxpayers Equity	Public dividend capital	80,276	80,276	80,276	0	80,276
	Revaluation reserve	4,679	4,679	4,679	0	4,679
	Other reserves	(2,398)	(2,398)	(2,398)	0	(2,398)
	Income and expenditure reserve	(4,911)	(4,507)	(4,492)	15	(2,720)
	Total taxpayers' and others' equity	77,646	78,050	78,065	15	79,837

Cash Flow Summary

Statement of Cash Flow £000	ACTUAL YTD 19/20		FORECAST 19/20	
Cash and cash equivalents at start of period		17,837		17,837
Cash flows from operating activities				
Operating surplus/(deficit)	850		4,202	
Add back: Depreciation on donated assets	20		72	
Adjusted Operating surplus/(deficit) per I&E	870		4,274	
Add back: Depreciation on owned assets	858		4,267	
(Increase)/Decrease in trade & other receivables	(248)		202	
Increase/(Decrease) in trade and other payables	(933)		(778)	
Increase/(Decrease) in other liabilities	234			
Net cash generated from / (used in) operations		781		7,965
Cash flows from investing activities				
Interest received	37		105	
Purchase of property, plant and equipment	(503)		(3,805)	
Net cash generated used in investing activities		(466)		(3,700)
Cash flows from financing activities				
PDC Dividend (Paid)			(2,051)	
Finance Lease Rental Payments	(50)		(211)	
		(50)		(2,262)
Cash and cash equivalents at end of period		18,102		19,840

Risks

Risks to delivery of the 2019/20 position are as set out below:

	19/20 Risk at month 03	Made up of: Rec	Made up of: Non Rec	Likelihood
Shared Glos deficit (FY £83k in position)	0	0		Certain
Challenge Scheme CIPs	2,148	2,148		Almost Certain
Unidentified Planned CIP for Differential Schemes:	290	290		Possible
Phasing of Differential CIP not covered above (50%not yet delivered)	422		422	Likely
Delivering required non recurrent underspends to cover non-recurrent pressures	1,248	0	1,255	Almost Certain
VAT changes impacting recovery on Systm1 19/20 (FY £80k in position)	0	80		Certain
QIPP risk share and milestones	500		500	Possible
CQUIN	150		150	Possible
Asset lives depreciation impact - GCS acceptance (FY£423k in position)	0	423		Certain
Asset lives depreciation impact - Full DV value	305	305		Possible
Asset lives PDC impact - GCS acceptance (FY £117k in position)	0	117		Certain
Asset lives PDC impact - Full DV value	85	85		Possible
Vacancy abatement	1,600		1,600	Unlikely
GCC Management Charge - Tranche 2 (FY £150k in position)	0	150		Certain
	6,748	3,598	3,927	

In 2018/19 we were able to manage some non-recurrent underspends to offset approximately £6m of risk. In 2019/20 we face a greater challenge with another £5m of CIP and a higher level of risk. In addition to the above, it should be noted there is £1.1m of recurrent costs only funded non-recurrently in the GCCG contract: MIIU premium, Complex Care @ Home Forest, GCC Tranche 1 and GCC accommodation.

Single Operating Framework Ratings

	Audited PY 31/03/2018 Year ending	Actual 30/06/2019 Year ending	Forecast 31/03/2020 Year ending
Capital service cover rating	1	1	1
Liquidity rating	1	1	1
I&E margin rating	1	1	1
I&E margin: distance from financial plan	1		1
Agency rating	1	1	1

All ratings are green

Agenda item 20

Report to: Trust Board, 25th July 2019
Author: Chris Woon, Head of Information Management and Clinical Systems
Presented by: John Campbell, Director of Service Delivery
SUBJECT: **Performance Dashboard Report for the period to the end of May 2019 (month 2)**

This Report is provided for:			
Decision	Endorsement	Assurance	To Note

EXECUTIVE SUMMARY:


Overview

This month's report sets out the performance of the Trust's Clinical Services for the period to the end of May, (month 2 of the 2019/20 contract period); against our NHSI, Department of Health, Herefordshire and Gloucestershire CCG Contractual and CQUIN key performance indicators.

Of the 156 performance indicators, 77 are reportable in May with 67 being compliant and 10 non-compliant at the end of the reporting period.

Indicators that are new for 2019/20 have been identified with dark blue in the indicator number column.

Where performance is not compliant, Service Directors are taking the lead to address issues and work is ongoing in accordance with our agreed Service Delivery Improvement Plans to address the underlying issues affecting this performance.

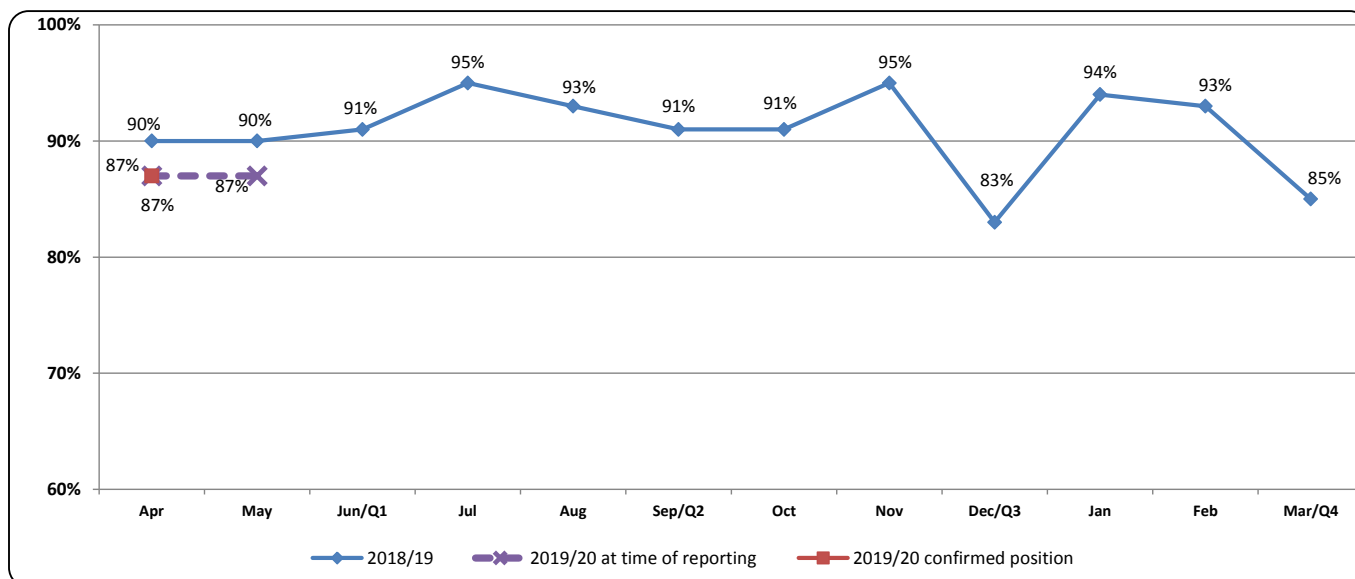
A red flag  continues to be placed next to indicators where further analysis and work is required or ongoing to fully scope potential data quality or performance issues.

The following table summarises our performance position as at the end of May 2019 for each of the KPIs within each of the reporting categories.

Indicators Reported in Month and Levels of Compliance

Indicator Type	Total Measures	Reported in Month	Compliant	Non Compliant	% non-compliance	Not Yet Required or N/A	NYA
NHSi Requirements	13	12	12	0	0	1	0
Never Events	17	17	17	0	0	0	0
Department of Health	10	8	7	1	13	2	0
Gloucestershire CCG Contract	72	17	14	3	24	47	8
Social Care	12	11	7	4	36	1	0
Herefordshire CCG Contract	19	12	10	2	17	7	0
CQUINS	13	0	0	0	0	13	0
Overall	156	77	67	10	13	71	8

The following graph shows our percentage compliance by month and the previous year's compliance for comparison. The 2019/20 "confirmed position" line shows the position of our performance reported a month in arrears to enable late data entry and late data validation to be taken into account.



There has been no change to the April 2019 reported position of 87%

Although performance isn't necessarily of current concern, the following key performance areas remain a priority for the Trust as they have the potential to carry contractual, financial, reputational or quality risk:

- Under 18 admissions to Adult Inpatient Wards (2.21)
- Improving Access to Psychological Therapies (IAPT)
 - Recovery (3.11, 5.03), Access (3.12, 5.04)
- CYPS/ CAMHS Referral to Assessment waiting times (3.15)
- Eating Disorders (ED) Waiting times (3.36, 3.37, 3.38, 3.39, 3.40 & 3.41)

Summary Exception Reporting

The following 10 key performance thresholds were not met for the Trust for May 2019:

Department of Health Requirements

- 2.21 – No children under 18 admitted to adult in-patient wards

Gloucestershire CCG Contract Measures

- 3.36 – Adolescent Eating Disorders – Routine referral to NICE treatment within 4 weeks
- 3.40 – Adult Eating Disorders: Wait time for assessments will be 4 weeks
- 3.41 – Adult Eating Disorders: Wait time for psychological intervention will be 16 weeks

It is felt by the Trust that some of the content (indicators and thresholds) within Gloucestershire's Schedule 4 doesn't reflect our 2019/20 contract negotiations with Commissioners. Further negotiations have begun to resolve this position. Together have proposed for the removal of incomplete indicators and the reassessment of altered indicators via a contract variation. These would then be reintroduced when appropriately prepared. This is progressing through Contract Management Board (CMB).

Gloucestershire Social Care Measures

- 4.02 – Current placements aged 18-64 to residential and nursing care homes per 100,000 population
- 4.03 – Current placements aged 65+ to residential and nursing care homes per 100,000 population
- 4.06 – Eligible service users for Social Care have a Personal Budget
- 4.07 – Percentage of eligible service users with Personal Budget receiving Direct Payments

Herefordshire CCG Contract Measures

- 5.13 – CYP Access: Percentage of CYP in treatment against prevalence
- 5.15 – Zero inappropriate admissions of patients to hospitals outside Herefordshire and Worcestershire

RECOMMENDATIONS

The Delivery Committee is asked to:

- Note the Performance Dashboard Report for May 2019.
- Accept the report as a significant level of assurance that our contract and regulatory performance measures are being met or that appropriate action plans are in place to address areas requiring improvement.
- Be assured that there is ongoing work to review all of the indicators not meeting the required performance threshold. This includes a review of the measurement and data quality processes as well as clinical delivery and clinical practice issues.

Corporate Considerations	
<i>Quality implications:</i>	The information provided in this report is an indicator into the quality of care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service / care we provide.
<i>Resource implications:</i>	The Information Team provides the support to operational services to ensure the robust review of performance data and co-ordination of the Dashboard
<i>Equalities implications:</i>	Equality information is included as part of performance reporting
<i>Risk implications:</i>	There is an assessment of risk on areas where performance is not at the required level.

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?	
Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:			
John Campbell		Date	June 2019

Where in the Trust has this been discussed before?		
Not applicable.		Date

What consultation has there been?		
Not applicable.		Date

Explanation of acronyms used:	AKI Acute kidney injury ARFID Avoidant restrictive food intake disorder ASCOF Adult Social Care Outcomes Framework CAMHS Child and Adolescent Mental health Services CBT Cognitive Behavioural Therapy C-Diff Clostridium difficile CLDT Community Learning Disability Teams CPA Care Programme Approach CQUIN Commissioning for Quality and Innovation CRHT Crisis Home Treatment CSM Community Services Manager CYPS Children and Young People's Services DNA Did not Attend ED Emergency Department EI Early Intervention EWS Early warning score GARAS Gloucestershire Action for Refugees and Asylum Seekers HoNoS Health of the Nation Outcome Scale
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IAPT	Improving Access to Psychological Therapies
IST	Intensive Support Team (National IAPT Team)
KPI	Key Performance Indicator
LD	Learning Disabilities
MHARS	Mental Health Acute Response Service
MHL	Mental Health Liaison
MRSA	Methicillin-resistant Staphylococcus aureus
MUST	Malnutrition Universal Screening Tool
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
PBS	Personal Behaviour Support plan
PICU	Psychiatric Intensive Care Unit
SI	Serious Incident
SUS	Secondary Uses Service
VTE	Venous thromboembolism
YOS	Youth Offender's Service

1. CONTEXT

This report sets out the performance Dashboard for the Trust for the period to the end of May 2019, month 2 of the 2019/20 contract period.

1.1 The following sections of the report include:

- An aggregated overview of all indicators in each section with exception reports for non-compliant indicators supported by the relevant Scorecard containing detailed information on all performance measures. These appear in the following sequence.
 - NHSI Requirements
 - Never Events
 - Department of Health requirements
 - NHS Gloucestershire Contract – Schedule 4 Specific Performance Measures
 - Social Care Indicators
 - NHS Herefordshire Contract – Schedule 4 Specific Performance Measures
 - NHS Gloucestershire CQUINS
 - Low Secure CQUINS
 - NHS Herefordshire CQUINS

2. AGGREGATED OVERVIEW OF ALL INDICATORS WITH EXCEPTION REPORTS ON NON-COMPLIANT INDICATORS

- 2.1 The following tables outline the performance in each of the performance categories within the Dashboard as at the end of May 2019. Where indicators have not been met during the reporting period, an explanation is provided relating to the non-achievement of the Performance Threshold and the action being taken to rectify the position.
- 2.2 Performance indicators include all relevant Trust activity allocated between Gloucestershire and Herefordshire based on locality of the service.
- 2.3 Where stated, 'Cumulative Compliance' refers to compliance recorded from the start of this contractual year April 2019 to the current reporting month, as a whole.



= Target not met



= Target met

NYA

= Not yet available



NYR

= Not yet required

N/A

= Not applicable: No data to report,
methodology to be agreed or
baseline data to inform 2020/21

DASHBOARD CATEGORY - NHSI REQUIREMENTS

NHS Improvement Requirements				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	14	13	13	13
	0	0	0	0
	13	12	12	12
NYA	0	0	0	0
NYR	0	0	0	0
N/A	1	1	1	1

Performance Thresholds not being achieved in Month

1.04: Care Programme approach – formal review within 12 months (Herefordshire)

There were 9 cases where a formal review was not recorded within 12 months.

1 was due to a patient not attending the booked appointment and another was due to the patient cancelling the booked appointment. Both now have new appointments but are outside of the 12 month period.

2 clients had been placed in respite care and reviews have been booked for when they are back home in June.

For the remaining 5 cases there was difficulty in booking appointments with consultant psychiatrists, due to extended leave. These reviews are booked for June.

Team managers have been asked to ensure staff book appointments well within 12 months to ensure that cancellations and DNAs can be rebooked in the required time-frame.

Cumulative Performance Thresholds Not being Met

None

Changes to Previously Reported Figures









1.07: New psychosis (EI) cases treated within 2 weeks of referral (Gloucestershire)

This indicator was previously reported for April as non-compliant with 3 non-compliant cases, one of which was due to data quality. This record has now been corrected on the clinical system and this indicator can now be reported as compliant for April.










Early Warnings / Notes

None



NHS Improvement Requirements

ID	Performance Measure (PM)		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
1								
1.01	Number of MRSA Bacteraemias	PM	0	0	0	0	0	0
		Gloucestershire	0	0	0		0	
		Herefordshire	0	0	0		0	
		Combined Actual	0	0	0		0	
1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs) - avoidable	PM	0	0	0	0	<3	0
		Gloucestershire	0	0	0		0	
		Herefordshire	0	0	0		0	
		Combined Actual	0	0	0		0	
1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	98%	100%	99%		99%	
		Herefordshire	99%	100%	100%		100%	
		Combined Actual	98%	100%	99%		99%	
1.04	Care Programme Approach - formal review within 12 months	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	98%	98%	97%		98%	
		Herefordshire	98%	98%	94%		96%	
		Combined Actual	98%	98%	97%		98%	
1.05	Nationally reported - Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Gloucestershire	2.4%	2.7%	2.7%		2.7%	
		Herefordshire	2.3%	0.0%	0.3%		0.1%	
		Combined Actual	2.4%	2.0%	2.1%		2.0%	
1.05b	- Delayed Discharges - Outliers	PM						
		Gloucestershire	7.4%	13.4%	10.8%		12.1%	
		Herefordshire	3.6%	7.4%	2.2%		4.8%	
		Combined Actual	6.5%	11.8%	8.6%		10.2%	
1.06	Admissions to Adult inpatient services had access to Crisis Resolution Home Treatment Teams	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	99%	100%	100%		100%	
		Herefordshire	100%	100%	100%		100%	
		Combined Actual	99%	100%	100%		100%	
1.07	New psychosis (EI) cases treated within 2 weeks of referral	PM	53%	56%	56%	56%	56%	56%
		Gloucestershire	68%	67%	82%		76%	
		Herefordshire	85%	100%	75%		80%	
		Combined Actual	72%	71%	80%		77%	

NHS Improvement Requirements

ID	Performance Measure (PM)		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
1.08	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Gloucestershire	97%	99%	99%		99%	
		Herefordshire	94%	99%	99%		99%	
		Combined Actual	97%	99%	99%		99%	
1.09	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	99%	99%	99%		99%	
		Herefordshire	95%	100%	100%		100%	
		Combined Actual	98%	99%	99%		99%	
1.10	MENTAL HEALTH SERVICES DATA SET PART 1 DATA COMPLETENESS: OVERALL	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%		99.9%	
		Herefordshire	99.9%	99.9%	99.9%		99.9%	
		Combined Actual	99.9%	99.9%	99.9%		99.9%	
1.10a	Mental Health Services Data Set Part 1 Data completeness: DOB	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	100.0%	100.0%	100.0%		100.0%	
		Herefordshire	100.0%	100.0%	100.0%		100.0%	
		Combined Actual	100.0%	100.0%	100.0%		100.0%	
1.10b	Mental Health Services Data Set Part 1 Data completeness: Gender	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%		99.9%	
		Herefordshire	99.9%	99.9%	99.9%		99.9%	
		Combined Actual	99.9%	99.9%	99.9%		99.9%	
1.10c	Mental Health Services Data Set Part 1 Data completeness: NHS Number	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	100.0%	100.0%		100.0%	
		Herefordshire	100.0%	100.0%	100.0%		100.0%	
		Combined Actual	99.9%	100.0%	100.0%		100.0%	
1.10d	Mental Health Services Data Set Part 1 Data completeness: Organisation code of commissioner	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	100.0%	100.0%	100.0%		100.0%	
		Herefordshire	100.0%	100.0%	100.0%		100.0%	
		Combined Actual	100.0%	100.0%	100.0%		100.0%	
1.10e	Mental Health Services Data Set Part 1 Data completeness: Postcode	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.7%	99.6%	99.6%		99.6%	
		Herefordshire	99.8%	99.7%	99.7%		99.7%	
		Combined Actual	99.8%	99.6%	99.7%		99.6%	
1.10f	Mental Health Services Data Set Part 1 Data completeness: GP Practice	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.6%	99.7%	99.7%		99.7%	
		Herefordshire	99.9%	99.9%	99.9%		99.9%	
		Combined Actual	99.7%	99.8%	99.8%		99.8%	

DASHBOARD CATEGORY – DEPARTMENT OF HEALTH PERFORMANCE

DoH Performance				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	27	27	27	27
	0	0	1	1
	25	25	24	24
NYA	0	0	0	0
NYR	1	1	1	1
N/A	1	1	1	1

Performance Thresholds not being achieved in Month

2.21: No children under 18 admitted to adult in-patient wards

There were 2 cases in Gloucestershire and 1 in Herefordshire during May.

In Gloucestershire a young person aged 17 was admitted to a general acute ward following an overdose. They were discharged home with Crisis Team support and after a crisis assessment the next day were offered an admission to Wotton Lawn. As the patient is nearing their 18th birthday they remain in Wotton Lawn for treatment.

The 2nd admission to Wotton Lawn was a 16 year old referred by the Stroud Crisis Team after a suicide note was found and the young person agreed to an informal admission. After 5 days the patient was transferred to an age appropriate Tier 4 bed.

In Herefordshire, a 17 year old was admitted to Wye Valley ITU after a significant overdose but was unresponsive to treatment. The patient was assessed by our Liaison Team and a formal admission to Stonebow was agreed. At the time of reporting the young person remains at Stonebow working towards a discharge date of 18th June.

Cumulative Performance Thresholds Not being Met

See above

Changes to Previously Reported Figures

None

Early Warnings


















None


















Note in relation to year end compliance predictions (forecast outturn)

2.21: No children under 18 admitted to adult inpatient wards









Unfortunately the annual performance threshold is zero and as it has not been met the performance for the year will be non-compliant. Historic performance indicates that without changes in the tier 4 services arrangements - outside of the remit of ²gether - we will not be able to meet this indicator.

DOH Never Events



ID	Performance Measure (PM)		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
2								
2.01	Wrongly prepared high risk injectable medications	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.02	Maladministration of potassium containing solutions	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.03	Wrong route administration of oral/enteral treatment	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.04	Intravenous administration of epidural medication	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.05	Maladministration of insulin	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.06	Overdose of midazolam during conscious sedation	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.07	Opioid overdose in opioid naive patient	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.08	Inappropriate administration of daily oral methotrexate	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.09	Suicide using non collapsible rails	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.10	Falls from unrestricted windows	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.11	Entrapment in bedrails	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.12	Misplaced naso - or oro-gastric tubes	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.13	Wrong gas administered	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.14	Failure to monitor and respond to oxygen saturation - conscious sedation	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.15	Air embolism	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.16	Severe scalding from water for washing/bathing	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
2.17	Mis-identification of patients	PM	0	0	0	0	0	0
		Actual	0	0	0		0	

DOH Requirements								
ID	Performance Measure (PM)		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
2.18	Mixed Sex Accommodation - Sleeping Accommodation Breaches	PM	0	0	0	0	0	0
		Gloucestershire	0	0	0		0	
		Herefordshire	0	0	0		0	
		Combined	0	0	0		0	
2.19	Mixed Sex Accommodation - Bathrooms	Gloucestershire	Yes	Yes	Yes		Yes	
		Herefordshire	Yes	Yes	Yes		Yes	
		Combined	Yes	Yes	Yes		Yes	
2.20	Mixed Sex Accommodation - Women Only Day areas	Gloucestershire	Yes	Yes	Yes		Yes	
		Herefordshire	Yes	Yes	Yes		Yes	
		Combined	Yes	Yes	Yes		Yes	
2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0	0	0
		Gloucestershire	2	0	2		2	
		Herefordshire	3	0	1		1	
		Combined	5	0	3		3	
2.22	Failure to publish Declaration of Compliance or Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	Gloucestershire	Yes	Yes	Yes		Yes	
		Herefordshire	Yes	Yes	Yes		Yes	
		Combined	Yes	Yes	Yes		Yes	
2.23	Publishing a Declaration of Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	Gloucestershire	Yes	Yes	Yes		Yes	
		Herefordshire	Yes	Yes	Yes		Yes	

DOH Requirements

ID	Performance Measure (PM)		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
2.24	Serious Incident Reporting (SI)	Gloucestershire	26	1	1		2	
		Herefordshire	12	0	2		2	
2.25	All SIs reported within 2 working days of identification	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	100%	100%	100%		100%	
		Herefordshire	100%	N/A	100%		100%	
2.26	Interim report for all SIs received within 5 working days of identification (unless extension granted by CCG)	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	100%	100%	100%		100%	
		Herefordshire	100%	N/A	100%		100%	
2.27	SI Report Levels 1 & 2 to CCG within 60 working days	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	100%	NYR	NYR		NYR	
		Herefordshire	100%	NYR	NYR		NYR	
2.28	SI Report Level 3 - Independent investigations - 6 months from investigation commissioned date	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	N/A	N/A	N/A		N/A	
		Herefordshire	N/A	N/A	N/A		N/A	
2.29	SI Final Reports outstanding but not due	Gloucestershire	14	1	1		2	
		Herefordshire	9	0	1		1	

DASHBOARD CATEGORY – GLOUCESTERSHIRE CCG CONTRACTUAL REQUIREMENTS

Gloucestershire Contract				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	89	72	72	72
	14	4	3	3
	36	13	14	15
NYA	24	8	8	8
NYR	0	33	33	33
N/A	15	14	14	13

Definition Note

3.37: Adolescent Eating Disorders: Routine referral to Non-NICE treatment within 4 weeks

3.39: Adolescent Eating Disorders: Urgent referral to Non-NICE treatment within 1 week

“Non-NICE treatment” is a locally defined term used to transparently present all intervention activity within our Eating Disorder (ED) services such as Avoidant/ Restrictive Food Intake Disorder (ARFID). Due to the lack of NICE treatment codes for certain interventions this activity would otherwise be lost or incorrectly impact our NICE performance indicators. There are low incidences of non-NICE treatments (hence the common recording of Not Applicable).

Performance Thresholds not being achieved in Month

 **3.36: Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks**

There were 6 non-compliant records in May.

All were offered the 1st available appointment for assessment which was within 7 to 9 weeks of referral. For 5 of these, treatment started at this appointment.

For the remaining client, it was clinically indicated that CBT treatment was needed. This was due to begin at the next appointment, however, was cancelled due to staff sickness. Treatment commenced at the next available appointment which was 12 weeks after referral.



3.40: Adult Eating Disorders: Wait time for assessments will be 4 weeks

There were 24 non-compliant cases in April. All were offered the 1st available appointment which, on average, was 7-8 weeks after referral.

3.41: Adult Eating Disorders: Wait time for psychological intervention will be 16 weeks

There was 1 non-compliant case in May. The client was added to the CBT- enhanced waiting list, but cancelled the first available appointment. The next appointment, unfortunately, was cancelled by the service and treatment commenced within 16-17 weeks.

Cumulative Performance Thresholds Not being Met

3.36: Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks

As above



3.37: Adolescent Eating Disorders – Routine referral to non-NICE treatment within 4 weeks

There were no cases to report in May, however in April there were 5 non-compliant cases.

One client was offered an appointment within 4 weeks but cancelled and the next available appointment had to be cancelled due to staff sickness. The client was seen 13 weeks after referral.

The remaining 4 clients were all offered the first available appointment which fell outside the required 4 weeks. All were seen within 7-8 weeks.

3.40: Adult Eating Disorders: Wait time for assessments will be 4 weeks

As above

Changes to Previously Reported Figure

3.20: Care Plan audit to show all dependent children and under 18s living with adults

Previously reported in the 18/19 outturn report at 68% this is now reported for Quarter 4 at 23%.

This audit was revised in May 2019 after an error with the data collection was noted. The data for each quarter in 2018/19 has been re-analysed. It should be noted that variation in results can, in part, be attributed to the relatively small numbers included.

This is one of four targeted areas for improvement which the Trust is taking forward; however, this audit highlights a decline in compliancy since the last audit. Trust Service Directors continue to be provided with trajectory targets for improvement which will be monitored through the Delivery Committee. Audit results for individual teams will be shared with Service Directors to help inform this improvement work.

Early Warnings/Notes

None

Note in relation to year end compliance predictions (forecast outturn)

3.15: CYPS: Referral to assessment within 4 weeks

We were below the performance threshold for 2018/19 and although work is ongoing and issues being addressed, it is too early in the period to determine whether we will be compliant by the end of the financial year.

3.27 - 3.29: Patients with Dementia have weight assessments on admission, at weekly intervals and near discharge.

We were non-compliant for 2018/19; however work carried out in Quarter 4 showed that there was a delay in recording when actual weighing took place. Once this data quality area has been addressed, performance reported will improve, however it is too early in the period to confirm that this improvement will mean the indicator is compliant.

3.36: Adolescent Eating Disorders – Routine referral to NICE treatment within 4 weeks

3.37: Adolescent Eating Disorders – Routine referral to Non-NICE treatment within 4 weeks

3.38: Adolescent Eating Disorders – Urgent referral to NICE treatment within 1 week

3.39: Adolescent Eating Disorders – Urgent referral to Non-NICE treatment within 1 week

3.40: Adult Eating Disorders: Wait time for assessments will be 4 weeks
















An unexpected increase in referrals during Quarter 4 2018/19 and staff vacancies meant that we were unable to further improve performance.

Work is ongoing to look further at the pathway and understand the increase in demand. It is too early in the financial year to determine compliance.

3.49: Perinatal: Preconception advice – Referral to assessment within 8 weeks

As the appointments are for advice only, they are more susceptible to client choice of date. This and the very small numbers involved means this indicator can become non-compliant due to 1 or 2 cases. There is, therefore, a possibility of this indicator being non-compliant at the end of the financial year.
















Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2018/19 outturn	April-2019	May-2019	June-2019	(Apr-May) Cumulative Compliance	Forecast 19/20 Outturn
3.01	Mixed Sex Accommodation	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
3.02	Zero tolerance MRSA	PM	0	0	0	0	0	0
		Unavoidable	0	0	0		0	
3.03	Minimise rates of Clostridium difficile	PM	0	0	0	0	<3	<3
		Unavoidable	1	0	0		0	
3.04	Duty of candour	PM	Report	Report	Report	Report	Report	Report
		Actual	Compliant	Compliant	Compliant		Compliant	
3.05	2G bed occupancy for Gloucestershire CCG patients	PM	> 91%	> 91%	> 91%	> 91%	> 91%	> 91%
		Actual	95%	95%	96%		96%	
3.06	Care Programme Approach: 95% of CPAs should have a record of the mental health worker who is responsible for their care	PM	95%	95%	95%	95%	95%	95%
		Actual	100%	100%	100%		100%	
3.07	CPA Review - 95% of those on CPA to be reviewed within 1 month (Review within 13 months)	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	99%	99%		99%	
3.08	Assessment of risk: % of those 2g service users on CPA to have a documented risk assessment	PM	95%			95%	95%	95%
		Actual	99%				NYR	
3.09	Assessment of risk: All 2g service users (excluding those on CPA) to have a documented risk assessment	PM	85%			85%	85%	85%
		Actual	97%				NYR	
3.10	Implementation of NEWS 2 methodology for assessment of acute illness severity for Adult Service users and appropriate response to NEW score	PM				100%	100%	100%
		Actual					NYR	
3.11	IAPT recovery rate: Access to psychological therapies for adults should be improved	PM	50%	50%	50%	50%	50%	50%
		Actual	52%	51%	50%		50%	
3.12	IAPT access rate: Access to psychological therapies for adults should be improved	PM	17.00%	1.42%	1.42%	1.42%	17.00%	19.00%
		Actual	18.24%	1.40%	1.45%		17.40%	
3.13	Number of children in crisis urgently referred that receive support within 24 hours of referral by CYPS	PM	95%			95%	95%	95%
		Actual	100%				NYR	
3.14	Children and young people who enter a treatment programme to have a care-coordinator - (Level 3 services) (CYPS)	PM	95%			95%	95%	95%
		Actual	98%				NYR	
3.15	95% accepted referrals receiving initial appointment within 4 weeks (excludes YOS, substance misuse, inpatient and crisis/home treatment and complex engagement) (CYPS)	PM	95%			95%	95%	95%
		Actual	84%			NYR	NYR	

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2018/19 outturn	April-2019	May-2019	June-2019		(Apr-May) Cumulative Compliance	Forecast 19/20 Outturn	
3.16	Service Users in vocational services will be supported to formulate their vocational goals through individual plans (IPS)	PM	98%					98%	98%	
		Actual	100%							
3.17	The number of people on the caseload during the year finding paid employment or self-employment (measured as a percentage against accepted referrals into the (IPS) Excluding those in employment at time of referral - Annual	PM	50%					50%		
		Actual	NYA					NYR		
3.18	The number of people retaining employment at 3/6/9/12+ months (measured as a percentage of individuals placed into employment retaining employment) (IPS)	PM	50%					50%		
		Actual	NYA					NYR		
3.19	The number of people supported to retain employment at 3/6/9/12+ months	PM	50%					50%		
		Actual	NYA					NYR		
3.20	Care plan audit to show : All dependent Children and YP <18 living with adults know to Recovery, MAHRS, Eating Disorder and Assertive Outreach Services. Recorded evidence in care plans of impact of the mental health disorder on those under 18s plus steps put in place to support.(Think family)	PM	75%			75%	75%	75%		
		Actual	23%				NYR			
3.21	Transition- Joint discharge/CPA review meeting within 4 weeks of adult MH services accepting :working diagnosis to be agreed, adult MH care coordinator allocated and care cluster and risk levels agreed as well as CYPS discharge date.	PM	100%	100%	100%	100%	100%	100%		
		Actual	17%	N/A	N/A		N/A			
3.22	MHARS Wait time to Assessment: Emergency assessments occur within 1 hour of triage	PM	TBC	TBC	TBC	TBC	TBC	TBC		
		Actual	92%	100%	100%		100%			
3.23	MHARS Wait time to Assessment: Urgent assessments occur within 4 hours of triage	PM	TBC	TBC	TBC	TBC	TBC	TBC		
		Actual	81%	85%	100%		92%			
3.24	IAPT DNA rate	PM	<16%	<16%	<16%	<16%	<16%	<16%		
		Actual	14%	14%	15%		14%			
3.25	MAS: Referral to diagnosis time: 6 weeks (5% improvement on 2015-2018 baseline)	PM		TBA	TBA	TBA	<168(avg)	<168(avg)		
		Actual		N/A	NA		N/A			
3.26	% of CYP entering partnership (treatment) in CYPS have pre and post treatment outcomes and measures recorded	PM	TBC				100%	100%		
		Actual	NYA					NYR		
3.27	Patients with Dementia have weight assessments on admission	PM	85%					85%	85%	85%
		Actual	79%					NYR		
3.28	Patients with Dementia have weight assessments at weekly intervals	PM	85%					85%	85%	85%
		Actual	73%					NYR		
3.29	Patients with Dementia have weight assessments near discharge	PM	85%					85%	85%	85%
		Actual	84%						NYR	













Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2018/19 outturn	April-2019	May-2019	June-2019	(Apr-May) Cumulative Compliance	Forecast 19/20 Outturn
3.30	Patients with Dementia have delirium screening on admission	PM	85%			85%	85%	TBC
		Actual	NYA				NYR	
3.31	Patients with Dementia have delirium screening at weekly intervals	PM	85%			85%	TBC	TBC
		Actual	NYA				NYR	
3.32	Patients with Dementia have delirium screening near discharge	PM	85%			85%	TBC	TBC
		Actual	NYA				NYR	
3.33	CPI: Referral to Assessment within 4 weeks	PM	85%	90%	90%	90%	90%	90%
		Actual	96%	100%	97%		98%	
3.34	CPI: Assessment to Treatment within 16 weeks	PM	85%	90%	90%	90%	90%	90%
		Actual	97%	94%	95%		94%	
3.35	Daily submission of information to inform the daily escalation level	PM	Report	Report	Report	Report	Report	Report
		Actual	N/A	N/A	N/A		N/A	
3.36	Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks	PM	95%	>95%	>95%	>95%	>95%	>95%
		Actual	46%	56%	0%		33%	
3.37	Adolescent Eating Disorders - Routine referral to non-NICE treatment start within 4 weeks	PM	95%	95%	95%	95%	95%	95%
		Actual	10%	0%	NA		0%	
3.38	Adolescent Eating Disorders - Urgent referral to NICE treatment start within 1 week	PM	95%	>95%	>95%	>95%	>95%	>95%
		Actual	73%	100%	100%		100%	
3.39	Adolescent Eating Disorders - Urgent referral to non-NICE treatment start within 1 week	PM	95%	95%	95%	95%	95%	95%
		Actual	75%	N/A	100%		100%	
3.40	Eating Disorders - Wait time for adult assessments will be 4 weeks	PM	95%	>95%	>95%	>95%	>95%	>95%
		Actual	68%	36%	33%		35%	
3.41	Eating Disorders - Wait time for adult psychological interventions will be 16 weeks	PM	95%	>95%	>95%	>95%	>95%	>95%
		Actual	62%	100%	92%		97%	
3.42	LD: Patients on the LD challenging behaviour pathway have a single positive behaviour support plan (containing primary, secondary and reactive interventions) completed within 30 days of allocation to clinician (CLDTs: 60 days)	PM	Q4 95%			75%	95%	95%
		Actual	100%				NYR	
3.43	LD: Active involvement in Care and Treatment Reviews & Blue Light protocol meetings to prevent admission and actively support and plan for integration/discharge in the community: 100% completion of the CTR Provider Checklist prior to CTR meetings	PM				100%	100%	100%
		Actual	98%				NYR	
3.44	LD: Active involvement in Care and Treatment Reviews & Blue Light protocol meetings to prevent admission and actively support and plan for integration/discharge in the community: 75% CTRs being completed within 10 days of admission to Berkeley House	PM				75%	75%	75%
		Actual	N/A				NYR	






Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2018/19 outturn	April-2019	May-2019	June-2019	(Apr-May) Cumulative Compliance	Forecast 19/20 Outturn
3.45	LD: Active involvement in Care and Treatment Reviews & Blue Light protocol meetings to prevent admission and actively support and plan for integration/discharge in the community:75% CTRs being followed up	PM				75%	75%	75%
		Actual					NYR	
3.46	Perinatal: Out of hours emergencies assessed by MHARS to be discussed with the Specialist Perinatal Service the next working day	PM					95%	95%
		Actual					NYR	
3.47	Perinatal: Urgent referrals with High risk indicators (following telephone screening) will be seen with 48 working hours	PM	95%			95%	95%	95%
		Actual	83%				NYR	
3.48	Perinatal: Preconception advice - Referral to assessment within 6 weeks	PM	50%			50%	50%	95%
		Actual	71%				NYR	
3.49	Perinatal: Preconception advice - Referral to assessment within 8 weeks	PM	90%			90%	90%	90%
		Actual	82%				NYR	
3.50	Perinatal: Routine referral to assessment within 2 weeks	PM	50%			50%	50%	95%
		Actual	74%				NYR	
3.51	Perinatal: Routine referral to assessment within 6 weeks	PM	95%			95%	95%	95%
		Actual	99%				NYR	
3.52	Perinatal: Number of women asked if they have a carer	PM	80%			80%	80%	80%
		Actual	90%				NYR	
3.53	Perinatal: Number of women with a carer offered carer's assessment	PM	90%			90%	90%	90%
		Actual	93%				NYR	
3.54	Perinatal: all perinatal care plans to be reviewed within 3 months	PM	95%			95%	95%	95%
		Actual	NYA				NYR	
3.55	GARAS: Accepted referrals receive an initial assessment appointment within 6 weeks	PM	95%			95%	95%	95%
		Actual	NYA				NYR	
3.56	GARAS: percentage of referrals completing the course of therapy	PM	90%			90%	90%	90%
		Actual	NYA				NYR	
3.57	Adult ADHD: Wait time to assessment 18 weeks	PM		80%	80%	80%	80%	80%
		Actual		NYA	NYA		NYA	
3.58	AMHPS: Requests of MHA assessments are acknowledged within 1 working day	PM		≥ 95%	≥ 95%	≥ 95%	≥ 95%	≥ 95%
		Actual		N/A	N/A		N/A	
3.59	AMHPS: Clear plan has been developed (where there are no grounds for delay) within 24 hours of the request or MHA assessment	PM		≥ 95%	≥ 95%	≥ 95%	≥ 95%	≥ 95%
		Actual		N/A	N/A		N/A	

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2018/19 outturn	April-2019	May-2019	June-2019	(Apr-May) Cumulative Compliance	Forecast 19/20 Outturn
3.60	S136 response time to assess overall situation within 1 hour	PM		≥ 95%	≥ 95%	≥ 95%	≥ 95%	≥ 95%
		Actual		N/A	N/A		N/A	
3.61	S136 assessment to commence within 4 hours of referral upon arrival at Place of Safety (where there are no complicating factors)	PM		≥ 95%	≥ 95%	≥ 95%	≥ 95%	≥ 95%
		Actual		N/A	N/A		N/A	
3.62	MHA assessments at Emergency departments to commence within 4 hours of being triaged by Psychiatric Liaison (subject of medical fitness)	PM		≥ 95%	≥ 95%	≥ 95%	≥ 95%	≥ 95%
		Actual		N/A	N/A		N/A	
3.63	Alexandra Wellbeing House: % of referrals responded to within 4 working days by Swindon & Gloucestershire Mind	PM				95%	95%	95%
		Actual					NYR	
3.64	Alexandra Wellbeing House: Service Users report improved mental wellbeing following a stay	PM				80%	80%	80%
		Actual					NYR	
3.65	Alexandra Wellbeing House: Bed occupancy is maintained at 70% per month (reported 1 month in arrears)	PM		70%	70%	70%	70%	70%
		Actual		N/A	N/A		N/A	
3.66	High Intensity Case Manager - Substance Misuse: Caseload with substance misuse need to have active case management program	PM		100%	100%	100%	100%	100%
		Actual		N/A	N/A		N/A	
3.67	High Intensity Case Manager - Substance Misuse: Where appropriate to reduce length of stay	PM		TBC	TBC	TBC	TBC	TBC
		Actual		N/A	N/A		N/A	
3.68	High Intensity Case Manager - Substance Misuse: To reduce number of	PM		TBC	TBC	TBC	TBC	TBC
3.69	Compliance with Section 11 of the Children's Act 2004 (Annual Audit)	PM					95%	95%
		Actual					NYR	
3.70	Paediatric Liaison Service: Caseload with substance misuse needs to have active case management program	PM		100%	100%	100%	100%	100%
		Actual		N/A	N/A		N/A	
3.71	Paediatric Liaison Service: Where appropriate to reduce length of stay	PM				TBC	TBC	TBC
		Actual					NYR	
3.72	Paediatric Liaison Service: To reduce number of attendances in Emergency Department	PM				TBC	TBC	TBC
		Actual					NYR	

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure	2018/19 outturn	April-2019	May-2019	June-2019	(Apr-May) Cumulative Compliance	Forecast 19/20 Outturn
Metrics to be agreed							
3.73	Providers and CCG to work collectively to agree metrics that facilitate safe effective and timely transfer of care for patients	PM				TBC	TBC
		Actual					
3.74	CYPS Trailblazers 4 week wait: trajectory	PM		TBC	TBC	TBC	TBC
		Actual					
3.75	CYPS Trailblazers: Reporting on Interventions	PM		TBC	TBC	TBC	TBC
		Actual					
3.76	CYPS Trailblazers: Further quality requirements	PM		TBC	TBC	TBC	TBC
		Actual					
3.77	ICS partners will participate in a cross organisation group to develop local quality requirements and reporting measures for Personalised care and support planning	PM				TBC	TBC
		Actual					

Schedule 4 Specific Measures that are reported Nationally

Performance Thresholds not being achieved in Month

2.21: No children under 18 admitted to adult in-patient wards

There were 2 cases in Gloucestershire during May.

One young person aged 17 was admitted to an acute ward with Gloucestershire Hospitals following an overdose. They were discharged home with Crisis support and after a crisis assessment the next day were offered an admission to Wotton Lawn. As the patient is nearing their 18th birthday they remain in Wotton Lawn for treatment.

The 2nd admission to Wotton Lawn was a 16 year old referred by the Stroud Crisis Team after a suicide note was found. The young person agreed to an informal admission. After 5 days the patient was transferred to an age appropriate Tier 4 bed.

Changes to Previously Reported Figures

1.07: New psychosis (EI) cases treated within 2 weeks of referral

This indicator was previously reported for April as non-compliant with 3 non-compliant cases, one of which was due to data quality. This record has now been corrected on the clinical system and this indicator can now be reported as compliant for April.

Early Warnings / Notes











None

Note in relation to year end compliance predictions (forecast outturn)



2.21: No children under 18 admitted to adult inpatient wards

See note on page 10.

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures - National Indicators

ID	Performance Measure (PM)		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
NHSI 1.01	Number of MRSA Bacteraemias avoidable	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
NHSI 1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs) - avoidable	PM	0	0	0	0	<3	0
		Actual	0	0	0		0	
NHSI 1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Actual	98%	100%	99%		99%	
NHSI 1.05	Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Actual	2.4%	2.7%	2.7%		2.7%	
NHSI 1.06	Admissions to Adult inpatient services had access to Crisis Resolution Home Treatment Teams	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	100%	100%		100%	
NHSI 1.07	New psychosis (EI) cases treated within 2 weeks of referral	PM	53%	56%	56%	56%	56%	56%
		Actual	68%	67%	82%		76%	
NHSI 1.08	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Actual	97%	99%	99%		99%	
NHSI 1.09	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	99%	99%		99%	
DoH 2.18	Mixed Sex Accommodation Breach	PM	0	0	0	0	Yes	0
		Actual	0	0	0		0	
DoH 2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0	0	0
		Actual	2	0	2		2	

DASHBOARD CATEGORY – GLOUCESTERSHIRE SOCIAL CARE

Gloucestershire Social Care				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	15	12	12	12
	1	5	4	4
	7	6	7	7
NYA	0	0	0	0
NYR	0	0	0	0
N/A	2	1	1	1

Performance Thresholds not being achieved in Month

4.02: Current placements aged 18-64 to residential and nursing care homes per 100,000 population

The threshold has been raised for 2019/20 from below 13 to below 9 and we are performing at 11.01 for May. We achieved 9.10 in 2018/19.

4.03: Current placements aged 65+ to residential and nursing care homes per 100,000 population

The threshold has been raised for 2019/20 from below 22 to below 20 and we are performing at 21.98 for May. We achieved a cumulative performance of 19.45 in 2018/19.

4.06: Eligible service users for Social Care have a Personal Budget

The threshold has been raised for 2019/20 from 80% to 95% and we are reporting 80% for May. It was 93% in 2018/19. After an investigation of performance it has now become apparent that the methodology we are using may be outdated therefore the service will review the definitions and advise on reframing. We have approached our Commissioners to advise them of the situation and they support us in reworking the indicator.

4.07: Percentage of eligible service users with Personal Budget receiving Direct Payments

The service has been reviewing their processes to check that they are interpreting the direct payment methodology appropriately. The new personalisation project and the emergence of new social care providers will aim to increase both direct payments and personal health budgets.

173 people hold a personal budget in May, with 24 receiving direct payments. 26 is the threshold.

Cumulative Performance Thresholds Not being Met

4.02: Current placements aged 18-64 to residential and nursing care homes per 100,000 population.

As above

4.03: Current placements aged 65+ to residential and nursing care homes per 100,000 population

As above

4.06: Eligible service users for Social Care have a Personal Budget

As above

4.07: Percentage of eligible service users with Personal Budget receiving Direct Payments

As above

Changes to Previously Reported Figures

4.06: Eligible service users for Social Care have a Personal Budget

Previously reported as 87% for April, changes in the recording process have meant that this is now reported at 80%. As stated above, the service will review the definitions and advise on reframing.

Early Warnings/Notes

None

Note in relation to year end compliance predictions (forecast outturn)













4.02: Current placements aged 18-64 to residential and nursing care homes per 100,000 population

4.03: Current placements aged 65+ to residential and nursing care homes per 100,000 population



4.06: Eligible service users for Social Care have a Personal Budget

Due to the increased performance thresholds it is too early in the financial year to determine compliance.

Gloucestershire Social Care

ID	Performance Measure		2018/19 outturn	April-2019	May-2019	June-2019	(Apr-May) Cumulative Compliance	Forecast 19/20 Outturn
4.01	Percentage of people getting long term services, in a residential or community care reviewed/re-assessed in last year	PM	97%	97%	97%	97%	97%	97%
		Actual	100%	100%	99%		99%	
4.02	Current placements aged 18-64 to residential and nursing care homes per 100,000 population	PM	13	9	9	9	9	9
		Actual	9.10	10.44	11.01		10.44	
4.03	Current placements aged 65+ to residential and nursing care homes per 100,000 population	PM	22	20	20	20	20	20
		Actual	19.45	21.98	21.98		21.98	
4.04	% of WA & OP service users on caseload asked if they have a carer	PM	80%	88%	88%	88%	88%	88%
		Actual	86%	86%	89%		89%	
4.05	% of WA & OP service users on the caseload who have a carer, who have been offered a carer's assessment	PM	90%	90%	90%	90%	90%	90%
		Actual	93%	92%	91%		91%	
4.06	Eligible Service Users for Social Care have a Personal Budget	PM	80%	95%	95%	95%	95%	95%
		Actual	93%	80%	80%		80%	
4.07	% of eligible service users with Personal Budget receiving Direct Payments (ASCOF 1C pt2)	PM	15%	15%	15%	15%	15%	15%
		Actual	14.9%	14%	14%		14%	
4.08	Adults subject to CPA in contact with secondary mental health services in settled accommodation (ASCOF 1H)	PM	80%	87%	87%	87%	87%	87%
		Actual	87%	88%	88%		88%	
4.09	Adults not subject to CPA in contact with secondary mental health service in settled accommodation	PM	90%	95%	95%	95%	95%	95%
		Actual	96%	96%	96%		96%	
4.10	Adults subject to CPA receiving secondary mental health service in employment (ASCOF 1F)	PM	13%	13%	13%	13%	13%	13%
		Actual	16%	15%	16%		16%	
4.11	Adults not subject to CPA receiving secondary mental health service in employment	PM	20%	TBA	TBA	TBA	TBA	TBA
		Actual	23%	24%	24%		24%	
4.12	Ensure that reviews of new short or long term packages take place within 12 weeks of commencement	PM	80%	80%	80%	80%	80%	80%
		Actual	85%	92%	100%		100%	

DASHBOARD CATEGORY – HEREFORDSHIRE CCG CONTRACTUAL REQUIREMENTS

Herefordshire Contract				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	24	19	19	19
	2	1	2	2
	15	11	10	10
NYA	0	0	0	0
NYR	0	1	1	1
N/A	7	6	6	6

Performance Thresholds not being achieved in Month

5.13: CYP Access: percentage of CYP in treatment against prevalence

The performance threshold for 2019/20 remains at 30% of prevalence, which equates to 973 young people accessing treatment during 2019/20. We are 86 below the anticipated number required to achieve this at the end of May.

Referral, treatment and DNA rates are relatively stable and it is believed that improvements in the quality and consistency of CHOICE assessment and strict adherence to thresholds, along with more awareness and consistency in signposting, has limited treatment numbers. This feels positive as we feel that the right people are accessing our specialist service. We believe that we are treating all CYP who are referred to us for Tier 3 concerns within our commissioned specification.

Additionally, more efficient practices in our team mean that many CYP do not require a second appointment. Much of core CAMHS work is indirect, via consultation and advice, and we are working to capture this activity within our clinical system more accurately. We have been linking with Commissioners to scope options to increase access but this may require resourcing and/ or revision to the service specification. This is being discussed with Commissioners.

5.15: Zero inappropriate admissions of Herefordshire patients to hospitals outside of Herefordshire and Worcestershire and 2g bed base:

There was 1 out of area admission during May.

A 34 year old patient, although living and working in Nuneaton, was still registered with a GP in Herefordshire and therefore under the responsibility of our Trust to admit. The only bed

available was on a Dementia ward at Stonebow. The patient was advised of this and refused admission. Due to the high risks at the time he was admitted in his local area of Nuneaton.

Cumulative Performance Thresholds Not being

5.13: CYP Access: percentage of CYP in treatment against prevalence

As above

5.15: Zero inappropriate admissions of Herefordshire patients to hospitals outside of Herefordshire and Worcestershire and 2g bed base:

As above

Changes to Previously Reported Figures

None

Early Warnings / Notes

None

Note in relation to year end compliance predictions (forecast outturn)




5.13: CYP Access: percentage of CYP in treatment against prevalence

As above





5.15: Zero inappropriate admissions of Herefordshire patients to hospitals outside of Herefordshire and Worcestershire and 2g bed base:

Unfortunately the annual performance threshold is zero and as it has not been met the performance for the year will be non-compliant.


Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr-May) Cumulative Compliance	Forecast 19/20 Outturn
5.01	Zero tolerance MRSA	Plan	0	0	0	0	0	0
		Unavoidable	0	0	0		0	
5.02	Minimise rates of Clostridium difficile	Plan	0	0	0	0	0	0
		Unavoidable	0	0	0		0	
5.03	IAPT Recovery Rate: The number of people who complete treatment who are moving to recovery	Plan	50%	50%	50%	50%	50%	50%
		Actual	53%	51%	50%		50%	
5.04	IAPT Roll-out (Access Rate) - IAPT maintain number of patients entering the service against prevalence	Plan	15.00%	1.29%	1.29%	1.29%	15.50%	18.00%
		Actual	14.76%	1.37%	1.37%		16.44%	
5.05	IAPT Roll-out (Access Rate) - IAPT LTC: patients entering the service against prevalence - commencing October 2019	Plan						2.00%
		Actual					NYR	
5.06a	Dementia Service - number of new patients aged 65 years and over receiving an assessment	Plan	540	45	45	45	90	540
		Actual	770	48	64		112	
5.06b	Dementia Service - total number of new patients receiving an assessment	Plan						
		Actual	818	49	67		116	
5.07	Patients are to be discharged from local rehab within 2 years of admission (Oak House). Based on patients on ward at end of month.	Plan	80%	80%	80%	80%	80%	80%
		Actual	89%	100%	100%		100%	
5.08	All admitted patients aged 65 years of age and over must have a completed MUST assessment	Plan	95%	95%	95%	95%	95%	95%
		Actual	98%	100%	100%		100%	
5.09	CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks - NICE treatments	Plan	95%	95%	95%	95%	95%	95%
		Actual	91%	100%	100%		100%	
5.10	CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks - non-NICE treatments	Plan	95%	95%	95%	95%	95%	95%
		Actual	N/A	N/A	N/A		N/A	
5.11	CYP Eating Disorders: Treatment waiting time for urgent referrals within 1 week - NICE treatments	Plan	95%	95%	95%	95%	95%	95%
		Actual	100%	100%	100%		100%	
5.12	CYP Eating Disorders: Treatment waiting time for urgent referrals within 1 week - non-NICE treatments	Plan	95%	95%	95%	95%	95%	95%
		Actual	100%	N/A	N/A		N/A	




Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr-May) Cumulative Compliance	Forecast 19/20 Outturn
5.13	CYP Access: Number and percentage of CYP entering treatment (30% of prevalence)	Plan - %	100.0%	14.0%	14.0%	9.5%	28.0%	100%
		Actual %	90.5%	9.7%	9.5%		19.2%	
		Plan - numbers	973	136	136	92	272	973
		Actual - numbers	881	94	92		186	
5.14	Any attendances at ED with mental health needs should have rapid access to mental health assessment within 2 hours of the MHL team being notified.	Plan	80%	80%	80%	80%	80%	80%
		Actual	93%	96%	90%		93%	
5.15	Zero inappropriate admissions of Herefordshire patients to hospitals outside of Herefordshire and Worcestershire STP area / or 2g bed base	Plan	0	0	0	0	0	0
		Actual		0	1		1	

Metrics to be agreed

5.16	Dementia Diagnosis Rate; Assist CCG with achievement - Estimated Diagnosis Rate of people with Dementia - target of 66.7% against an annual trajectory	Plan		TBC	TBC	TBC	TBC	TBC
		Actual						

Herefordshire Carers Information

5.17	Working Age and Older People service users on the caseload asked if they have a carer. (Only includes people referred since 1st March 2016, when the new Carers Form went live on RiO).	Plan						
		Actual	87%	86%	86%		86%	
5.18	Working Age and Older People service users on the caseload who have a carer who have been offered a carer's assessment. (Includes people referred since 1st March 2016, when the new Carers Form went live on RiO).	Plan						
		Actual	83%	83%	82%		82%	
5.19	Working Age and Older People service users/carers who have accepted a carers assessment. (Only includes people referred since 1st March 2016, when the new Carers Form went live on RiO).	Plan						
		Actual	22%	21%	21%		21%	

Schedule 4 Specific Measures that are reported Nationally

Performance Thresholds not being achieved in Month

1.04: Care Programme approach – formal review within 12 months (Herefordshire)

There were 9 cases where a formal review was not recorded within 12 months.

1 was due to a patient not attending the booked appointment and another was due to the patient cancelling the booked appointment. Both now have new appointments but are outside of the 12 month period.

2 clients had been placed in respite care and reviews have been booked for when they are back home in June.

For the remaining 5 cases there was difficulty in booking appointments with consultant psychiatrists, due to extended leave. These reviews are booked for June.

Team managers have been asked to ensure staff book appointments well within 12 months to ensure that cancellations and DNAs can be rebooked in the required time-frame.

2.21: No children under 18 admitted to adult in-patient wards

There was 1 case in Herefordshire during May.

A 17 year old was admitted to Wye Valley ITU after a significant overdose but was unresponsive to treatment. The patient was assessed by our Liaison Team and a formal admission to Stonebow was agreed. At the time of reporting the young person remains at Stonebow working towards a discharge date of 18th June.

Changes to Previously Reported Figures

None

Early Warnings / Notes











None

Note in relation to year end compliance predictions (forecast outturn)



2.21: No children under 18 admitted to adult inpatient wards

See note on page 10.

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures - National Indicators

ID	Performance Measure (PM)		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
NHSI 1.01	Number of MRSA Bacteraemias avoidable	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
NHSI 1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs) - avoidable	PM	0	0	0	0	<3	0
		Actual	0	0	0		0	
NHSI 1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	100%	100%		100%	
NHSI 1.04	Care Programme Approach - formal review within 12 months	PM	95%	95%	95%	95%	95%	95%
		Actual	98%	98%	94%		96%	
NHSI 1.05	Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Actual	2.3%	0.0%	0.3%		0.1%	
NHSI 1.07	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	56%	56%	56%	56%	56%
		Actual	85%	100%	75%		80%	
NHSI 1.08	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Actual	94%	99%	99%		99%	
NHSI 1.09	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Actual	95%	100%	100%		100%	
DoH 2.18	Mixed Sex Accommodation Breach	PM	0	0	0	0	0	0
		Actual	0	0	0		0	
DoH 2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0	0	0
		Actual	3	0	1		1	

DASHBOARD CATEGORY – GLOUCESTERSHIRE CQUINS

Gloucestershire CQUINS				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	12	4	4	4
	1	0	0	0
	11	0	0	0
NYA	0	0	0	0
NYR	0	4	4	4
N/A	0	0	0	0

Performance Thresholds not being achieved in Month

None

Cumulative Performance Thresholds Not being Met

None





Changes to Previously Reported Figures

None



Early Warnings

None

Gloucestershire CQUINS

ID	Performance Measure (PM)		2018/19 Outturn	April-2019	May-2019	June-2019		(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
	CQUIN 1								
7.01	Staff Flu vaccinations	PM				Report		Report	Report
		Actual					NYR		
	CQUIN 2								
7.02	Improved Discharge Follow Up	PM				Report		Report	Report
		Actual					NYR		
	CQUIN 3								
7.03	Improved Data Quality and Reporting - Data Quality Maturity Index & Interventions	PM				Report		Report	Report
		Actual					NYR		
	CQUIN 4								
7.04	IAPT - Use of Anxiety Disorder Specific Measures	PM				Report		Report	Report
		Actual					NYR		

DASHBOARD CATEGORY – LOW SECURE CQUINS

Low Secure CQUINS				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	1	1	1	1
	0	0	0	0
	1	0	0	0
NYA	0	0	0	0
NYR	0	1	1	1
N/A	0	0	0	0

Performance Thresholds not being achieved in Month

None

Cumulative Performance Thresholds Not being Met

None

Changes to Previously Reported Figures



None

Early Warnings

None

Low Secure CQUINS							
ID	Performance Measure (PM)	2018/19 Outturn	April-2019	May-2019	June-2019	(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
	CQUIN 1						
8.01	Achieving Healthy Weight in Adult Secure MH Services	PM					
		Actual					

DASHBOARD CATEGORY – HEREFORDSHIRE CQUINS

Herefordshire CQUINS				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	12	8	8	8
	1	0	0	0
	11	0	0	0
NYA	0	0	0	0
NYR	0	8	8	8
N/A	0	0	0	0

Performance Thresholds not being achieved in Month

None

Cumulative Performance Thresholds Not being Met









None

Changes to Previously Reported Figures

None

Early Warnings

None

Herefordshire CQUINS								
ID	Performance Measure (PM)		2018/19 Outturn	April-2019	May-2019	June-2019	(Apr - May) Cumulative Compliance	Forecast 19/20 Outturn
7								
	CQUIN 1							
9.01	Staff Flu vaccinations	PM				Report	Report	Report
		Actual					NYR	
	CQUIN 2							
9.02a	Alcohol & Tobacco - Screening	PM	Qtr 4			Report	Report	Report
		Actual	Awarded				NYR	
9.02b	Alcohol & Tobacco - Tobacco Brief advice	PM	Qtr 4			Report	Report	Report
		Actual	Awarded				NYR	
9.02c	Alcohol & Tobacco - Alcohol Brief advice	PM	Qtr 4			Report	Report	Report
		Actual	Awarded				NYR	
	CQUIN 3							
9.03	72 hour follow up	PM				Report	Report	Report
		Actual					NYR	
	CQUIN 4							
9.04	Mental Health Data Quality Set	PM				Report	Report	Report
		Actual					NYR	
	CQUIN 5							
9.05	Mental Health Data Quality Interventions	PM				Report	Report	Report
		Actual					NYR	
	CQUIN 6							
9.06	Use of Anxiety Disorder Specific Measures in IAPT	PM				Report	Report	Report
		Actual					NYR	



Trust Board

Date of Meeting: 25th July 2019

Report Title: Quality and Performance Report

Agenda reference Number	21
Reason for Being Heard in Confidential Session	N/A
Accountable Executive Director (AED)	Susan Field – Director of Nursing Candace Plouffe, Chief Operating Officer
Presenter (if not AED)	
Author(s)	Susan Field – Director of Nursing Candace Plouffe, Chief Operating Officer
Board action required	To Discuss, Note and Receive
Previously considered by	Quality and Performance Committee 27 th June 2019 (May 2019 data)
Appendices	Appendix 1 – Quality and Performance Report June 2019 data

Executive Summary:

This report and attached appendices provides an overview of the Trust's Quality and Performance activities both from a quality and activity perspective.

It is also intended to highlight key achievements and outlines those areas where improvements are being made or need to improve further.

Recommendations:

The Board is asked:

- **Discuss, Note and Receive** the June 2019 Quality and Performance report

Related Trust Objectives	
Risk Implications	Risk issues are clearly identified within the report
Quality/Equality Impact Assessment (QEIA) Requirements/Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Quality and Performance Report

1 Introduction and Purpose

This report summarises the key highlight and exceptions in the Trusts June 2019 Quality and Performance data.

2 Background

The Trusts Quality and Performance Committee reviewed May 2019 data at its June meeting.

3 Key Areas to Note

3.1 Quality Matters

- A decline in Safety Thermometer percentage of Harmfree Care (New Harms only). The percentage of harm free score for new harms only has fallen significantly from **98.1%** in May to **96.9 %** in June. Whilst this value still scores higher than the national benchmark for June it falls below the internal Trust standard set at 98%. On further exploration the New Harms for Community have increased from **8** in May to **13** in June and for community hospitals the new harms have increased from **4** to **8**. The overall sample number has also decreased from **742** in May to **699** in June (mainly due to a drop in Community from **566** to **517**).

The New Harms are made up of pressure ulcers, falls with low harm and urine infections where catheters are in situ. This is an anomalous increase in New Harms for the month and does not equate with any previous month or preliminary figures for July (which again show us within our internal target). As a result a deep dive has been undertaken to review every harm reported for June to determine whether this inconsistency is due to inaccurate recording of harms or real harms. The outcomes of this review is that 6 new harms have been re-validated as not appropriate and that the remaining new harms (11) are currently being reviewed by operational colleagues.

Assurance has also been provided by the Trusts performance team that any inappropriate submissions can be re-submitted and the national available date updated accordingly. Appropriate action has been taken with colleagues when this has been established.

- The Qtr. 1 outcomes of the quality improvements with regards to the Trusts Quality Priorities are favourable across the board and most notably with:

- Deteriorating Patient (Sepsis)
- Nutrition and Hydration
- Completed Mental Capacity Assessments (MCAs)

The clinical leadership associated with the Quality Priorities remains strong.

- The first case of Clostridium Difficile has been reported for this reporting period. A full root cause analysis has been undertaken and the learning from this is that samples should not have been taken as it was not clinically indicated.

3.2 Responsiveness Matters

Three key service areas continue to have challenges in meeting the Trusts locally set 8 week referral to treatment key performance indicator.

- **Adult Speech and Language Therapy services:**

The system-wide service review (which will include all Adult speech and language service provision in the county) has begun and the Quality and Performance Committee has reviewed the scoping document for this project.

Whilst the review is underway Gloucestershire Clinical Commissioning Group has agreed to monitor access times into the service but to suspend the rag rating of performance. The service continues to recruit and the successful appointments are due to start over the next Quarter.

- **Musculoskeletal (MSK) Therapy services:**

The Quality and Performance Committee received a detailed presentation of the MSK physiotherapy review that has been completed, including the demand and capacity analysis.

Although it is clear there is scope for improved productivity, the level of demand as a result of change agreed system changes to MSK care pathway is higher than our current capacity. Demographic growth funding has been used to recruit additional posts and this is currently underway. It is proposed with the recent reduction in performance in Podiatry, a similar review is presented to the next Quality and Performance Committee for assurance.

- **Integrated Community Teams therapy services:**

A set of revised key performance indicators, which better reflect the work of both the Physiotherapy and Occupational Therapy element of the Integrated Community Teams (ICT) are in the final stage of agreement with Commissioners for the refreshed service specification.

The Quality and Performance Committee in June had sight of the new way in which the performance will be monitored, and will provide more comprehensive demand and response to both urgent and routine requests. This new way will reflect the work that is undertaken by both the locality referral centre urgent response as well as the core offer of the ICT, which is masked by the 8 week Referral to treat indicator.

3.3 Workforce Matters

- Mandatory training – **86.7%**, which demonstrates continued improvements.
- Personal Developments Reviews (PDRs) an improving picture continues – **79.4%** for percentage of staff with completed appraisals and; **85.3%** for percentage of staff on active assignments.
- Staff Family and Friends Test (FFT) Qtr. 1 results have seen a decline of *“How likely you are to recommend Gloucestershire Care Services NHS Trust as a place to work?”* to **52%** compared to **57%** from the 2018-19 Qtr. 4 outcomes.

4 Conclusion and Recommendations

The Trust Board is asked to:

- **Discuss, Note** and **Receive** the June 2019 Quality and Performance report

Abbreviations Used in Report

MCAs – Mental Capacity Assessments
PDRs – Personal Development Reviews
FFT – Family and Friends Test
GCCG – Gloucestershire Clinical Commissioning Group
MSK – Musculoskeletal
ICT – Integrated Community Teams

Quality & Performance Report

Trust Board
25th July 2019
Data for June 2019

Are Our Services Caring?

- Friends and Family Test response rate in June was **16.7%**, however this is reduced from **19.2%** in May, and above the 2018/19 mean (**14.6%**).
- The proportion of patients indicating Likely or Extremely Likely to recommend our services remained constant in June at **92.7%** (Apr-2017 – June-2019 mean **93.0%**).

Are Our Services Safe?

- Safety Thermometer Harm free score was **92.6%** in June, consistent with that reported in May target 95%), and below the mean **93.85%** (Apr-2017 – June-2019).
- Based on new harms only, the Trust achieved harm-free care of **96.9%** in June, compared to a target of 98% (Apr-2017 – June-2019 mean **98.03%**). As a result a deep dive is to be undertaken to look at every harm reported for June to determine whether this reduction is due to inaccurate recording of harms or real harms; the appropriate action will then be taken when this has been established.

Are our Services Effective?

- Bed Occupancy rate was **95.0%** in June, an increase from **93.4%** in May, and above the mean of **94.87%** (Apr-2017 – June-2019).

Are Our Services Responsive?

- The number of 4 hour breaches in MIUs decreased to **30** in June (from 75 in May). Performance in the '% seen and discharged within 4 hours' measure remains significantly above the 95% target with performance of **99.5%** in June 2019 and a mean of **99.15%** since April 2017.
- SPCA abandoned call rate measure was **0.9%** in June, a small increase from **0.5%** in May, and continues to be below the threshold of <5%. For priority 1 and 2 calls, the percentage of calls answered within 60 seconds continues to be above the 95% target at **98.0%**.
- Referral to Treatment targets continue to prove challenging. Seven services are identified from Statistical Process Control charts as continually missing the 95% within 8 weeks target (pages 18-21).

Are Our Services Well Led?

- Mandatory training compliance rate increased further to **86.71%** in June from **86.62%** in May but remains below target.
- Sickness absence (rolling 12 months to June) reduced slightly to **4.82%** compared to a local target of <4% and represents a slight decrease from previous month.
- **79.42%** of all staff Personal Development Reviews were completed by the end of June 2019, an increase from May 2019 (**77.72%**), and highest since August 2018, but below target (95%). For active assignments only, the figure for June 2019 is **85.35%**, an increase from **82.54%** in May 2019, and highest since May 2018 but remains below target (95%).

Statistical Process Control (SPC) Charts

- The criteria for exception reporting in this report uses SPC charts to identify where performance falls outside of upper or lower control limits, and is viewed in conjunction with, rather than solely based on, RAG ratings. This report contains a number of SPC charts and is supported by a separate SPC Addendum pack that covers all measures within the Performance Dashboard (pages 13-15).

Data Quality

The Performance Dashboard (pages 13-15) includes a data quality rating for each metric. The basis of this is the 2017/18 Trust Reference Cost report and additional interpretation from Performance and Information team. The methodology incorporates consideration of completeness, validity and reporting methodology of activity recorded within systems used for performance reporting. However this approach does not have a statistical basis to the methodology or RAG rating. The metric rated red is:

- % of terminations carried out within 9 weeks and 6 days of gestation – the current spreadsheet reporting tool used for medical terminations of pregnancy is subject to recording error and the plan is to transition this onto the Clinical System used in Sexual Health. Work has been completed to ensure all data items are available to be collected on dynamic forms, however, connectivity issues are currently being investigated and a Task and Finish Group commenced work in May 2019 to resolve all issues by end of Qtr.2 2019/20.
- Wheelchair Service under18s equipment delivered within 18 weeks of referral – data quality rated red as the service is in transition to go-live on SystmOne September 2019. System configuration involving Service, Clinical Systems and Performance & Information teams in progress.

Month on month change in data quality rating will be indicated with an upwards arrow to show improvement, downwards arrow to show reduction.

Quality Priorities

Quality Priorities for 2019/20 included in this report are based on a mixture of metrics and audits. Where audits or actions are to be reported on a quarterly basis a RAG rating will be applied and updated during the quarter to provide an update of progress towards completion of actions.

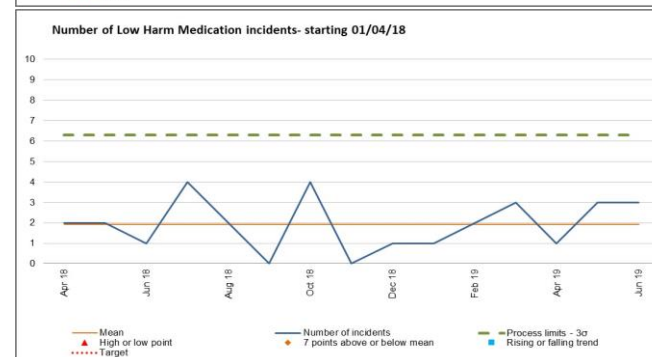
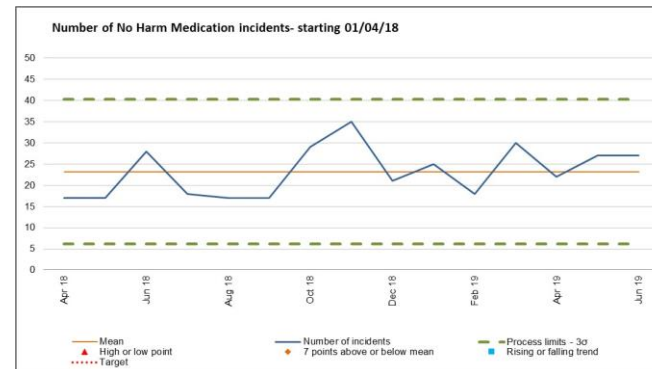
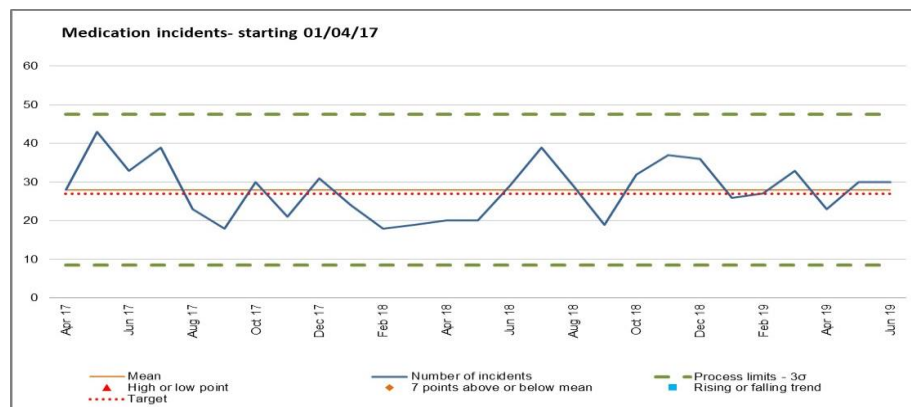
1. Medication Incidents

Outcome: Improve the learning from “no-harm” and “low-harm” medication incidents in order to enhance patient safety and quality of care

This priority will enable:

- Identification and theming of factors contributing/causing low and no harm medication incidents
- Recommendations to address identified themes

Improve the learning from “no-harm” and “low-harm” incidents		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actions		Establish a baseline of quality of reporting of harm reported medication incidents using quality audits - Completed, see below.			Quality Improvement working group will establish a training needs analysis on baseline data and agree actions required to improve quality of reporting			Implementation of actions agreed from Qtr. 2			A repeat audit of harm reported medication incidents will be performed to determine if the aims of the outcome have been achieved		
Low/no harm incidents have been investigated and closed by end of each quarter	Target					45%			60%			75%	
	No-harm medication incidents		Baseline: 32%										
	Low-harm medication incidents		Baseline: 29%										
Low/no harm incidents should state the medication involved	Target					91%			95%			100%	
	No-harm medication incidents		Baseline: 87%										
	Target					80%			90%			100%	
	Low-harm medication incidents		Baseline: 71%										
Low/no harm incidents should state the indication for the medication involved	Target					33%			66%			100%	
	No-harm medication incidents		Baseline: 0%										
	Low-harm medication incidents		Baseline: 0%										



What actions have been taken to improve performance?

- Work continues to source and develop e-learning, essential for role training to support safe and secure management of medicines for colleagues.
- The SPC charts show the number of medication incidents, no harm medication incidents and low harm medication incidents to be within control limits (normal variation).

There were 30 medication incidents with GCS responsibility reported in June.

- 3 resulted in low harm
- 27 resulted in no harm

2. Mental Capacity Act

Outcome: Improve the usage of mental capacity assessments in our hospital and community settings to ensure that individuals who lack the ability to make decisions are the focus of any decisions made, or actions taken on their behalf

The underlying philosophy of the Mental Capacity Act 2005 (MCA) is to ensure that individuals who lack the capacity to make specific decisions are the focus of any decisions made, or actions taken, on their behalf. It is a legal requirement to carry out an assessment when a person's capacity is in doubt.

MCA needs to become a "business as usual" exercise, to ensure that the Trust is compliant with legislation and to achieve optimum benefits to our patients and families

Metrics for performance will focus on the completion of the MCA2 and Deprivation of Liberty Safeguards (DoLS) assessments for significant decisions where patients do not have the capacity to consent to being restricted or restrained. General usage of the MCA1 form (where clinicians demonstrate they have considered capacity for day to day decisions) will also be monitored and reported on across the Trust, with baselines for these determined in Qtr. 1. This should provide a general proxy indicator on whether awareness and practice is becoming more embedded.

**Mental capacity Act and DoLS
operational practice**
Reference – 559
Rating – 12

MCA Metrics		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Has an MCA2 been completed for restrained or restricted patients in our community hospitals? (Baseline from March 2019 audit 11%. Measured from dip test audit mid quarter)	Target	15%			30%			60%			90%		
	Actual	33%			Audit mid August 2019			Audit mid November 2019			Audit mid February 2020		
Has a deprivation of Liberty Safeguards application been made for all patients who do not have capacity to consent to being restricted or restrained? (Baseline 22% from March 2019 audit)	Target	25%			40%			60%			90%		
	Actual	33%			Audit mid August 2019			Audit mid November 2019			Audit mid February 2020		

3. “Better Conversations” and Personalised Care

Outcome: Develop a programme of personalised care planning to enable patients to manage their long term conditions more effectively

Personalised care is a priority in the Long Term Plan, with a stated objective that it should become “business as usual across the health and care system”. In the ICS workforce strategy the vision is to see this facilitated by a health coaching approach, called “Better Conversations”. It is noted that both the Trust’s and 2G Contracts for 2019-20 include a commitment to work with the GCCG to develop “5 core measurable statements for the ICS personalised care programme that define outcomes for patients and success”. This programme will directly feed in to this growing body of work.

NHSE have committed to “*consider, develop and test the most appropriate personalised care activity metrics*” including the development of a new Long Term Conditions Patient Recorded Outcomes Measure (PROM).

The Patient Activation Measure (PAM) will be a key tool in these early stages. Patient “activation” describes the knowledge, skills and confidence a person has in managing their own health and care. The concept of patient activation links to all the principles of person-centred care, and enables the delivery of personalised care that supports people to recognise and develop their own strengths and abilities.

As this is the first year of the programme initial work in Qtr. 1 will include identifying appropriate patient cohorts on the basis of local (place based) priorities and contractual requirements. The services that will be included will be MacMillan Next Steps, Self Management, Diabetes Education, and part of the ICTs (Complex Care at Home and Berkeley Vale ICT where health coaching training has taken place).

Actions completed:

- Working Group established and dates set through financial year.
- Actively working to recruit more services to join this group.
- Two teams (Macmillan Next Steps and ICT Complex Care at Home) using the PAM tool to tailor interventions.
- Lead met with Insignia UK Account Director (Insignia developed and own the Patient Activation Measure (PAM) questionnaire) to discuss challenges to scaling up usage.
- Lead to meet CCG lead on PAM to discuss challenges to scaling up usage in July 2019. CCG to lobby NHSE to reduce time lag around PAM data analysis.
- Lead attended meeting with Department of Health & Social Care and system partners on Personalisation in Gloucestershire.

Better Conversations and Personalised Care Measures	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
Number of care planning conversations taking place for the identified cohorts	Set by individual teams and based on relevance to patient cohort(s)			
Number of patients completing a Patient Activation Measure (PAM) questionnaire	Baseline: 1,500 per annum; target + 30%			
Number of patients completing a second PAM	Baseline: 500 per annum; target + 30%			
The use of PAM data to tailor interventions to further the personalisation agenda	Narrative reporting - commenced June 2019 in Complex Care at Home, MacMillan Next Steps			
Delivery of a quarterly qualitative report detailing ongoing developmental activities and examples of good practice, patient stories and shared learning	Linked to quarterly PAM data; most teams dependent upon CCG feed and Qtr. 1 data; delivery expected late July 2019.			

4. Catheter Management

Outcome: Commence a Quality Improvement programme to improve the management of catheters in community settings

Long term catheters whilst beneficial for some patients are also associated with morbidity. Infections (including sepsis) and other complexities which include anxiety over unpredictability of catheter problems (e.g. sudden blockage), difficulties managing away from home (e.g., taking equipment on holiday), sense of physical restraint, limited clothing choices, interruptions to sleep due to discomfort or pulling, and self-identity issues.

It has been identified that some patients appear to have clinically unnecessary urinary catheters in situ; the above risks and problems can therefore impact on the safety, morbidity and quality of life of these cohorts of patients.

A new Quality Improvement (QI) programme has been established that will focus on improving catheter management in our community settings.

Catheter Management metrics	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
	Target	95% of baseline (3,705 contacts)	90% of baseline (3,510 contacts)	85% of baseline (3,315 contacts)
Reduce the amount of community nursing contacts to patients between planned routine catheter changes to manage catheter associated problems.	Set targets for use in Qtrs. 2 to 4 Baseline: 3,900 Contacts per quarter (1,300 per month)			
Reduce the number of (clinically unnecessary) urinary catheters inserted in the community setting.	Establish baseline and set targets for use in Qtrs. 2 to 4 Delay due to determining percentage of patients whose first catheter insertions were not on GCS Nurse caseloads, or may have a positive TWOC* outcome.			

* TWOC – Trial Without Catheter to determine if clinically indicated.

Actions completed:

* TWOC – Trial Without Catheter to determine if clinically indicated.

- Patient information flyers being printed to raise awareness of fluids and risk of dehydration – linked to catheter related problems and a greater risk in warmer weather.
- Poster and social media campaigns for continence awareness week (17 to 23 June 2019), aimed at colleagues about seeking help for continence problems.
- Undertook a review of all Farco-fill in use and are now aware of the 11 patients countywide (known to District Nursing (DN) caseloads) who have Farco-fill in use – early indication is this is proving highly effective for frequent blocking catheters in normalising changes. The DN professional Leads have all had time with the rep for this to ensure we have good information on the product and governance for its increasing use.
- There is agreement for 5 funded places on a continence assessment programme - funded by industry in collaboration with GHFT, this has increased from the 2 previously offered, community nursing have secured 3 of those places.
- A countywide continence formulary is in development between the Continence Specialist Lead, the CCG and the Head of Community Nursing (this is close to being ready for use). This will standardise equipment in use, identify best value for money and reduction in unwarranted variation which will help improve practice.

5. Wound Care

Outcome: Increase the quality of wound assessments and management countywide in order to reduce clinical variation and improve wound healing rates

This priority builds on the 2017-2019 CQUIN which was put in place nationally following UK studies that identified inconsistencies in the assessment and management of wounds and the opportunities to improve both efficiency of working and patient outcomes.

There are two principle reasons why wound assessment has been targeted:

1. A need to improve the quality and consistency of care delivered,
2. A need to reduce the cost burden of wounds. Clinical practice and wound outcomes should ultimately improve.

The Trust has been working to improve wound care as per the 2017-19 CQUIN, performance from Qtr. 4 of year 2 of the CQUIN is used below as a baseline for the Quality Improvement.

Wound Care Metrics		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
To increase the number of patients who receive a fully compliant assessment (to the "leading change adding value" clinical assessment domains of the 2017-19 wound assessment CQUIN) on admission to Community Nursing caseloads, Complex Leg wound services, Podiatry Service or Inpatient Settings from baseline.	Target	30%						40%			60% by the end of Year 1 of the QI project. Metrics to be reviewed again if project goes in to Year 2		
	Actual	Audit available end September 2019						Audit available end December 2019			Audit available end March 2020		
To increase the number of patients who have received a full wound assessment according to the "leading change adding value" Clinical Assessment domains of the 2017-19 wound assessment CQUIN AND whose wounds have healed within 4 weeks.	Target	60%						65%			70%		
	Actual	Audit available end September 2019						Audit available end December 2019			Audit available end March 2020		

Actions completed:

- Visual aid to support appropriate dressing selection is now created in draft from service leads, this is awaiting final agreement before printing and plan to share the community guide with primary care and care homes to support a consistent community practice.
- Patient empowered model of dressing ordering is agreed and to be trialled initially in care homes, and then roll out to suitable patients in their own homes. This enables patients to self-order wound management products and reduces the time nurses spend following-up orders as well as empowering patients to be more involved in their care outcomes.
- Work to promote the SOCRATES mnemonic to support assessment (Site, Onset, Character, Radiation, Association, Time, Exacerbation, Severity) – continues, to join this up with pressure ulcer and deteriorating patient QI approaches.
- SystmOne workshop reviewed templates. Outcome from this was one template across units has been agreed.
- Simulated education is now being delivered using models to support learning. There is a workshop to plan all pressure ulcer, tissue viability, larvae, topical negative pressure, lymphoedema and leg ulcer education programmes in August 2019 to plan for the next 2 years.
- Sessions to launch the wound formulary have been delivered with more to follow.
- The first of the cross system review events for the wound formulary will take place in July 2019 and partners have been identified.

6. Pressure Ulcers

Outcome: Build on our success of reducing pressure ulcers by working with the NHSI Stop the Pressure Collaborative framework. This will focus on specific community programmes to reduce pressure ulcers

The prevention of pressure ulcers remains one of our top priorities with regards to patient safety. Despite great strides in the past 2 years our aim will be to continue to monitor the number and incidence of pressure ulcers and to continue to drive our reduction plans forward. Metrics for measuring performance therefore are:

1. Pressure ulcers will continue to reduce across our patient facing services where our span of influence can have an impact.
2. Quality improvement methodology will continue and be targeted in areas of high incidence to understand the issues, focus on those areas and showcase improvement. The PDSA cycle will report quarterly on these areas and will include a qualitative report.

Plans also include working collaboratively with GHFT and / or care homes where specific incidences or themes demonstrate the potential for system wide learning. Qualitative reporting will also include case studies where pressure ulcers have been managed and healed, following the patient journey and taking in to account other factors such as nutrition and hydration.

Pressure Ulcers		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Acquired Pressure Ulcers will continue to reduce across patient facing services where our span of influence can have an impact	Target (Number of avoidable acquired pressure ulcers over total pressure ulcers)	8% (2018-19 Q4 baseline 8.9%)			7%			6%			5%		
	Actual	8.6%			Audit available end September 2019			Audit available end December 2019			Audit available end March 2020		
	Number of acquired and avoidable pressure ulcers	37											
	Total number of pressure ulcers in audit	430											

Preventing Pressure Ulcers update:

- During the Qtr.1 audit period 430 incidents of pressure ulcers were recorded including 152 acquired pressure ulcers, of which 37 were classified as being avoidable.
- The monthly reported total in June for all (including avoidable and unavoidable classifications) acquired pressure ulcers was **56**: Community Hospitals (**8**), Community Services (**48**).
- Better recognition of risk and increased reporting of earlier skin integrity damage evidences that the posture and risk management approach to education is improving patient safety.
- This QI project has been showcased at the café style Quality Improvement Celebration Event in May, with interest from other teams to replicate the approach.
- Community Hospitals commenced first PDSA cycle on 2 wards.
- North Cotswolds locality commencing planning event to repeat and will include AHPs.
- Both PDSA cycles will report baseline, midpoint and end data over a 6 month period.

**Risks
(Pressure Ulcers)**
Reference – 562 - Rating – 12

- Definition of Acquired pressure ulcers from NHS Improvement (July 2018) and national Reporting and Learning Service (NRLS) (March 2019) as detailed in the gap analysis report for Quality and Performance Committee (July 2018): A pressure ulcer that has occurred whilst the patient has been receiving care and that the pressure ulcer was not present at admission.

Benchmarking: In the 'Rate of new grade 2,3,4 avoidable pressure ulcers acquired in a Community Hospital setting per 1,000 occupied bed days' the Trust submitted a figure of 1.06 in May. The benchmarking figure is 1.05 for Community Hospital settings.

7. Nutrition and Hydration

Outcome: Increase the use of nutrition and hydration assessments in all appropriate settings in order for patient's to be optimally nourished and hydrated

The quality improvement group will also be adopting Quality Improvement methodology and the metrics include:

- Patients will have a baseline MUST on admission to wards or clinical caseloads (the maximum time frame is 72 hours for in-patient settings or 2 visits for Integrated Community Teams - ICTs).
- An audit approach to measure performance will be used until more reliable reporting can be assured from SystmOne.
- Qualitative, quarterly reporting will also be included as part of the Quality Improvement approach (using a PDSA methodology). This will focus on reviewing samples of patients where MUST scores have triggered the need for interventions to establish whether patients are being managed appropriately and to a high quality. This will include all aspects of the patient's care such as food charts, supplements, referrals to dieticians and impacts on other aspects of care such as the prevention or healing of pressure ulcers.

Hydration will also be included, with retrospective analysis of some patients who have delirium or confusion to determine whether dehydration was a cause, in order to possibly inform future work streams and performance measures.

Nutrition and Hydration metrics 2019/20 (performance from audit data)

Service area	Baseline		Q1	Q2	Q3	Q4
ICTs	December 2018 audit 66%	Target	65%	70%	75%	95%
		Actual	66.0%	Audit end September 2019	Audit end December 2019	Audit end March 2020
Community Hospitals	March 2019 audit 80%	Target	80%	85%	90%	95%
		Actual	91.4%	Audit end September 2019	Audit end December 2019	Audit end March 2020

8. End of Life Care

Our aim will be to embed as "business as usual" with dedicated leadership.

End of Life Care improvements will continue to be reported during 2019/20.

- Percentage of patients on an End of Life template has not increased. Efforts are focussing on our Community teams as Community Hospitals consistently use the template in most cases.

End of life Care	Baseline	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Percentage of Community Hospital inpatients who have End of Life care recorded on SystmOne EoL template	81.0%	66.7%	91.7%	91.7%									
Percentage of all Trust patients who have End of Life care recorded on SystmOne EoL template	48.6%	48.5%	47.8%	49.3%									
Number of patients who have End of Life care recorded on SystmOne EoL template	n/a	72	81	73									
Number of patients who died in the month	n/a	150	170	147									

Actions completed:

- ReSPECT: GCS and 2gether Trusts are working closely together to support the countywide roll out of ReSPECT. There is a suggested implementation date of October 2019 and next steps are to design educational resources for colleagues.
- National Audit of Care at End of Life (NACEL): GCS has now registered for the next national NACEL audit and data collection is now open.
- Mortality Reviews (Stroud Community): The community mortality review pilot is progressing, the data collection tool has been adapted to support community information. Work is underway with clinical systems to resolve the issue where ICTs do not have access to clinical information recorded on Rapid Response and Evening District Nursing Service units. We have temporarily lost the support of the GP involved due to re-structuring in primary care so this is currently on hold.
- Mortality Reviews (Homeless Health Care): An initial meeting has been held, with the following actions identified - establish a support system for the nurses following the death of a patient (emotionally/psychologically) particularly for sudden deaths, and to understand how the lack of housing can affect the quality of care at the end of life and to identify best practice for this patient group.

9. The Deteriorating Patient

Outcome: Continue to train and support front line colleagues to recognise and manage deteriorating patients to ensure that they are managed quickly and effectively

The metrics are:

- All patients admitted onto Trust caseloads (Community and Inpatients) will have their NEWS recorded as a baseline. This will be measured with a snapshot audit which also extracts information about deterioration, recognition of sepsis and appropriate escalation.
- The qualitative data from the snapshot audits will establish whether rapidly deteriorating patients have been identified and escalated appropriately within the service where their care is being managed (according to the Trust policy action cards).

For some patients this will include looking to see whether there were any challenges evident to colleagues identifying early enough that the patient was deteriorating and at risk of sepsis and to identify key issues that may be used to develop further measures for improvement. For example, this may be clinical practice such as the frequency of observations once a NEWS has raised above a certain threshold for a patient – or around ensuring the NEWS scale 2 is used is for patients who have COPD with a clinically diagnosed oxygen (O₂) deficit and therefore need prescribed oxygen (O₂) at a lower rate (88-92).

NEWS Recording Targets 2019/20 (performance from audit data)

Service area	Baseline		Q1	Q2	Q3	Q4
Community Hospital In-patients	March 2019 audit 89%	Target	89%	91%	93%	95%
		Actual	92%	Monthly snapshot audits commence July, on each ward. Quarterly figure available end September 2019	Audit end December 2019	Audit end March 2020
ICTs	March 2019 audit 33%	Target	33%	40%	50%	60%
		Actual	54%	Audit end September 2019	Audit end December 2019	Audit end March 2020

Actions completed:

Quality Improvement work commenced at the end of April with North Cotswold Community Nurses using a PDSA approach to understand why the recording of NEWS was low. Subsequent mid point data had improved, however SystmOne data captured is still lower than expected. Therefore all new patients in Qtr. 2 will be audited for baseline NEWS compliance

10. Falls Prevention and Management

Our aim will be to embed as “business as usual” with dedicated leadership.

The Trust will be participating in a national CQUIN associated with falls and especially with regards to:

- Lying and standing blood pressures
- Post fall SWARM to be completed
- Mobility Assessments
- Rationale for documenting prescribed hypnotic or anxiolytic medications

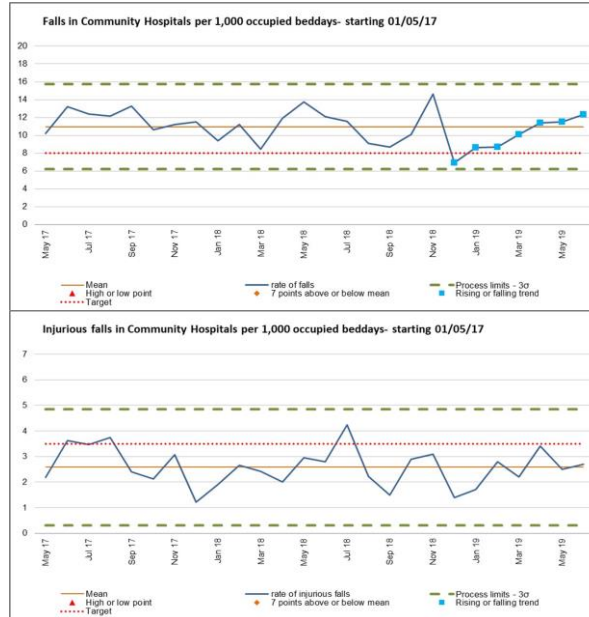
Falls Prevention and Management	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD RAG
Lying and Standing Blood Pressure recorded	80%	55.6%	51.3%	53.3%										R
No hypnotic or anxiolytic medication prescribed OR rationale documented	80%	Developing reporting during July												N/A
Mobility assessment completed	80%	66.1%	72.1%	55.0%										R
% of those assessed who had a walking aid provided	No Target	45.2%	65.6%	29.0%										A
Post fall SWARM completed	80%	N/A	78.5%	79.4%										A

Actions required:

- The national CQUIN identifies three key actions that should be completed as part of a comprehensive multidisciplinary falls intervention and result in fewer falls, bringing length of stay improvements and reduced treatment costs.
The three key actions are:
 - Lying and standing blood pressure recorded
 - No hypnotics or anxiolytics prescribed OR rationale documented.
 - Mobility assessment and walking aid to be provided if required.
- In addition the GCCG have indicated that they would like a further quality measure around falls prevention and this will likely be either % of falls assessments completed within 48 hours or % post falls SWARMS completed.
- Completion of risk assessment will be included in the record keeping audit enabling us to pick up any disparity between risk assessments completed on S1 and the number of risk assessments completed according to the performance reports, which rely on ticking the box.

Actions completed:

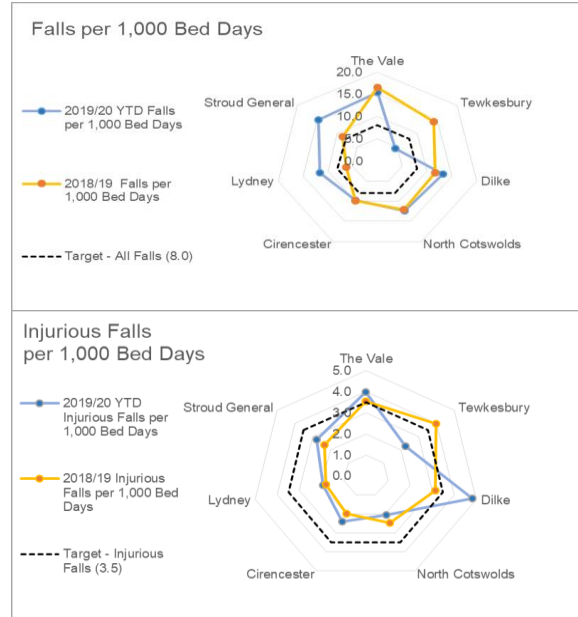
- Reminder to colleagues to ensure lying and standing BP is recorded on SystmOne on admission (observations are usually recorded on the paper NEWS chart). Added box to SystmOne to enable 'not appropriate' to be selected e.g. if patient hoisted or poorly/end of life.
- Pop-up box on e-prescribing module so that if hypnotics or anxiolytics are prescribed, the prescriber has to provide their clinical rationale – this is a mandatory field. This went live on 11th June.
- SystmOne change to enable capture of mobility assessment and whether walking aid provided. Need clarification on this measure – to be raised at a future quality steering group meeting.
- SystmOne change to make the 'risk assessment complete' tick box more visible. Colleagues reminded of need to tick this box when they have completed their initial assessment.
- Post falls SWARM completed now mandatory field on Datix to enable reporting. Changes made to post falls protocol to make clearer that post falls Swarm should be completed immediately after a fall.



The SPC charts show all falls and injurious falls to be within control limits an increasing trend is evident across the latest 6 months.

The internal target of 8 falls per 1,000 occupied bed days is close to the lower control limit and below the mean, and only achieved in December 2018.

75.5% of all falls reported in the year to date are **without harm**.

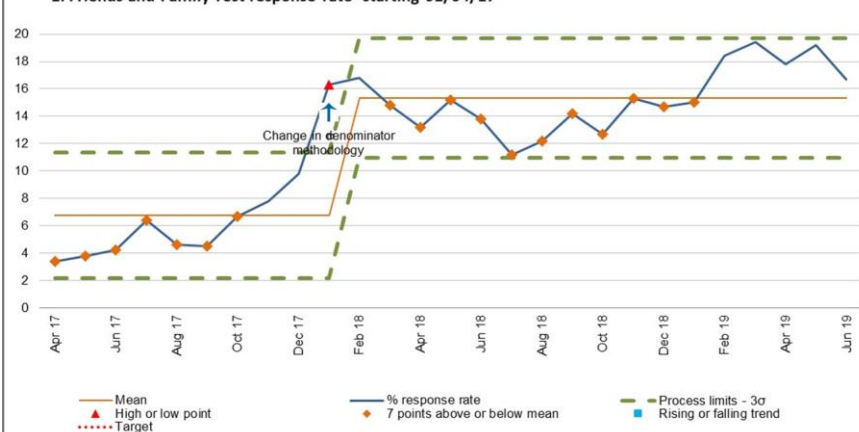


Radar charts show 2019/20 total falls and injurious falls per 1,000 bed days compared to 2018/19 and to target. All units with the exception of Tewkesbury are outside of the falls per 1,000 bed days target in 2019/20. The Vale and Dilke are outside of the target for Injurious falls per 1,000 bed days in 2019/20. Actions to reduce falls rates include ensuring assessments are completed, actions based on post falls SWARMS and ensuring walking aids are available.

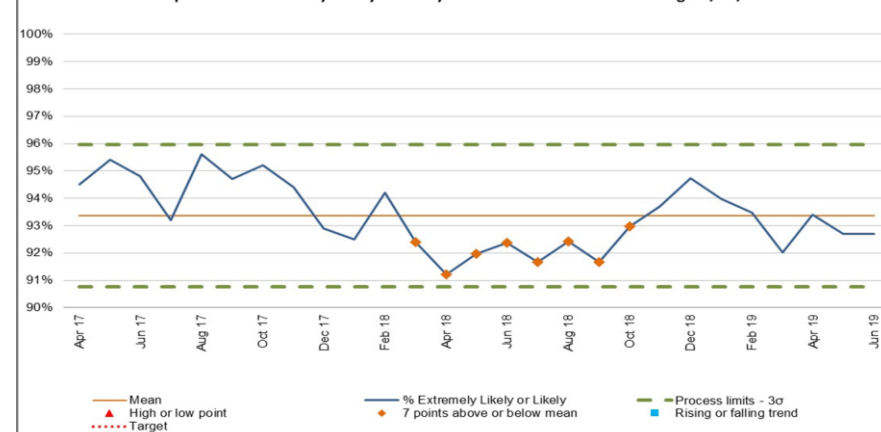
CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	R A G	Exception Report?	DQ Rating	Benchmarking Report Jun Figure
1	Friends and Family Test Response Rate	N - T	15%	14.5%	17.8%	19.2%	16.7%										17.9%		No - within SPC limits	G	
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R L - I	95%	92.7%	93.4%	92.7%	92.7%										92.9%		No - within SPC limits	G	95.2%
3	Number of Compliments	L - R	1,317	1,317	124	104	180										408			G	
4	Number of Complaints	N - R	42	42	6	5	6										17			G	
5	Number of Concerns	L - R	485	485	40	32	23										95			G	

1. Friends and Family Test response rate- starting 01/04/17



2. % of FFT respondents Extremely Likely or Likely to recommend service- starting 01/04/17



Additional information related to performance

SPC chart for response rate shows a significant increase in rate since July 2018.

The percentage of FFT respondents recommending our services had increased steadily since July 2018 following a lengthy period of decline. This has reduced since December 2018.

What actions have been taken to improve performance?

- The overall increase in the response rate in previous months has been due to increased number of responses from the MIIUs and Children's Services.
- The increase in MIIUs has been sustained following the introduction of the short version of the FFT questionnaires. However, there was a dip in response rates in June and there is variation between the response rates across the seven units, ranging from 3%-31%. This has affected the overall response rate in June and is being reviewed.
- The increase in the Children's Services response rate is mainly due to a higher number of responses from the Children's Immunisation Team.

Note: there is no formal benchmark for the level of extremely likely/likely response to the Friends and Family test, but the average from NHS Benchmarking Network for June is 95.2%.

SPC charts have also been created for Concerns, Complaints and Compliments. These charts show the following:

Concerns – Number of Concerns within normal variation since April 2017.

Complaints – Number of Complaints within normal variation with the exception of high point in November 2018 which is above Upper Control Limit.

Compliments – Number of Compliments above the recalculated mean and within normal variation.

Community Hospital inpatient and Minor Injury and Illness units Quality dashboards

Jun-19	Safe	Safe	Safe	Effective	Effective	Effective	Well Led	Well Led	Well Led	Caring	Caring	Caring
CoHos	% Patients - Blood Clot (VTE) Assessment	Pressure Ulcers Developed (Acquired)	% Patients - Falls Assessment	% Unplanned Re-admissions (CoHo 30 Days)	Number of Infections	% Days lost to Delayed Discharges	% Safe Staffing fill rate	% Staff up to date PDR	% Hand Hygiene Compliance	Compliments	Complaints	% in FFT say treated with Dignity & Respect
Trust Average	96.4%	1	62.7%	6.9%	0.1	2.7%						
Cirencester - Coln Ward	92.6%	1	71.4%	10.7%	0	2.6%	100.0%	95.4%	100.0%	4	0	100.0%
Cirencester - Windrush Ward	100.0%	0	10.5%	0.0%	0	0.0%	100.0%	90.0%	100.0%	1	0	92.0%
Dilke - Forest Ward	100.0%	2	100.0%	9.1%	0	5.1%	100.5%	98.1%	95.0%	17	0	100.0%
Lydney	85.7%	0	56.3%	5.9%	1	0.0%	101.8%	72.5%	95.0%	9	0	100.0%
North Cots - Cotswold View Ward	100.0%	1	56.3%	0.0%	0	3.1%	102.0%	75.7%	100.0%	0	0	86.0%
Stroud - Cashes Green Ward	92.9%	3	33.3%	13.3%	0	0.0%	101.2%	69.2%	Not available	1	0	Not available
Stroud - Jubilee Ward	94.1%	0	72.2%	5.6%	0	7.8%	96.0%	71.9%	100.0%	3	0	100.0%
Tewkesbury - Abbey View Ward	100.0%	1	94.4%	5.3%	0	6.9%	103.8%	75.0%	100.0%	0	0	86.0%
Vale	100.0%	0	55.6%	11.1%	0	0.0%	97.4%	84.1%	100.0%	5	0	93.0%
Winchcombe	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	Not available
MIUs	% Staff Trained in Resuscitation (Target: 92%)	Average Time to Initial Assessment (Target: 15 min)	% of shifts filled by agency staff	% Patients seen within 4 hours	% Unplanned Reattendances	% Referred on to A&E or GP (Target: 4.4%)	% Who say in the FFT they would recommend our services	% Staff up to date PDR	% Hand Hygiene Compliance	Compliments	Complaints	% in FFT say treated with Dignity & Respect
Trust Average			5.4%	99.5%	1.5%							
Cirencester MIU	84.2%	10	1.1%	99.8%	1.8%	Not available	96.0%	85.7%	100.0%	4	0	97.0%
Dilke MIU	80.0%	13	11.6%	98.5%	0.9%	Not available	89.6%	58.3%	90.0%	0	0	98.0%
Lydney MIU	100.0%	12	11.6%	98.9%	1.5%	Not available	84.4%	77.8%	100.0%	3	0	94.0%
NCH MIU	100.0%	8	0.0%	100.0%	1.2%	Not available	97.1%	100.0%	Not available	3	0	99.0%
Stroud MIU	100.0%	11	6.2%	99.8%	1.1%	Not available	94.1%	76.5%	100.0%	1	0	95.0%
Tewkesbury MIU	71.4%	9	3.0%	99.5%	3.3%	Not available	92.0%	92.3%	100.0%	1	1	94.0%
Vale MIU	100.0%	10	6.6%	100.0%	1.4%	Not available	97.5%	100.0%	Not available	0	0	98.0%

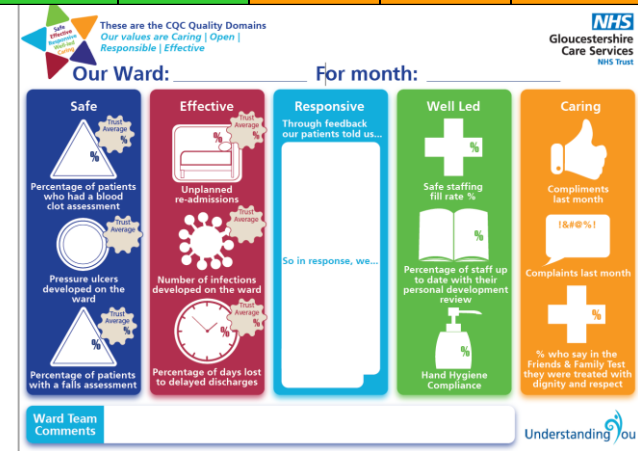


The Trust compiles a quality dashboard covering the Community Hospital Inpatient and Minor Injury and Illness units, updated on a monthly basis and displayed within each of the units.

The dashboard includes measures from the Safe, Effective, Well Lead and Caring domains.

The table above illustrates the data for June 2019 and compares each of the units with the Trust average. The data is copied onto posters which are visible in public areas (examples shown on this slide).

The variation issue between units has been highlighted and was reviewed in more detail at Quality and Performance Committee.



CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report May Figure
1	Friends and Family Test Response Rate	N - T	15%	14.5%	17.8%	19.2%	16.7%										17.9%		No - within SPC limits	G	
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R L - I	95%	92.7%	93.4%	92.7%	92.7%										92.9%		No - within SPC limits	G	95.2%
3	Number of Compliments	L - R	1,317	1,317	124	104	180										408			G	
4	Number of Complaints	N - R	42	42	6	5	6										17			G	
5	Number of Concerns	L - R	485	485	40	32	23										95			G	

CQC DOMAIN - ARE SERVICES SAFE?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report May Figure
6	Number of Never Events	N - R		0	0	0	0										0			G	
7	Number of Serious Incidents Requiring Investigation (SIRI)	N - R		11	0	2	3										5			G	
8	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		0	0	0	0										0			G	
9	Total number of incidents reported	L - R		4,443	398	410	342										1,150			G	
10	% incidents resulting in low or no harm	L - R		96.4%	97.2%	95.1%	94.4%										95.6%			G	
11	% incidents resulting in moderate harm, severe harm or death	L - R		3.6%	2.8%	4.9%	5.6%										4.4%			G	
12	% falls incidents resulting in moderate, severe harm or death	L - R		1.8%	3.1%	3.1%	2.9%										3.0%			G	
13	% medication errors resulting in moderate, severe harm or death	L - R		0.0%	0.0%	0.0%	0.0%										0.0%			G	
14	Number of post 48 hour Clostridium Difficile Infections	N - R L - C	1*	15	0	0	1										1	G		G	
15	Number of MRSA bacteraemias	N - R L - C	0	0	0	0	0										0	G		G	
16	Number of MSSA Infections	L - R	0	0	0	0	0										0			G	
17	Number of E.Coli Bloodstream Infections	L - R	0	2	0	0	0										0			G	
18	Safer Staffing Fill Rate - Community Hospitals	N - R		100.2%	102.0%	100.7%	101.3%										101.3%			G	
19	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	96.9%	99.5%	96.4%	96.4%										98.2%	G		G	
20	Safety Thermometer - % Harm Free	N - R L - C	95%	93.7%	94.3%	92.6%	92.6%										93.2%	R	Pg. 16	A	
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.1%	98.3%	98.1%	96.9%										97.8%	R	Pg. 16	A	96.6%
22	Total number of Acquired pressure ulcers	L - R		728	79	63	56										198			G	
23	Total number of grades 1 & 2 Acquired pressure ulcers	L - R		671	74	59	60										193			G	
24	Number of grade 3 Acquired pressure ulcers	L - R		52	5	4	3										12			G	
25	Number of grade 4 Acquired pressure ulcers	L - R		5	0	0	0										0			G	

*In-month threshold (i.e. June)

N - T	National measure/standard with target	L - I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L - R	Locally reported (no target/threshold) agreed
L - C	Locally contracted measure (target/threshold agreed with GCGG)	N - R/L - C	Measure that is treated differently at national and local level, e.g. nationally reported/local target

RAG Key: R – Red, A – Amber, G – Green

CQC DOMAIN - ARE SERVICES EFFECTIVE?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report May Figure
Community Hospitals																					
26	Re-admission within 30 days of discharge following a non-elective admission**	N - R		8.2%	9.5%	11.6%	6.9%										9.4%			G	
27	Inpatients - Average Length of Stay	L - R		27.7	30.5	29.9	25.4										28.6			G	26.8
28	Bed Occupancy - Community Hospitals	L - C	92%	93.6%	94.1%	93.4%	95.0%										94.1%	A		A	90.4%
29	% of direct admissions to community hospitals	L - R		19.3%	18.9%	12.6%	10.4%										14.0%			G	
30	Delayed Transfers of Care (average number of patients each month)	L - R		2	2	2	3										2			A	
31	Bed days lost due to delayed discharge as percentage of total beddays	L - R	<3.5%	1.4%	1.5%	1.6%	2.7%										1.9%	G		A	11.8%

CQC DOMAIN - ARE SERVICES RESPONSIVE?

Minor Injury and Illness Units

32	MIU % seen and discharged within 4 Hours	N - T	95%	99.0%	99.1%	98.9%	99.5%										99.2%	G		G	
33	MIU Number of breaches of 4 hour target	L - R		828	59	75	30										164			G	
34	Total time spent in MIU less than 4 hours (95th percentile)	L - I	<4hrs	02:58	03:07	03:01	02:46										02:58	G		G	
35	MIU - Time to treatment in department (median)	L - I	<60 m	00:34	00:34	00:35	00:31										00:34	G		G	
36	MIU - Unplanned re-attendance rate within 7 days	L - C	<5%	0.9%	0.4%	1.5%	1.5%										1.1%	G		G	
37	MIU - % of patients who left department without being seen	L - C	<5%	3.9%	4.3%	4.9%	3.9%										4.4%	G		A	
38	Time to initial assessment for patients arriving by ambulance (95th percentile)	N - T	<15 m	00:20	00:14	00:12	00:13										00:13	G		A	
39	Trolley waits in the MIU must not be longer than 12 hours	N - T	< 12 hrs	0	0	0	0										0	G		G	

Referral to Treatment

40	Adult Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	55.8%	69.4%	56.3%	53.6%										57.8%		Pg. 18	A	
41	Podiatry - % treated within 8 Weeks	L - C	95%	97.2%	88.8%	81.2%	76.5%										82.2%	R	Pg. 18	A	
42	MSKAPS Service - % treated within 8 Weeks	L - C	95%	96.5%	92.4%	87.7%	96.4%										92.1%	A		A	
43	MSK Physiotherapy - % treated within 8 Weeks	L - C	95%	89.7%	80.4%	69.1%	65.6%										71.8%	R	Pg. 19	G	
44	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	82.8%	81.0%	81.9%	79.8%										80.9%	R	Pg. 19	A	
45	ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	75.5%	82.6%	83.7%	81.4%										82.7%	R	Pg. 19	A	
46	Diabetes Nursing - % treated within 8 Weeks	L - C	95%	93.5%	100.0%	97.2%	97.0%										97.9%	G		A	
47	Bone Health Service - % treated within 8 Weeks	L - C	95%	99.1%	99.4%	99.4%	100.0%										99.6%	G		A	
48	Contraception Service and Sexual Health- % treated within 8 Weeks	L - C	95%	99.9%	100.0%	100.0%	100.0%										100.0%			G	
49	HIV Service - % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%										100.0%	G		G	
50	Psychosexual Service - % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%										100.0%			G	
51	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	L - C	70%	77.6%	78.4%	85.3%	93.7%										84.8%	G		R	
52	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	97.5%	90.9%	90.9%	67.3%										83.1%	R	Pg. 20	G	
53	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	91.9%	87.2%	86.5%	90.4%										87.8%	R	Pg. 20	G	
54	Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	95.7%	97.9%	91.5%	91.7%										93.7%	A		A	

** I.e. Admission to a GCS hospital within 30 days of the end of a previous GCS hospital spell.

RAG Key: R – Red, A – Amber, G – Green

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report May Figure
55	MSKAPS Service - % of referrals referred on to secondary care	L - C	<30%	15.9%	15.0%	11.0%	3.3%										10.0%	G		A	
56	MSKAPS Service - Patients referred to secondary care within 2 days of decision to refer onwards	L - C	100%	100.0%	100.0%	100.0%	100.0%										100.0%	G		A	
58	Stroke ESD - Proportion of new patients assessed within 2 days of notification	L - C	95%	84.3%	100.0%	97.1%	100.0%										98.9%	G		A	
59	Stroke ESD - Proportion of patients discharged within 6 weeks	L - C	95%	97.0%	97.1%	84.6%	100.0%										94.2%	A		A	
60	Social Care ICT - % of Referrals resolved at Referral Centres and closed	L - C		48.8%	46.8%	50.4%	50.8%										49.3%			A	
63	Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R		39,348	2,975	3,045	3,048										9,068			G	
64	SPCA % of calls abandoned	L - C	<5%	1.4%	0.9%	0.5%	0.9%										0.9%	G		G	
65	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	L - C	95%	97.2%	97.9%	98.5%	98.0%										97.9%	G		G	
66	Rapid Response - Number of referrals	L - C	*922	3,905	346	318	333										997	G		A	
71	Wheelchair Service: Under 18s: Equipment delivered within 18 weeks of referral	L - C	92%	31.8%	No Deliveries	100.0%	100.0%										100.0%			R	
72	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	N - T	>99%	100.0%	100.0%	100.0%	100.0%										100.0%	G		G	

Cancelled operations

73	No urgent operation should be cancelled for a second time	N - T	0	0	0	0	0										0	G		G	
74	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	N - T	0	0	0	0	0										0	G		G	

CQC DOMAIN - ARE SERVICES WELL LED?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report May Figure
75	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%	58.5%			52.00%										52.00%	R	Pg.21	G	
76	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%	84.6%			83.0%										83.0%	G		G	
77	Mandatory Training	L - I	92%	85.90%	85.8%	86.62%	86.71%										86.4%	A	Pg. 21	A	89.6%
78	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	95%	77.1%	76.42%	77.72%	79.42%										77.85%	R	Pg.22	A	70.3%
78a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L - I	95%	81.4%	81.24%	82.54%	85.35%										83.04%	R	Pg.22	A	
79	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.8%	4.90%	4.87%	4.82%										4.86%	A	Pg.22	A	4.4%
80	SUS+ (Secondary Uses Service) Data Quality Validity - Available in arrears	N-R	96.7%	99.1%	T	T	T										TBC			G	

* Threshold is for cumulative referrals to June

T Month 1 and 2 data quality dashboards not available from NHS Digital until 25 July 2019.

RAG Key: R – Red, A – Amber, G – Green

CQC DOMAIN - ARE SERVICES SAFE?

RAG Key: R – Red, A – Amber, G – Green

	Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	Exception Report?	DQ Rating	Benchmarking Report Jun Figure
20 Safety Thermometer - % Harm Free	N - R L - C	95%	93.7%	94.3%	92.6%	92.6%										93.2%	R	Pg. 16	A
21 Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.1%	98.3%	98.1%	96.9%										97.8%	R	Pg. 16	A

Additional information related to performance

- The percentage of harm free score for new harms only has fallen significantly from **98.1%** in May to **96.9%** in June.
- While this value still scores higher than the national benchmark for June it falls below the internal Trust standard we have set at 98%.
- New harms for Community have increased from 8 in May to 13 in June and for community hospitals the new harms have increased from 4 to 8.
- The overall sample number has also decreased from 742 in May to 699 in June (mainly due to a drop in Community from 566 to 517).

What actions have been taken to improve performance?

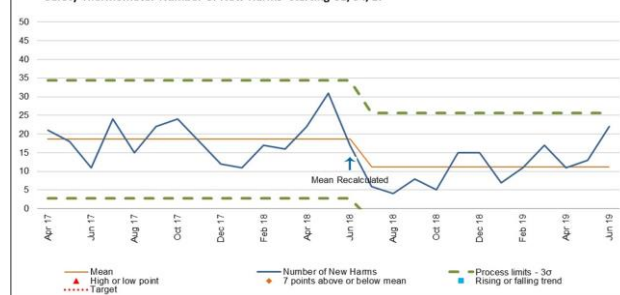
- A Quality Improvement project is currently underway to build on the success of reducing pressure ulcers over the past year which will align with our quality priorities for 2019-20.
- There has been an anomalous increase in new harms for the month which does not equate with any of the previous 12 months or preliminary figures for July (which again show us within our internal target).
- As a result a deep dive is being undertaken to look at every harm reported for June to determine whether this inconsistency is due to inaccurate recording of harms or real harms;
- The appropriate action will then be taken when this has been established. Please see covering paper.

20. Safety Thermometer - % Harm Free-starting 01/04/17



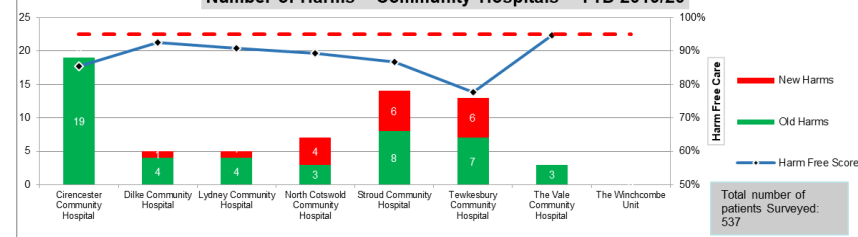
Safety Thermometer Harm Free Care within normal variation. However target consistently missed.

Safety Thermometer Number of New Harms-starting 01/04/17

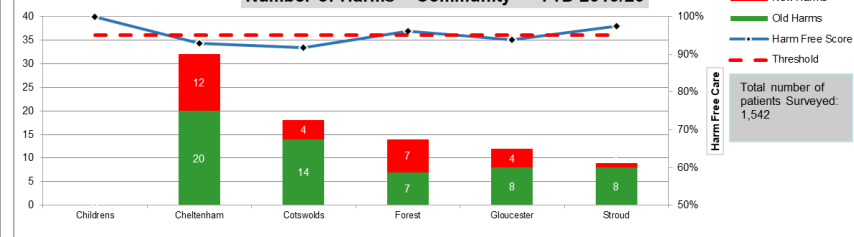


Reduction in New Harms since a peak in May 2018. Mean recalculated from June 2018 following reduction in trend, although this is increasing.

Number of Harms – Community Hospitals – YTD 2019/20



Number of Harms – Community – YTD 2019/20



Risks
Pressure
Ulcers
Reference –
562
Rating – 12

SPC Charts have been reviewed for other harms: VTE harms fluctuate above and below the mean – but remain within control limits and are very low numbers. UTI / Catheter harms show a steady reduction over the period. Falls resulting in harm fluctuate above and below the mean – but remain within control limits and are very low numbers. Pressure Ulcers show a sequence of 9 consecutive points below the mean 2 out of the last 3 months are above the mean and increasing trend evident.

Benchmarking: In the 'Safety Thermometer – Percentage of 'Harm Free Care (New Harms Only)' measure, the Trust submitted a figure of 98.1% in May. The benchmark is 96.6% for May.

8 Week Referral to Treatment (RTT) Measures

CQC DOMAIN - ARE SERVICES EFFECTIVE?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Jun Figure
CQC DOMAIN - ARE SERVICES RESPONSIVE?																					
Referral to Treatment																					
40	Adult Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	55.8%	69.4%	56.3%	53.6%										57.8%		Pg. 18	A	
41	Podiatry - % treated within 8 Weeks	L - C	95%	97.2%	88.8%	81.2%	76.5%										82.2%	R	Pg. 18	A	
43	MSK Physiotherapy - % treated within 8 Weeks	L - C	95%	89.7%	80.4%	69.1%	65.6%										71.8%	R	Pg. 19	G	
44	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	82.8%	81.0%	81.9%	79.8%										80.9%	R	Pg. 19	A	
45	ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	75.5%	82.6%	83.7%	81.4%										82.7%	R	Pg. 19	A	
52	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	97.5%	90.9%	90.9%	67.3%										83.1%	R	Pg. 20	G	
53	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	91.9%	87.2%	86.5%	90.4%										87.8%	R	Pg. 20	G	

Adult Speech and Language Therapy RAG rating removed following discussion with Commissioners.

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

	8 week RTT target	% seen within 8 weeks	RAG	Number seen within 8 weeks	Number seen above 8 weeks	18 week RTT target	% seen within 18 weeks	RAG	Number seen within 18 weeks	Number seen above 18 weeks	Median RTT in days
Adult Speech and Language Therapy	95%	53.6%	R	60	52	92%	96.4%	G	108	4	54
Podiatry	95%	76.5%	R	557	171	92%	99.7%	G	726	2	46
MSK Physiotherapy	95%	65.6%	R	849	445	92%	99.8%	G	1291	3	37
ICT Physiotherapy	95%	79.8%	R	285	66	92%	93.7%	G	329	22	19
ICT Occupational Therapy Services	95%	81.4%	R	352	89	92%	96.1%	G	424	17	15
Paediatric Speech and Language Therapy	95%	67.3%	R	111	54	92%	100.0%	G	165	0	45
Paediatric Physiotherapy	95%	90.4%	R	235	25	92%	100.0%	G	260	0	3

Adult Speech and Language Therapy RAG rating removed following discussion with Commissioners.

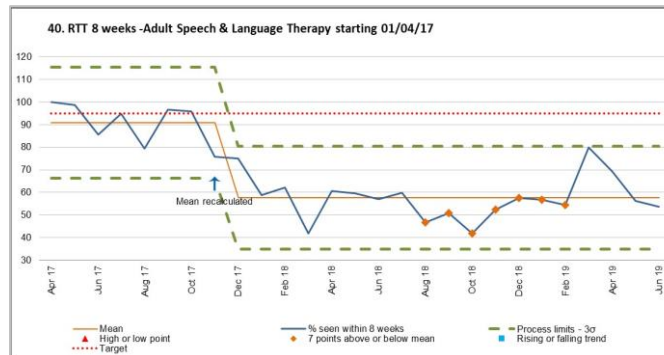
RAG Key: R – Red, A – Amber, G – Green

Additional information related to performance

Adult Speech and Language Therapy (95% to be treated within 8 weeks)

Performance

- **53.6%** in June compared to 56.3% in May.
- 52 out of 112 patients were seen outside the 8 week threshold.
- 18 week target performance was 96.4% (4 out of 112 patients seen outside the 18 week threshold).
- SPC chart shows performance to be within control limits but target to be above upper control limit and therefore not likely to be achieved.



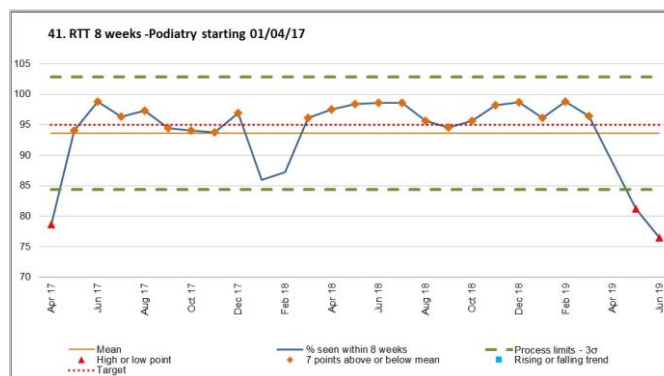
Actions

- Agreement has been made with the Commissioners to suspend rating of this key performance indicator as a system review of Adult Speech and Language therapy services is underway.
- Service is continuing with recruitment campaign with success, and is utilising locum cover where available to address capacity issue.

Podiatry (95% to be treated within 8 weeks)

Performance

- **76.5%** in June compared to 81.2% in May .
- 171 out of 728 patients were seen outside the 8 week threshold.
- 18 week target performance was 99.7% (2 out of 728 patients seen outside the 18 week threshold)
- SPC chart shows performance to be within control limits with the exception of April 2017 to June 2019 which are below lower control limits. The reduction in June 2019 followed 13 months where the target was achieved.



Actions

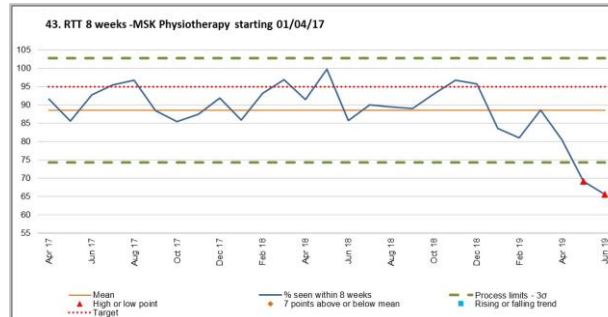
- From April 2019, the service has been impacted by between 3 and 5 qualified vacancies, this combined with high level of sickness in April and May has impacted on performance.
- Sickness rates have improved in June.
- Recruitment is underway, some appointees are new graduates and therefore will not be available until September.
- Overtime has been offered to current staff and a drive to increase the bank workforce is underway.
- It is likely recovery will not be until Qtr. 3.
- A more detailed report, including demand and capacity analysis will be shared at Quality and Performance board subcommittee.

Additional information related to performance

MSK Physiotherapy (95% to be treated within 8 weeks)

Performance

- 65.6% in June, compared to 69.1% in May.
- 445 out of 1,294 patients were seen outside the 8 week threshold.
- 18 week target performance was 99.8% (3 out of 1,294 patients seen outside the 18 week threshold)
- SPC chart shows May 2019 performance to be below the lower control limit and is showing a reducing trend.



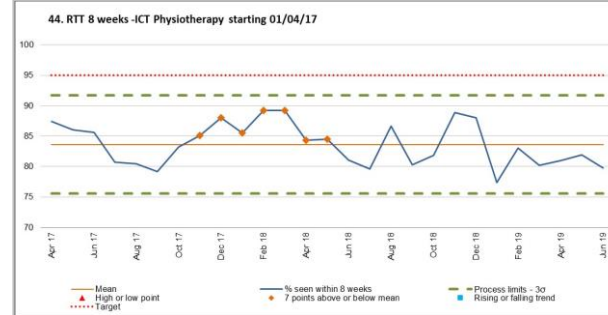
Actions

- A workshop for Podiatry, MSK Physiotherapy and MSKAPS colleagues was held in June. A presentation was tabled at the last Quality and Performance board subcommittee including actions and opportunities identified from the workshop.
- See covering paper for further detail.

Adult ICT Physiotherapy (95% to be treated within 8 weeks)

Performance

- 79.8% in June, compared to 81.9% in May.
- 66 out of 351 patients were seen outside the 8 week threshold.
- 18 week target performance was 93.7% (22 out of 351 patients seen outside the 18 week threshold).
- SPC chart shows performance to be within control limits but target to be above the upper control limit and therefore not likely to be achieved.



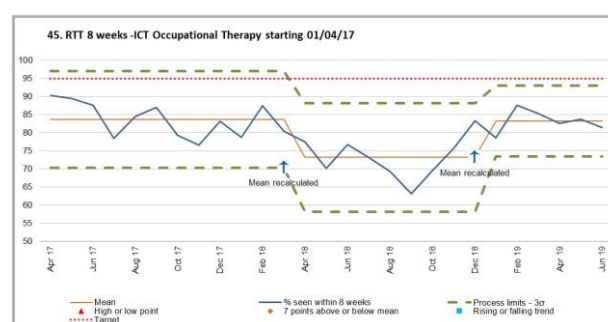
Actions

- In the first 3 months of 2019/20, the physiotherapy service saw 64.2% of people within 4 weeks of referral. 95% of people seen year to date were seen within 15-16 weeks.
- We are also in discussion with the CCG regarding the KPIs for OT and Physio in order try to agree a set of measures that better reflect the contribution of the service.
- See covering paper for further detail.

Adult ICT Occupational Therapy (95% to be treated within 8 weeks)

Performance

- 81.4% in June compared to 83.7% in May.
- 89 out of 441 patients were seen outside the 8 week threshold.
- 18 week target performance was 96.1% (17 out of 441 patients seen outside the 18 week threshold).
- SPC chart shows performance to be within control limits (except September 2018) and increasing, but target to be above the upper control limit and therefore not likely to be achieved.



Actions

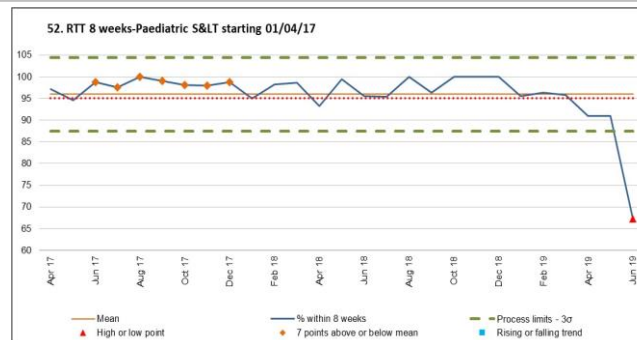
- In the first 2 months of 2019/20, the OT service saw 66.8% of people within 4 weeks of referral. 95% of people seen year to date were seen within 13-14 weeks.
- We are also in discussion with the CCG regarding the KPIs for OT and Physio in order try to agree a set of measures that better reflect the contribution of the service.
- See covering paper for further detail.

Additional information related to performance

Paediatric Speech and Language Therapy (95% to be treated within 8 weeks)

Performance

- **67.3%** in June compared to 90.9% in May.
- 54 out of 165 patients were seen outside the 8 week threshold.
- 18 week target performance was 100%.
- SPC chart shows performance to be within control limits until June 2019 when performance was below the lower control limit.



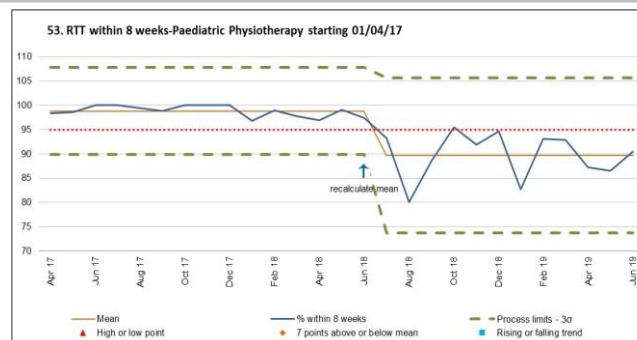
Actions:

- The service has been impacted by 2 vacancies (one which has been recruited to and started in June), alongside attendances by a number of staff to the Care Aims training over the last quarter.
- The service has been impacted by lack of clinical space in Gloucester and Cheltenham localities but this is being resolved with the support of the Estates team.
- With the upcoming summer break, therapists working in schools will be available to provide extra clinical appointments. This with a historical pattern of reduced referral rates in August and September will support recovery.
- The service is also exploring the option of extending drop-in sessions to mainstream children (next academic year).

Paediatric Physiotherapy (95% to be treated within 8 weeks)

Performance

- **90.4%** in June compared to 86.5% in May.
- 25 out of 260 patients were seen outside the 8 week threshold.
- 18 week target performance was 100%.
- SPC chart shows performance to be within control limits but below the sustained performance when target was achieved between April 2017 and June 2018.



Actions

- Improvement in performance in June is due to recently recruited workforce to address gaps in capacity as a result of vacancy, sickness and maternity leave for the past 18 months.
- On track for current projection to be fully established in Qtr. 2.
- The local action plan continues to be reviewed by the Head of CYPs and through the Finance and Performance meetings.

CQC DOMAIN - ARE SERVICES WELL LED?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	R A G	Exception Report?	DQ Rating	Benchmarking Report Jun Figure
75	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%	58.5%			52.00%										52.00%	R	Pg. 21	G	
76	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%	84.6%			83.0%										83.0%	G		G	
77	Mandatory Training	L - I	92%	85.90%	85.8%	86.62%	86.71%										86.4%	A	Pg. 21	A	89.6%
78	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	95%	77.1%	76.42%	77.72%	79.42%										77.85%	R	Pg. 22	A	70.3%
78a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L - I	95%	81.4%	81.24%	82.54%	85.35%										83.04%	R	Pg. 22	A	
79	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.8%	4.90%	4.87%	4.82%										4.86%	A	Pg. 22	A	4.4%

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

Staff Friends and Family Test - How likely are you to recommend Gloucestershire Care Services NHS Trust to friends and family as a place to work?

Performance: Qtr. 1: 52%

38.22% of the Staff FFT responders are general managers, senior and administrative staff (many likely to be based at Edward Jenner Court).

Actions:

- It is clear that we will need to increase approach to engagement.
- A programme of Edward Jenner Court focus groups commenced last month with a report on themes and recommendation to Executive Committee (July 2019).

Mandatory Training

Performance:

Latest performance 86.71%. SPC chart below shows this to be within normal variation (except Apr-17, May-17, Nov-17) Target has not been achieved and is outside of current upper control limit, however performance has been steadily increasing since January 2019.

10 out of 22 measures have increased in performance in June compared to May, although not all are above the 92% target.

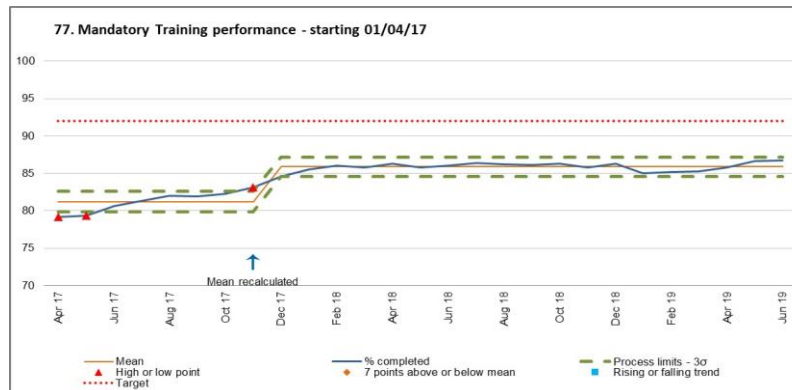
Risks (Mandatory training Compliance - CQC)

Reference – 858

Rating – 9

Actions:

- Corporate and Mandatory Training Leads continue to work to address hotspots of low compliance. Compliance is improving as a result of this work.
- Facilitated E-Learning Workshops are available to be booked in 2019 to support learners, there is one workshop per month for the remainder of the year.
- Additional training venues for Resus Level 2 training are available from June 2019.

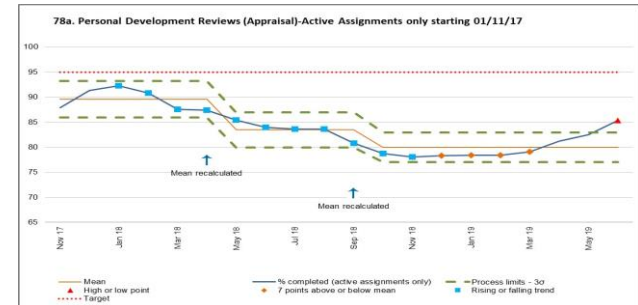
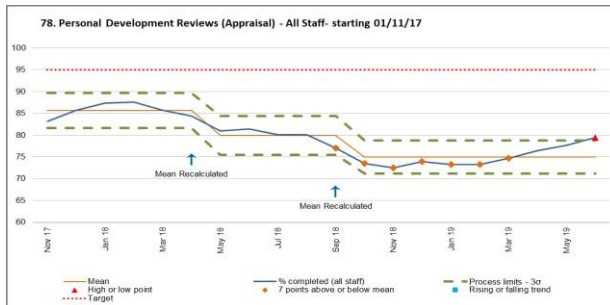


Additional information related to performance - What actions have been taken to improve performance?

Staff with completed Personal Development Reviews (PDRs)

- Currently trialling a new PDR process for Bank Staff and Estates and Facilities and sharing best practice phasing PDRs throughout the year.
- Supervision tree templates have been produced for ICT's, Community Hospitals, Estates and Facilities.
- Developing PDR for colleagues returning to work following a period of sickness, maternity leave, secondments etc.
- Revised PDR paperwork for bank, staff who are retiring/leaving and lower banded posts has been piloted and tested and are now being published on the intranet for wider use.
- Liaison with ESR National to get glos-care.net on NHSMail platform which will allow for better ESR notifications to staff including those about PDR's.
- Liaising with HR around development of 3 step process/warning letters for non-compliance for PDR's
- Reviewing Bank Staff List and removing employees that have not worked a shift for over a year, where appropriate.
- Considering idea of carousel training course for managers, including PDR training.
- Continued work with different teams to understand and improve their compliance.

Risks (PDR)
Reference – 643
Rating – 9



Sickness absence

Latest performance 4.82%

% SPC chart shows sickness absence declining after stabilising for several months, following rising trend of 9 points. Target has not been achieved and is significantly below the lower control limit and therefore not likely to be achieved.

Risks (Staff Sickness)
Reference – 633
Rating – 9

Benchmarking

In the 'Sickness absence rate (Short and Long Term)' measure, the Trust submitted a figure of 4.4% in May. The benchmarking figure is 4.4% for May (individual month's absence).

- Review of policy, guidance and letter templates and workshops offered by HR, HR Advisors being primarily assigned to business areas.
- Discussion at the Performance and Finance meetings and an HR business partner model implemented to offer consistency and local intelligence for each area.
- Health and Well Being agenda adopted by the Trust to promote healthy lifestyles.
- Introduction of business intelligence on ESR for all managers to review workforce metrics.
- New joint policy being developed with 2gether.

In line with a national 10-year trend, sickness rates are in normal variation and have been steadily falling since March 2019.



Goucestershire Health & Care NHS FT Trust Board Business Planner

	26 September 2019
	Forest Hills Golf Club Coleford
Standing Items (Open)	Patient Stories
	Apologies
	Declaration of Interests
	Questions from the Public
	Chair's Report (inc NEDS)
	Chief Executive's Report (Paper)
	Performance Dashboard - Full Report - July
	Financial Report
	Board Committee Reports
Standing Items (Closed)	Chief Executive's Report (Verbal)
	Performance Dashboard - Exceptions Report - August '19
	Joint Strategic Intent Update
	Patient Safety Report
Quarterly Reporting	Service Experience Report Q1
	Council of Governors minutes - July HoCG
	NED Audit of Complaints 20120/21 Q1
	Learning from Deaths Q1 - Medical Director
	Freedom to Speak Up Report (6 mth) (R Newman)
	Guardian of Safe Working Report Q1 Medical Director
Annual Reporting	Safe Staffing 6 Monthly Update (DoNQT)
	Infection Control Annual Report (DoNQT)
	Medical Revalidation Annual Report - Medical Director
	Appointments and TOS Committee Annual Report - DHR
	NED Audit of Complaints Annual Report
Ad hoc Reports	Forest of Dean
	Learning lessons to improve our people practices -DHR
	Disability Equality Annual Return
Patient Story	
NEDs/Chair Meeting	
Development Sessions	
Additional Info	

