Gloucestershire Care Services NHS
NHS Trust

Agenda

Trust Board Meeting

Agenda

Date: Tuesday, 24th November 2015

Time: 11.00am – 03.45pm

Venue: Oxstalls Tennis Centre, Conservatory Room,
Plock Court, Tewkesbury Road, Gloucester GL2 9DW

Item	Ref No.	Subject	Outcome	Presenter	Time
1	01/1115	Patient Story – Gloscats	To receive	Kelly Threadingham	**11.00am**
		LUNCH			**12.00pm**
STANDING ITEMS					
2	02/1115	Welcome and apologies	To receive	Chair	**12.30pm**
3	03/1115	Confirmation that the meeting is quorate	To note	Trust Secretary	
4	04/1115	Declaration of Interests	To receive	Chair	
5	05/1115	Minutes of the meeting 22nd September 2015	To approve	Chair	
6	06/1115	Matters Arising (Action Log)	To note	Chair	
7	07/1115	Forward Agenda Planner review	To approve	Chair	
8	08/1115	Questions from the Public	To discuss	Chair	
9	09/1115	Chair's Report	To receive	Chair	**12.45pm**
10	10/1115	Chief Executive's Report	To receive	Chief Executive Officer	**12.55pm**
11	11/1115	Chief Operating Officer's Report	To receive	Chief Operating Officer	**1.15pm**
GOVERNANCE, QUALITY AND SAFETY					
12	12/1115	Board Assurance Framework: Corporate Risks	To discuss	Chief Executive Officer and Trust Secretary	**1.35pm**
13	13/1115	Quality and Performance Committee Update (Minutes)	To discuss and note	Director of Nursing	**1.45pm**
14	14/1115	Finance Committee Update (Minutes)	To discuss and note	Director of Finance	**1.55pm**

Item	Ref No.	Subject	Outcome	Presenter	Time
15	15/1115	Workforce and Organisational Development Committee Update (Minutes)	To discuss and note	Director of HR	**2.00pm**
16	16/1115	Quality, Finance and Performance Report	To receive for assurance	Director of Nursing, Director of Finance and Chief Operating Officer	**2.05pm**
		COFFEE BREAK			**2.30pm**
CORPORATE					
17	17/1115	Operational Resilience Capacity and Trust Escalation Plan	To discuss and approve	Chief Operating Officer and Director of Nursing	**2.45pm**
18	18/1115	2016/17 One Year Operational Plan Overview	To receive	Director of Finance	**3.15pm**
FOR INFORMATION ONLY					
19	19/1115	Minutes from Statutory Committees: • Charitable Funds • Audit and Assurance	To receive	Chair	**3.25pm**
20	20/1115	Any other business	To note	Chair	**3.30pm**

The date of the next Public Trust Board Meeting will be: **Tuesday, 26 January 2016**

The venue will be:

Gloucestershire Care Services NHS Trust
Coopers Room
Edward Jenner Court
1010 Pioneer Avenue
Gloucestershire Business Park
Brockworth
Gloucester
GL3 4AW

Gloucestershire Care Services NHS
NHS Trust

AGENDA ITEM 1

PATIENT STORY – GLOSCATS

Kelly Threadingham

Gloucestershire Care Services NHS
NHS Trust

AGENDA ITEM 2

WELCOME AND APOLOGIES

Gloucestershire Care Services NHS
NHS Trust

AGENDA ITEM 3

CONFIRMATION THAT THE MEETING IS QUORATE

Gloucestershire Care Services NHS
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AGENDA ITEM 4

DECLARATION OF INTEREST

Gloucestershire Care Services NHS
NHS Trust

Trust Board Minutes

Public: 22 September 2015

Board Members	
Ingrid Barker	Chair (Voting Member)
Paul Jennings	Chief Executive (Voting Member)
Robert Graves	Non-Executive Director / Vice Chair (Voting Member)
Joanna Scott	Non-Executive Director (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Mead	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Ian Dreelan	Designate Non-Executive Director
Glyn Howells	Director of Finance / Deputy Chief Executive (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Dr. Mike Roberts	Medical Director (Voting Member)
Duncan Jordan	Chief Operating Officer
Candace Plouffe	Director of Service Delivery
Tina Ricketts	Director of Human Resources
Jason Brown	Head of Corporate Governance / Trust Secretary
In attendance	
Rod Brown	Head of Corporate Planning
Secretariat	
Louise Simons	Assistant Trust Secretary

Ref	Minute
01/0915	**1. Service user story - Carers Gloucestershire** The Chair set the context for the ensuing presentation / discussion by explaining that service user stories are a positive way of connecting people who use the Trust's services to the Board. The Chair then introduced the following to the Board: • Jackie Martell, Development Manager at Carers Gloucestershire; • Roger Eaton, carer and member of the Prestbury Carers' Group; • Sandy Iles, Community Registered General Nurse for Older People, Gloucestershire Care Services NHS Trust, who additionally supports the Prestbury Carers' Group; • Helen Ballinger, Professional Team Lead, Gloucestershire Care Services NHS Trust. The Chair noted that Carers Gloucestershire is an independent charity which was established over 20 years ago. Its fundamental aim is to help unpaid carers in Gloucestershire by providing support for their physical and emotional well-being, and assisting them with complex decision-making. The Chair explained that the Trust has a robust working relationship with Carers Gloucestershire, and welcomed its representatives.

	The Chair also noted that Prestbury Carers is a support group that gives carers a louder voice. Jackie Martell then provided the Board with a presentation entitled "**Carers - what do we need from Gloucestershire Care Services**". This focused upon the 63,000 unpaid carers within Gloucestershire, and served to highlight the challenges that they face on a daily basis including social isolation and unmet health needs. The presentation was illustrated throughout by Roger Eaton, who gave first-hand examples of his personal experiences in providing care. Following the presentation, Jackie and Roger posed the following questions to the Board: **Question 1: How can the Trust help support more carers' groups in Gloucestershire?** As an example of the Trust's current work with carers' groups, the Chair invited Sandy Iles to explain her role to the Board. Sandy described the support groups that she has been instrumental in establishing in Cheltenham, which allow carers to share their experiences with each other and better understand the various support networks and services that are available to them. Additionally, Sandy stated that carers are now more regularly contributing to discussions about care packages and pathways, and are able to use their experiences as carers to help improve service delivery. The Board recognised the significance of Sandy's work, although noted that her post was now unique within the Trust. The Medical Director described how previously, roles similar to Sandy's had been critical in helping communities, and enabling carers to be better linked to primary care. In terms of providing greater support to carers' groups in future, the Board heard from Helen Ballinger who is acting as Listening into Action (LiA) champion for a carers' project. Helen outlined the ambitions of the project, though it was noted that this work is on-going and will now additionally seek to encompass actions resulting from this presentation / discussion. The Chair asked specifically who within the Board would take responsibility for ensuring that the tasks within the carers LiA project would be realised - the Chief Executive identified himself as lead.
Chief Executive	
	Question 2: How can the Trust identify more carers early on in their journeys and help them get all the support they need? Board members highlighted an inherent problem in identifying carers at an early stage, in that many people either fail to recognise themselves as carers, or else actively resist being labelled as a carer and are therefore reluctant to accept advice or support. Roger Eaton confirmed this was the case, and again described his own journey.
Director of Nursing	The Director of Nursing reiterated that recognising a carer and understanding their circumstances is the first step in ensuring that they are offered an assessment of their own needs and provided with the right information, advice and support. She also confirmed the Trust's commitment to raising awareness of carers, and offered support to the LiA project.
	Question 3: How can the Trust finally resolve the issue of having to tell our stories over and over again? Board members described the on-going implementation of SystmOne, and use of the shared care record across Gloucestershire in order to better inform all stakeholders about the circumstances of both service users and carers. However, there was also much discussion focused upon the proposal to use a passport-style book which could prevent carers from repeatedly explaining their situation to professionals, which Roger Eaton described as
Chief Executive	

	exhausting and demeaning. Again, the Chief Executive highlighted that the LiA project would explore this opportunity. The Chair thanked the representatives of Carers Gloucestershire and Prestbury Carers for their inspiring presentation.
02/0915	**2. Welcome and apologies** The Chair welcomed the Board and noted no apologies though noted that the Chief Executive and Director of Nursing would need to take phone calls during the meeting in response to media enquiries following the publication of the result of the CQC inspection that was being made public that day. The Chief executive also noted that he would need to leave the meeting at 3pm to attend a media interview. The Chair also welcomed members of the public to the meeting, in particular: • Councillor Brian Oosthuysen, Gloucestershire County Council; • Catherine Kevis, Chief Executive Officer of Gloucestershire Association for Voluntary and Community Action (GAVCA); • David Millar, Chair of Stroud League of Friends; • Shelia Elliot, Family Services Programme Lead for Winston's Wish; • Wendy Sterling, Moore Friends.
03/0915	**3. Confirmation the meeting is quorate** The Head of Corporate Governance / Trust Secretary confirmed that the meeting was quorate.
04/0915	**4. Declarations of interest** Members were asked to provide relevant updates to their previous declaration of interests where appropriate. No additional interests were noted.
05/0915	**5. Minutes of the meeting held on 21 July 2015** The minutes of the public Board meeting held on 21 July 2015 were received and approved as an accurate record, subject to some minor amendments.
06/0915	**6. Matters arising (Action Log)** The following matters were discussed and noted: TB110/14 Receipt of Annual Accounts - this action was closed. TB038/15 Quality of Food Action Plan - this action was closed. 01/05/15 Further support for people with learning disabilities - this action was closed. 007/05/15 Nurse Revalidation Report - this action was deferred to the November 2015 Trust Board.

	011/05/15 Cost Improvement Programme - this action was closed. 015/05/15 Mortality Report - this action was closed. 016/05/15 Annual Accounts - this action was closed. 017/05/15 Complaints Policy - this action was deferred to the November 2015 Trust Board. 018/05/15 Duty of Candour, Executive Lead - this action was closed. 018/05/15 Duty of Candour, Policy Effectiveness - this action was deferred to the November 2015 Trust Board. 019/05/15 Finance Report, cash reporting in future reports - this action was closed. TB21 Communication needs with deaf and hard of hearing service users – this action was referred to the October 2015 Quality and Performance Committee. TB21 Deaf Awareness Training Film - this action was closed. 44/0715 HCOSC - this action was closed. 46/0715 COO Report - this action was closed. 47/0715 Medical Devices Risks - this action was closed. 48/0715 Easy Read Clinical Policies - this action was referred to the October 2015 Quality and Performance Committee. 51/0715 Quality, Finance and Performance Report, staff and agency spend / number of dental concerns / quality and validity of data / CIP programme work- this action was closed. 51/0715 Report requesting explanation of the medication and drug error rise in May 2015 - this action was referred to the October 2015 Quality and Performance Committee.
07/0915	**7. Forward Plan review** The Forward Plan was discussed and approved with minor changes as listed below: • the Operational Resilience Capacity Plan (which includes Winter Planning) is to be added to all future Trust Board meetings as a standalone agenda item; • the Lord Rose Report findings and Trust response is to be included within the next Board Report from the Workforce and Organisational Development Committee.
08/0915	**8. Questions from the public** There were no public questions submitted prior to the Board meeting.
09/0915	**9. Chair's Report** The Chair was pleased to announce that on 8 September 2015, the Trust held a very successful Your Care, Your Opinion Programme Board and interactive exhibition at the

	Friendship Cafe in Gloucester. The all-day event was particularly designed to help further improve engagement with minority ethnic communities across the county. The Chair conveyed her thanks to the Head of Corporate Planning and his team for the extensive work undertaken in preparation for the event. The Chair reported that the Trust's commitment to protect free car parking for service users and visitors continued at Cirencester Hospital, despite third-party pay-and-display car parking being approved by Cotswold District Council on private land situated within the hospital site. The Chair informed the Board that both she and the Chief Executive had been invited to meet with Cabinet Members from the Forest of Dean District Council on 27 July 2015 as a precursor to the wide-ranging discussions in the locality about health and social care, being led jointly by the Trust and the Gloucestershire Clinical Commissioning Group (GCCG). The Chair also met with the Chair and Secretary of the Forest Health Forum on 19 August 2015, and Cllr Di Martin on 20 August 2015 who has a lead role for health and wellbeing for the District Council. Following a strong field of applicants, and a competitive and open process for the Director of Nursing post, the Chair was pleased to announce the appointment of Susan Field to the substantive role. The Chair welcomed Susan to her new post. The Board received and discussed the Chair's Report.
10/0915	**10. Chief Executive's Report** The Chief Executive presented his report and summarised key national and local issues and developments. In particular, he commented on the following: <u>Care Quality Commission (CQC) Report</u> The Chief Executive reported that the CQC had completed its inspection of the Trust with announced visits to the community dentistry service on 18-21 August 2015. Whilst the overall rating was "Requires Improvement" which will be addressed through a Quality Improvement Plan, some key highlights from the final Trust-wide report published by the CQC on 22 September were as follows: • there was widespread praise of colleagues for their kindness and compassion; • the report commended a strong, visible patient-centred culture throughout the organisation; • the seven community hospital inpatient services were rated as "Outstanding", and were observed as regularly exceeding service user expectations; • the Trust's leadership in the majority of service areas was rated as 'Good', with some inspiring examples of innovation; • in total, 66% assessed areas were rated as 'Good' or 'Outstanding'. Further interpretation of the CQC report was provided under agenda item 17. <u>Forest of Dean Engagement</u> The Chief Executive reported that the Trust is beginning a review of both the current and

future health and social care needs of the people of the Forest of Dean, in collaboration with both the Gloucestershire Clinical Commissioning Group (GCCG) and local communities. This review will run simultaneously with a period of engagement and consultation which will occur September 2015 to May 2016.

Jan Marriot reminded Board members that the Trust must be unambiguous in the messages that it conveys to the public so that everyone is clear what is within the scope of the review.

Nurse Learning and Celebration Event

The Chief Executive informed the Board that following the success of the Leadership Conference in June 2015, the Trust will be hosting a Nurse Learning and Celebration Event to be held on 5 November 2015 at the Thistle Hotel in Cheltenham.

The event will conclude with Dame Janet Trotter, Lord-Lieutenant of Gloucestershire, presenting the Trust's Head of Specialist Services Annie MacCallum, with the British Empire Medal, which was awarded to her in the Queen's Birthday Honour's List 2015.

Nicola Strother Smith asked whether similar events for other colleagues are planned. In response, the Director of Nursing confirmed that together with the Head of Corporate Planning, plans are in early development to create an Allied Healthcare Professionals' Learning and Celebration Event for March 2016.

NHS Trust Development Authority (TDA) Plan Improvement Response

The Chief Executive reminded the Board that the Trust had been requested by the TDA to re-submit its financial plan for 2015/16 showing a higher surplus than the originally projected £100,000, and that the value of the requested increase was £1,427k.

In line with the figures that had previously been discussed and approved by the Board, the Trust had responded with an increase of £900k based on two updated assumptions:

- SystmOne implementation costs that had previously been planned to be expensed would now be capitalised as an asset and depreciated over five years;

- the 1:8 ward staff to service user ratio that the Trust has been observing, is to be reviewed to take into account overall levels of acuity and need, as well as the numbers of other staff that are present alongside qualified nurses to ensure appropriate care.

Robert Graves enquired as to whether the TDA had yet responded to the resubmission. The Director of Finance noted that at present it had been neither formally accepted nor rejected, and that detailed plans were now being submitted in line with this target.

Community Health Services – A Way of Life

The Chief Executive noted that NHS Providers had launched a new publication "*Community Health Services - A Way of Life*", emphasising the importance of community-based care work while highlighting the tendency for its impact to be under-recognised.

As part of the discussion, the Chair noted that she has been invited by the Secretary of State for Health to a meeting to discuss how key elements of the *Five Year Forward View* can be delivered within a community setting.

The Board received and discussed the Chief Executive's Report.

11/0915	**11. Chief Operating Officer's Report** The Chief Operating Officer presented his report which outlined key local issues and developments. In particular, he reported upon the following: <u>System-wide capacity and Winter Planning</u> The Chief Operating Officer stated that the Trust continues to support the wider health and care system so as to ensure that the national target of 95% service users being seen within four hours in an Emergency Department (ED) is met. The Chief Operating Officer also reported that the Trust continues to progress with its winter planning arrangements. Joanna Scott asked how the Board could be assured that the winter planning arrangements were robust and that there is sufficient overall capacity to meet above-normal demand during the winter. The Chief Operating Officer responded by stating that assurance could be gained from the fact that the plans were jointly developed with other local professional stakeholders and scrutinised by the Strategic Resilience Group which comprises planning leads from across many organisations in Gloucestershire, and which is responsible for leading, coordinating and implementing the necessary actions required to mitigate against the impact of increased service demand, adverse weather conditions etc. The Chief Operating Officer stated that a Winter Planning and Resilience Preparation Report will be presented at the next Board Meeting.
Chief Operating Officer	
Chief Operating Officer	The Chair requested that the Winter Planning and Resilience Preparation Report should also include a number of suitable metrics for review at the next Board Meeting. The Chief Operating Officer to action. <u>Commissioning for Quality and Innovation (CQUIN) and the Quality, Innovation, Productivity and Prevention programme (QIPP)</u> The Chief Operating Officer reported that the value of the 2015-16 QIPP scheme is £3.9m, while CQUIN income has local and national elements worth £1.7m and £0.2m respectively. QIPP milestones for May and June have been broadly achieved. However, work is now underway to update the report for July 2015 milestones. The Medical Director identified that there is some residual risk against achieving the CQUIN milestones in respect of Acute Kidney Injury and the sequencing of clinical reviews at Community Hospitals. <u>Community Hospitals</u>
Chief Operating Officer	The Chief Operating Officer noted that negotiations were continuing in respect of the planned use of the theatre at Cirencester Community Hospital, and explained that a further update will be provided at the next Board Meeting. The Chair was pleased to note that the 2015 Patient-Led Assessment of the Care Environments (PLACE) outcomes have indicated overall improvements against national benchmarks. <u>Springbank Primary Care Tender</u> The Chair invited the Director of Service Delivery to provide an update in respect of the recent

	Springbank Primary Care Tender. It was noted that the Trust had been unsuccessful in its bid, although it had achieved a final ranking of joint second place. The Director of Service Delivery also noted that the Trust would be receiving more detailed feedback early in October from the GCCG. The Board received and discussed the Chief Operating Officer's Report.
12/0915 Director of Human Resources Director of Nursing	**12. Board Assurance Framework - Operational Risks** The Chair presented the Board Assurance Framework (BAF) - Operational Risks, and drew the Board's attention in particular, to the 9 new risks which had been identified by colleagues across the organisation. The Chair asked the Board to consider whether it was satisfied with the proposed mitigations, especially in relation to these new operational risks. In response, there was discussion of the following key issues: • Board members expressed concern regarding the increased risk rating for sickness absence (HR5-404). The Director of Human Resources assured the Board that a detailed action plan had been developed to address the issue, and that the plan's implementation was being monitored by the Workforce and Organisational Development Committee. Additionally, it was noted that Absence Management Workshops have also been developed for managers, supported by a management toolkit. The Director of Human Resources agreed to provide an update at the next Board meeting; • the Chair challenged the delay in enabling frontline staff to access Service User Status Alerts on SystmOne when working remotely (IT2). The Director of Finance confirmed that this issue continues to be raised with TPP the software provider; and that since the last Board meeting, the Medical Director had also written to TPP's Medical Director expressing the urgency. The Director of Finance confirmed that a software update is due to be released in November 2015, which should rectify this issue; • Nicola Strother Smith raised concern that the proposed solution to mitigate against the unallocated governance and accountability for medical devices (SD7/CWS) had still not been progressed by the Executive Team. In response, the Chief Executive stated that the Director of Nursing will lead on addressing this issue, and will provide an update at the next Board meeting. The Board discussed and approved the Board Assurance Framework - Operational Risks.
13/0915 Director of Finance	**13. Quality and Performance Committee update** Nicola Strother Smith, on behalf of the Committee Chair Sue Mead, presented the minutes of the meeting of the Quality and Performance Committee held 7 September, and noted the following: • the committee had commended colleagues on progress in relation to the delivery of harm free care across the Trust; • the committee had welcomed the Pharmacy Progress Report, with attention given to the recent completion of the Trust Development Authority (TDA) self-assessment tool in respect of medicines optimisation. However, Nicola Strother Smith expressed concerns about the timeliness of data presented to the Committee as this did not enable responsive action (i.e. June data was presented in September). In response, the Director of Finance confirmed that raw data scorecards can be made available in future for the Committee to review which will allow assessment of the most

Director of Nursing	recent Trust performance alongside the more considered and formal Quality, Performance and Finance Report. This solution was endorsed by the Non-Executive Directors. The Director of Nursing then drew the Board's attention to the "John's Campaign" initiative, which focuses on the rights of people with dementia to be supported by their carers in hospital, and asked whether the Board was supportive of the Trust implementing the initiative's recommendations. The Board approved the proposition, and the Chair asked that a progress report be brought to the next Board meeting. Nicola Strother Smith invited Ian Dreelan to summarise the discussions of the Complaints Oversight Group (COG). Ian Dreelan confirmed that the group had its inaugural meeting on 11 August 2015 with a further meeting scheduled for 6 October 2015. He also expressed his belief that the group would be a considerable asset to the Trust, by providing high level assessment, triangulation and exploration of themes in complaints and incidents. The Director of Human Resources also confirmed that the Committee had supported the recommendation that the duties and responsibilities of the Freedom To Speak Up Guardian would be incorporated within the role of the Listening into Action Lead. The Board received the Quality and Performance Committee update.
14/0915	**14. Finance Committee update** Robert Graves, as Chair of the Finance Committee, reported that at the last meeting of the committee: • robust discussions had taken place regarding CQUIN and QIPP; an in-depth budget review had been undertaken in respect of Community Hospitals, provided by Julie Goodenough, Head of Community Hospitals and Anne Roberts, Operational Finance Manager. This was the first of these in-depth reviews and the Committee was very satisfied with the format which would now be used to review all areas of the business on a rolling program. • the Committee reviewed the current financial situation. the cash and the capital expenditure positions are sound, the current income and expenditure position is in line with plan, the current position with the CIP program is challenging. This has been covered in previous reports and will continue to be a major focus of the Committee. The Board noted the Finance Committee update.
15/0915	**15. Workforce and Organisational Development Committee update** Nicola Strother Smith, as Chair of the Workforce and Organisational Development Committee, presented the minutes of the meeting held 20 August, and in particular noted the following: • the deep dive into the Staff Friends and Family Test, which had identified the top three positive themes as reported by staff (namely job satisfaction, the Trust being a supportive employer and teamwork), together with the three most reported negative themes (namely, demand and capacity as also noted by the CQC, the impact of too much organisational change, and cultural issues);

	• the staff engagement pilot programme which is being led by the Head of Corporate Planning, informed by the findings of the Listening into Action work and the Organisational Development Strategy implementation plan. In response to queries from Sue Mead, the Director of Human Resources confirmed that the two teams selected for this programme (i.e. Tewkesbury ICT and Stroud General Hospital) had not been selected due to particular concerns at these sites, but had been suggested by the Director of Nursing and the Director of Service Delivery merely as examples of community and hospital-based teams respectively. The Chair noted her concern at the countywide services vacancy rate of 10.40%. In response, the Director of Service Delivery gave assurance that all leavers' questionnaires had been reviewed. The Director of Human Resources also confirmed that there is an action plan in respect of the recruitment and retention of Allied Healthcare Professionals which will be included in the next Workforce and Organisational Development Report for Board. The Board received the Workforce and Organisational Development Committee update.
16/0915 Director of Finance Director of Nursing All Board members	**16. Quality, Finance and Performance Report** The Chief Operating Officer presented the report, summarising activity and performance under the Trust's six strategic objectives. Discussion focused on the following issues: **Objective 1 - Achieve the best possible outcome for our service users through high quality care** The Director of Nursing reported that the Single Point of Clinical Access performance in July 2015 declined to 92.1% compared to the target of 95%. This was due to high demand on the service. Additionally, there had been a total of 116 calls that had each taken longer than the agreed target of 20 minutes to resolve. The Director of Nursing also stated that call complexity is continuing to add to the length of time spent on each call. The Director of Finance agreed to challenge the target at the next scheduled Contract Board Meeting with the CCG. The Director of Nursing also drew the Board's attention to the mitigating actions in respect of the Echocardiography breaches that occurred in July. Sue Mead acknowledged these actions, and suggested that work should be carried out to review the skill mix and competency framework for the Cardiac Echocardiographer role, and explore whether the role could be absorbed by other clinical teams. The Chair echoed the suggestion. The Director of Nursing to report back to the next Board meeting. The Chair was pleased to note the continued 95% rate for harm free care. **Objective 2 - Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work** The Chair noted that response to the inpatient survey question "H*ow would you rate the hospital food?* appeared concerning, and so asked that all Board members conduct a tasting session at a community hospital and feedback their views at the next Board meeting. The Chair also noted the addition of information regarding translation services and legal claims, which together with the data on the Friends and Family Test, complaints and

Chief Operating Officer Head of Corporate Planning	concerns, began to build a picture of people's experiences of Trust services. **Objective 3 - Provide innovative community services that deliver health and social care together** The Chief Operating Officer reported that there are still on-going concerns with the accuracy of the adult social care data provided to the Trust (including the reablement activity that was remaining with the Trust), and that this issue was being addressed with the Local Authority. The Director of Nursing provided an overview of the Trust's compliance with current NICE guidance, and explained that the Clinical Senate continues to oversee the scrutiny of these guidelines. **Objective 4 - Work as a valued partner in local communities and across health and social care** The Chair noted that a number of the Quality Strategy metrics against this objective were unmeasurable at this time. The Head of Corporate Planning confirmed that the discussion to follow under agenda item 19 may mean that metrics will be realigned agaist objectives for future reports. The Board noted the reported position for strategic objectives 5 and 6. The Board received and discussed the Quality, Finance and Performance Report.
17/0915	**17. CQC Quality Summit and Quality Improvement Plan** The Chief Executive delivered a presentation to the Board that had been developed for the CQC Quality Summit which had been held the previous day, in response to the publication of the Chief Inspector of Hospital's report. The Chief Executive explained that his presentation had served as a response to a talk by the CQC, which had been generally positive in its assessment of the Trust, and which had recognised the significant progress that the Trust had achieved since its establishment. In summary, the Chief Executive concluded that the CQC report, which had afforded the Trust an overall rating of "Requires Improvement", had been fair and did reflect the Trust's current position: however equally, the Chief Executive noted that the report had awarded two thirds of assessed areas with a rating of "Good" or "Outstanding", with particular recognition being given to the caring approach within the Trust's community hospitals. The Chief Executive also noted that the majority of areas in which improvement was required by the CQC, related to organisational systems and processes rather than to clinical or operational practices. Finally, the Chief Executive noted that the Head of Corporate Planning was now working upon a very detailed Quality Improvement Plan which extrapolated all the necessary actions from the CQC report, and which would be monitored through agreed governance channels. The Chair conveyed her thanks to the Chief Executive for the presentation and invited comments from the Board. Sue Mead sought clarification on those areas highlighted by the CQC which related to unsatisfactory clinical practice. In response, the Chief Executive noted that the main concerns which had been raised by the CQC had related to issues within the Minor Injuries and Illness

	Units: however, as soon as these issues had been raised by the CQC during the course of their inspection, immediate remedial action had been taken, and evidence of this had been provided to the CQC before they had concluded their visit. Richard Cryer also thanked the Chief Executive for a balanced presentation and requested clarification on the reassessment process. In response, the Chief Executive confirmed that there was some uncertainty as to how and when the Trust would be reassessed – although he did note that the CQC had made clear at the Quality Summit that a future reassessment would be unannounced. He also expressed his opinion that the CQC would only re-inspect services rated Amber or Red. The Chief Executive also described more fully the Trust's Quality Improvement Plan which must be shared with the CQC in October 2015 – this will identify when each particular service will be ready for reassessment. Ian Dreelan requested further clarity on the concerns raised in respect of incidents, complaints and risks. In response, the Chief Executive highlighted the CQC's concern that the Trust is an outlier for the low number of complaints it manages, compared to other similar Trusts. However, both the Chief Executive and Jan Marriot commented that the Trust's services are such that they do not provoke significant number of complaints. It was however agreed by the Board to action the measures recommended by the CQC (including making information more visible to the public on how to raise a complaint) and review again. The Chair also noted that the Complaints Oversight Group (COG) would also help form part of improving the Trust's understanding and how the organisation learns from complaints and concerns. The Chair sought clarification on the communications being sent to colleagues in light of the CQC report. In response, the Chief Executive stated that an email had been circulated to all colleagues that day to inform them of the report. The Chief Executive also committed to give his presentation to colleagues at the Leadership Meeting on 24 September. Similarly, he noted that the forthcoming 38 "Understanding Why" staff engagement events in October would give everyone across the Trust the opportunity for information and discussion. The Board received and noted the CQC Quality Summit Presentation.
18/0915 Head of Corporate Governance	**18. Learning Disabilities Report** The Director of Nursing presented the Learning Disabilities Report and highlighted the following: • the programme of work has been slow at gaining momentum, and this was formally highlighted at the Trust's September Quality and Performance Committee meeting (Richard Cryer commended the openness in recognising this); • Richard Cryer, the Learning Disabilities Champion would chair a re-energised Quality Improvement Group with an increased pace of change; • an Expert Reference Group had been established to support the work, reporting to the Quality Improvement Group; • an operational joint chair will be identified by the Director of Nursing. The Board noted the report and agreed that future reporting arrangements would be via the Quality and Performance Committee on a six monthly basis commencing January 2016.

19/0915	**19. Strategic objectives** Following discussions at the Board Development session on 18 August 2015, the Head of Corporate Planning proposed that the Trust merges its existing strategic objectives 3 and 4 into a single statement: this was proposed as • *Actively engage with health and social care partners, in order to deliver seamless, joined-up services across Gloucestershire* The Chair noted concern that this statement no longer included reference to local communities, therefore suggesting that engagement would only occur with professional stakeholders: the Head of Corporate Planning agreed to amend. The Director of Finance also challenged that reference to innovation had now been dropped, and proposed that "joined up" be replaced. It was therefore proposed that the statement read: • ***Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire*** The Head of Corporate Planning also drew the Board's attention to the fact that the now five strategic objectives could be matched against the five CQC Quality Domains. The Board approved the proposal, and suggested that the changed statement be introduced gradually, rather than launching a major campaign.
20/0915	**20. Any other business** No other business was requested for discussion. The Chair thanked everyone for attending the meeting. The meeting was closed by the Chair.
	21. Date of next public meeting It was agreed that the next meeting of the Board be held on 24 November 2015 at the Aspire Sports and Cultural Trust, Oxstalls Sports Park, Conservatory Room, Plock Court, Tewkesbury Road, Gloucester GL2 9DW.

Chair's Signature:

Date:

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

Key to RAG RATING

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

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

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

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
	BAF	Assurance required by Board members that executive colleagues review risks as appropriate to their areas of operation. Committees to report discussion of risk registers and any mitigating actions within mins as presented to Trust Board	All Execs	Ongoing	**CLOSED**	
013/05/15	Quality and Performance Committee update – Mandatory training rates	Executive team asked to change existing processes in order to make appraisals easier. TR working with operation colleagues to streamline processes further.	Director of Human Resources	September 2015	**CLOSED**	
014/05/15	FFT Lydney	SF to investigate response rates for FFT at Lydney	Director of Service Transformation	July 2015	**CLOSED**	
	Performance Exceptions	SF to look into the MIU unplanned re-attendance rate and provide update to board	Director of Service Transformation	July 2015	**CLOSED**	
	Adult Social Care Key Indicators	Trust performance is reported to be higher than is demonstrated SF to look into matter and report back to Board	Director of Nursing	September 2015	Disconnect in Data sets being revised	
	NICE Guidance	Further assurance was requested from GH regarding the Trust's compliance with NICE guidelines. EF to report back to board with update in July	Director of Nursing	August 2015	**CLOSED**	
15/05/15	Mortality Report	Data contained within the report to be presented in an easier read format in future reports	Medical Director	September 2015	**CLOSED**	
16/05/15	Annual Accounts	GH to continue to provide Chair and CEO on any matters arising following sign off from external auditors on 3rd June	Director of Finance	Ongoing	**CLOSED**	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
017/05/15	Complaints Policy	To be review at board in September 2015, ensuring narrative within the policy is appropriate	Director of Nursing	September 2015	Deferred to January Trust Board	
	Complaints Policy	Communications within the literature submitted to Readers Panel and board requested feedback to inform future iterations	Head of Corporate Planning	September 2015	**CLOSED**	
018/05/15	Duty of Candour	To be introduced into mandatory corporate training	Director of Human Resources	July 2015	**CLOSED**	
018/05/15	Duty of Candour	PJ to confirm exec lead and accountability at July board	Chief Executive	July 2015	**CLOSED**	
	Duty of Candour	Policy effectiveness to be monitored through Quality and Performance Committee	Director of Nursing	September 2015	**CLOSED**	
	Duty of Candour	Policy to be reviewed at September board with appropriate narrative	Director of Nursing	September 2015	Deferred to January Trust Board	
019/05/15	Finance Report	Future reports to show cash reporting in more detail	Director of Finance	July 2015	**CLOSED**	
B006/15	Membership Strategy	To be developed and presented to the Executive management team in November 2015 and presented to Board in January 2016	Trust Secretary	January 2016		
Service User Story TB 21 July	Communication needs with deaf and hard of hearing service Users	Further consideration given to exploring other means of communication in line with NHS Accessible Information Standard	Director of Service Delivery / Director of Nursing	Ongoing		

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
	Deaf Awareness Training Film	Training film to be circulated to all Board members and to be included in Mandatory Training Programme	Director of Human Resources	September 2015	**CLOSED**	
44/0715	HCOSC	Schedule of meeting with HCOSC Chair	Chair	September 2015	**CLOSED**	
46/0715	COO report. CIP Sign off	Lack as assurance of CIP signoff in respect of signatories	Chief Operating Officer	September 2015	**CLOSED**	
	COO Report, Cirencester Hospital theatre facilities	Update required in respect of theatre facilities utilised at Cirencester Hospital	Chief Operating Officer	September 2015	**CLOSED**	
	COO Report, Housebound criteria and action plan	Update required in respect of interface between DN Action plan and wider Trust strategy	Chief Operating Officer	September 2015	**CLOSED**	
	COO Report, ICT Model	Detailed report to Board in respect of ICT Model	Chief Operating Officer	September 2015	**CLOSED**	
47/0715	BAF – Corporate Risks	Medical Devices Risk (SD7/CWS) solution to be implemented	Director of Nursing	September 2015	**CLOSED**	
48/0715	Quality and Performance Committee Update Report.	Opportunity for development of easy read clinical policies for colleagues and public. Oversight of this to Quality and Performance Committee	Director of Nursing	September 2015		
51/0715	Quality, Finance and Performance Report (Objective 1)	Report requested detailing medication and drug errors due to rise in May 2015	Director of Nursing	September 2015	**CLOSED**	
	Quality, Finance and Performance Report (Objective 1)	Staff and agency spend report requested to Quality and Performance Committee in September	Director of Nursing	September 2015	**CLOSED**	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
	Quality, Finance and Performance Report (Objective 2)	Number of dental concerns raised to be investigated and a report back to Quality and Performance Committee	Director of Service Delivery	September 2015	**CLOSED**	
	Quality, Finance and Performance Report (Objective 3)	Quality and validity of Data to be investigated and reported back to Board	Chief Operating Officer	September 2015		
	Quality, Finance and Performance Report (Objective 6)	CIP Programme of work to be discussed at Finance Committee and an update back to Board	Chief Operating Officer	September 2015	**CLOSED**	
11/0915	Chief Operating Officer's report	Winter Planning and Resilience Report to be presented at November Board, and to also included a suitable set of metrics for review	Chief Operating Officer	November 2015		
	Chief Operating Officer's report	Community Hospitals – negotiations continuing in respect of Cirencester, further update to November Board	Chief Operating Officer	November 20115		
12/0915	Board Assurance Framework – Operational Risks	Board members expressed concerned at increased risk in respect of sickness, more detailed report to be provided at November Board	Director of Human Resources	November 2015		
	Board Assurance Framework – Operational Risks	Concern expressed in respect of risk (SD7/CWS) medical devices. Director of Nursing to look into and provide update to November Board	Director of Nursing	November 2015		
13/0915	Quality and Performance Committee Update	Timeliness of data presented to Committee. Director of Finance to make raw data available for future committees	Director of Finance	November 2015		
	Quality and Performance Committee Update	Progress report requested in respect of John's Campaign to be brought to next Board meeting	Director of Nursing	November 2015		
15/0915	Workforce and Organisational Development Committee Update	Following a concern raised by the Chair in respect of countywide vacancy rate the Director of Human Resources agreed to include the action plan in the next update to the Board	Director of Human Resources	November 2015		

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
16/0915	Quality, Finance and Performance Report (Objective 1)	Agreed target of 20 minutes per call for SPCA to be challenged at next Contract Board meeting	Director of Finance	November 2015		
	Quality, Finance and Performance Report (Objective 1)	Review of skill mix and competency framework in respect of the Echocardiographer role to explore if the role can be absorbed by other clinical teams.	Director of Nursing	November 2015		
	Quality, Finance and Performance Report (Objective 2)	Response to the inpatient survey questions regarding food concerning, all Board members to conduct a taster session at a community hospital and feedback vies to next Board	All Board Members	November 2015		
	Quality, Finance and Performance Report (Objective 4)	Quality metrics unmeasurable against this Objective, new metrics to be identified for future reports	Head of Corporate Planning	November 2015		
18/0915	Learning Disabilities Report	Six monthly reports required via the Quality and Performance Committee	Head of Corporate Governance	January 2016		

Gloucestershire Care Services NHS Trust

FORWARD PLANNER

19 May 2015	21 July 2015	22 September 2015	24 November 2015	26 January 2016	22 March 2016
Guildhall	**Cirencester FC**	**Stroud Subscription Rooms**	**Oxstalls Gloucester**	**EJC**	**George Watson Hall- Tewkesbury**
Standard Items					
Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies
Patient Story - Gloucestershire Voices	Service User Story - Gloucestershire Deaf Association	Service User Story -Carers Gloucestershire and Prestbury Carers' Group	Service User Story - GlosCats - Transgender Community	Service User Story- TBC	Service User Story - TBC
Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate
Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests
Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting
Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log
Forward planner	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner
Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public
Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report
Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report
Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report
Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks
Quality and Performance Report	Quality, Finance and Performance Report -	Quality and Performance Committee Update	Quality and Performance Committee Update	Quality and Performance Committee Update	Quality and Performance Committee Update
Quality and Performance Committee Update	Quality and Performance Committee Update	Finance Committee Update	Finance Committee Update	Finance Committee Update	Finance Committee Update

19 May 2015	21 July 2015	22 September 2015	24 November 2015	26 January 2016	22 March 2016
Guildhall	**Cirencester FC**	**Stroud Subscription Rooms**	**Oxstalls Gloucester**	**EJC**	**George Watson Hall-Tewkesbury**
Workforce and OD Committee Update	Finance Committee Update	Duty of Candour Policy Complaints Policy	Workforce and OD Committee Update	Workforce and OD Committee Update	Workforce and OD Committee Update
Annual Mortality Reporting - JB	Learning Disability Steering Group Report	Workforce and OD Committee Update	Quality, Finance and Performance Report	Quality, Finance and Performance Report	Quality, Finance and Performance Report
ICT Steering Group report.	Workforce and OD Committee Update	Quality, Finance and Performance Report			
Social Care Governance Framework - SF	Monitor Compliance Statements and Board Statements				
Strategy					
Quality Strategy Metrics Report - RB				Engagement and Experience Strategy	Membership Strategy (sign-off) (JBr)
Corporate					
Finance Committee Update (Minutes and update from 24 April Meeting)	SystmOne update report (GH)		**DoC/Complaints Policy Review - Deferred to Jan Board (COG)**	**DoC/Complaints Policy Review - Deferred from Nov Board (COG)**	
Audit and Assurance Committee Update			Operational Resilience Capacity and Trust Escalation Plan	Operational Resilience Capacity and Trust Escalation Plan	Operational Resilience Capacity and Trust Escalation Plan
Receipt of annual accounts (GH)					
CQC Inspection Programme Board Update and Minutes					
Information					
Charitable Funds Committee Update	Charitable Funds Committee Update	C/Fund, QIPP, Workforce, Audit and Assurance	C/Fund, Q&P, Audit and Assurance	C/Fund, Audit and Assurance	C/Fund, Audit and Assurance
Annual Governance Statement	Audit and Assurance Committee Update	Nurse revalidation report'	Any other business	Register & Commercial Sponsorship	Register of Declaration
Complaints Policy	Register of Seals	Any other business	Review of Board's performance	Any other business	Register of Seals

19 May 2015	21 July 2015	22 September 2015	24 November 2015	26 January 2016	22 March 2016
Guildhall	**Cirencester FC**	**Stroud Subscription Rooms**	**Oxstalls Gloucester**	**EJC**	**George Watson Hall-Tewkesbury**
Any other business	Any other business	Review of Board's performance	Date of next meeting	Review of Board's performance	Any other business
Date of next meeting	Date of next meeting	Date of next meeting		Date of next meeting	Review of Board's performance
					Date of next meeting

Gloucestershire Care Services NHS
NHS Trust

AGENDA ITEM 8

QUESTIONS FROM THE PUBLIC

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 24 November 2015
Location: Oxstalls Tennis Centre, Gloucester

Agenda Item 9: CHAIR'S REPORT

Working with our Communities

The Trust held its second Annual General Meeting (AGM) at Blackfriars in Gloucester on Monday, November 2. We were also delighted to see a performance by learning disability self-advocacy group Gloucestershire Voices whose members performed a play called First Impressions. This was both moving and informative, offering great insights into how people experience living daily with a learning disability and challenging assumptions about their needs and care. Gloucestershire Voices attended our board meeting in May and asked some direct and challenging questions about how we ensure we make the required adjustments for people with learning disabilities. I have written to them to thank them for this important input to our AGM and would like to use their performance as a reminder to my fellow board members of the need to continue advancing this aspect of our work. I am sure we will maintain an ongoing dialogue with Gloucestershire Voices as a partner in driving service developments. The AGM also provided our colleagues and partner organisations an opportunity to showcase some of their services and offer the public an overview of the scope and scale of the Trust's work.

As noted in my last Chair's Report, our stakeholder group, Your Care Your Opinion, held a particularly successful event in September at the Friendship Cafe in Barton and Tredworth. Our friends Imran Atcha and Haroon Kadodia helped us to connect with members of a wide range of black and minority ethnic (BME) communities and we were thrilled to see over 130 individuals and community groups attend the session from Asian, African Caribbean, Chinese, Polish and other communities. They were able to give us some real insights into their experience and perception of our services and we will be working with them to hone our offer to become more appropriate and accessible for them. Our Engagement Team subsequently produced the 'Meeting Everyone's Needs' report (Appendix 1) which gives an overview of the feedback results from the day. The themes of this feedback were:

- Understanding the NHS is hard!
- Language can create barriers to access
- Cultural differences affect care
- Heritage and culture influence expectations

There are actions associated with each of these themes which the Trust will be taking forward, and I'd like to highlight this as an excellent piece of work, focused on improving the experience of care we provide.

I would also note that the learning from this day has been incorporated within the "Understanding You" report which is included under strategic objective 2 of this month's Quality, Performance and Finance Report. For this, Rod Brown Head of Corporate Planning, has sought out information from a range of sources – including events such as Your Care Your Opinion, recent engagement activities, focus groups and Non-Executive Director (NED) visits – and combined this with data relating to incidents, the Friends and Family Test and NHS Choices, in order to produce a more detailed overview and analysis of the experiences of our service users, families and carers.

I have represented the Trust at two church Thanksgiving services this month. The first was organised by Stroud League of Friends where I was joined by our Director of Nursing. The second, on October 21, was organised by Gloucestershire Hospitals NHS Foundation Trust and was held at Gloucester Cathedral where I, several board members and a number of other colleagues attended. Our Rapid Response service was asked to present a patient story and Julie Symonds and Angela Cooper gave a very compelling account of how the service enables people in crisis to be treated and supported at home rather than hospital. I am keen that the Trust continues to develop its multi-faith connections and so I have also facilitated some work between ourselves and a local Islamic Imam which I hope will broaden our chaplaincy approach.

I visited the Leckhampton Sue Ryder Hospice on Thursday 5 November. Our Chief Executive has also made connections with this service and our Director of Nursing is following up to cement our joint working on end-of-life care initiatives.

Our Stop Smoking Service has just launched a Kick the Cigs into Touch campaign to challenge and encourage more people to give up. The campaign has been given the generous backing of Gloucester Rugby Club, and the Chief Executive and I enjoyed some time at Kingsholm being photographed with players Greig Laidlaw and Jonny May, ex-player Mike Teague as well as colleagues from public health and Gloucestershire County Councillor Andrew Gravells to help publicise the campaign.

Working with our partners

The Chief Executive and I attended the Health and Care Overview and Scrutiny Committee (HCOSC) meeting on Tuesday, November 3, when the Care Quality Commission (CQC) presented its report on our visit in June. As colleagues will be aware, the CQC judged two thirds of the domains to be good or outstanding but the Trust received an overall outcome of 'requires improvement'. HCOSC members were searching in their questioning both of the CQC as well as ourselves and we look forward to continuing this helpful dialogue at our briefing session with them, which is planned for Wednesday 16 December.

I have had my regular quarterly meeting with the Chair of Healthwatch who shared with me a very rich patient story relating to palliative care. This story was subsequently presented by the patient's wife at our Nursing Celebration and Learning Event on Thursday 5 November.

Nationally, I was one of a small number of community provider representatives to meet with the Secretary of State to highlight the contribution of community services in the transformation envisaged in Simon Stevens' Five Year forward View. I have also attended the NHS Provider Board in November while I, and three other board members, attended the NHS Providers national conference in Birmingham on November 10 and 11.

Myself, our Vice Chair, Chief Executive, Director of Finance and Chief Operating Officer have participated in the third of the Gloucestershire Strategic Forum's 'Forward View' sessions. Following a meeting of the Chief Executives to determine next steps there may be further workshops.

Non-Executive Director (NED) colleagues have attend a number of events on my behalf over recent weeks. These include:

- The Chair of the Workforce and OD Committee attended a national meeting of chairs to discuss the approach being taken to Very Senior Managers pay
- The Chair of the Quality and Performance Committee attended a meeting of Chairs hosted by the Health and Wellbeing Board to discuss local Safeguarding approaches
- Jan Marriott attended the CCG's engagement session on the Five Year Forward View
- The Vice Chair attended a meeting with Lydney stakeholders to begin dialogue as part of the Forest engagement process
- Joanna Scott attended an art exhibition at Gloucester Royal Hospital to highlight breast cancer awareness

<u>Engaging with our colleagues</u>

Warm congratulations to Annie McCallum, Head of Specialist Services, who was presented with her British Empire Medal by the Lord Lieutenant of Gloucestershire at our Nursing Celebration and Learning Event on Thursday 5 November. The honour was in recognition for services to nursing so it was particularly appropriate that Annie had chosen to receive the medal at this particular event. She was given a standing ovation by over 150 colleagues and received well-deserved tributes for the contribution she has made to healthcare in Gloucestershire. Our responsibility is to maintain a workplace and culture in which future generations of nursing colleagues can go on to similar accomplishments.

Congratulations are also due to Dawn Allen, the Trust's Head of Community Nursing, who is now a Queen's Nurse. The Queen's Nursing Institute is a prestigious group, which champions the best possible nursing for patients at home. We now have 15 Queen's Nurses at the Trust, who are part of a newly-formed Queen's Nurses forum. This will act as a focal point for their leadership and innovation in care.

I and the NEDs prioritise visits to our services to gain assurance on quality and patient experience. Details of these visits are in the Quality, Performance and Finance report. In addition, I visited the Telecare service and North Cotswold Hospital. As usual, the NEDs and I hold a monthly meeting in one of our services

and then have a 'walkabout'. This month we visited the Independent Living Centre in Cheltenham and last month we met at the Tewkesbury Integrated Community Team office base.

I have contributed to the series of 'Understanding Why' events, hosting sessions in Tewkesbury, the Forest of Dean and Cirencester.

Working within the Trust I am now recording a short video blog, or vlog, after each of our board meetings to go on the Trust intranet picking up key themes for colleagues. On a similar note, I have also joined Twitter and am learning the language of trending and hashtags as I join colleagues from Listening into Action to help drive that work forward.

Board Developments

Our Board development continues with a facilitated session with Sheila Damon taking place in October. Board members will have seen the record of this meeting and we look forward to a further session in December.

Appendix 1

Gloucestershire Care Services NHS
NHS Trust

Meeting everyone's needs

What did people say?

Your views on how well we are meeting extra or different needs in community healthcare…

…and what we're going to do about it!

Friendship Café
Gloucester
8 September 2015

Understanding You

Gloucestershire Care Services NHS
NHS Trust

About the event

Morning

- Exhibition about services
- Quick health checks
- Workshops on diabetes and dementia

Afternoon

- Group discussions on your views and experiences

Understanding You

Who came?

- 100+ members of the public
- 20+ people from public services and charities
- People aged 3 to 84
- From a mixture of African Caribbean, Asian, Chinese, Polish, Czech, Slovak and White British communities

Gloucestershire Care Services NHS
NHS Trust

Four big themes

1. Understanding the NHS is hard!
2. Language can create barriers to access
3. Cultural differences affect care
4. Heritage and culture influence expectations

Understanding You

What's the issue?

1 *You said*: "Understanding the NHS is hard!"

- How is it structured?
- Who does what?
- What services are available to me and my family?
- How can I access the care that I need?

"I understand almost nothing about your healthcare system!"

Gloucestershire Care Services NHS
NHS Trust

What can we do to help?

1

You said: "Help us understand the NHS"

- More information and education sessions at community groups
- Drop-in clinics in community centres and groups
- Tell us what services to expect… e.g. after a stroke, after a fall, when we go into a community hospital

We will:

1. Run more diabetes sessions at community groups
2. Run women's health sessions with Asian women's groups
3. Explore producing guides on 'what to expect' from us
4. Explore options for community health & wellbeing hubs, e.g. at Friendship Cafe

Understanding You

What's the issue?

2 *You said*: "Language can create barriers to access"

- Harder to understand and be understood
- Leaflets often only available in English
- Don't always get an interpreter
- Technical jargon is a barrier

"You sometimes feel you receive an inferior service if your English isn't so good"

Gloucestershire Care Services NHS
NHS Trust

What can we do to help?

2

You said: "Communicate better with us"

- Translate more information and produce EasyRead leaflets
- Make sure you provide an interpreter every time we need one
- Tell us about advocacy services

We will:

1. Translate school nursing letter into Polish, Czech and Slovak
2. Work with community groups to decide which other information to translate
3. Promote our translation & interpreting services to colleagues and patients

Understanding You

What's the issue?

3 *You said*: "Cultural differences affect care"

- Understanding etiquette is important, especially for care at home
- Pride and taboos can stop us from seeking help that we need
- We worry about confidentiality in tight-knit communities
- Subtle 'British' approach doesn't always work – be more direct!

"We tend to keep issues to ourselves and find it hard to ask for help until it's too late"

What can we do to help?

3

You said: "Work with our communities"

- Train staff on religious and cultural needs e.g. bathing, prayer, food, customs, role of family in caring
- Get into groups who are missing out: Dads & Lads; Polish Saturday School
- Provide tailored support at community groups

We will:

1. Recommend all colleagues have training on cultural and religious needs
2. Explore options for supporting different washing needs in our bathrooms
3. Find out about other groups we can support

What's the issue?

4 *You said*: "Heritage and culture influence expectations of services"

- For some, 'prevention' means everyone has regular tests to detect disease early on
- In other countries, people hold their own test results and health records
- Private healthcare in other countries is cheaper and avoids waiting lists
- We are used to more face-to-face services, not phone lines or written information

Expectation 'gap'
=
Some dissatisfaction

What can we do to help?

4 *You said:* "Improve services to bridge gaps"

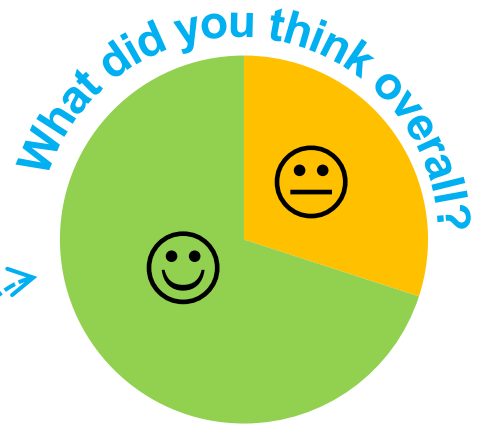
- Reduce waiting times, e.g. for physiotherapists and GPs
- Make sure healthcare professionals explain their approach

We will:

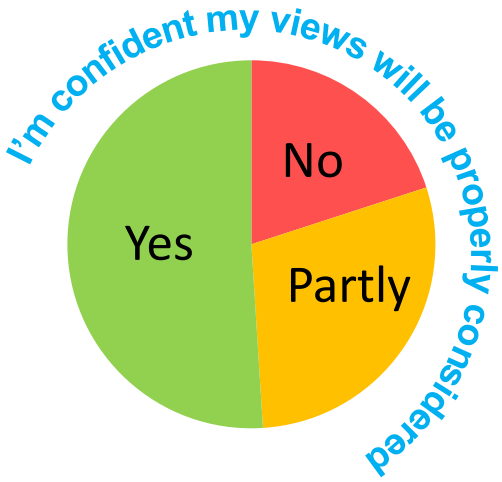
1. Share what you said with GPs and other NHS Trusts in Gloucestershire
2. Continue to work to reduce waiting times for key services

Gloucestershire Care Services NHS
NHS Trust

Feedback on the event so far…



70% thought the event was good
30% thought the event was OK
0% thought it was poor



"[The event] felt genuine, sincere and meaningful "

Understanding You

What's next?

- Full report on 'Meeting Everyone's Needs' to be published on www.glos-care.nhs.uk (October 2015)
- Gloucestershire Care Services NHS Trust exhibition and AGM (2 November 2015, Blackfriars, Gloucester, 3-6pm)
- Healthwatch event on meeting extra or different needs in the community (3 December 2015, Guildhall, Gloucester, 3-5pm)
- Your Care, Your Opinion event (1 March 2016, venue TBC)

Gloucestershire Care Services NHS
NHS Trust

Get in touch

- Share ideas or comments on this report:
  - Lucy Lea, Equality & Diversity Manager
  - 0300 421 8364; lucy.lea@glos-care.nhs.uk, or
  - be.involved@glos-care.nhs.uk
- For more information and to stay up-to-date:
  - http://www.glos-care.nhs.uk/
  - Follow @Glos_CareNHS

Understanding You

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 24 November 2015

Location: Oxstalls Tennis Centre, Gloucester

Agenda item 10: CHIEF EXECUTIVE'S REPORT

Understanding Why

Feedback regarding the Understanding You events that we staged across the Trust in March-April, showed that the opportunity to meet and talk with members of the Executive team was well received. As a result, a follow-up series of 38 Understanding Why events were held in locations across the county throughout October.

I had hoped that we had found a means for the Executive team to meet and interact across the Trust, answer questions and listen to a range of views and opinions.

Unfortunately however, these latest events were not anywhere near as well attended as the previous series suggested they would be or that we had hoped for. While feedback from those colleagues who did attend the sessions was excellent (96% of attendees found the events to be informative, and 92% thought them relevant), we do want to reach a wider and more diverse audience.

We are going to persevere with this approach as I believe it makes a valuable contribution in creating a culture of openness and a sense of direction within the Trust. However, we all acknowledge that there are time pressures on colleagues across all our services, so we will look to integrate future sessions around existing team meetings.

Listening into Action (LiA)

I spent October 15 and 16 with members of the sponsor group from the Trust, as well as the national LiA team, to look at our biggest opportunities for using the LiA methodology to impact service user care and support colleagues. We currently have 10 'Big Ticket' service user teams and five 'Enabling Our People' schemes to support colleagues.

The Big Ticket items for the third year of the Listening into Action programme are:

- A culture that empowers and enables colleagues to raise safety concerns *
- Transforming our children's community complex care pathway
- Improving service user care through 'at home' diagnostic procedures
- Improving the responsiveness and effectiveness of the countywide overnight service *
- Ensuring a clinically-led unit design for SystmOne *
- To deliver a consistent, demonstrable End of Life care plan *

- Optimising face to face reablement care and support
- Embedding an evidence-based Mental Capacity Assessment process *
- Guaranteeing safe clinical caseloads in community nursing and Integrated Community Teams *
- Enhancement of a preventative care pathway

The asterisked items tie into our Care Quality Commission actions, but each of these items will be developed into a full workstream to ensure they deliver measurable outcomes for the Trust.

We also have five Enabling our People schemes which will be picked up next year and a group of teams nearing the end of their 20 week journey, preparing to tell their stories to continue the momentum which has developed over the last two years.

Health and Care Overview and Scrutiny Committee

The Chair and I attended the Health and Care Overview and Scrutiny Committee (HCOSC) meeting on Tuesday, November 3, for the Care Quality Commission (CQC) presentation regarding its report on our Trust. While there was scrutiny of our performance in some areas, members were also interested to learn of the process by which we are monitored and the process going forward. I informed them that our ongoing response to the CQC report was being supported by the Trust Development Authority and Gloucestershire Clinical Commissioning Group as well as the CQC themselves.

Forest Consultation

An exploration of future community health and social care services in the Forest of Dean is currently underway, in collaboration with Gloucestershire Clinical Commissioning Group and the local community.

As stated in the previous Board report, this is a holistic review to look at health and social service provision in a broad context, and represents a fresh opportunity to understand how we can best meet the needs of the locality.

At present, we are in the early stages of engagement with both staff and professional stakeholder groups. For colleagues, there are 16 engagement events planned across the Trust, but heavily weighted towards the Forest of Dean, where Rod Brown, Head of Corporate Planning, is discussing with colleagues what currently works well in the Forest and where there are opportunities for service improvement and better integrated working with partners including primary care and the voluntary sector. The presentation which forms the basis of these discussions is attached as Appendix 1.

We have now also established a Locality Reference Group for the Forest of Dean. This Group meets monthly, and is attended by representatives of a range of organisations and interest groups including the Forest of Dean Health Forum, local GP Practice Participation Groups, Healthwatch Gloucestershire, Carers Gloucestershire, Crossroads Care, Forest Sensory Services etc. Additionally, we are

meeting with stakeholders on an individual basis – for example, colleagues have already met with Friends of Lydney Hospital, the Dilke League of Friends, the Coleford Partnership, the Forest Voluntary Action Forum etc.

From these conversations - together with the extensive desktop modelling work we are undertaking - we intend to take a series of options to the public in spring 2016 as part of a formal 12 week consultation.

Kick the Cigs into Touch

As mentioned in the Chair's report our Stop Smoking Service has launched a new rugby-themed campaign to challenge people to try giving up. This service is unusual in that it needs to market and advertise to attract clients in order to meet commissioning targets.

The national trend is that people accessing stop smoking services is falling, even though stopping smoking is one of the single most effective actions that people can undertake to improve their health.

This new campaign has taken an unusual approach, with drinks coasters designed, printed and distributed in Gloucester pubs suggesting smokers try quitting. We also have an animated image, using the same graphics and copy, which has been run on Facebook and reached over 5,000 people across Gloucestershire in the first week.

The campaign has been designed to allow the service to monitor its direct effectiveness in prompting contacts from people. It's a simple idea, but offers a way to develop the public profile of our Stop Smoking service. The very pro-active nature of this publicity drive has also proved popular with our commissioners.

Nursing Celebration and Learning Event

Our Nursing Learning and Celebration event was held on Thursday, November 5 and was extremely well-received, with a great atmosphere amongst the participants for the entire day.

We are an extremely large organisation, both in terms of workforce and geography, and this event provided an invaluable opportunity for our nurses to network, discuss their work, share their ideas, achievements and pride in their profession. We had planned for 100 nurses to be present, and I'm pleased to say the day was significantly over-subscribed with around 150 colleagues present on the day.

The event included an extremely moving patient story, presented by Janet Smith, about end of life care provided to her husband by the community nursing service, and concluded with Dame Janet Trotter, Lord-Lieutenant of Gloucestershire, presenting Annie MacCallum with her British Empire Medal.

Both this, and the Leadership Conference earlier in the year, has proved very successful and we are looking at a repeat of both, as well as a similar event for allied health professionals in April 2016.

Carers Event – 27 November 2015

Carers Rights Day 2015 is being marked locally with an event in Churchdown on Friday 27 November. This has been organised by Carers Gloucestershire and includes a 'Question Time' style panel event, which the Director of Service Delivery is participating in. The day will also feature workshops for Carers on rights and money, work and health, and after lunch information stalls and a chance for more relaxed conversations.

The role of carers and our relationships with them is an area we can develop more fully across the Trust. As a Board we have supported John's campaign and work is ongoing to develop at 'Carer's Charter' and improve our offer to, and communication with, carers. This work is at an early stage and I would invite anyone interested in this area of development to get involved to help shape our approach as we move forward.

Media Coverage

The BBC spent a day reporting from Stroud Hospital on Wednesday 16 September, with broadcast interviews throughout the day and updates on their social media pages. The broadcast interviews included Matron Juliette Richardson, the League of Friends, patients, hotel services, ward staff and members of the physiotherapy team. A video of the Vintage Room which was uploaded to the BBC Facebook page received over 14,100 views and 162 likes and an interview with the League of Friends was watched over 1,000 times. There was similarly activity on Twitter with posts with the #insideyourhospital tag reaching up to 38,000 account holders.

Our CQC coverage was, in most cases, reasonable fair. While there was the anticipated highlighting of some areas of improvement highlighted by inspectors, most coverage also reported some of the excellent work carried out by the Trust. Following our CQC report we also received some coverage about workforce turnover, based on figures from our board papers.

Damage done to the grounds of the Dilke Hospital by wild boar in the Forest of Dean has received a surprising number of column inches. Coverage in the local Forester newspaper could have been foreseen, but the story made a page in The Express newspaper as well as a short item in Metro.

Other coverage has looked at the new contract for the theatre at Cirencester Hospital, the change to nurse-led minor injuries and illness unit at Cirencester and the work of the Stop Smoking service during Stoptober.

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The future of community health and social care in the Forest of Dean

Rod Brown, Head of Corporate Planning

Understanding you

Gloucestershire Care Services NHS
NHS Trust

OVERVIEW

Understanding You

Why are we planning for change?

- People are living longer, often with complex illnesses, long-term conditions and disabilities
- Significant advances in treatment of illness and injury
- Increasing public demand / expectations
- Services need to be ‘affordable’ given the £22 billion NHS shortfall by 2020-21 of which Gloucestershire needs to contribute £220 million

The ambition of the review

- To support people and communities to **stay healthy** and to look after each other
- To further develop **joined-up** services in the Forest of Dean in order to support people who need health and social care
- To make the best use of **resources** (people, money, places)

Understanding You

What is the scope of the review?

To develop a plan for delivering high quality and affordable community health and social care services to the people of the Forest of Dean which meet their needs now and in the future, and is developed with service users, the public and our key partners.

The review will encompass all community services in the Forest of Dean including those within the community hospitals.

What is the process / timeline?

- Look at what we do now
- Listen to the views and opinions of local people
- Think about opportunities for change using best practice, good ideas and evidence
- Understand the constraints
- Develop options
- Consult
- Implement

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WHAT WE DO NOW

Understanding You

Profiling the Forest of Dean

- Population of approx. 82,000, set to rise to 94,000 by 2033
- Slightly older age profile than Gloucestershire average
- An above average growth projected in people aged 65+, and a decrease in the working age population
- The percentage of people who are economically inactive is the highest in the county
- Deprivation above county average in all but 1 GP practice
- Areas where people face significant risk of social isolation
- Significantly higher rates for 11 of 15 long-term conditions
- Higher than average rates for adult obesity and excess weight in 4-5 year olds

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Local services

Community, primary care and support

My Street (500-1,000)

My Village or Suburb (5–10,000)

My Local Area (15-30,000)

My District/Locality (80-100,000)

- VCS organisations and community groups
- Dentists and optometrists
- 11 GP practices
- 13 pharmacies
- Public Health funded services e.g. Slimming World, Health Checks
- Health and wellbeing programmes
- Social care
- Community nursing and midwifery
- Integrated Community Teams
- Care and nursing homes
- 5 children's centres
- Drugs and alcohol community teams
- Community mental health services
- 2 community hospitals
- Hospice care

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Community hospitals

In the past 12 months at Lydney and Dilke community hospitals, we have seen:

- 881 inpatients
- 13,645 outpatients (both Trust and acute appointments)
- 17,387 attendances at the Minor Injuries and Illness Units

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Community-based services

- Integrated Community Teams (ICTs)
  - 59,884 appointments in the Forest in the past year
- Countywide services including therapies, dental and independent living
  - 24,313 appointments in the Forest in the past year

Specialist services

Specialist services provided in the Forest include:

- Bone Health
- Heart Failure
- Parkinson / Motor Neurone Disease Nursing
- Respiratory Team
- Stroke Early Supported Discharge
- Tissue Viability Team
- Diabetes Nursing
- Cardiac Rehab Team
- Occupational Therapy Palliative Care Team

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Children and young people

- Health visitors who help families with children aged from 2 weeks to 5 years
- Children's therapies
- Children's community nurses
- School nurses
- 6,089 appointments in the Forest in the past year

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ENGAGEMENT

Understanding You

Listening to local people

- Locality Community Hospital Leagues of Friends
- Great Oaks Forest Hospice
- Forest of Dean Health Forum
- Forest Voluntary Action Forum
- Practice Participation Groups
- Healthwatch Gloucestershire
- Carers Gloucestershire
- Crossroads Care
- Forest Sensory Services
- Gloucestershire Care Providers Association
- Lay Representative, Forest of Dean GCCG Locality Executive
- Gloucestershire Hospitals NHS Foundation Trust
- 2gether NHS Foundation Trust
- Forest of Dean District Council: Cabinet Member for Housing & Wellbeing
- Forest of Dean District Council: Cabinet Member for Community
- Community Engagement Manager, Forest of Dean District Council
- Forest Engagement Officer, Gloucestershire County Council

Engagement with colleagues

- We want your feedback to five questions about local health and care services
- From all the feedback we receive from colleagues and the public, we'll develop a series of options to cover community health and care services in the Forest
- Opportunity to think about how we develop communities as well as local voluntary and community sector organisations as part of these options
- Opportunity to influence 'wider determinants of health' such as housing, leisure facilities and employment opportunities

Be creative!

- This is your chance to think differently about how services could be delivered
- Think about issues such as integration with all our partners including primary care and voluntary organisations
- We are planning for the next 5-10 years, so really focus upon meeting future needs
- Affordability is a constraint, but also an opportunity….

The five questions

1. What is particularly good about healthcare services in the Forest of Dean?
2. Where could improvements be made to existing services?
3. What services could / should be provided to meet the current / future needs of people in the Forest of Dean?
4. What opportunities exist to work more closely with the voluntary sector / community support?
5. How could community healthcare services work more closely with primary care?

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THANK YOU!

Understanding You

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 24 November 2015
Location: Oxstalls Tennis Centre, Gloucester

Agenda item 11: CHIEF OPERATING OFFICER'S REPORT

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

1. System-wide Capacity and Winter planning

System-wide winter planning is being co-ordinated through a number of multi-agency meetings: Urgent/Emergency Care, Systems Resilience and Systems Directors Groups.

Our escalation plans have been submitted to commissioners and we will have 12 escalation beds ready to open from Tuesday 1 December, a deployment plan for colleagues to support our highest priority services while in escalation and engagement and briefing sessions for colleagues throughout the winter.

The first of our monthly test and learn events – aimed at key representatives from teams including community hospitals, integrated community teams, the single point of clinical access (SPCA), infection control and hotel services – is being held on the day of this board meeting. This group will review our performance throughout the winter period to ensure the Trust is responsive to developments.

Papers for the full escalation are included as a separate agenda item, to this meeting.

The Trust has also updated its on-call rota arrangements to create a more robust system for resolving estates, staffing or capacity issues.

Current capacity planning is focused on reducing the number of MDT stable service users in our community hospitals who are waiting for discharge. This will increase the rate at which beds become available and increase patient flow. Additionally, the SPCA team is developing a new methodology for allocating community hospital beds aimed at placing people as close to home as possible, rather than in the next available bed.

2. Human Resources

Sickness Absence
The sickness rate stands at 4.88% and whilst this remains comparable with the end of last year it is still above the target set by the Trust. Despite the monitoring and actions being taken by line managers and supported by the HR team the Trust seems unable to reduce this figure. 29% of sickness is recorded as related to

anxiety, stress or other depressive illness consequently more support will be provided to managers on how best to manage these types of situations.

Further analysis of sickness records shows that 1.9% relates to short term sickness and 2.9% (or 60% of the total) relates to long term sickness. (LTS is defined as exceeding 28 days). Currently 308 staff are recorded as long term sick and are being actively supported and monitored by managers.

Managers are also required to manage short term sickness and currently 441 staff have hit the short term absence trigger and accordingly will have a more detail review with their managers.

Senior managers continue to monitor hotspots. Ancillary (6.6%) and unqualified nursing (7.9%) staff in particular are highlighted, but also one or two staff groups within some ICTs and Community Hospitals are exceeding a 6% absence rate. Focussing on these groups and supporting them back to work is key to reducing sickness absence in the longer term.

Staff Appraisal

As can been seen from the table below the current appraisal rate, measured according to the requirements of the Trust Development Authority, is 77.55%. However, taking account of staff away from work and unable to complete an appraisal this would be more accurately shown as 78.94%.

Bank staff clearly cannot be excluded but the nature of the work reflects that not all bank staff work regularly and currently only 51% of bank staff have an up to date appraisal. The Bank Office team normally prompt line managers to pick up bank staff appraisals based on where the member of staff most regularly works. However, due to a vacancy within the bank team this hasn't been the priority over recent months as this has been focused on providing cover and reducing agency spend but this will be addressed once the position is filled.

	Staff headcount	**Up to date**	**% Up to date**
All Staff, no exclusions in line with TDA requirement	3016	2339	77.55%
Excluding those staff currently on Mat Leave, Career Breaks, External Secondment and Long term sick	2844	2245	78.94%
Excluding above and Bank Staff	2505	2071	82.67%
Bank Staff Only	**339**	**174**	**51.33%**

3. Cost Improvement Programme (CIP)

The Trust's plan is to generate £1.5m in recurrent savings this year from the reduction in non-frontline posts. At present we have identified £500,000 in recurrent savings and £1m in non-recurrent, which means that the savings target can be met. There is ongoing work to develop revised operating models that will enable the full savings to become recurrent.

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

Our CQUINs are worth £435k per quarter. In Q1 we achieved all the milestones and received the full amount. We are currently discussing performance from Q2 but are anticipating receipt of most of the payment.

In Q1, the Trust achieved 94% of the 35 QIPP milestones. We received £1,110,000 from a possible £1,125, 625. For Q2 our QIPP milestones have payments of £830,625. Again we are awaiting formal agreement of milestones with commissioners.

The Trust cannot formally report on the Risk Share Activity KPIs (The activity data side of QIPP) worth £900k as this is still being worked out with the CCG and payment is only confirmed at the end of the financial year. Q1 targets were not met and the Trust is looking at schemes to off-set the risk of non-achievement.

5. Minor Injuries and Illness Units

The Trust's Care Quality Commission Quality (CQC) Improvement Plan identifies areas of work that require attention following our inspection in June. Ten of the key areas of improvement relate to our Minor Injuries and Illness Units (MIIUs). Discussions are ongoing with the Clinical Commissioning Group (CCG) around strengthening the service.

In accordance with these we have formed the MIIU Clinical Governance Group, which is meeting monthly and being chaired by Linda Edwards, Matron at North Cotswolds Hospital. Membership comprises MIIU clinical leads, the professional lead for MIIUs, members of the Nursing and Quality Directorate and the Head of Community Hospitals. The group's remit is to monitor risks associated with staffing numbers and skill mix, escalate risks as required and ensure the board is kept appraised.

Additionally, the Trust is recruiting a clinical lead for MIIUs on a short-term secondment. This role will support implementation of the remainder of the recommendations from the CQC. Interviews are being held on November 20 and we hope an appointment will be announced shortly after.

6. Community Hospitals

Agreement has been reached for Gloucestershire Hospitals NHS Foundation Trust (GHFT) to provide planned day case surgery at Cirencester Hospital from 1 January 2016.

The CCG is working to finalise the range of services to be provided before contract sign off. Work will also get underway to develop the current facilities at Cirencester Hospital to support the new contract as well as a programme of staff training.

This is a very positive step in a wider plan to keep developing Cirencester as a vibrant centre for health and social care. Other work includes the establishment of the Healthy Marketplace, the new ambulatory care unit, the restructuring of the MIIU and the new lower limb and complex wound service, which will be based there when it launches at the end of November.

A process of collaboration with the voluntary and charity sectors is underway to begin establishing the use of the Healthy Marketplace ahead of an official launch. The estates team is looking at the redevelopment of the former pharmacy area, which will eventually host the new lower limb and complex wound service.

Cirencester Hospital is also due to transfer onto the 0300 telephone numbers in use across most of the Trust. A map of the planned extensions has been drawn up, with the changeover due in January. Diverts will be in place to ensure calls to old numbers are forwarded to the new extensions, and there will be communications in place to ensure the change is well-publicised internally and publicly.

All Community Hospitals and MIIU have gone live with SystmOne, the last being Tewkesbury on Monday 2 November. This allows our records to be maintained from community treatment, throughout an admission and back into the community. Each new service that is added to SystmOne will provide additional value for all users and realise benefits in terms of improved care, better outcomes and more efficient working.

7. IT Infrastructure

Over the weekend of Saturday 31 October and Sunday 1 November there was a major failure in the countywide IT network. This service is provided through GHFT by the Countywide IT Service (CITS). A core network switch, which is a key element in the system, failed at around 7pm on Saturday 31 October. It was later established that the back-up system failed as well.

Engineers initially believed they had fixed the problem, but there were renewed problems in the early hours of Sunday morning and then in the afternoon. The severity of the problem hampered efforts to diagnose the parts of the system that were not functioning. Telephones to the Countywide IT service desk also failed.

The result was loss of remote working for our colleagues throughout Monday 2 November as well as significant loss of connectivity within the Acute Trust which opened its control room due to a lack of IT access. Some sites were still experiencing network problems into Wednesday 4 November.

Our IT team and Emergency Preparedness, Resilience and Response (EPRR) officer have been in discussions with CITS regarding this incident and a number of points raised around the timeliness of communications over such a widespread and serious network failure.

CITS has drawn up an action plan to address some of the systemic weaknesses highlighted by this incident, including a more robust and better tested failsafe, better distribution of contact lists and technical documentation at key locations, the

establishment of an IT incident team, development of a formal communications plan to be followed during incidents and a review of on-call arrangements.

8. Homeless Healthcare Team

A final date for the move of the Homeless Healthcare Team to new premises in Gloucester City Centre is not yet available. The estates team are still working to tender for, and complete, refurbishment work on the alternative premises which have been located. The service remains in The Vaughan Centre, in Gloucester's Southgate Street, on an interim basis.

9. Community Nursing

Community Nursing shift patterns changed on Monday 5 October as a result of feedback from nurses and GPs and following a review of planned activity.

Previously we had run a day service from 7.30am to 10.30pm, comprising an early, core and late shift, and an evening and night service from 10.30pm to 7.30am.

The new shift pattern has day shifts from 8am to 4pm and 12 noon to 8pm, and then evening and night shifts from 8pm to 12am and 12am to 8am respectively. The Trust has allowed some colleagues to work different hours in exceptional circumstances, where required to meet family commitments. The new shifts should provide a better match between staffing levels and activity and we expect it to support better recruitment and retention in the service.

Within community nursing, the position on September 25 was that the Trust had 13.19 whole time equivalent (wte) vacancies for band 6 posts and 10.5 wte vacancies for band 5 posts. The Trust is working with commissioners on refining procedures for some of the service's interventions to free up nursing capacity.

Contributions

Many thanks to the following for helping compile this report:

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

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Trust Board

Date: 24 November 2015

Agenda Item:	12
Agenda Ref:	12/1115
Author:	Louise Simons, Assistant Trust Secretary
Presented By:	Paul Jennings, Chief Executive Officer
Sponsor:	Paul Jennings, Chief Executive Officer

Subject:	Board Assurance Framework (BAF): Corporate Risks

This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☐ Assurance ☐ Information

Executive Summary:

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

It is noted that this month, the BAF is reporting an overall increase of 6 new risks. This rise in the number of identified risks is due to staff vacancies, mandatory training targets and SystmOne issues.

2 risks have reduced in rating and 1 risk closed and therefore been removed from the register.

Recommendations:

The Board is asked to:

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

Considerations:

Quality implications:

Implicit within relevant risks

Human Resources implications:

Implicit within relevant risks

Equalities implications:

Implicit within relevant risks

Financial implications:

Implicit within relevant risks

Does this paper link to any risks in the corporate risk register:

n/a

Does this paper link to any complaints, concerns or legal claims

Yes and Implicit within relevant risks

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

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

Reviewed by (Sponsor):	Paul Jennings

Date:	16 November 2015

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

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

Explanation of acronyms used:

n/a

Contributors to this paper include:

Various

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Board Assurance Framework:

Corporate Risk Register

October 2015

Overview

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

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

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

Contents

1. Definitions

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

1.1 Description of consequence

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

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

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

1.2 Description of likelihood

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

2. Corporate Risk Register (operational risks)

2.1 Categories

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

a) scheduled care (to include integrated community teams, countywide / specialist services and children's and young people's services);

b) unscheduled care (to include community hospitals and urgent care services);

c) the Nursing and Quality directorate (including clinical governance, medicines, safeguarding and infection control);

d) human resources (including workforce);

e) corporate governance (including information governance and legal services);

f) IM&T (including clinical systems);

g) financial management;

h) transformation and change;

i) performance and information;

j) Foundation Trust programme.

2.2 At a glance

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

Area	Ref	Risk	New risk
Scheduled care to include integrated community teams, countywide / specialist services and children's and young people's services	SD1-ICT	Community nurse staffing pressures	
	SD3-ICT	Occupational Therapist and Physiotherapist vacancies	
	SD4-SXH	Inability to achieve Chlamydia screening target	
	SD5- CWS	Increasing demand for specialist services	
	SD6- CWS	Tendering of the integrated healthy lifestyle service	
	SD13-ICT	Lack of independent provider domiciliary care in the Cotswolds	
	SD14-CWS	Decrease in medical staffing in sexual health services	
	SD17-CWS	Ongoing issues with the transition of pharmacy contract	
	SD18-CWS	Capacity of sexual health administrative team to answer telephone calls into the service	
	SD19-CWS	Sexual assault referral centre has significant waiting times to access counselling	
	SD20-CWS	Access to MSCKAT service for routine appointments are not being met	
	SD21-CWS	Dental staff shortages for patients with special care needs	
	SD22-CWS	No specific foot protection team for service users with diabetes in primary and secondary care – Non-compliance with NICE Guidelines	
	SD23-ICT	Inadequate purchasing and stock control for dressings in the county	
	SD24-ICT	Administration & clerical vacancies within the Integrated Care Teams	
	SD26-CYPS	SystmOne pre-school and immunisation scheduling difficulties	**X**
	SD27-CWS	Administration and receptionist vacancies within Sexual Health	**X**

	SD28-CWS	Lack of speech and language therapy resource to deal with regional speciality	**X**
Unscheduled care to include community hospitals and urgent care services	ST6-RR	Increased demand for overnight community service - nursing and rapid response	
	ST8-MIiU	Recruitment and retention in MIiUs	
	ST15-CH	43% vacancies in trained nurses at North Cotswolds Hospital	
	ST16-CH	Forest hospitals continue to require extensive capital funding and ongoing maintenance	
	ST18-CH	Financial impact on continued high usage of agency staff	
	ST19-IDT	Unable to recruit suitability qualified staff to IDT	
	ST20-CH	Registered nurse vacancies at Stroud General Hospital	**X**
Nursing and Quality Team	NQ1	The Trust's low rate of incident reporting may result in missed learning opportunities	
	NQ3	Ability to evidence safeguarding training	
	NQ5	Staff competencies in MIiUs	
	NQ6	Clinical Audit Improvement Manager vacancy	
Human Resources	HR1-414	No robust understanding of contingent workforce demand and supply issues	
	HR3-409	High number of nursing vacancies	
	HR4-413	Lack of a joint workforce plan across health and social care	
	HR5-404	Current sickness absence rate above NHS average and benchmark group	
	HR6-406	Appraisal completion rates are below target	
	HR7-315	Insufficient workforce information is masking recruitment hotspots	
	HR10	Gaps in recording clinical mandatory and essential training	
	HR12-411	Mandatory training completion rates below target	**X**

Corporate Governance	CG1	Inconsistent record-keeping means that allegations of negligence cannot always be refuted	
IM&T	IT2	Service user status alerts are not displayed on the mobile working module	
	IT9	SystmOne referral centre setup difficulties	**X**
Financial management	FIN1	Ability to deliver CIPs against pay costs	
	FIN2	Ability to deliver CIPs against non-pay costs	
Transformation and change	TC2	Ability to deliver £3.15m cost savings as set out in CIP Plan	
	TC3	Ability to deliver full £3.9m agreed QIPP schemes	
	TC4	Ability to deliver multiple milestones across a number of schemes alongside BAU	
	TC5	Financial pressures to deliver in the short term over-ride the longer term transformational aspect of the CIP programme	
	TC6	Inability to take out posts, reliance on staff turnover to reduce headcount	
	TC7	Stock management system is not procured and implemented within expected timeframe	
	TC8	NHS contracts - 2014/2015 CIP initiative which could not be realised	
	TC9	Not able to achieve the £650k risk share activity in KPI QIPP schedule	
	TC10	Roll out the Leg Ulcer Service across 3 localities by the end of March 2016	
	TC11	Service specifications within ICTs not being completed in time with QIPP milestones	
	TC12	QIPP – IDT admission avoidance	
Performance and information	PI1	Ability to robustly report workforce information	
	PI2	Mixed understanding of waiting list information	
FT programme	FT1	Inability to identify required targets or cost savings across a five year period	

Risks reduced/removed or closed in the previous period and therefore no longer on the Corporate Risk Register:

- SD25-CYP - Change in HV commissioning from NHSE to Local Authorities
- ST9-MIiU – Migration of out-of-hours work to MIiUs and MIiU Capacity
- IT3 - Removal of PAS system

2.3 In detail

a) Scheduled Care

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD1-ICT	08 July 2014	Community nurse staffing pressures	Current staffing shortfalls in a number of localities (Tewks, Cots, Glos), particularly in band 6 leadership roles, impact on the leadership and support of the community nurses. This has put undue pressure on the remaining staff potentially leading to increased sickness absence and/or more staff leaving Potential impact on ability to maintain current levels of activity	Controls and actions are described in a detailed District Nursing action plan Reviewed regularly at the Quality and Performance Committee and with commissioners	Consistent communication with both clinical staff and GPs to provide confidence that work is underway to address ongoing issues	4	4	**16**	Candace Plouffe / Margy Fowler / Dawn Porter / relevant community manager	Successful recruitment to wound management service. Increase in use of ambulatory care for provision of services Recruitment and retention initiatives continue as per the DN Action Plan which is monitored by the Quality and Performance Committee. Particular pressure in Cheltenham	3	4	**12**	30 October 2015
SD3-ICT	26 March 2015	Occupational therapist and physio-therapist vacancies	Recent resignations from both Band 5 OTs and physios who are moving to Band 6 positions both within and outside the organisation have put Gloucester ICT under slight pressure as the recruitment process may impact on the waiting list	Reviewing all cases pre-allocation to re-align existing allocated cases that require further work to staff	Lack of robust action plan similar to the nursing plan to address ongoing retention issues	4	3	**12**	Margy Fowler / Dawn Porter / relevant community manager	Recruitment process continues, reviewing skill mix and using agencies where possible. Particular issue in Cheltenham, Forest, Stroud, and North Cotswolds 30 October 2015 Reduced risk as agency locums are being used to cover vacancies	4	3	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD4-SXH	26 June 2014	Chlamydia screening target	There is a risk that the service will not achieve the Chlamydia screening target	Meetings with Public Health Commissioners to review progress and agree a way forward. Performance and action plan being monitored by Quality and Performance Committee	Uncertainty on whether the population in the county is such that achieving higher target is possible	5	3	**15**	Elaine Watson / Rona McDonald	Improving position re trajectory and revised action plan in place is being monitored by Quality and Performance Committee	4	3	**12**	30 October 2015
SD5-CWS	09 July 2014	Increasing demand for specialist services and lack of clinical governance support	Demand for service is increasing beyond the original business case especially for IV therapy nurses, Tissue Viability and Home Oxygen Services, leaving services and service users at risk	Specialist services clinicians doing extra bank work to meet demand where they have reduced capacity. Team is recording capacity issues both in their teams and supporting teams e.g. DN. Links have been made with Rapid Response and unscheduled care. Service specifications and issues have been discussed with the Trust Executive, Board and Commissioners. Medical lead for GHT writing governance paper. Meeting with Governance lead to highlight issues and find solution to reduce governance risk to service	Funding for all services from block contract and therefore inability to recruit as required to meet demand No feedback from clinical governance lead	5	3	**15**	Andrea Darby	Successful recruitment to wound management service. Increase in use of ambulatory care for provision of services. Recruitment continues and is ongoing	5	3	**15**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD6 - CWS	10 February 2015	Integrated healthy lifestyle tender	The Trust has been served notice that the Health Improvement Function of the business is due to be tendered by the County Council commissioners	The Trust has attended early engagement sessions and has fed back to its Senior Management	Initial sessions seem to indicate that County Council is looking for greater involvement of third sector providers in provision of this type of service	5	4	**20**	James Curtis	Proposal to transformation board re partnership working. Further work requested and underway. Presentation to Senior leadership team on importance of incorporating health improvement work in all services to ensure we are seen as proactive Ongoing network underway with third sector. Proposal to jointly host network session with Independence Trust as a partner	3	4	**12**	30 October 2015
SD13-ICT	21 May 2015	Lack of domiciliary care from independent providers in the Cotswolds	Unable to source domiciliary care to progress people from reablement and hospital care to home	Issue raised with GCC commissioning. Using spot purchasing in the interim. Using reablement whenever possible. Using temporary residential care when appropriate	Creates blockage in patient flow through reablement impacting on overall capacity. Using temporary residential care is not optimum pathway for independent living.	4	4	**16**	Dawn Porter	Following GCC reorganisation, this is no longer our responsibility and resolution (remains) beyond our control. This will remain on the risk register because it continues to have a direct impact on our service delivery	3	4	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD14-CWS	25 May 2015	Decrease in medical staffing in sexual health services	A combination of vacancies and sickness has resulted in capacity issues in sexual health services, particularly for the pregnancy advisory service. Some of the SAS doctors who are leaving are trainers which will impact on ability to deliver coil / implant training that the Trust is commissioned to provide	Use of locums Outsourcing terminations to an authorised independent provider	This creates a financial pressure for the service, and may result in poorer service user experience	4	4	**16**	Elaine Watson	Commissioners have been informed and consulted on contingency planning underway. New doctor to start in November. Interim consultant session being purchased from GHT and new bank consultant put in place Continued use of interim consultants until substantive staff start in November	3	4	**12**	30 October 2015
SD17-CWS	01 June 2015	Pharmacy provision	Ongoing issues with the transition of Pharmacy contract to new provider, resulting in sexual health services not having timely access to medication required to meet service user needs, and delivering a reduced service user experience	Trust lead for the pharmacy contract is aware of the situation.	Current pharmacy service specification may have underestimated pharmacy requirements for sexual health services	4	4	**16**	Elaine Watson / Val Welsh	Issues currently have resolved with pharmacy, and is being monitored by Head of Medicines Management	3	4	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD18-CWS	01 June 2015	Telephone system	Issues raised with capacity of sexual health administrative team to answer telephone calls into the service, particularly at peak times (e.g. 9:00-10:00 am)	New telephone system infrastructure in place, which allows for service to monitor response rates	As new telephone system infrastructure only recently in place, do not yet have data to confirm that current administrative resource can be realigned to address this issue	4	3	**12**	Elaine Watson / Val Welsh	Agreed use of bank reception staff for 3 months to assist with pressures while recruitment underway	4	3	**12**	30 October 2015
SD19-CWS	01 June 2015	Access to SARC services	Sexual Assault Referral Centre (SARC) has significant waiting times for service users to access counselling, resulting in negative impact on service user experience	Service working with referrers on setting clear protocols for accessing counselling and priority framework for service provision	Current service specification does not specify waiting time for service or priority for the service provision	4	4	**16**	Elaine Watson / Val Welsh	No feedback from commissioners. To be escalated to Contract Board for assistance with resolution	4	4	**16**	30 October 2015
SD20-CWS	01 June 2015	Access to MSKCAT services	Access to MSCKAT service for routine appointments (i.e. 4 weeks) is not being met	Detailed action plan agreed with Commissioners to improve action Modelling of capacity required to meet demand has been undertaken	Target previously an average wait, has been agreed to move to 95% all service users requiring routine appointment to be seen in 4 weeks. Service design potentially flawed, and more resources required to meet this access target	4	4	**16**	Chris Boden	Action Plan being revised with new trajectory to be shared with commissioners and Quality and Performance Sub-Committee. Additional staffing in terms of falls agreed with GCCG but this will not assist MSKCAT capacity. Ongoing dialogue with GCCG with new service specifications	3	4	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD21-CWS	31 July 2015	Access to Service	Shortage of Dental Officers to deliver treatment, resulting in large waiting list for patients with special care needs Dental service shortages in Dentists, due to retirement, long term sick	Recruitment underway, with 2 new dentists to start early Autumn Use of locum dentist to see emergency patients and release substantive workforce to take on new patients	Combined with increase demand in urgent care provision, waiting times for patients with special care needs to access service increasing. Current wait time is approx. 25 weeks, with 707 on waiting list. However some localities have longer waits than others	5	3	**15**	Sandra Major/Di Gould	2 new dental officers in post with a focus on waiting lists. Locum dentist focusing on emergency patients	4	3	**12**	30 October 2015
SD22-CWS	01 May 2015	System non-compliance with NICE Diabetes guidelines	No specific foot protection team for people with diabetes in primary and secondary care settings. Recent peer review by external body identified that Podiatry Service is thereby holding the risk with people with diabetes who may have or may develop lower limb wounds that could result in amputation	Also on GHT risk register, as joint providers of diabetic services Action plan from peer review in place. Working with GCCG and GHT to implement a diabetic foot protection team and inpatient facilitator in acute setting	No specific reference to this service in current service specification Currently disjointed service for Diabetes patients further work needed on clear care pathway	4	4	**16**	Chris Boden	Shortlisted to final round of Health Foundation Programme for innovation funding, waiting outcome of bid Work is continuing with GHT and CCG	4	4	**16**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD23-ICT	27 July 2015	Dressing Stock Management	Currently inadequate standardised control of purchasing decisions and stock control for dressing in the county. This creates a commercial and clinical risk, particularly combined with inadequate storage facilities for stock	Short term joint CCG and GCS working group to review and standardise provision of dressing products in the county. Internal working group established (Head of Profession, Head of medicines management. Purchasing manager)	Single countywide procurement system required that maximises value for money and restricts purchasing to formulary Current use of Multiple smaller stores across the county in DN bases and a "boot stock" approach makes assurance of storage conditions complex	4	4	**16**	Laura Bucknell/ Dawn Allen	Review completed and shared with CCG. Decision to be made by CCG on how to standardise provision (i.e. via budget to GCS or FP10) to improve both financial position and quality elements identified Discussion with CCG ongoing	4	4	**16**	30 October 2015
SD24-ICT	28 August 2015	A&C vacancies	Permanent recruitment to A&C vacancies is currently not permitted. Against this back drop the ICTs are experiencing pressure from 3 directions: Unfilled vacancies, Sickness absence and Additional (medium to long term) work load resulting from the reorganisation of social care and the requirement to provide A&C support to the new managers and support the associated new reporting mechanisms etc., This pressure is exacerbated by the fact that ERIC and SAP are complex to use and require training and familiarisation	A&C staff working across localities to provide cover. Community Managers continue to review workload priorities	Lack of clarity around A&C support for the new ISCMs and their teams	4	3	**12**	Dawn Porter/ Margy Fowler	Admin structure review continues, due to be completed early October. Agreed external advert for those localities with high level of admin vacancies on fixed term basis. Areas of particular concern include Stroud and Gloucester Currently advertising externally	4	3	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD26-CYPS NEW	23 October 2015	Pre-school and Immunisa-tion scheduling	SystmOne unable to cope with mail merge of 500 per month so consent forms are printed and paid for rather than sent from the system. CHIS run three schedules each week, however SystmOne is only able to run one schedule per day and, if a schedule run crashes, delays can occur	If the system crashes, administrators resort to manual batch entry which is very time consuming. Vaccination entry using SystmOne Is now by component, as no longer linked, and very time consuming	Mailers not sent to all GP practices as some choose to provide this service themselves.	3	4	**12**	Janet Mills	Discussions to be held with appropriate Locality Service Lead Raise at SystmOne Operational Board	3	4	**12**	30 October 2015
SD27-CWS NEW	01 October 2015	Receptionist/ admin team vacancies	Currently 140 hours of band 2 are vacant. Long term sickness of 3 members of staff in addition to vacancies. Threat of too few staff to support clinics from running to capacity or at all at times. Phones being unanswered. Chlamydia target at further threat of not being met as a consequence	4 x fixed term contracts for 6 months are advertised. Reporting via Datix and line management to keep Board informed of this pressure	Vacant posts and long term sickness. Inability to use bank cover	4	4	**16**	Val Welsh	Good communication to Board re current status of pressure Agreed use of bank reception staff for 3 months to assist with pressures while recruitment underway. Risk linked to SD-18 CWS telephone system	4	4	**16**	30 October 2015
SD28-CWS NEW	23 October 2015	Speech and Language Head and Neck staffing	Lack of speech and language therapy resource to deal with the regional speciality placing service users at risk of longer term problems	0.6 wte B6 funded by Head and Neck team via the GHT contract	Requires 2.6 wte to meet national standards and meet demand on service	4	3	**12**	Jane Stroud	Place on both GCS and GHT risk registers. Highlight with the Director of AHP at GHT. Apply to MacMillan Cancer Care for funding of further posts. Requires immediate attention from the Trusts Contracts Team to discuss with GHT	4	3	**12**	30 October 2015

b) Unscheduled Care

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST6-RR	01 August 2014	Appropriate referral and admission criteria into unscheduled care service	Increased demand for overnight community service - nursing and rapid response. This is a finite resource available to respond to appropriate unscheduled care work and not routine work	Routine review of demand. Internal shift review. Securing GCCG funding for additional rapid response staff	Inappropriate level of staff resource to meet increased demand	3	4	**12**	Helen Hodgson	New service went live 04 October 2015 Papers to Quality and Performance report - due end of October CCG sign off revised skill mix 13 October 2015	3	4	**12**	21 October 2015
ST8-MIiU	22 April 2015	Safe staffing levels in MIiUs	Risk to recruitment and retention in MIiUs Lack of consistent staff model in MIiUs Lack of resilience in smaller MIiUs with one ENP on duty per shift MIiU staff require mentorship and training to support increase in referrals for illness management The level of service currently being delivered is inconsistent across the County	Develop integrated workforce to enhance flexibility. Improved efficiencies to utilising staff i.e. charting of service users with complex needs. Enhance bank skill set. Undertake training needs analysis and develop urgent care competency framework. Develop resource model to base staffing levels on activity and demand Review of DOS Profile. Reiterated communication to MIiUs. Capacity and Service Improvement Manager in post to support MIiUs	Staff who are not confident and competent in some areas of service delivery Variable open times in MIiU across the county	4	3	**12**	Helen Hodgson / Julie Good-enough	No decision regarding resource allocation model advised by Commissioners for implementation in April 16 Substantive posts recruited High levels of activity continue. Need to identify short term contingency to manage going into Winter. Head of Community Hospitals to discuss with Director of Nursing	4	3	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST15-CH	01 June 2015	North Cotswolds hospital staffing	43% vacancy level of trained nurses at the North Cotswolds Hospital Not all shifts may achieve safe staffing levels and high use of bank and agency nurses	Action plan in progress for recruitment; escalation process for safe staffing levels and use of bank and agency nurses	Lack of applicants - recruitment issues	3	4	**12**	Linda Edwards	Band 4 job description currently being revised. All vacancies with recruitment process. Sitrep form being completed as appropriate. Requested redeployment of staff via Head of Community Hospitals and agency usage meeting	3	4	**12**	26 October 2015
ST16-CH	24 June 2015	Environment – Forest Hospitals	Forest hospitals continue to require extensive capital funding and on-going maintenance issues including heating, plumbing, roofing, decorating, damp, electrical and ventilation. No estates personnel on site constant communication to team and awaiting visits and actions	Band 4 Admin TL managing all issues with Estates team, James Walker and Mark Parsons. Areas of priority identified by Mark Parsons, other areas avoid use	Old building – not possible to remedy all estates issues	3	4	**12**	Mandy Hampton	Ongoing maintenance continues as required. GCCG to commence engagement with local community with regard to provision of future health care services for Forest of Dean – may include hospital services	3	4	**12**	29 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST18-CH	23 June 2015	Financial	Financial impact of continued high usage of agency staff leading to significant budget overspend and resulting reduced flexibility to manage and move budget around to meet changing service user need	Continue to recruit to vacant positions. Escalation process for use of bank and agency in place - includes exec sign off for use of any agency off framework. Use of e-rostering to enable management of annual leave and proactive booking of bank.	Difficulty in recruiting may lead to ongoing use of bank and agency in order to achieve safe staffing levels	4	3	**12**	Julie Goodenough / Matrons	Safer staff proposal for hospitals underway As of October 2015 the Trust has seen significant reduction in agency spend	4	3	**12**	29 October 2015
ST19-IDT	27 August 2015	Recruitment	Unable to recruit suitably qualified staff to IDT ready to ensure winter resilience	Reviewed banding to introduce band 5 succession planning post	Recent recruitment did not identify suitable staff	3	3	**9**	Debbie Gray	Post to be re-advertised Post closes 27 October 2015	4	3	**12**	26 October 2015
ST20-CH NEW	15 October 2015	Registered Nurse vacancies on Cashes Green Ward, Stroud General Hospital	Due to vacancies, maternity leave, planned sickness and performance x 1 there is currently 5.07 wte registered nurse vacancies	Senior Sister present on ward providing leadership, supervision and monitoring. Minimum of one RN with 1 years' experience on each shift. Minimum of one substantive RN on each shift. Minimum of one substantive HCA on each shift. Senior Sister using clinical decision making skills to assess the need for agency request. Reviewing rota across floor/skill mix. Rota completed 8 weeks in advance to allow bank office to fill gaps with bank staff	Availability of bank staff	4	3	**12**	Juliette Richard-son	Continue to advertise posts Advertise for internal rotational posts and community nursing/hospital rotation	4	3	**12**	26 October 2015

c) Nursing and Quality Directorate

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
NQ1	01 March 2015	Incident Governance	The Trust's low rate of incident reporting may result in missed learning opportunities from safety incidents leading to an increase of safety incidents up to and including moderate harm This risk was highlighted by the CQC who noted that staff do not always recognise the thresholds for reporting incidents	Incident reporting system Incident Governance Policy Quality Team Incident reporting is a standing item on in the Scheduled Care Governance Forums and Community Hospital, Urgent Care and Capacity Group	The user-interface of the Trust's datix system may have become an obstacle due it being cumbersome Reliable incident governance through the governance structures Limited detailed scrutiny of incidents at service level	4	4	**16**	Michael Richardson	New datix form on track to be completed by 31 October 2015. Roll out to be coordinated through Listening in to Action to ensure new process is embedded fully in services. LIA BIG Ticket with first meeting 4 December 2015. Note as per earlier reports this risk may soon be stood down as it appears that the rate of incident reporting is increasing significantly in the Trust, particularly in no harm events - suggesting a more learning culture from incident reporting. NRLS data suggests we are above national median. Work continues with performance team and quality team to determine the true picture through further benchmarking	3	4	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
NQ3	29 May 2015	Safe-guarding	The Trust may be unable to evidence safeguarding training, leading to non-compliance with the Children Act 2004 and the Care Act 2014	Agreed training matrix. Structured training plan tailored to core role Safeguarding Adults and Children Training Policy. Safeguarding team database of present training (links to ESR) Sign-up to countywide workforce development programmes Reporting to countywide workforce development groups and GSAB and GSCB Strategic Safeguarding Ops Group, reporting to Clinical Senate and the Quality and Performance Committee	Organisation wide database with robust links to ESR (or by using ESR) Measuring training by percentage of staff groups	3	4	**12**	Sarah Warne	Work underway to evidence training by % staff group Activity relating to evidencing training linked to CQC action plan. Working group identified	3	4	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
NQ5	30 June 2015	Service user safety	Insufficient staff competencies in MIiUs may result in incidents with up to and including severe harm	Agreed set of competencies. Matron oversight of management of MIiUs	Schedule of competency training. On-site education facilitator (replicating approach in Community Hospitals)	3	4	**12**	Maria Wallen	Professional Practice Team facilitating delivery of teaching programmes to support competency development. First training programme cycle completed. Training Needs Analysis to be reviewed to identify and establish future training needs. Head of Professional Practice to review status of risk and review ownership with Service Leads	3	4	**12**	27 October 2015
NQ6	14 July 2015	Clinical audit and effectiveness	Clinical audit and improvement manager leaves under MARs scheme 30 July 2015. Risk of increased lack of evidence of NICE compliance in the Trust due to lack of failsafe system to ensure processes in place - potentially leading to poorer patient outcomes	Interim plan for cover of prioritised activities to be agreed with Quality Team. Business case and recruitment requisition to replace capacity. Current manager will manage reporting for QPR (Quality Performance Report) and Clinical Senate.	Activities have been prioritised therefore not all have been covered e.g. induction	4	3	**12**	Michael Richardson	Band 7 substantive post approved and to go out to advert early November 2015	4	3	**12**	28 October 2015

d) Human Resources

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR1-414	01 June 2014	Contingent workforce strategy	Further understanding of contingent workforce demand and supply issues is required. Centralised bank function not being utilised effectively	Monitoring of budgets and agency spend.	There are no gaps in controls	4	3	**12**	Kieth Dayment	Developing the strategy and operational policies. Review of centralised bank function – detailed project plan in place Roll out of e-rostering to wards has now helped to stabilise requests for additional staff	4	3	**12**	27 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR3-409	10 May 2013	Nurse recruitment and retention	There are a high number of nursing vacancies: for example, the number of vacancies for Band 6 community nurses has increased since August 2014	Weekly vacancy monitoring and reporting to Workforce Steering Group and Workforce and OD Committee	There are no gaps in controls	4	4	**16**	Lindsay Ashworth	Centralised recruitment. Dedicated post to lead on nurse recruitment Preceptorship programme. Return to practice programmes Nurse recruitment open days and recruitment. Exit interview analysis. Detailed Work Programme monitored through Workforce Steering Group Recruitment and Retention Group to look at these areas across the Trust – first meeting 20th October 2015 Rota review for ICT to commence new shifts 5th October 2015	4	4	**16**	27 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR4-413	01 June 2014	Workforce planning across health & social care	A lack of a joint workforce plan across health and social care may impact on ensuring the Trust has the right staff with the right skills in the right place at the right time. Lack of workforce information available for social care	Monitoring of turnover rates and analysis of staff leaving Joint workforce plan has now been developed	Lack of joint workforce planning	4	3	**12**	Lindsay Ashworth	Joint workforce plan being developed. Joint workforce dashboard being developed. Service specification in development Need to triangulate with activity, staff numbers and safety aspects	4	3	**12**	27 October 2015
HR5-404	10 May 2013	Sickness absence rates	Current sickness absence rate above NHS average and benchmark group	Monthly reports to managers	Levels of sickness absence causing bank and agency spend to increase	3	4	**12**	Lindsay Ashworth	Absence management workshops for managers. Detailed action plan in place to improve rates monitored through Workforce & OD Committee. Review of Sickness Absence Management Policy and production of management toolkit and guidance. Purchase of Employees Relations Tracker System with two cases to support the management of sickness: 1. LTS - Long Term Sickness 2. STS - Short Term Sickness In implementation phase	4	4	**16**	27 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR6-406	10 May 2013	Appraisals	Completion rates below target of 95%	Monthly compliance reports to managers	There are no gaps in controls as detailed reports provided to budget holders each month	3	3	**9**	Tina Ricketts	Pay progression policy updated and linked to appraisal policy report. Report with actions by directorate to be presented to Quality and Performance Committee. Appraisal policy and procedure under review to embed core values framework Trajectories introduced to achieve compliance by end March 2016	4	3	**12**	27 October 2015
HR7-315	06 May 2015	Insufficient information to facilitate monitoring	There is a risk that insufficient workforce information is masking further recruitment hotspots	The Trust needs to further develop the Recruitment and Retention scorecard across the whole of the Trust to ensure all establishments and the in-post position is being monitored	Not all budget holders have confirmed agreement with budgets and establishment levels	4	3	**12**	Matthew O'Reilly	Progress option to further develop these reports with the Trust Information team Workforce information now provided through Performance and Information team. Developing new reports through Essbase	4	3	**12**	27 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR10	25 August 2015	Training Records	Gaps in the recording of clinical mandatory and essential training resulting in the lack of central oversight of compliance rates	Workforce scorecard includes non-clinical mandatory training which is reported to Board and Committees	Lack of individual training records Lack of recording of clinical training on ESR/OLM	4	4	**16**	Keith Dayment	Detailed action plan in development Education and Training Steering Group established	4	4	**16**	27 October 2015
HR12-411 NEW	01 April 2014	Mandatory training completion rates	Completion rates below target rate of 95%	Monthly compliance reports issued to managers	There are no gaps in controls	3	3	9	Tina Ricketts	Report with actions presented to Quality and Performance Committee April 2015 Trajectory introduced to achieve 95% target by end March 2016 Concerns growing that trajectory not being achieved so risk level has been raised	4	3	12	27 October 2015

e) Corporate Governance

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
CG1	04 March 2015	Lack of clear evidence of practice	There are some gaps and inconsistencies in record-keeping, meaning that the Trust is not always providing care based on the most up to date information: additionally, the Trust may then not be able to refute allegations of clinical negligence	Clinical policies Clinical record keeping policy Clinical governance policies	Due to some instances of poor record-keeping, the Trust is not always able to present counter arguments to clinical negligence claims, resulting in costs and damages	4	4	**16**	Jason Brown	Policy guidelines have been developed and published on the intranet Work has been slow to progress Head of Corporate Governance now member of Clinical Policy Group	3	4	**12**	30 October 2015

f) IM&T

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
IT2	01 May 2014	Service user status alerts	SystmOne service user status alerts are not displayed on the disconnected working module used by mobile workers	Staff must review the live system before leaving on appointments	Due to workload and capacity, there is chance that staff may miss necessary alerts	4	5	**20**	Bernie Wood	Risk reduced on agreement at the SystmOne Ops Board. Some alerts released for medication to reduce risk with further development in the TPP pipeline following letter from the Trust's Medical Director to TPP	3	5	**15**	26 October 2015
IT9 NEW	30 October 2015	E-referrals	Rapid Response / SPCA and IDT need to refer to Community Nursing electronically via tasks – currently Community Nursing still not accepting electronic tasks through SystmOne due to referral centre setup difficulties	Operational board Referral centres being scoped	No clinical co-ordinator No single point of referral ERIC used to collate all referral information for GCC - not integrated with SystmOne	4	4	**16**	Susan Field / Candace Plouffe	Operations board to engage with operational leads to ensure referrals for all services are capacity managed	4	4	**16**	30 October 2015

g) Financial management

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
FIN1	01 June 2015	Ability to deliver CIPs against pay costs	The Trust is finding it difficult to deliver the £1.5m of administrative pay cost savings targeted in the current year. Need to identify tasks no longer required since implementation of SystmOne (and other IT solutions) and agree which posts are no longer required Ability to reduce pay costs of clinical roles is impacted by input based commissioning and poor historic record keeping which means that no contract base line has been established and agreed.	CIP Programme Board regularly reviews opportunities and is responsible for service transformation needed to deliver savings Finance engaged with process to agree budget reductions as savings are identified	Lack of clarity on commissioned services and volumes means that efficiency savings can be absorbed and lost Guidance needed on hospital staffing levels to ensure they are appropriate Clinical engagement needed to agree pathways (follow up rate consistency and use of telephone contacts where appropriate instead of face to face) and expected productivity levels	4	4	**16**	Glyn Howells / Duncan Jordan	494k of £1.5m of pay cost savings achieved so far (end August 15). Need to identify other opportunities for savings and move some of current year non recurrent savings to recurrent by reducing budgets BIRT ready to roll out for hospitals, need to accelerate rollout for ICTs and CYPS	3	4	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
FIN2	01 June 2015	Ability to deliver CIPs against non-pay costs	£1m of current year CIP target is based on non-pay savings targets which focus on service recharges from GHT, capital charges and depreciation on property and drugs costs from Lloyds	Contract board with GHT to review costings and agree which services are to be reviewed / revised Valuer appointed to revalue properties based on latest guidance Regular contract reviews (with Head of Medicines Management) to agree changes to formulary and buying practices	GHT contract board meets infrequently with no agreed reciprocal costing principles Unsure of valuations that will result Need to agree budget reductions to stop unit cost savings being offset by additional volumes	4	4	**16**	Glyn Howells / Duncan Jordan	GHT not progressing as planned and will now be escalated through Chief Executives Initial valuation results received from valuers – impact on depn and capital charges to go into M8 numbers	3	4	**12**	30 October 2015

h) Transformation and change

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC2	01 April 2015	CIP	Ability to deliver £3.15m cost savings as set out in CIP Plan	Robust project structure and governance framework to ensure continual monitoring and reporting with clear escalation pathway. Financial targets agreed at the outset between operations and finance. A clear communications plan to ensure that staff understand the importance of managing cost and its direct link to quality improvement	Delay in planning for 2015/16 programme Lack of clear evidence-based intelligence/ operational modelling upon which to build CIP plans and determine associated targets	4	4	**16**	Duncan Jordan	Plan B being drawn up to include a further review and analysis of non-pay expenditure; assessment of budget for frontline posts/vacancies and discussions with GCCG over potential service changes Continue to closely monitor and report performance	4	4	**16**	30 October 2015
TC3	01 April 2015	QIPP	Ability to deliver full £3.9m agreed QIPP schemes	Robust project structure and governance framework to ensure continual monitoring and reporting with clear escalation pathway	Challenges in milestone negotiations with GCCG, resulting in delays with delivery of programme	4	4	**16**	Susan Field	Continued focus on QIPP negotiations to mitigate risk as much as we are able, given that we have signed a variation stipulating the total funding and risk share split Setting up the Quality Steering Group to monitor delivery	4	4	**16**	29 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC4	01 April 2015	QIPP/CQUIN	Ability to deliver multiple milestones across a number of schemes, alongside BAU as well as CQC inspection and continued roll-out of SystmOne (especially in community hospitals)	The Trust's transformation and change work programme has been developed to explicitly identify the level of work across the multiple T&C programmes, including CIP, QIPP, and CQUIN, as well as additional requirements such as CQC and SystmOne. This should support Executives to prioritise work and ongoing negotiations with GCCG	Contract signed and financial risk limits the Trust's ability to prioritise work programme deliverables across any of the three major change programmes (CIP, QIPP & CQUIN) Limited financial leeway (£100k forecast surplus) to employ additional resource to support delivery of schemes	3	4	**12**	Susan Field	The Trust work programme developed and updated to identify quantum of work and to support decisions re priorities and how these will be resourced Continued focus on QIPP and CQUIN to mitigate risk as much as possible	3	4	**12**	29 October 2015
TC5	01 April 2015	CIP Programme	Financial pressures to deliver in the short-term over-ride the longer term transformational aspect of the CIP programme	CIP programme includes elements of a transformational programme with regards to longer term CIP initiatives and aligning CIP to GCS strategies, such as Estates Return on investment consideration given in project planning and decision-making process	Pressure on T & C Programme Board Executives to meet broader organisational financial targets and therefore looking to off-set with transactional initiatives (likely to be non-recurrent). TDA request to stretch surplus putting additional pressure on CIP Programme	4	3	**12**	Kate Calvert	Demonstrate benefits of planned transformational CIP initiatives	4	3	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC6	01 April 2015	System / process re-engineering	Inability to take out posts (reliance on staff turnover to reduce headcount)	Robust programme management plan in place, with dedicated resource and focus on how the project deliverables/benefits will be achieved	Whilst dedicated programme resource is in place, it is limited. Establishment control process was not agreed and in place by 1st April. Leaver process is not as effective as required	4	4	**16**	Tina Ricketts	MARS has been offered and 5 posts removed. eQIAs completed; 2nd MARS now available	4	4	**16**	30 October 2015
TC7	01 April 2015	Contracts and Procurement	Stock management system is not procured and implemented within expected timeframe to deliver the estimated savings	Programme management process in place with dedicated resource focussed on delivery	No system currently explored has been used in a community hospital setting. The NHS procurement requirements are likely to cause additional delay	4	3	**12**	Huw Cox	Business case now to be submitted to IM & T Steering Group. Director of finance has requested that the scope of this project is extended to include SBS replacement	4	3	**12**	30 October 2015
TC8	01 April 2015	NHS Contracts	The initiative was a 2014/15 CIP, which unfortunately could not be realised. It relies on agreement by Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) to a reviewed recharging schedule	Hold on invoices and progress discussions with GHNHSFT	GHNHSFT also holding payment and have cancelled recent contract meetings	4	3	**12**	Stuart Bird/Glyn Howells	Continue to pursue discussions with GHNHSFT	4	3	**12**	30 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC9	01 April 2015	QIPP - ICT key performance indicators (Risk Share Activity)	Risk of not achieving the £650k Risk Share Activity in KPI QIPP schedule	Initial GCS group meeting held and follow up workshop set to discuss avoided admissions especially within Rapid Response. Looking at what/how data is collected and monitoring/reporting arrangements. Heads of Information and Performance (CCG and GCS) working together	Ability to influence GHFT admissions	3	4	**12**	Sue Field	CCG information team looking to remove cohorts of patients in ACU and ACUC (in GHNHSFT) who are seen by Rapid Response and therefore avoiding hospital admission. Linked to Risk ID TC3 Looking at other models used out of county to monitor admission avoidance	3	4	**12**	29 October 2015
TC10	16 June 2015	QIPP - Leg Ulcer Service	QIPP milestone says we must roll out to 3 localities by the end of March 2016. Risk of being able to deliver - tight timeframes (£100k)	Project managers from CCG and GCS working together on plan	Capacity of project lead to enable delivery time	3	4	**12**	Annie MacCallum	Task and finish group setup to deliver project milestones. New delivery lead in post	3	4	**12**	29 October 2015
TC11	17 June 2015	QIPP - ICT Milestones - Service specification s	Risk of service specifications within ICTs not being completed in time with QIPP milestones	Regular meetings to discuss progress	Cannot control commissioner priorities/time pressures to complete details or provide information to inform our milestones and schedules, however, no financial penalties if delay out of GCS control	4	3	**12**	Candace Plouffe	Working with commissioners closely	4	3	**12**	29 October 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC12	11 Sep 2015	QIPP - IDT admission avoidance	Risk that avoiding 5 admissions per day per site (Gloucester and Cheltenham Hospital) target will not be met. (£25k per quarter)	Regular meetings to discuss progress	Limited influence over GHNHSFT admission avoidance	4	3	**12**	Debbie Gray	Mapping group meetings being held to look at this issue Director of Service Transformation has submitted revised targets	4	3	**12**	29 October 2015

i) Performance and information

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
PI1	24 June 2015	Workforce reporting	Transfer of staff and workload into Performance and Information team has identified a number of issues: (i) capacity compared to demand, (ii) lack of shared knowledge (iii) inefficient processes	Review processes to identify short- term gains; develop reporting via OBIF solution	Not enough capacity to provide response to all requests for workforce information or to respond in a timely manner	3	4	**12**	Matthew O'Reilly	Some ESR data available in SQL database that should reduce time required to produce some reports. Reconciliation required SQL tables produced a reconciliation to take place before end August Reconciliation revealed some 'gaps' this to be addressed with 'ESR'. Further work required by workforce analysts.	3	4	**12**	29 October 2015
PI2	24 June 2015	Waiting lists	Mixed understanding of specialist nursing waiting lists at local and corporate level.	Head of Performance and Information to develop action plan in agreement with Head of Specialist Services	Gap: that there may be inconsistent information provided and that this may differ to locally held information	3	4	**12**	Matthew O'Reilly	Regular report to be provided to Head of Specialist Services to clearly identify corporate held data for waiting lists and ensure this is consistent with local data.	3	4	**12**	29 October 2015

j) Foundation Trust programme

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
FT1	11 Sept 2014	Un-sustainable future projections	There is risk that the Trust's Integrated Business Plan (IBP) and Long-Term Financial Model (LTFM) will not be able to identify required targets or cost savings across a five year period: in particular, inability to identify £20million CIP efficiencies	The IBP and LTFM are being developed with oversight of the TDA. The Trust is also working more closely with the CCG so as to ensure that plans align, and that opportunities for cost efficiencies are recognised and realised	The annual commissioning intentions of the CCG remain unclear, and there is lack of clarity over long-term ambitions	3	4	**12**	Rod Brown	The Trust's current and projected financial position suggests that costs savings are not being achieved, which may lead to financial instability	4	4	**16**	30 October 2015

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 24th November 2015

Agenda Item:	13
Agenda Ref:	13/1115
Author:	Susan Field, Director of Nursing
Presented By:	Sue Mead, Non-Executive Director
Sponsor:	Sue Mead, Non-Executive Director

Subject:	Quality and Performance Committee Report

This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

To provide the Trust Board with a summary of key issues and actions arising from the meeting of the Quality and Performance Committee held on 22nd October 2015.

Recommendations:

The Board is asked to:

The Board is asked to receive the report and the approved minutes of the Quality and Performance Committee held on 7th September 2015.

Considerations:

Quality implications:

This report draws on discussions and decisions at the Quality and Performance Committee and therefore has significant quality implications throughout.

Human Resources implications:

Equalities implications:

Financial implications:

Does this paper link to any risks in the corporate risk register:

Does this paper link to any complaints, concerns or legal claims

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

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

Reviewed by (Sponsor):	Sue Mead, Chair, Quality and Performance Committee

Date:	13th November 2015

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

Explanation of acronyms used:
TDA – Trust Development Agency GCCG – Gloucestershire Clinical Commissioning Group CQC – Care Quality Commission

Contributors to this paper include:

Quality and Performance Committee October 2015 Report

Introduction

This report provides an executive summary of the key issues and subsequent actions arising from the Quality and Performance Committee meeting held on 22nd October. The minutes of the 7th September meeting were approved and can be seen in Appendix 1. It is the following issues that the Committee Chair and Director of Nursing would like to draw to the Trust Board's attention:

Safe Staffing

The Quality and Performance Committee discussed in detail proposals for how the Trust will modify its current safe staffing regime, which is currently based on NICE guidance of 1:8 ratio (1 registered nurse to 8 patients). The Committee formally noted:

- That the NICE guidance was not intended to apply to community hospital environments but was for acute trusts.

- That the Trust proposes that for the early and late shifts there would be 2 registered nurses on per shift; that there would be a dedicated shift lead; that there would be a flexible but clinically led approach by the Matrons and Senior Sisters decisions made based on demand and acuity of patients and their assessment as to whether additional registered staff would be required. Additional assurances would be provided by the hospital clinical teams utilising a day situation report developed by the matrons.

- That the Quality Equality Impact Assessment (EQIA) which supported the proposals be discussed in detail by the Trust's Clinical Senate. This is due to take place on 23rd November 2015;

- That greater clarity would be sought with regards to future safe staffing reporting and governance arrangements both internally and externally would occur;

- That the Trust develops a more robust acuity assessment resource allocation tool for community hospitals. It is likely this will utilise the expertise of Keith Hurst – a national lead;

- That the communication internally and externally would be undertaken in a planned and sensitive manner so as not to cause any unnecessary alarm. This would involve formal notification to the Trust Development Agency;

- That the proposals were, in principle, supported by the Gloucestershire Clinical Commissioning Group who welcomed the re-introduction of patient outcome clinical judgement rather than activity based on staff numbers, which is currently the case with 1:8 staffing;

Community Hospital Bed Occupancy Levels

The Committee noted the increasing risk as a consequence of the Trust's high bed occupancy rates which are now consistently over 95% and yet rated as "green" because the Trust is commissioned to have a bed occupancy rate of 90%. In response to this risk, the Head of Community Hospitals will set an agreed set of revised thresholds to identify over-performance and therefore a revised RAG rating. It should also be highlighted that the Care Quality Commission (CQC) identified and re-confirmed with the Trust that when occupancy rates are above 85% it can impact on the quality of care provided to patients (falls and infection control may be an example of this), as well as affecting the safe and effective management of the Trusts community hospitals. A formal risk assessment about high bed occupation rates is currently underway.

Resilience Planning

Linked to bed occupancy there continues to be a risk about the limited capacity within the Trusts services to respond to increased demand and wider winter pressures. It is acknowledged that Trust colleagues have progressed with a significant amount of learning from winter 2014-15 and taken forward a number of actions to mitigate winter 2015-16 risks. However despite this, the tolerance and responsiveness levels are still unknown, which may contribute to the risk profile.

Children in Care Annual Report

The Quality and Performance Committee reviewed this annual report and made the following observations and recommendations:

- That due to the report being written by a range of individuals working in a multi-agency way, it was at times challenging to decipher the key risks for Gloucestershire;

- That there needed to be greater clarity about what the Trust's (GCS) responsibilities and accountability arrangements are; what the span of influence the Trust had with service developments and with the Commissioners;

- That the risk of Children in Care resourcing levels was noted but again it was not entirely clear how the Trust could influence change, how it could mitigate the risks such as the increasing numbers of children in care and how all this 'fits' with the wider agency working model of service;

- That the Quality and Performance Committee Chair and Director of Nursing would formally write to the Children's Commissioner to share this feedback and Trust concerns.

Quality Equality Impact Assessments (QEIAs)

The Committee received a report outlining the good progress made by the Trust with regards to QEIAs. The role of the North Devon QEIA assessment tool had been useful

as had the role of the Trust's Clinical Senate.

Trust-Wide Performance

The Committee was alerted to corporate risk register additions that included:

- Change in HV Commissioning – with the recent change in HV commissioning from NHS England to Local Authorities indicating a shift from registered GP population to residency) there is a risk that the some children may be missed from service provision, or that the change will result in additional work to the Children's and Young People's service.

The Committee also noted the following areas of performance that caused concern:

- Patient slips, trips and falls within the Community Hospitals remains high but were assured that the Trust's Falls Action Plan was being implemented;

- Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) continues not to meet its referral to treatment target; this led to a wider discussion about capacity versus demand, tolerance of patient waiting lists and; where risks and accountability was being held.

- Trust colleague appraisals had improved but remain below the 80% target and; that sickness levels were increased to 5% compared to a 3% target;

- That the mortality data continued to indicate a higher number of deaths occurring on a Saturday – the Medical Director has agreed to undertake a more in-depth review of this in readiness for the December Quality and Performance Committee meeting.

Care Quality Commission (CQC)

The Quality and Performance Committee noted progress made by the Trust with its Quality Improvement Plan. The finalised version of this was submitted to the CQC on 6th November after the Trust received formal feedback from both the GCCG and the TDA.

Recommendations

- Note this report

- Receive the approved minutes of the 7th September 2015 Committee meeting

Report prepared by: Susan Field, Director of Nursing
Report Presented by: Sue Mead, Chair, Quality and Performance Committee and Non-Executive Director

Appendix 1: Approved minutes of Quality and Performance Committee meeting: 7th September 2015

Gloucestershire Care Services NHS Trust

Minutes of the Quality and Performance Committee

07 September 2015, 1:30pm-4:30pm
Boardroom

Committee members present:	
Ingrid Baker	Chair (Covering for Sue Mead, substantive Chair)
Duncan Jordan	Chief Operating Officer
Tina Ricketts	Director of Human Resources
Nicola Strother Smith	Non-Executive Director
Ian Dreelan	Non-Executive Director
Susan Field	Interim Director of Nursing
Jan Marriot	Non- Executive Director
In attendance:	
Michael Richardson	Deputy Director of Nursing
Claire Powell	Quality and Safety Manager
Nicky Goodwin	Quality and Safety Manager
Jason Brown	Head of Corporate Governance
Maria Wallen	Head of Professional Practice
Margy Fowler	Locality Manager, representing Candace Plouffe
Helen Chrystal	Deputy Director of Nursing, Gloucestershire Clinical Commissioning Group
Kate Calvert	Head of Programmes, Transformation and Change
Louise Simons	Assistant Trust Secretary

Item	Minute	Action
1.	**Welcome and Apologies** The Chair welcomed the Committee and introductions were completed. Apologies were **Received** from: Sue Mead, Non-Executive Director and Substantive Committee Chair Candace Plouffe, Director of Service Delivery Glyn Howells, Director of Finance and Deputy Chief Executive	
2.	**Confirmation that the meeting is quorate** The meeting was confirmed as quorate by the Trust Secretary.	
3.	**Declarations of Interests** In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the Meeting Agenda. No declarations of interest were made.	

4.	**Terms of Reference** The Committee Terms of Reference were reviewed and **Approved** subject to the following amendment: **Membership to include;** 3 Non-Executive Directors Quality and Clinical Safety Manager	
5.	**Minutes of the meeting held on 18 June 2015** The minutes of the meeting held on 18 June 2015 were **Received** and **Approved** as an accurate record subject to the following amendments: Item 8 – Quality and Performance Report The staffing levels and how bed occupancy within Community Hospitals affects this Director of Nursing to investigate and report back. Sue Mead requested more detail about the poor performance of the Reablement services for the next Committee meeting. Item 11 – Implementation Plans for the Duty of Candour and Complaints Polices CPo updated on the Raising Concerns at Work Action Plan to include Duty of Candour which provides an update on the progress made in launching and embedding the policy with all Trust colleagues. The Director of Human Resources confirmed that they are still working on the revised draft Disciplinary Policy.	
6.	**Matters arising (action log)** The following matters were discussed and noted: 15/QP029 eQIAs to go through Clinical Senate for approval and onto Quality and Performance Committee for information. The Chair requested further information in respect of agenda item 14 from the previous Committee meeting, Manchester Safety Framework – Self Assessment Exercise. The Director of Nursing agreed to find out if this had progressed across the Trust.	Director of Nursing

7.	**Forward agenda planner** The Forward Planner was **Discussed** and **Approved** after the following changes were made: • CQC Inspection Update to be changed to CQC Quality Improvement Assessment and Action Plan update. • The newly formed Complaints and Concerns Oversight Group (COG) to provide an update at each meeting.	
8.	**Corporate Risk Register – Quality and Performance Risks** The Head of Corporate Governance/Trust Secretary introduced the report and highlighted the following points; - 10 new Risks have been added to the July Register. - 4 Risks have been closed. - 4 Risks have been reduced. The Head of Corporate Governance/Trust Secretary provided further clarification on the new risks to include: **Dental Shortages for patients with special care needs (score 15)** Shortage of Dental Officers to deliver treatment, resulting in large waiting list for patients with special care needs. Dental service shortages in Dentists, due to retirement, long term sick. Recruitment underway, with 2 new dentists to start early Autumn. Use of locum dentist to see emergency patients and release substantive workforce to take on new patients. **System non-compliance with NICE Diabetes guidelines (score 16)** No specific foot protection team for people with diabetes in primary and secondary care settings. Recent peer review by external body identified that Podiatry Service is thereby holding the risk with people with diabetes who may have or may develop lower limb wounds that could result in amputation. Also on GHT risk register, as joint providers of diabetic services. **Dressing Stock Management (Score 16)** Currently inadequate standardised control of purchasing decisions and stock control for dressing in the county. This creates a commercial and clinical risk, particularly combined with inadequate storage facilities for stock. **Clinical Audit Improvement Manager Vacancy (Score 12)** Clinical audit and improvement manager leaves under MARs scheme 30 July 2015. Risk of increased lack of evidence of NICE compliance in the Trust due to lack of failsafe system to ensure processes in place - potentially leading to poorer patient outcomes	

	Loss of both HR Training Administrators (Score 12) Loss of both of the current staff will cause considerable difficulties as this is the whole team and there is no further fall-back cover in this area. The Chief Operating Officer asked for clarification on risks FIN1 (Ability to deliver CIPs against pay costs) and FIN3 (Ability to control and reduce agency spend) noting the risk scoring should be 16. It was agreed that the two risks would be reviewed at a separate meeting outside of the Committee. The Committee **discussed** and **approved** the Corporate Risk Register subject to these amendments.	HoCG and COO
9.	**Unscheduled Care Directorate Report** The Interim Director of Nursing introduced the report and highlighted the following: **Partnership working with South West Ambulance Service Trust (SWAST) Out of Hours service.** Gloucestershire Care Services (GCS) continue to maintain a working dialogue with SWAST colleagues to maximise integrated working arrangements that improve the patient experience and two areas of joint development have been agreed: • Co-location of OOHs and MIIU where possible • Shared receptionist cover There remain some risks to MIIU colleagues and pathways of care for patients, when SWAST are unable to deploy GP's or other clinicians within MIIU's. **Minor Injury and Illness Units (MIIUs) capacity and resilience.** There is an intensive work plan underway following concerns raised by the Care Quality Commission (CQQ) during their inspection visit. Elements of this include: • HCA's ceasing any triage activities with immediate effect • Review of HCA job descriptions • HCA competency assessments being undertaken by the Emergency Nurse Practitioners within MIIUs • Trust review of its triage policy It is anticipated that this workstream will "feed" into the CQC Quality Improvement Plan (QIP) in readiness for the Quality Summit – 21 September 2015 The Gloucestershire Clinical Commissioning Group (GCCG) raised concerns and requested a formal response regarding breaches in MIIUs. This had been submitted to the GCCG. The most common reason for 22 >6 hour breaches is a delay in transport on 16 occasions (73%). This was the only reason for delays at 5 of 7	

	MIIUs during the period of November 2014 – June 2015. As a result of this GCS will extend the understanding of case criteria to MIIU staff so that this vehicle is requested when appropriate; reducing the transfer requests on SWAST front line vehicles and potentially reducing delayed transport, GCS will continue to monitor breach trends accordingly. **Winter Planning** The Trusts programme of work with regards to resilience (winter) planning continues and includes: • Over the next two months operational service business continuity and escalation plans being reviewed • Bed and community service modelling completed and submitted to the GCCG • Table top exercise to test GCS assumptions for the forthcoming winter to progress • Leading a Trust Board development session to provide assurance to Board members that the trust is on track with its activities, its learning and risks associated with its resilience plans • A further internal GCS planning session for operational teams planned for 7 September 2015 **Patient Safety, Falls** A separate detailed report on prevention of falls in community hospitals has previously been discussed at this Committee, a further report to provide an update is on the agenda (Item 18). Jan Marriot suggested that, in respect of the length of stay data shown in the activity performance report, could the "median" length of stay be included with the current figure of "average". The Interim Director of Nursing agreed to review this. The Chair sought further clarification on the two patients who had a length of stay >125 days. In response the Interim Director of Nursing confirmed that this had been reviewed with clinical teams and indicated that the cases were complex. The Chair illustrated two further areas of concern which required further clarification; - How is the Trust proposing to improve the >6 hour breaches which are currently at 73%? The Trust is considering, with the GCCG, how it can utilise the patient vehicle process via the Single Point of Clinical Access (SPCA). - What has been done in respect of the mentally unwell patient breech – the patient had been safely managed by the MIIU team. The Interim Director of Nursing explained that a root cause analysis is conducted with all breaches, dedicated transport through SPCA	**DoN**

	has been put forward to the GCCG as a possible solution and an update will be provided at the next Committee meeting. In respect of the Mental Health breach this has since been acknowledged by the GCCG that this was out of the Trust's control. The Committee **Discussed** and **Approved** the Unscheduled Care Directorate Report.	
10.	**Scheduled Care Directorate Report** The Chief Operating Officer (COO) introduced the report and outlined the following key points: **District Nursing** A number of meetings have been held with colleagues in relation to the District Nursing action plan and that it had been agreed that the plan be refreshed to include a wider countywide focus. Both the current plan and the refreshed plan will be submitted to the next Quality and Performance Committee meeting in October. The GCCG have agreed to commit up to £150k to support backfill costs for community nurses to attend the required post graduate programmes which will allow them to undertake the specialist qualification for district nurse programme. Five successful applicants will commence this programme in Autumn 2015. **Vacuum Assisted Closure Therapy Investigation** Following a cluster of incidents reported with patients receiving Vacuum Assisted Closure (VAC) for wound healing. A SIRI investigation was instigated to review management and provision of this type of wound management intervention. The investigation highlighted a concerning trend and a number of actions have been agreed with the Interim Director of Nursing, Professional Head of Specialist Nursing Services and Professional Head of Community Nursing to improve practice. **Access to therapy services within Integrated Community Teams** With the move of both the Integrated Community Teams Physiotherapy and Occupational Therapy workforce onto SystmOne, the Trust now has improved visibility of the performance related to 8 week "referral to treat" target. Overall countywide Physiotherapy performance is 91% and Occupational therapy is 85% against a target of 95%. **Delegated Social Care Responsibility performance: Referral Centres, Telecare and Reablement** The transfer to Gloucestershire County Council (GCC) of responsibility for professional leadership and operational management of social workers in the areas of assessment and	

	support planning occurred on the 1st August 2015 as planned. Gloucestershire Care Services NHS Trust (GCS) continues to have management responsibility for a number of social care functions (reablement, telecare, referral centres) which are sited at the "front end" of the care pathway focusing on preventing, reducing or delaying the need for care and support. Future Quality, Performance and Finance reports will incorporate the agreed key performance indicators for these service areas and will be presented to this Committee. **Reablement Update** Margy Fowler, Locality Manager presented this section of the report and highlighted three areas: **1. Face to Face contact time** This target relates to the amount of time that Reablement Workers (RW) spend on direct intervention with service users. Also recorded is the time spent in training, sickness, annual leave absence and travel time between visits. Recent information has indicated that although the RW schedules are full, and therefore all capacity is effectively used, the actual time spent with a service user does not necessarily correspond to the schedule. Actions to improve this include implementing a new version of ColdHarbour which will be introduced in November 2015, smart phones will also be issued to all RWs, which will give clearer data. A total of six new ColdHarbour champions have been identified who will receive specific training and then cascade to all staff, commencing in September 2015. **2. Reablement Worker Sickness Absence** This target relates to the level of sickness absence of all colleagues within the reablement service, as a % of available time. The overall annual target for sickness absence is to be below 3% of establishment. The GCC HR team supply information on absences, appraisals, workforce establishment, and age range of staff on a quarterly basis. The current sickness rate stands at 5.26%. Recent actions taken to improve this target include ICT Team Managers working very closely with the Reablement Co-ordinators and GCC HR to work with those with long term sickness absences, to draw the absence to a conclusion. As a result, at least 6 members of staff have subsequently been dismissed via the sickness absence policy process. **3. Over 6 Weeks Length of Stay** This target relates to the number of people receiving a reablement service who have been in the service for a period of time longer than 6 weeks. The national 'guidance' is that the most benefit is obtained from reablement by 6 weeks, or less, and therefore the National Audit of Intermediate Care (similar to reablement) uses this. Current figures indicate significant improvement in the number	

	of cases, April 2015, 73 cases recorded - August 2015, 35 cases. Actions have been implemented to reduce these numbers further and work is underway by the Reablement Lead and the GCS performance team to produce a simplified version of the data, with a drop down box of options on the reasons for the length of stay, e.g. awaiting private provider, service user at end of life, etc. This will enable greater clarity to allow further work to reduce the longer length of stays. Jan Marriot asked what level of urgency was there to demonstrate effectiveness of any remedial work taking place. The Chief Operating Officer highlighted that the new system will allow more accurate and detailed reporting and should the system not be ready to be "rolled out" across the Trust in November then a "go live" area could be pilot tested. In addition the Locality Manager provided assurance that regular updates are provided to the Reablement Delivery Group which meets fortnightly. The Committee **Discussed** and **Approved** the Scheduled Care Directorate Quality and Performance Report	
11.	**Quality Directorate Update** The Committee noted that this was the first report received and welcomed it. Key issues noted included: The Infection Control team were actively working with teams on the Trust-wide cleanliness and hand hygiene activities and the provision of training to colleagues. The safeguarding teams were actively involved in both dementia and learning disability activities That work was well underway with regards to ensuring that there were robust processes in place in the reporting and learning around SIRIs, complaints and incidents. It was also reported that the first Complaints Oversight Group (COG) meeting chaired by a non-executive had taken place, The Deputy Director of Nursing invited Ian Dreelan to summarise the discussions of the Complaints Oversight Group (COG). Ian Dreelan confirmed that the group had its inaugural meeting on 11 August 2015 with a further meeting scheduled for 6 October 2015. He also expressed his belief that the group would be a considerable asset to the Trust, by providing high level assessment, triangulation and exploration of themes in complaints and incidents. The Chair welcomed the report and it was agreed the report should be a standalone item at all future Quality and Performance Committee meetings going forward.	
12.	**Quality and Performance Report** The Interim Director of Nursing and the Chief Operating Officer introduced the report noting that the finance elements within the report were not discussed in detail as this is a function of the Trusts	

	Finance Committee. Key highlights from this June data focused report included: Performance Targets – the Trust was reporting 81.5% compliance with national targets and 66.7% compliance with local targets. The Musculoskeletal Clinical Assessment and Treatment service (MSKCAT) did not achieve its June Referral to Treatment (RRT) target. Duty of Candour applied to 7 cases. 7 complaints received in June and 93.3% of these were responded to within the 25 day timescale The Safety Thermometer data evidenced an increase in Harm Free care to 95.2%; 0.78% new harms compared to the national average of 2.2% Clostridium Difficile – the number of cases remained below agreed tolerance level Reablement contact time, cases progressed within 6 weeks and sickness rates were not achieving target. However, the average length of stay within the service (3.7 weeks) is below national target. Colleague appraisal rates were looking favourable at 77.9% but remains behind the Trust trajectory of 80% Nicola Strother Smith expressed concerns about the timeliness of data presented to the Committee as this did not enable responsive action (i.e. June data was presented in September). In response, the Interim Director of Nursing confirmed that she would explore the use of raw data scorecards being made available for the Committee to review which will allow assessment of the most recent Trust performance alongside the more considered and formal Quality and Performance Report. The Chair sought clarification in respect of the number of colleague incidents reported under strategic objective 2. There were 74 recorded as verbal/written abuse. In response to this challenge the Director of Human Resources confirmed that a "deep dive" has been commissioned to look further into these cases and will be reported to the Workforce and Organisational Development Committee. The Committee **Discussed** and **Approved** the Quality and Performance Report.	**DoN**
13.	**Medicines Management Optimisation** The report was presented by the Head of Medicines Management and welcomed by the Committee noting that this progress report and Trusts Medicines Optimisation report was indicating a more positive picture after completing the recent Trust Development	

	Authority (TDA) self-assessment tool. Jan Marriot sought clarification on the governance arrangements in place to monitor quality and activity levels. In response the Head of Medicines Management confirmed that governance arrangements are now in place and activity levels are within the contract with Lloyds Pharmacy, the new provider since May 2015. It was also acknowledged that there remained some risks i.e. pricing, responsiveness and that these were being managed jointly by the Directors of Nursing, Finance and Head of Medicines Management. The Committee **Requested** future reports on a 6 monthly basis.	
14.	**Agency Usage and Spend** The Interim Director of Nursing and Head of Programmes, Transformation and Change presented this first report which outlined key actions and progress made by the Trust with its intention to reduce the level of agency spend. Noting that there is now in place a collaborative working group to oversee the management of risk, this group is clinically and operationally led. The financial aspects of its activities will also be reported to the Trusts Finance Committee. The use (and cost) of Agency staff has been highlighted as a national issue over recent months. Both Monitor and the Trust Development Authority (TDA) are working with NHS Trusts to develop a national approach to better manage this area of NHS spend and on workforce planning for the future but at the same time not wishing to compromise patient safety or quality of care. The reasons recorded for requiring agency or bank staff for this period, are predominately "*Vacancy Cover*" which accounts for 75% of the reasons why agency or bank staff are used, and only 5% for "*increased dependency*", (which was thought to be a key driver, but is down from 10% over the previous four weeks). Sickness rates and study leave were also analysed for any correlation to agency or bank use. However, there was no discernible pattern indicated. Further discussions followed in respect to patient safety and the Interim Director of Nursing noted that to provide assurance that quality care, patient and colleague safety is not being compromised by increased use of agency (lack of familiarity with potentially the ward and patients) and/or understaffing (staff are over-stretched) the agency group has reviewed the number of incidents reported during this same period. The analysis that was undertaken, however, did not show any clear correlation, which in turn will inform a decision as to whether the Trust will continue to report against the UNIFY 1:8 system. Whilst the Trust remains compliant by the safe staffing 1:8 ratio for registered nurses, as per NICE guidance, there is no separate guidance or Trust protocol that covers health care assistants or other staffing roles for inpatient services. Following discussion with	

	the Head of Community Hospitals, Matrons and Senior Sisters, guidance is being developed with regard to the staffing levels for inpatient wards going forward as an alternative for 1:8 reporting. The financial implications for the Trust are significant, with an estimated £1m risk for 2015/16, if agency spend is not reduced from levels recorded in Q1. The Chair welcomed the direction of travel and **Requested** an update back to the Committee in December.	
15	**Complaints and Duty of Candour Update** The Deputy Director of Nursing presented the report and summarised the following key areas of activity and specifically: **Background to the new Trust's complaints and Duty of Candour policy** The handling of concerns (informal) and complaints (formal) are led by the service user in that the Service Experience Team are required to agree with the service user how they wish their complaint/concern to be handled. Informal concerns are reviewed locally by the service involved and formal complaints are normally investigated by an "external to service" investigator. **Progress report on implementation** The Trusts implementation plan has progressed since Trust Board ratification of the policy in May 2015. **Gap analysis with indications for actions needed (for discussion).** Although an annual report is produced, this is not currently formally reported on. Following a discussion an agreement was reached relating to where the annual report should be reported. It was confirmed that the Quality and Performance Committee should receive this annual report. It is proposed that this policy is simplified indicating clearly the support available to staff, develop guidance for colleagues and make adjustments to the Duty of Candour Policy by December 2015/January 2016 Ian Dreelan stated that when writing the policy the Trust needs to be mindful of the language and wording used and ensure consistency across both policies. The Committee **Noted** the report and **Requested** draft policies to the next committee.	
16.	**Complaints Literature Feedback** The Interim Director of Nursing introduced the paper noting that:	

	As part of the Trust's Engagement Framework, the Corporate Planning Team made a commitment to establish Readers' Panels so as to ensure that relevant items of Trust literature are assessed and evaluated by an independent group of service users / members of the public. In subsequent discussions with Healthwatch, it was determined that Healthwatch had already set up its own countywide Readers' Panel. To this end, it was agreed that in line with the Trust's ambition to further joint working, it would be prudent to utilise this existing forum. Ian Dreelan noted that Quality Visits to some services highlighted that leaflets and literature were not always easily located. In response the Interim Director of Nursing confirmed that this issue would be simple to rectify and agreed to feedback this to the Community Hospitals and Service Leads for action and possible relocation of the literature currently on display. Jan Marriot sought clarification on translation services offered on the Trusts literature. The Interim Director of Nursing confirmed that the Trust does provide translation services on all its literature which is available through the Engagement Team. Following discussions the Committee **Agreed** to change the photographs (too profession focussed) used on the literature and were happy to **Approve** the recommendations as suggested by Healthwatch.	
17.	**Pilot "Contact Time"** The Deputy Director of Nursing introduced the paper noting that; The paper provides assurance of compliance against requirements, by the detailed work undertaken to ensure appropriate processes and systems are in place to monitor, report and display planned and actual staffing levels on community hospital inpatient ward areas and also the measures in place to respond to changes in staffing and patient need. It is anticipated that the outcome of this will support any future decision about Safe Staffing reporting arrangements (as an alternative to 1:8 ratios). The Committee **Noted** the report.	
18.	**Falls Review – Progress Report** The Interim Director of Nursing introduced the progress report noting that a detailed programme of work across all hospital sites is currently in place. A number of educational events have been planned and "falls prevention" is high on everyone's agenda. The Chair sought clarification on "John's Campaign" and asked	

	how this was being implemented. In response the Quality and Clinical Safety Manager confirmed that this should be aligned through the LiA programme and that she would take this forward with the LiA Programme Lead. The Committee **Agreed** the Falls Action Plan and its recommendations.	
19.	**Rapid Response Action Plan** The Interim Director of Nursing presented the Rapid Response Action Plan. The Committee noted the improving picture with regards to performance. The Committee **Noted** the Action plan.	
19a.	**Freedom to Speak Out** The Director of Human Resources presented the report and highlighted the following key elements: The Freedom to Speak Up Review was an independent review, led by Sir Robert Francis QC, into creating an open and honest reporting culture within the NHS following concerns raised by colleagues and the treatment of some who had spoken up. The review has produced a comprehensive report providing details of what staff, employers, unions and national bodies have told the review team and also include the outcomes of research and international comparisons. The report includes best practice which is taking place and to address the gap and variation, the report covers how organisations can create the right culture, how concerns should be handled and what is needed to ensure the system works. The overall purpose of the report is to make the NHS a 'better place to work and a safer place for patients'. Some of the specific actions for Trust Board is: • Ensuring progress in creating and maintaining a culture of safety and learning is assessed regularly through being measured, monitored and published • Being proactive in detecting and changing behaviours which amount to bullying to create a culture free from bullying and other oppressive behaviours • Showing they value staff who raise concerns, consider and implement ways in which the raising of concerns can be publicly celebrated Although this is not a legal requirement, the Review recommends the appointment of a 'Freedom to Speak Up Guardian' to whom staff know they can go to raise concerns. The Guardian should be independent and impartial, have the authority to speak to anyone within or outside the organisation, be expert in all aspects of raising and handling concerns and the tenacity to ensure safety issues are addressed. They should have the dedicated time to perform this	

	role. Ian Dreelan stated that this would be a difficult programme to measure success. Following discussions the Committee **Agreed** to support the recommendation for a "Freedom to Speak Up Guardian" and **Confirmed** this would be through the LiA Programme lead pending a further review in December 2015.	
20.	**Nurse Revalidation** The Interim Director of Nursing introduced the report and provided the Committee with some background information; The Nursing and Midwifery Council (NMC) is changing its requirements for which nurses and midwives must meet in order to renew their professional registration every three years. In September 2013 the NMC committed to introducing a proportionate and effective system of revalidation by the end of 2015 in order to enhance public protection. Informed by a number of national pilots the new process for nurse revalidation should be in place from April 2016 and fully implemented by December 2018. The purpose of revalidation is to improve public protection by ensuring that all nurses and midwives continue to be fit to practise throughout their career. Nurse's registrations will be required to remain up to date within their professional practise, develop new skills, keep up to date on standards and the changing needs of the public they serve and fellow care professionals with whom they work. Jan Marriot brought the Committee's attention to the significant numbers across our workforce who may decide not to progress with the revalidation. In response to this challenge the Interim Director of Nursing confirmed that there will be an ongoing monitoring mechanism in place in order to continuously assess this risk and at this stage the risk to the Trust was low. The Interim Director of Nursing also reported to the Committee that the NMC would be making a formal decision about the nurse revalidation timescale in October 2015. The Committee **Noted** the report and **Agreed** a further update would come to the October Quality and Performance Committee meeting.	
21.	**Subgroup Reports** The Committee **Received** the minutes from Sub-Committees.	
22.	**Any Other Business** No other business was raised and the Chair thanked everyone for attending.	

23.	**Date of the next meeting** The next meeting of the Committee to be held on 22 October 2015 in the Boardroom at 1:30pm.	

Signed …….. Date ……..

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: Date 24 November 2015

Agenda Item:	14
Agenda Ref:	14/1115 1 Year Plan
Author:	Glyn Howells
Presented By:	Rob Graves
Sponsor:	Glyn Howells

Subject:	Finance Committee Update

This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

The Finance Committee met on 28th October and reviewed the Finance Report, update on CIPs, QIPP and CQUIN; capital and Business Development.

As at the end of Quarter 1, the Trust was behind plan by £198k with a deficit of £486k though the trust is still forecasting achieving the full year position of £0.1m surplus. Since the date of the report that was reviewed the Trust has agreed and additional £900k surplus with the TDA based on capitalisation of SystmOne and reviewing the safer staffing guidelines for community hospitals. At the end of quarter 1 cash was better than plan position; the Chair asked for a longer term cash forecast to be produced for Part 2 Board discussion.

Whilst the Trust is delivering in year savings to achieve plan the work to identify which posts are being removed recurrently needs to be completed soon or the risk to the recurrent starting position of the next financial year will drive a higher CIP target for 2016/17.

The committee received an update on CQUIN and QIPP delivery – on CQUIN we are making good progress against all deliveries and so see minimal risk to CQUIN income. On QIPP the milestone delivery of £3m full year is also looking secure; however, the risk share element of £900k was not earned in Quarter 1 and is at risk full year. This is down to system wide improvements in urgent care presentation and admissions pathways not showing the reduction in growth rates expected under the countywide QIPP plans. Clarity has been sought from the CCG about whether it will be possible for GCS to "re-earn" this lost income through other QIPP schemes.

The Committee received an update on business development and was informed that the Trust had not been successful in winning the Springbank GP tender and had a summary of feedback received on the Trust's tender from the commissioner. This will help inform future tender responses. The Trust now has agreement from GHFT for them to use the operating Theatre at Cirencester, this is likely to start from early 2016.

Recommendations:

The Board is asked to:

The Board is asked to note the above summary.

Considerations:

Quality implications:

Human Resources implications:
Equalities implications:
Financial implications: *As detailed*
Does this paper link to any risks in the corporate risk register: *Yes*
Does this paper link to any complaints, concerns or legal claims

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

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

Reviewed by (Sponsor):	

Date:	

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

Explanation of acronyms used:
N/A

Contributors to this paper include:
Glyn Howells – Director of Finance

Gloucestershire Care Services NHS Trust

Minutes of the Finance Committee Boardroom, Edward Jenner Court – 14.00pm 2nd September 2015
Committee Members present: Rob Graves (RG) – Non-Executive Director (Chair) Glyn Howells (GH) – Director of Finance Duncan Jordan (DJ) – Chief Operating Officer Candace Plouffe (CP) – Director of Service Delivery Richard Cryer (RC) – Non-Executive Director Susan Field (SF) – Director of Nursing (Interim) Sue Mead (SM) – Non-Executive Director Ian Dreelan (ID) – Non-Executive Director Jason Brown - (JB) Director of Corporate Governance (Trust Secretary) In attendance: Julie Goodenough (JG) – Head of Community Hospitals Stuart Bird (SB) – Deputy Director of Finance Anne Roberts (AR) - Operational Finance Manager – Hospitals and Estates Christine Thomas (CT) - Minute Taker

Item	Minute	Action
15/FC044	**Agenda Welcome and Apologies** The Chair welcomed everyone to the Finance Committee meeting Apologies were **Received** from Johanna Bogle (JBo), Louise Simons (LS), Kate Calvert (KC)	
15/FC045	**Confirmation that the meeting is quorate** The meeting was **Confirmed** as quorate by the Chair.	
15/FC046	**Declarations of Interests** Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.	
15/FC052	**Budget Holder Review – Community Hospitals**	

	The Chair agreed that they would go to Agenda Item 9 next. JG and AR presented the papers on Community Hospitals. JG advised that they had pulled together information on finance, performance and efficiencies, challenges and the workforce to produce this report and to provide a rounded oversight. The last two pages summarise the opportunities and challenges faced. One CIP opportunity that had been identified was to generate new business using the current capacity within the Community Hospitals particularly in areas such as Theatres. The available capacity had been identified in each of the hospitals and it was thought they were only currently utilising 50% of available capacity. The Chair asked to look at the financial schedules as there were some aspects that were not clear. It was advised that the budget did not include any agency figures, though this was a high proportion of spend. GH informed the Committee that use of Agency was budgeted at low levels as Agency was primarily used to cover vacancies and sickness which should be managed operationally. GH also advised that new procedures had been put into place with regards to authorising agency and they had already seen significant reductions in agency usage within the month of August. NHS England had recently published figures that showed that £3.3billion was paid out on agency staff per year. SF said that the Board would need to make key decisions on managing agency in the light of the current level of National Focus on agency spend; this could include reducing staffing levels against NICE guidelines or closing beds onwards. SF raised that agency costs were not just due to nurses but that a lot of these were around health care support workers yet guidance currently only talks about nurses. As of 19th October agency staff would not be allowed to be used from unapproved agencies. Sickness levels were being managed but to enable still more control HR had agreed to produce a more detailed report. The Chair asked about the non-pay line as there had been some big changes. This was believed to be due to classification changes between medical and surgical equipment but more work was being done on this to investigate. GH advised that a new contract on clinical waste had been signed but the savings of this may not yet be coming through. It was acknowledged that there had been some problems with the new pharmacy company Lloyds since taking over of the service, these were currently being addressed and included a meeting being arranged between SF and GH to address this. The Chair asked how cross cutting budgets were being managed, concerns were raised about the visibility and ability to control these costs that the Matrons have, Mark Parsons (MP) would be addressing this with the Matrons at the next Matrons meeting. The Chair asked that Mark Parsons (for Estates), Laura Bucknell	

	(for pharmacy) and Bernie Wood (for IT) to a future Committee meeting to discuss this. AR advised that they were planning to run some finance clinics at each of the hospitals to help colleagues better understand budgets. JG discussed some of the risks that hospitals faced including that 50% of staff were currently at the top of their pay scale and finding ways to attract new staff when 60% of their workforce was over the age of 50. GH advised that ESSBASE was being replaced by Business Information Reporting Tool (BIRT). This would come as a web based application and would work out costs per contract/per hour, this would be built around what the Matrons and other operational teams want to allow them to better manage resources. A demonstration of this would come to a future Finance Committee meeting. The Chair summed up the key areas that the Finance Committee would look at in future meetings, they were: • Agency spend • Supplier approval • Workforce cost • Sickness rates • Pharmacy contract • Cross cutting budgets • Asset Portfolio • Demo of BIRT • GHT recharges JG and AR left the meeting	**GH** **GH**
15/FC047	**Minutes of the Finance Committee held on 26th August 2015** The minutes of the meeting held on 26th August 2015 were **Received** and subject to minor amends were **Approved** as an accurate record.	
15/FC048	**Matters Arising (Action Log)** The following matters were **Discussed** and **Noted** and agreed as complete: 70 P&R 91/14 Committee requested a report to the next meeting which identifies the Trust's surplus capacity and available opportunities to increase income – **Closed**	
15/FC049	**Forward Agenda Planner** The Forward Planner was discussed and approved	

	with minor changes as listed below: Agency spend should be specifically featured in all future meetings. Subject to the above change the Forward Agenda Planner was **Approved.**	**JBo**
15/FC050	**CIP Report – Including CIP Strategy** DJ presented the CIP Report. GCS had identified a £1m gap, other options for potential savings were being reviewed including what posts they could remove. PWC had been asked review specifically focusing on this area, and had suggested that limiting the review of posts to non clinical areas was restricting the ability of the Trust to make the required level of savings. SF informed the Committee that Dilke and Lydney had reviewed their staffing arrangements and this had been very effective, with staff working across both sites. It was important for people to focus on working differently. DJ advised that the Trust were looking to need to lose 50 posts to achieve target, there were various long term vacancy posts that would be focused on as to whether these were really needed. A paper would be presented to Execs in the next couple of weeks and once approved would come back to the Finance Committee and Trust Board. There was a stop on advertising any admin/clerical roles externally, but it was noted that these changes were having an effect on morale. The Chair asked if these risks had been reflected in the risk register and DJ advised that it would be once they had been clarified. The Committee were asked to approve the CIP Strategy. The strategy was **Approved** subject to minor amends. The Chair asked that this strategy be reviewed in 3 months in case changes were needed. LS to add to register The Committee **Noted** the update and acknowledged the risks.	**DJ** **LS**
15/FC051	**CQUIN & QIPP** SF presented the CQUIN and QIPP paper. Quarter 1 CQUIN had been achieved and paid. There was still a significant risk with QIPP to the value of £900k (full year), negotiations were ongoing. GH felt that they were currently likely to lose £225k but was waiting for formal confirmation of this. The Committee **Noted** the update	
15/FC053	**Corporate Risk Register – finance** GH advised that the risk register was here for completeness. There were no finance risks that went to July Trust Board, this was currently in the process of being reviewed and any corporate	

	risks would go to the Board in September. It was requested that QIPP should be classified as Red but that CQUIN would be Green. SB also asked that GHT recharging into the Trust should show on the risk register. SF felt that the changes to Cirencester Theatre should also be added. DJ to update. The Committee **Discussed** the risk register and **Noted** the additional points raised.	**DJ**
15/FC054	**Transformation and Change Programme minutes** The Committee **Noted** the Transformation and Change Programme minutes.	
15/CF055	**CAPEX** The Committee **Noted** the CAPEX minutes	
15/CF056	**Any other Business** GH advised that the Board had approved the resubmission of GCS's TDA plan only bridging £900k. GCS had resubmitted their letter along with the previous letter, GCS had not yet heard back from the TDA. It had been agreed that the Trust would not keep to the 1:8 staffing where this was not appropriate but it was agreed that the signoff of the staffing levels should be through clinically lead executive group and then through the Quality and Performance Committee. It was acknowledged that there was still a £2.9m risk in the underlying position of the Trust. The Chair closed the Open Part of the Finance Committee	
15/CF031	**Date of the next meeting** It was agreed that the next meeting of the Committee be held on 28th October 2015, Boardroom, Edward Jenner Court, 13.30 – 16.30	

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 24th November 2015

Agenda Item:	15
Agenda Ref:	15/1115
Author:	Tina Ricketts, Director of HR
Presented By:	Nicola Strother Smith
Sponsor:	Nicola Strother Smith

Subject:	Workforce & OD Committee Update Report

This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☒ Information

Executive Summary:

As a standing agenda item, this report provides the Board with a summary of the key workforce risks and areas of underperformance. The report summarises the information considered by the Workforce & OD Committee in September 2015 to seek assurance regarding these matters with section five containing key points for the Board to note.

Attached in appendix one is a summary of the Rose Report and the nine recommendations that the Committee approved for local implementation.

Recommendations:

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

Considerations:

Quality implications:

The Organisational Development & Workforce Strategies have been put in place to support the delivery of high quality care. The role of the Workforce & OD Committee is to oversee the effectiveness of the strategies and to ensure that actions are prioritised to mitigate risks to the quality of services provided

Human Resources implications:

The revised workforce plan submitted to the Committee proposed further reductions in the Trust's establishment to support the financial stretch target set by the NHS Trust Development Authority. The Committee requested that equality/ quality impact assessments to be undertaken before any amendments to the Trust's workforce plan are considered.

Equalities implications:

None identified

Financial implications:

Human Resource accounts for 75-80% of the Trust's expenditure and therefore it is essential that we manage this resource wisely in line with our strategic objectives

Does this paper link to any risks in the corporate risk register:

Yes – this paper links to all workforce risks

Does this paper link to any complaints, concerns or legal claims
No

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

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

Reviewed by (Sponsor):	Nicola Strother Smith

Date:	9th November 2015

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Workforce & OD Committee Workforce & OD Steering Group Workforce Education & Development Group

Explanation of acronyms used:

Contributors to this paper include:
Lindsay Ashworth, Head of HR

Board Report November 2015
Workforce & Organisational Development

1.0 Introduction

As a reminder to the Board, the strategic priorities set for organisational development & workforce in 2015/16 are as follows:

Table 1: Strategic Priorities

Organisational Development	Workforce
1. To embed core values across the organisation ensuring that these are reflected in behaviours, and are used to inform and support the growth of the Trust culture 2. To maintain a supportive and learning culture that emphasises team working, and shares the results of actions to improve future performance 3. To increase the capacity and capability of leadership across the Trust, encouraging corresponding behaviours in colleagues 4. To support, encourage and motivate colleagues, and elicit their direct involvement with, and positive contribution to, all relevant Trust planning and decision-making	1. To ensure improved workforce planning so as to make optimum use of the Trusts most valuable resource 2. To improve recruitment processes to enable the Trust to attract and retain a strong and stable workforce 3. To ensure that the Trust provides appropriate support and development for all colleagues empowering them to reach their full potential, whilst representing the Trust's values and helping achieve the organisations strategic objectives 4. To deliver governance systems that support the Trust's workforce 5. To encourage colleagues to remain healthy, so that they are best able to provide high quality services 6. To further develop the Trust's HR function, so as to provide responsive, accurate and streamlined services that benefit the organisations operations

2.0 Workforce Risks

The Board will note the individual workforce risks within the Corporate Risk Register and these can be themed as in table 2 below:

Table 2: Workforce Risks by Theme

Organisational Development	Workforce
Culture to support freedom to speak up / speak up safely – the CQC report states that the threshold for reporting incidents within the Trust was too high and that improvements need to be made in how learning from incidents are shared across the organisation. ***Leadership capability and capacity*** – insufficient leadership capability and capacity within the organisation may be impacting on the pace of service transformation and development. ***Staff satisfaction –*** the listening into action pulse check, staff friends and family test and NHS staff survey results all indicate that staff engagement and satisfaction requires improvement.	***Workforce capacity to meet demand*** – the increase in demand on services coupled with vacancy rates within qualified nursing and Allied Health Professions may impact on the quality and level of service provided. This may also be having an impact on staff morale and sickness absence as colleagues frequently report that they do not have enough resources to meet demand. ***Workforce development*** – the lack of an overall workforce development plan linked to the Trust's Integrated Business Plan may impact on the pace of future service transformation and development ***Sickness absence*** – there has been an increase in sickness absence rates in 2014/15 which is having an impact on workforce capacity. ***Retention -*** there has been an increase in the overall turnover rate in 2014/15 which is impacting on workforce capacity.

3.0 Areas of Underperformance

To monitor the effectiveness of the strategies a number of key performance indicators are monitored by the Committee and the areas requiring improvement as at 31st October 2015 are as follows:

Key Performance indicator	Performance as at 31st October 2015	Target
Appraisal completion rate	77.5%	90%
Staff FFT (recommending Trust as a place to work)	51%	60%
Mandatory Training (excludes resuscitation and safeguarding)	80%	90%
Sickness absence	4.88%	4.4%
Vacancy rates >10% Based on WTE funded establishment	Countywide – 14.29% ICTs – 11.23%	10%
Turnover	14.8%	11%

4.0 Summary of reports reviewed by the Committee in September

The following reports were received for assurance:

4.1 Organisational Development Strategy - detailed report submitted to highlight progress against the strategy implementation plan for 2015/16 and actions identified as a result of the deep dives into appraisals and the staff friends and family test.

4.2 Rose Report (see appendix one) – report submitted to identify which of the 19 recommendations from the Rose report have a direct impact to the Trust. Nine recommendations were made for local implementation and these are detailed in appendix one. The key messages that can be drawn from the Rose Report are:

- A lot of good work that goes on within the NHS but we are not good at rewarding and recognising this. We should start from an appreciative perspective that begins on focusing on what is good, what we want more of and what we can improve on, and what we can celebrate rather than what's wrong, what's missing, what's broken
- Rather than accept constant change that we should question and query its purpose and what we might do differently to avoid unnecessary change (i.e. organisational restructuring)
- Rather than operate as single employers we act as the public view the NHS – with a common purpose and collective endeavour
- If we want a better NHS we need to support, develop, train, appraise, promote and engage our workforce
- Talent management and succession planning should be a key focus for all organisations
- Focus should be given to leading and supporting people through change rather than them feeling done to

4.3 Workforce Strategy - detailed report submitted to highlight progress against the strategy implementation plan for 2015/16 and actions identified as a result of the deep dives into mandatory training and sickness absence.

4.4 Workforce Education & Development - report submitted detailing the priority actions that are being undertaken to ensure that all areas identified in the CQC Quality Improvement Plan are in place by 31st March 2016.

4.5 Workforce plan – a summary report to inform the Committee of the revised workforce plan that was submitted to the NHS Trust Development Authority in September 2015 to support the financial stretch target. The report confirmed that the Trust was on target to achieve the planned reduction in non-frontline posts by 31st March 2016.

4.6 Recruitment & Retention – detailed report submitted to inform the Committee of the current hotspots regarding recruitment and retention and the actions that are being taken to address these.

4.7 Exit interview deep dive - detailed report submitted which identified the top reasons for leaving and a number of actions that were required to improve retention.

5.0 Key points from Committee for the Board to note

- *Refresh Organisational Development & Workforce Strategies* - to identify priorities for 2016/17 and incorporate the Rose Report recommendations
- "*Back to basics" on workforce education and training* - to ensure clarity on statutory, mandatory and essential training for all colleagues and access to their own training records. The Committee received assurance that this was a priority piece of work which was being overseen by the Workforce Education & Development Group.
- *Additional reduction in bank & agency spend in revised workforce plan supported by the Committee* - but equality/quality impact assessments to be undertaken before any other reductions are considered. Improvements in workforce planning going forward to ensure clinical, operational and support service input before the plan is finalised. Draft workforce plan for 2016/17 to be discussed at the February meeting.
- *Nurse recruitment* - Community hospitals band 5 vacancies remain static and Integrated Care Teams band 6 continue to prove difficult to fill, despite advertising campaigns, recruitment fairs and continued central nursing recruitment.
- *Countywide Services vacancies* - mainly relate to band 5 physiotherapists. Nationally 50% of recent graduates are finding employment within the private sector as reported at a recent national Chartered Society of Physiotherapy event. A recruitment & retention working group has been established to address current hotspots.
- Top three reasons for leaving the Trust are:

  - retirement - 16%)
  - other - 16%
  - incompatible working/relationships - 14%

  Revised procedure includes offer of exit interview with a HR advisor. This has identified local induction as a key issue; this is not always carried out when new colleagues join a team or in some cases it is lacking sufficient detail. Further actions were identified as a result of the deep dive; these included:

  - developing a tool kit to support local induction
  - revising leavers' procedure to include feedback from colleagues
  - introducing simplified on-line exit questionnaire.

Appendix One

Table 1: Recommendations from the Rose Report

Theme	Recommendation	National or Local Implication
NHS vision and ethos	1. Form a single service-wide communication strategy within the NHS to cascade and broadcast good (and sometimes less good) news and information as well as best practice to NHS staff, Trusts and CCG's	National & local
Culture	2. Create a short NHS handbook/ passport/ map summarising in short and/or visual form the NHS core values to be published, broadcast and implemented throughout the NHS	National & local
Training	3. Charge Health Education England to coordinate the content, progress and quality of all NHS training including responsibility for the co-ordination and measurement of all management training in the NHS. At the core of this is a 90 day action cycle. Health Education England must promote cross-functional training in all disciplines and at all levels, coordinating the teaching of management basics such as appraisal, motivation, negotiation and leadership 4. Move sponsorship of the NHS Leadership Academy from NHS England to Health Education England 5. Include accredited/ nominated training establishments as part of a diverse training effort 6. Review, refresh and extend (x10) the NHS Graduate scheme; establish career pathways, a greater variety of placements and a guaranteed job after three years training (quality and assessment permitting) 7. Refresh middle management by training and a more porous approach both from within the NHS and externally (recruitment from, and secondment to, other sectors) 8. Require senior managers to attend accredited courses for a qualification to show consistent levels of experience and training have been reached across the NHS. On completion of this course they enter a senior management talent pool open to all Trusts	National National National & local National & local Local National & local
Performance management	9. Set, teach and embed core management competencies and associated expected behaviours at each management level 10. Establish a mechanism for providing on-going career support for all those in a management role allowing individuals to increasingly take charge and identify their own developmental needs 11. Establish and embed an NHS system of simple, rational appraisal (a balanced scorecard for individuals) supported by a regular course in giving and receiving appraisals as part of the core provision of the single training body. At a senior level, these appraisals should be standardised across the NHS	National & local National & local National & local
Bureaucracy	12. Review the data demands of regulators and oversight bodies; these can be rationalised and harmonised in order to produce consistent, clear and simple reporting that does not distract staff from patient care 13. Merge oversight bodies, the NHS Trust Development Authority and Monitor 14. Spend time on a regular basis at all levels of the NHS to review the need for each data return being requested and to feed any findings to the Executive and Non-Executive Teams to review 15. Establish and maintain a clearer system of simple rational appraisal (balance scorecard for the organisation) 16. Health and Social Care Information Centre (HSCIC) to develop an easily accessible data Burden Impact Assessment template and protocol	National National Local Local National
Management support	17. Create NHS wide comment boards, websites and supporting technology to be designed and implemented to share best practice 18. Set minimum term centrally held contracts for some very senior managers subject to assessment and appraisal 19. Formally review Non Executive Director and CCG lay member activity (including competence and remuneration) in line with the CQC well led initiative; and establish a system of volunteer NEDs from other sectors	National & local National National

Table 2: Summary of implications of the Rose Report for Gloucestershire Care Services and recommended actions

Theme	Implication to GCS	Recommendation for GCS	By when	Linked to	Lead(s)
NHS vision and ethos	A single service-wide communication strategy for the NHS will be targeted at ensuring that all employees understand the priorities and key messages for the NHS. It will be important to ensure that the Trust's communication & engagement strategy complements the national strategy so that colleagues are clear on the impact of these messages to the Trust, services and their roles.	1. That the Trust engages with the development of the national communication strategy 2. That the Trust reviews and refreshes its communication & engagement strategy based on the national framework	In line with national timescales In line with national timescales	Communication & Engagement Strategy	Head of Communications/ Head of Corporate Planning
Culture	The Trust has developed its own CORE values. Colleagues will be unclear which set of values apply if they receive literature about the national values and those of the Trust. This will be further compounded by professional specific values such as the nursing 6C's.	3. That the Trust's CORE Values framework is reviewed against national NHS & professional specific values. That a "map" is produced for colleagues which demonstrates how the Trust's values align to national & professional specific values	30th November 2015	Organisational Development Strategy	Director of HR/ Head of OD
Training	The Review recommends the integration of leadership and management development with other learning, development and educational programmes. The Review recommends further investment in the NHS Graduate Trainee Programme. The Review recommends further investment in middle and senior management development including learning experiences from outside of the NHS.	4. That the Trust continues with the development of the Aspiring suite of programmes rather than develop separate leadership and management development activities 5. The Trust should incorporate the NHS Graduate Trainee Programme within its approach to Talent Management. Specific roles should be identified to accommodate Graduate Trainee placements 6. The Trust should review its strategy and plan for leadership, management development and talent management in line with the recommendations of the Rose report. A refreshed strategy and plan to be submitted to the Workforce & OD Committee.	31st December 2015 31st March 2016 31st March 2016	Organisational Development Strategy & Workforce Strategy	Director of HR/ Head of Professional Practice/ Head of OD
Performance management	The Review recommends the development of a core management competency framework which is supported by a balanced scorecard as part of the appraisal process.	7. Linked to recommendation 6 above the Trust should review its management competency framework, appraisal policy and forms	31st March 2016	Organisational Development Strategy & Workforce Strategy	Director of HR/ Head of Professional Practice
Bureaucracy	The Review recommends that time is spent on a regular basis at all levels of the NHS to review the need for each data return being requested and to feed any findings to the Executive and Non-Executive Teams to review.	8. That the Trust further develops its performance management framework to include the regular review of the need for each performance target or data return 9. That a plan is developed to better implement the Trust's performance management framework across the organisation so that individual and team objectives and KPI's link to organisational level priorities	31st March 2016	Performance & Information Strategy	Chief Operating Officer/ Director of Service Delivery/ Director of Service Transformation/ Head of Performance & Information
Management support	The Review recommends NHS wide comment boards, websites and supporting technology to be designed and implemented to share best practice	Linked to recommendation 1 & 2 above	In line with national timescales		Head of Communications/ Head of Corporate Planning

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 24 November 2015

Agenda Item:	16
Agenda Ref:	16/1115
Author:	Matthew O'Reilly – Head of Performance and Information
Presented By:	Duncan Jordan – Chief Operating Officer & Susan Field – Director of Nursing
Sponsor:	Duncan Jordan – Chief Operating Officer, Susan Field – Director of Nursing & Glyn Howells – Director of Finance

Subject:	Quality, Finance and Performance Report

This report is provided for: ☐ Discussion ☐ Decision ☒ Approval ☐ Assurance ☐ Information

Executive Summary:

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

This report includes a more detailed review of Strategic Objective 2 (incorporating Understanding You report), with analysis of activity against the commitment to hear and heed, the opinions of the Trust's service users as well as their families and carers. This extended analysis will be included every six months, and combines both quantitative and qualitative information to offer as rounded an impression as possible.

Recommendations:

The Board is asked to:

1. To consider the reported position for quality, performance and finance;
2. To consider the most appropriate forum and reporting mechanism for Non-Executive Directors' Quality Visits and the National Institute for Health and Care Excellence (NICE) Guidance.

Considerations:

Quality implications:

N/A

Human Resources implications:

N/A

Equalities implications:

N/A

Financial implications:

N/A

Understanding You

Does this paper link to any risks in the corporate risk register: Yes
Does this paper link to any complaints, concerns or legal claims Yes

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

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

Reviewed by (Sponsor):	Duncan Jordan – Chief Operating Officer, Susan Field – Director of Nursing & Glyn Howells – Director of Finance

Date:	13 November 2015

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

Explanation of acronyms used:
N/A

Contributors to this paper include:
Duncan Jordan – Chief Operating Officer Glyn Howells – Director of Finance Susan Field – Director of Nursing Matthew O'Reilly – Head of Performance and Information

Summary

Key targets that have not been achieved include MSKCAT referral to treatment where capacity remains an issue.

Community Hospital average length of stay continues to impact upon throughput and discharge, but remains below the national average. Roll-out of SystmOne into all inpatient wards is now giving increased visibility of Estimated Dates of Discharge and discharge plans.

The target for percentage of diagnostic tests waiting longer than 6 weeks (Echocardiography) had been missed in the previous two months. This was achieved in September, but will continue to be at risk due to the limited size of the service.

The Trust awaits confirmation of the QIPP and CQUIN income for quarter two. The risk share element of QIPP is impacted by the increase of admissions into the Acute Trust. The Trust is forecasting in the region of 1.3 million patient contacts in 2015/16 which must be at the very least absorbing further growth in activity in the Acute sector.

Updated format and Content of the Quality, Performance and Financial Report

The Trust has very recently updated its strategic objectives to mirror the Care Quality Commission's quality domains. The previous six objectives have been consolidated into five.

The updated strategic objectives for the Trust are set out in the following table:

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

For consideration by the Board

As part of the work to develop this Report the Board is asked to consider the most appropriate forum and reporting mechanism for:

1. Non-Executive Directors' Quality Visits
2. The National Institute for Health and Care Excellence (NICE) Guidance

Gloucestershire Care Services NHS Trust

Quality, Finance and Performance Report

Trust Board
24th November 2015

Understanding you

Contents

Report Overview

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

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

The report has been realigned to meet with the Trust's changed strategic objectives (five rather than six), and provides a high level overview of our progress towards meeting those commitments, illustrated via dashboards within this report.

The key themes related to year to date performance up to end of September 2015 are identified within each Strategic Objective on the following slides. This report includes a more detailed review of Strategic Objective 2 (incorporating Understanding You report), with analysis of activity against the commitment to hear and heed, the opinions of the Trust's service users as well as their families and carers. This extended analysis will be included every six months, and combines both quantitative and qualitative information to offer as rounded an impression as possible.

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

- Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) Referral to Treatment (RTT) target was not achieved in September 2015 and has not been achieved for 4 out of 6 months in 2015/16. This is a target that is part of QIPP delivery programme and activity is funded on a cost and volume basis.

- Patient slips, trips and falls within Community Hospital in-patient setting remains the highest reported incident by type. Of the patient falls, 301 (69%) resulted in no harm *(see page 21).*

- The Trust has reported 3 Serious Incident Requiring Investigation (SIRI) during September *(see page 17). GCS is reporting a lower rate of SIRIs (2.3 average per month) compared to the average of the Trusts within the Aspirant Community Foundation Trust group (2.9).*

- The Trust surveyed 1,042 patients episodes of care for the September Safety Thermometer report. Of these 998 (95.78%) were harm free. 44 harms were reported, of which 10 were new harms *(see pages 18-20). This means that GCS reported 0.96% new harms compared to national average of 2.1% new harms. The national average for harm free care was 94.3%.*

- On a year-to-date basis (April to September 2015) the Trust is reporting 84.0% compliance with national targets and 51.5% compliance with local health targets. *This represents a slight decrease in national target compliance from 85.2% reported (April to August); local target compliance has also decreased slightly in comparison with the performance reported previously (see page 11). The total of National targets reported in September is 25 compared to 27 in August as the National Childhood Measurement Programme for 2015/16 academic year had not started at this time.*

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

- The Trust is committed to providing care in an environment that protects privacy and dignity. This is supported by providing care in a single sex environment. No breaches have been reported (April to September 2015).

- The Friends and Family Test question asks service users “How likely are you to recommend our services to your friends and family”. During September, there were 2,246 responses (4.8%) from a total of 46,465 patients accessing GCS services. *This is a decrease from the 5.4% response rate recorded in August 2015. The highest rate was received from Inpatients (45.8%) and Minor Injury and Illness Units (19.2%). The average of Trusts within the Aspirant Community Foundation Trust group is 17.0% (based on 5 Trusts, with one outlier at 65% for example).*

- Of those that responded, 93.5% said they were extremely likely or likely to recommend us. *This is below the average of Trusts within the Aspirant Community Foundation Trust group (94.4%).*

- 8 NHS Choices comments were received in September: 7 positive and 1 not so positive regarding the Vale MIiU. *The negative comment was directed to the service experience team to discuss the concerns further. Comments were also shared with the Matron.*

- Complaints: 11 complaints were received in September. In quarter two, 94.4% complaints were responded to within agreed timescale of 25 working days.

Strategic Objective 3 - Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire

- There are performance indicators with the new pharmacy provider which will detail drug usage for GCS and ordering frequency by all sites and services. This information will be shared monthly with Heads of Service and will be reviewed by the Medicines Management committee. This will strengthen governance of medicine usage across the organisation.

- Rapid response referrals achieved target for the first time in September (page 84).

- Reablement indicators are currently rated as red, with the exception of average length of reablement service (see pages 30-31).

- The Trust is performing well against its data quality targets. In respect of the validity of 45 data indicators that are submitted to the Secondary Uses Services (SUS), Trust performance is 99.1% against a target of 96% (*not referenced elsewhere*) based on the latest data available from the Health and Social Care Information Centre (HSCIC) (April 2015 to August 2015). The National average is 96.0%, South Central regional average 94.4%.

- Average length of stay in Community Hospitals was 19.4 days, increased from 18.1 days (August) and continues to be higher than the period before January 2015 (page 87). This is under review by Head of Community Hospitals.

- Bed Occupancy rates were 97.4% in September. Thresholds are to be set by Head of Community Hospitals to identify over-performance. The CQC Report for GCS Community Health Inpatient Services identifies that when occupancy rates rise above 85%, it can affect the quality of the care provided to patients and the orderly running of hospitals.

Strategic Objective 4 - Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

- Monitor compliance statements: full compliance evidenced (see page 90-91).
- Board statements: full compliance evidenced (see pages 92-93).
- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place for treatments (81% Q2); however, there is opportunity to improve the Trust's recommendation as a place to work (see page 94)
- Sickness absence: remains above target (4.93% in September compared to target of 3%) (see page 95).
- Appraisals: rate of reported completed appraisals (76.05%) remains behind trajectory (see page 95).
- Mandatory training: Infection Control, Health and Safety, Equality and Diversity are now ahead of trajectory; however Conflict Resolution, Fire Safety and Information Governance remain behind trajectory (see page 95).

Strategic Objective 5 - Manage public resources wisely to ensure local services remain sustainable and accessible

- During month 6 the Trust submitted a revised plan for 2015/16. The new planned surplus is £1.0m (original was £0.1m) though some aspects of TDA reporting compare us to an aspirational "stretch" target of £1.527m
- This new plan is now the comparator for the M6 reporting cycle and includes delivery of:
  - QIPP £3.9m
  - CQUIN £1.9m
  - CIP £3.15m
- At month 6 the Trust is £98k behind plan with a year to date adjusted deficit of £381k (page 98). Month 6 full year forecast is in line with revised plan.
- The actions needed to deliver the revised surplus are now being implemented. This includes 2 specific additional actions to bridge between the original planned surplus of £100k and the new target of £1m
- QIPP and CQUIN income are currently forecast for full delivery though there is risk on approximately £900k of "risk share" QIPP based on latest CCG update (page 99)
- Slippage in CIP delivery has been offset by non recurrent savings through management of vacancies and review of establishment roles in non-frontline posts. If these savings cannot be made recurrent it will impact the 16/17 plan and CIP requirements in future (page 100).
- Stronger controls are now in place around inpatient agency usage. Reporting of actual nursing spend to the TDA (where the trust has to operate within specified parameters) commences for the month 7 reporting cycle.
- Cash is £0.8m adverse to plan at £4.9m (page 102)
- Charges to and from GHFT are still not agreed and will be now be escalated to ensure resolution and to clarify any impact on delivery of the planned 15/16 surplus.

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

Quality Strategy metrics 2015-16 against strategic objective 1

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Harm-free care in community hospitals and ICTs	**More than 95%**	**95.9%**	**93.9%**	**95.2%**	**95.1%**	**95.0%**	**95.8%**							**95.1%**
Number of new harms (Safety Thermometer)	Less than 267 (14/15 total)	**12**	**15**	**8**	**13**	**14**	**10**							**72**
Reduction in incidents that result in serious harm	Less than 12	**0**	**1**	**0**	**0**	**0**	**1**							**2**
Not exceeding the agreed threshold of C. diff infections	Less than 18	**0**	**1**	**2**	**0**	**1**	**1**							**5**
Achieving agreed staffing levels in community hospitals	80-120%	**104.7%**	**103.4%**	**104.7%**	**105.6%**	**99.2%**	**98.7%**							**102.7%**
Number of Never Events within the Trust	0	**0**	**0**	**0**	**0**	**0**	**0**							**0**

Summary of health performance key indicators - September year to date

	September cumulative year-to-date (with comparators to August)							August cumulative year-to-date		
	Red		Amber		Green		Total	Red	Amber	Green
National	2 8.0%	↑	2 8.0%	↓	21 84.0%	↓	25	1 3.7%	3 11.1%	23 85.2%
Local	8 24.2%	↔	8 24.2%	↑	17 51.5%	↓	33	8 24.2%	7 21.2%	18 54.5%
Total	10 17.2%	↑	10 17.2%	↑	38 65.5%	↓	60	9 15.0%	10 16.7%	41 68.3%

National indicators

Red	Diagnostic tests waiting less than 6 weeks	Page 12
	Time to initial assessment for patients arriving by Ambulance (MiIU)	Page 12
Amber	Minor injury and Illness Unit (MiIU) unplanned re-attendance rate	Page 12
	Newborn Bloodspot screening coverage by 17 days of age	Page 12

Local indicators

Red	Rapid Response – Number of referrals	Page 13
	Integrated Discharge Team – Number of avoided admissions (3 targets)	Page 13
	Chlamydia Screening –positives	Page 13
	Occupational Therapy (Adult) – referral to treatment	Page 13
	7 Day Service – Inpatients (2 targets)	Page 13

Local indicators

Amber	Stop smoking service - number of smokers successfully quitting	Page 14
	Physiotherapy (Adult) - referral to treatment within 8 weeks	Page 14
	Single Point of Clinical Access - % of Calls abandoned	Page 14
	Single Point of Clinical Access - % of calls resolved with agreed pathway within 20 minutes	Page 14
	% of terminations carried out within 9 weeks and 6 days	Page 14
	MSKCAT service - referral to treatment within 8 weeks	Page 14
	Speech and Language Therapy (Children's) - referral to treatment	Page 14
	Stroke Early Supported Discharge – new patients assessed within 2 days	Page 14

Performance exceptions - Year-to-date 2015 National targets

Indicator	YTD RAG	Performance	Actions	Projected date of remedy
Percentage of diagnostic tests waiting longer than 6 weeks		Performance in September was 100% (target >99%)	The target for access to Echocardiography was not achieved during July and August due to capacity following staff sickness. The service reviewed its patient tracking processes which are robust – no significant changes to current practice have been made as a result.	Target achieved in September – however there is a risk of continued breaches of target due to potential capacity issues.
Time to initial assessment for patient arriving at MilU by ambulance		Performance in September for the 95th percentile was 29 minutes (target <15 minutes). Year to date performance is 17 minutes.	This measure had been within target during months 1 to 4 but deteriorated in August to the 95th percentile reported as 24 minutes and 29 minutes in September. There have been a number of delays recorded by staff limitations of having one registered practitioner on a shift but only registered practitioners can triage. If the registered practitioner is with a patient this has resulted in a delay.	Target achieved months 1 to 4 – however there is a risk of continued breaches of target due to staffing.
Newborn bloodspot screening coverage by 17 days of age		Performance on year to date basis remains at 91% (target 95%)	The midwifery service in GHNHSFT are currently undergoing update training to try and reduce their repeat rate for newborn bloodspot screening. In addition they are reviewing the lancets being used in case this will also improve their rate. This has been flagged at the regional operational group, the antenatal and newborn screening programmes board thereby being monitored by Public Health England and the South West QA team.	Ongoing. CCG has agreed to remove this target.
Minor injury and Illness Unit (MilU) unplanned reattendance rate within 7 days		Performance in September improved to 4.0%, year to date performance is 5.0% (target less than 5%)	The main issue is MSS Patient First system recording issues which is expected to resolve as implementation of SystmOne in extended across the remaining Community Hospitals.	Target has been achieved for 3 months and is expected to be achieved on year-to-date basis by end of October.

Performance exceptions - Year-to-date Local

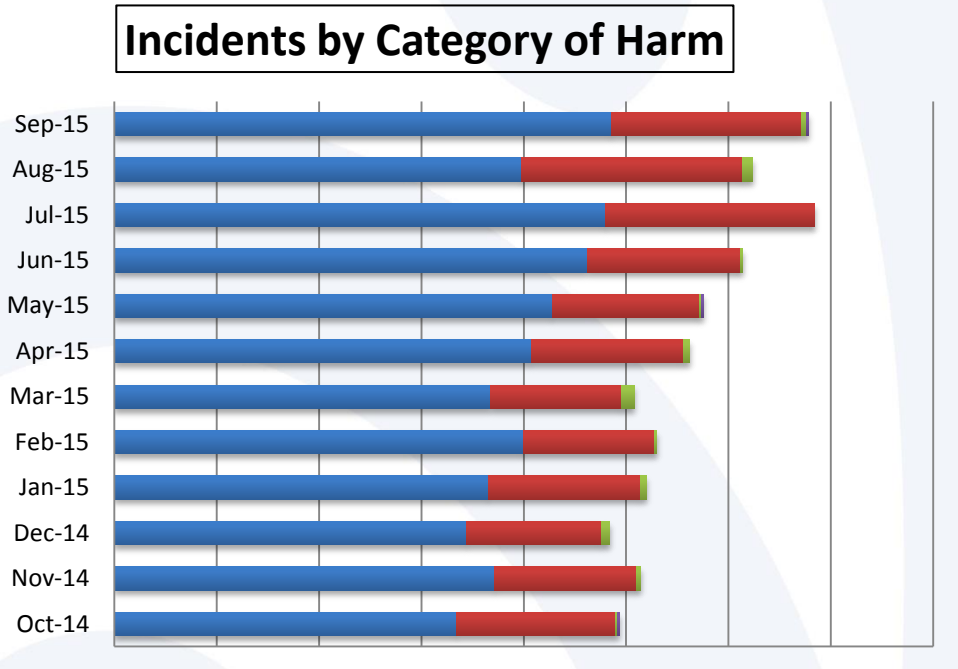
Gloucestershire Care Services NHS Trust

Indicator	YTD RAG	Performance	Actions	Project date of remedy
Rapid response – number of referrals		Performance in September was ahead of target for the first time, 263 referrals compared to a target of 256, continuing the significant improvement in the last 3 months, year to date performance of 1,248 referrals compared to target of 1,563	The service is continuing to work to action plan	In-month September 2015
Integrated Discharge Team (IDT) – number of avoided admissions (3 targets)		Performance in September was 182 avoided admissions compared to a target of 300; year to date performance of 1,086 referrals compared to target of 1,830	Service is working with health community service providers to review out of hours and reablement pathways to identify any scope for increase in IDT involvement. GCCG funding being used to increase resilience within the service	Alternative model of service delivery being implemented.
Chlamydia Screening - number of positive screens		Performance to the end of September is behind trajectory by 18 positive screens, (489 positive screens recorded compared to trajectory of 507)	The service have an action plan in place to achieve the number of positive screens which has been shared with Commissioning lead. Service engaging with National team to ensure that focus is on areas expected to realise largest return of positive screens and identify any shared learning.	To be confirmed
Average number of discharges per day from Community Hospital (weekends)		Performance on a year to date basis is an average of 4.7 discharges at weekend compared to target of 10	Number of discharges are currently behind target. The number of discharges have been impacted by an increased average length of stay within the Community Hospitals which has reduced throughput. This is being investigated by Head of Community hospitals.	Discharge action plan in place to improve performance.
Average number of discharges per day from Community Hospital (weekdays)		Performance on a year to date basis is an average of 11.7 discharges on weekdays compared to target of 20		
Adult Occupational Therapy - referral to treatment within 8 weeks		Performance in September was 83% compared to a target of 95%; year to date performance of 87%	Data continues to be reviewed with service following SystmOne go-live to ensure validity of patients on caseload and waiting lists. Staff vacancies continue to impact on delivery of this target.	To be confirmed

Performance exceptions - Year-to-date Local

Indicator	YTD RAG	Performance	Actions	Project date of remedy
Paediatric Speech & Language Therapy - referral to treatment within 8 weeks		Performance in September reduced to 87% compared to 94% in August (target of 95%); year to date performance of 92%	Service has struggled to fill vacancies which has an impact upon capacity. Staff are moved between locations to cover outpatient work where possible. Service action plan to include review of structure and skill-mixing to mitigate recruitment difficulties	To be confirmed
Adult Physiotherapy Service - referral to treatment within 8 weeks		Performance in September was 92% compared to a target of 95%; year to date performance remains at 91%	The under-performance reported is within the MSK and ICT Physiotherapy service areas. Staff vacancies continue to impact on delivery of this target. Action plans to be developed to improve the performance.	To be confirmed
Single Point of Clinical Access % of calls abandoned		Performance in September was 7.6% compared to a target of less than 5%; year to date performance 6.4%	The target was not achieved due to demand. There were 3,204 calls received in September, 242 were abandoned. This equates to 82 calls abandoned above the threshold.	To be confirmed – in month performance related to demand
Single Point of Clinical Access % of calls resolved with agreed pathway within 20 minutes		Performance in September increased to 93.7% compared to target of 95%; year to date performance 93.3%	The target was not achieved due to demand. There were a total of 94 calls resolved that had an agreed pathway but outside of the 20 minute target (55 were resolved between 20-30minutes). Call complexity is adding to length of calls.	To be confirmed – in month performance related to demand
% of terminations carried out within 9 weeks and 6 days of gestation		Performance in September was 77% compared to 80% target; year to date performance 77%	The 80% target was not achieved in September due to staff capacity issues within the service. Previous under-performance was caused by capacity issues within the service due to absence of a doctor.	To be confirmed
MSKCAT service - referral to treatment within 8 weeks		Performance in September was 91% compared to a target of 95%; year to date performance of 93%	The target was not achieved in September due to reduced staff capacity following a number of staff leaving. Capacity is expected to increase when new starters come into post by the end of November.	Delayed until the end of January 2016.
Stop smoking service – number of smokers successfully quitting		Performance for Quarter 1 currently shows as being behind target.	Performance currently shows as being behind target, however this is due to the lag-time for quitters to be recorded as successfully quitting, and the lag-time for the data to be reported.	Target expected to be achieved by the deadline for Q1 data submission
Stroke Early Supported Discharge – new patients assessed within 2 days		Performance in September was 78% compared to target of 95%	The target was not achieved due to capacity issues in September. This meant that 4 patients were not assessed within 2 days. Capacity is expected to be as planned in October.	In-month performance to be on target October 2015

Incidents by category of harm



	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
No Harm	167	186	172	183	200	184	204	214	231	240	199	243
Low Harm	78	69	66	74	64	64	74	72	75	102	108	93
Moderate Harm	1	2	4	3	1	6	3	1	1	0	5	2
Severe Harm	1	0	0	0	0	0	0	1	0	0	0	1
Death	0	0	0	0	0	0	0	0	0	0	0	0

Duty of Candour (DoC)

Duty of Candour applied to 8 incidents in 2015/16. 3 new cases and one from previous period (May) being downgraded following completion of SIRI when it was established and confirmed that no harm had been caused.

Patients and relatives have received a verbal apology and written apology as per DoC guidance

Incident reporting

Incident reporting has been identified as one of the LiA "Big Tickets" to involve developing a reporting system fit for purpose and a culture of learning that empowers and enables colleagues to raise safety concerns. The aim is to reduce service user harm through an incident reporting system that is fit-for-purpose, and to maximise the potential to learn from incidents.

Benchmarking data is showing an improvement against our Aspirant Community Foundation Trust Group although we are still below the Group's average. NRLS data for community hospitals has GCS ranked significantly higher than the national median which is an improvement from bottom ranking 18 months ago.

The Quality & Safety team are now raising awareness of the incident governance process through workshop based sessions at staff learning events. A workshop is planned for the Nursing Celebration event.

Benchmarking		
Number of incidents (GCS)	**151.9 per 1,000 WTE staff**	**April 2015-September 2015**
Number of incidents (Aspirant Community Foundation Trust Group)	**186.9 per 1,000 WTE staff**	**April 2015-September 2015**

Incidents by type (top 5 only)

Gloucestershire Care Services NHS Trust

Category of harm /Type of incident - Patients (top 5 categories)	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	12-month total
Slip, Trip or Fall (Patient)	69	94	81	86	81	69	96	72	77	69	81	93	**968**
Medication or drug error	20	13	15	21	16	16	14	30	31	28	36	28	**268**
Treatment or procedure problem	11	9	7	9	10	10	5	20	17	20	13	13	**144**
Pressure Ulcer	6	4	9	11	9	10	21	19	23	22	20	19	**173**
Problem with patient records / information	7	5	6	10	9	10	5	8	13	15	7	21	**116**
Total (All)	**171**	**189**	**172**	**194**	**190**	**179**	**201**	**211**	**223**	**254**	**240**	**254**	**2,478**

Category of harm /Type of incident - Staff (top 5 categories)	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	12-month total
Staffing issues	16	11	4	4	8	11	8	14	11	33	17	27	**164**
Premises / buildings	4	5	3	7	6	7	7	3	5	11	2	6	**66**
Verbal/written abuse	5	6	6	7	7	7	6	6	5	3	8	12	**78**
Property	3	4	4	5	4	3	4	4	9	3	3	5	**51**
Estates problem/issue	3	6	4	3	4	2	4	3	4	6	6	2	**47**
Total (All)	**81**	**75**	**71**	**72**	**80**	**81**	**84**	**78**	**91**	**107**	**83**	**97**	**1,000**

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

There have been 10 RIDDOR reportable incidents this year to date. Of the reportable incidents 9 were staff incidents, 1 was a patient incident. The patient incident has been withdrawn following completion of a root case analysis (RCA). All of the reportable incidents are reviewed by the Health and Safety Committee.

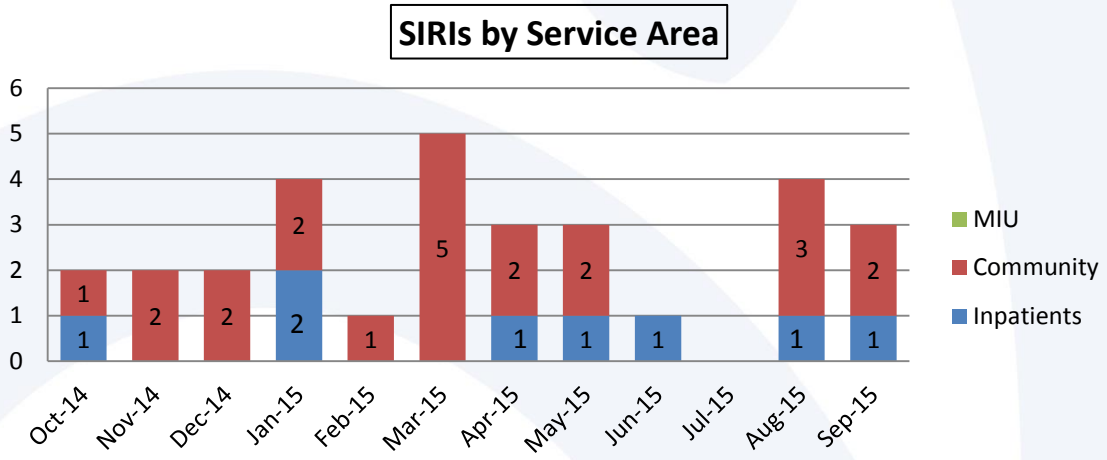
RIDDOR Actions taken
Staff reminded of process for cleaning.
Lone working protocols information sharing reinforced. Care provider to update control process.

Clinical Alert System (CAS)

No overdue CAS alerts this year.

Serious Incidents Requiring Investigation And Never Events

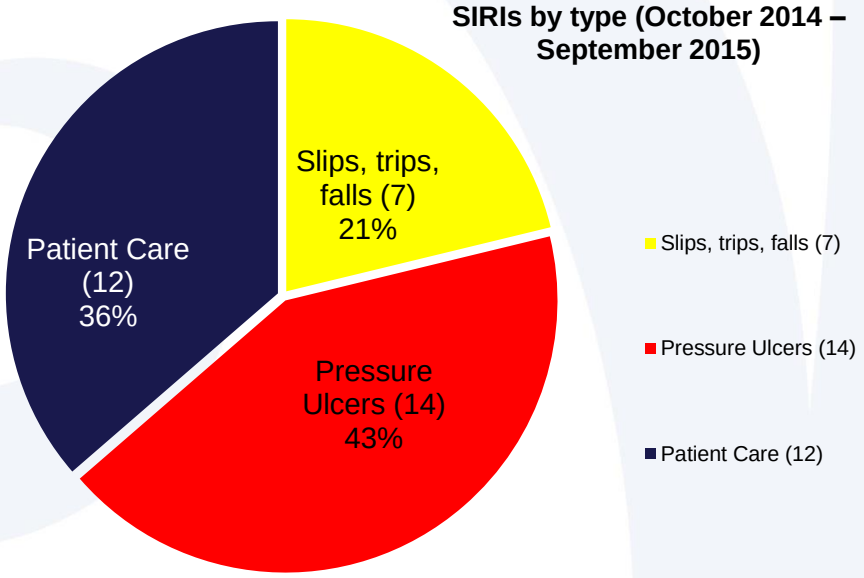
Gloucestershire Care Services NHS Trust



SIRIs

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

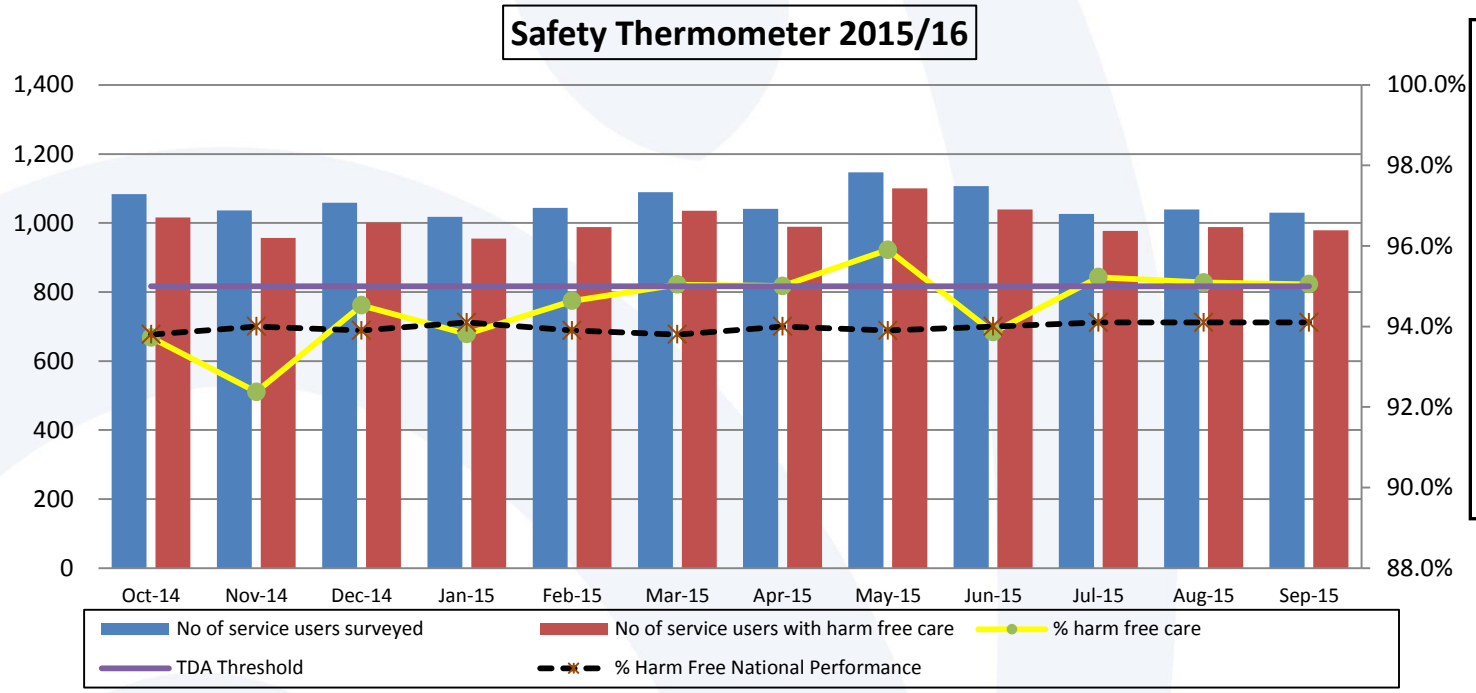
No Never Events have been reported in 2015/16 to the end of September.



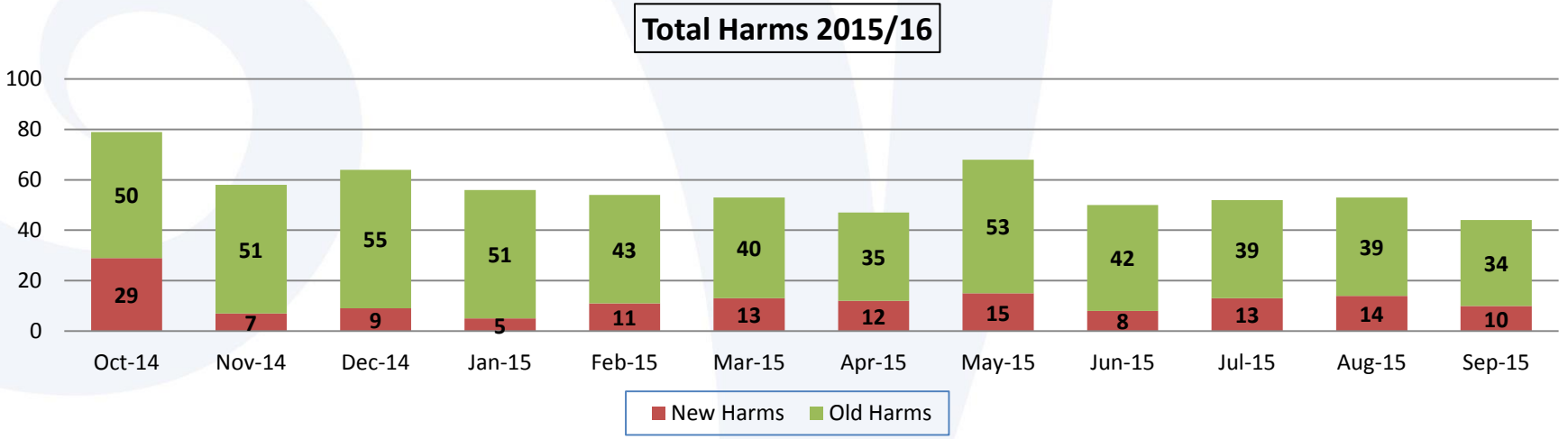
Benchmarking	
New SIRIs (GCS)	**2.3 average per month, April 2015 – September 2015**
New SIRIs (Aspirant Community Foundation Trust Group)	**2.9 average per month, April 2015 – September 2015**

Harm-free care / Safety Thermometer

Gloucestershire Care Services NHS
NHS Trust



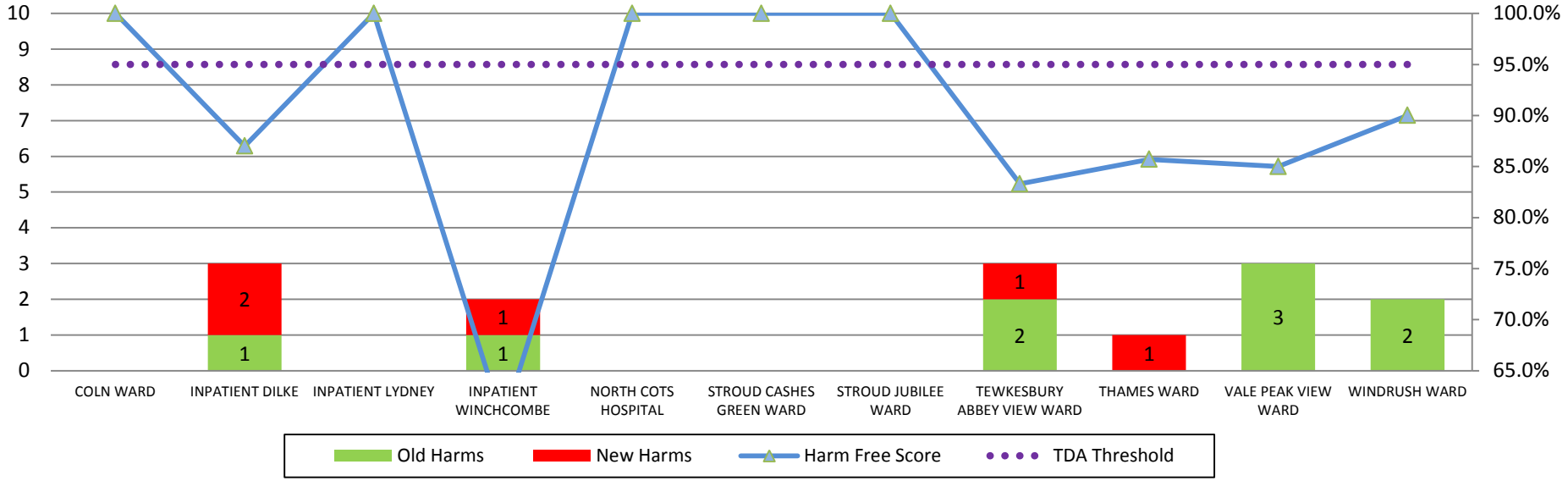
- Achievement of 95.0% harm free with variation of 60.0% - 100% across teams
- Focus remains on the key areas of falls and pressure ulcers looking at those patients who experienced harm and working across the health community to further reduce this risk



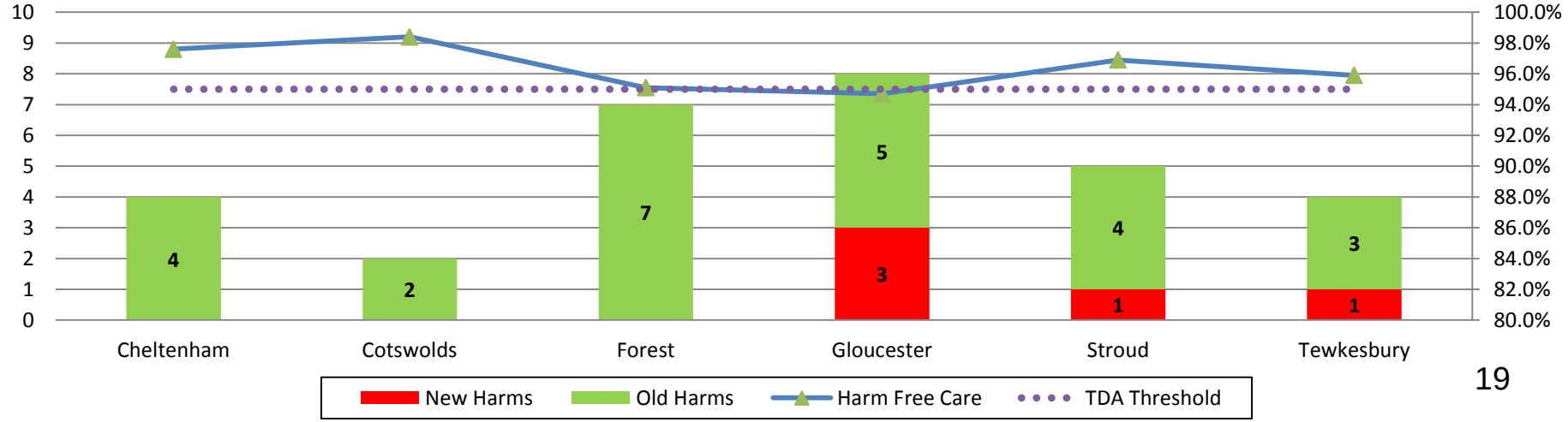
Harm-free care / Safety Thermometer

Gloucestershire Care Services NHS
NHS Trust

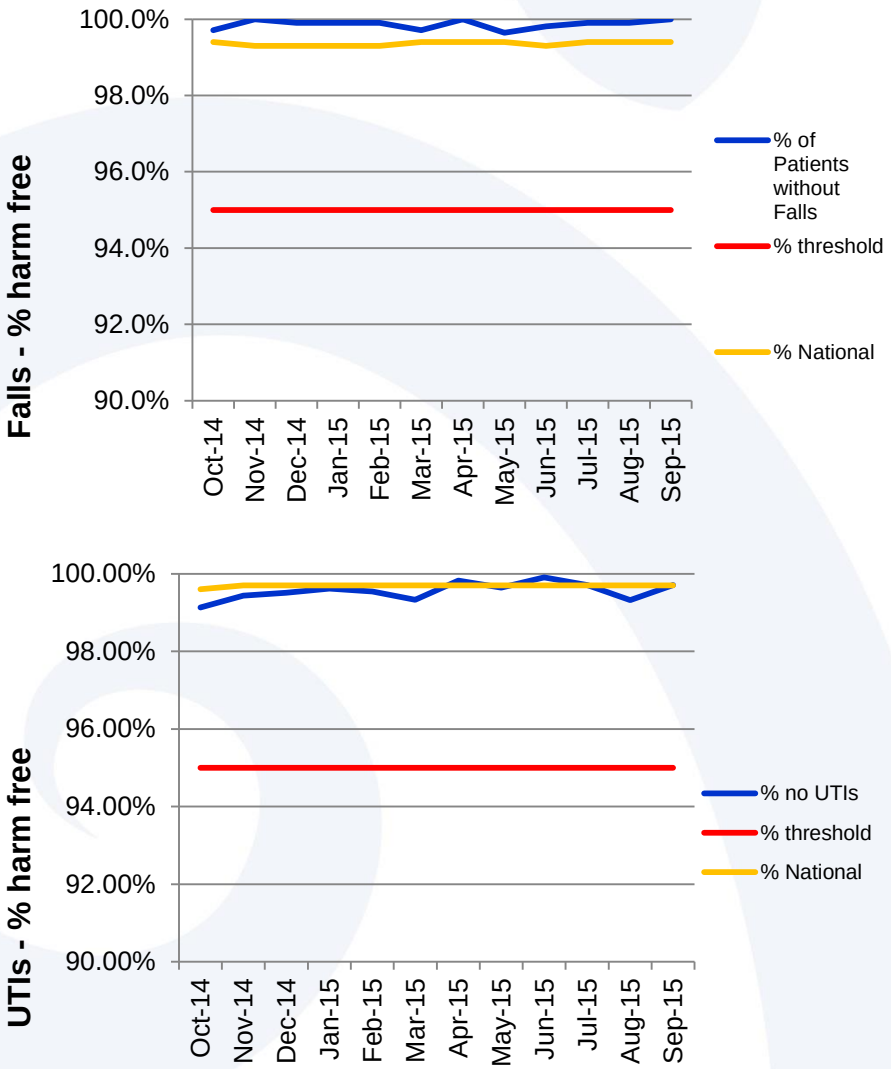
Harms - Community Hospital – September 2015

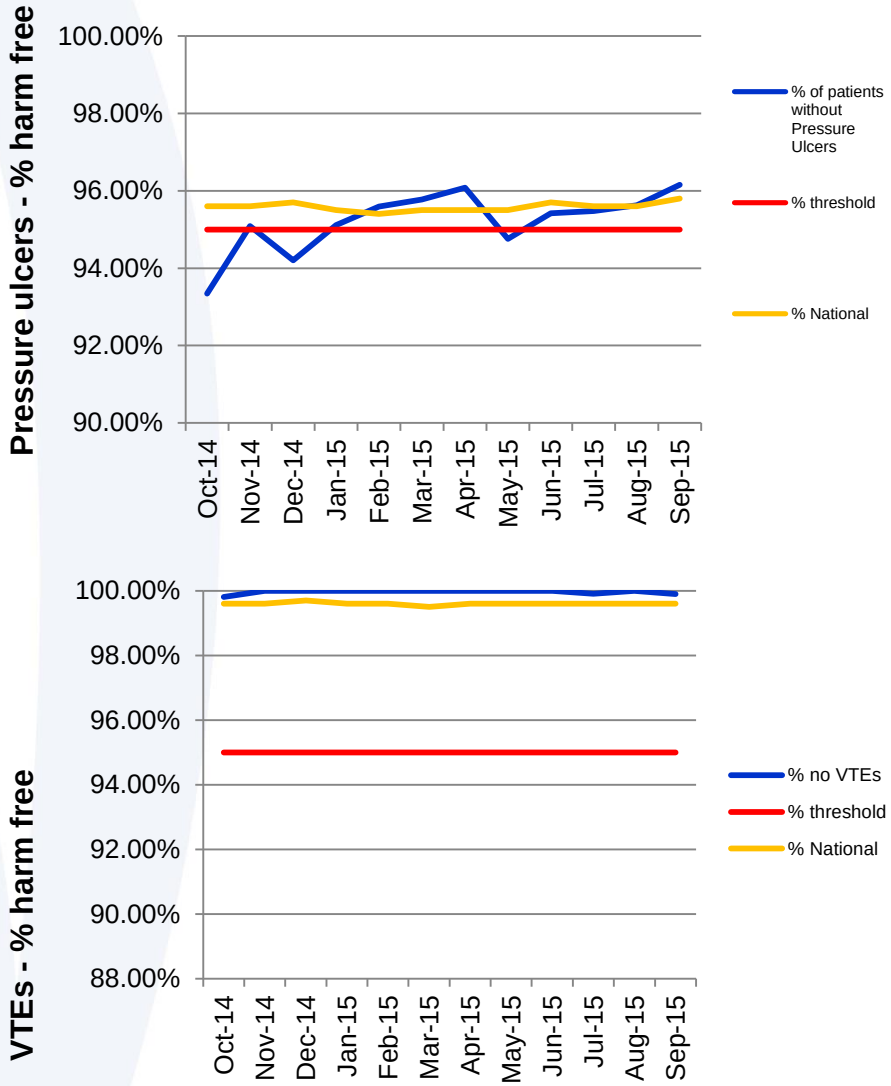


Harms - Community – September 2015



Harm-free care by type / Safety Thermometer





VTE risk assessment:

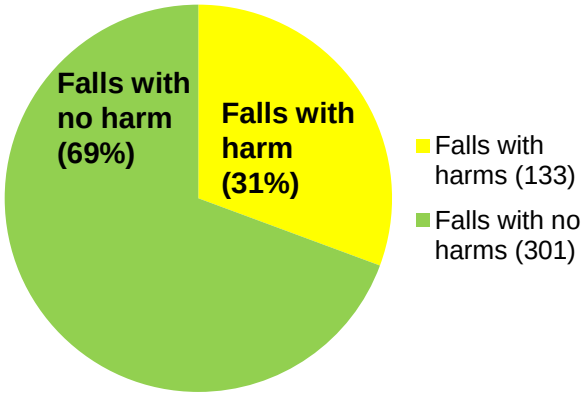
Performance in September showed 98.8% of VTE risk assessments were recorded as completed (target 95%).
Year to date performance is 96.2% following retrospective entry of data that had not been input on SystmOne in Community Hospitals.

Falls in an inpatient setting

Gloucestershire Care Services NHS
NHS Trust

Hospital	Total Falls				Falls with harm			
	2015/16 Year to Date		2014/15 Total		2015/16 Year to Date		2014/15 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days
North Cotswolds	69	18.3	137	18.3	18	4.8	43	5.8
The Vale	57	16.2	157	22.7	21	6.0	34	4.9
Cirencester	127	14.4	213	12.5	44	5.0	65	3.8
Dilke	56	12.8	74	9.0	18	4.1	23	2.8
Lydney	36	9.8	85	11.3	7	1.9	24	3.2
Tewkesbury	41	11.5	117	16.8	11	3.1	27	3.9
Stroud General	48	7.1	96	7.7	14	2.1	27	2.2
TOTAL	**434**	**12.6**	**879**	**13.2**	**133**	**3.9**	**243**	**3.6**
FORECAST	**868**				**266**			

Result of falls (year-to-date)



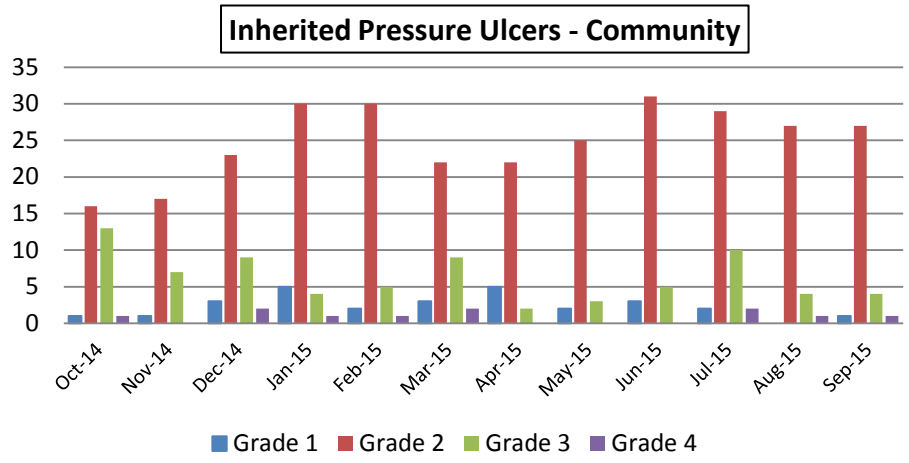
Actions undertaken:

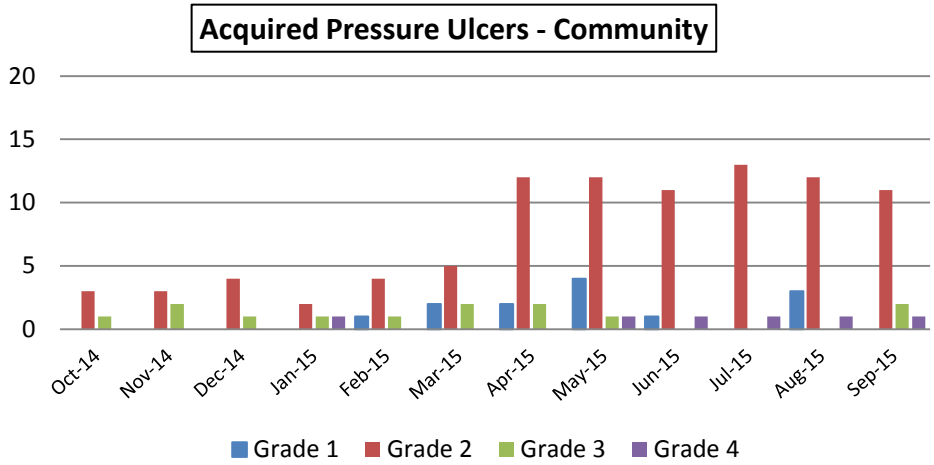
- Review of the Falls Prevention Policy
- Continued implementation of an action plan focussed on sharing best practice and learning by Clinical colleagues
- Standardisation of falls alert signage in line with NICE guidance

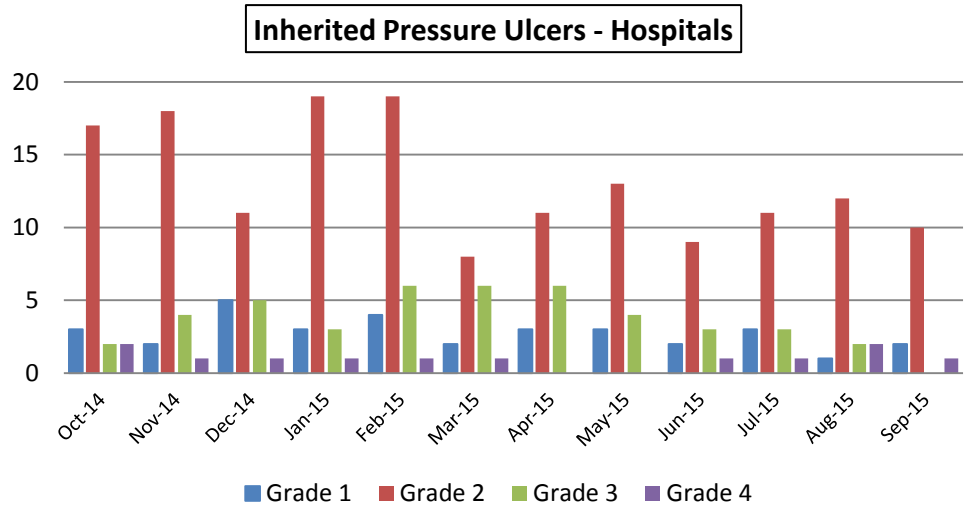
Benchmarking	
Falls with harm per 1,000 inpatient occupied bed days (GCS)	**2.9 average per month (April 2015– September 2015)**
Falls with harm per 1,000 inpatient occupied bed days(Aspirant Community Foundation Trust Group)	**3.8 average per month (April 2015– September 2015)**

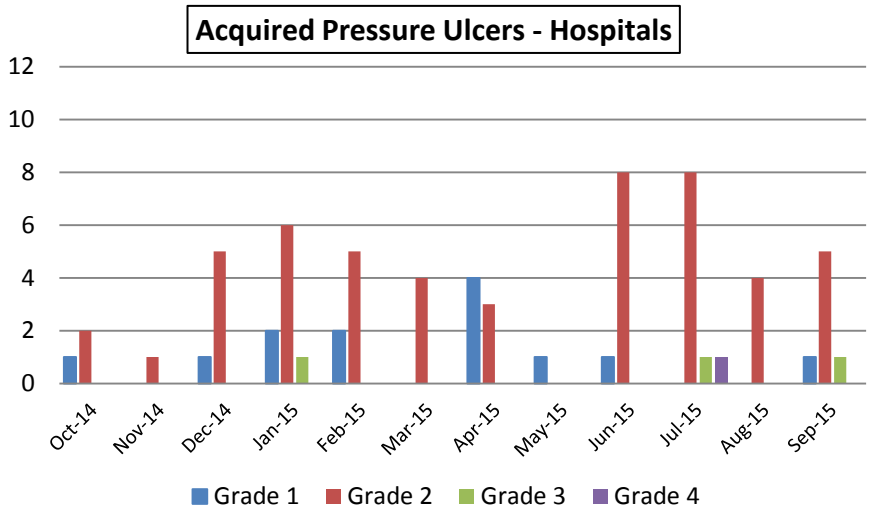
Pressure ulcers

Gloucestershire Care Services NHS
NHS Trust









Data shows a varied picture of success as to the effectiveness of current measures to manage pressure ulcers both in and out of the community hospital setting. The Patient Safety Thermometer is becoming an effective tool which supports the interrogation and management of pressure ulcers. It supports the ongoing work to embed the lessons learnt from each pressure ulcer reported on 'Datix' the incident reporting system. The next Quarter will see further work around pressure ulcer recognition and the development of SystmOne to support good record keeping.

Infection control

Gloucestershire Care Services NHS Trust

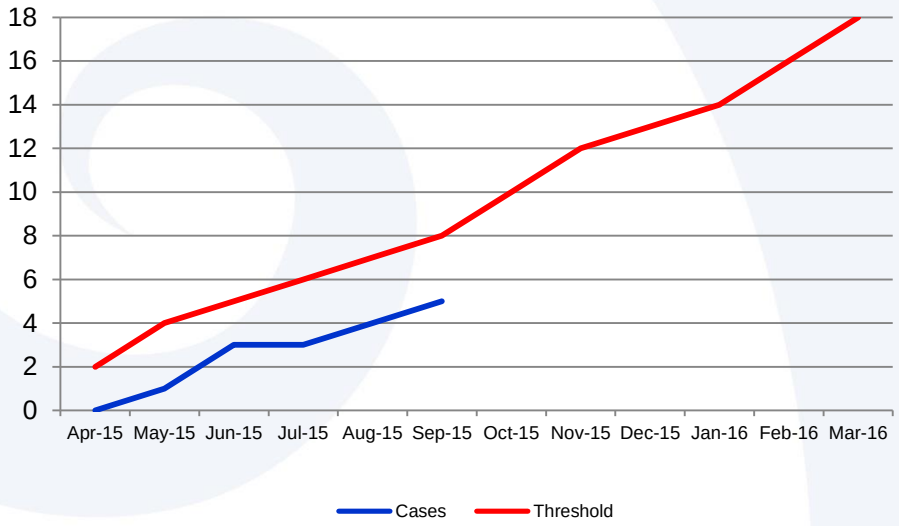
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
C diff Cases	0	1	2	0	1	1							5
Avoidable cases in GCS care	0	0	0	0	0	1							1
Unavoidable cases in GCS care	0	1	2	0	1	0							4
Norovirus Outbreaks	2	2	0	0	0	0							4

C. difficile August 2015:
Patient was Toxin positive in late 2013 and gene positive a few weeks prior to the Post 48 hour toxin positive for GCSNHST. The patient had received antibiotics but these were in line with prescribing guidelines so this case was unavoidable

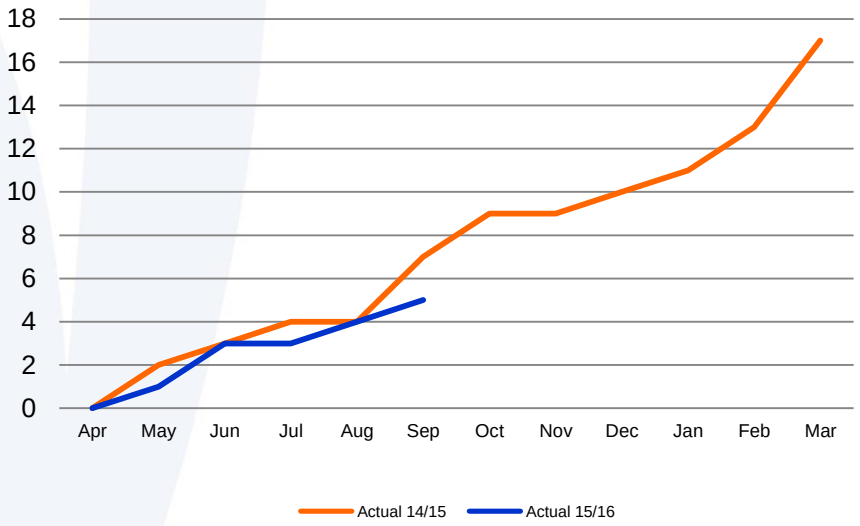
C. difficile September 2015:
Patient had suffered with sepsis and due to the high volume of antibiotic treatments (both high doses and various antibiotic courses) and as there is no ribotype available it cannot be confidently stated that this case was unavoidable

No outbreaks recorded during September 2015

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



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



Hand hygiene observation audits including the 'Bare below the Elbows' initiative for September evidenced an average of 90% compliance

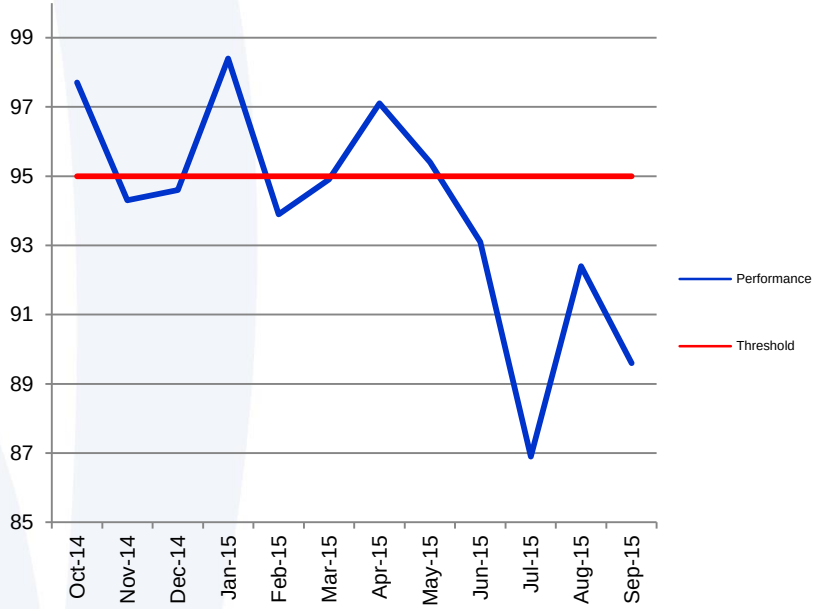
Medicines management

Gloucestershire Care Services NHS Trust

Medication incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2015-16	16	33	38	29	40	29							**185**
2014-15	22	26	12	21	14	21	27	16	15	23	20	18	**235**

Medication incidents by sub-category (2015/16)	Number
Omitted or delayed administration	**53**
Medication administered in error/incorrectly	**53**
Controlled drugs issue	**23**
Illegible or unclear information	**10**
Medication prescribed incorrectly/in error	**10**
Storage Issue	**9**
Medication dispensed incorrectly	**7**
Medication missing	**6**
Failure to follow up or monitor	**6**
Non medical prescribing issue	**3**
Prescribed with known allergy	**3**
Failure to discontinue medication or treatment	**2**
Total	**185**

HAPPI (Hospital Antibiotic Prudent Prescribing Indicator) audits



Controlled Drug Issues (23)

- 10 incidents were unaccounted losses
- 3 incidents related to incorrect or omitted entry in CD register
- 3 incidents involved incorrect administration
- 2 incidents related to incorrect counting or measuring
- 2 incidents involved incorrect storage (not following policy)
- 2 incidents under investigation
- 1 delayed supply

Hospital Antibiotic Prudent Prescribing Audits

Results since June have been below threshold, despite some improvement in August. This is being investigated by Pharmacy team

All Controlled Drugs (CD) issues are investigated by CD accountable officer. If staff are not following process or policy then this is discussed with the relevant Team Manager to work with the individual staff member. Unaccountable losses are subject of surveillance review for trends that would be investigated by CD accountable officer.

Safe staffing - September 2015

Gloucestershire Care Services NHS
NHS Trust

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	96.7%	92.4%	101.7%	101.7%	99.3%
	Windrush Ward	96.7%	91.0%	98.3%	98.3%	99.7%
	Thames Ward	111.7%	135.0%	106.7%	90.0%	96.4%
Dilke	The Ward	100.6%	99.5%	103.3%	103.3%	98.5%
Lydney and District	The Ward	97.2%	96.2%	100.0%	100.0%	97.4%
North Cotswolds	NCH Ward	102.8%	89.5%	100.0%	98.3%	95.5%
Stroud General	Cashes Green Ward	100.6%	98.6%	100.0%	100.0%	91.7%
	Jubilee Ward	100.0%	98.0%	98.2%	98.2%	99.6%
Tewkesbury Community	Abbey View Ward	82.8%	112.9%	100.0%	100.0%	97.8%
Vale Community	Peak View	98.9%	99.0%	100.0%	106.7%	99.5%
TOTAL		97.8%	98.6%	100.5%	100.2%	97.4%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	20.1%	11.3%
	Windrush Ward	12.0%	11.4%
	Thames Ward	16.4%	4.3%
Dilke	The Ward	7.4%	5.6%
Lydney and District	The Ward	10.5%	8.5%
North Cotswolds	NCH Ward	14.8%	19.1%
Stroud General	Cashes Green Ward	5.5%	21.7%
	Jubilee Ward	7.7%	23.2%
Tewkesbury Community	Abbey View Ward	1.8%	4.9%
Vale Community	Peak View	20.2%	12.1%
TOTAL		11.4%	12.5%

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

•Thames Ward- Staffing levels increased to meet care need

It should be noted that the Trust are currently reviewing the National 1:8 staffing guidance and are working on alternative staffing models. This work is being led by the Agency Usage Group and in essence reintroduces Clinical judgement and proactive management into staffing levels rather than purely a numbers based approach.

Safe staffing - August 2015

Gloucestershire Care Services NHS Trust

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	93.0%	101.4%	98.4%	103.2%	98.7%
	Windrush Ward	95.2%	100.5%	96.8%	98.4%	99.2%
	Thames Ward	101.6%	140.3%	109.7%	90.3%	96.4%
Dilke	The Ward	100.0%	102.3%	100.0%	103.2%	93.3%
Lydney and District	The Ward	91.9%	101.4%	100.0%	98.4%	88.2%
North Cotswolds	NCH Ward	96.2%	95.9%	100.0%	100.0%	94.3%
Stroud General	Cashes Green Ward	96.2%	101.4%	96.8%	103.2%	91.6%
	Jubilee Ward	99.2%	97.7%	100.0%	98.4%	99.6%
Tewkesbury Community	Abbey View Ward	81.7%	112.9%	100.0%	108.1%	95.6%
Vale Community	Peak View	95.7%	96.8%	100.0%	106.5%	97.3%
TOTAL		94.4%	102.3%	99.7%	101.5%	95.2%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	19.5%	14.3%
	Windrush Ward	15.5%	8.7%
	Thames Ward	21.7%	12.3%
Dilke	The Ward	8.6%	4.9%
Lydney and District	The Ward	12.1%	7.4%
North Cotswolds	NCH Ward	14.7%	13.5%
Stroud General	Cashes Green Ward	11.5%	21.0%
	Jubilee Ward	17.5%	21.2%
Tewkesbury Community	Abbey View Ward	3.4%	9.1%
Vale Community	Peak View	18.6%	13.0%
TOTAL		13.8%	12.4%

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

- Dilke, Cashes Green, Jubilee, Abbey View, Peak View – all report staffing levels increased to meet care need required

Gloucestershire Care Services NHS
NHS Trust

Quality Snapshot - Community Hospital Inpatient Care September 2015

Hospital site	Inpatient wards	FFT response rate	FFT number of responses	% of respondents 'extremely likely' or 'likely' to recommend service	Complaints	Number of cases of C.Diff	Safety thermometer harm free care	Number of patients who fell					Number of patients with acquired pressure ulcers		Safer staffing fill rate (aggregated)		Shortfall of 8 Hours or 25% of RN hours on the shift	Previous Month Sickness (FTE at start of month)		Appraisal %		Movement against Previous Month
								No Harm	Minor	Moderate	Major	Death	Grade 1& 2	Grade 3 & 4	RNC	HCA		RNC	HCA	RNC	HCA	
SGH	Cashes Green	48.0%	25	83.3%	1	0	100.0%	2	3	0	0	0	0	0	100.4%	98.9%	14	6.1% (12.99)	18.0% (14.21)	93.3%	93.8%	⇔
SGH	Jubilee	39.3%	28	90.9%	1	0	100.0%	0	1	0	0	0	1	0	99.4%	98.1%	6	15.8% (9.80)	3.19% (13.21)	66.7%	52.9%	⇔
NCH	North Cotswold	59.5%	37	100.0%	0	0	100.0%	10	2	0	0	0	0	0	102.1%	91.5%	13	2.3% (11.17)	6.0% (12.97)	53.3%	61.1%	↑
VLH	Peak View	37.0%	27	100.0%	0	0	85.0%	4	4	0	0	0	1	0	99.2%	100.7%	3	2.0% 11.56)	13.3% (12.23)	80.0%	58.8%	⇔
DLK	Dilke	40.0%	35	85.7%	0	0	85.7%	11	1	0	0	0	1	0	101.3%	100.4%	0	1.2% (21.79)	0.7% 15.43)	96.3%	95.0%	⇔
TWK	Abbey View	5.0%	20	100.0%	0	0	83.3%	8	3	0	0	0	1	0	87.1%	110.0%	25	6.0% (15.2)	6.1% (18.0)	68.4%	81.8%	⇔
LYD	Lydney	67.6%	67.6	95.7%	0	0	100.0%	6	0	0	0	0	0	0	97.9%	97.0%	3	6.8% (13.2)	11.0% (15.0)	93.8%	81.0%	⇔
CIR	Coln	48.4%	31	100.0%	0	0	100.0%	7	4	0	0	0	0	0	97.9%	94.4%	5	6.9% (15.7)	6.1% (11.6)	89.5%	78.6%	⇔
CIR	Windrush	43.5%	23	80.0%	0	0	90.0%	5	2	0	0	0	2	0	97.1%	92.6%	8	2.9% (11.7)	7.2% (11.0)	57.1%	42.9%	↓
CIR	Thames	50.0%	4	100.0%	0	0	85.7%	1	3	0	0	0	0	2	110.0%	120.0%	0	0.0% (7.87)	1.0% (4.33)	55.6%	40.0%	⇔

Quality Snapshot - Community Teams September 2015

Locality	Safety thermometer harm free care	Number of patients with acquired pressure ulcers				Previous Month Sickness (FTE at start of month)	Appraisal %	Complaints	Movement against Previous Month
		Grade 1	Grade 2	Grade 3	Grade 4				
Cheltenham	97.7%	0	0	1	1	8.7% (75.8)	66.5%	0	↓
Cotswold	98.4%	0	0	1	0	5.8% (77.9)	87.2%	0	↓
Forest	95.1%	0	4	0	0	4.5% (58.6)	93.1%	0	↔
Gloucester	94.7%	0	3	0	0	9.8% (85.5)	77.0%	0	↓
Stroud	96.9%	0	3	0	0	2.9% (86.9)	75.5%	0	↑
Tewkesbury	95.9%	0	1	0	0	5.8% (56.3)	84.9%	0	↑

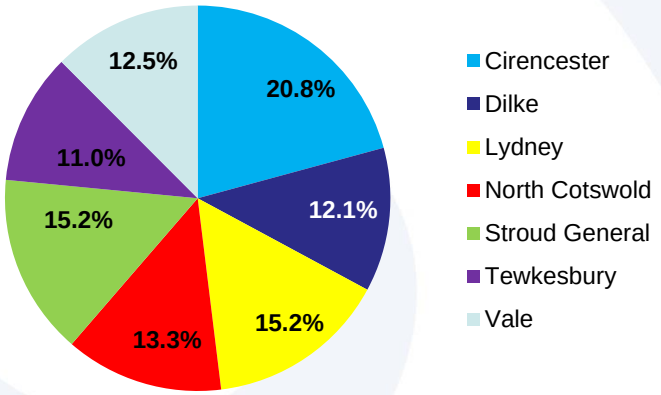
Mortality Reviews: Community Hospitals

Gloucestershire Care Services NHS Trust

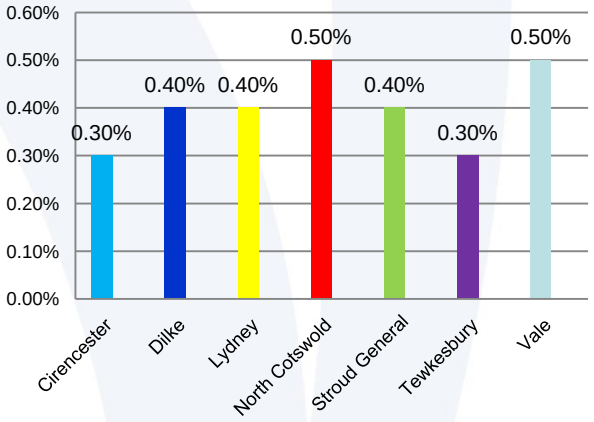
Number of Discharges from Community Hospital where discharge reason is as a result of death

Hospital Site	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug -15	Sep -15	Rolling 12 month total
Cirencester	9	3	3	8	6	2	2	5	5	3	6	3	55
Dilke	3	0	3	2	3	1	2	2	3	6	4	3	32
Lydney	2	4	8	5	1	4	5	2	2	0	4	3	40
North Cotswold	4	3	4	2	5	1	0	2	4	4	3	3	35
Stroud General	2	3	7	3	4	4	6	5	0	2	1	3	40
Tewkesbury	2	4	3	4	1	5	2	3	2	0	2	1	29
Vale	2	2	7	5	2	3	2	1	1	2	2	4	33
Total	**24**	**19**	**35**	**29**	**22**	**20**	**19**	**20**	**17**	**17**	**22**	**20**	**264**

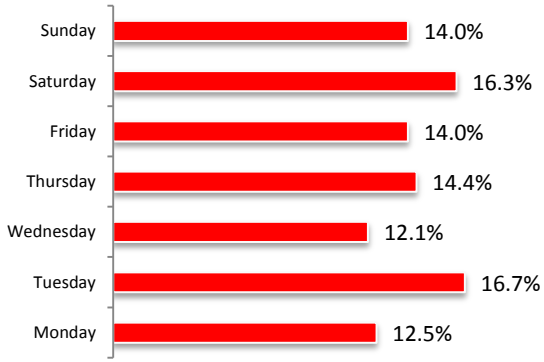
Number of deaths per Community Hospital (%) – *Rolling 12 month Total*



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



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



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

- On a rolling 12-month basis, the most deaths occur on a Tuesday (16.7%) or Saturday (16.3%). In 2014/15 Saturday was the highest with a rate of 17.0%.

Reablement Service Key Indicators

Gloucestershire Care Services NHS Trust

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

Target description	2014/15 Outturn	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun -15	Jul-15	Aug-15	Sep-15	Target 2015/16
% Contact Time	34.9%	36.1%	43.2%	42.2%	37.0%	41.3%	35.6%	39.0%	37.7%	37.3%	37.8%	36.7%	37.3%	40%-60% by Mar 16 Target this month: 50%
Number of Community Reablement Starts	257	298	316	317	367	276	296	335	287	332	357	301	283	
Number of Current Cases open longer than 6 weeks	106	94	99	121	96	118	118	73	62	53	45	35	38	0
% of cases progressed within 6 weeks (from those closing this month)	81.1%	78.6%	79.8%	82.7%	83.1%	83.2%	73.8%	86.4%	80.5%	79.5%	84.6%	84.5%	84.5%	100%
Average Length of Reablement Service (weeks)	4.0	4.1	3.5	3.6	4.8	4.0	5.9	3.1	3.7	3.2	3.3	2.9	2.9	6.0
Sickness rate in Reablement Workforce	6.9%	5.6%	7.0%	7.2%	5.4%	6.1%	6.6%	6.2%	3.2%	5.3%	5.5%	7.7%	6.8%	3%

Reablement actions

Gloucestershire Care Services NHS Trust

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

Measure	Definition	Actions
Face to Face Contact Time	This targets relates to the amount of time the Reablement workers spend giving direct intervention with a service user	• Data now available on the time every reablement worker spends on which activity, so a Team Manager can check quickly. • 'Deep dive' taken place in each locality onto Coldharbour system, reviewing what is input, by whom, under what categories of activity and when. • Draft action plan being developed following 'deep dive' which will include additional actions. This will be shared at Community Managers meeting. • Reablement Co-ordinator workshops to be held in November.
Sickness absence	This target relates to sickness absence of all staff within the reablement service	• Performance / Sickness management processes to support staff to return to work as quickly as possible and if not possible, then to consider appropriate alternatives, • Changes to role of Team managers responsibilities has enabled a confirmation that they directly manage the Reablement Co-ordinators, and therefore 'local ownership' of the performance targets and their delivery has been reinforced. • 6 staff members have now left the service following long term sickness management process.
Over 6 week length of stay	This target relates to the number of people receiving a reablement service who have been in the service for longer than 6 weeks	• New data pack to be provided to all Community Managers on a monthly basis, to include Average Length of Stay, Face to Face contacts, new starts, so they have 'whole story' available. Draft has been approved, will start in October. • Updated spreadsheet goes to Team Managers on a weekly basis with a drop down box of just 4 options as to why the person is in the service more than 6 weeks; collation and analysis will take place on receipt, and provide monthly data. • Decision to use Barthel Index for qualitative data taken – working to try and make it simpler and easier to record / retrieve.

Integrated Community Teams Key Indicators

Gloucestershire Care Services NHS Trust

Integrated Community Teams key indicators

Target description	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun -15	Jul-15	Aug-15	Sep-15
% Service User referrals resolved at point of referral	47.2%	47.1%	46.9%	48.9%	61.2%	70.3%	70.5%	70.1%	70.5%	70.3%	71.7%	70.8%
Number of Service User referrals resolved at point of referral	1,284	1,255	1,178	1,644	1,443	1,720	2,167	2,044	2,334	2,470	2,107	2,226
Service User 'Person-led Plans' undertaken and completed	197	204	262	226	263	284	253	309	319	289	220	266
Service User Referrals from ICT to Specialist Services	29	31	19	29	24	27	41	24	18	37	30	20

The indicators above are reported to the ICT Performance & Delivery Group on a monthly basis as a part of a wider set of metrics and indicators. This Group is part of the revised Governance structure for ICTs and will be responsible for overseeing the specific delivery and development of the current ICT model including associated performance issues.

This group will review operational issues in more detail and report operational issues to the GCCG Contract Board and wider strategic issues to the new Joint Integration Reference Panel Group.

The Joint Integration Reference Panel replaces the previous ICT Steering Group and is designed to focus on wider strategic issues relating to integration and multi-agency working across the health, social care and third sector in Gloucestershire.

Safeguarding

Gloucestershire Care Services NHS Trust

Total	2014-15 outturn	Apr -15	May-15	Jun-15	Jul-15	Aug -15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Adult safeguarding concerns raised by GCS	247	35	23	28	18	10	5							119
Total county adult safeguarding concerns	3,853	356	343	338	288	247	255							1,827
GCS adult section 42 enquiries	112	17	4	7	4	3	1							36
Total county section 42 enquiries	397	139	110	99	63	56	57							524
Number of new Children's Serious Case Reviews	4	0	0	0	0	0	0							0
Number of new Safeguarding Adult Reviews	3	0	0	1	0	0	0							1
Number of children subject to a Child Protection Plan	428	425			522									522

*Breakdown of adult safeguarding enquiries (2015/16)			
Client group		**Type of concern**	
Learning Disabilities	8	Neglect	11
Dementia	16	Physical injury	6
Physical Disability	12	Sexual	4
Mental Health	0	Financial	14
Other Vulnerable	1	Psychological	3
		Institutional	0

2014/15 Children's Serious Case Reviews (4) all continue through the SCR process, one of which is also subject to a Domestic Homicide Review.

2014/15 Adult Serious Case Reviews (now called Safeguarding Adult Reviews) are completed and either published or at the final action plan stage.

June 2015 Safeguarding Adult Review is a fire death. GCS services were involved in care provision. This is currently under investigation.

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 1/5

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

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 2/5

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

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 3/5

Date	Who	Service	Location	Status	Feedback from visit
22nd July	Nicola Strother Smith Joanna Griffin	MSKCAT	Gloucester Access Centre	Visit completed	Awaiting report
26th August	Ingrid Barker Rachel Bucknell	Community Nursing Service (ICT)	Heathville Surgery, Gloucester	Visit completed	Challenges regarding accommodation were evident from discussions. Communications regarding changes to rotas could apparently be better. It was evident that the wording of Friends and Family Test question is quite complicated for elderly or unwell people to follow easily.
9th September	Ian Dreelan Gayle Clay	Homeless Healthcare Centre	Vaughan Centre, Gloucester	Visit agreed	Awaiting report
10th September	Ingrid Barker Steve Carpenter	Stroke Coordinators	Gloucester	Visit completed	Compassion and clear communication evident, providing advice and information to anxious and unwell patients. Patients felt supported by interventions.

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 4/5

Date	Who	Service	Location	Status	Feedback from visit
14th September	Jan Mariott Sue Davies	Community Nursing Service (ICT)	Quayside, Gloucester	Visit agreed	Awaiting report
15th September	Joanna Scott Becky Davis	Children's Community Service	Gloucester	Visit completed	Awaiting report
8th October	Rob Graves Catherine Fern	Cardiac Rehab Specialist Nurse	Longford Village Hall, Gloucester	Visit completed	Service users without exception were complimentary about the service they receive in this setting and the caring attitude of the team.
13th October	Ingrid Barker Holly Gittings	Telecare	Healthy Living Centre, Cheltenham and accompany staff on home visits	Visit completed	Challenging home visit showed how range of equipment can enable vulnerable persons to stay at home safely. Responsiveness and professionalism of the service was evident.
21st October	Nicola Strother Smith Val Welsh	Sexual Health	Hope House, Gloucester	Visit agreed	-
28th October	Jan Marriott Tina Haywood/Sarah Claridge	Physio/OT	Accompanying Physio and OT	Visit agreed	-

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 5/5

Date	Who	Service	Location	Status	Feedback from visit
6th November	Richard Cryer Sandra Major	Dental Service	Redwood House, Stroud	Visit confirmed	-
12th November	Sue Mead Jade Mills	School Nurse Continence Service	Stonehouse Health Clinic	Visit agreed	-
17th November	Joanna Scott Louise Alexander	Health Visiting	Rosebank Team, Finlay Hub, Gloucester	Visit agreed	-
26th November	Ingrid Barker Sue Watts	Parkinson's/MND	TBC	Visit confirmed	-
October /November	Sue Mead Tina Craig	Podiatry/MSKCAT	Cirencester	Awaiting confirmation on date	-
17th November	Sue Mead Janet Mills	School Nurse Service	Highnam	Previous visit cancelled, to be rescheduled for Q4	-

Effective: NICE Quality Standards

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

Type of guidance	Not Assessed	Not Implemented	Partially Implemented - Minimal Concern	Partially Implemented - Moderate Concern	Fully Implemented	Not Applicable	Yet to be reviewed by Clinical Senate
Quality Standards	33	0	1 (QS19 Bacterial meningitis and meningococcal septicaemia in children and young people)	6 (QS2 Stroke: QS6 Diabetes: QS10 COPD: QS 43 Smoking cessation: QS54 Faecal incontinence: QS64 Feverish illness in children under 5)	11	49	4

The Trust applies:

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

Effective: Management of NICE Guidance

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

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

Trust compliance with NICE guidance published May 10 to September 15

Type of guidance	Not Assessed	Not Implemented	Partially Implemented - Minimal Concern	Partially Implemented - Moderate Concern	Fully Implemented	Not Applicable	Yet to be reviewed by Clinical Senate
NICE guidance	41	0	11	3	41	469	22

The guidance below is currently declared as being partially implemented.

Clinical guidelines	Lead clinician	Supporting information
Partially implemented - moderate concern		
CG102 Bacterial meningitis and meningococcal septicaemia	Jules Roberts, Caroline Osborne	The Nov 2014 MIiU Feverish Illness in Under 5s audit, indicated a lack of baseline observations recorded. Required baseline observations circulated to relative clinical areas. Awaiting results of May re-audit .
CG119 Diabetic foot problems - inpatient management	Chris Boden	Recent Peer Review Report from NHS England highlighted the non-compliance with this standard i.e. lack of MDT inpatient team. Work underway with GHFT and GCCG to identify resource required to satisfy the NICE guidance. GHFT have a CQUIN to achieve this and we are working with them on this. Review date 31/12/15
CG160 Feverish illness in children	Jules Roberts	The MIiU audit did not evidence compliance. Guidelines have been sent to staff. Awaiting results of May re-audit.

Effective: Trust compliance with NICE guidance

published May 10 to September 15

Gloucestershire Care Services NHS Trust

The guidance below is currently declared as being partially implemented.

Clinical guidelines	Lead clinician	Supporting information
Partially implemented - minimal concern		
CG101 Chronic obstructive pulmonary disease	Sally King	
CG115 Alcohol dependence and harmful alcohol use	Rebecca Robson	Awaiting assessment by homeless healthcare (review date April 2015)
CG117 Tuberculosis	Stephen Moore	Revised guidance due to be published October 15. Compliance discussed with commissioners on a quarterly basis (review date November 2015)
CG140 Opioids in palliative care	Laura Bucknell	Recommendations may be implemented in some sites. Trust guidance not in place to ensure best practice across all sites.
CG147 Lower limb peripheral arterial disease	Chris Boden	Most of this guideline refers to secondary care. As this guidance is developed further a greater onus on prevention will appear. At this stage a primary care multi-disciplinary vascular team is not in place. Podiatrists and tissue viability nurse undertake some of this work but not in a formal MDT (review date February 2015)
CG 191 Pneumonia	San Sumathipala	SystmOne to include a template to be filled by clinicians for patients with lower respiratory tract symptoms to ensure that risk scores are captured (review date December 2015)

Effective: Trust compliance with NICE guidance

published May 10 to September 15

Gloucestershire Care Services NHS
NHS Trust

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

Effective: Quality and Equality Impact Assessments

- Completion of a Quality and Equality Impact Assessment is now part of each business case that quantifies service change / development
- The Trust Clinical Senate continues to oversee the scrutiny of these and the following have been ratified by the Clinical Senate:
  - -Template for Out-patient calling system
  - - Digital Dictation

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

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

Every six months, the Trust will undertake a more detailed analysis of its activity against its commitment to hear and heed the opinions of its service users as well as their families and carers. The following pages provide this analysis, assessing where possible, the impact upon people defined by the nine protected characteristics of the Equality Act 2010, namely:

- age;
- sex;
- disability (i.e. a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities);
- sexual orientation;
- gender reassignment (i.e. the process of transitioning from one gender to another);
- marriage and civil partnership;
- pregnancy and maternity;
- race / ethnicity;
- religion and belief.

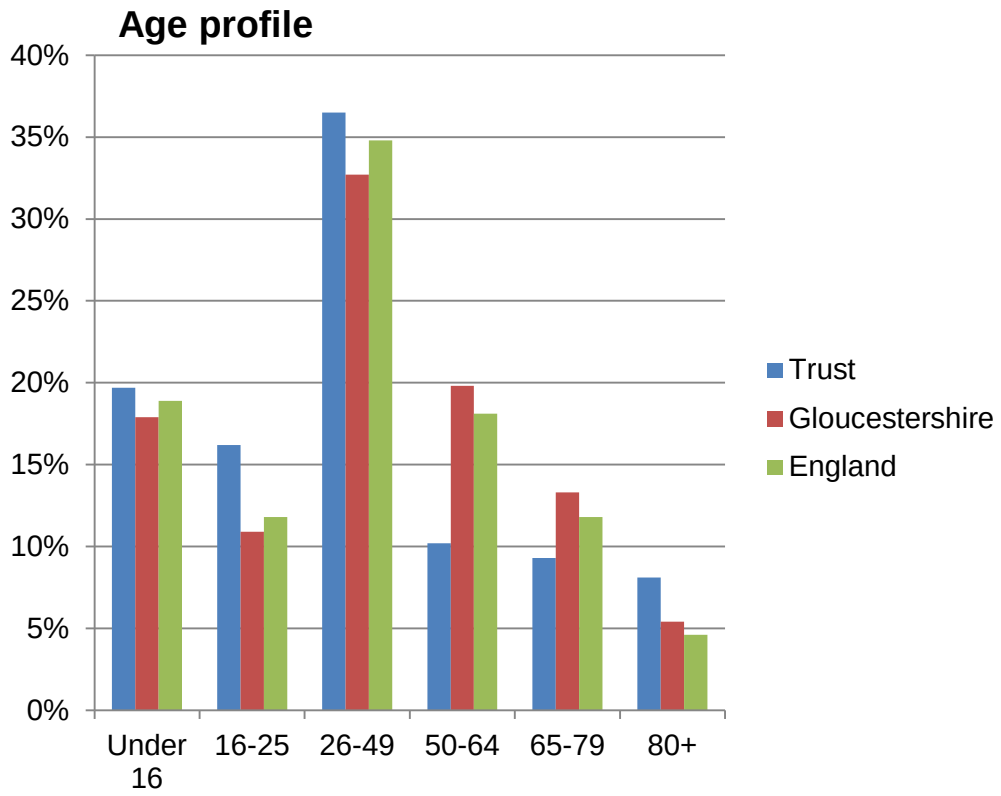
It is also noted that this report combines both quantitative and qualitative information so as to offer as rounded an analysis as possible.

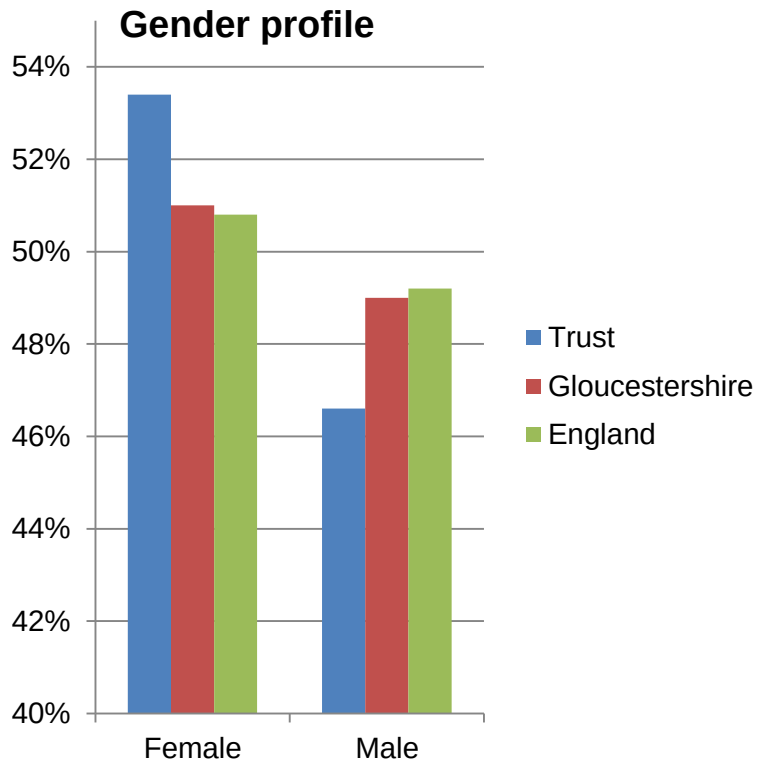
Quality Strategy metrics 2015-16 against strategic objective 2

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Percentage of service users recommending the Trust as a place of care	**More than 90%**	**95.9%**	**96.1%**	**95.6%**	**95.7%**	**96.1%**	**93.5%**							**95.5%**
Measured increase in the number of service users who feel appropriately involved in their care and treatment	Equal or more than 95%	**94.4%**	**95.3%**	**94.7%**	**95.5%**	**95.2%**	**93.4%**							**94.8%**
Increasing the number of service users who feel treated with dignity and respect	Equal or more than 98%	**98.3%**	**98.4%**	**98.7%**	**98.7%**	**98.4%**	**97.9%**							**98.4%**
Increased response rates of service users completing the Friends and Family Test	More than 4.6%	**5.6%**	**6.9%**	**5.6%**	**5.1%**	**5.4%**	**4.8%**							**5.6%**
Increase in the number of public focus / discussion groups per quarter	Two topics per quarter	**2**			**3**									**5**

Service user profile

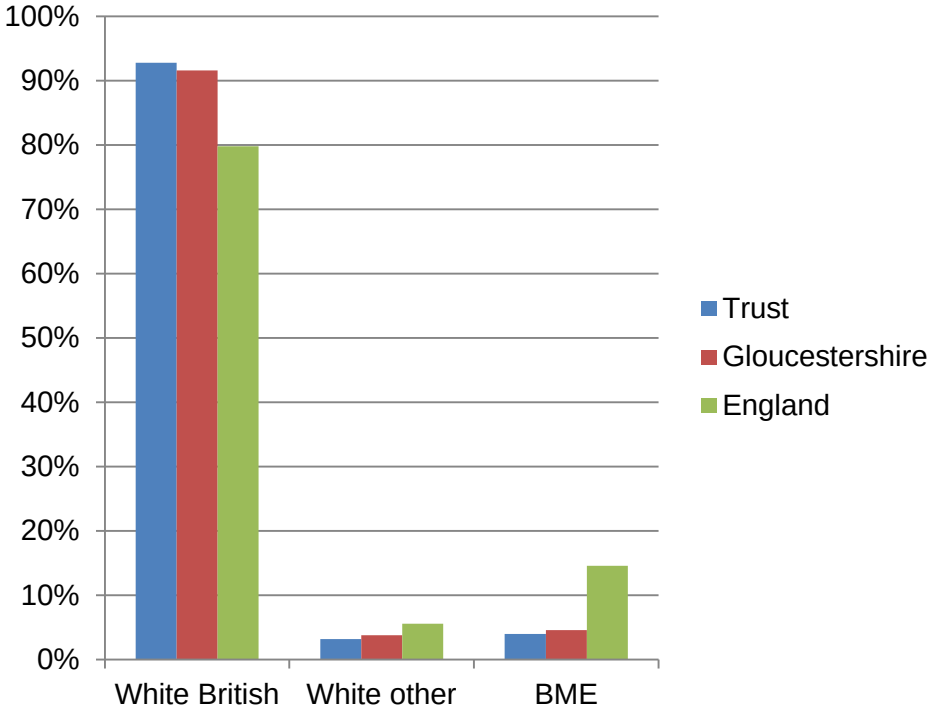
So as to best understand the population that the Trust is currently serving, it is first appropriate to look at the profile of local service users, based on contacts over the past six months:

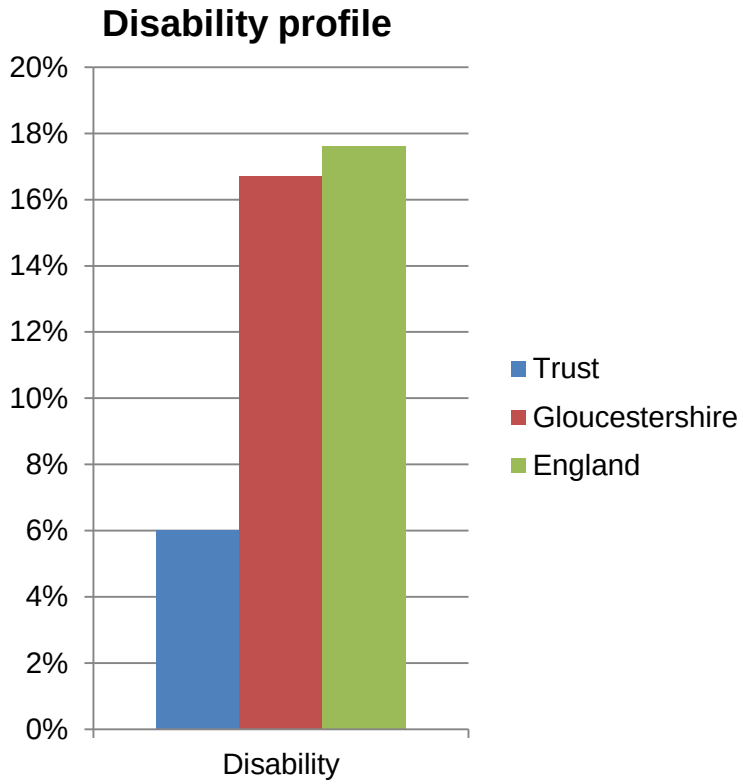




- Between April and September 2015, the Trust had 666,103 contacts with service users.
- In terms of age profiles, the Trust saw proportionally higher numbers of service users in all ages brackets compared to Gloucestershire generally, except for people in the age brackets spanning 50-79 years.
- In the reporting period, the Trust saw proportionally higher numbers of females compared to males.

Service user profile (cont)





- Of the 666,103 service user contacts between April and September 2015, race/ethnicity was not recorded for 41.3%: the table above excludes these people from analysis, so may not be representative given the significant data gap.
- The Trust data for disability appears significantly low, and therefore data quality will be reviewed.
- Religion was not reported in 99.8% service user records so cannot be reported.
- Marital status was not reported in 97.6% service user records so cannot be reported.
- Currently, the Trust does not collect data on sexual orientation, gender reassignment or pregnancy/maternity.

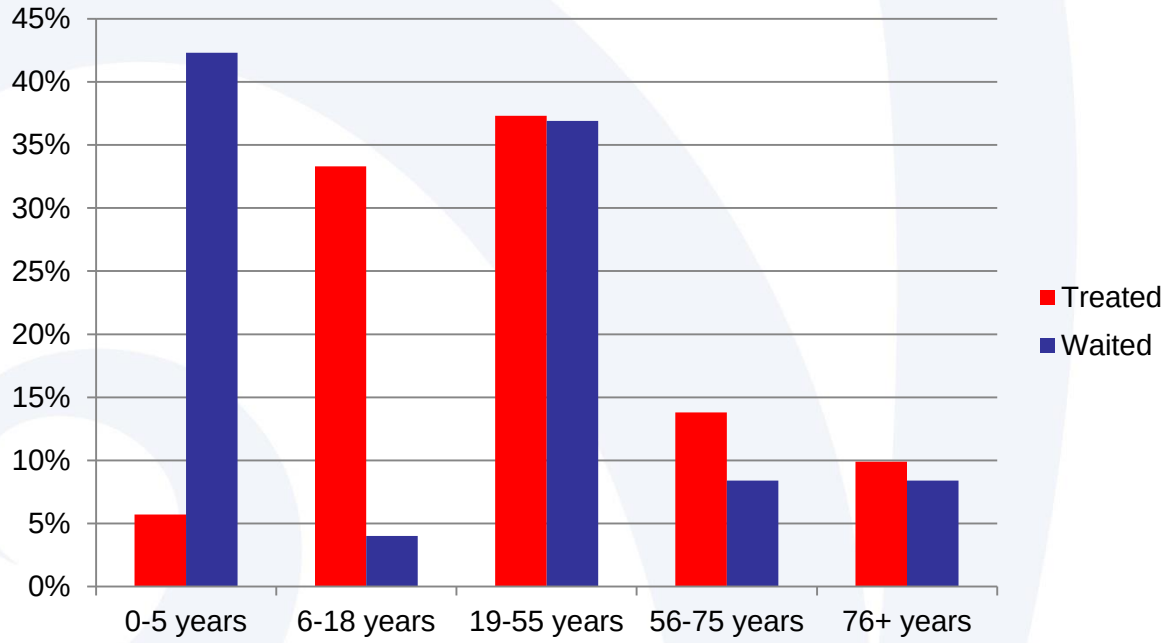
Service user experiences

To better understand the experiences of those service users, families and carers profiled above, this report will use the framework of the Equality Delivery System (EDS2) which is a statutory requirement.

Goal	Out-come	Theme	Requirement
Better health outcomes	1.1	Service design	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Assessment	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	Incidents	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Health promotion	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved service user access and experience	2.1	Access	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	Decision-making	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	Positive experiences	People report positive experiences of the NHS
	2.4	Complaints	People's complaints about services are handled respectfully and efficiently

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age of people who remained on a waiting list for dental services compared to those who received treatment, April-September 2015:



The data shows that proportionally, children aged under 5 years are significantly more likely to have to wait for treatment than people in other age groups – and that conversely children aged 6-18 years are significantly less likely to have to wait

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities (cont)

The Trust seeks to ensure that the needs of all local Gloucestershire communities and populations are fully understood and reflected in the services that are delivered, whether this is by the use of Needs Analysis, eQuality Impact Assessments and/or engagement activities. For example, during the reporting period:

- the Trust's engagement team worked with users of the Cirencester leg care service in order to ensure that their needs were met as a result of planned service relocation;
- the work upon which the Trust is currently collaborating with the Gloucestershire Clinical Commissioning Group and which seeks to explore the future for health and social care services in the Forest of Dean, is using both data analysis in order to gain robust understanding of both current and future projected health need in the locality, as well as engagement activities so as to hear directly from local communities about their needs, wishes and preferences.

Notwithstanding, there are opportunities for improvement. For example, work with local minority communities in the reporting period, showed that in terms of service design/delivery, many people:

- do not understand what community services are available, and when / where they are available;
- feel at a disadvantage with regards to the NHS due to language or other barriers to access;
- believe that that the Trust does not understand, or seek to accommodate, their specific needs based upon their cultural, religious or social differences.

We also heard…. The NED visit to the public health nursing service in May 2015 suggested that continuity of care from a single named health visitor really matters to families. As a result, a proposal is being considered to organise the team geographically

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities (cont)

During the past six months, one of the most recurrent complaints about services received via **NHS Choices** related to communication as shown in the word cloud below:

This experience is also reflected in the number of concerns received by the Trust about communication - these equate to 39.5% of all service user concerns received in the reporting period.

We also heard….

The NED visit to the Gloucester community nursing service in May 2015 also identified concerns regarding communications, both internally and externally: thus, colleagues felt that staff communications regarding changes to rotas could have been better managed, and it was also suggested that the wording of Friends and Family Test question is too complicated for elderly or unwell people to understand

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities (cont)

Board stories are used as a means of the Trust's Executives and NEDs hearing directly from local people as to how well services are designed to meet the needs of all local communities.

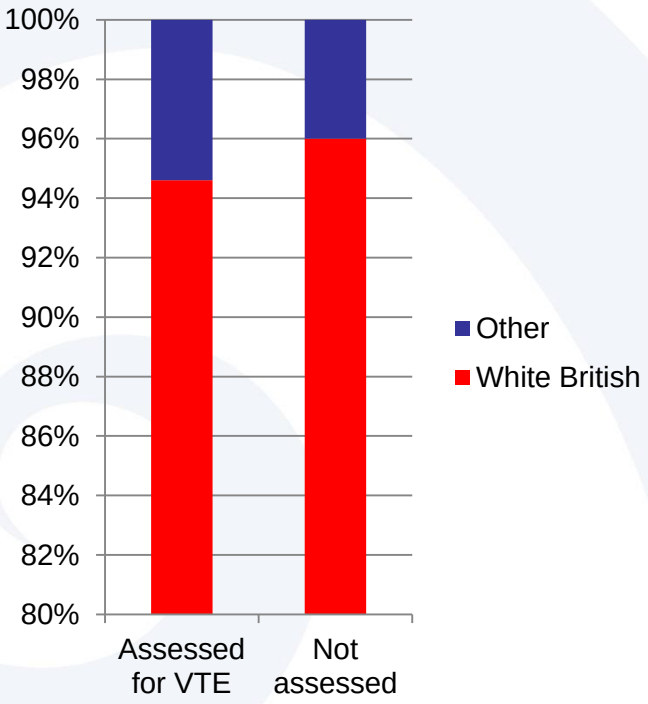
- In May 2015, the Trust Board heard from **Gloucestershire Voices** who challenged the organisation's response to the findings of the Confidential Enquiry into Premature Deaths of People with Learning Disabilities: this Enquiry evidenced, for example, that men with learning disabilities die 13 years younger than other men in the county, whilst women with learning disabilities die 20 years younger than their counterparts. As a result, the Trust committed to ensuring that rapid improvement would be made to the design and delivery of services so as to reflect the findings of the Enquiry, and to meet the particular health needs of local people with learning disabilities.

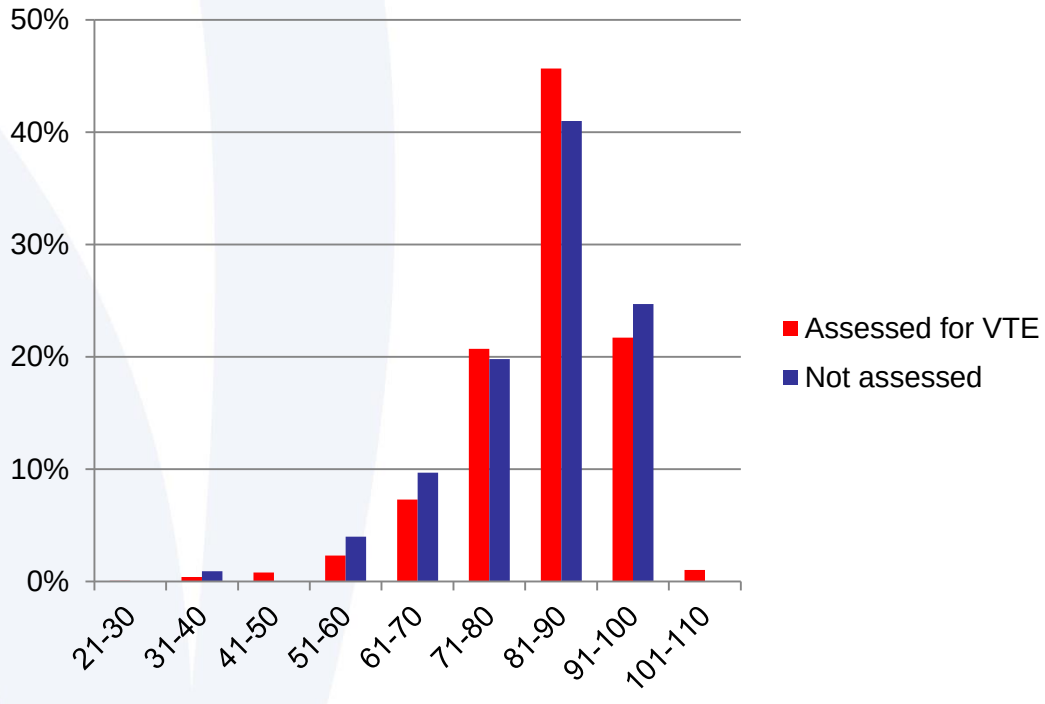
- In July 2015, representatives of the **Gloucestershire Deaf Association** asked the Trust Board what work was being undertaken in order to comply with the NHS Accessible Information Standard, which includes explicit requirement for colleagues to ask about service users' communication needs, and to ensure that information is appropriately recorded and shared. In response, the Trust committed to align the new national requirements to local clinical practice and policy in order to work towards full compliance by July 2016. The Trust also noted that it will be launching new deaf awareness training for all colleagues in January 2016.

- In September 2015, **Carers Gloucestershire** together with representatives from **Prestbury Carers' Group** spoke to the Trust Board on behalf of the estimated 63,000 carers across the county: they asked how the Trust can help support more carers' groups in Gloucestershire. The Trust replied by highlighting the work that is currently being undertaken as part of the Listening into Action work which will be reported back to Board once complete.

1.2 Individual people's health needs are assessed and met in appropriate and effective ways

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of community hospital inpatients who received a VTE assessment compared to those who did not receive VTE assessment, as recorded April-September 2015:





- There appears no significant correlation between ethnicity and a person's risk of not being assessed for VTE
- There is only a 3-4% variance in people aged 81-90 and 91-100 in respect of whether or not they are assessed for VTE

1.2 Individual people's health needs are assessed and met in appropriate and effective ways (cont)

Within the reporting period, we heard from a number of BME communities who said that local healthcare services often fail to ask about their personal needs during assessment. These communities feel that healthcare professionals can be unwilling to raise questions of religion and culture, or that they do not know about them. In particular, there should be more consideration of:

- diet and lifestyle, for example when catering for a Halal diet;
- preference for a carer of the same sex as the service user;
- bathing and toileting preferences within community hospitals e.g. needing a cup or jug for douching;
- provision of prayer facilities and/or privacy at prayer times;
- availability of single sex accommodation and activities.

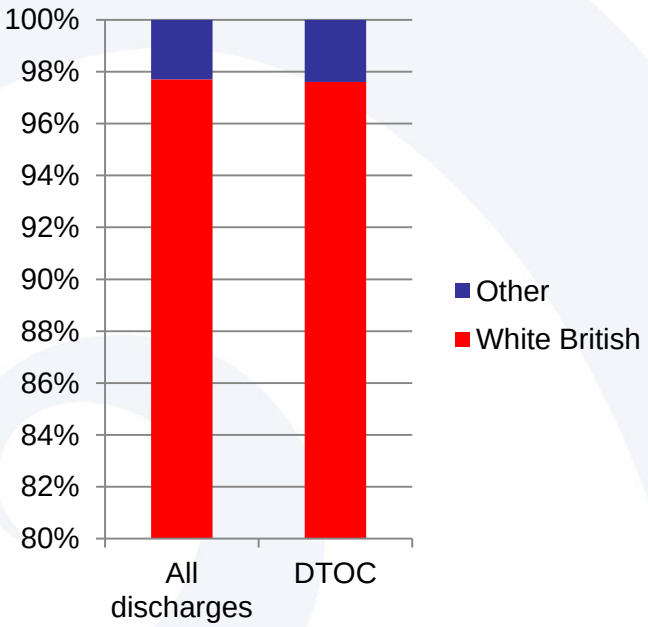
Where people are not asked about their preferences and needs, communities said that they can lack confidence or face language barriers in asking for things to be done differently. They also described how cultural norms - such as always having a chaperone or being in the presence of family members - means that service users may be reluctant to share relevant information at assessment.

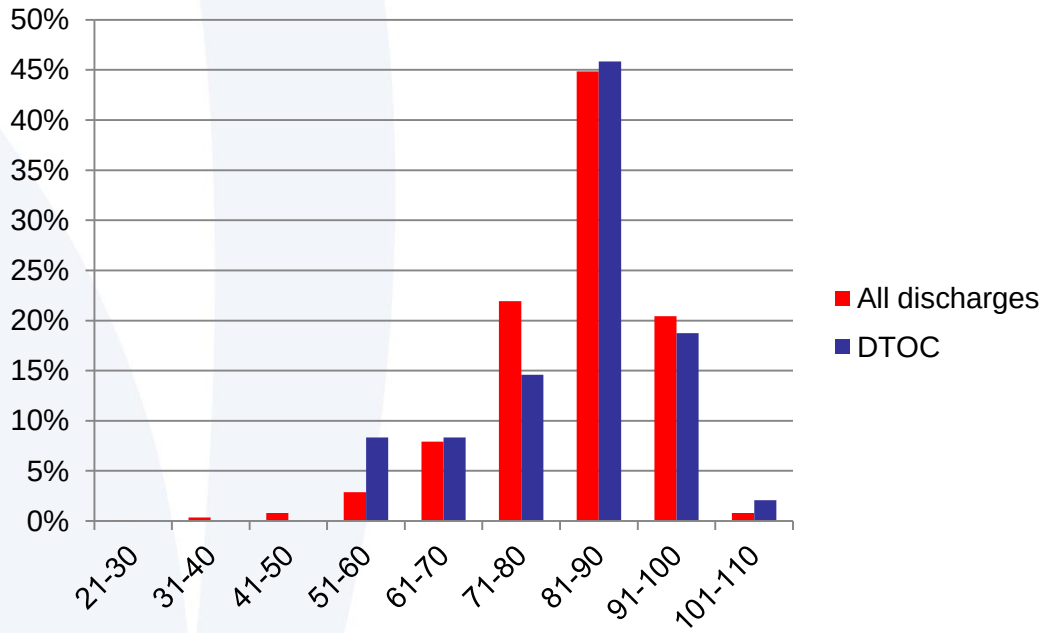
This is not just an issue of religion and culture: transgender service users also said that they felt uncomfortable in mixed sex or more public facilities, whilst Gloucestershire Voices told us that a longer appointment may be needed for some people with learning disabilities or other complex needs.

As a result, the Trust is exploring options to develop training for colleagues on meeting cultural and religious needs, and is reviewing its assessment processes - in community hospitals initially - to establish how cultural and religious needs are captured and accommodated.

1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of inpatients who experienced a delayed discharge of care compared to all discharges, as recorded April-September 2015:

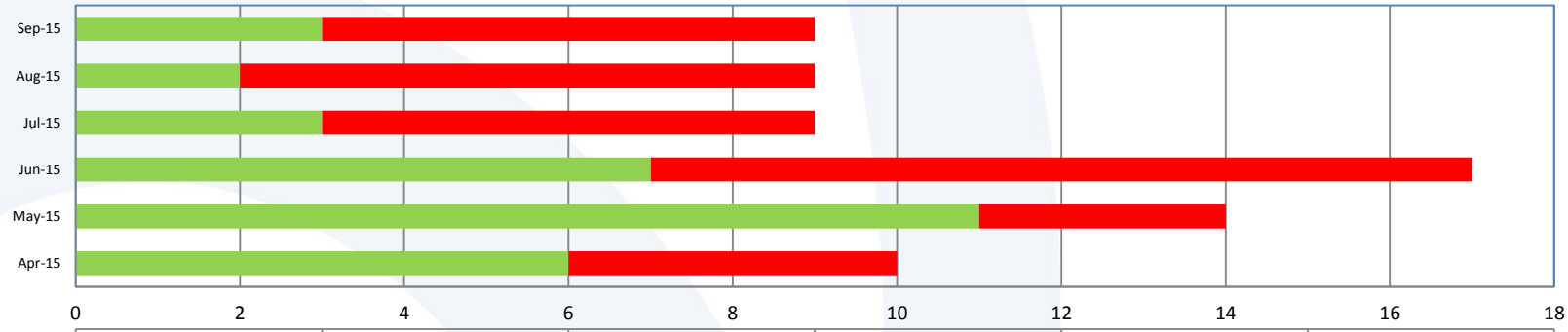




- Data shown is the total for service users where age and ethnicity is recorded
- There is no differentiation between people's ethnicity in respect of their risk to experience a delayed discharge
- People in the 51-60 year old bracket are proportionally more at risk of a delayed discharge of care, whereas people aged 71-80 are proportionally less at risk

1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed (cont)

Below are the details of transfers into community hospitals wards between 23:00 and 05:59:



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Direct Admission	6	11	7	3	2	3
Transfer	4	3	10	6	7	6

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

Time of admission	Direct Admission	Transfer	Total
23:00 - 23:59	0	1	1
00:00 - 00:59	1	3	4
01:00 - 01:59	0	1	1
02:00 - 02:59	1	1	2
03:00 - 03:59	0	0	0
04:00 - 04:59	1	0	1
Total	3	6	9

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

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

The number of admissions into Community Hospitals between 23:00 and 05:59 in September was the same as July and August. Of the 9 transfers in September:

- 44% (4) of the 9 admissions occurred between 23:00 and 23:59.
- 38% (3) admissions occurred on a Tuesday and a Friday, however there is no real outlier in terms of day of week.
- 38% of the admissions were to Lydney (3).

1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed (cont)

In May 2014, Healthwatch England launched its first Special Inquiry to hear real-life experiences of the discharge process. Its report, *Safely home: what happens when people leave hospital and care settings?* was published in July 2015. Healthwatch Gloucestershire subsequently looked into countywide processes, and have found that many local people do not experience problems during discharge. However, there was some learning for community services as follows:

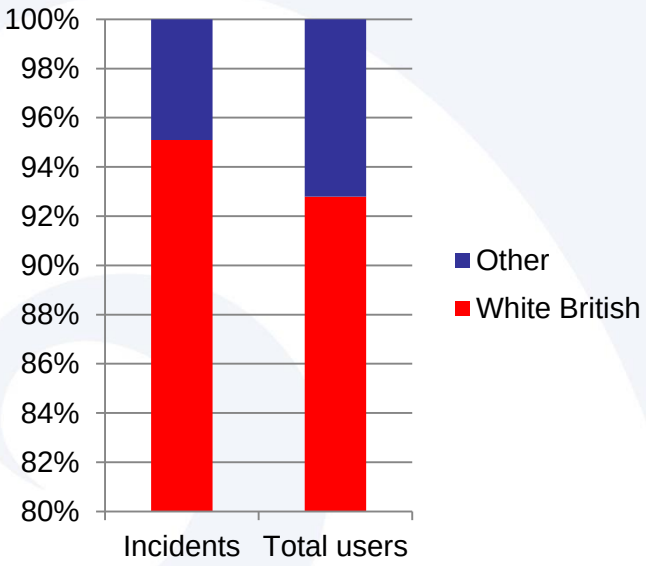
- there was positive feedback both from care homes and GPs about the quality of discharge from community hospitals, from which wider lessons might be drawn;
- Trusts could actively seek the views of service users about discharge, rather than wait for feedback via complaints, Friends and Family Test results etc;
- some discharges take place without appropriate care and support being in place, which means that some vulnerable people may be placed at additional risk;
- there is sometimes a lack of suitable resources in community settings;
- there can be insufficient / poor communication of discharge intentions with families and carers;
- the discharge process between different organisations can be fragmented, and no single provider organisation has oversight of all aspects of service user experience or responsibility for action-planning whole-system improvements to those complex systems.

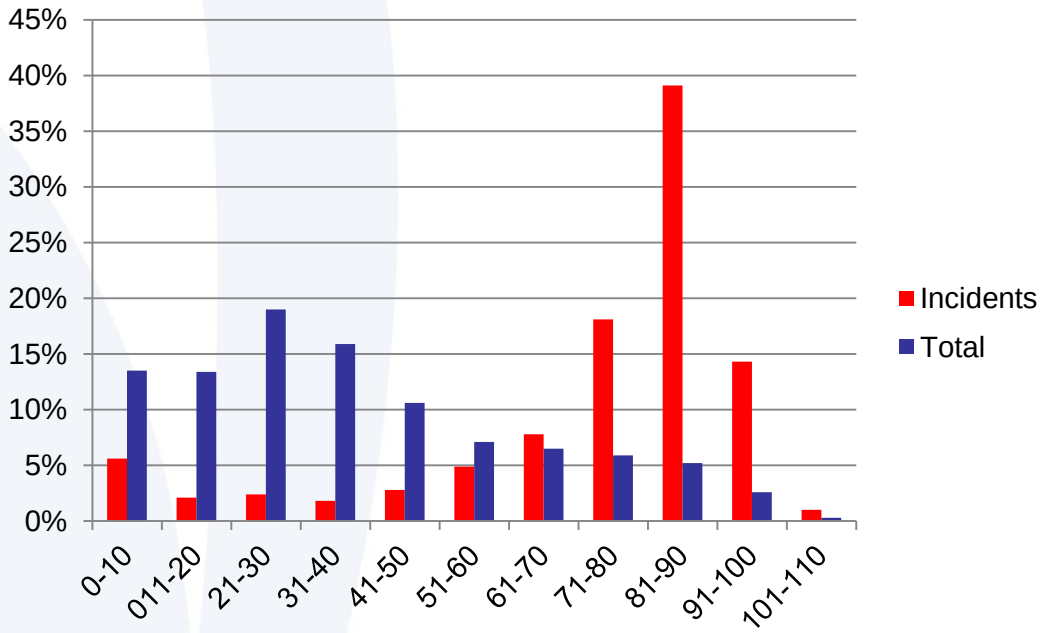
In response, the Trust is currently undertaking a discharge audit and is planning recommendations.

We also heard…. The NED visit to the Integrated Discharge Team in July 2015 showed that although there are clear challenges for a team that is funded between GHT and the Trust, working relationships are now constructive and functioning well, with the interests of service users being paramount

1.4 When people use NHS services, their safety should be prioritised and they should be free from mistakes, mistreatment and abuse

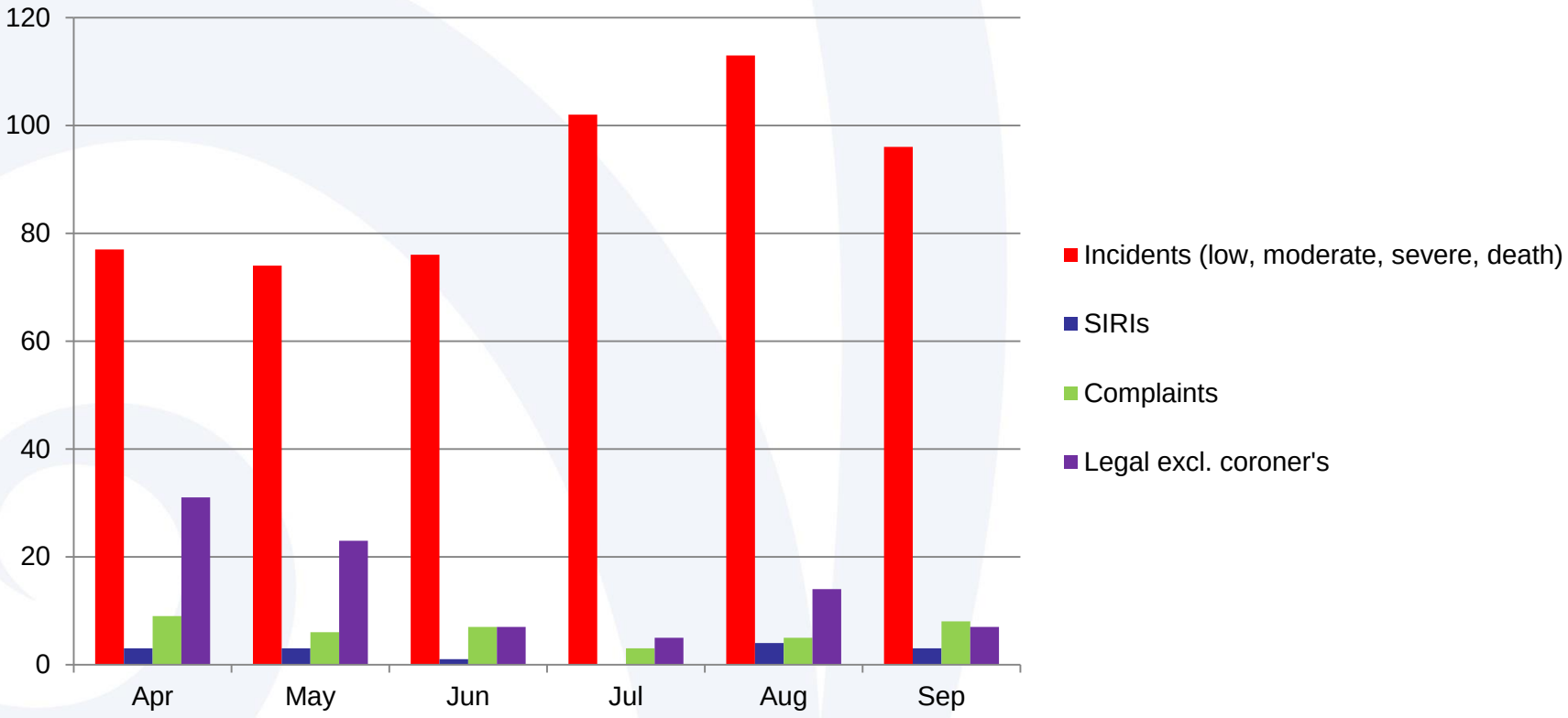
As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of service users who experienced an incident compared to all service users, as recorded April-September 2015:





- Data shown is the total for service users where age and ethnicity is recorded
- White British service users are slightly more at risk of experiencing an incident
- People in older age brackets are significantly more likely to experience an incident especially those in the 81-90 year old bracket who are 600% more at risk of an incident

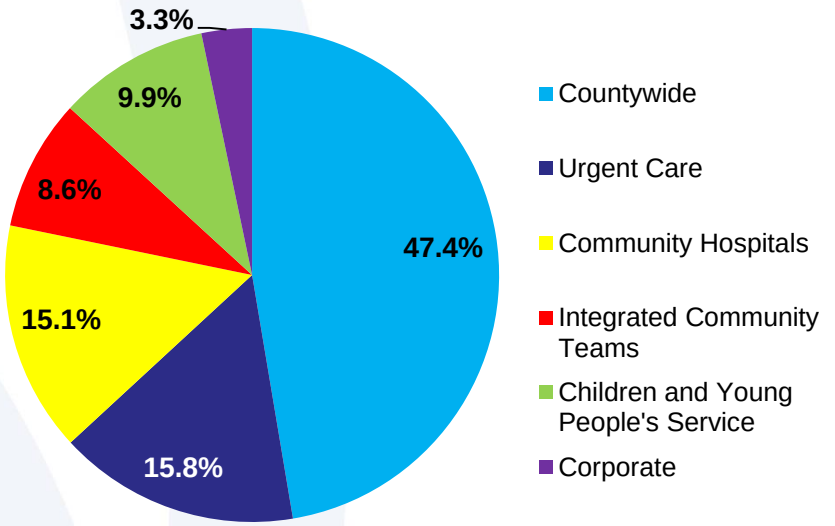
1.4 When people use NHS services, their safety should be prioritised and they should be free from mistakes, mistreatment and abuse (cont)



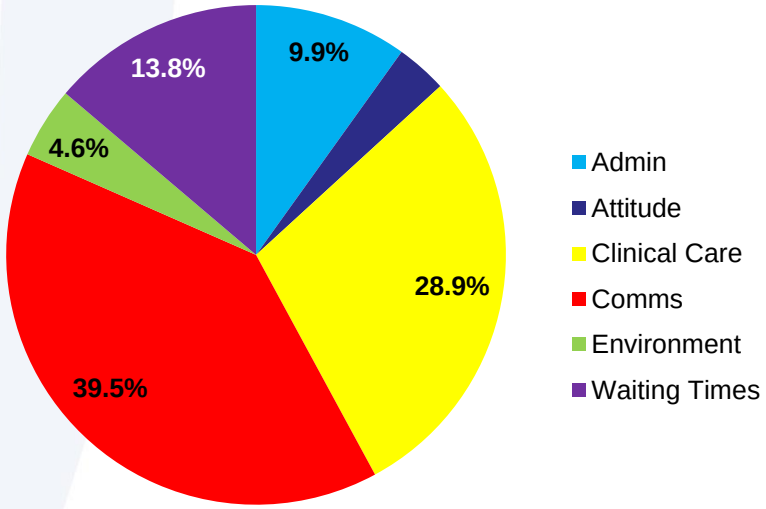
In each month during the reporting period, there were more incidents reported than any other form of safety alert: also, there are more complaints than SIRIs which is expected. However, there is some concern that the number of legal claims were higher than the number of complaints in 4 of the 6 months, although the time delay prior to a legal claim being lodged with the Trust, does mean that these figures are not necessarily comparable.

1.4 When people use NHS services, their safety should be prioritised and they should be free from mistakes, mistreatment and abuse (cont)

Concerns	Apr-15	May 15	Jun-15	Jul-15	Aug-15	Sep-15
Community Hospitals	4	3	4	5	4	3
Urgent Care	2	2	7	3	3	7
Countywide	19	8	16	12	9	8
ICTs	0	1	1	3	2	6
CYP Services	3	6	2	2	1	1
Corporate	0	2	1	1	1	0
Total	28	22	31	26	20	25

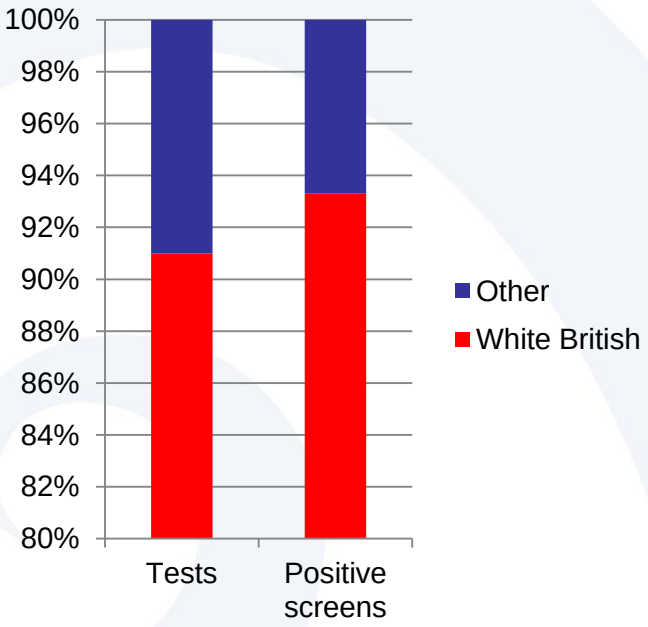


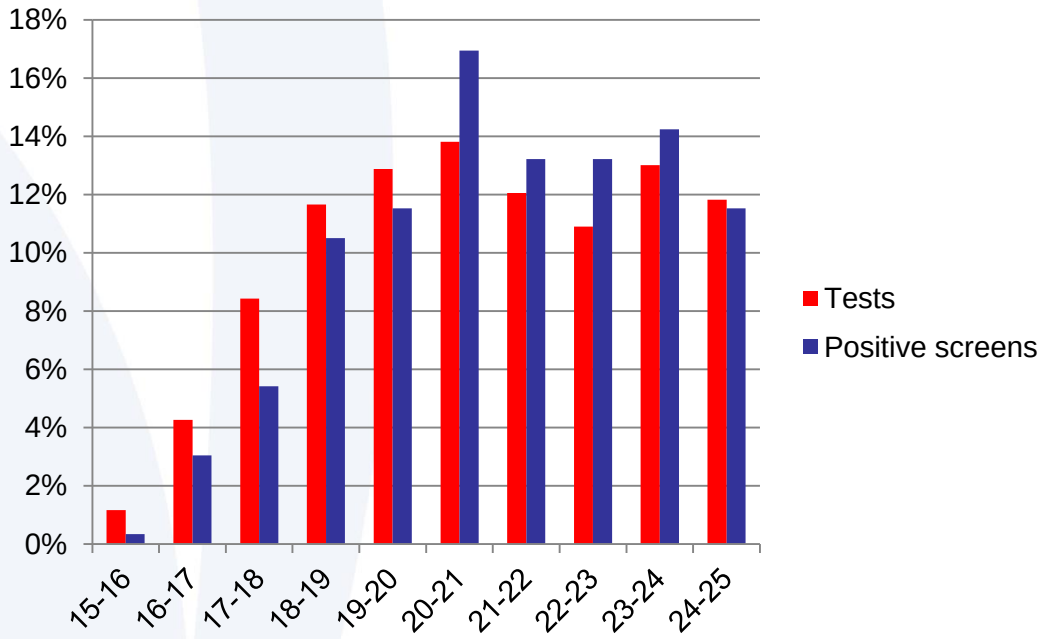
Concerns	Apr-15	May 15	Jun-15	Jul-15	Aug-15	Sep-15
Admin	2	3	3	1	3	3
Attitude	0	0	2	1	0	2
Clinical Care	7	3	6	9	10	9
Communications	13	10	16	10	3	8
Environment	0	1	0	2	3	1
Waiting Times	6	5	4	3	1	2
Total	28	22	31	26	20	25



1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of service users who tested positive for chlamydia compared to all people aged 15-25 years who were tested, as recorded April-September 2015:





- Data shown is the total for service users where age and ethnicity is recorded
- Proportionally, more White British service users are screening positive for chlamydia
- People in older age brackets are more likely to screen positive for chlamydia

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities (cont)

In the first six months of 2015-16, the Trust undertook a number of focus groups with young people to explore their attitudes, experiences and ideas re: chlamydia screening. We heard that:

- young people mostly discuss sex with their friends, and these discussions are their main sources of information about sex and relationships (NB there are limited opportunities to talk about sex with trusted experts at schools or colleges, and parents are reluctant to discuss);
- the primary concern about unprotected sex is pregnancy, with STIs a minor consideration;
- any sex education is focused on the biological aspects of sex and STIs, with nothing on healthy sexual relationships;
- there is limited awareness of sexual health clinics amongst young people, and a perception in some localities that it is hard to get an appointment;
- young people universally recognise the blue and pink chlamydia packs: however, there is very variable understanding of what chlamydia is, how it is transmitted, and its impact;
- in terms of communications, young people do not like messages that suggest blame, promiscuity (sleeping around, 'being loose'), labelling people who have unprotected sex or who have lots of partners as 'bad';
- current messages are too many and too disparate: a single cohesive campaign that is high impact could create an appropriate "buzz".

In response, the Trust is now looking to introduce a new website to raise the visibility of chlamydia testing, and is also working with the University of Gloucestershire to develop a targeted communications campaign for young people that builds upon what the focus groups said.

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities (cont)

During the reporting period, we also heard positive feedback on outreach services, especially amongst those who have traditionally struggled to access health promotion information and support. Examples include the work that has been undertaken by the healthy living service with the Asian Elders and the Chinese Women's Guild, and the carers support group run in Cheltenham.

The main function of this activity has been to inform people about healthcare (dispelling some of the myths), the support to which they may be entitled, and how they may ask for that support. The feedback also suggests there is real value in individuals building up relationship over time within communities, especially those communities which are historically distant from or mistrustful of public services.

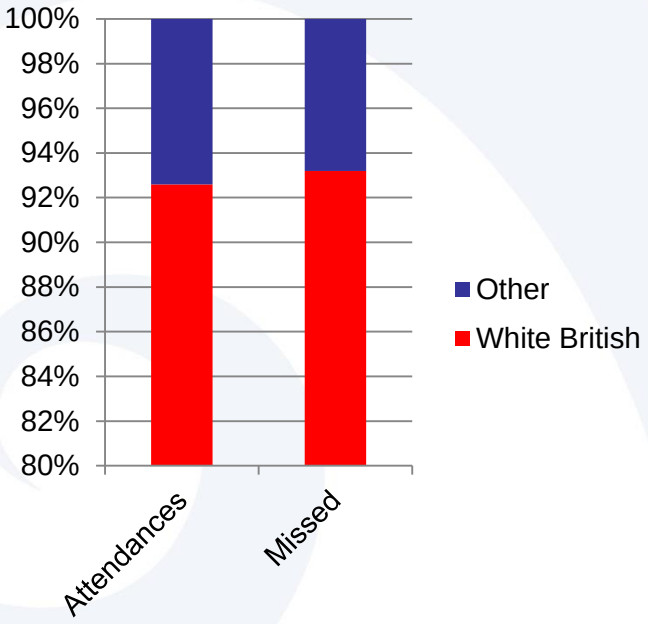
As a result:

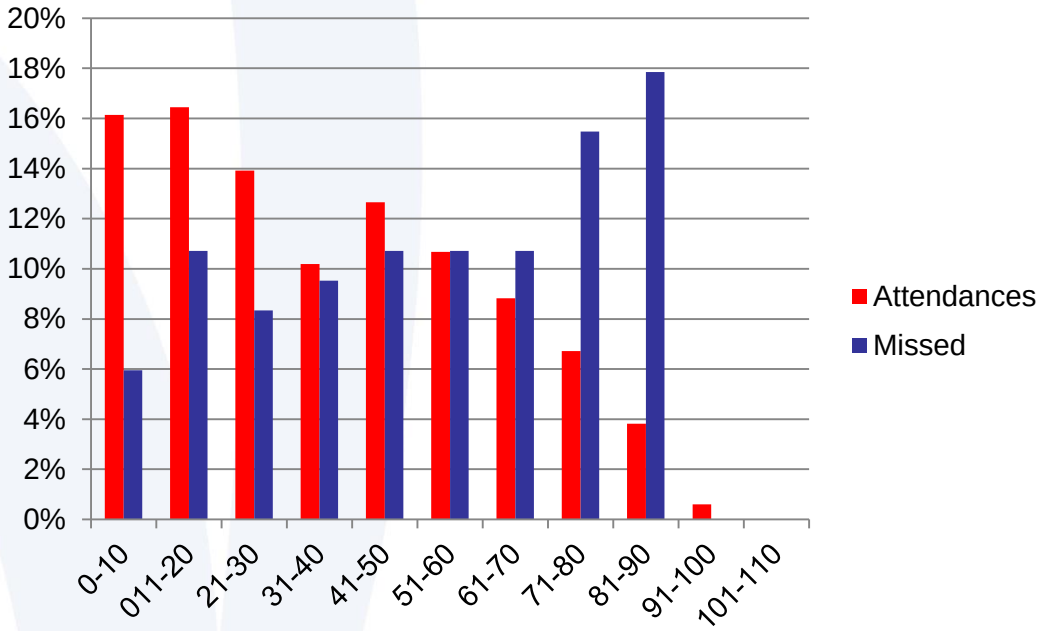
- BME Communities called for more clinics and information sessions held at community centres, so we are in the process of planning an event on women's health for Asian Women (provisionally scheduled for February 2016), and a similar event for Men's Health (March 2016), both to held at the Friendship Café. There will also be sessions held with the Indian Association in Cheltenham next summer;

- the Diabetes team is currently setting up further education programmes for BME populations, to be held at community venues.

2.1 People, carers and communities should be readily able to access community healthcare services and should not be denied access on unreasonable grounds

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of service users for whom the Trust missed the MIiU target compared to all people who attended MIiUs, as recorded April-September 2015:





- Data shown is the total for service users where age and ethnicity is recorded
- There is minimal correlation between ethnicity and breached MIiU targets
- People in older age brackets are more significantly more likely to have their MIiU target missed

2.1 People, carers and communities should be readily able to access community healthcare services and should not be denied access on unreasonable grounds (cont)

Of the 17 negative NHS Choices comments received in the reporting period, 9 (53%) related to the access to the dental service. As a result, the following actions have been taken:

- a new telephone system will be implemented, which will enable a more efficient queueing system and better call management, and prevent calls being disconnected in the queue. This system will also allow more than two colleagues at once to be manning the triage system, which will significantly reduce queue time to access the service. The funding has been secured for this system, and it is planned that this will be in place by Spring 2016;

- the dental team has already held training sessions with colleagues focussing on customer care, following feedback about rude receptionists and staff when people are trying to access the service.

Word cloud based on NHS Choices feedback to Trust dental services, April-November 2015

2.1 People, carers and communities should be readily able to access community healthcare services and should not be denied access on unreasonable grounds (cont)

During the reporting period, the Trust booked interpretation services for the following languages, grouped as below for reporting purposes:

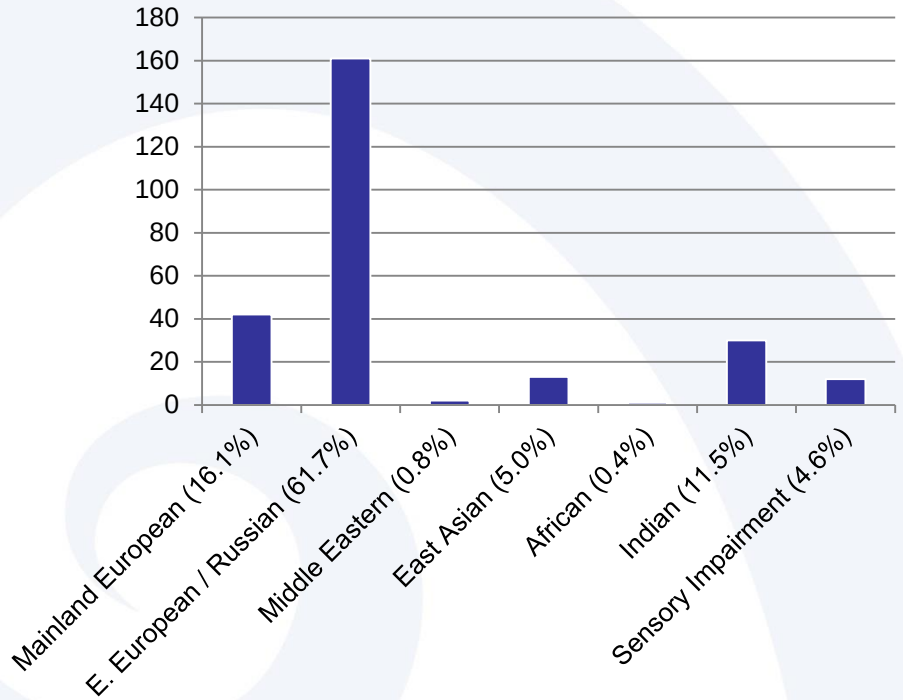
- **Eastern European/Russian** - Albanian, Bulgarian, Czech, Latvian, Lithuanian, Polish, Russian, Romanian, Slovak
- **Mainland European** - French, German, Hungarian, Italian, Portuguese, Spanish, Turkish
- **Indian** - Bengali, Burmese, Gujurati, Punjabi, Tamil, Telugu, Urdu
- **East Asian** - Chinese (Cantonese, Mandarin), Japanese, Malayalam, Thai, Vietnamese
- **Middle Eastern** - Arabic, Farsi, Kurdish
- **African** - Amharic, Somali, Tigrinya
- **Sensory Impairment** - British Sign Language, Deafblind Manual

Usage April-September 2015

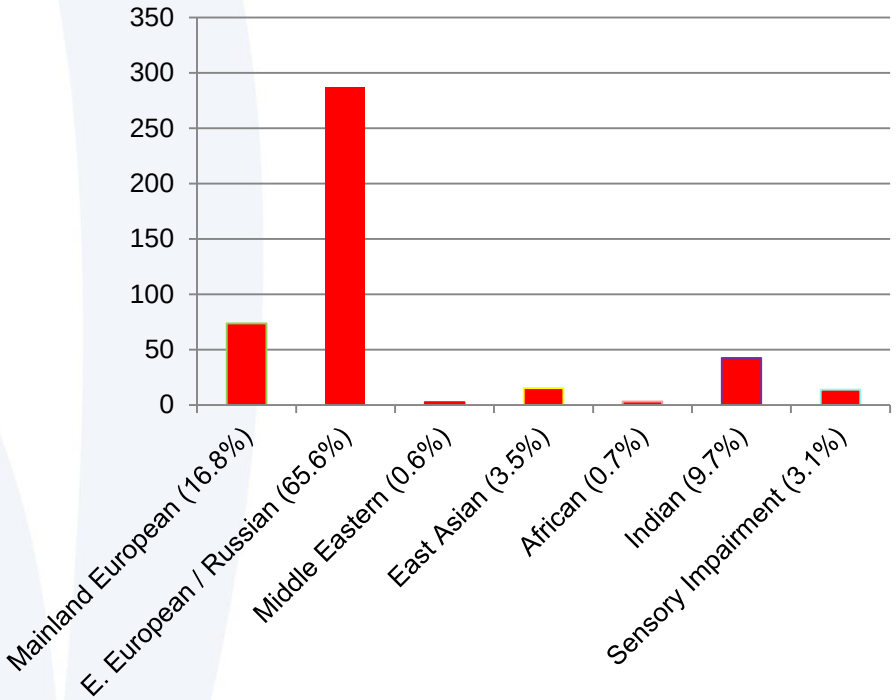
- The most frequent user of translation and interpretation services was the Health Visiting service
- The Dental and Heart Failure services also used translation and interpretation regularly
- There were few bookings from adult community services, and only one from a community hospital

2.1 People, carers and communities should be readily able to access community healthcare services and should not be denied access on unreasonable grounds (cont)

No of interpretation sessions



Interpretation session durations



- During the reporting period, the Trust booked over 437 hours of face-to-face interpreting, and 11 hours and 9 minutes of telephone interpreting
- The language for which most translation was provided was Polish with 67 individual sessions (25.7%) which lasted over 118 hours (27.2%): second was Czech with 36 individual sessions (13.8%) which lasted over 60 hours (13.9%);
- 61.7% total translation sessions were for Eastern European / Russian service users

2.1 People, carers and communities should be readily able to access community healthcare services and should not be denied access on unreasonable grounds (cont)

During the reporting period, we heard from people who had experienced difficulties in accessing services including physiotherapy, diabetes, occupational therapy and district nursing. Issues included:

- **waiting times** - people said that long waiting times can cause more of an issue where people have delayed making the first contact. This is more likely to happen in communities and families where there is limited understanding of early signs and symptoms, where they are less likely to seek early help, or have less awareness of the support available;
- **interpretation** - many people are still unaware that they can request an interpreter;
- **cultural issues** - some people delay accessing services or seeking help due to pride, taboo or concerns for their confidentiality.

We also heard…. The NED visit to the podiatry service in July 2015 showed that significant improvements had been made to the telephone service, as previously, people had experienced technical difficulties when contacting the service

We also heard….

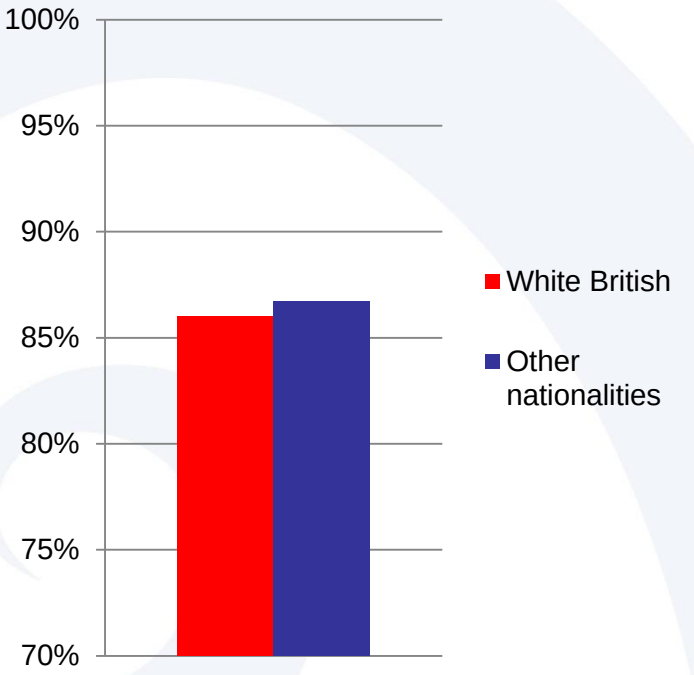
As part of our engagement with service users of the leg ulcer clinic in Cirencester, we heard that their most common concern in relocating the service from the centre of town to the new facilities in Cirencester Hospital, concerned access to the hospital.

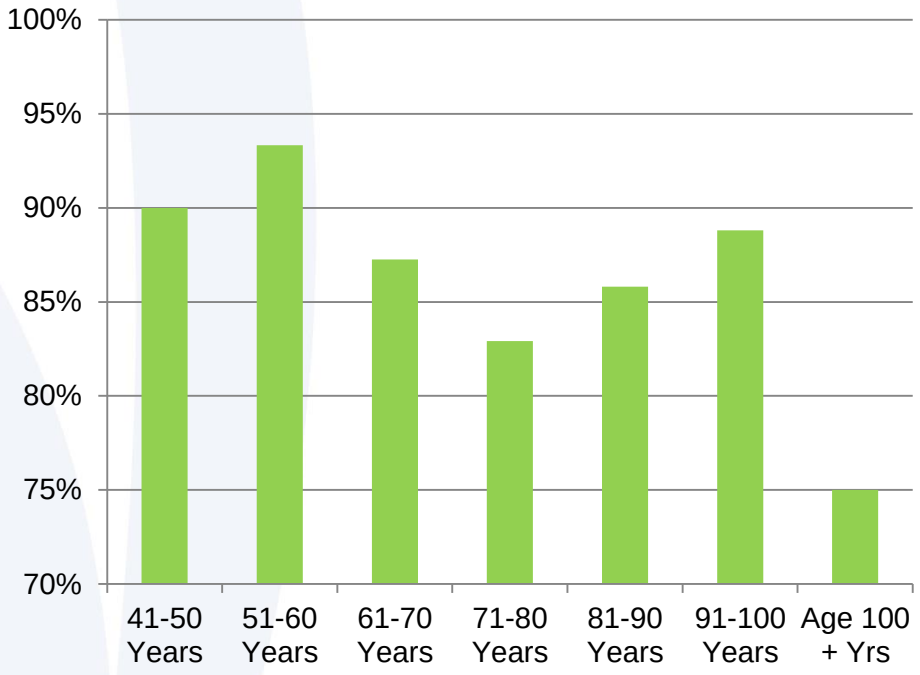
As a result, we worked with Cotswolds Volunteers to put a bus service in place to ensure that service users were transported door to door.

Longer-term, we are working with the Council to establish a permanent bus route that will stop directly outside the hospital doors.

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of inpatients who feel involved in their care, as recorded April-September 2015:

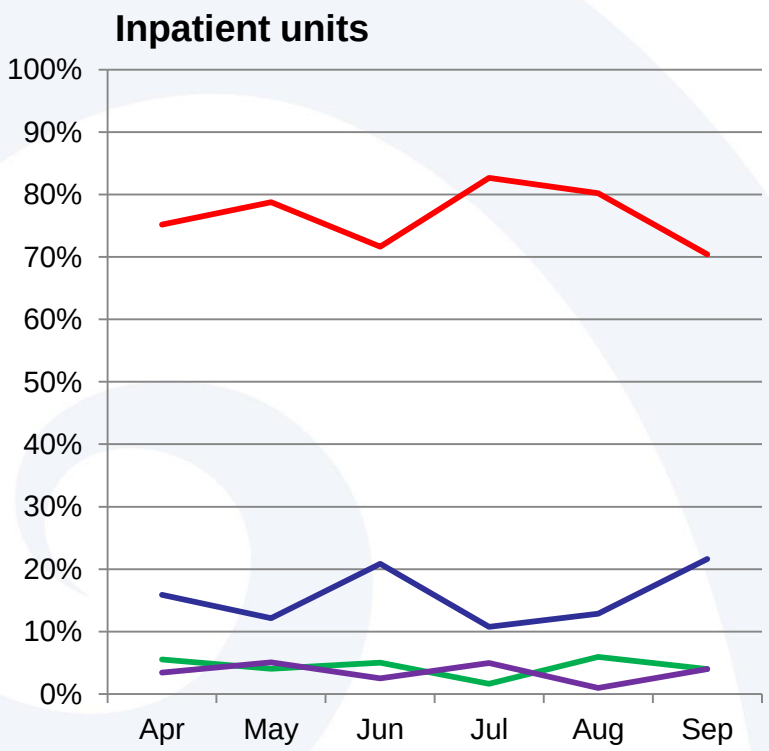


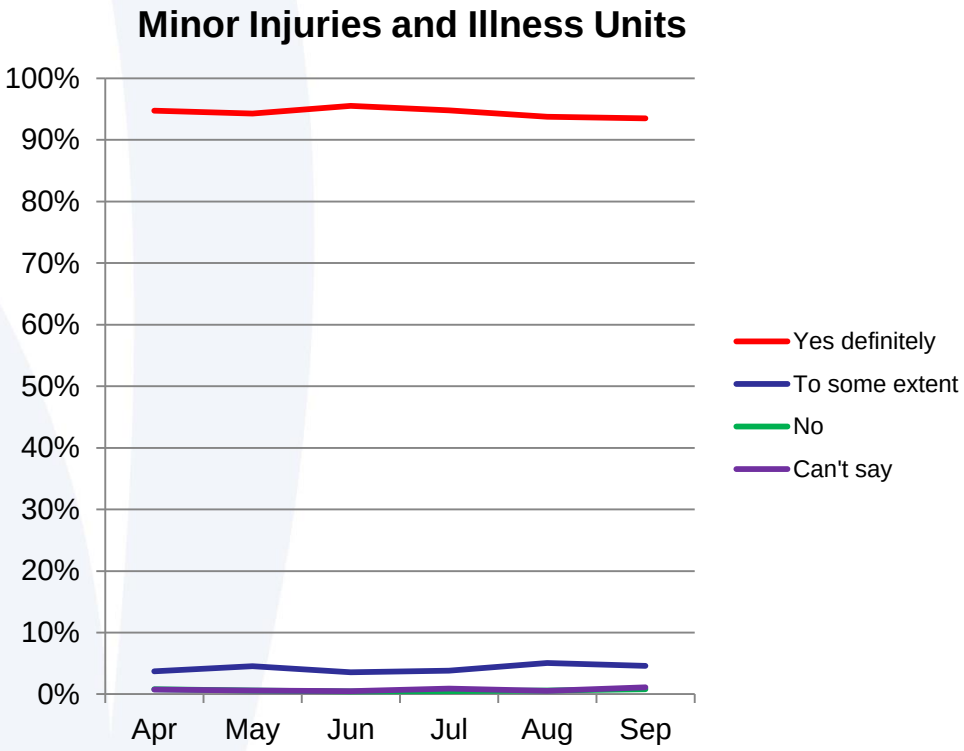


- Data suggests that communities other than White British do not feel any less involved whilst in inpatient care, with 86.7% reporting a positive experience compared to 86.0% for White British.
- In terms of inpatient age profiles, there is variability across age ranges in terms of people feeling involved.

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care (cont)

In response to the question *"Were you involved as much as you wanted to be in decisions about your care and treatment?"*

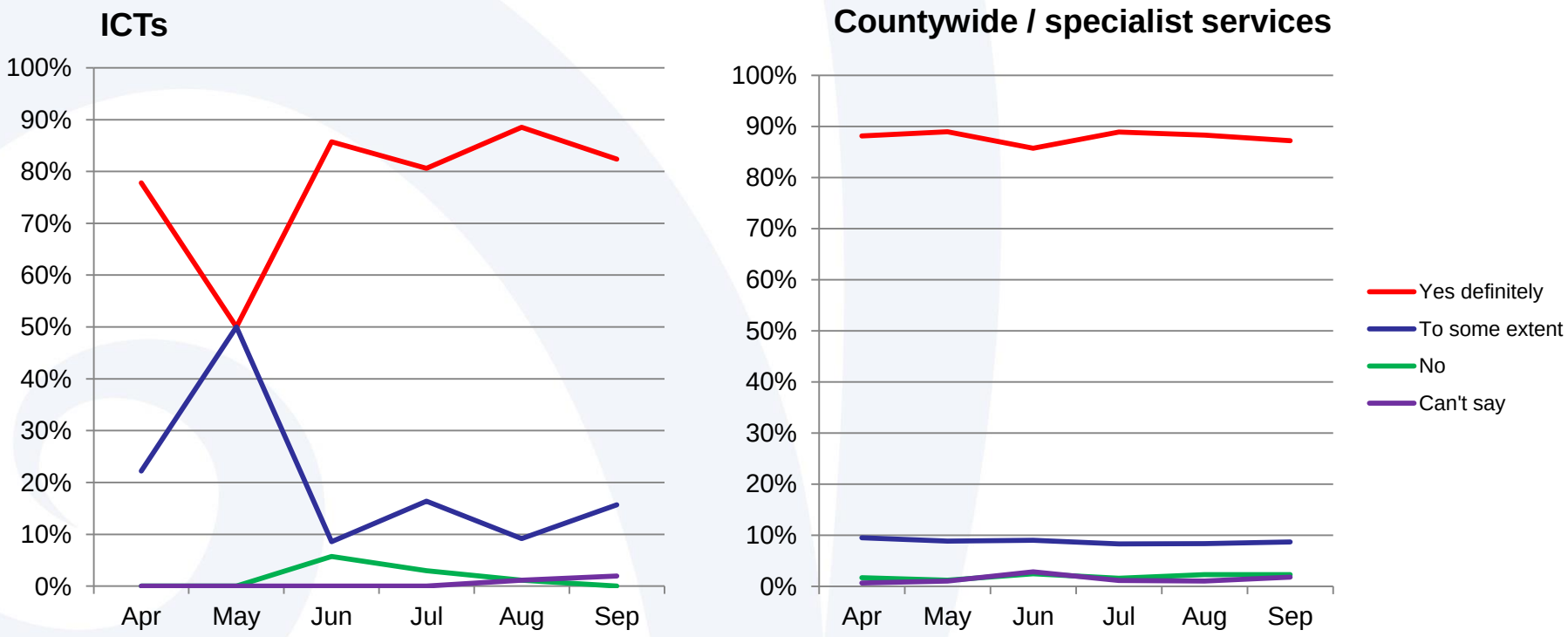




We also heard…. The NED visit to the Stroke Coordinators in September 2015 highlighted compassion and clear communication, that advice and information was being provided to anxious and unwell people, and that service users felt supported by the team's interventions.

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care (cont)

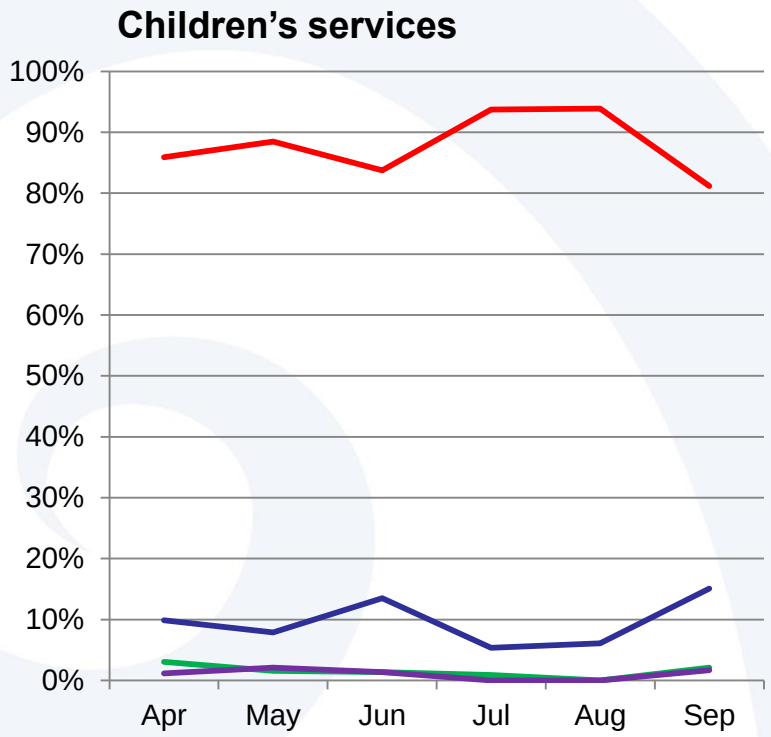
In response to the question *"Were you involved as much as you wanted to be in decisions about your care and treatment?"*



We also heard…. The NED visit to the Stop Smoking Service in April 2015 suggested that service users felt adequately involved and informed of the effects of smoking and the available non-smoking aids.

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care (cont)

In response to the question *"Were you involved as much as you wanted to be in decisions about your care and treatment?"*



Please note that data for a number of services is based on a small sample so may not be wholly representative

We also heard….

As part of our engagement activities in the period, we heard some BME communities say that they do not always feel informed and supported in decisions about their care due to language barriers. They feel that interpreters are not always available to them, and that even when translation services are accessed, there can be reluctance to share information for fear of confidentiality.

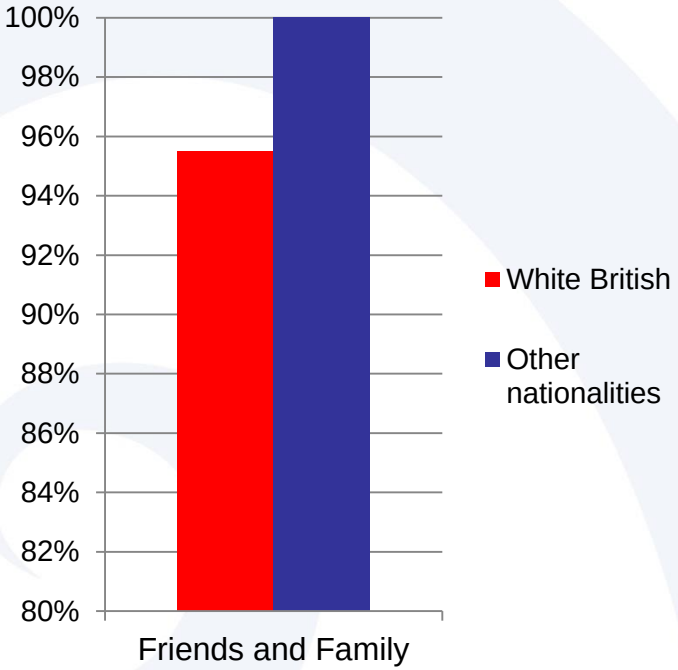
Some people said they felt they were ignored or not consulted about a family member's needs, personal circumstances or preferences. Some felt that this may be down to a lack of understanding of family dynamics in some cultures, especially where families are close-knit, and where family care decisions may be delegated to a particular family member.

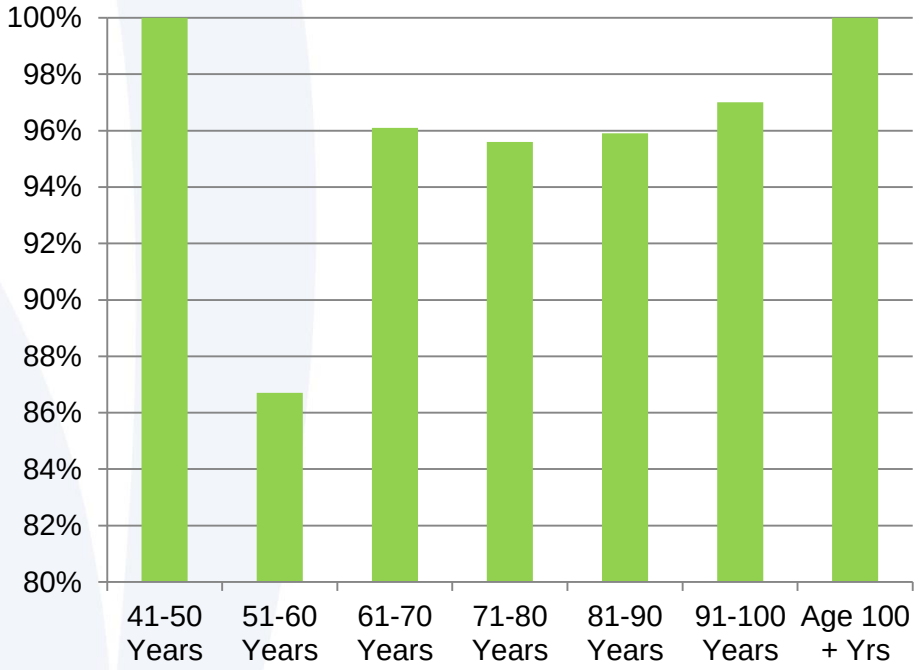
In response to this, we have committed to improving awareness of interpreting services: we are also continuing to increase colleagues' understanding of people's different or extra needs.

2.3 People report positive experiences of the NHS

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of inpatients who would recommend the Trust to their friends and family, as recorded April-September 2015:

Responses to the Friends and Family Test

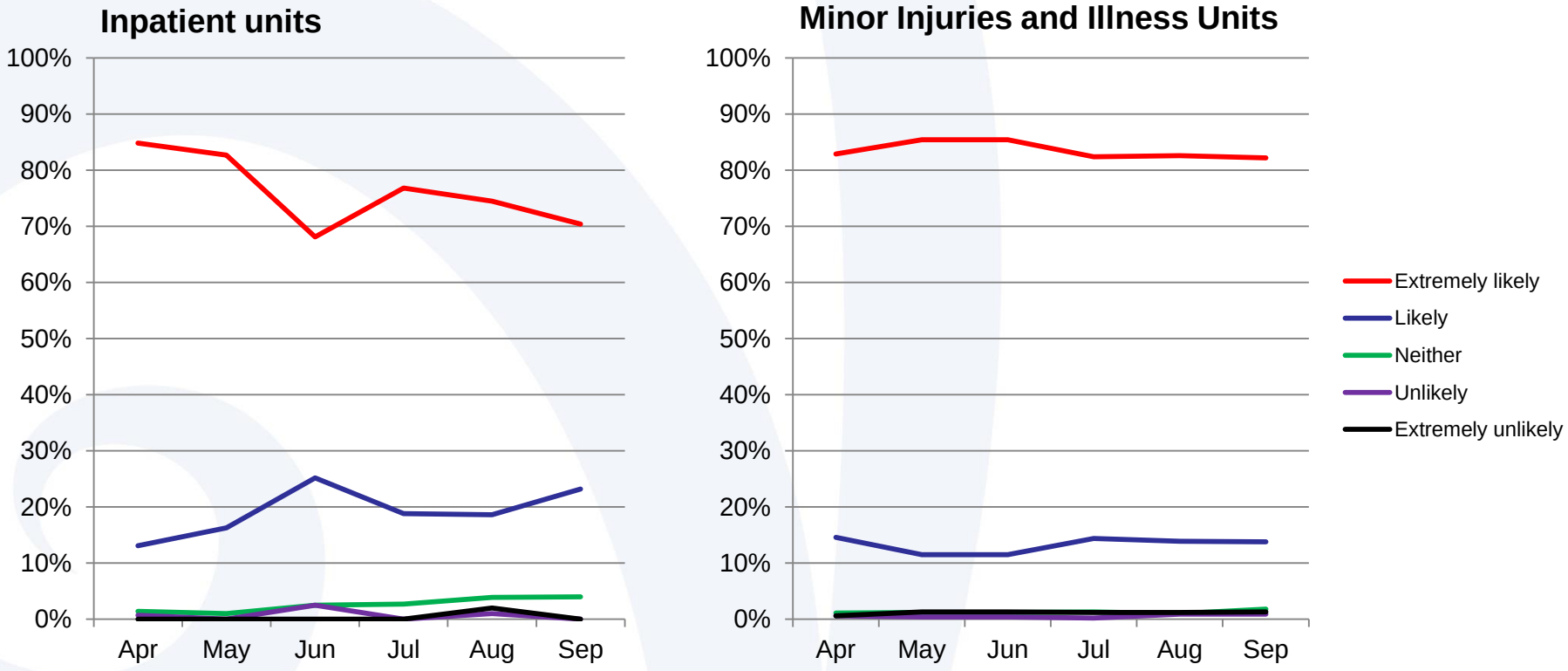




- Data suggests that communities other than White British do not feel that they have a poor experience in inpatients, with 100% reporting that they would be extremely likely or likely to recommend the Trust, compared to 95.5% White British.
- In terms of inpatient age profiles, only people in the 51-60 year old age bracket report a poorer experience which equates to a Friends and Family Test result less than the target 90%.

2.3 People report positive experiences of the NHS (cont)

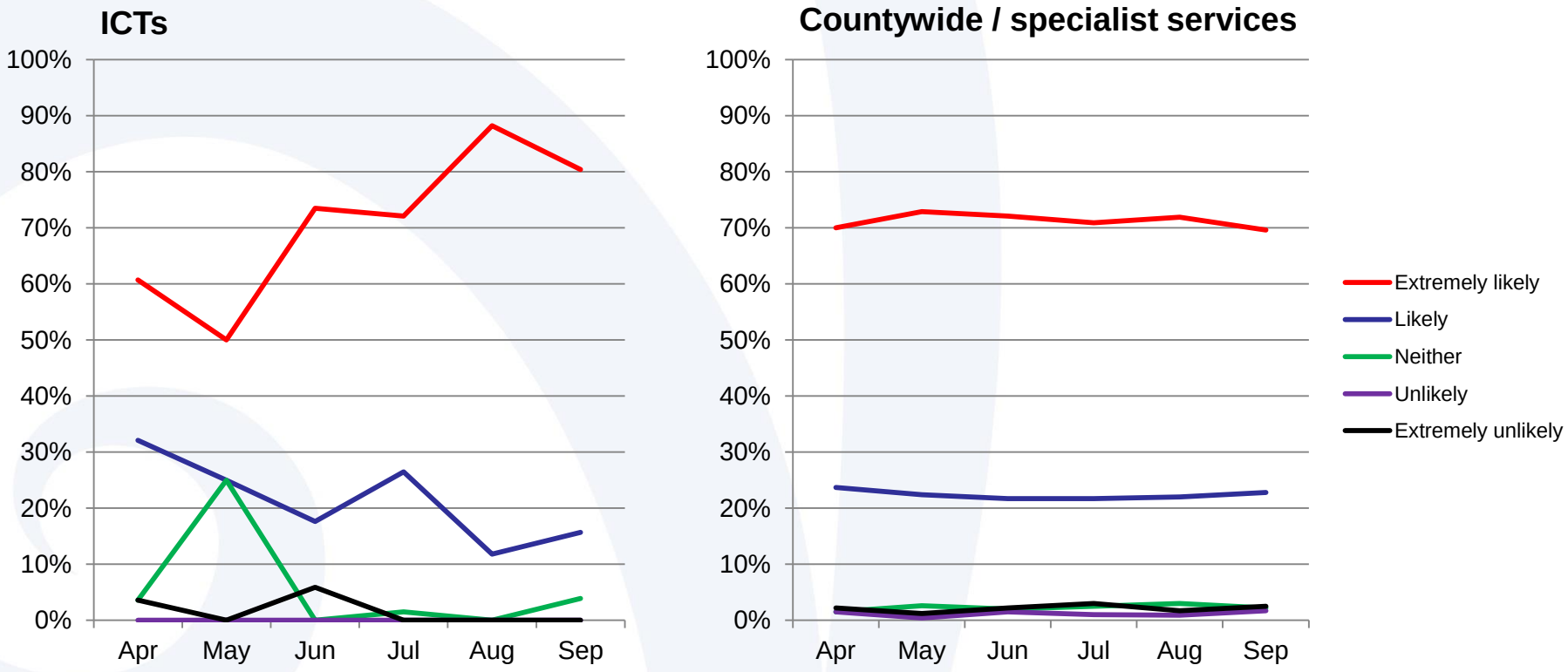
Friends and Family Test outcomes over the six month period best indicate positive experiences of service users:



- Over the reporting period, the number of people who are extremely likely to recommend the inpatient service has steadily declined, although the number of people who are likely to recommend the care have risen in parallel. Thus, whilst this does not create undue concern as service users are still registering satisfaction overall, the matrons are exploring the underlying reasons for this trend

2.3 People report positive experiences of the NHS (cont)

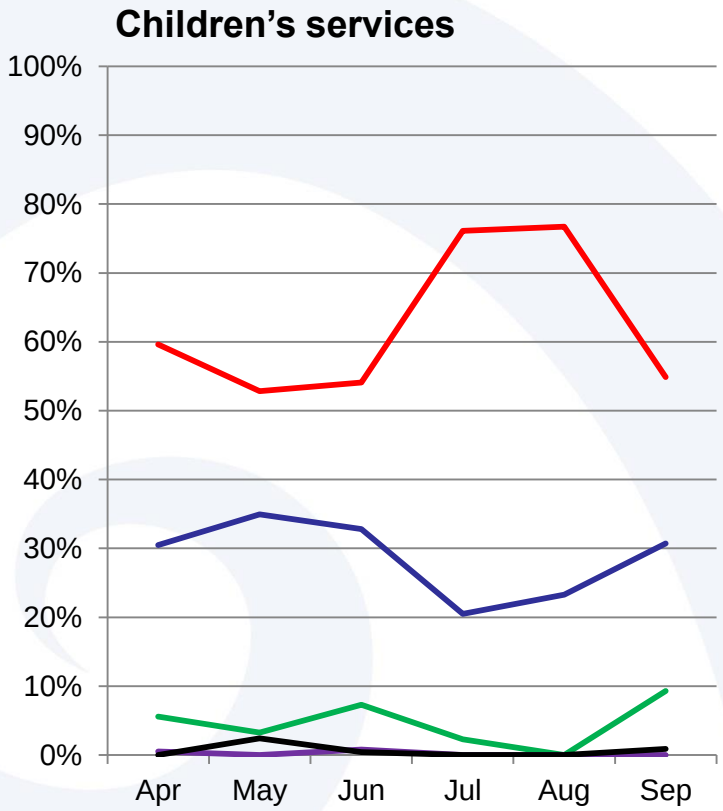
Friends and Family Test outcomes over the six month period best indicate positive experiences of service users:



We also heard…. The NED visits to the North Cotswolds Community Nursing Service in June 2015 and the Forest of Dean Community Nursing Service in July 2015 both demonstrated that service users were very appreciative and complimentary about the service received from community nurses.

2.3 People report positive experiences of the NHS (cont)

Friends and Family Test outcomes over the six month period best indicate positive experiences of service users:



Please note that data for a number of services is based on a small sample so may not be wholly representative

We also heard….

Healthwatch Gloucestershire provides quarterly updates on public and service user engagements across the county.

In respect of services provided by the Trust, Healthwatch Gloucestershire reported:

- for April-June, over 70% of comments about community hospitals were positive. Positive feedback was also received about district nurses and the Parkinson's nurses;
- for July-September, positive feedback was received about the Trust's community hospitals, district nurses, health visitors and Cirencester Leg Club.

2.3 People report positive experiences of the NHS (cont)

NHS Choices provides an overview of people's experiences of care

Over the reporting period, 60 comments were received, with 43 being positive (72%)

The Trust received the highest number of comments in June (15), coinciding with the CQC visit

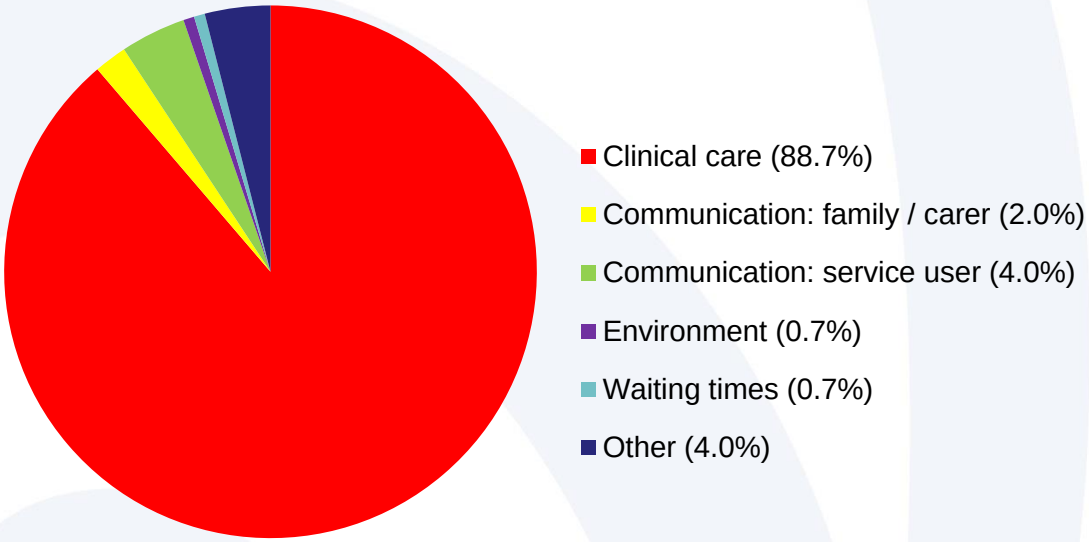
During the past six months, Dilke and Stroud Hospitals both received only positive reviews (5 and 8 respectively)

Dental service received more comments than any other service (15) and these were mostly negative (9)

Details of trends are included earlier in this report

2.3 People report positive experiences of the NHS (cont)

In the reporting period, the Trust received 151 compliments



"Thank you for all the help that you gave me on the long and sometimes painful journey with Dad…it must have been difficult to have someone like me with my background as a concerned son. However, at no time did you show any irritation with me, instead always being there for me and Dad, doing your job superbly"

Heart Failure Service

- Compliments were received in each of the six localities, as well as for countywide/specialist services and CYP services
- The highest number of compliments were for countywide/specialist teams (25.8%) with Cotswolds teams receiving the second highest (17.9%)

"Faultless service. The service was excellent. I didn't have to wait, was seen straightaway. The nurse and doctor were charming and professional and extremely helpful and informative. They helped me with every issue and gave me a very thorough check. I left feeling very happy and reassured. Amazing - well done!"

Sexual Health Service

"A wonderful place, a breath of fresh air. The hospital is clean and airy, the staff are pleasant and helpful. Couldn't wish for more. Thank you for great treatment."

Tewkesbury Hospital

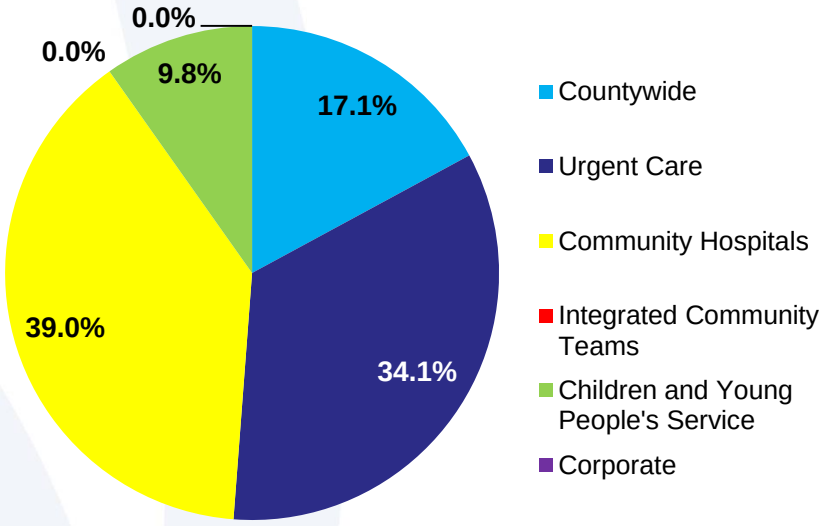
2.4 People's complaints about services are handled respectfully and efficiently

As a proxy measure for reporting against the Equality Delivery System, the Trust needs to profile the age and ethnicity of service users registering a formal complaint against all service user contacts April-September 2015.

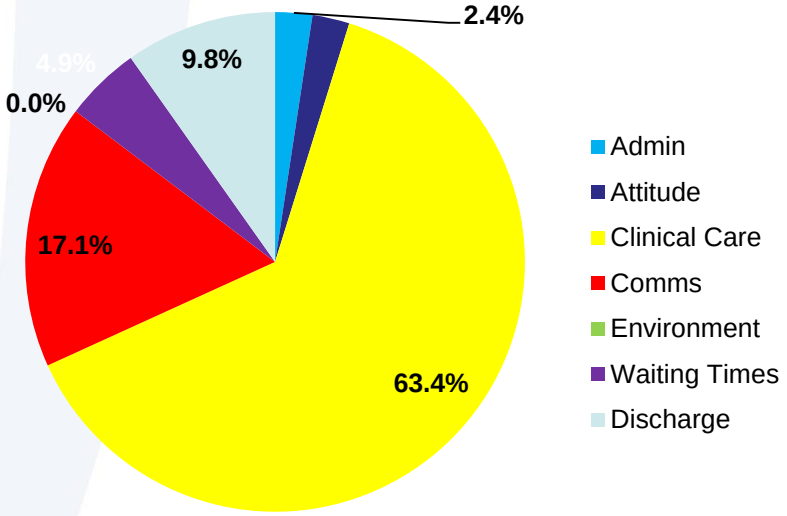
Although the Trust recognises 41 complaints during the reporting period, against a total of 666,103 contacts, further analysis is not available at this time.

2.4 People's complaints about services are handled respectfully and efficiently (cont)

Complaints	Apr-15	May 15	Jun-15	Jul-15	Aug-15	Sep-15
Community Hospitals	5	5	1	2	1	2
Urgent Care	2	0	0	0	3	9
Countywide	2	1	4	0	0	0
ICTs	0	0	0	0	0	0
CYP Services	0	0	2	1	1	0
Corporate	0	0	0	0	0	0
Total	9	6	7	3	5	11



Complaints	Apr-15	May 15	Jun-15	Jul-15	Aug-15	Sep-15
Admin	0	0	0	0	0	1
Attitude	0	1	0	0	0	0
Clinical Care	3	4	3	2	4	10
Communications	3	1	3	0	0	0
Environment	0	0	0	0	0	0
Waiting Times	2	0	0	0	0	0
Discharge	1	0	1	1	1	0
Total	9	6	7	3	5	11



2.4 People's complaints about services are handled respectfully and efficiently (cont)

Response Time	Q1	Q2
Target time within agreed timescale (25 working days)	90.5%	94.4%

Benchmarking	
Complaints per 1,000 WTE staff (GCS)	3.4 average per month, April - September 2015
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	5.2 average per month, April – September 2015

We also heard….

During the reporting period, we heard from BME communities that there was limited awareness of how to raise a concern or make a complaint. Also, few people knew how they could access advocacy services. Many expressed concerns that their care might be compromised if they did make a complaint.

Many participants said that they would be unwilling to complain. South Asian participants worried about the effect of a complaint on a professional's reputation. This appeared to be as a result of experiences in other countries.

As a result, the Trust is looking to:

- improve the visibility of the Trust's new complaints process;
- consider the translation of complaints materials into other languages;
- review how advocacy services can be better signposted.

Strategic Objective 3:
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire

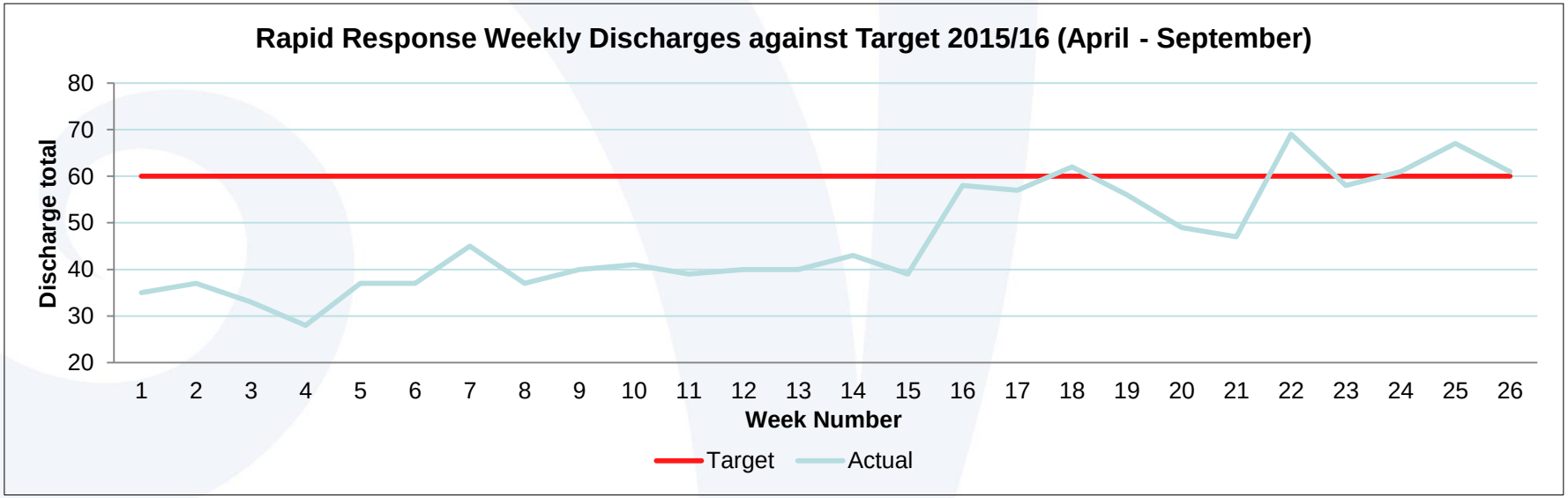
Quality Strategy metrics 2015-16 against strategic objective 3

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
% CQUIN milestones achieved against agreed plan	n/a	**100%**			TBC									**100%**
% QIPP milestones achieved against agreed plan	n/a	**94.3%**			TBC									**94.3%**
Number of referrals accepted by Rapid Response service	Target	254	266	256	266	265	256							1,307
	Actual	**145**	**173**	**171**	**239**	**238**	**263**							**1,229**
Number of avoided admissions as a result of ICT intervention	80%+	**95.9%**	**98.3%**	**94.7%**	**95.4%**	**96.1%**	**96.9%**							**96.3%**
Number of service users discharged by the IDT from the acute Trust Emergency Department	280 per month	**119**	**96**	**120**	**123**	**70**	**119**							**112 average per month**
Number of service users discharged by the IDT from the acute Trust ACU (same day)	56 per month	**33**	**42**	**49**	**50**	**26**	**37**							**41 average per month**

Rapid Response - Key Indicators

Gloucestershire Care Services NHS Trust

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16	14/15 Outturn
Number of referrals accepted (plan)	Target	254	266	256	266	265	256	265	257	263	263	246	263	1,563	
Number of referrals accepted	Actual	145	173	171	239	238	263							1,229	1,381
% of patients with assessment initiated within 1 hour	95%	95.2%	97.2%	94.8%	96.2%	95.1%	95.8%							95.7%	92.4%
% of patients referred from SPCA who have an agreed patient led care plan in place	100%	100%	100%	100%	100%	100%	100%							100%	100%
% of patients where the direct referrer reports that rapid response intervention avoids hospital admission		95.9%	98.3%	94.7%	95.4%	96.1%	97.4%							96.3%	82.0%
Number of referrals where the direct referrer reports that rapid response intervention avoids a hospital admission		139	170	162	228	229	256							1,184	1,154



Rapid response referrals:
Actions plan continues to be followed to sustain improvement. This includes shadowing Single Point of Clinical Access, presence in Locality Referral Centres and Locality rapid response leads to have regular contact with GP surgeries.

Alamac – Gloucestershire Health Community reporting (1/2)

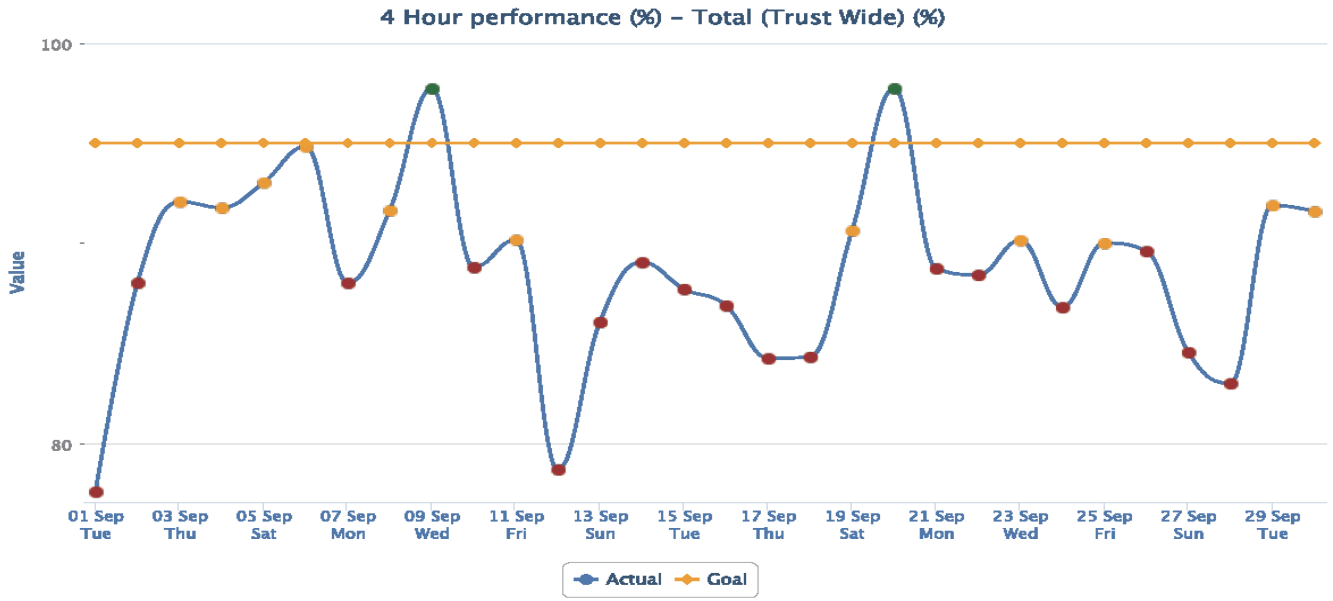
The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow. This approach has been commissioned by the CCG and adopted by a number of other NHS providers including GHFT and SWASTFT. It has been in place for approximately 9 months.

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

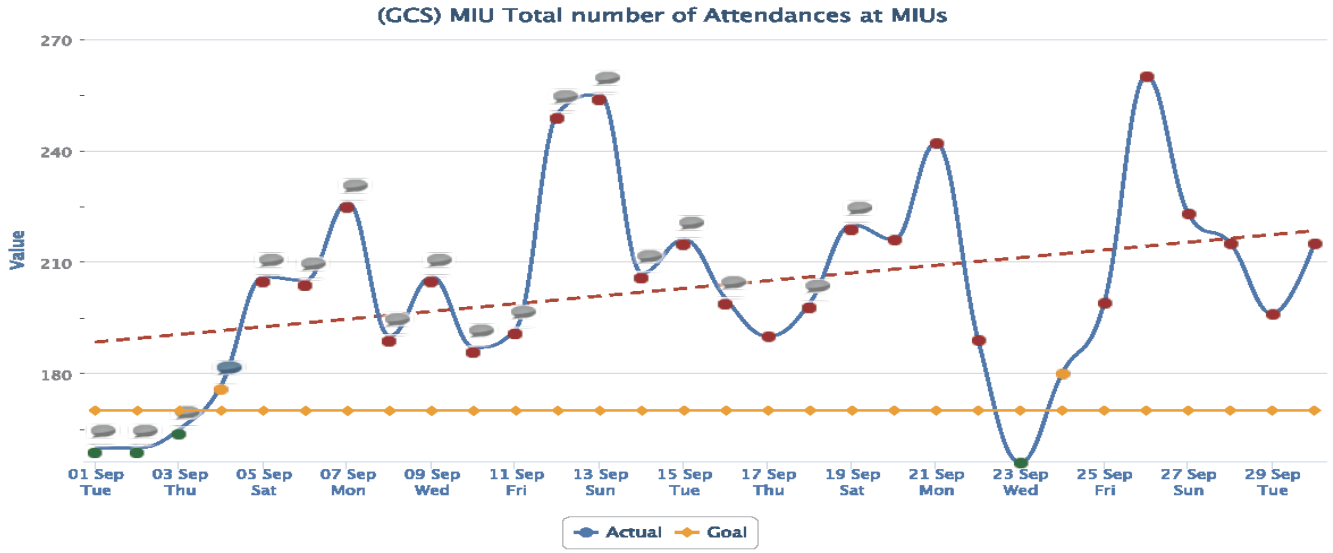
The long-term aim has been to create behavioural and cultural change alongside our partner organisations, creating improvements which can be measured, monitored and managed in real-time. This involves a daily “diagnosis” on system-wide issues and helps to inform actions (via daily conference calls) and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

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

Alamac – Gloucestershire Health Community reporting (2/2)

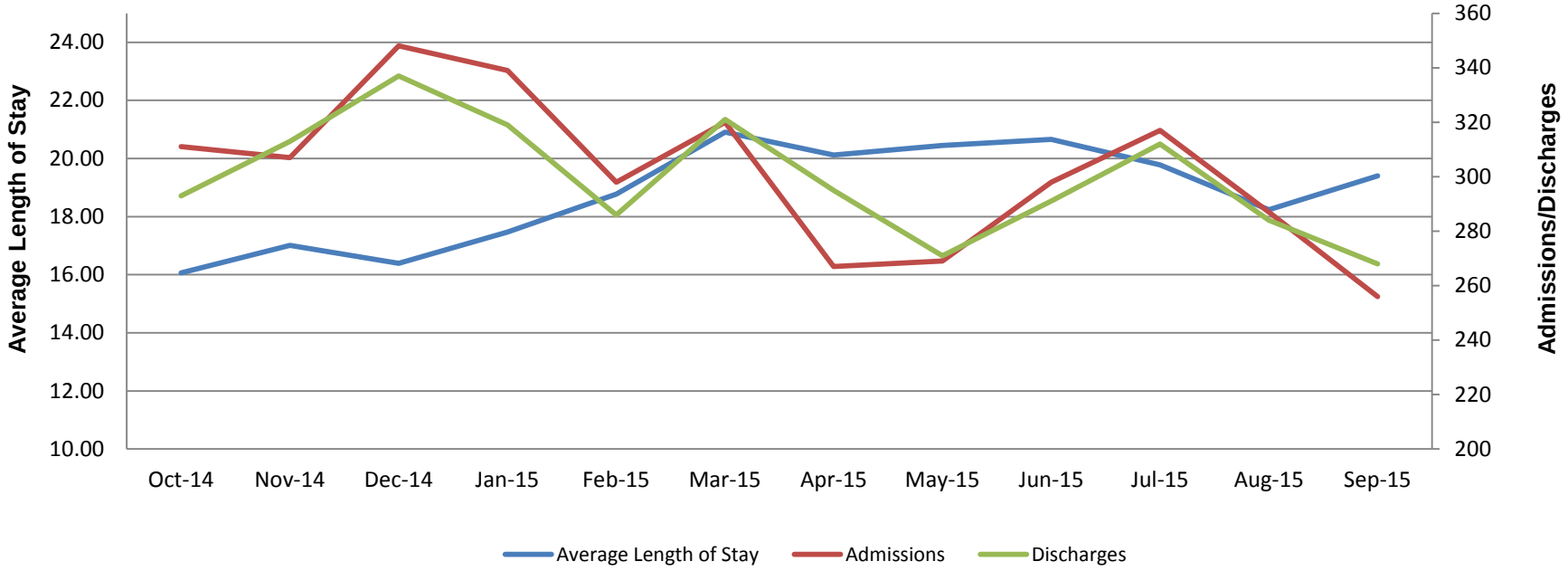


Countywide Emergency Department and Minor Illness and Injury unit performance compared to 4 hour target – showing performance level was only achieved twice during September.



GCS Minor Illness and Injury unit attendances during September 2015.
This shows number of attendances to be consistently above the goal, or target of 170 attendances and steadily increasing during the month.

Community Hospitals – Average Length of Stay



	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	July-15	Aug-15	Sep-15	12 Month Total
Average Length of Stay	16.1	17.0	16.4	17.5	18.8	20.9	20.1	20.6	20.7	19.8	18.2	19.4	18.7
Admissions	311	307	348	339	298	320	267	265	298	317	283	256	3,609
Discharges	293	313	337	319	286	321	295	267	291	312	282	268	3,584

The average length of stay within Community Hospitals has increased significantly since January 2015, however has begun to reduce since July, but remain significantly higher than in September 2014 (and previous to this). There has been a reduction in short-stay admissions, but an increase in longer-stay admissions. This is currently being reviewed by Head of Community Hospitals.
Deployment of SystmOne into Community Hospital inpatient wards has given increased visibility of patient information to Matrons and ward teams to ensure Estimated Date of Discharge (EDD) for patients is accurate, and to review patient management plans in line with the Estimated Date of Discharge and have an impact on patient length of stay.

Strategic Objective 4:
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

Quality Strategy metrics 2015-16 against strategic objective 4

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Staff recommending the Trust as a place to work	More than 60%	52%			51%									51%
Percentage of annual staff appraisals	More than 95%	72.1%	78.2%	77.9%	77.7%	76.8%	76.1%							76.5%
Completion of all mandatory training	100%	78.4%	81.2%	83.1%	81.8%	80.4%	79.4%							80.7%

Monitor compliance statements (1/2)

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

Monitor compliance statements (2/2)

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

Board statements (1/2)

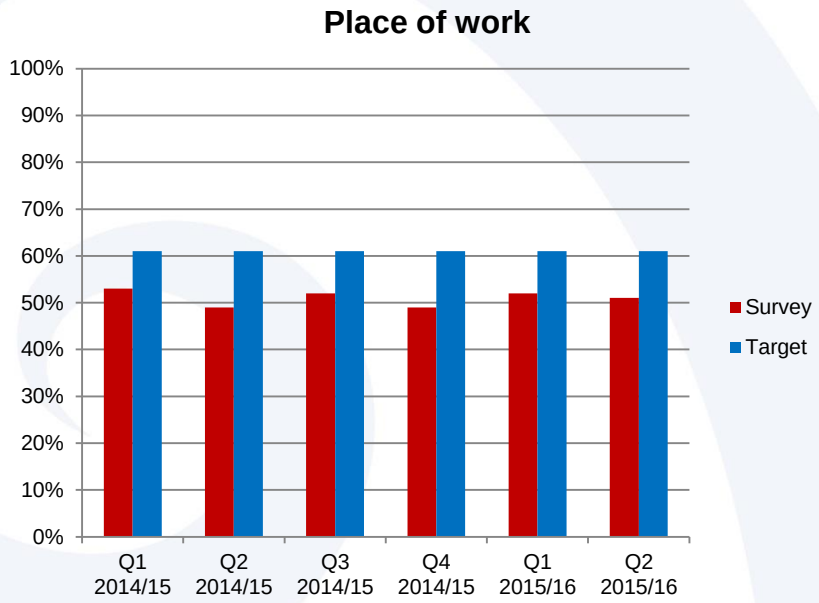
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight (supported by Care Quality Commission information, its own information on serious incidents,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

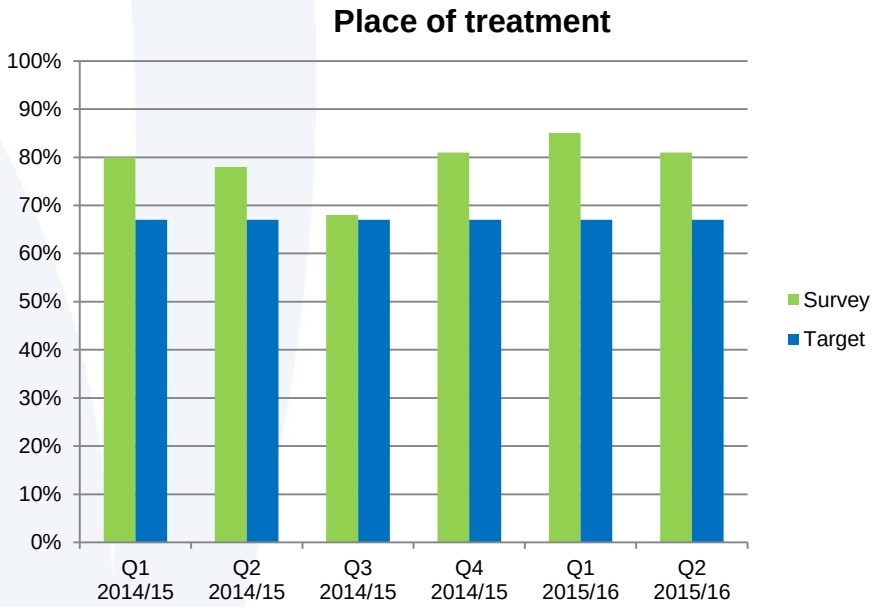
Board statements (2/2)

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

Staff Friends and Family Test

	2014-15				2015-16	
	Q1	Q2	Q3	Q4	Q1	Q2
Percentage of staff who would recommend the Trust as a place of work	53%	49%	52%	49%	52%	51%
Percentage of staff who would recommend the Trust as a place to receive treatment	80%	78%	68%	81%	85%	81%





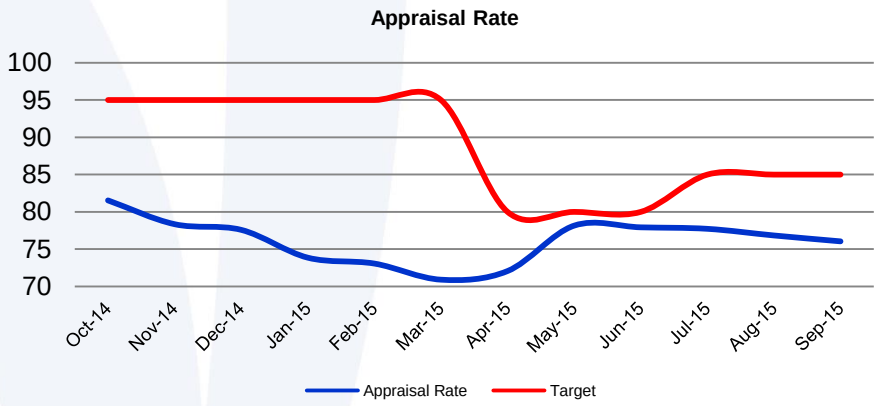
Full analysis of the data is being undertaken. More detailed report provided to Workforce & OD Committee
Deep Dive into Staff FFT and outcomes shared at Workforce & OD Committee.
OD plan updated accordingly.

Sickness absence / mandatory training / appraisals

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Target
Sickness absence average % rolling rate - 12 months	4.59	4.73	4.8	4.92	4.89	4.85	4.86	4.82	4.77	4.85	4.84	4.88	**3.00**
Sickness absence % rate (1 month only)	4.69	4.83	5.15	5.35	4.54	4.11	4.56	3.98	3.74	5.13	5.04	4.93	**3.00**

Mandatory training course	Target (End September 2015)	Health performance
Infection Control	85%	87.44%
Health & Safety	85%	87.44%
Equality & Diversity	85%	86.13%
Conflict Resolution	85%	84.68%
Fire Safety	85%	70.71%
Information Governance	85%	60.13%

Appraisal rate	Target	Performance
September	85%	76.05%



Appraisal rates remain behind target. Regular reports are produced by the Information team to highlight to managers the staff that have appraisals due in future months to allow them to be appropriately scheduled. The onus is on managers to ensure appraisals are scheduled, completed and reported as completed.
A full list of staff that have not completed Information Governance training has been provided to the Information Governance team for follow-up.

Strategic Objective 5:
Manage public resources wisely to ensure local services remain sustainable and accessible

Quality Strategy metrics 2015-16 against strategic objective 5

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Achievement of agreed CIP financial targets against plan	**Target**	£340,000			£750,000									£1,090,000
	Actual	**£691,000**			**£699,000**									**£1,390,000**
Achievement of agreed CQUIN financial targets against plan	Target	£435,952.50			TBC									TBC
	Actual	**£435,952.50**												
Achievement of agreed QIPP financial targets against plan	Target	£1,125,625			TBC									TBC
	Actual	**£1,110,000**												
Measured reduction in the number of legal claims / coroner inquests received by the Trust	103 in year	**36**	**25**	**8**	**6**	**17**	**11**							**103 total**
Financial sustainability via a continuity of services risk rating	2.5 or more	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**							**3.0 (average)**

Income and Expenditure

Gloucestershire Care Services NHS Trust

As at month 6 income and expenditure are both £3.0m higher than plan reflecting additional escalation beds held open during April and early May and higher levels of MSKCAT activity and some other smaller additional pieces of work being requested and funded by the CCG

£1.9m of the YTD income variance also comes from additional non-contracted recurrent income that was identified after full reconciliation of 14/15 out-turn. The revised full year income budget is £109.8m (original plan was £106.5m).

The variance in non-pay results from

- £1.9m of undelivered prior year CIP that was offset in our 14/15 out-turn by the additional income
- £1.0m of overspends on drugs, dressing and utility costs that are currently being investigated (these are next two areas that will be reviewed by the Finance Committee)

Agency usage reduced to £277k in month 6 but at £2,207k gross cost for the first 6 months the agency premium already paid represents a cost of over £0.6m in the year to date position.

The rate of CIP savings required increases through the year so non delivery of the pay CIP remains a significant risk to surplus at circa. £0.5m. The other three risks to forecast outturn are agency spend, QIPP risk share and recharge income from GHFT for use of outpatient and theatre space.

Based on latest forecasts agency premium will add circa. £0.5m to the Trusts' full year pay costs (down from £1.0m cost pressure at Month 4).

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

Statement of Comprehensive Income	Current Year to Date		
	Plan	Actual	Variance
Revenue from Patient Care	52,283	55,887	3,604
Other Operating Revenue	1,038	473	(565)
Gross Employee Benefits	(39,965)	(40,118)	(153)
Other Operating Costs	(12,323)	(15,308)	(2,985)
OPERATING SURPLUS/(DEFICIT)	**1,033**	**934**	**(99)**
PDC Dividend	(1,376)	(1,375)	1
Donated assets adjustment	60	60	0
Adjusted Financial Performance	**(283)**	**(381)**	**(98)**

2015/16 QIPP and CQUIN

The Trust needs to deliver £3.9 of QIPP schemes and £1.9m of CQUIN schemes to achieve its revised surplus of £1m.

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

As at month 6 schemes remain on track with the largest risk being risk share element of QIPP (£900k) where the exact triggers that release payment and details of how any early missed income can be recovered are still being agreed with the CCG, this confirmation is expected before we submit the month 7 forecast.

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

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

2015/16 CIPs

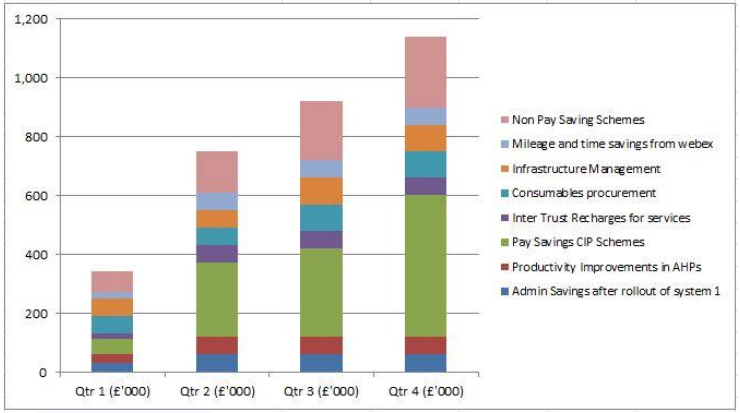
CIP full year requirement is £3.15m, delivery of these savings remains the biggest financial risk to the Trust.

As at month 6 the Trust had planned to achieve £1,090k of recurrent savings. Against this plan the Trust has actually achieved £562k of recurrent savings and £922k non-recurrently. The under delivery in recurrent savings is being reviewed with a view to revising budgeted establishment levels on non-frontline posts and making as much as possible of the non-recurrent savings a permanent reduction in the cost base.

The table to the right shows the required CIP savings profile over the year. The table below shows the latest view by scheme.

It is expected that delivery of the non-pay CIPs of £1.5m will all be confirmed in month 7 (though the mix will be slightly different to original plan)

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



			YTD		Full Year Forecast	
Analysis of Efficiency Programmes (£ 000s)	Rec / Non-Rec	Pay / Non Pay	Plan	Actual	Plan	Forecast
Admin Savings after rollout of system 1	R	Pay	90		210	210
Productivity Improements in AHPs	R	Pay	90		210	210
Pay Savings CIP Schemes TBC	R	Pay	300	171	1,080	250
Inter Trust Recharges for services	R	Non Pay	80		200	200
Consumables procurement	R	Non Pay	120	31	300	300
Infrastructure Management	R	Non Pay	120	21	300	100
Mileage and time savings from webex	R	Non Pay	80	39	200	158
Non Pay Saving Schemes	R	Non Pay	210	150	650	300
Depreciation review of assets	R	Non Pay		150		300
Recurrent			**1,090**	**562**	**3,150**	**2,028**
One-off credit for prior year overcharged utilities	NR	Non Pay		80		80
One-off benefit from prior year VAT reclaim	NR	Non Pay		94		94
Managed vacancies for non-frontline staff	NR	Pay		718		918
NHS Prop Co Income for Hotel Services NR	NR	Income		30		30
Non Recurrent			**0**	**922**	**0**	**1,122**
Trust Total			**1,090**	**1,484**	**3,150**	**3,150**

Capital Expenditure

Gloucestershire Care Services NHS
NHS Trust

Capital Analysis of Projects (£ 000s)	Current Year to Date			Forecast Outturn			Plan by Quarter			
	Plan	Actual	Variance	Plan	Forecast	Variance	Q1	Q2	Q3	Q4
Backlog Maintenance Programme	120	50	(70)	250	250	0	60	60	60	70
Premises and Plant refurbishments 2016	480	259	(221)	1,000	1,000	0	240	240	240	280
Medical - Equipment	240	121	(119)	500	500	0	120	120	120	140
COIN (Community IT Network)	400	400	0	400	400	0	400	0	0	0
IM|T 2015/16	600	374	(226)	1,400	1,400	0	300	300	300	500
Gloucester Premises	0		0	2,300	900	-1,400	0	0	1,000	1,300
Unidentified Projects	0	0	0	0	1,400	1,400	0	0	0	0
Gross Capital Expenditure	**1,840**	**1,204**	**480**	**5,850**	**5,850**	**0**	**1,120**	**720**	**1,720**	**2,290**

- Year to date spend is £1.2m out of a full year plan of £5.85m
- Net capital spend in the plan is £5.25m as this allows for the receipt of £0.6m for land on the Tewkesbury Hospital site. This money has now been received.
- Capital spend in year will include approximately £0.8m of spend on projects started and committed in 14/15 (Milsom St development and Stratton ward refurbishment)
- A potential property in Gloucester has been identified and the business case has been submitted to the TDA as the size of the scheme is outside the Trust's delegated authority.
- Further business cases and proposals are still being received for spend in 15/16 though capital budgets are now under stringent review and the trust now expects to show a significant underspend to plan when the forecast is next updated.

Cash Position

Gloucestershire Care Services NHS
NHS Trust

- The trust actively manages its cash position to ensure that funds are available to meet obligations as they fall due.
- At the end of month 6 the actual balance of cash on hand was £4,940k compared to a plan of £5,741k
- Capital spend is behind plan with £1.2m spent in the year to date compared to a plan of £1.8m
- Debtor balances with GCC and GHFT (£545k and £4,490k respectively at the end on month 6) now need to be resolved as a priority

All figures £000s	Opening Balance 01/04/2015	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Plan	2,812	7,941	6,641	6,841	6,541	6,741	5,741	5,941	6,141	5,841	6,041	6,241	5,485
Actual	3,328	5,796	6,630	6,139	5,337	7,126	4,940						
Variance	516	(2,145)	(11)	(702)	(1,204)	385	(801)						

- A longer term cashflow report is being presented in part 2 papers.

Contracts

Gloucestershire Care Services NHS
NHS Trust

- All main commissioning contracts with NHS Commissioners are signed
- All elements in the contract with the local authority have now been agreed verbally and will be varied into the contract in November. Delays were down to:
  - Health Visitor service transferring from NHS England to the Local Authority from 1st October 2015 (signed in September).
  - Funding for OT laptops and inflations / CIP requirements in s76 OT services
- Recharges to and from Gloucestershire Hospitals NHS FT remain to be agreed. Dialog has now restarted but there were repeated cancellations of contract boards and other meetings earlier in the year. Special meetings to resolve any remaining differences (including the £170k disagreement on year end balances) are now being prioritised by senior staff at GCS and GHFT. The matter has now been escalated to Chief Executives and has also been raised in GCS audit committee.

Risks (summary)

Gloucestershire Care Services NHS
NHS Trust

The main risks are as follows:

- Non delivery of Pay CIP £0.5m
- Non achievement of risk share element of QIPP £0.9m
- Inability to reduce agency spend £0.5m (was £1.0m earlier in year)
- Failure to agree recharges for use of outpatient and theatre space to GHFT and reduction in recharges of services provided by GHFT £1m
- Non delivery of inpatient staffing pay savings required to as part of the plan to achieve the new surplus of £1m

Change request log

Change Request Log (Since April 2015)

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

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

Change Request Log (Since April 2015)

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

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

Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
29	Head of Corporate Planning	Added details in respect of some of the Monitor Compliance Statements	64-65	7th September 2015
30	Director of Finance	Community Hospitals – Average Length of Stay	59	7th September 2015
31	Head of Corporate Planning	Inclusion of translation and interpretation data	36-37	22nd September 2015
32	Head of Corporate Governance & Trust Secretary	Inclusion of Legal services data	40-44	22nd September 2015
33	Head of Performance and Information	Adult Social Care key indicator slides removed following change in management responsibility from 1st August 2015	n/a	22nd October 2015
34	Head of Corporate Planning	Expanded Strategic Objective 2 (Understanding You report)	43	24th November 2015
35	Head of Performance and Information / Head of Corporate Planning	Update of report content to reflect the refreshed strategic objectives Updated Quality Strategy metrics	n/a	24th November 2015

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

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 24th November 2015

Agenda Item:	17
Agenda Ref:	17/1115
Author:	Helen Hodgson, Head of Capacity and Unscheduled Care and Susan Field, Director of Nursing
Presented By:	Susan Field, Director of Nursing
Sponsor:	Susan Field, Director of Nursing

Subject:	

This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

The Trust continues to be a key partner within Gloucestershire to ensure operational resilience for the Winter period 2015-16. The Winter timeframe is defined nationally as 1st November to 31st March of any year.

Trust plans have been based on historical experience and learning and takes into account NHS England advice and guidance published in April and August 2015.

The Trust's plan has been written in conjunction with those produced by other Gloucestershire Health and Care providers and the GCCG System Resilience Group (SRG). The plan will be subject to further refinement throughout the Winter period and it should be noted that risks remain in terms of accurately forecasting and reporting capacity within Community Services.

Recommendations:

The Board is asked to:

- Discuss and approve this report
- Note the risks identified
- Note that there continues to be ongoing work with our health and care partners to ensure system-wide solutions to any pressures are faced both proactively and collaboratively

Considerations:

Quality implications:

During periods of pressure, quality metrics, i.e. infection control activities and bed occupancy, will continue as will the patient experience metrics, such as the Friends and Family Test (FFT). The Trust does not intend to breach its single sex ward policy during the Winter period.

Human Resources implications:

During periods of pressure or inclement weather, Trust colleagues may be re-deployed or be relocated according to demand. Education and learning events will be minimised during the Winter months. The Trust is reviewing the timelines of appraisals in order to reduce impact on services during the Winter period.

The Trust will maintain levels of support to Trust colleagues throughout periods of surge and high demand, some of which will include:

- Proactive communications
- Managing sickness and support
- Encouraging colleagues to take annual leave in a more consistent way during the Winter period (rather than 'bunching' or carrying over into the next year)
- Provision of flu vaccinations

Equalities implications:

There has been no Quality Equality Impact Assessment undertaken.

Financial implications:

There will be costs associated with any additional beds opened for the Winter period

Does this paper link to any risks in the corporate risk register:

Corporate risk rating = 16

Does this paper link to any complaints, concerns or legal claims

N/A

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

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

Reviewed by (Sponsor):	N/A

Date:	16th November 2015

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Trust Board Seminar Session – August 2015 Trust Emergency Preparedness and Responsive Group (EPRR) - monthly

Explanation of acronyms used:
Explained in text

Contributors to this paper include:
Sue Field, Director of Nursing Helen Hodgson, Head of Capacity and Unscheduled Care

Operational Resilience Capacity Plan

1. Purpose

This report is intended to provide a summary of Gloucestershire Care Services (GCS) preparedness for Winter and its response to surge in demand and management of patient flow through the system, highlighting any associated risks. In addition, the Board is formally asked to note the Gloucestershire Clinical Commissioning Group (CCG) Escalation Framework October 2015 and to sign off the Gloucestershire Care Services Surge and Escalation Plan 2015/16.

The review of winter 2014/15 and GCS performance against plan has been an iterative process with significant colleague engagement, participating in a series of look back and learn exercises including table top testing exercises. It is anticipated that this approach will ensure a greater awareness and ownership of organisational business continuity and response to surge and demand

The GCS Surge and Escalation Plan works in conjunction with the CCG Escalation Framework. The GCCG Escalation Framework is based on the NHS England – South Central Escalation Framework and sets out the procedures across Gloucestershire CCG to manage day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand. It also ensures that there is a mechanism in place to access additional short term capacity in the right part of the system when there are peaks in demand.

The framework supports the work being delivered via the Gloucestershire System Resilience Group (SRG) which is responsible for assuring effective and sustainable all round operational delivery. It is also intended to ensure that the Gloucestershire system is continuously robust and provides a proactive approach to managing operational risks across the system all year round

The GCS Surge and Escalation Plan describes integrated health and social care response for directly managed services at the same time as recognising the interdependencies with services that are outsourced or contractually managed through the County Council such as Social Worker resources.

The lead for the escalation procedures within Gloucestershire Care Services NHS Trust, as of November 2015, will be the Chief Operating Officer.

It is advised that this plan should be read in conjunction with the plans listed below:

- Service Business Impact & Continuity Plans
- Flu Plans (including Pandemic Flu)
- Gloucestershire CCG Escalation Plan Version 4
- Local Health Resilience Partnership (LHRP) Community Health Response Plan

1.1 Significant Changes for Winter 2015/16

Further to the Trust's robust de-brief of the 2014-15 Winter, the Trust is in an improved position because:

- Service Business Continuity Plans have been reviewed working with key stakeholders
- Revised service escalation triggers and internal measures have been re-introduced
- During periods of escalation a corporate deployment plan has been developed
- The Trust's out of hours rota has been reviewed to include a focus on capacity management
- Agreement has been sought with the GCCG to plan for and open additional community bed capacity
- Plan has been formalized to support internal communication at times of escalation and to provide colleagues with regular feedback
- Regular Winter feedback sessions have been planned with services to learn "in action" and adjust plans in a more timely way.

2. Gloucestershire Care Services Surge and Escalation

The Trust's model of escalation is based on the following components:

2.1 Definitions and Levels of Escalation

It is recognised that at any one time across the Trust, services may be at different levels of escalation in line with their risk assessment of pressures and that these may be individual to their service. However, with increased experience and knowledge about pressures across the organisation and using the principles of mutual aid and support, the Trust will be in a better position to cope with surges and increase in demand.

There is a common approach to describing levels of escalation as set out by NHS England (Appendix 1) which is reflected in the Trust's definition of escalation set out below. The purpose of this common definition is to minimise confusion and describe responsive actions.

2.1.1 GCS Levels of Escalation

Level 1 (Green) = Normal working – This level represents the situation where no issues have emerged in the service area
Level 2 (Amber) = Moderate Pressure –This level represents the situation where flow issues are being detected in services due to a number of reasons

Level 3 (Red) = Severe Pressure –This level represents the situation where a number of services are experiencing flow issues despite actions being taken to mitigate
Level 4 (Black) = Extreme Pressure –This level reflects that demand outstrips the organisation's ability to manage demand and blockages in the system impede service ability to function.

(NB. There is an aspiration to include data on the Integrated Community Team and Specialist Countywide Services. These services are RAG rated which enables an overall organisational rating of surge and demand).

2.2 Service Level Definition

All services are defined by the level and type of activities that they undertake. This is crucial in order to describe the additional activities and responses services will be expected to undertake at times of demand and surge.

Priority Definitions	
Priority 1	*The service has critical activities that cannot be stopped without immediate detrimental impact on patient care*
Priority 2	*The service has some critical activities but without the right staff/ facilities/ equipment etc should be stopped.*
Priority 3	*The service has minimal critical activities and can be stopped without a short term detrimental impact. Colleagues within these services may be redeployed to support maintained business continuity within Priority 1 services*

GCS has agreed four Priority 1 Services that are monitored daily to indicate what the system is experiencing and these are: **Rapid Response Service, Community Hospitals, Single Point of Clinical Access and Minor Injury and Illness Units**.

2.3 Surge and EscalationTriggers & Actions

GCS recognises the important role that organisational business continuity plans play during normal business and at times of surge in demand and are an integral part of determining surge priority 1 services, they will assess service capability and demand on a daily basis.

The purpose of this assessment will be to determine service capability to deliver desirable, routine, essential and critical services and identify when this is changed and for what reason. A set of triggers have been defined by

services and are included in the Trust's revised Surge and Escalation Plan (Appendix 2). The action cards describe actions to be taken by services in response to their respective level of escalation. Part of the GCS response incudes the instigation of staff redeployment at local levels as part of local service response to escalation and corporate redeployment instigated at level Red and Black for a defined cohort of staff who have been trained to support key priority one services.

On a daily basis, GCS inputs service information into the community services "kit bag" on the ALAMAC system which was introduced November 2014. This is now included as part of the wider system wide reporting arrangements.

2.4 Mutual Aid

Mutual aid is defined in periods of escalation as "working together" to use common resources. This could apply to buildings, people and equipment. The GCS Surge and Escalation Procedures apply to GCS and Gloucestershire County Council Adult Social Care teams and those services in place to support operational capacity and demand. However, the Trust works closely with partner organisations and key stakeholders e.g., Gloucester/Worcester 4 x 4 and whilst the actions that the Trust takes are crucial, it also recognises the vital role of mutual aid in ensuring that the whole system stays safe during periods of pressure.

2.5 Staff Deployment Plan

During 2015-16 year GCS will be taking a proactive approach to supporting priority 1 services when escalation triggers level 3-4 are in place. Non-essential service departments have identified colleagues who have received training and are able to be deployed to specified services freeing up frontline staff from non-clinical duties to maintain delivery of essential patient care.

3. Infrastructure

3.1 The Management and Reporting Structure

The GCS Emergency Preparedness and Resilience Group is responsible for monitoring and reviewing all plans associated with Business Continuity, Surge and Demand and organisational response to alerts. The Gloucestershire Care Services NHS Trust Board will be continuously updated in terms of risk and effectiveness – something that Trust colleagues have actively progressed during the past 12 months.

3.2 Communication and Information

GCS has developed a communication plan to support surge and escalation

and will ensure that Trust colleagues are routinely updated and aware of the pressures or incidents as they occur. This will be done in a more timely manner.

3.3 Organisational On-Call Arrangements

Revised arrangements for organisational, operational and capacity on-call came into effect on 1st November 2015. Selected colleagues have received training to support them in the role and it is anticipated that this will ensure a level of consistency and effectiveness in supporting services and Trust colleagues (and beyond) out of hours but also on a daily basis in representing the Trust on the Whole System Daily calls chaired by the GCCG.

3.4 Single Sex Breaches

An executive decision has been taken that there will be no mixed sex wards in the community hospitals under any circumstances but acknowledges that there will continue to be an annual review of this decision as part of the Trust's resilience Winter de-brief plans.

3.5 Pandemic Flu

The Trust's response and management of a flu pandemic is set out in the Local Resilience Forum Pandemic Flu plan with amendments detailing the role of the Incident Manager and the Incident Co-ordination Centre.

3.6 Bed Capacity

There is limited capacity within GCS to open 'winter beds' so it remains important to ensure there are effective and efficient patient flows within the Trust's seven community hospitals.

In line with commissioning intentions, GCS will be opening a minimum of 8 additional beds from 1st December in Cirencester. This is likely to rise to 12. Funding arrangements for this additional capacity is still to be finalised. Any additional beds opened over and above this number will require an executive decision which will be supported by the GCCG (to include funding arrangements) and that the Care Quality Commission is notified accordingly.

GCS will continue its activities to refine even further its weekly available bed predictors which will include a more dynamic assessment of capacity that will improve operational decision making. The introduction (Winter 2015) of the Medworxx will help these predictions.

3.7 Unusual Expenditure

Unusual expenditure would mainly be associated with transport to facilitate

timely patient discharges and at times of impacting environmental factors such as floods or snow.

Existing accounting procedures will be utilized so that the Trust monitors expenditure relating to additional beds and staff resources.

4. Risks

The Trust has undertaken significant work this year and has taken forward learning from its Winter 2014/15 de-brief sessions. It is anticipated that this will greatly enhance the Trust's ability to manage this winter and mitigate risks as best as possible. However, there are residual risks associated with organisational and whole system planning and the Board is formally asked to note the following:

4.1 Trust Wide Risks

Risks have been identified and include:

- The Surge and Escalation Plan has not been fully 'tested'
- Assumptions and bed modelling outcomes are not correct
- Lack of data to support what is happening in terms of capacity management remains a risk
- GCS /GCC interface in light of the management changes that came into place September 2015
- Winter factors such as inclement weather or flu remains untested
- Maintaining staffing levels in a consistent and safe way.

In addition to the internal risks identified, it should be highlighted that the Trust is still clarifying with the GCCG some of the GCS metrics/assumptions made within the System-wide plan (Appendix 1). These include:

- The pre-hospital measures (No's 4 and 5) around numbers of patients waiting within the Trust MIIUs – this is no longer a function available to report on since the introduction of SystmOne

- Clarity that the pre-hospital measure (No. 15) which refers to MIIU wait times is based on the 4 hour access target

- Further definition in terms of language and those metrics associated with number of stable patients. For GCS it will be those patients that are multi-disciplinary team (MDT) stable not numbers medically stable which is the measure for GHFT. The performance metrics are not the same and still need to be confirmed for GCS.

4.2 Whole System Risks

- Resilience within Primary Care Out of Hours
- Bed modelling is wrong for GHFT and GCS
- Independent sector resilience, re-tender of Domiciliary care Provision
- Lack of staff in the urgent care and capacity services

5. Monitoring and Review

The Trust's Emergency Preparedness, Resilience and Responsiveness Group will review the Trust's implementation and performance against plan and provide regular updates to the Board via the Chief Executive's or Chief Operating Officer's report. Trust colleagues have again committed to undertake de-brief sessions post March 2016 in order to plan for 2016-17.

6. Conclusion

The Trust is an active member of a system-wide approach and has participated in significant work to ensure that plans are in place to respond to surges in demand which are no longer purely a 'winter' phenomenon.

Prepared by: Helen Hodgson, Head of Capacity and Unscheduled Care/Susan Field, Director of Nursing
Presented by: Susan Field, Director of Nursing
Date: 12th November 2015

Appendices

1. Gloucestershire Care Services Surge and Escalation Plan. October 2015
2. Gloucestershire Clinical Commissioning Group Escalation Framework. October 2015

NHS
Gloucestershire
Clinical Commissioning Group

FINAL: 04/11/15

VERSION 4.0

Gloucestershire Clinical Commissioning Group Escalation Framework

Version 4.0

November 2015

Adapted from the NHS England – South Central Escalation Framework 2015 (Version 1.1)

Lead Directors:	Mark Walkingshaw	
Date:	November 2015	
Version:	4.0	
Author:	Maria Metherall: Senior Commissioning Manager Urgent Care	
Review date:	Committee	Comments
13/10/15	Systems Resilience Group	Approved pending receipt of additional information

Contents

1. Introduction

1. The Gloucestershire Clinical Commissioning Group (CCG) Escalation Framework sets out the procedures across Gloucestershire to manage day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand. The purpose is to ensure that all partners across Gloucestershire use a consistent and effective mechanism to access additional short term capacity in the right part of the system when demand peaks.

2. The document has acknowledged and adapted the NHS England South Central Escalation Framework Version 1.1 and NHS England South Surge Management Framework 2015. It also reflects guidance contained within “Transforming urgent and emergency care services in England, Safer, faster, better, good practice in delivering urgent and emergency care”.

3. This framework will support the work being delivered via the Gloucestershire Systems Resilience Group (SRG) who is responsible for assuring effective and sustainable all round operational delivery. This will ensure that the Gloucestershire system is continually robust and provides a proactive approach to managing operational problems across the system all year round.

4. This framework provides Gloucestershire wide escalation triggers and identifies agreed actions that are taken across Gloucestershire when capacity constraints have the possibility of compromising patient care.

5. This framework is designed for managers and clinicians involved in managing capacity and patient throughput at time of excess demand. This document will be circulated to all staff who participate in such events, to provide a practical working reference tool for all parties, thereby aiding co-ordination, communication and implementation of the appropriate actions in each organisation. A communications flow chart for escalation is included at Appendix 1A.

6. The Framework must be read in conjunction with individual provider internal escalation plans.

2. Definitions of escalation

An essential part of managing escalation is ensuring the whole system communicate effectively and consistently of internal pressures. This will ensure and facilitate the implementation of appropriate actions in response to the escalating situation. As such the following definitions will be applied within Gloucestershire

Definition of Escalation Statuses for SRGs	
GREEN	**Escalation Level 1: patient flow management.** Business as usual. Capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. Commissioned levels of services will be decided locally.
AMBER	**Escalation Level 2: mitigation of escalation** – the local health system is starting to show signs of pressure. Focused actions are required in organisations showing pressure to mitigate further escalation. Enhanced coordination will alert the whole system to take action to return to green status as quickly as possible.
RED	**Escalation Level 3: whole system compromised** – actions taken in Level 2 have not succeeded in returning the local health system to Level 1 and pressure is increasing. The SRG is experiencing major pressures compromising patient flow urgent action are required across the local health system by all partners.
BLACK (whole system)	**Escalation Level 4: severe pressure and failure of actions** – pressure continues to escalate leaving the local health system unable to deliver comprehensive emergency care. There is potential for patient care and safety to be compromised and a Serious Incident (SI – see Appendix 3) is reported by the affected organisation(s). Decisive action must be taken to recover capacity and ensure patient safety.

3. Terminology

It is not normally expected that escalation will be the cause of a declared major incident as escalation is a result of general capacity and demand rather than pressure from a specific incident. Whilst this framework acknowledges that there will be actions that are common to escalation

level 3 and 4 and major incident plans, the later must not be confused with general escalation due to wider resilience structures and processes in place. As such, the trusts may declare an internal "significant incident" during times of great pressure but will **reserve the declaration of a major incident for when they require formal multiagency response as defined within Local Resilience Forum plans.**

4. Guidance for use of the Gloucestershire CCG Escalation Framework

1. This escalation framework is to help Gloucestershire providers of urgent care services make best use of all locally available resources as demand rises and /or limited capacity to sustain a safe, high quality service for patients/clients exist.

2. Through the escalation triggers/measures (Appendix 2) there will be a coordination of early action in order to prevent and reverse escalation to and from higher statuses so that "red" and "black" alerts are reached only in exceptional circumstances.

3. Each major provider organisation has defined and agreed escalation triggers/measures with actions to be taken to avoid the need for escalation or manage de-escalation as quickly as possible. These will be defined within organisational escalation plans which will have been signed off by provider Boards.

4. Only when all escalation measures have been exhausted, will organisations act from a position of last resort in response to the most unusual and exceptional pressures to access capacity beyond Gloucestershire boundaries. In such circumstances decisions must be made with the overall best interests of patients and service users as the top priority and agreed by all relevant parties. Gloucestershire CCG Executive Director will initiate and maintain contact with NHS England South Central.

5. Gloucestershire CCG will use whole system conference calls to co-ordinate a response to an escalating situation. Appendix 6 identifies frequency of calls and participation.

6. The acute trust is also required to have an ambulance services handover plan and to comply with its obligations.

7. The Gloucestershire triggers (including to 'Black' status), actions and further information for escalation in the Amber-Red range are available in the appendices of this document. The decision to

escalate to 'Black' status or the threat of such decision automatically invokes mandatory action within this framework. Please refer to Section 6 and Appendix 3B/3C.

8. Where an organisation has undergone escalation of status it is expected that the Executive Director of Gloucestershire CCG will lead the de-escalation process once review shows suitably reduced pressure.

5. Activation of diverts (internal/external)

1. The instigation of diverts between Cheltenham General Hospital and Gloucestershire Royal Hospital should be agreed and undertaken following agreement of the CCG and South West Ambulance Foundation Trust. Where weekend bed modelling indicates bed pressures on one particular site this must be highlighted within the whole system call on Thursday in order that early consideration and action can be taken to minimise the likelihood of internal divert.

2. Internal and external diverts should be only be considered in **extremis** and must reflect the following principles:
   - Patient safety and dignity takes priority over everything and all actions must be focussed upon providing patient access to definitive clinical assessment.
   - Taking a patient to an alternative ED is only appropriate if the closest receiving unit is physically incapable of providing the right care in a safe environment (Emergency divert) or demand and/or delays result in ambulances queuing for significantly prolonged periods and escalation measures have been ineffective (formal divert)

3. All formal diverts must be investigated to prevent reoccurrence and a Serious Incident Requiring Investigation (SIRI) undertaken (Appendix 5)

4. The Acute Trust will not close either ED to life threatening 999 patients unless physically incapable of providing care and resuscitation facilities through fire or loss of access.

5. Diverts will not be used to protect elective beds.

6. Divert requests will only be made when the acute trust and all partners have implemented all the required escalation actions without being able to reduce the system pressure to a safe level.

7. Any requests to divert outside Gloucestershire **MUST** be discussed with the CCG.

6. Locally agreed escalation process and principles within Gloucestershire

1. Escalation triggers have been agreed and weighted which dictate the whole system escalation levels

2. The whole system declared level may differ from levels declared within individual organisations.

3. The escalation system is based on 3 areas, Pre Hospital/ In Hospital/ Discharge, each of these contribute to the whole system status

4. All organisations are expected to undertake the actions related to the highest ranking declared level. E.g. if the whole system is red but an organisation is amber, the actions should be that of the red action card. If the whole system is amber but an organisation

   The table below gives an example of the escalation status:

	GHFT	GCS	2gether	SWAST (999) (OOH)	Care UK (111)
Whole system					
Organisation					
Action level					

5. The CCG is the decision maker on the overall whole system escalation level and will be guided by the defined triggers and associated weightings.

6. During periods of escalation, levels of tolerance may be adjusted to reflect the whole system risk. This will be agreed under the direction of the CCG.

7. Triggers have been agreed based upon sensitivity to organisational pressure building, as well as ease of data provision.

8. The escalation process is a working document and will be subject to continuous improvements as a result of feedback and root cause review of escalating levels.

9. The framework must be read in conjunction with organisational escalation plans/policies. All organisations are expected to have undertaken their own detailed actions alongside the system-wide escalation actions.

10. Whole system red will be subject to a root cause analysis which will identify how to prevent future escalations to this level.

11. Data will be entered into the Gloucestershire kitbag 7 days a week at agreed times which will activate alerts via email/text (organisations to agree organisational receivers for email/text alerts). This reflects that timely and fit for purpose information is crucial to the management of escalation and de-escalation.

12. Escalation principles have been agreed within Gloucestershire that will be reflected at times of escalation. These include:
    - At times of extremis Community based services will be directed to address the area of system pressure.
    - When the system declares red, NHS Community bed capacity will be utilised fully which may require adjustments to admission thresholds.
    - If capacity is available within reablement beds and home based reablement capacity is limited, patients will be referred to bed based services unless likelihood of services being available within next 24 hours.
    - There will be whole system agreement on how staffing resources are allocated across the system e.g. Bank/Agency.
    - When the system declares “whole system red”, calls will be attended by individuals with organisational decision making capeability.
    - When whole system red is declared in order to facilitate patient safety and system flow it will be *acceptable* to mix sex. This is to be considered only where the patient is in agreement so that their dignity is not compromised.
    - Whole system risk will be assessed in order to ensure that risk is appropriately shared across areas/organisations.
    - All organisations are signed up to delivering against the “organisational “Choice Policy”.

- Delivery of the winter plan requires organisations and services to manage demand without impacting negatively upon other services e.g handover delays.
- There will be an ethos of integration and collaboration embedded within the escalation process within Gloucestershire.
- Where an issue is escalated in accordance with agreed pathways/protocols the owner will retian responsibility for ensuring full resolution.
- Each organisation to work within commissioned scope of service
- Each organisation to ensure they can meet their demand
- All organisations to take escalation actions based on system performance as well as own performance
- Nothing is off the escalation action list and risks will be taken proportionally across the system in line with system risk register (i.e. no red lines)
- When email/text alerts are received by organisations, immediate organisation dissemination and appropriate actions will commence.

13. Gloucestershire CCG in collaboration with SRG members have undertaken robust bed modelling with agreement on how reduced bed capacity will be addressed. This policy identifies that opening additional beds at short notice is a high risk tactic that may worsen, rather than alleviate pressures by straining staff resources, increasing length of stay and providing sub optimal care. Before opening beds at short notice the Gloucestershire system must satisfy itself that:
    - Every patient in every bed has been reviewed by his/her consultant that day.
    - There has been a rapid review of every patient who has been assessed to no longer require acute inpatient care by team of clinicians.
    - There is a clear de-escalation plan to close the beds as soon as possible.
    - Escalation wards will have dedicated consultant, nursing and therapy staffing with twice daily ward rounds.
    - Escalation wards will not be used to accommodate frail older people moved from other wards to become outliers.
    - The hospitals full capacity protocol has been invoked.

7. Mandatory procedures prior to declaration of 'Black' status

1. **Prior** to declaration of 'Black' status, all actions must be taken to reduce pressure and all system partners must be fully involved in supporting the organisation at risk of this escalation. The expectation is that it would be extremely rare and the reasons exceptional for an organisation to declare 'Black' status whilst any of the Gloucestershire providers were reporting pressure less than Red level.

2. **Prior** to the declaration of 'Black' status by an organisation the whole system must ensure that the following mandatory actions are implemented alongside all other locally defined actions:

a) All Gloucestershire providers
   - All local Green-Amber-Red escalation actions in place
   - Executive Directors/Senior Managers from all partners have been involved in discussion and agree with escalation status

b) Commissioners
   - Continue to co-ordinate communication and escalation response across the whole system
   - Lead on the daily whole system calls 7 days a week.
   - Expedite additional capacity and increased support wherever possible (including voluntary and independent sector capacity)
   - Make a risk based assessment of the best use of capacity and resource across the whole system and shift resources to best meet demand and maintain patient safety.
   - Review NHS111advice strategy with local DoS lead.

c) Gloucestershire Hospitals NHSF Trust
   - Ensure routine elective admissions have been cancelled
   - Ensure urgent elective admissions have been reviewed and, where possible, rescheduled or cancelled

d) Gloucestershire Care Services
   - Ensure all possible capacity has been freed and redeployed to ease systems pressures

e) Gloucestershire County Council
   - Continue to expedite discharges, increase capacity and lower access thresholds to prevent admission where possible

f) Primary Care
- Ensure all possible actions are being taken to alleviate system pressures
- Representative from Primary care to review patients within acute trust beds to identify those that may be discharges

g) 2gether
- Continue to expedite discharges, increase capacity and lower access thresholds to prevent admission where possible

h) South West Ambulance Service Foundation Trust.
- Review current GP Admissions with GPs to ensure safe standards of care to patients
- Call in additional operational & communications centre staff and additional resources such as the voluntary aid societies, private ambulance services
- Review all long-distance inter-hospital transfers
- Ensure appropriate co-ordination with Arriva PTS provider.
- Ensure direct communication between ambulance trust executive on call director and wider health system executives is under way
- If emergency response is severely compromised consider use of Major Incident procedures
- Utilise actions from Resourcing Escalatory Action Plan (REAP) to create capacity where possible

i) Arriva
- Ensure all capacity is being utilised to alleviate system pressures

j) DoS Lead and NHS111
- DoS lead to ensure that any changes to service provision are logged on the DoS and that NHS111 is aware of changes to service provision and the nature of pressure on the system.

Where escalation to organisational 'Black' status cannot be averted, the executive director on call for the organisation declaring 'Black' status must immediately inform the executive director on call for Gloucestershire CCG.

The executive director on call for Gloucestershire CCG must then immediately inform the Local regional office.

8. Actions following black declaration status:

a) Whole system level:
- Continue to explore all local Green-Amber-Red escalation actions as well as those taken to avert further escalation to 'Black' status and take decisive action to alleviate pressure
- Contribute to system-wide communications to update regularly on status of organisations.(see Appendix 1A)
- Provide mutual aid of staff and services across Gloucestershire as appropriate
- Post escalation: Contribute to the Root Cause Analysis and lessons learnt process through the SIRI investigation

b) Gloucestershire CCG
- When it is determined at the Gloucestershire whole system daily call that the whole system is in "black" this will be escalated to NHS England South Central Director on Call.
- The CCG act as the hub of communication for all providers.
- Ensure all system partners are informed of stand-down of 'Black' status once this information is received from the organisation previously at 'Black' status and oversee further de-escalation processes
- Post escalation: Lead and complete Root Cause Analysis and Lessons Learnt process in accordance with SIRI process.
- Appendix 1B highlights actions required by Gloucestershire CCG and NHS England South Central at each level of escalation, including whole system black.

c) Gloucestershire Hospitals NHSF Trust
- Where appropriate an ED consultant to be present in ED department 24/7
- Where appropriate a Consultant Physician to be present on wards or in ED department 24/7
- Where appropriate a Surgical consultant to be present on wards, in theatre or in ED department 24/7
- Assign appropriate qualified clinician to manage care of patients awaiting handover from ambulance service to enable ambulance crews to be released
- Executive director to be on site 24/7
- Any request to divert patients from ED must be initiated by the Acute Trust who having exhausted all internal divert options must contact the CCG to request a divert to neighbouring trusts

whether these are in or out of region. Refer to divert flow chart – Appendix 4

d) South West Ambulance Service Trust
   - Alert neighbouring trusts to seek appropriate support as dictated by circumstances of 'Black' Alert
   - Continue to make a risk based assessment of the best use of capacity and resource across the whole system and shift resources to best meet demand and maintain patient safety
   - Review the escalation status every 2 hours and communicate this across the system if appropriate

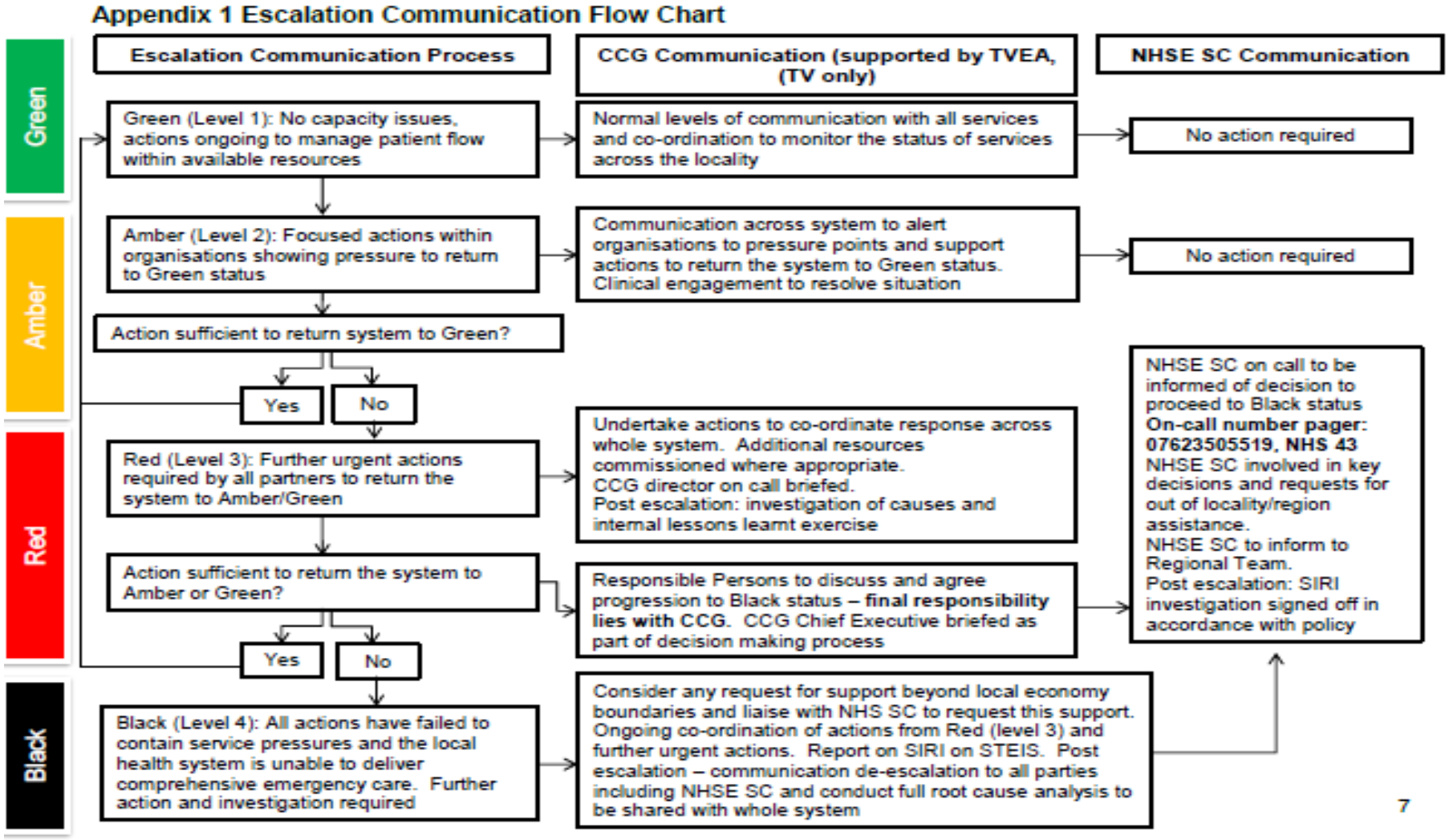
e) Gloucestershire Care Services
   - Increase opening times of the Single Point of Clinical Access
   - Increase Community Nursing and Specialist Nursing teams resources out of hours
   - Provide extra capacity to the Integrated Discharge Teams and Rapid Response/ICTs

f) Primary Care/OOHs
   - Fully utilise Choice plus and open access to SWAST and GHT
   - Make additional vehicles and staff available to OOH

The organisation which has declared 'Black' status must report a SIRI on the STEIS system.

Appendix 1A

Escalation Communications Flow Chart



Appendix 1B

CCG/NHSE South Central actions and considerations during escalation

Escalation Level	Considerations and actions
Amber Level 2 CCG	• Coordinating CCG to be made fully aware of escalation status • Be in regular contact with Acute Provider, Community Provider, Social Care and supporting CCGs • Ensure all local providers are taking action within their escalation policy • Ensure local CCG and provider communications teams are involved and in discussion • Maintain a watching brief on CMS and the TVEA reports (If appropriate)
Red Level 3 CCG	• Ensure local teleconferences are led by coordinating CCG and that all actions highlighted are completed • Request help/support from Local regional officeal team if required to ensure that all local providers are undertaking actions within their escalation plan • Ensure community services are working to create capacity and support discharging • Ensure Social Care links are made to expedite care packages to support rapid discharge and obtain help from Local regional officeal team if required • Ensure local communications teams are working to raise local community awareness • Ensure SCAS/SWAST are a part of local discussions • If system appears to be heading for whole system black ensure the Local regional office team is informed • Trust and CCG CEO to be part of decision making process if “black escalation” required
Black Level 4 (NHSE SC Team)	• CCG to manage organisational black status but to inform NHS England-South Central • NHSE SC to take over management if whole system black status declared and to follow actions below: • Convene a teleconference of affected and neighbouring CCGs chaired by the Ops Team Director/Deputy in hrs • Check CMS/TVEA report to gauge pressure across systems and consider whole system escalation • Consider impact on critical care, paeds, burns and ECMO beds • Speak with SCAS/SWAST to gauge demand and capacity and identify where pressure point are • Ensure NHS England Regional Comms are aware and speaking to local comms staff • Ensure NHSE SC on-call director is aware (to chair escalation call OOH) • If the system on Black borders another region, inform the relevant neighbouring region’s on call team • Ensure all actions highlighted are completed • Inform the NHS England –South regional office of the situation • Convene a second teleconference if required

Appendix 2

Gloucestershire Escalation measures

Miscellaneous

				Threshold				
Number	Type	Lead	KPI	Green	Amber	Red	Black	Weighting
1	N/A	CCG	Are there adverse weather conditions or unforeseen circumstances that are likely to affect services?	None	Yes with limited impact anticipated	Yes with moderate impact anticipated	Yes with significant impact anticipated	5
2	Capacity	GCS	Are there staffing concerns within critical areas? (0 = Green, 1 = Amber, 2 = Red, 3 = Black)	None	Yes but isolated	Yes but increased spread across system	Yes, entire system affected	5
3		GHT	Are there staffing concerns within critical areas? (0 = Green, 1 = Amber, 2 = Red, 3 = Black)					5
4		SWAST	Are there staffing concerns within critical areas? (0 = Green, 1 = Amber, 2 = Red, 3 = Black)					5
5		IDT	Are there staffing concerns within critical areas? (0 = Green, 1 = Amber, 2 = Red, 3 = Black)					5
6		2G	Are there staffing concerns within critical areas? (0 = Green, 1 = Amber, 2 = Red, 3 = Black)					5
7		OOH	Are there staffing concerns within critical areas? (0 = Green, 1 = Amber, 2 = Red, 3 = Black)					5
8		111	Are there staffing concerns within critical areas? (0 = Green, 1 = Amber, 2 = Red, 3 = Black)					5
								100%

Pre-Hospital

Number	Type	Lead/Service	KPI	Threshold				Weighting
				Green	Amber	Red	Black	
1	Demand	GCS	**SPCA** - call volume per hour week (at the point of entry): weekday	8-9	10-12	13-14	>=15	4
2		GCS	**SPCA** - call volume per hour week (at the point of entry): weekend	3-4	5	6	>=7	4
3		GCS	**Rapid Response** - RAG rating (Referral rate in and numbers in service)	1	2	3	4	3
4		GCS	**MIIU** - Patients waiting in departments at time of report: weekday	<=16	17-23	24-30	>=31	1
5		GCS	**MIIU** - Patients waiting in departments at time of report: weekend	<=13	14-24	25-31	>=32	1
6		111	Abandonment rate as a % of calls	<5%	<8%	<10	<15	4
7		OOH	Average waiting time for call back (weekend measure)	<=20 mins	<=60 mins	60-180 mins	180 mins plus	4
8		Primary Care	Declared level of pressure	No pressure	2 localities under pressure	6 localities under pressure	All localities	5
9		SWAST 999	REAP level declaration	1-2	3	4-5	6	5
10		SWAST 999	Red Call Performance Percentage	>76%	76->75%	75->60%	<60%	4
11		SWAST 999	Green Call Performance Percentage	>92%	92->90%	90->80%	<80%	4
12		SWAST 999	Resource status below core output	<5%	5-<10%	10-<20%	>20%	5
13		SWAST 999	% calls above predicted demand	<4%	4-<6%	6-<10%	>10%	5
14	Capacity	GCS	**SPCA** - Abandoned call rate	<5%	5-<8%	8-<12%	>12%	4
15		GCS	**MIIU** - % of patients seen within hours	100%	98%	85%	75%	200%
								100%

In-Hospital

				Threshold				
Number	**Type**	**Lead/Service**	**KPI**	**Green**	**Amber**	**Red**	**Black**	**Weighting**
1	Demand	GHT	Number of patients waiting in department (GRH)	0-29	30-34	35-50	>50	5
2		GHT	Number of patients waiting in department (CGH)	0-15	16-20	21-30	>31	5
3		GHT	Longest wait to be seen (GRH)	15min	16-30min	30-60min	>1hr	5
4		GHT	Longest wait to be seen (CGH)	10min	11-25min	26-50min	>50min	5
5		GHT	Number of spaces in majors - including corridor beds (GRH)	>1	1	0	0	3
6		GHT	Number of patients admitted (at time of entry since midnight) (GRH)	up to 6	6-8	9-12	>12	4
7		GHT	Number of patients admitted (at time of entry since midnight) (CGH)	up to 3	3-5	5-8	>8	4
8		GHT	Number of patients waiting over 4 hours in department (GRH)	0	<2	2-4	>4	5
9	Capacity	GHT	Occupancy across bed stock as a % (GRH)	85%	86-88%	89-92%	>92%	5
10		GHT	Total number of beds available at time of report (GRH)	>10	6-10	0-5	<0	5
11		GHT	Total number of beds available at time of report (CGH)	>8	4-8	0-3	<0	5
12		GHT	Occupancy across bed stock as a % (CGH)	85%	86-88%	89-92%	>92%	5
13		GCS	Total number of Community Hospital beds available	>=10	6-10	0-5	<=0	3
14		GCS	Total number of Reablement beds available	>=8	4-8	0-3	<=0	2
15		GCS	Beds closed due to Infection Control	0	1 ward / area	2-3 wards / areas	>4 wards / areas	3
16		GCS	**Community Hospitals** - Number of unfilled shifts (agency & bank)	1	2	3	4	3
17		SWAST 999	Handover delays since midnight (GRH)	<1	1 - <2	2 - <3	>3	3
18		SWAST 999	Handover delays since midnight (CGH)	<1	1 - <2	2 - <3	>3	3
19		2G	Staffing within Mental Health Liaison Team.	80%	60%	50%	50% plus	2
20		2G	Staffing within Crisis Team	80%	65%	50%	50% plus	2
								100%

Post-Hospital

				Threshold				
Number	**Type**	**Lead/Service**	**KPI**	**Green**	**Amber**	**Red**	**Black**	**Weighting**
1	Demand	GHT / GCS	**IDT** - Number of patients in social work assessment	<8	8-12	>=12	12 plus	4
2		GHT / GCS	**IDT** - Number of patients on Medically Stable List waiting 1 days	<12	13-17	>=18	18 plus	4
3		GHT / GCS	**IDT** - Number of patients on Medically Stable List waiting 6-9 days	<10	11	>=12	12 plus	4
4		GHT / GCS	**IDT** - Number of patients on Medically Stable List waiting Total	<40	40-45	45-50	50 plus	4
5	Capacity	GHT / GCS	**IDT** - Patients waiting for home based reablement	<3	4	>=5	5 plus	4
6		GHT / GCS	**IDT** - Number of patients awaiting Reablement bed	<3	4	>=5	5 plus	4
7		GHT / GCS	**IDT** - Number of patients waiting for Community hospital bed	<6	7	>=8	8 plus	4
8		GCS	**SPCA** - Number of patients on SPCA working list at time of report	<15	15-20	21-30	>30	3
9		GCS	**SPCA** - Number of patients on SPCA pending list	<=10	11	12-14	>=15	3
10		GCS	Number of community hospital beds available	12 plus	6-11	5-1	0	3
11		Arriva	Patients booked on day waiting more than four hours for discharge	0	1-4	5-8	>8	3
								100%

Appendix 3A

Actions taken during escalation

This action card describes amber and red actions that will be taken by all providers across Gloucestershire at times of Amber and Red escalation. These do not replace organisational actions which should be enacted alongside those stipulated below.

Pre hospital

Number	Organisation	Action	Timescale for action delivery (hours)
1	2G	MHLT to ensure pathways are being used appropriately, confirm that guidance is accessible and communicate where information cannot be found	Immediately
2	CCG	Expedite additional capacity within Primary Care and independent sector	Within 2 hours
3	CCG	Instigate communications escalation plan.	Within 2 hours
4	CCG	Continue to coordinate delivery of system wide recovery in accordance with agreed escalation plan for Gloucestershire	Within 1 hour
5	GCC	Request part-time staff work additional hours in the normal working week (Social work and Domiciliary care)	Within 2 hours of escalation being requested
6	GCC	Request for volunteers to work additional hours at weekends (Social work and Domiciliary care)	Within 2 hours of escalation being requested
7	GCC	Reduce flexibility around visit timing and numbers of visits in Domiciliary Care to meet increased demand	Within 2 hours of escalation being requested
8	GCC	Facilitate the coordination and engagement of providers in order to release additional care capacity in Care Homes, Domiciliary Care and Reablement	Within 2 hours of escalation being requested

9	GCC	Work with providers to identify where reassessment of existing care packages may result in a permanent decreases to specific care packages in order to release domiciliary care capacity	Within 2 hours of escalation being requested
10	GCS	Appropriate SPCA resources allocated to manage call volume	Within 2 hours
11	GCS	Referrals from Nursing Homes (not residential homes) for onward assessment or treatment to be referred to SPCA for clinician to clinician discussion to determine whether suitable for Rapid Response	Within 2 hours
12	GHT	Inform patients who are waiting in minors of ED pressures and potential delays and alternative care pathways where appropriate.	Immediately
13	NHS111	Staff requested to extend shift patterns.	Immediately
14	NHS111	Cease non vital training and redeploy staff on operational duties	Immediately
15	NHS111	Allocate clinicians to ensure robust floor walking in place to avoid demand being deflected to other services	Immediately
16	OOH	Instigate working via the Dorset network	Within 1 hour
17	OOH	All PCCs: In the event of signficant clinician shortfalls affecting service provision, inform on-call Bronze/Silver Commander immediately	Immediately
18	SWAST/999	Review and reallocate resources to meet current emergency workload in accordance with REAP requirements	4 hrs
19	2G	MHLT manager to reallocate resources (staffing) from Community Hospital Liaison Service to prioritise and assist with ED referrals	Within 2 hours
20	GCC	Redeploy qualified social workers in other roles across the council to cover social work assessment	Within 2 hours of escalation being requested

21	GCC	Work with providers to identify which existing packages care can be temporarily safely reduced in order to increase domiciliary care capacity	Within 2 hours of escalation being requested
22	GCS	Instigate internal process whereby admissions are peer reviewed by senior clinician to ensure alternative pathways could not be effectively activated	Within 2 hours
23	GCS	Instigate whole system redeployment plan in order to respond to capacity and demand constraints	Within 3 hours
24	GCS	Instigate temporary service closure plan	Within 4 hours
25	NHS 111	Request call streaming to OOH providers	Hourly
26	OOH	All PCCs: In the event of signficant clinician shortfalls affecting service provision, temporarily suspend appointment slots	Immediately
27	OOH	Glos & Chelt PCCs only: Redeploy mobile clinician to Glos and/or Chelt PCCs, reopen appointment slots	Immediately
28	OOH	Glos & Chelt PCCs only: Where possible, relocate clinicians (GP/ANP/NP/ECP) from peripheral PCCs to Glos PCC and resume mobile clinicians to their duties.	Within 1 hour
29	OOH	Glos & Chelt PCCs only: OOH Supervisor to instigate contact with off-duty clinicians via email/phone	Immediately
30	OOH	Glos & Chelt PCCs only: If shortfalls are protracted, relocate staff to Glos and/or Chelt PCCs by closing/suspending peripheral PCCs and suspend/close appointment slots as required.	Within 1 hour
31	SWAST/999	Undertake actions in accordance with declared REAP level	4 hrs

In hospital

Number	Organisation	Action	Timescale for action delivery (hours)
1	2G	MHLT to ensure all referrals are verbally responded to within 2 hour target and subsequent response is in keeping with level of risk identified using risk matrix	Within 2 hours
2	GHT	Chiefs of service contacted to contact all speciality Directors to do walk around of their areas to increase discharges	By 1300hrs Internal Conference Call
3	GHT	Activate redeployment plan and allocate staff to areas of greatest pressure	Within 4 hours
4	GHT	Instigate RATing in ED and ACUs	Within 2 hours
5	GHT	All Matrons to attend their key areas of responsibility to ensure all escalation actions are underway	Within 1 hour
6	GHT	Senior ED Manager/Clinician to attend ED and ensure consistent and effective coordination	Within 1 hour
7	GHT	Acute physicians mobilised to review and discharge from ED and prioritise patients for transfer to ACUs	Within 2 hours in line with RATing process.
8	SWAST 999	Undertake actions in accordance with agreed REAP level	4 hrs
9	2G	Regardless of level of risk and within resource available will prioritise ED referrals	Within 1 hour

10	2G	MHLT manager to reallocate resources (staffing) from Community Hospital Liaison Service to prioritise and assist with ED referrals	Within 2 hours
11	GCS	Instigate temporary service closure plan	Within 4 hours
12	GCS	Instigate whole system redeployment plan in order to respond to capacity and demand constraint	Within 3 hours
13	GCS	SPCA to action no OOC repatriations and no direct admissions unless agreed by lead	Within 1 hour
14	GHT	Ensure all support services (radiology etc.) continue working until activity completed	Within 4 hours
15	GHT	Cancel elective activity to facilitate increasing discharges and creation of bed capacity	Within 4 hours
16	GHT	All senior managers: GM and above to cancel meetings to drive operational recovery	Within 2 hours
17	GHT	Reduce clinics by 1 hour to enable medical specialities with bed shortfalls to do extra ward rounds	Within 2 hours
18	GHT	Full capacity protocol to be implemented	Within 2 hours
19	SWAST 999	Undertake actions in accordance with agreed REAP level	4 hrs

Post hospital

Number	Organisation	Action	Timescale for action delivery (hours)
1	2G	MHLT Manager to ensure that all patients awaiting review before discharge are to be prioritised so that they are seen within 4 hours where staffing capacity permits	Within 2 hours
2	CCG	Support providers to access patient transport, identify alternative solutions if commissioned capacity exceeded.	Within 2 hours
3	GCC	Locality social work teams to prioritise service users identified as needing review of reassessment as a result of discharge to a short term setting and/or in receipt of Reablement in order to free up capacity in the system	Within 2 hours of escalation being requested
4	GCC	Have a named assessor allocated to manage process of moving people on from escalation beds.	Within 2 hours of escalation being requested
5	GCC	Employment of additional social work capacity between November and March – 2 FTE social workers and 3 FTE field work assessors	Within 2 hours of escalation being requested
6	GCS	Ensure all closed wards due to Infection Control reasons have been reviewed by the Senior IP&C lead in order to ensure restricted access remains appropriate	Within 2 hours
7	GCS	Instigate additional wards rounds across all Community Hospitals to identify discharges which may be brought forward in order to create additional capacity	Within 2 hours
8	GCS	Step down community hospital patients to identified nursing/residential care homes in order to free up capacity for GHT transfers to a limit agreed on the whole system call	Within 2 hours

9	GCS	ICTs/District Nurses to review caseloads and step down patients in readiness to receive additional patients	Within 3 hours
10	GHT	Patients to leave hospital in advance of TTOs with medications sent via taxi post discharge	Immediately
11	GHT	Pharmacy services to prioritise TTOs for appropriate areas and ensure medications are delivered to wards without delay	Immediately
12	GHT	Facilities, porters or transfer teams to prioritise cleaning and transfers	Immediately
13	GHT	Clinicians to prioritise discharges and accept outliers from wards as appropriate	Immediately
14	GHT	Arrange alternative forms of transport to discharge patients	Immediately
15	GHT	Instigate deployment plan to respond to area of pressure	Immediately
16	GHT	Undertake additional ward rounds to maximise rapid discharge of patients	Immediately
17	IDT	IDT team leads proactively work with teams to support them with identifying patients who need escalation.	Within 1 hour
18	IDT	Case meetings will be called for patients with no discharge pathways. Where concerns exist this should be at a relevant time pre-medically stable or within 1 day of being declared medically stable for discharge (MSFD).	Within 4 hours

19	Arriva	Look for opportunities to cascade resources from surrounding areas.	Once a decision is made to organise/authorise additional resource, the delivery is immediate. Though timescales will vary depending on how far resources will need to travel.
20	Arriva	Work with providers to review booked mobilities.	Once a decision is made to organise/authorise additional resource, the delivery is immediate. Though timescales will vary depending on how far resources will need to travel.

21	Arriva	At times of acute hospital escalation pressures, to assess internal capacity and, if required and agreed, to look at bringing in additional external resources.	Once a decision is made to organise/authorise additional resource, the delivery is immediate. Though timescales will vary depending on how far resources will need to travel.
22	2G	MHLT manager to reallocate resources (staffing) from Community Hospital Liaison Service to prioritise and assist with ED referrals	Within 2 hours
23	2G	MHLT Manager to prioritise assessments in ED from 2 hours to 1 hour where staff capacity permits	Within 2 hours
24	CCG	Liaise with reablement bed providers to extend admission thesholds for reablement beds	Within 2 hours
25	GCC	Community equipment deliveries prioritised over collection, and provide weekend equipment deliveries	Within 2 hours of escalation being requested
26	GCC	Stop routine/non-critical assessments to prioritise safe-guarding, admission prevention and timely discharges	Within 2 hours of escalation being requested

27	GCC	If there are exceptional pressures in acute care, locality teams to offer additional support to hospital social work in order to ensure timely allocation of patients/service users in order to minimise delayed transfers of care	Within 2 hours of escalation being requested
28	GCS	Adjust Community Hospital acceptance criteria to accept lower acuity patients	Immediately
29	GCS	Instigate temporary service closure plan	Within 4 hours
30	GCS	Instigate whole system redeployment plan in order to respond to capacity and demand constraints	Within 3 hours
31	GCS	Open agreed additional escalation capacity ensuring staffing in place to support	48 hours
32	IDT	IDT Manager undertakes a full review of the medically stable list with the relevant team leads to identify any alternative, faster routes for discharge.	Immediately
33	IDT	IDT manager attends operational and escalation meetings and liaises regularly with bed management.	Immediately
34	IDT	Review of allocation or resources by team leads and IDT manager to direct resources to areas of greatest need.	Immediately
35	IDT	The DT attend usual board rounds and challenge all patients who have an EDD within the next 1-2 days to ascertain whether those dates could be brought forward by facilitating internal actions or whether those actions could be undertaken elsewhere e.g. out-patient appointments/community beds.	At board round times

36	Arriva	Contact bank staff and staff off duty to see if additional vehicles can be staffed and sourced.	Once a decision is made to organise/authorise additional resource, the delivery is immediate. Though timescales will vary depending on how far resources will need to travel
37	Arriva	In the event of fire, natural disaster or similar event, if entire vehicle fleet (or substantial quantity of it) is rendered unavailable or unsafe, to source additional resources externally.	Once a decision is made to organise/authorise additional resource, the delivery is immediate. Though timescales will vary depending on how far resources will need to travel

Appendix 3B

Actions to be taken BEFORE escalating to 'Black' (level 4)

This action card outlines the minimum expected levels of action before escalating to 'Black' (level 4).

BEFORE REQUESTING ESCALATION FROM RED TO 'Black' the following actions should have been completed:-	
WHOLE SYSTEM	
1	All escalation actions listed in appendices 3A and 3B have been implemented
2	CEOs / Lead Directors have been involved in discussion and agree with escalation
COMMISSIONERS	
3	CCG to continue to co-ordinate communication and co-ordinate escalation response across the whole system, including chairing the daily teleconference.
4	Expedite additional capacity and increased support wherever possible (including voluntary independent sector capacity)
5	Make a risk based assessment of the best use of capacity and resource across the whole system and shift resources to best meet demand and maintain patient safety.
ACUTE TRUST	
6	Routine elective admissions have been cancelled.
7	Urgent elective admissions have been reviewed and, where possible, rescheduled or cancelled.
8	Increase staffing in ED to manage queue
9	Provide additional beds in ED for patients
10	Provide 24/7 senior management support in ED to manage the situation
COMMUNITY CARE PROVIDERS	
11	All possible capacity has been freed and redeployed to ease systems pressures
SOCIAL CARE	
12	Continue to expedite discharges, increase capacity and lower access thresholds to prevent admission where possible. Source out of county placements if necessary and packages of care from care agencies not used regularly due to high costs
13	Operational teams to review existing service users to free up capacity for use by patients identified by hospital teams
14	Additional staff brought in from other OOC teams to support hospital teams as required. Make full use of voluntary resources and community networks to support discharges.

PRIMARY CARE	
15	All possible actions are being taken on-going to alleviate system pressures
MENTAL HEALTH	
16	Continue to expedite discharges, increase capacity and lower access thresholds to prevent admission where possible.
AMBULANCE TRUST	
17	Review current GP Admissions with GPs to ensure safe standards of care to patients
18	Review ongoing NHS111 advice strategy
19	Call in additional Operational & Communications Centre Staff and additional resources i.e. St Johns, private ambulance services, etc.
20	Review all long-distance inter-hospital transfers
21	Ensure all Ambulance Trust PTS resources are directed to maintaining patient flow across the whole system. Ensure appropriate co-ordination with other PTS providers where other provision is commissioned
22	Ensure direct communication between acute trust on call Director, lead CCG commissioner and wider health system executives is under way
23	If emergency response is severely compromised consider use of Major Incident/ Significant Incident procedures.
24	Utilise actions from REAP plan to create capacity where possible
ARRIVA PTS SERVICES	
25	Ensure all capacity is being utilised to alleviate system pressures
NHS 111	
26	Ensure that call centre staff are aware of and act on information about organisational capacity, changes to service provision and closures

Appendix 3C

Actions to be taken at 'Black' (level 4)

At Alert Status 'Black' the following actions must be completed:	
WHOLE SYSTEM	
1	Continue to explore actions in Appendices 3A and 3B and take decisive action to alleviate pressure
2	Contribute to system-wide communications to update regularly on status of organisations (as per local communications plans)
3	Provide mutual aid of staff and services across the local health economy as appropriate
4	Stand-down of 'Black' alert once review suggests pressure is alleviating
5	**Post escalation:** Contribute to the Root Cause Analysis and lessons learnt process through the SIRI investigation
COMMISSIONERS	
6	Local regional office notified of alert status and involved in decisions around support from beyond local boundaries
7	**CCG to ensure that a SIRI has been entered on the STEIS system by the organisation that declared the status of black.**
8	In conjunction with Ambulance Service and Whole System the CCGs act as the hub of communication for all parties
9	**Post escalation:** Complete Root Cause Analysis and lessons learnt process in accordance with SIRI process
ACUTE TRUST	
10	ED consultant to be present in ED department 24/7 where possible
11	Consultant Physicians to be present on wards and in ED department 24/7 where possible
12	Surgical consultants to be present on wards in theatre and in ED department 24/7 where possible
13	Assign appropriate qualified clinician to manage care of patients awaiting handover from ambulance service to enable ambulance crews to be released
14	GP to be present in ED department 24/7 where possible
15	Executive director to be on site 24/7 where possible
16	An acute Trust wishing to divert patients from ED must have exhausted all internal support options before contacting the CCG to request authorisation to explore a divert to a neighbouring trust whether these are in or out of region. Refer to Appendix 4 Implementation of a Divert Flow Chart

AMBULANCE TRUST	
17	Alert neighbouring trusts to seek appropriate support as dictated by circumstances of 'Black' Alert
18	Continue to make a risk based assessment of the best use of capacity and resource across the whole system and shift resources to best meet demand and maintain patient safety.
19	Review the escalation status every 2 hours and communicate this across the system
NHS ENGLAND SOUTH CENTRAL	
20	Chair a system wide teleconference if required.
21	Assist in mutual aid requests if support is required from beyond locality and/or regional boundaries
22	Assist in the management of communications and media handling
23	Post escalation: Involvement in and sign-off of SIRI investigation process
SOCIAL SERVICES	
24	Senior Management team and cabinet member involved in decision making regarding use of additional resources from out of county if necessary
25	Hospital service manager, linking closely with Deputy Director ASC, & teams will prioritize quick wins to achieve maximum flow, including supporting ED re prevention of admission & turn around. Identification via board rounds and links with Discharge team & therapists.
26	Hospital Service Manager/Deputy Director to monitor escalation status, taking part in teleconferences as required. Communicate to Senior management team so any further actions can be agreed & additional resource released if needed.

Escalation Checklist

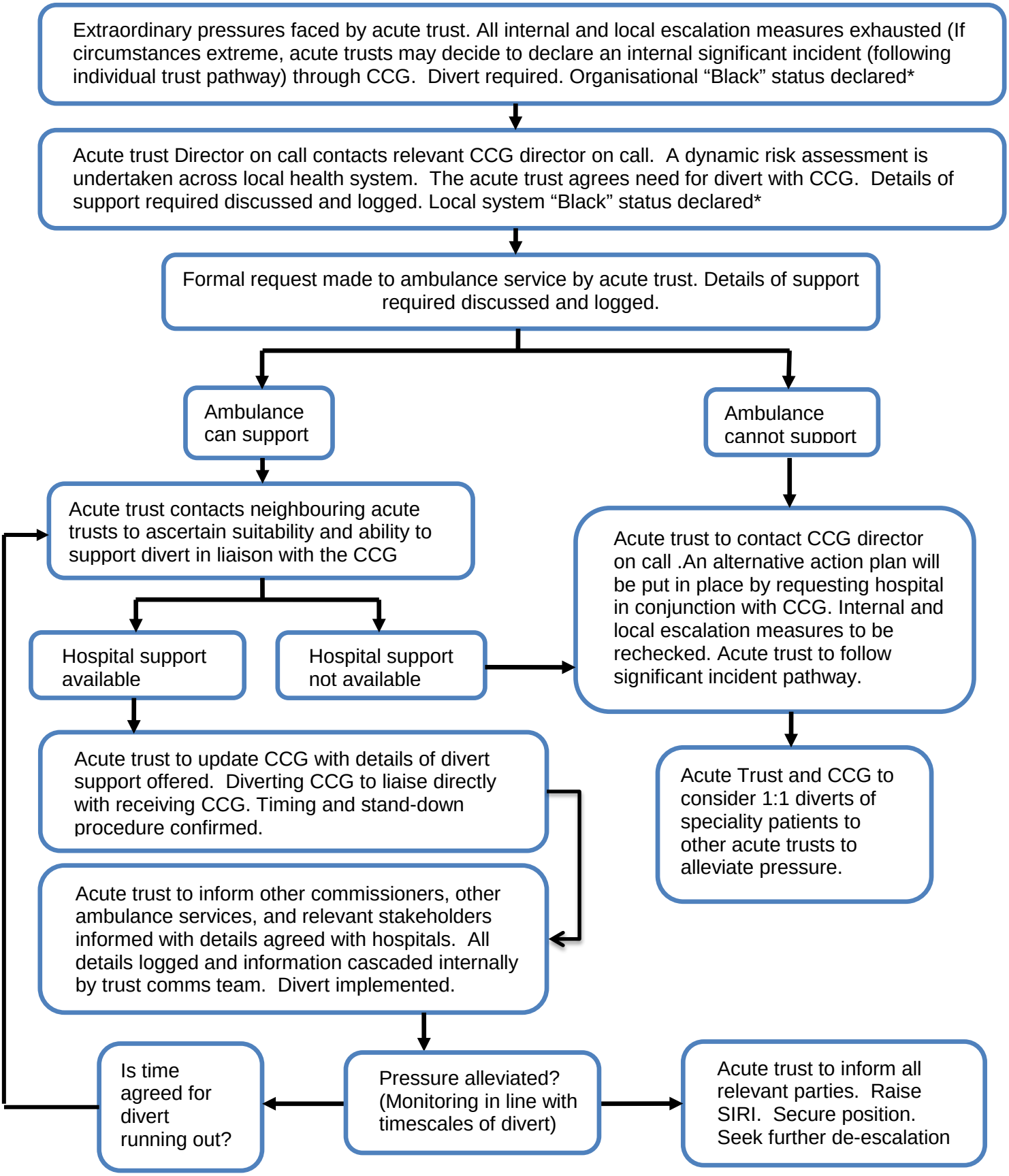
Ensure all actions listed in 3A-3C have been completed in advance of requesting a divert.

To be established by the Acute Trust prior to a divert request to the CCG

- Have whole systems teleconferences taken place and actions taken to relieve pressure?
- Is the safety and care of patients in the hospital compromised?
- Are you considering declaring an internal significant incident?
- Are ambulances stacking outside/been stacking throughout the day?
- Are contingency plans in place for staffing for the next 24hours and 48 hours?

Appendix 4

Implementation of an Out of County Divert



*It would of course be expected that the whole health economy would work together in the usual way to avert escalation and facilitate de-escalation at all levels. This flowchart does not indicate that the acute trust should wait until it declares Black status before contacting commissioners

Appendix 5

Serious Incidents Requiring Investigation (SIRIs)

The Framework applies to serious incidents which occur in all services providing NHS funded care. This includes independent providers where NHS funded services are delivered.

The emphasis in the updated framework is one of open and honest discussion and 'if in doubt – report it'. Downgrading can be agreed at any time.

Definition of Serious Incident

- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:
- Unexpected or avoidable death of one or more people. This includes
  - suicide/self-inflicted death; and
  - homicide by a person in receipt of mental health care within the recent past;
- Unexpected or avoidable injury to one or more people that has resulted in serious harm;
- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:
  - the death of the service user; or
  - serious harm;
- Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where:
  - healthcare did not take appropriate action/intervention to safeguard against such abuse occurring10; or
  - where abuse occurred during the provision of NHS-funded care.

This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident (see Part One; sections 1.3 and 1.5 for further information).

- A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death.
- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:
- Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues (see Appendix 2 for further information);
- Property damage;
- Security breach/concern;
- Incidents in population-wide healthcare activities like screening13 and immunisation programmes where the potential for harm may extend to a large population;

- Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS);
- Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services); or
- Activation of Major Incident Plan (by provider, commissioner or relevant agency)

Definition of Serious Harm

- Severe harm (patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care);
- Chronic pain (continuous, long-term pain of more than 12 weeks or after the time that healing would have been thought to have occurred in pain after trauma or surgery); or
- Psychological harm, impairment to sensory, motor or intellectual function or impairment to normal working or personal life which is not likely to be temporary (i.e. has lasted, or is likely to last for a continuous period of at least 28 days).

Responsibilities and Timescales

The first section (in bold) is the most likely to be needed by an on-call manager/director. Other timescales are included for further information if required

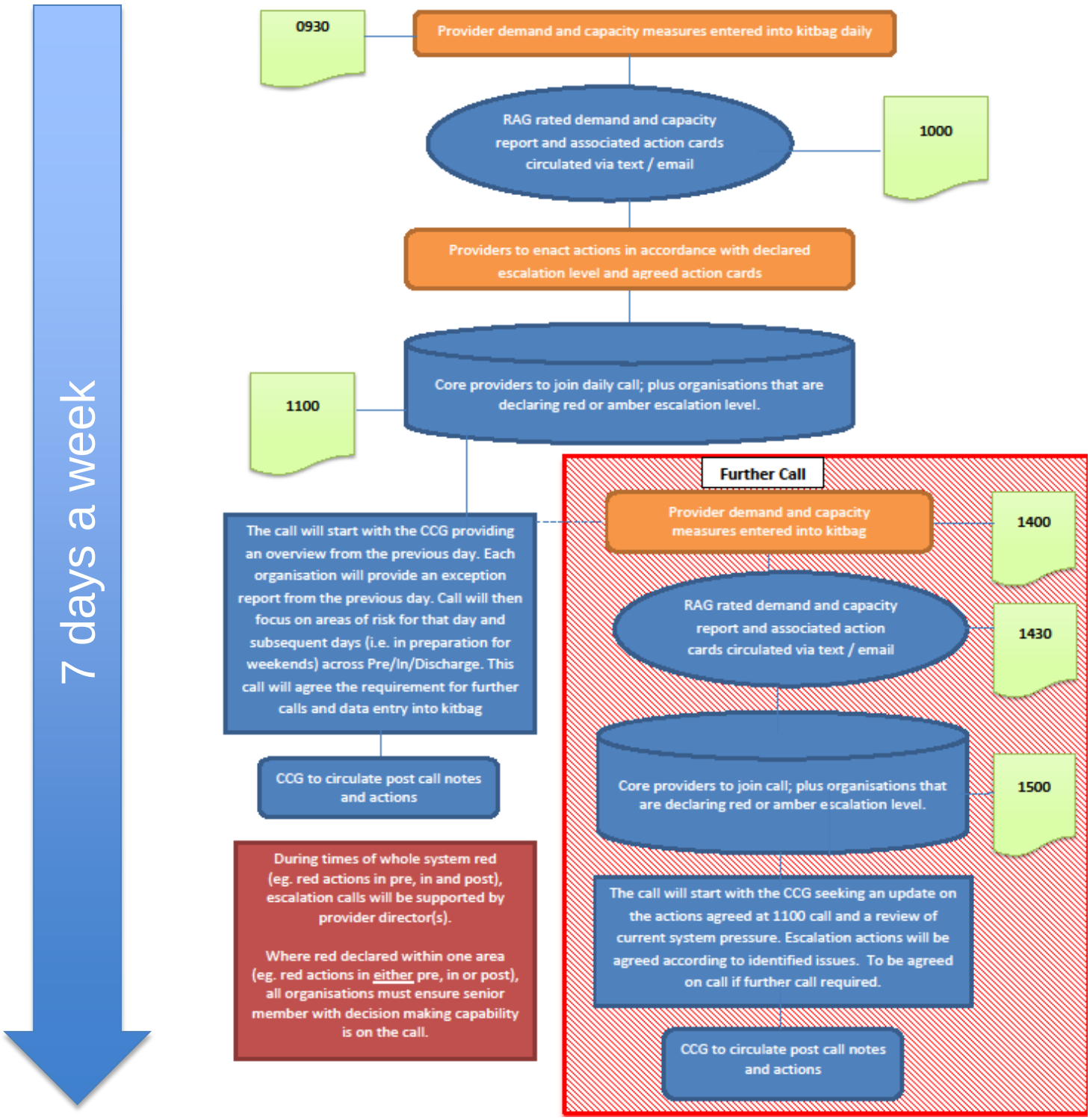
Event/Action	Timescale	Further Information/ Guidance	Responsibility
Serious Incident identified - Report to commissioner of service or lead commissioner (as agreed)	**As soon as possible and within 2 working days of the incident being identified.** **Or** **Immediate where:** - **The provider or commissioner Major Incident Policy is invoked** - **There is (or is likely to be) significant public concern and/or media interest** - **Incident will be of significance to the police.**	**Report via STEIS (or if no access to STEIS, via the serious incident reporting form agreed with the commissioner, sent via e-mail to agreed e-mail address)** **Where immediate notification is required, this must be also by telephone (including use of On-Call system Out of Hours)**	**Provider where incident occurred**
		If there is any doubt about whether an incident is serious or not, the principle is to report it as it can be downgraded later if necessary	

If provider has no STEIS access, input details of incident from report form from provider onto STEIS	On receipt of form.		Commissioner
Comply with any further reporting and liaison requirements with regulators and other agencies	Within 2 working days of the incident being identified.	See appendix 2 of the Framework.	Provider where incident occurred
Carry out an initial review of the incident and provide a copy of the report of this to the commissioner	Within 3 working days of the incident being identified.	This will inform the level of investigation required.	Provider where incident occurred

Requirements after the first few working days are included in the main summary (available from the Nursing and Quality Directorate team) document and, of course, within the full Serious Incident Framework, March 2015 can be obtained from the NHS England website: https://www.england.nhs.uk/ourwork/patientsafety/serious-incident/

Appendix 6

Gloucestershire Framework for Whole System Escalation Process 2015/16



Appendix 7

Key Contacts and conference call details

Conference call details:

Number: 0800 229 0687 PIN: 723435

TYPE	ORGANISATION	ON CALL 24/7	COMMENT	ICC SPOC EMAIL (not routinely monitored. Used as default SPOC on activation of plan)
NHS England	Bath, Gloucestershire Swindon and Wiltshire – South Central	07623505520	Pager: Please leave a telephone number (numeric message) or hold for the operator.	england.bgsw-icc@nhs.net
	Bristol, North Somerset, Somerset, and South Gloucestershire – South West	0303 033 8833		england.bnsssg-icc@nhs.net
	NHS England South - Communications	0844 822 2888 and quote SCOMM01	Support for NHS England only.	N/A
	NHS England South Region	08445 449 633		
CCG	Bath and North East Somerset CCG	0303 033 9922		BSCCG.banesccgresilience@nhs.net
	Gloucestershire CCG	07623 948860	Primary number for on call manager. If this is unavailable page the On Call Senior on 07623 957544	GLCCG.HIC@nhs.net
	Swindon CCG	07699 759234 (On Call Pager)	Ask to speak to Director On Call.	emergencyplanning@swindonccg.nhs.uk
	Wiltshire CCG	07699 757981		WCCG.Dutyofficer@nhs.net
	North Somerset CCG	0303 033 9911		N/A
Acute Provider	Royal United Hospital	01225 42 83 31	Ask for Manager on Call	N/A
	Gloucestershire Hospitals NHS Foundation Trust	0300 422 22 22 (Direct Dial:0300 422 5800)	Switchboard ask for : *In hours*: General Manager – Service Delivery *Out of hours*: 1700 to 0800, weekends and bank holidays - On call manager	N/A
	Great Western Hospital (Acute)	01793 604020	Ask for Acute Site Manager	incident@gwh.nhs.uk
	Salisbury Hospital Foundation Trust	01722 33 62 62	Ask for duty manager	shc-tr.SFTICC@nhs.net
Community Provider	Sirona	01225 831400		N/A
	SEQOL	07699 769554	Director on call.	incidentcontrol@seqol.org

TYPE	ORGANISATION	ON CALL 24/7	COMMENT	ICC SPOC EMAIL (not routinely monitored. Used as default SPOC on activation of plan)
	CARFAX	No single point of contact	Contact details held by Swindon CCG	N/A
	Gloucestershire Care Services NHS Trust	In Hours: 07787 824464 Out of hours: 07623 972600 (1st on call) 07623 951454 (2nd on call		N/A
	Great Western Hospital (Community)	07699 747571	Alternative contact can be made via the GWH switchboard on 01793 604020 and ask for community on call manager	incident@gwh.nhs.uk
Partnership Trust	2gether	07699 734976	Please leave numeric message i.e. the telephone number you would like to be called back on. SPOC email address to be used for information.	2getherincidentroom@glos.nhs.uk
	Avon and Wiltshire Mental health Partnership	01225 325 680	Ask for the Executive Director on call. Area Team hold rota in ICC account.	awp.icc@nhs.net
	Arriva (Patient Transport Service)	0845 600 3792	South West On call senior manager	N/A
Primary Care	BDUC	0300 123 1809	Ask for On Call Operations Manager-VoCare	N/A
	Medvivo Out of Hours GP	0300 111 4008 0300 111 5818		mg.outofhours@nhs.net
	GP / Pharmacies	N/A	Area Team hold GP and Pharmacies distributions list in the ICC account. CCGs hold GP distribution lists	N/A
Ambulance	South West Ambulance Service Trust (SWAST)	0800 2215 354 (METAHNE SitRep Line)	In formal declaration has been made by SWASFT they will update their SITREP line routinely. Organisations to enter pin to confirm receipt of SitRep. Pin not required to hear SitRep.	N/A
	SWAST NILO (National Incident Liaison Officer)	0300 303 0544	The NILO can be contacted for tactical information and to link with SWAST directors on call.	
111	Care UK	0117 240 1111		N/A
Local Authority (Public Health)	Bath and North East Somerset Council	01225 394067 (In hours) 07980 998560 (Out of hours)	In hours: Actioned by Public Health. Out of hours: Duty Emergency planning Officer	N/A

TYPE	ORGANISATION	ON CALL 24/7	COMMENT	ICC SPOC EMAIL (not routinely monitored. Used as default SPOC on activation of plan)
	Gloucestershire County Council	07920 766400	Public Health not available out of hours	N/A
	Swindon Borough Council	01793 444673 (General office – in hours only) 01793 466451/2/3 or 01793 488677 (Duty EPO) Director of Public Health 07824 081153 Consultant in Public Health 07824 081160	Email address preferred method of communication. Telephone numbers for Duty EPO out of hours only, directly via contact centre. Public Health staff not officially on call but have provided mobile and would like to alerted in a response.	emergencyplanning@swindon.gov.uk
	Wiltshire Council	07699 719123	Public Health duty pager to alert Public Health On-Call. They will then alert the Associate Director On-Call as required.	eprr@wiltshire.gov.uk
Public Health England	PHE South West (North)	0300 3038162	Opt 1 the Centre; Option 2 for the)Acute Response Centre (ARC). (Note your call may be answered by an administrator)	AGWARC@phe.gov.uk
Multi agency (Operation Link)	Wilts. / Swindon. Local Resilience Forum	01380 734047	To request a multi-agency teleconference or cascade information for multi-agency information.	N/A
	Gloucestershire Local Resilience Forum	Phone Gloucestershire Police on 101 and state you wish to initiate 'Code word Operation Link Gloucestershire		N/A
Police (Control Room)	Wiltshire	01380 734047	Information from scene (a good way to confirm information).	N/A
	Avon Somerset	01275 818181		N/A
	Gloucestershire	01452 754977		N/A
Fire and Rescue (Control Room)	Wiltshire	01380 731 130		N/A
	Avon & Somerset	01225 310846		N/A
	Gloucestershire	01452 753245		N/A
Met Office	Met Office	01392 886095	Met Office Duty Number 24/7	N/A
Voluntary	Wessex 4 x 4	07092 262428	Web bookings preferred.	www.wessex4x4response.org.uk/callout/
	Gloucestershire 4 x 4	07092 847407	Web bookings preferred. Technical support and logins accessible via webmaster&gw4x4r.co.uk.	www.gw4x4r.co.uk/tickets
	British Red Cross	07623 908026		

Appendix 8

Definitions

Complete Closure
When an Emergency Department accepts no patients at all. This will happen in very extreme circumstances only, e.g. when an Internal Incident is declared, and not normally for reasons of capacity shortfall or escalation.

ECMO
In intensive care medicine, extracorporeal membrane oxygenation (commonly abbreviated ECMO) or extracorporeal life support (ECLS) is an extracorporeal technique of providing both cardiac and respiratory support to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function. Initial cannulation of a patient receiving ECMO is performed by a surgeon or anesthetist and maintenance of the patient is the responsibility of the perfusionist or ECMO specialist who gives 24/7 monitoring care for the duration of the ECMO treatment

Escalation Triggers
All organisations have adopted the common triggers to ensure equity of pressure; capacity and access (see Appendix 2).

Hospital Ambulance Liaison Officer (HALO)
This is an operational management /supervisory presence within all major Emergency Department / Assessment Units during periods of high activity. The Hospital Ambulance Liaison Officer (HALO) role is to; provide an ambulance interface with managers within the ED, monitor ED pressures and to facilitate the timely handover of patients, where possible assist in the monitoring and caring for queuing ambulance patients until hospital queue nurses are deployed and dynamically manage the early turnaround of ambulances.

Local Health Economy (LHE)
A health and social care whole system grouping (usually geographically defined). This is likely (but not exhaustively) to comprise a number of CCGs, acute trust(s), social care organisations, mental health trusts, ambulance service and OOH providers.

Where there is more than one CCG within an operational economy (e.g. one large acute Trust providing significant levels of service for a number of CCGs) there should be agreement of a lead CCG to co-ordinate communication and escalation within the system supported by other local CCGs. These responsibilities must be clearly identified within the local health economy plans. For local CCGs responsibilities regarding co-ordination and communication of escalation must be clearly defined and agreed.

Major Incident
Any event which presents a serious threat to the health of the community, disruption to the service, or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by NHS England Local regional offices, NHS Trusts, ambulance services or CCGs.

It is not normally expected that escalation would be a cause of a major incident as

escalation is a result of general capacity and demand pressure rather than pressure caused by a specific event. However, there may well be actions that are common to escalation levels 3 and 4 and major incident plans and this should be considered within local economy action cards.

Partial Closure
When an ED department will accept only certain patients.

Peripheral Divert
Border patients are taken by the Ambulance Service to neighbouring organisations to alleviate capacity issues.

Resourcing Escalatory Action Plan (REAP)
The REAP plan is essentially a set of pre-agreed actions to manage escalating demand by increasing capacity. It is always in operation, normally at level one, but higher levels are triggered as demand increases.

Responsible Person
A senior employee authorised by the Chief Executive of an individual provider to implement agreed diversions and to notify relevant parties in accordance with this framework. The responsible person must have decision making ability and authority, and an organisation wide view. The responsible person may be specified as a post (e.g. Duty Emergency Department Consultant, Duty Director, Operations Director) if desired. 24/7 arrangements must be in place for this person's role to be covered in person or by a deputy with clarity regarding communication. There must be a clear communication link between the responsible person and the Chief Executive.

Serious Incident Requiring Investigation
Refer to Appendix 5

Appendix 9

Reverse Triage algorithm

Risk of Medical Event	Basis	Triage Category	Notes
1 - Minimum	No anticipated medical event during next 72 hours	Green	Deemed medically fit /stable
2 - Low	Calculated risk of non-fatal medical event. Consider early discharge	Green	Consider discharge home with assistance
3 - Moderate	Consequential medical event quite likely without critical intervention	Yellow	Discharge home not advisable
4 - High	Patient care cannot be interrupted without virtually assured morbidity or mortality	Red	Highly skilled care required
5 - Very High	Patient cannot be mover or readily transferred	Red	ITU care required

Gloucestershire Care Services SURGE AND ESCALATION PLAN

Document reference:	**EPRR 001**
Version:	**0.3**
Ratified by:	**Audit & Assurance Committee**
Date ratified:	
Originator/author:	**Head of Urgent Care & EPRR Officer**
Responsible committee/individual:	**Emergency Preparedness & Resilience Group, delegated authority from Audit & Assurance Committee**
Executive lead:	**Director of Nursing**
Date issued:	**October 2015**
Review date:	**September 2016**
Written and Approved in Partnership with:	**Gloucestershire Clinical Commissioning Group (GCCG)** **Gloucestershire County Council (GCC)** **Gloucestershire NHS Foundation Trust (GHT)** **2gether NHS Foundation Trust (2G)** **South West Ambulance NHS Trust (SWAST)**

THIS IS A CONTROLLED DOCUMENT

Whilst this document may be printed, the electronic version maintained on the Gloucestershire Care Services NHS Trust intranet is the controlled copy. Any printed copies of this document are not controlled.
It is the responsibility of every individual to ensure that they are working to the most current version of this document.

DOCUMENT CONTROL SHEET

Purpose of document:	This GCS Escalation Plan sets out an integrated health and social care response to pressures within the local health economy across Gloucestershire and operates 7 days per week. At the weekend a modified version is in place to reflect the services that work at weekends and bank holidays.
Dissemination:	Available on the Trust's intranet and notified via internal communication cascade
Scope:	This policy applies to all Trust staff in all locations working in Priority 1 services
Review:	September 2016
This document supports:	*Gloucestershire CCG Escalation Plan Version 10 - Adapted from the NHS England – South Escalation Framework 1.0 2014*
Key related documents:	Service Business Impact & Continuity Plans GCS Deployment Plan
Equality and diversity:	
Quality:	
Consultation:	Executive Directors and affected staff have had the opportunity to comment through the development of this policy
Financial implications:	None identified.

Version Control Information
Summary of Key Changes
November 2015 – V0.3 – Revised Metrics for GCS October 2015 – V0.2 – This is the revised GCSNHST Surge & Escalation Plan 2015 based on revised guidance from GCCG and further feedback from consultation with operational teams August 2015 - V0.1 - This is a new GCSNHST Escalation Plan 2015 based on revised guidance issued by NHS England and learning identified through internal Winter debriefs held from February 2015.

CONTENTS

1.0 PURPOSE OF PLAN

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1.1 Scope of the Plan

Peaks and troughs in demand and capacity fluctuations are no longer a purely “winter” phenomenon and have relevance year round. Various mechanisms have existed historically to manage these issues depending on the cause of the fluctuation e.g. winter pressures, adverse weather, pandemic influenza.

This Surge and Escalation plan will apply to Gloucestershire Care Services managed services to support operational capacity and demand in primary care and community services.

The plan is designed to undertake the following:

- Assessment of service capacity (bed based and virtual)
- Assessment of what the demand is on the services
- Assessment of additional factors and impact on service delivery (adverse weather, infection breakouts).

GCS have agreed what actions will be taken, and by whom, in response to one or a combination of the following:

- Internal escalation
- Environmental escalation
- Capacity and demand in the whole system

This escalation plan is implemented in conjunction with all health & social care providers (GHNHSFT, GCC, SWAST and 2gether Trust) and aims to support internal escalation procedures for GCS while also supporting the health community escalation triggers and actions to ensure robust services across Gloucestershire.

1.2 Aim & Objectives of the Plan

The overall aim of the plan is to provide a framework for GCS colleagues to use in order to manage, and respond to, surge in demand and capacity issues.

The objectives of the plan are as follows:

- To establish a shared understanding of surge and escalation issues across GCS managed services
- To define a flexible framework for response which can be utilised irrespective of situation duration, scale and type
- To define procedures and processes with regard to escalation to be utilised in the event of an actual or potential surge and capacity issues or issues
- To set out the principles by which mutual aid is requested locally to support the system.
- To describe triggers in services that indicate escalation

1.3 Equality & Diversity

Participating services will ensure that the diverse needs of the community are appropriately assessed in response to surge and escalation situations and that suitable response measures, including warning and informing arrangements, are implemented relative to identified needs.

It should be recognised that the characteristics of the surge and escalation situations, particularly in urgent situations, may mean that it is not always possible during the initial response but should be addressed as the situation matures.

A Winter Communications action plan has been developed for the whole system, led by GCCG, and GCS has developed an internal communication plan to support.

1.4 Escalation Framework

This GCS Escalation Plan works in conjunction with the GCCG Escalation Framework. The CCG Escalation Framework is based on the NHS England – South Central Escalation Framework and sets out the procedures across Gloucestershire CCG to manage day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand. The purpose is to ensure that there is a mechanism in place to access additional short term capacity in the right part of the system when demand peaks.

This framework will work in close conjunction with operational resilience capacity planning (ORCP) which is the whole systems approach to establish effective and sustainable all year round operational delivery. This enables the system to be continually robust and move away from a reactive approach to managing operational problems towards a proactive system of all year round operational resilience.

The Gloucestershire Care Services Escalation Procedures describe an integrated health and social care response for services that are managed as such, Social Worker resources are managed by Gloucestershire County Council but there is a joint approach of response to pressures with health support services within Gloucestershire in acute and community services and operates 7 days a week. At the weekend a modified version is in place to reflect the services that work at weekends and bank holidays and affects priority one services.

The lead for the escalation procedures within Gloucestershire Care Services NHS Trust is the Chief Operating Officer.

It is advised that this plan should be read in conjunction with the plans listed below:

- Service Business Impact & Continuity Plans
- Gloucester Care Services Resilience Plan
- Gloucestershire CCG Escalation Plan Version 10
- LHRP Community Health Response Plan

2.0 APPROACH TO ESCALATION

2.1 Definitions

It is recognised that at any one time across the organisation services may be at different levels of escalation in line with their view of pressures that maybe individual to their service. However, armed with experience and knowledge about pressure across the organisation and using principles of mutual aid and support the organisation will be in a better position to cope with surges and increase in demand.

2.1.2 Levels of Escalation

There is a common approach to describing levels of escalation as set out by NHS England (see appendix A) which is reflected in the GCS definition of escalation which is set out below, the purpose of common definition is to minimise confusion and describe actions in response.

GCS Levels of Escalation

Level 1 (Green) = Normal working – This level represents the situation where no issues have emerged in the area.

Level 2 (Amber) = Moderate Pressure –This level represents the situation where flow issues are being detected in services due to a number of reasons

Level 3 (Red) = Severe Pressure –This level represents the situation where a number of services are experiencing flow issues despite actions being taken to mitigate

Level 4 (Black) = Extreme Pressure –This level reflects that demand outstrips the organisations ability to manage demand and blockages in the system impede service ability to function

GCS has agreed four services that are monitored daily to indicate what the system is like. These services are RAG rated which enables an overall organisational rating of its surge and demand (See Appendix A)

2.1.3. Service Level Definition

All services are defined by the level and type of activities that they undertake, this is crucial in order to describe the additional activities and responses services will be expected to undertake at times of demand and surge.

Priority Definitions	
Priority 1	*The service has critical activities that cannot be stopped without immediate detrimental impact on patient care*
Priority 2	*The service has some critical activities but without the right staff/ facilities/ equipment etc should be stopped.*
Priority 3	*The service has minimal critical activities and can be stopped without a short term detrimental impact. Colleagues within these services may be redeployed to support maintained business continuity within Priority 1 services*

2.2 Triggers & Actions

GCS recognises the important role that organisational business continuity plans during normal business and at times of surge in demand. In order to determine surge priority 1 services will assess service capability and demand on a daily basis.

The purpose of assessment will be to determine service capability to deliver desirable, routine, essential and critical services and identify when this is changed and for what reason. A set of triggers have been defined by service and are included on Appendix B. The action cards describe actions to be taken by services in response with the level of escalation. Part of the GCS response incudes the instigation of staff redeployment at local level as part of local service response to escalation and corporate redeployment instigated at level Red and Black for a defined cohort of staff who have been trained to support key priority one services.

On a daily basis GCS input service information into a community services kit bag on the ALAMAC system which is included as part of the system wide review.

2.3 Mutual Aid

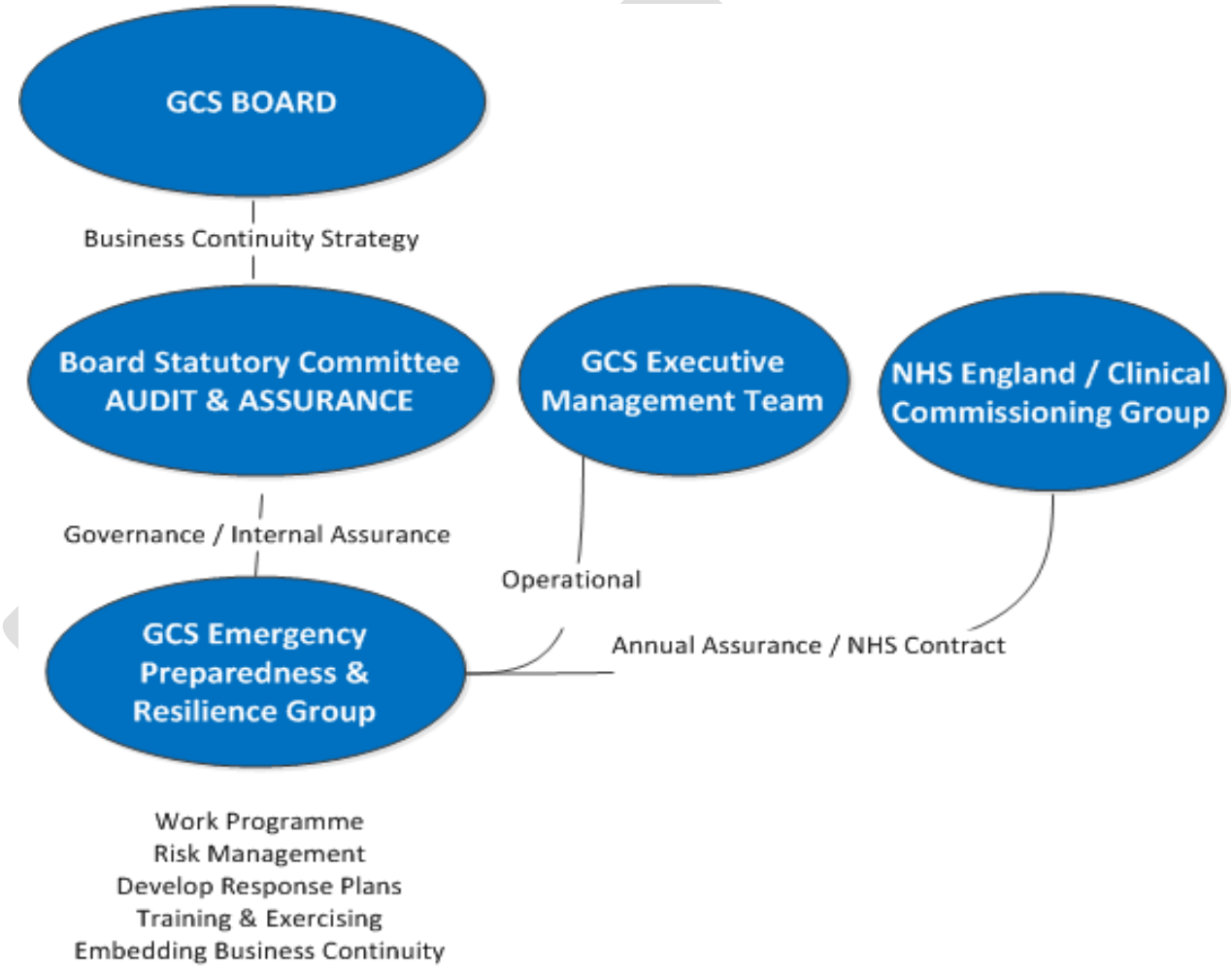
The Gloucestershire Care Services Escalation Procedures apply to Gloucestershire Care Services and Adult Social Care staff and services in place to support operational capacity and demand in primary care and community services under the jurisdiction of Gloucestershire Care Services. However, the organisation works closely with partner organisations and key stakeholders.

Whilst the actions that the organisation take is crucial it recognises the vital role of mutual aid and support in ensuring that the whole system stays safe during times of pressure.

3. INFRASTRUCTURE

GCS management reporting structure is set out in 3.1 and diagrammatically represents the flow of information from external bodies into the organisation through to the GCS Board.

3.1 Management Reporting Structure



3.2 Information

There is a lot of information available to assist decision making for all staff when responding to or planning for Alert Levels. It is the responsibility of each individual member of staff involved in the Escalation Procedures to ensure that they are receiving all the information they need to enable them to make effective decisions.

GCS has developed a communications strategy to support surge and escalation communication as set out below:

Summary of information available is set out in table 1 below:

Table 1: Communication Sources

Type of Information	Frequency of Communication	Subject Matter	Source of Information
Intranet	Regular daily updates	Gloucestershire Care Services Staff communication and key messages	Capacity Management Team
Cascade Email	As indicated in communication strategy	System wide messages Surge and demand updates GCS demand and response	Gloucestershire Care Services Communications Team
Alamac website	Daily	GCS kit bags	Priority 1 Services
IN ESCALATION			
Cascade email	Variable	If GCS status appears amber or Red triggers automated email to agreed distribution list.	Via escalation metrics
Email	Variable	Exception reporting to On Call Managers/Execs	Via Capacity Management Team
Alamac website	As requested	GCS Trigger	MIiUs, CHs , RRT, SPCA

3.3 Organisational On Call arrangements

3.3.1 The arrangements for On Call support during non-core hours have been reviewed during 2015 following a Winter 2014/15 Debrief. The revised arrangements are proposed from 1st November 2015 and include:

- On Call Executive – remains in place
- Estates On Call – remains in place
- On Call Operational and Capacity Manager – Seasonal from 1st November 2015 – 31st March 2015 only during this time the arrangements will be reviewed to inform the plans for organisational on call from April – October 2016.

3.3.2 The on call packs have been reviewed and include clarification on roles and responsibilities for each of the teams listed and guidance for staff on when to contact the appropriate team.

3.3.3 During times of Escalation or Major Incident a shadow rota of appropriate staff will also be put in place to support the on call manager, in addition, support is also available from the senior Human Resources team if needed.

3.3.4 On Call Management Roles

MANAGER ON CALL (1st On Call)

Responsible for:

- Set response priorities, allocate resource and coordinate tasks
- Oversee and support operational response
- Assessing the incident/situation and determining appropriate response
- Establishing Incident Co-ordination Centre
- Ensuring contemporaneous records are kept
- Attend any incident specific conference calls
- Brief Executive On Call

Responsible for having knowledge of:

- Current operational pressures within the Gloucestershire health community
- Potential predicted pressures both within GCS and other stakeholders
- Specific pressures within GCS and other stakeholders
- Actions for GCS taken from Alamac and progress
- Delivery support for any escalation plans

The Capacity On Call Manager will attend the Alamac daily conference call, work with the relevant on call teams, and take responsibility to escalate issues to the executive on call team when required.

EXECUTIVE ON CALL (2nd On Call) - Level 3/4

- Identify strategic objectives that should be recorded & regularly reviewed
- Decide on whether to establish Incident Control Centre
- Ensure feed into appropriate NHS command and control structures as appropriate
- Looking beyond the immediate response phase and plan for return to normality (recovery)
- Consider long term implications for organisation
- Consider implications of post event enquiries
- Attend any incident specific conference calls
- Brief Chief Executive & Chair at regular intervals

3.4 Pandemic Flu

During a pandemic flu outbreak the agreed escalation procedures will apply as set down in the flu plan with the following amendments:

- An Incident Manager will be identified and be based in the Incident Co-ordination Centre (ICC) (previously known as OCR)
- The Gloucestershire Care Services Capacity Management Team will be based at the Care Services Headquarters alongside the ICC.
- ICC Support Staff will be available to support the Incident Manager in carrying out actions. The Incident Manager will be responsible for delegating these actions as appropriate.
- Monitoring of the alert level status will be completed through the ICC.
- The process will operate seven days a week for as long as required.
- Specific pandemic flu action cards are held in the ICC which provides staff with further guidance.
- LHRP Community Health Response Plan may need to be invoked.

3.5 Single Sex Breaches

No mixed sex wards exist within GCS services and an Executive decision was taken that this will not be breached in any circumstance in a Community Hospital.

3.6 Unusual Expenditure

Unusual expenditure would mainly be around transport to facilitate timely discharge of patients out of acute hospitals. Other unusual expenditure would be equipment e.g. bariatric equipment to be supplied on a ward to enable a quick transfer.

The Gloucestershire Care Services Capacity Management Team have been given authority to authorise unusual expenditure. Existing accounting procedures are used and the Gloucestershire Care Services bed management team keep a record of all the expenditure for review by the budget holder.

The Incident Manager can also authorise unusual expenditure and the EPRR officer will ensure this is coded against the relevant Incident.

3.7 Definitions

2gether	2gether NHS Foundation Trust (mental health services)
EDD	Expected date of discharge
GCC	Gloucestershire County Council
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
ICC	Incident Co-ordination Centre
IDT	Integrated Discharge Team
MIU	Minor Injury Unit
OOHs	Out of Hours (GP led)
SPCA	Single Point of Clinical Access
SWAST	South West Ambulance Service Trust
Virtual Capacity	Refers to Integrated Community Teams

3.8 Implementation

The Gloucestershire Care Services escalation procedures described in this document are to be implemented with immediate effect.

The EPRR Officer will keep contact details up to date, please ensure that you advise them of any changes to your contact details.

3.9 Monitoring & Review

The Plan will get reviewed and signed off by Gloucestershire Care Services NHS Trust Board subgroup with delegated authority to approve Winter/Escalation plans

The Plan is due for review in August 2016

3.10 Training & Awareness

Bespoke training sessions will be delivered to key stakeholders during September - October 2015.

Awareness training will be added to Leadership and Local team meetings as appropriate.

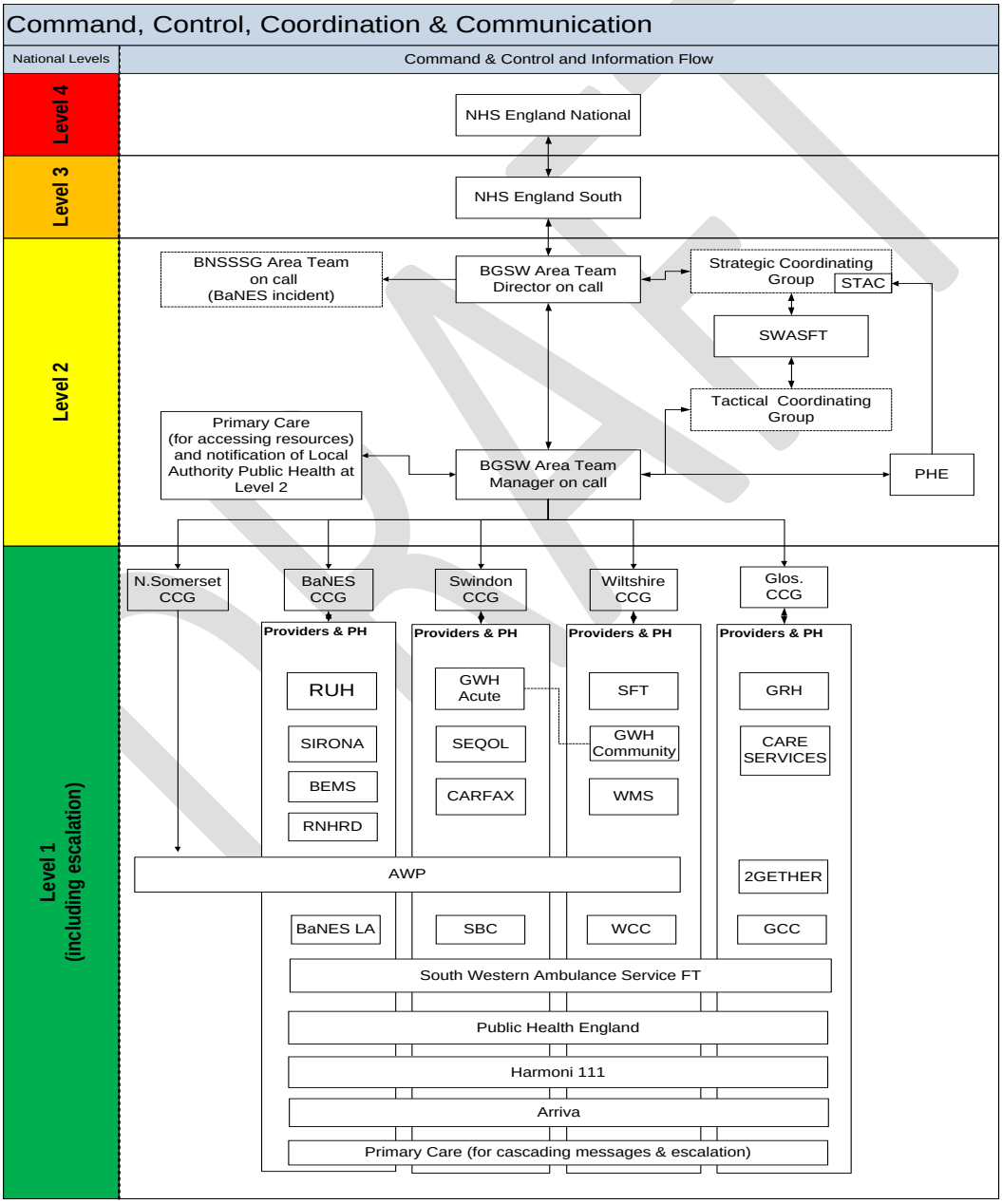
Managers appointing staff within these key areas are expected to ensure relevant training is undertaken by their staff.

4. EMERGENCIES AND MAJOR INCIDENTS

Command, Control and Communications

Illustrated below in table 2 are the command and control structures and lines of communication during an incident. Command, Control and Communication will primarily work to commissioning lines. Where there is not a direct commissioning line depicted in the diagram but a provider requires notification, it is expected that notifications are made in line with, Incident level, Geographic location of the incident and where the impact on services is felt.

Table 2: Command and Control Structures during an Incident



Appendix A

PRE HOSPITAL
IN HOSPITAL
DISCHARGE

WHOLE SYSTEM

DEMAND

	Metric	PRE HOSPITAL Level 1 - Normal	PRE HOSPITAL Level 2	PRE HOSPITAL Level 3	PRE HOSPITAL Level 4	IN HOSPITAL Level 1 - Normal	IN HOSPITAL Level 2	IN HOSPITAL Level 3	IN HOSPITAL Level 4	DISCHARGE Level 1 - Normal	DISCHARGE Level 2	DISCHARGE Level 3	DISCHARGE Level 4
GCS	SPCA call volume per hour Weekday	8	10	13	<=15								
	Weekend	3	5	6	7								
GCS	Rapid Response RAG rating (Referral rate in and nos in service)	1	2	3	4								
GCS	Number of patients on SPCA working list at time of report									<15	15-20	21-25	>30
GCS	Number of patients on SPCA pending list									10	11	12	15
	MIiU - Patients waiting in departments at time of report - Weekday	16	23	30	37								
GCS	MIiU - Patients waiting in departments at time of report - weekend	18	24	31	38								

CAPACITY

	Metric	Level 1 - Normal	Level 2	Level 3	Level 4		Level 1 - Normal	Level 2	Level 3	Level 4		Level 1 - Normal	Level 2	Level 3	Level 4
GCS	SPCA Abandoned call rate	<5%	<8%	<12%	12%>										
GCS	MIiU longest wait	<3 hrs	3-4	4+ in 1 unit	4+ in 1+ units										
GCS	Total number of Community Hospital beds available						>=10	6-10	0-5	<=0					
GCS	Total Number of Reablement Beds available						>=8	4-8	0-3	<=0					
GCS	Beds closed due to Infection Control						0	1 ward /area	2-3 wards / areas	>4 wards/ areas					
GCS	No of Unfilled shifts (agency & Bank) - Community Services											1	2	3	4
GCS	No of Unfilled shifts (agency & Bank) - Community Hospitals						1	2	3	4					
GCS	% MIU patients seen within hours	100%	98%	85%	75%										
GCS	Specialist Services total caseload	In development													
GCS	Integrated Community Services total caseload	In development													

APPENDIX B

ESCALATION / ALERT LEVEL DEFINITIONS

This follows the NHS England alert levels, comprising 4 distinct alert levels.

Table 2: Definition of Escalation Statuses	
GREEN	**Level 1: patient flow management** - The Local Health and Social Care System capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. Commissioned levels of service will be decided locally.
AMBER	**Level 2: mitigation of escalation –** The Local Health and Social Care System starting to show signs of pressure. Focused actions are required in organisations showing pressure to mitigate further escalation. Enhanced co-ordination will alert the whole system to take action to return to green status as quickly as possible.
RED	**Level 3: whole system compromised** – Actions taken in Level 2 have failed to return the system to Level 1 and pressure is worsening. The Local Health and Social Care System is experiencing major pressures compromising patient flow further urgent actions are required across the system by all partners.
BLACK	**Level 4: severe pressure and failure of actions** – All actions have failed to contain service pressures and the local Health and Social Care system is unable to deliver comprehensive emergency care. There is potential for patient care to be compromised and a serious untoward incident is reported by the system. Decisive action must be taken to recover capacity.

Appendix C – Daily Service Assessment of Capacity & Demand

All priority 1 services will undertake a daily assessment of their service in order to allocate an escalation level.

The purpose of assessment will be to determine service capability to deliver desirable, routine, essential and critical services and identify when this is changed and for what reason.

Services will use a set of triggers applicable to their service area set out below:

Service	**Factor**	**Elements**	**Rationale for normal working**
Community based services	% of available Capacity to receive routine, essential and critical visits	Number of • Units of activity • Caseload size • Staffing levels	Community teams work at capacity which is part of normal business
Minor Injury Units (MIUs)	% of workload being managed within targets	Number of • Breaches • Length of wait • Staffing capacity	10% capacity in units 100% of patients treated and discharged within 4 hours No clinical breaches
Community bed based services	% of beds available	Number of • Admissions • Transfers • Discharges • Vacant beds	90% occupancy rate
Capacity Management Services	% of workload being managed within targets	Volume of • referrals • staffing capacity	No pathway delay 90% of Expected Date of Discharges
Staff Absence	% of staff absence and impact on service delivery	Number of shifts not covered and impact on individual services	Staff Shortages: Level 1 – Managed within normal business

APPENDIX D

GLOUCESTERSHIRE CARE SERVICES ACTIONS TO ESCALATION

PARALLEL FUNCTIONS	
Level 1 - Green Escalation Action Card	**Lead Roles and Responsibilities**
All services will continue business as usual and priority 1 services will report a daily internal escalation level. The Capacity Team will participate in the daily whole system conference call to review activity and demand and pre-empt surges and take mitigating actions	**Capacity Lead Manager of the Day** • Review GCS Kit bag • Complete actions • Contribute to whole system solutions • Take internal and external actions • Escalate issue to COO • Initiate communication strategy
Level 2 -Amber Escalation Action Card	
Capacity Team actions: • Discuss escalation actions in priority 1 services • Monitor service performance in GCS Alamac escalation kit bag • Review staff resources for next 24 hours • Assure actions allocated at conference call are completed • Escalate to COO • Implement communication strategy • Review Deployment plan in readiness • Participate in additional conference calls • Discuss additional bed strategy as early as possible with CCG **Community Hospitals** • Review all expected date of discharges and escalate blockers • Identify patients who can step down to alternative bed based care. • Update SPCA on discharge for next 3 days • Complete bed predictor • Review bed opening plans with CCG and prepare to open beds in a planned way	**Countywide Conference Call** • Update county services on GCS status • Agree countywide status and organisational responses • Cascade communication in GCS indicating level of response required from services • Stop all non-essential functions, eg. Staff training, meetings **Head of Community Hospitals and Matrons**

MIUs • Monitor workload by unit • Additional staffing if available **ICT (Community Teams)** • Team Managers and Co-ordinators will review ICT caseloads including nursing, physio, OT and reablement to maximise capacity maintain patient flow. • Prepare for actions at level 3	Locality and Community Managers
Level 3 - Red Escalation Action Card	
Capacity Team actions: • Participate in additional conference calls • Regular briefings for COO • Refresh communication strategy • Implement deployment plan **Community Hospitals** • Deployment plan implemented • Open extra beds **MIUs** • Increase staffing as required • Close most effected units to NHS 111 referrals **Community Teams** • Re-triage of caseloads, re-prioritise work, suspend and stop some work **Rapid Response** • Review rotas for next 5 days and increase staffing numbers where possible	• Internal Conference call set up with Director of Service Transformation, Director of Service Delivery, Head of Urgent Care, Head of Community Hospitals, EPRR Lead, Locality Managers and On call Executive • Agree any actions that need to be passed onto the on call managers, allocate a second manager on call to support in next 24 hours • Review organisational position with Locality Managers and agree actions for next 24 hours (level 3 + 4) • Review the need to open the Incident Co-ordination Centre (ICC) • Suspend all annual leave and request staff to attend workplace • Update Chief Executive • Consider service closure over and above deployment plan

Level 4 – Black Escalation Action Card	
Capacity Team • Maintain organisation overview And provide regular updates **Community Hospitals** • Maximise discharges and use any alternative capacity if home cannot be made available sooner • Maintain Increased MDT ward rounds weekdays and weekends • Review 24 hour staffing **MIUs** • Close most affected units and divert staff **Community Teams** • Maintain level 3 actions • Staff deployed to maintain critical service provision only **Rapid Response** • Maintain increased staffing levels • With partners review resource allocation	Continue actions for Red. • Open the ICC to co-ordinate GCS response • Establish a rota to maintain increase manager support to incident/situation. • Internal Conference call continues • Develop contingency plans for level 2 and 3 services and corporate services to continue or return to normal business (recovery). • Keep Chief Executive & Chair informed

Appendix E - Critical Services Categorisation

Priority 1 Services (Critical)	Priority 2 Services (Medium)	Priority 3 Services (Low)
The service has critical activities that cannot be stopped without immediate detrimental impact on service user/patient care.	***The service has some critical activities but without the right staff/ facilities/ equipment etc should be stopped.*** ***Discuss with Commissioners impact on performance***	***The service has minimal critical activities and can be stopped without a short term detrimental impact*** ***Discuss with Commissioners impact on performance***
GCS Directly Managed Services		
Single Point of Clinical Access – Integrated Discharge Team	Homeless Healthcare Service - Critical Activities Only	Wheelchair & Specialist Wheelchair services
Children's Community Nursing - Critical activities only to avoid hospital admission	Specialist Community Nursing Services (Diabetes/ Parkinsons/ Respiratory/ Tissue Viability/ Heart Failure/ CVD) Stroke Services	Adult & CYP Therapies- phy/OT/SLT/podiatry
Rapid Response Service to avoid adult hospital admissions		Corporate Services
Community Hospitals – Inpatient services		Health Records
Minor Injury and Illness Units		Home Safety Check Team
Integrated Community Teams (including Nursing, Therapies and Reablement) to provide critical activities to maintain adult patient flow		Neonatal Hearing Screening
Dental Service - Critical Activities Only - i.e. Emergency Pain relief		Care Homes Support Team
Community Equipment Services to support hospital discharge and avoid hospital admissions		Telecare
Hotel Services - critical activities to support inpatients services only		PHN : Health Visiting/School Nursing
Sexual Health - Critical Activities Only – SARC, Terminations, Emergency		

Hormonal Contraception, HIV PEPSE.		
Information and performance – critical reports		
Contracted /out sourced Support Services		
Domiciliary Services supporting care delivery		Community Hospitals – Theatres – **Not Care Services Activity**
Social Workers support to Community Hospitals and ICTs		
Cook-Freeze - critical services only to support inpatient services (Contract Appetito)		Community Hospitals – Outpatients - **Not Care Services Activity**

Appendix F – Communications Plan

To follow separately.

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: Date 24 November 2015

Agenda Item:	18
Agenda Ref:	18/1115
Author:	Glyn Howells – Director of Finance
Presented By:	Glyn Howells – Director of Finance
Sponsor:	Glyn Howells – Director of Finance

Subject:	One Year plan

This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☐ Assurance ☒ Information

Executive Summary:

The Trust has not submitted a 5 year Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) since its establishment as an NHS Trust. In March 2013, we submitted a two year plan and delivered against the first year in 2013/14. We then submitted a 1 year plan in March of 2014 covering financial year 2014/15 which showed a surplus of £0.1m. Following TDA requests to improve the position we subsequently resubmitted a plan for 2015/16 in September 2015 showing a revised surplus of £1.0m.

Over the last 15 months the Trust has met with the CCG quarterly to go through the assumptions that the Trust needs to have aligned with the CCG to allow a 5 year view of the Trust's plans to be worked up in detail through a Long Term Financial Model (LTFM) and Integrated Business Plan (IBP). As yet we have not been able to gather CCG support for the underlying assumptions to underpin the 5 year plan though constructive discussions continue.

We are about to enter the next planning round and have been informed by the TDA that we will need to submit a one year plan for financial year 2016/17 early in the new calendar year and will need to work with other NHS Providers and Commissioners across Gloucestershire to produce an integrated 5 year long term plan for Gloucestershire by the middle of next calendar year.

As yet there have been no firm guidance issued with regards to pay inflation, income inflation or efficiency requirement and so the Trust will model the financial position using the guidance issued for last year which will generate CIP requirements of circa £3.6m. These assumptions will be overlaid against our latest forecast outturn position which will allow us to do the preparatory work to submit a first cut annual plan in early January, this will also come to the January Part 2 Board for approval before being finalised. Once this has been approved by the Board in January, it will be used to set budgets for 2016/17 so that budget holders have them in time for the start of the year.

The Trust is attending a planning meeting with the TDA in early December and so will issue an update once we have more clarity about assumptions.

Recommendations:

The Board is asked to:

Note the position and **Approve** the approach being proposed.

Considerations:
Quality implications: EQUIAs will be completed for all CIPs developed as part of the financial plan.
Human Resources implications: This will inform the workforce plan
Equalities implications: No
Financial implications: This will form the basis for our plan to be submitted to the TDA in January 2016 in draft form and then finalised by the end of March 2016.
Does this paper link to any risks in the corporate risk register: No
Does this paper link to any complaints, concerns or legal claims No

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

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

Reviewed by (Sponsor):	

Date:	

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Finance Committee and Part 2 Board

Explanation of acronyms used:
CCG – Gloucestershire Clinical Commissioning Group

Contributors to this paper include:
Glyn Howells – Director of Finance

Minutes of the Charitable Funds Committee

Boardroom, Edward Jenner Court

Tuesday 14th July 2015 – 11:00 a.m.

Committee Members present:

Nicola Strother Smith (NSS) – Non-Executive Director (Chair)
Rob Graves (RG) – Non-Executive Director
Glyn Howells (GH) – Director of Finance
Jason Brown (JB) – Director of Corporate Governance and Public Affairs
Tina Ricketts (TR) – Director of HR

In attendance:

Michael Richardson (MR) – Deputy Director of Nursing
Mark Parsons (MP) – Head of Estates
Simon Merrett (SM) – Head of Financial Accounts
Claire Edwards (CE) – Communications Team
Jenny Goode (JAG) (minute taker)

Item	Minute	Action
CFC 17/15	**Welcome and Apologies** The Chair welcomed Rob Graves, Non-Executive Director, to the meeting and explained that following a review of NED membership of Committees, Rob has replaced Sue Mead as the second NED member for Charitable Funds Committee. The Chair also welcomed Michael Richardson (Deputy Director of Nursing), Mark Parsons (Head of Estates), Simon Merrett (Head of Financial Accounts) and Claire Edwards (Communications Specialist) to the meeting. The Chair confirmed that the Lead Executive for Charitable Funds Committee has now been confirmed as Glyn Howells. Apologies were **Received** from Mark Lambert.	
CFC 18/15	**Confirmation that the meeting is quorate** The meeting was confirmed as quorate by the Director of Corporate Governance (Trust Secretary).	
CFC 19/15	**Declarations of Interests** Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item.	

	Michael Richardson declared an interest in a Charitable Funds request being put forward for consideration under Item 10 of the agenda.	
CFC 20/15	**Minutes of the meeting held on 24th April 2015** The minutes of the meeting held on 24th April 2015 were **Received** and **Approved** as an accurate record subject to the following amendments. GH asked that the minutes be amended to reflect that item CFC 13/15 – Brokenborough Plans – was discussed at the beginning of the meeting and GH left the meeting at 11.45 a.m.	JAG
CFC 21/15	**Matters arising (action log)** The following matters were **Discussed** and **Noted**: **Item reference CFC 44/14 – Investigate Glos Athritis Trust ref recharging** – JB will give an update to next meeting on 20th October. RAG status to be amended from green to red. **Item reference CFC 46/14** – Guidance on Charitable Funds Spend - guidelines tabled at meeting. JB asked for any comments on the guidelines to be sent to him asap. **Item reference CFC 53/14 – Donations Received:** a) GH said that several letters have been sent to the Charity Commission; one acknowledgement has been received explaining that there is a backlog of work and there will be a delay in responding, but to date, no full response has been received. GH view is that we should write to the Charity Commission again stating that we have tried to seek their advice several times without success, but as Charitable Trustees outline what we intend to do with the funds if we do not hear back from them within two months. b) GH explained that he is awaiting a letter from the Solicitors regarding the Brokenborough title and this will be discussed at the next Brokenborough Sub-Committee scheduled for 19th August. A full update will be given to the next Charitable Funds Committee in October. RAG status to be amended from red to green. **Item reference CFC 57/14 – Current Funds Report -** item outstanding. JB apologised for the delay and will ensure that a meeting is scheduled to look at criteria for merging funds in order that this can be finalised. JB will give an update to the next meeting in October. NSS requested that this work is completed asap and in place before the next meeting in October. **Item reference CFC 11/15 and CFC 12/15 – Governance Statement -** completed. Remove from action log.	JB/JAG All GH JAG JB/GH JAG

	Item reference CFC 13/15 – Brokenborough Plans – detailed update on Brokenborough plans to be discussed under item 14 of this agenda.	
CFC 22/15	**Forward agenda planner** The Forward Planner was discussed and approved with additions/amendments as listed below. **All meetings**: "Update Brokenborough Plans" to be amended to read "update from Brokenborough Sub-Committee" **20th October:** to include report from GH regarding potential proposals for use of Brokenborough funds and to set the framework. GH said that he believes that spending plans will need Board approval. JB suggested this could possibly be discussed at Board Development subject to agreement by IB. **20th October**: to include Charitable Funds Application Guide (not included on July agenda). **19th January 2016:** in addition to update from Brokenborough Sub-Committee, also include update on Brokenborough Strategy.	 JAG GH JB/JAG GH/JAG
CFC 23/15	**Current Funds Report** The report was **Discussed** and **Approved** subject to the following comments detailed below: Committee agreed that the overdrawn position should be adjusted for the year end, and work on merging funds into six groups must be completed before the next meeting of this Committee on 20th October. The Charity Commission also need to be informed. The Chair queried the amount overdrawn relating to Brokenborough investments and GH confirmed that this will be cleared once the funds had been received. GH advised that the Brokenborough committee had agreed that GCS would seek joint contributions from Great Western Hospital Charitable Funds if and when the Brokenborough "overdraft" becomes a burden on the overall Charitable Fund for GCS. The Committee agreed that a single summary spreadsheet that could be viewed as an appendix to the main Current Funds report, showing quarter by quarter movement, is to be produced to accompany the Current Funds Report and that this should be put in place for the next Committee (20th October). RG to approve the draft format prior to circulation with papers.	 GH/SM JB / GH GH RG/GH/SM

CFC 24/15	**Legacy Gifts** The Committee **Noted** the report, but expressed concern that no legacy gifts had been received in comparison to the previous year when £80k was received. In order to assist the Committee, it was agreed that it would be useful to have a spreadsheet that showed the history of legacy gifts in order to show up variances. The Chair acknowledged that work has been ongoing to raise the profile of Charitable Funds, e.g. Giving to Gloucestershire, but it was noted that the League of Friends have a higher profile than GCS's Charitable Funds. JB was asked to give some thought to further campaigns that did not conflict with League of Friend's fundraising, i.e. posters in clinics.	GH/SM JB
CFC 25/15	**Donations Received** The Committee **Noted** the report, and expressed concern in the reduction in donations received compared to the previous year. It was **noted** that the country as a whole was experiencing a reduction in charitable donations received. GH requested a spreadsheet showing quarterly receipts over the last 2 years and give an update to the next meeting on 20th October.	SM
CFC 26/15	**Bids requiring Committee approval** JB explained that bids over £10k have to be brought to Committee for approval. Also, the Committee will be asked to consider any bids where JB is unsure about approval. Subsequently 4 bids were tabled for the Committee's consideration: a) **Leadership Conference - £10,111.67** The Committee considered at length whether this request could be funded from the Nightingale Fund, but it was agreed that it was not appropriate in its current form as the application was too brief for the committee to understand whether it meets the criteria of this particular fund. Therefore, this request was **not approved** and JB was asked to resubmit to the next meeting with further narrative to explain why it should be funded through the Nightingale Fund. b) **Leadership Conference – Keynote Speaker - £1,954** The Committee considered this application and asked that both a) and b) are combined into one request and resubmitted to the next meeting on 20th October. c) **Engagement Team – staff awards – part donation - £3k** The Committee felt that in the current form it did not meet	JB JB JB

	any of the criteria for the 6 funds – further narrative required. Submit to next meeting for reconsideration. d) **Health Visiting – part funding of HV celebration event - £3k** *(interest in this item declared by Michael Richardson)* The Committee felt that in the current form it did not meet any of the criteria – further narrative required. Submit to next meeting for reconsideration. The Committee discussed whether a new fund should be created possibly entitled "Recognition Fund". JB was asked to draft Terms of Reference for this fund to including wording around reflecting staff development and reward and bring to next meeting on 20th October for further discussion. The Chair asked that future requests are included with the agenda papers and not tabled at meetings.	JB JB JB
CFC 27/15	**Bids approved/rejected since last meeting** JB updated Committee on bids approved since the last meeting and highlighted the following: • Several requests for clothing / toiletries / pyjamas for homeless people who had been admitted to hospital, or people that didn't have these items. Transport requests for patients from the Cardiac Rehab team - but it was made clear that these were one-off approvals. Requests that were amended before approval included strawberry and cream afternoon teas at Tewkesbury Hospital to coincide with Wimbledon fortnight. These were eventually supported (minus the cream element) as they were promoting social engagement of patients and encouraging them to eat more fruit. The Committee **Noted** the verbal update given by JB and asked that a spreadsheet listing approvals is included on the agenda for future meetings.	JB
CFC 28/15	**Internal Communications Plan** Claire Edwards briefed the Committee on the draft communications activity plan. Following discussion, the Chair asked GH to arrange an Executive level meeting prior to the next Committee on 20th October to discuss various issues that had come to light at this meeting. Following discussion, Committee **did not approve** the report and	GH ML

	asked for an updated version of the plan to be considered at the next meeting of the Committee on 20th October, following the Executive meeting to be arranged by GH.	
CFC 29/15	**League of Friends (LoF) – activity** The Committee discussed the report and requested that MP produces a detailed breakdown of the bids for LoF funds and circulates to Committee members asap. Subject to the above comment, the Committee **Noted** the report.	MP
CFC 30/15	**Brokenborough Plans – verbal update by GH** GH updated the Committee on recent activity relating to Brokenborough and highlighted the following points: • GWH (Great Western Hospital) complimentary of the work GCS has done to date • GWH want to maximise value of asset because they have investments in Malmesbury which they wish to fund via this money • GWH have useful Council contacts that they can use as the scheme progresses • Agreed to establish joint working between GWH and GCS communications teams • GCS to appoint land agents • Next joint meeting (Brokenborough Sub-Committee) to be held on 19th August The Committee thanked GH for the verbal update and **noted** the progress being made.	
CFC 31/15	**Charitable Funds Draft Accounts 2014-15** Papers were not available to table at the meeting. GH to meet with NSS/RG prior to next meeting (20th October) to discuss. JAG to arrange meeting.	GH/JAG
CFC 32/15	**AOB** JB explained that a bid for funds for allotments at the Vale is being made by Dr. Simon Opher which needs further discussion. Whilst GCS supports utilising land for allotments, GCS need to understand what level of clearance the land received when the previous buildings on the site were cleared. Whilst he had no doubts regarding the safety of the land with respect to building a hospital and putting a car park on it; there are much higher standards needed if it is being used for food cultivation. There were no further AOB items.	NSS/JB/MP

	The Chair thanked everyone for attending the meeting. The meeting was closed by the Chair at 12.50pm.	
CFC 33/15	**Date/time of next meeting:** It was agreed that the next meeting of the Committee will be held on Tuesday 20th October 2015 at 2pm until 3.30pm at Edward Jenner Court. ***Please note: date of next meeting subsequently amended to Monday 19th October at 1pm until 3pm at Edward Jenner Court***	

Committee Chair ……

Date: ……

Gloucestershire Care Services NHS Trust

Minutes of the Audit and Assurance Committee

Boardroom, EJC

Wednesday 23rd September 2015

Committee Members present:

Richard Cryer (RC)	Non-Executive Director (Chair)
Sue Mead (SMD)	Non-Executive Director
Robert Graves (RG)	Non-Executive Director
Glyn Howells (GH)	Director of Finance
In attendance:	
Duncan Jordan (DJ)	Chief Operating Officer (Agenda Items 1 – 7)
Tina Ricketts	Director of Human Resources (Agenda Item 11)
Stuart Bird (SB)	Deputy Director of Finance
Jason Brown (JB)	Head of Corporate Governance & Trust Secretary
Sam Elwell (SE)	Internal Audit, PwC
Lyn Pamment (LP)	Internal Audit, PwC
Duncan Laird (LD)	External Audit, KPMG
Jon Brown (JBr)	External Audit, KPMG
Rayna Kibble (RK)	Counter Fraud
Minute Taker:	
Pamela Farrow (PF)	Senior Personal Assistant

Item	Minute	Action
15/AA040	**Agenda Item 1 - Welcome and Apologies** The Chair welcomed members. Apologies were **Received** from Ian Dreelan, Non-Executive Director Jan Marriott, Non-Executive Director Joanna Scott, Non-Executive Director Nicola Strother-Smith, Non-Executive Director Nicola Strother Smith, Non-Executive Director Rod Brown, Head of Corporate Planning Sally Cheung, Counter Fraud	
15/AA041	**Agenda Item 2 - Confirmation that the meeting is quorate** The meeting was confirmed as quorate by the Trust Secretary.	
15/AA042	**Agenda Item 3 - Minutes of the Meetings of 13th May and 3rd June 2015 were approved with the following point noted:**	

	Minutes of 13th May 2015 - 15/AA019 – second paragraph should be RG not RC.	
15/AA043	**Agenda Item 4 - Matters Arising (Action Log)** 15/AA07 – Tewkesbury - GH informed the Committee that the Forensics Department at KPMG had been engaged to provide an options appraisal and the first meeting to discuss options is planned for week commencing 28th September 2015. 15/AA009 – re duplicate payments process, SB reported that an external company were to be appointed to undertake this work, however attention was drawn to a national process that is currently ongoing and it was decided to await the report from this process before going forward. SB confirmed that the contracted period with SBS ends in March 2017 and six months' clear notice will need to be given. LP commented that the national process would only provide information regarding duplicate suppliers but not duplicate payments. RG commented that we will need to see if the report can provide the level of detail required and if not, engage someone to undertake this work. SB commented that it would be relatively easy to engage someone to do this work but needed to be clear regarding not over paying for this service. GH commented that GCS has the right to claim the benefit for any duplicate payments made on the previous systems prior to transfer. SB to propose solution for duplicate payments check. 15/AA025 – LP reported that the wording in the Audit Final Report had been amended and would be discussed at Agenda Item 6. 15/AA025 – A discussion regarding high level issues being reported to the Committee took place. RC commented that this was vital in order to be assured action had been taken on recommendations. GH reported that any outstanding risk items are reported and will be added to the next Committee agenda. 15/AA027 – RK reported that discussion was now ongoing with the Communications team. 15/AA028 – JB asked the Chair if a report should be provided to the Committee regarding when compensation payments had been made. SM responded that the action was related to how compensation is linked to complaints and legal claims. JB commented that he would be happy to bring a report on compensation payments made and if there are any gaps in policy as a standard agenda item. SB reported that there is already an agenda item on Waivers, Special Payments and Write-offs which would include any compensation payments made, however JB commented that it would be more appropriate to report separately on compensation payments made if they are linked to complaints or incidents.	**SB** **GH** **JB**

	15/AA028 – SB reported that this item would be covered in Agenda Item 10 but only the top 10 debtors listed. RC reported that he felt this level of information was more appropriate than providing information on smaller amounts payable. 15/AA037 – GH reported that advice had now been received advice regarding the shortfall in pensions fund and the liability is a 'notional book liability'. 15/AA038 & 15/AA039 – JB reported that these documents would be presented in a simplified format to make more accurate distinctions between policy and procedure at the next Committee.	**JB**
15/AA044	**Agenda Item 5 – Forward Agenda Planner** The Forward Planner was discussed and approved – RC queried why the planner had not been updated with regular agenda items. This was an administrative error and would be rectified. Following a query from DJ regarding logging when reports are due, it was agreed that tracker reports which highlight overdue actions would be brought to the Committee separately. DJ also requested that these reports be built into the internal audit process so that responses to high level recommendations are not delayed. RG raised an issue related to systems architecture, ensuring that this Committee receives the appropriate updates and sees the bigger picture and linkages. RC commented that this was also raised a year ago. LP commented that these issues are covered in Internal Audit reports. RC queried whether outstanding issues come to this Committee or go to the Finance Committee. JB responded that assurance issues come to this Committee. GH commented that issues related to SystmOne would not necessarily come to this Committee or the Finance Committee unless they were not resolved at an Executive level. GH believed that it would be useful to bring a 'road map' type of report to this Committee to highlight actions on specific clinical or corporate systems. RC requested that GH/JB bring a brief report to this Committee to assess whether there are any control issues. GH responded that if there were any control issues, these would be raised through risk registers. DJ commented that the concept of looking at control issues through this Committee was discussed prior to the setting up of the Finance Committee. SM commented that there were also issues relating to systems highlighted on the CQC report and believed that it would be appropriate to have oversight on the overall log and completion of actions. RG raised the issue of undertaking a 'sanity' or integrity check on sources of data. GH responded that this would be raised in the Internal Audit update.	**PF** **LP/JB/GH** **LP/GH**

15/AA045	**Agenda Item 6 – External Audit Update** JBr reported that KPMG were currently completing planning and risk assessment procedures for the 2015-16 financial statements and also helping the Trust with some non-audit work in relation to its ongoing dispute regarding Tewkesbury Hospital. In the technical update, JBr reported that following the announcement that one Chief Executive will be overseeing both Monitor and the TDA, the two organisations are looking at how they can work more closely together in the future. The NHS Five Year Forward View states that the NHS has to achieve a 2% net savings for the rest of the decade, possibly even rising to 3% by the end of the period. The Commonwealth Fund Report has rated the NHS as the most cost-effective health system in the world in terms of value for money to the tax payer. A new Group Manual of Accounts has come out for next year although there are no major changes to the document. A brief snapshot of CQC findings to July 2015 was also provided. A discussion was held regarding compilation of the Annual Report and Accounts with RC commenting that this is more of a document of record. JBr agreed that this is the case, with the front part of the document providing an opportunity to document achievements whereas the back half is backward looking linked to the financial statements. GH commented on the significant work that goes into the Annual Report and Accounts, although some Trusts do only provide a one page summary with the financial information behind that. RC commented that there is repetition between the Annual Report and Accounts and the Quality and Performance Annual Report. JBr reported that some Trusts précis the reports to make them more readable. RG commented that an exercise looking at who reads the document should be undertaken also and GH agreed that paring down the document would make it much easier to read. It was agreed that a meeting between RC/RG/GH and Rod Brown, Head of Corporate Planning should be convened to ~~progress~~ discuss the format of the Annual Report and Accounts. SB commented that there is a piece of work to be undertaken with KPMG on asset valuations and the resulting report will have an effect on asset value and terms of life and in seeing what impact there is on accounts and capital depreciation. This work will be undertaken during October. JBr confirmed that KPMG had reviewed the principles that the valuations were being conducted under and were comfortable with them, notwithstanding the requirement to do a detailed audit in this area as part of the annual accounts.	**RC/RG/GH**

	The Committee **RECEIVED** the External Audit Update.	
15/AA046	**Agenda Item 7 – Internal Audit Update** **Internal Audit Annual Report** - LP reported that the Annual Report had been updated as previously discussed but as the report had already been presented at the Committee, did not intend to go through the detail again. The Committee **RECEIVED** the Final Annual Report. **Internal Audit Progress Report -** LP reported that a number of additions and changes were being proposed to the Internal Audit Plan: It is proposed to assess the end to end process for creating and reporting data within SystmOne; Following discussions with JB, a test will be undertaken in relation to whether the Trust is appropriately anonymising and pseudonymising information when it is transferred outside of the Trust; Working across the Gloucestershire health economy, a review will be undertaken that compares project activity to date against PwC's 12 Elements of Programme/Project Excellence Model. This will result in a single report. GH provided context to this work in that following CCG's Joining Up Your Care strategy, there is a strand called Joining Up Your Information for which CCG have obtained £1m central funding to make data available across the whole health records system. The biggest challenge will be in terms of getting all the information out of SystmOne and Internal Audit will be working to ensure we are not missing opportunities for data consistency and accuracy. LP reported that this project is the first of a number of projects and will look into how the project has been established and provide information on what further projects need to be undertaken. LP reported that removals from the Internal Audit Plan are linked predominantly to Communications and it is proposed that this review is deferred until Quarter 1 of the 2016/17 programme. RC commented that in his view the changes exposed the Trust to minimal additional risks than there would otherwise have been. ~~However he commented that he felt this is the right approach.~~ SB reported that GHT are currently undertaking a value for money audit on the services they buy from the Trust which is predominantly renting of patient space. SB commented that the Trust should also undertake a value for money audit on the services bought from GHT and this could provide further opportunities for negotiation. A discussion regarding whether the	

	Trusts should appoint internal or external auditors for this work took place. RG believed that the concept of two health organisations employing two different auditors to undertake value for money audits on each other was not appropriate. RC commented that he would prefer that this was undertaken as a joint assignment and that GHFT should be approached to agree joint principles. RC will contact GHFT's Chair of Audit and Assurance Committee to arrange to discuss this approach.	**RC**
	LP reported that there was a summary of individual audit assignments on Page 4 of the report and on Page 6, although the Recommendation Tracker still shows two that are high rated, since the report had been produced, responses had been received that completes the two actions. There is also a medium rating on Core Financial Systems which has been completed however the Trust still has 13 medium risks outstanding which need to be addressed prior to the next Audit and Assurance Committee in November when a more detailed report on progress would be provided.	**LP**
	GH reported that in relation to these issues, the key position of Head of Financial Accounting had been recruited and would be joining the Trust very soon.	
	DJ raised staffing levels escalation process from the tracker and that action had been taken to mitigate this risk as with a number of others. RC agreed and commented that a more detailed report on actions taken on high and medium risks was essential for the next Committee.	**LP (As action above)**
	The Committee **RECEIVED** the Internal Audit Progress Report.	
	External Care Spend Report – SE reported that since work had been completed on the assessment of current controls, the process is now owned and managed by GCC. There are therefore no issues for the Trust and the report is there for information only. SE reported however that there are serious risks with the ERIC system which is not fit for purpose and that payments are continuing to be made for packages where care is no longer being provided.	
	DJ reported that there are differences in interpretation of this report between the Trust and GCC and this may affect future discussions regarding the report.	
	The Committee **RECEIVED** the External Care Spend Report.	
	CQC Preparation Report - SE reported that the information had been compiled following a mock inspection undertaken at Stroud Community Hospital. Initially the perceived strengths and weaknesses in quality and safety identified at Stroud had been extrapolated to apply to the Trust in general. This has now been updated in the final report which is being presented as a matter	

	of completeness as the CQC inspection has now happened. The first issue relates to nursing shortages and a high level of agency spend which came to light as a result of the mock inspection and this may be indicative of similar issues across the Trust. The investigation and reporting of incidents resulting in harm was good although communication and sharing of learning as a result was not as good and this could be due to people working in a number of disparate locations. There was also an incident of a GP who did not follow the Trust's policy and may have presented an infection control risk. RC commented that the CQC inspection had been discussed at Board the day before and it is likely these issues have been included in the list of 200 actions identified. GH confirmed that Rod Brown, Head of Corporate Planning has had sight of the report regarding actions to be undertaken. The Committee **RECEIVED** the CQC Preparation Report. **Procurement Report** – SE reported that procurement carried an overall medium risk and all findings were in the low or medium category. Medium risk findings were: Preferred supplier lists – the Trust uses a high number of one-off suppliers and has a small preferred suppliers list. The implementation of the preferred suppliers' list is however already generating savings; There is still a high level of non-PO spend but actions are in place to reduce this type of spend; Nurse agency staff are used across nine suppliers however there are no signed contracts with these agencies. It is recommended that contracts are established with fixed rates at specific bands. RC commented that as the TDA had now introduced a strict process for the use of agency nurses, these issues should now be resolved. GH reported that work was underway with other providers to agree a framework for the use of agency nurses, along with the aim of introducing e-rostering for purchase orders and hopefully greater planning ahead for employing agency nurses. RG commented that a request for procurement issues to be raised at the Finance Committee had been made. JB to look into this and report back to RG. The Committee **RECEIVED** the Procurement Report. **Cost Improvement Programme (CIP) Report** - SE reported	**JB**

	that the Trust was not in line overall with its expected position due to the Trust not yet being in a position to identify the 55 non-frontline positions that need to be reduced. There are currently no plans to reduce frontline staff costs which account for over 80% of staff costs, although this may be able to be achieved without losing staff through introducing other efficiencies. RC commented that CIPs was an important part of discussion at the Finance Committee and asked SE if it was possible to look at other Trusts to ascertain if there are any productivity or efficiency measures that we may have overlooked. LP responded that theire work had been undertaken in looking at how other Trusts (particularly Community Trusts) have responded and will bring this information to the next Committee in November. The Committee **RECEIVED** the Cost Improvement Programme (CIP) Report.	**LP**
15/AA047	**Agenda Item 8 – Counter Fraud Update** RK brought the Committee's attention to the first section of Appendix 1 (Case Summary) which was a list of cases opened in 2015-16. There are three new ongoing cases, two of timesheet abuse and one of working when sick. One of the timesheet abuse cases has not been substantiated and there is a current joint investigation being undertaken on the second case by GHNHSFT and GCS. Cases carried forward from the previous year include an ongoing investigation into the provision of false and misleading information on a GCS application and counterfeit professional reference which is currently with the Crown Prosecution Service for potential criminal proceedings; a working while sick case which has been closed; a contractor receiving payment from GCS and a third party for the same hours has been substantiated and full recovery will be sought; two cases of working when sick – one where the employee has been dismissed and recovery of overpaid salary received and the other is ongoing. Cases referred to in Appendix 2 (Proactive Summary) discussed include a piece of work across all Trusts to ensure each Trust has the ability to identify and charge non-UK nationals for treatment; work on safeguarding the Trust and ensuring all relevant policies are up to date is ongoing; 13 investigations as part of the National Fraud Initiative are ongoing; Hope House – as part of the 6 month review, funds have been recovered from two non-UK residents for dental treatment at the centre and to April this year, a total of £2,700 has been recovered. RK commented that a tariff has now been introduced so that appropriate charges can be made. In response to a query regarding the charging processes for non-UK residents, RK also reported that patients are asked for identification and a utility bill to ensure that they are resident in the UK. This applies to	

	terminations only and is part of what is a systemised approach across Gloucestershire. The Committee **RECEIVED** the Counter Fraud Update.	
15/AA048	**Agenda Item 9 – Review of Waivers, Special Payments and Write-Offs** SB reported that there had been no waivers, special payments or write-offs since the last Committee however a more rigorous process is being put into place to identify these for future Committees. GH also reported that the process would be monitored more efficiently in the future with the recruitment of the new Head of Financial Accounting ~~position~~. SB to report on the new process to the next Committee.	**SB**
15/AA049	**Agenda Item 10 – BPPC and PO Usage (Better Payments Practice Code and Purchase Orders Usage)** SB reported that there is a steadily improving trend with a year to date position at 91% by value and volume against a target of 95%. There are still ongoing issues due to the number of suppliers used however a focus on key suppliers will improve the position. There is an increase in the use of purchase orders although ~~the table on Page 5 of the report shows that~~ there is still a high level of spend through the non-PO route. RG commented that this had been an issue for a considerable amount of time and queried whether the appropriate support was provided to effect the changes required. SB responded that the problem was that it was easier to telephone an order through rather than raising a purchase order. GH commented that a solution could be to contact the top 10 suppliers and inform them that non-PO orders would not be authorised from a specific date but the SBS system was not helpful and an easier system has to be provided before making these changes. RC queried whether this was a prevalent issue as SBS is a widely used system. SB responded that this was a prevalent issue and SBS had a number of working groups trying to address the problems and streamline the processes. GH reported that a tender had just been circulated for a new purchasing and stock control system and this could be used with ESSBASE to gradually reduce the number of non-PO items going through SBS. The Committee **RECEIVED** the BPPC and PO Usage Report.	
15/AA050	**Agenda Item 11 – Whistleblowing Report (discussed at Agenda Item 12)** TR reported that there were two parts to the report, the first on the responses to eight concerns under the Raising Concerns at	

	Work Policy, with the second part related to steps being taken to reviewing current policies. TR reported that there had been no concerns had been reported to date this financial year and outstanding actions listed on Table 2 were all due to be completed by September 2015. TR reported that we have concerns that no new cases had been reported and also with the staff survey results which do not score highly for raising concerns within the organisation. From the Speak out Safely campaign and the Freedom to Speak Up initiative, a recommendation to appoint a 'speak out guardian' was raised in a paper by TR to the last Quality and Performance Committee where it was agreed that a Listening into Action lead would take up this role. The Raising Concerns at Work policy is therefore to be reviewed along with documentation for Freedom to Speak Up and Speak Out Safely to make it easier for colleagues to understand which issues should be raised under which policy. The Committee agreed that whistleblowing issues should continue to be raised through the Audit and Assurance Committee whereas concerns should be discussed at Quality and Performance Committee. TR reported that the next step is to develop a new set of policies and guidelines regarding the remit of the schemes and a communication plan to ensure that colleagues understand what each of the schemes mean. The policies and communication plan will be reported to the next Committee. RC queried whether there may be concerns that have been previously suppressed because colleagues feel they are not able to articulate any issues. TR responded that there were previously concerns that colleagues did not feel able to go through the cascading system to report concerns but feels that colleagues do now have more confidence to go to their managers or a member of the senior management team and therefore do not need to take a concern down the formal route. TR reported that the concerns that have been raised do not fill the whistleblowing criteria but are more linked to management style, culture and approach. TR has a concern however, that there may be incidents that fit under the whistleblowing criteria that colleagues still do not have the confidence to raise. TR reported that these issues should be overcome with the establishment of the guardian and a network of champions to assist issues being raised under the appropriate policy. RC queried if the LiA is a sufficiently independent initiative to allow confidence in raising issues. TR responded that the guardian, who is a highly regarded clinician and often has issues raised directly with them, will have direct access to the Chief Executive. SM raised the issue of whether there was an existing management style that was resistant to hearing issues raised	**TR**

	through this formal process although did not know if there was any evidence of this. SM further commented that these issues had been prevalent for a significant period of time and it would seem that there is still work to do in terms of accessibility and understanding of the policies and also in addressing cultural issues. SM also queried the role of the guardians and how well this was progressing. TR responded that colleagues have said they did not feel comfortable in raising issues and this would support SM's comments regarding the culture of the organisation. The use of the core values framework should be used as a basis to challenge and TR reported that she found it reassuring that where improvements needed to be made within her own teams, colleagues were now starting to speak out. TR also commented that the Listening into Action and the Understanding You initiatives were helping to increase confidence in speaking out. There does however remain some lack of clarity regarding the remit of each of the policies. SM queried whether there were any obvious issues linked to certain localities or services where attention could be focused. TR responded that there was currently not enough intelligence to be able to ascertain if there are certain 'pockets' of issues. GH commented that colleagues not having the confidence to raise issues remains a risk to the organisation. TR commented that a 'joined up' communications plan regarding the policies which is supported by champions will help to enable colleagues to understand where they can receive support. TR also commented that the policies continue to be communicated through regular reminders through emails, screen savers and team briefs. RC commented that there is a risk linked to these issues and that the organisation's culture needs to be more open and supportive, however it is useful to understand the detail that sits below the information provided in the report. The Committee **RECEIVED** the Whistleblowing Report.	
15/AA051	**Agenda Item 12 – Review of Debtor/Creditor Balances (discussed at Agenda Item 11)** SB reported that working capital is tracking better than plan with net current assets of £3.1m at month 5, compared to a planned level of £2.1m. Cash situation is good due to capital expenditure being below plan and the debtors ledger is steady however there are two key debts that require focus and these were detailed on Page 3 of the report. GHFT are at the top of the debtors list and RC asked whether this would be recoverable before year end. SB reported that there was an agreement of balance process in September and should be resolved in October rather than waiting until the year end. GH reported that this may go to arbitration as there are	

	ongoing issues with getting clarity on charges made by GHFT. SB reported that following a meeting last week, GHFT had agreed to provide some of the costings requested with the aim of both organisations using the same costing principles. GH reported that arbitration did seem likely as GCS had been providing open book costings to GHFT for the last 18 months and has requested the same from GHFT. RC queried whether this high debtor figure posed a risk to the Trust's financials for this current year. GH responded that there was no risk on income but on charges from GHFT to GCS there is a ~~conservative~~ risk though a conservative position had been included in the year to date position. RC requested an update for the next Committee and if the issues were material, it may be that Finance Committee would wish to take this forward. The Committee **APPROVED** the Review of Debtor/Creditor Balances.	**GH/SB**
15/AA052	**Agenda Item 13 – Information Governance Toolkit V13 – Implementation Plan** JB reported that the Health and Social Care Information Centre issued Version 13 of the Information Governance Toolkit in June 2015 which all Trusts are required to complete on a model template in July, October and March each financial year. JB reported that the Trust had achieved Level 2 status and is 77% compliant. JB reported that it was unlikely that the Trust would achieve Level 3 this year, however Level 2 is an appropriate level as this was the requirement level for FTs. Work is currently underway to increase the number of Level 2 items before the next report is due in March 2016. RC queried whether there was any independent check on the Trust's submission. JB reported that the Information Centre carried out a random audit of the Trust's submission in July 2015 due to the large increase in compliance compared to the previous year. The Trust subsequently received a letter from the Information Centre informing that they were content with the score and the evidence submitted. An internal audit by PwC would be carried out next year. JB responded to a query from RC regarding who carried out the work on the toolkit saying that he and his colleague Giedrius Gencas, Legal Services Manager were responsible for doing this, linking with colleagues in the Trust to gain information. JB also added that there is a risk related to this work and that an additional member of staff was required to focus on information governance. JB reported that there would be a series of workshops over the coming months that would look at data quality and raise awareness with key colleagues. RC queried if the Level 2 status was comparable to other Trusts. SE responded that the level achieved was significantly higher	

	than last year and estimated the Trust to now be in the top 5%. JB confirmed that this work had been a priority over the last year a great deal of work had gone into improving the level. RG queried whether JB had any concerns about sustaining the Level 2 rating. JB responded that he was concerned with the level of colleagues working on this as the toolkit would be revised again next year and there would be additional requirements regarding IT security linked to the international standard. RG queried where JB was able to raise these issues. JB responded that the issue needed to be placed on the risk register and a business case presented to Executives. The Committee **APPROVED** the Information Governance Toolkit V13 – Implementation Plan.	**JB**
15/AA053	**Agenda Item 14 – Estates Compliance Report** GH reported that the information provided was an update on the work that Mark Parsons, Head of Estates and his team are undertaking and assurance to the Committee on compliance. GH reported that there are no issues regarding Patient Led Assessment of the Care Environment (PLACE) scores and Food Hygiene scores for all community hospitals have achieved the maximum of 5. SM commented that the Committee should be very pleased with the PLACE scores as a result of the progress that has been maintained in the last two years. The Committee **NOTED** the Estates Compliance Report.	
15/AA054	**Agenda Item 15 – Health and Safety Security Policies** JB reported that the documents were for final ratification by the Committee, however that it should be noted that colleagues had been made aware of the error that the Board Secretary was cited as author of the Health and Safety Policy and that the Trust template on the Intranet needed to be followed. JB advised the Committee that the reports would need to be revised as a result but that the content of the reports could be ratified as they had already been approved by the Health and Safety Committee. RC queried if there was any external ratification of the information in the documents. GH responded that they were subject to internal ratification only as Mark Parsons, Head of Estates and Adrian Warren, Safety and Corporate Facilities Manager held substantial accreditation. RC queried this approach in terms of audit requirements. GH responded that external accreditation could be sought, however Mark Parsons chairs the South West Health and Safety Executive and the Committee could be assured that there is an expert within the Trust overseeing this work. The Committee **RATIFIED** the Health and Safety Security	**GH / MP**

	Policies with a caveat that the documents are transferred to the standard template.	
15/AA055	**Agenda Item 16 – Emergency Preparedness and Resilience Steering Group Minutes** RC commented that this report was a standard agenda item for the Committee. GH queried whether it was more appropriate for the minutes to be presented to the Quality and Performance Committee as the document discusses emergency preparedness and resilience. JB responded that it was appropriate for the minutes to go to both committees for assurance and from a contingency point of view as the detail within the minutes was also part of the Scheduled and Unscheduled Care reports that are presented at the Quality and Performance Committee. SM agreed that there was value in bringing the minutes to this Committee from an assurance point of view. RC commented that there were eight apologies for this meeting and queried the reasons for this. JB responded that he would discuss this concern with the Chair of the steering group. The Committee **RECEIVED** the EPR Steering Group Minutes.	**JB**
15/AA056	**Agenda Item 17 – Health and Safety Committee Minutes** RC again commented on the number of apologies provided at this committee. LP commented that both meetings were held during the holiday period of July and August so it is likely that members were on annual leave. GH also reported that there are a significant number of union representatives that are invited to the meetings and they often send their apologies. Three of the eight members giving apologies for this meeting were union representatives. The Committee **RECEIVED** the Health and Safety Committee Minutes.	
	Date and Time of Next Meeting **18th November 2015, 10am – 12 pm** **The Boardroom, Edward Jenner Court**	

Gloucestershire Care Services NHS
NHS Trust

AGENDA ITEM 20

ANY OTHER BUSINESS