

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

The next meeting of the Gloucestershire Hospitals NHS Foundation Trust Main Board will be held on Friday 24 February 2017 in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital** commencing at 9.00 a.m. with tea and coffee. **(PLEASE NOTE DATE AND VENUE FOR THIS MEETING)**

Peter Lachecki
Chair

17 February 2017

AGENDA

		Approximate Timings
Patient Story		09:00
1. Welcome and Apologies		09:30
2. Declarations of Interest		
WELL LED		
Minutes of the Board		
	(subject to ratification by the Board and its relevant sub-committees)	
3. Minutes of the meeting held on 31 January 2017	PAPER	09:32
	To approve	
4. Matters Arising	PAPER	09:35
	To note	
Chief Executive's Report and Environmental Scan		
5. February 2017	PAPER (Deborah Lee)	09:40
	To note	
EFFECTIVE		
6. Quality and Performance Report:		
<ul style="list-style-type: none"> • Report of the Chair of the Quality and Performance Committee on the meeting held on 22 February 2017 • Report of the Interim Chief Operating Officer • Trust Risk Register • Minutes of the meeting of the Quality and Performance Committee meeting held on 27 January 2017 	PAPER (To follow) (Keith Norton) PAPER (Natasha Swinscoe) PAPER (Deborah Lee) PAPER (Keith Norton)	For Assurance 09:50
7. Financial Performance Report:		
<ul style="list-style-type: none"> • Report of the Chair of the Finance Committee on the meeting held on 23 February 2017 • Report of the Interim Finance Director • Minutes of the meeting of the Finance Committee held on 25 January 2017 	PAPER (To follow) (Tony Foster) PAPER (Stuart Diggles) PAPER (Tony Foster)	For Assurance 10:25
8. Audit & Assurance Committee – 18 th January 2017		
<ul style="list-style-type: none"> • Minutes of the meeting held on 18 January 2017 	PAPER (Rhona McDonald)	To note 10:45
Break		10.45 - 10.55

<p>9. Workforce Report</p> <ul style="list-style-type: none"> • Report of the Chair of the 3 February 2017 • Report of the Director of Human Resources and Organisations Development • Minutes of the meetings of the Workforce Committee held on 6 January and 3 February 2017 	<p>PAPER (Tracey Barber)</p> <p>PAPER (Dave Smith)</p> <p>PAPER (Tracey Barber)</p>	<p>For Assurance</p>	<p>10:55</p>
<p>10. Nurse and Midwifery Staffing Report</p>	<p>PAPER (Sean Elyan)</p>	<p>For Assurance</p>	<p>11:15</p>
<p>11. Operational Plan 2017 - 19</p>	<p>PAPER (Sally Elyan)</p>	<p>For Approval</p>	<p>11:25</p>
<p>12. SmartCare Progress Report</p>	<p>PAPER (Sally Pearson)</p>	<p>For Assurance</p>	<p>11:35</p>
<p>13. Appointment of Additional Non-Executive Director</p>	<p>PAPER (Peter Lachecki)</p>	<p>For Approval</p>	<p>11:45</p>

Governor Questions

<p>14. Governors Questions – A period of 10 minutes will be permitted for Governors to ask questions</p>	<p>To Discuss</p>	<p>11:55</p>
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Staff Questions

<p>15. A period of 10 minutes will be provided to respond to questions submitted by members of staff</p>	<p>To Discuss</p>	<p>12:05</p>
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Public Questions

<p>16. A period of 10 minutes will be provided for members of the public to ask questions submitted in accordance with the Board's procedure.</p>	<p>Close</p>	<p>12:15 12:25</p>
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Luncheon

12.25 – 12.55

Date of the next meeting: The next meeting of the Main Board will take place at on **Wednesday 12 April 2017** in the **Lecture Hall, Sandford Education Centre, Keynsham Road, Cheltenham at 9.00 am. (PLEASE NOTE DATE AND VENUE FOR THIS MEETING) (THERE IS NO MEETING IN MARCH 2017)**

Public Bodies (Admissions to Meetings) Act 1960

“That under the provisions of Section 1 (2) of the Public Bodies (Admissions to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.”

Board Members

Peter Lachecki, Chair

Non-Executive Directors

Tracey Barber

Dr Claire Feehily

Tony Foster

Rob Graves

Rhona Macdonald (Interim)

Keith Norton

Vacancy

Executive Directors

Deborah Lee, Chief Executive

Maggie Arnold, Nursing Director

Stuart Diggles, Interim Finance Director

Dr Sean Elyan, Medical Director

Dr Sally Pearson, Director of Clinical Strategy

Dave Smith, Director of Human Resources and Organisational Development

Natasha Swinscoe, Interim Chief Operating Officer

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN THE LECTURE HALL, SANDFORD EDUCATION CENTRE, KEYNSHAM ROAD, CHELTENHAM ON TUESDAY 31 JANUARY 2017 AT 9AM

THESE MINUTES MAY BE MADE AVAILABLE TO THE PUBLIC AND PERSONS OUTSIDE THE TRUST AS PART OF THE TRUST'S COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT 2000

PRESENT	Peter Lachecki Deborah Lee Dr Sean Elyan Dr Sally Pearson Maggie Arnold Natasha Swinscoe Dave Smith Stuart Diggles Tony Foster Rhona Macdonald Keith Norton	Chair Chief Executive Medical Director Director of Clinical Strategy Director of Nursing Interim Chief Operating Officer Director of Human Resources and Organisational Development Interim Director of Finance Non-Executive Director Non-Executive Director Non-Executive Director
APOLOGIES	Tracey Barber	Non-Executive Director
IN ATTENDANCE	Martin Wood Mr Vinay Takwale	Trust Secretary Chief of Service – Surgery
PUBLIC/PRESS	Craig MacFarlane Rob Graves Suzie Cro Two Governors, Two members of staff and a representative from the press.	Head of Communications Non-Executive Director Designate Head of Patient Experience

The Chair welcomed Governors, staff, representatives of the press and observers to the meeting. He welcomed Mr Rob Graves who was observing the meeting as a Non-Executive Director who will be taking up his appointment on 1 February 2017 along with Dr Claire Feehily. He also welcomed Suzie Cro, the new Head of Patient Experience.

001/17 PATIENT STORY ACTIONS

Mr Les Crompton, accompanied by Debra Clark, Acting Head of Patient Experience attended the meeting to provide his perspective of a patient in our Trust. Issues to address for the Trust from the presentation were greater use of technology particularly around repeat prescriptions, providing details of appointments by text, sign-posting to information and Les agreed to join a group to take forward these suggestions.

The Chair thanked Mr Crompton for attending the meeting. [09:23]

002/17 DECLARATIONS OF INTEREST

There were none.

003/17 MINUTES OF THE MEETING HELD ON 25 NOVEMBER 2016

RESOLVED: That the minutes of the meeting held on 25 November 2016 were agreed as a correct record and signed by the Chair subject to “3,500 less shifts” in the fifth line of the first bullet point on page six relating to minute 360/16 Financial Performance Report be deleted and replaced by “3,500 less hours”. The reference to KPMG in the first paragraph of minute 363/16 relating to the Board Assurance Framework and Trust Risk Register to be corrected.

The Chair explained that in his introduction at that meeting he referred to the Trust Vision of Best Care For Everyone.

004/17 MATTERS ARISING

285/16 MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON 6 SEPTEMBER 2016:

The Director of Clinical Strategy asked if the Board could be supplied with the Internal Audit Work Plan which the Chair of the Committee was happy to arrange. *The Interim Finance Director apologised that this had not yet be actioned and it would be circulated to the Board before the closure of the meeting. Completed.*

365/16 SMARTCARE PROGRESS REPORT:

The Chair invited the Director of Clinical Strategy to consider how the Board could have sight of the operation of TrakCare. *It was the preference of the Board that all members should have sight of TrakCare and the Director of Clinical Strategy undertook to liaise with the Trust Secretary for this to be incorporated into a Board Seminar. Ongoing.*

SP/MW
To include in
workplan

293/16 STAFF SURVEY ACTION PLANS UPDATE:

The Chair invited the Director of Human Resources and Organisational Development to provide a further update. *This item appeared later in the agenda. Completed.*

005/17 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

The Chief Executive presented her report and highlighted that our Winter Plan had served us well during a very challenging winter. Our Trust has not instigated its Internal Major Incident Plan and we have experienced only one breach of the 12 hour trolley wait standard compared to four last year. The decision to switch two Surgical Wards to Medicine for the first few weeks of January 2017 helped considerably with managing Urgent Care but resulted in the reduction in the number of planned surgical operations in late December 2016 and January 2017. This was in contrast to previous approaches where patients were not booked and subsequently cancelled at very short notice. The feedback from the CQC inspection was largely positive with a small number of areas identified for change. Staff had been open, warm and engaging during the inspection. The operational impacts of TrakCare have been considerable and Nicola Turner has accepted a secondment

into the full time role of TrakCare Operational Lead to bring capacity and focus to resolve the outstanding issues. There has been a continuation of a very significant focus on developing our Trust's Financial Recovery Plan and moving from identification of savings opportunities to developing and implementing plans. Our Trust hopes to hear more by the end of February 2017 on our bid for £69M of Sustainable and Transformation Plan capital to support the development of our estate in line with our Sustainability and Transformation Plan. The current timeline is aiming to achieve publication of the Independent Financial Governance Review in early to mid-March 2017.

During the course of the discussion, the following were the points raised:-

- In response to a question from Ms Macdonald about winter pressures, the Chief Executive explained that the proposal is to undertake more activity between April and October which will require a change to job plans. The Interim Chief Operating Officer added that the Quality and Performance Committee looked at the Winter Plan to assess performance and other plans are to be considered by the A&E Delivery Board. The Medical Director commented that switching the two wards between Surgery and Medicine Divisions had changed the role of Junior Doctors and this needs to be addressed during Doctor changes in August.
- The Chair enquired about the Chief Executive's views on the position of our County in the development of the Sustainability and Transformation Plan. In response, the Chief Executive said that the County Plan had been published ahead of the timeframe but pace needs to be addressed. The whole Health System needs to address Urgent and Emergency Care and there is a concern that the consultation will just focus on our Trust's services. The Director of Clinical Strategy added that the Sustainability and Transformation Plan is robust in aligning our services with Social Care.
- In response to a question from Ms Macdonald about responsibility for delivery of the Sustainability and Transformation Plan, the Director of Clinical Strategy explained that it will be overseen by a Clinical Programme Board for the delivery based on shared accountability and management arrangements.

The Chair thanked the Chief Executive for her report.

RESOLVED: That the report be noted. [09:34]

006/17 QUALITY AND PERFORMANCE REPORT

REPORT OF THE CHAIR OF THE QUALITY AND PERFORMANCE COMMITTEE ON THE MEETINGS HELD ON 21 DECEMBER 2016 AND 27 JANUARY 2017:

The Chair of the Committee, Mr Keith Norton, apologised for the absence of a written report. The headlines from the Committee's meetings were that a more effective and rigorous Winter Plan had

been approved by the Committee. There are challenges surrounding data for our Trust in meeting national standards and further work is being undertaken to check the accuracy of the data. He expressed his appreciation to the Interim Chief Operating Officer for taking forward this piece of work. The topics considered by the Committee were in December 2016 a presentation on the positive work of the End of Life Quality Group, Divisional attendance from Women and Children, mortality and a further report at the January meeting and Duty of Candour, the staffing arrangements of Ward 7A, complaints and concerns noting that there is a ratio of 10:1 to compliments to complaints. In January a presentation was made on Emergency Department performance including the 15 minute time to triage and 60 minute time to assessment and sepsis. Referral to Treatment and Cancer performance was considered together with an update on the Mortality Strategy where performance could be improved and there are challenges surrounding the data.

During the course of the discussion, the following were the points raised:-

- Ms Macdonald sought an assurance that there were no issues for the Board to address following the deep dive into the staffing in Ward 7A. In response, the Nursing Director said that the Keith Hurst Standard is followed and there has been a greater reliance on agency staff. The Trust Leadership Team have authorised resources to increase the substantive staffing compliment. The Nursing Director emphasised that there was no harm to patients or an increase in the number of complaints. Additional HCAs had been allocated to the Ward.
- The Chief Executive referred to the 15 minute and 60 minute performance noting that the 15 minute performance had improved and subsequently plateaued and the 60 minute performance had not improved and she enquired whether the Quality and Performance Committee had sought assurance on this performance. In response, Mr Norton said that questions had been asked and responses provided what needs to be done to improve performance. The Interim Chief Operating Officer added that this will be picked up in Workstream 1 and she has spoken to Ian Sturgess who is a National Lead in this area who is to assist our Trust. The Medical Director said that there is a re-profiling of the workforce to provide cover in the Emergency Department when needed.

RESOLVED: That the report indicating the Non-Executive Director challenges made and the assurance received for residual concerns and/or gaps in assurance be noted.

REPORT OF THE INTERIM CHIEF OPERATING OFFICER:

The Interim Chief Operating Officer presented the report summarising the key highlights and exceptions in Trust performance up until the end of December 2016 for the financial year 2016/17. The key issues to note were that there are a number of areas where data quality is of concern as a result of impacts from TrakCare migration; consequently there are a number of indicators where

performance for December 2016 is not reported. Oversight and resolution of this reporting issue is sitting with the SmartCare Programme Board. NHS Improvement and Commissioners are aware of the position and receiving regular updates. Operational oversight of patients however, is not a risk with operational reports still being available. In December 2016 our Trust did not meet any of the four national waiting trajectories for A&E 4 Hour Wait, 62 Day Cancer Standard, 18 Week Referral to Treatment (RTT) Standard or 6 Week Diagnostic Waits. Clinical oversight of patients waiting care has been strengthened to ensure that no patients come to harm due to delays in their treatment. A&E performance has dipped resulting in the development of a 16 Point Rapid Recovery Plan and very recent signs are that this is beginning to impact with our Trust returning to achieving the trajectory during the last week. Support is also being provided from the National Emergency Care Intensive Support Team. Our Trust is expected to return to achieving both the 2 Week Wait for Cancer referrals and the 62 Day Cancer Standard in the quarter. Following the migration to TrakCare and concerns regarding data quality, RTT reporting has ceased until the quality of data can be assured. A significant piece of work to recovery is to undertake demand and capacity assessments at speciality level.

During the course of the discussion, the following were the points raised:-

- The Chief Executive sought an assurance that there are no risks to patient safety with the Endoscopy backlogs. In response, the Medical Director expressed confidence that the risks and oversight are being managed.
- The Chief Executive sought an explanation to VTE performance being red rated for the past six months. In response, the Medical Director explained that the challenge is in Acute Care and the focus is to achieve 100% of performance.
- Ms Macdonald enquired about the cross-cutting themes and whether wards are provided with the autonomy to manage those themes. In response, the Chief Executive explained that demand and capacity assessments are an issue which the Interim Chief Operating Officer is pursuing. Further work is required to provide assurance on progress in improving performance and the proposal for the new Chief Information Officer is to triangulate data. Mr Norton added that the quality of the data is not as good as it should be.
- The Nursing Director drew attention to the improved performance in breeches of mixed sex accommodation which helps length of stay and a reduction in the Medically Fit list.
- The Chair asked how the Board could receive assurance from the whole Performance Management Framework. In response, the Interim Chief Operating Officer acknowledged that the inter-relationships were not set out in the report and the plan is to provide such a report in February 2017. The challenge is to translate the data into a narrative.

The Chair thanked the Interim Chief Operating Officer for the report.

RESOLVED: That the Integrated Performance Framework report be noted as assurance that the Executive Team and Divisions are

appropriately focussed on improving current poor levels of performance.

MINUTES OF THE MEETINGS OF THE QUALITY AND PERFORMANCE COMMITTEE HELD ON 23 NOVEMBER AND 21 DECEMBER 2016:

RESOLVED: That the minutes of the meetings of the Quality and Performance Committee held on 23 November and 21 December 2016 be noted. [10:23]

007/17 FINANCIAL PERFORMANCE REPORT

REPORT OF THE CHAIR OF THE FINANCE COMMITTEE ON THE MEETINGS HELD ON 21 DECEMBER 2016 AND 25 JANUARY 2017:

The Chair of the Committee, Mr Tony Foster, presented the reports describing the business conducted at the meetings of the Finance Committee held on 21 December 2016 and 25 January 2017. He focussed on the meeting held in January 2017 stating that the financial position has been delivered in line with the forecast. The full year forecast is a deficit of £18.0M. The newly identified Cost Improvement Pipeline is £3.0M providing assurance to achieve the full year of £4.0M. The Cost Improvement Programme for 2017/2018 is £31.7M of which £18.3M has been identified leaving £13.4M to secure. Contracts have been signed with both the Clinical Commissioning Group and Specialised Commissioners. A new PMO support structure is to become effective in January 2018 to provide improved support to the Cost Improvement Programme.

RESOLVED: That the report indicating the Non-Executive Director challenges made and the assurance received for residual concerns and/or gaps in assurance be noted.

REPORT OF THE INTERIM FINANCE DIRECTOR:

The Interim Finance Director presented the report providing an overview of the financial performance of our Trust as at the end of month nine of the 2016/17 financial year. It provided the three primary financial statements along with analysis of the variances and movements against the forecast position, including an analysis of movement in the forecast outturn. It also provided a summary of the variance against the planned position to NHS Improvement. The report had been revised significantly to focus the attention on performance against the forecast outturn required as part of the Financial Recovery Plan. Performance against the original NHS Improvement Plan continued to be reported separately in the report. The key issues to note were that the financial position of our Trust at the end of month nine of the 2016/17 financial year is an operational deficit of £17.0M which is basically in line with forecast. It also represented an adverse variance to the original NHS Improvement Plan of £29.3M. There were some variances to forecast levels of income and non-pay which largely related to a change in the phasing of the expenditure and income associated with SmartCare. There is a prior year period adjustment reversed out of the current year to

date cumulative position of £6.2M. Our Trust is forecasting an income and expenditure deficit of £18.0M against a planned surplus of £18.2M representing a £36.2M adverse variance to the NHS Improvement Plan. This has improved by £0.7M since month eight. The Cost Improvement Programme delivery shows a cumulative achievement for the year to date of £3.7M against forecast requirements of £5.0M which is an adverse variance of £1.3M. This adverse variance has not impacted on the Trust total forecast outturn and as such is an issue of information capture rather than under-delivery. The forecast outturn for the 2016/17 financial year as at month nine is a deficit of £18.0M which now reflects additional challenges of £0.7M identified as part of the month nine NHS Improvement review and forecast process. The cash flow position has improved and it is hoped that Specialised Commissioners will pay for our over performance.

During the course of the discussion, the Chair sought information on the key financial risks for March 2017. In response, the Interim Finance Director said that the sale of the College Lawn premises will be included. The main risk is the delivery of the year end Cost Improvement Programme. He indicated that there were no further significant risks.

The Chair thanked the Interim Finance Director for the report.

RESOLVED: That:-

- 1) The financial position of our Trust at the end of month nine of the 2016/17 financial year is an operational deficit of £17.0M which is an adverse variance to the forecast of £8K be noted.
- 2) Adverse variance against the NHS Improvement Plan is £29.3M.
- 3) There is a total prior period adjustment reversed from the current year to date cumulative position of £6.2M.
- 4) The focus on performance reporting is now against the forecast position and achievement of the £18.0M recovery target.
- 5) The NHS Improvement Plan and the planning process that created it is not as robust as would be expected. The plan lacks granular supporting detail and as such comparisons are not necessarily to be relied upon in isolation for decision making or performance management purposes. Our Trust's internal budget does not reconcile, either by cost category or phasing, to the NHS Improvement Plan. The figures presented in the report as "plan" reflected the figures as submitted to NHS Improvement unless explicitly stated otherwise.
- 6) Our Trust is forecasting an income and expenditure deficit of £18.0M against a planned surplus of £18.2M, representing a £36.2M adverse variance to the NHS Improvement Plan. This forecast has moved to reflect the Financial Recovery Plan since the prior month.

MINUTES OF THE MEETINGS OF THE FINANCE COMMITTEE HELD ON 23 NOVEMBER AND 21 DECEMBER 2016:

RESOLVED: That the minutes of the meetings of the Finance

Committee held on 23 November and 21 December 2016 be noted.
[10:39]

(The Board adjourned from 10:39am to 10:51am)

008/17 AUDIT AND ASSURANCE COMMITTEE – 18 JANUARY 2017

REPORT OF THE CHAIR OF THE AUDIT AND ASSURANCE COMMITTEE:

The Chair of the Committee, Ms Rhona Macdonald, presented the report describing the business conducted at the meeting of the Audit and Assurance Committee held on 18 January 2017. The Committee had discussed the future approach to Audit and Assurance which will be taken forward by the new Chair of the Committee. The Draft External Audit Plan was presented and clarification sought around key risks and materiality. The Committee received four internal audit reports and discussed the need for other Committees to have sight of internal audit reports and it was agreed that a mechanism to do that would be introduced. Further work has been undertaken on the audit tracker recommendations.

During the course of the discussion, Mr Norton asked whether there were any areas where our Trust was operating outside of good NHS practice in relation to Audit and Assurance. In response, Ms Macdonald said that she was not aware of any such areas although it was not possible to say that all policies are in place. Further work is required on this area. She stressed that both the internal and external auditors had not raised any issues. The Chief Executive added that the Financial Governance Review will also provide a level of assurance.

The Chair thanked Ms Macdonald for her report.

RESOLVED: That the report indicating the Non-Executive Director challenges made and the assurance received for residual concerns and/or gaps in assurance be noted. [11:02]

009/17 WORKFORCE REPORT

REPORT OF THE CHAIR OF THE WORKFORCE COMMITTEE ON THE MEETINGS HELD ON 2 DECEMBER 2016 AND 6 JANUARY 2017:

In the absence of the Chair of the Committee, Mr Keith Norton presented the report describing the business conducted at the meetings of the Workforce Committee held on 3 December 2016 and 6 January 2017. He focussed on the meeting held on 6 January 2017 stating that pay expenditure is down in November 2016 with the reclassification of SmartCare. Sickness absence levels saw a peak over the Christmas period and the Committee in February 2017 are to undertake a deep dive into this area. A focus on Education and Medical highlighted a number of successes; however, there was a discussion around a number of the areas requiring attention.

RESOLVED: That the report indicating the Non-Executive Director

challenges made and the assurance received for residual concerns and/or gaps in assurance be noted.

REPORT OF THE DIRECTOR OF HUMAN RESOURCES AND ORGANISATOINAL DEVELOPMENT:

The Director of Human Resources and Organisational Development presented the report providing an overview of the Workforce performance as at the end of month nine of the 2016/17 financial year. It provided information on the continuing overspend on pay (including agency) costs, movements in headcount as well as further information on two of the key drivers of spend, turnover and sickness. Of the key issues to note it was pleasing to see a reduction in the overall pay bill between months eight and nine of £0.43M, building on the previous month's reduction of £0.13M with the pay bill at its lowest level since July 2016. Agency expenditure reduced to £1.7M, a £250k reduction on the prior month, adding to a £230k reduction between month seven and eight with agency spend overall at its lowest level since June 2017. This reduction will be difficult to sustain with the bulk of the expenditure on Medical staffing and a detailed paper is being presented to the Workforce Committee in February 2017 explaining the variance between months four and five. The Programme to convert long-term Locums to substantive posts is not as successful as envisaged. Chiefs of Service and Specialty Directors are aware of the costs of Locum cover and are focussing in that area. The Vacancy Control Panel are also scrutinising Locum appointments.

During the course of the discussion, the following were the points raised:-

- Ms Macdonald referred to the reduction in the nursing vacancy rate and sought an assurance that the Vacancy Control Panel is scrutinising all recruitment requests. In response, the Interim Finance Director said that the Panel approve approximately 90% of requests and that scrutiny helps to improve efficiency and ensure changes are taking place.
- The Chair asked whether our staff and Senior Managers are showing willingness to work together to ensure that our Trust is able to work in other ways to provide efficiencies. In response, the Chief of Service for Surgery said that staff are aware of the position with agency staff and are very unlikely to submit proposals involving agency staff. Staff are coming with different working ideas. He echoed that offering Doctors substantive posts is challenging and not coming to fruition as envisaged. However, the position is being maintained as far as possible. The Medical Director added that consideration should be given to what areas of activity can be undertaken by non-Doctors.
- The Nursing Director said that there is grip with the Human Resources Team to reduce agency spend. The issues surrounding weekend sickness are being addressed. She had recently met the regional officer from the RCN who had observed the positive attitude from our staff to introduce different ways of working.
- The Medical Director said that the work to look at Medical

- productivity is less well advanced than anticipated.
- The Director of Human Resources and Organisational Development said that Terms of Reference are being agreed with KPMG to address Divisional expenditure.
- In response to a question from the Chief Executive about the International English Language Test Scheme (IELTS), the Nursing Director said that there are 148 overseas Nurses waiting to take the examination and a scheme is in place to provide intensive training for ten of those nurses to access its success rate.

The Chair thanked the Director of Human Resources and Organisational Development for the report.

RESOLVED: That the contents of the report be noted and the actions being taken be endorsed.

MINUTES OF THE MEETING OF THE WORKFORCE COMMITTEE HELD ON 2 DECEMBER 2016:

RESOLVED: That the minutes of the meeting of the Workforce Committee held on 2 December 2016 be noted. [11:24]

010/17 NURSE AND MIDWIFERY STAFFING REPORT

The Nursing Director presented the report providing assurance to the Board in respect of nurse staffing levels for December 2016 against the Compliance Framework “Hard Truths” – Safer Staffing Commitments. She highlighted that our Trust now has access to the “Model Hospitals” database which is a national comparator database. Whilst the Nurse and Midwifery indicator is still being developed, our Trust is able to compare fairly high level data at a Trust level rather than Ward level. In summary, our Trust compares favourably against a number of subject areas, but needs ongoing work on others. She explained that due to operational pressure in the last few days, it has been necessary to engage Thornbury Nurses demonstrating the costs of opening extra Wards.

During the course of the discussion, the following were the points raised:-

- The Interim Finance Director questioned whether our Trust receives income for the specialising work in Medicine Division. In response, the Nursing Director said that it is the view of Commissioners that it forms part of the case mix. This is a challenging situation and our Trust is looking at alternative ways for it to be managed.
- The Nursing Director explained that there is no overarching national RAG rating for harm free and new harms therefore our Clinical Audit Department have attempted to look at the national mean and develop a RAG scoring suggestion against that. Mr Norton said that the scoring provided limited assurance. The three areas which “trigger” the rating are falls with harm, catheter and urinary tract infection and new VTE.
- Mr Foster asked if a similar exercise is being undertaken for Medical staff.

The Chair thanked the Nursing Director for the report.

RESOLVED: That the report as a source of assurance that staffing levels across our Trust are delivering safe care be noted. [11:40]

011/17 BOARD ASSURANCE FRAMEWORK AND TRUST RISK REGISTER

The Chief Executive presented the Board Assurance Framework setting out the controls to mitigate the potential risks and to provide assurance that the controls are effective or describes further actions to strengthen the controls or mitigate the risk. The strategic objectives and annual milestones for 2017/18 are being reviewed and refreshed and will be included in the Board Assurance Framework. Work continues to refresh the Trust Risk Register and the Trust Leadership Team in February 2017 are to consider those risks which previously had a score of 15 and have been re-assessed and are to be removed from the register.

RESOLVED: That the report be received as evidence that the Executive Team is tracking the principle risks to delivery of the strategic objectives and that assurance in respect of mitigating actions and controls are in place with Board Committee oversight. [11:44]

012/17 STAFF SURVEY ACTION PLANS – UPDATE

The Director of Human Resources and Organisational Development presented the report providing an update on actions taken by our Trust against the “top three” priorities identified by staff within the 2015 Annual Staff Survey as well as the key local actions carried out by Divisions. The results of the 2016 Staff Survey are awaited. The key issues to note from the 2015 Staff Survey were travel/parking where significant engagement is taking place as the emphasis has moved from the acquisition of more parking spaces to a radical re-think on travel to work options. Whilst the initial plan of recruiting additional handy-men has not been realised, a significant focus has been placed on prioritising local maintenance and repairs. Staff have been significantly engaged with the “ideas” programme to reduce bureaucracy/costs. The “meetings mania” challenge has also been well received. The Vacancy Control Panel is now accepted as a more efficient means of filling staff vacancies while allowing for an increase in controls.

During the course of the discussion, Mr Foster asked whether one of the priorities for the next Staff Survey will be our Trust’s culture. In response, the Director of Human Resources and Organisational Development said that this would be included as part of engagement. The Chief Executive added that the CQC had recognised the positive change in culture during the recent inspections.

The Chair thanked the Director of Human Resources and Organisational Development for the report.

RESOLVED: That the progress made with the top three priorities

and individual Divisional engagement plans be noted and that a report on the 2016 Staff Survey be presented to the Board in February 2017 with a revised priority list and action plan in May 2017. [11:52]

013/17 SMARTCARE PROGRESS REPORT

The Director of Clinical Strategy presented the report providing assurance from the SmartCare Programme Board on progress towards the stable operation of TrakCare post phase one go-live and planned implementation of phase 1.5. Since the preparation of the report matters had moved on. The deployment of TrakCare was fairly straightforward but issues had arisen with the interface and our ability to fully utilise it during the first two weeks of operation largely due to access issues. The alignment of TrakCare access with the National Programme had been more problematic than originally anticipated. This resulted in staff not having access to TrakCare to undertake their job. The impact of this had been underestimated and was a very stressful period for staff. This resulted in delays for patients as the process slowed. She acknowledged that more could have been done on training in the development of the model rather than at the end of the process. The demand for resources over the go-live period was greater than anticipated. Staff had been working in ways which were not visible in TrakCare and that local processes had been changed.

The operational difficulties had resulted in reporting where reports were structured correctly but there were issues over the quality of the data. There was poor performance in the creation of discharge summaries and the time taken for staff to get used to the system. This is being addressed by the Medical Director through training. Our Trust was the first organisation to deploy the Theatre module and given the issues identified this module had been withdrawn. She expressed confidence that patient safety was not impacted. There were approximately 170 risks reported on Datix and all have been reviewed in an Operational Risk meeting. There is no evidence of patient harm. The Risk Register had been shared with the CQC. PriceWaterhouseCoopers (PWC) had provided assurance ahead of the go-live date that all procedures were relevant and appropriate. The introduction of phase 1.5 has been delayed to enable lessons learnt from phase 1 to be embedded. The budget has been re-profiled.

During the course of the discussion, the Director of Clinical Strategy said that PWC had offered to undertake further work which the Chief Executive considered was not necessary and the Programme Board needed to understand the lessons to be learnt. She added that the biggest lesson was that the introduction of TrakCare had been regarded as an IT issue and had not taken into account the engagement needed to ensure that it related to individual jobs. Ms Macdonald added that it should be regarded as an Organisational Change Programme supported by IT. The Director of Human Resources and Organisational Development said that Head of Leadership and Organisational Development had offered to assist with the lessons learnt.

The Chair thanked the Director of Clinical Strategy for the report.

RESOLVED: That the report be noted. [12:13]

014/17 MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD ON 7 DECEMBER 2016

The Chair presented the minutes of the meeting of the Council of Governors held on 7 December 2016.

RESOLVED: That the minutes be noted. [12:14]

015/17 ITEMS FOR THE NEXT MEETING AND ANY OTHER BUSINESS

ANY OTHER BUSINESS:

No further items of business were identified.

ITEMS FOR THE NEXT MEETING:

No further items were identified for the next meeting. [12:16]

016/17 GOVERNOR QUESTIONS

The Lead Governor commented on the benefit of the Patient Story and the comprehensive manner in which the Financial Performance Report was presented.

He referred to the Urgent Care Consultation and asked if Governors could see the document before publication to help their Constituents to understand the proposals. In response, the Chief Executive said that this would be considered by the Governors Strategy and Engagement Group once the proposals had been accepted by the Clinical Senate and before consultation. [12:17]

017/17 STAFF QUESTIONS

There were none. [12:18]

018/17 PUBLIC QUESTIONS

There were none. [12:19]

019/17 DATE OF NEXT MEETING

The next **Public** meeting of the **Main Board** will take place at **9am** on **Friday 24 February 2017** in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital.**

The Chair explained that the programme of Board meetings will change after February to enable the Board Committees to consider the data available at month end with the Board meeting considering that information in the following month.

020/17 EXCLUSION OF THE PUBLIC

RESOLVED: That in accordance with the provisions Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

The meeting ended at 12:20pm.

**Chair
24 February 2017**

MATTERS ARISING

CURRENT TARGETS

Target Date	Month/Minute/Item	Action with	Detail & Response
January 2017	Smartcare Progress Report	SP	The Chair invited the Director of Clinical Strategy to consider how the Board could have sight of the operation of TrakCare. <i>It was the preference of the Board that all members should have sight of TrakCare and the Director of Clinical Strategy undertook to liaise with the Trust Secretary for this to be incorporated into a Board Seminar. This has been included in the workplan. Completed.</i>

FUTURE TARGETS

There are none

COMPLETED TARGETS

Target Date	Month/Minute/Item	Action with	Detail & Response
November 2016	September 2016 Minute 285/16 Minutes of the meeting of the Audit Committee held on 6 September 2016	SD	The Director of Clinical Strategy asked if the Board could be supplied with the Internal Audit Work Plan which the Chair of the Committee was happy to arrange. <i>The Interim Finance Director apologised that this had not yet be actioned and it would be circulated to the Board before the closure of the meeting. Completed.</i>
January 2017	September 2016 Minute 293/16 Staff Survey Action Plans - Update	DS	The Chair invited the Director of Human Resources and Organisational Development to provide a further update. <i>This item appeared later in the agenda. Completed.</i>

ITEM 5

**CHIEF EXECUTIVE'S REPORT AND
ENVIRONMENTAL SCAN**

VERBAL

Deborah Lee
Chief Executive

MAIN BOARD MEETING – FEBRUARY 2017

Board Room, Alex House, Cheltenham

Report Title
Performance Management Framework
Sponsor and Author(s)
Natasha Swinscoe, Chief Operating Officer
Executive Summary
<p><u>Purpose</u> This report summarises the key highlights and exceptions in Trust performance up until the end of January 2017 for the financial year 2016/17.</p> <p><u>Key issues to note</u></p> <ul style="list-style-type: none"> • This month the Trust has not met any of the four national waiting trajectories for A&E 4 hour wait, 62 day cancer standard, 18 week referral to treatment (RTT) standard or 6 week diagnostic wait. • A&E performance has continued to be of particular concern in January. The Trust has welcomed the offer of support from the national Emergency Care Intensive Support Team with a focus on support to the Emergency Department and acute care areas. It has proved challenging to repatriate back the surgical wards swung to medicine to support winter pressures. This is impacting on our ability to re-start elective operating in some specialties. • The Trust is expected to return to achieving both the 2 week wait for cancer referrals and the 62 day cancer standard this quarter (2 week waits in February and 62 days in April). 31 days performance has deteriorated in November and December. • In respect of RTT, concerns regarding data quality, following the migration to TrakCare, has resulted in a decision to cease RTT reporting until the quality of data can be assured. Work to resolve this issue is underway. The Trust has appointed an RTT specialist who commences work in late February. A team of data entry staff are inputting the referral backlogs, after which point the Trust should be able to commence reporting. • The RTT recovery plan has been shared with NHSI, NHSE and Gloucestershire CCG. There are regular oversight meetings with these partners to track and report on progress to recover the reporting and delivery position. • The Trust reported seven 52 week breaches in January. These patients will all be booked in February. • Good progress is being made on six week diagnostic reporting and the Trust is working towards being able to report the January position by the cut-off date in February. <p><u>Conclusions</u> Performance against the national standards is unacceptably poor and significant focus continues in order to improve this position. Clinical oversight of patients awaiting care has been strengthened to ensure that no patients come to harm due to delays in their treatment.</p> <p><u>Implications and Future Action Required</u> Delivery of agreed action plans is critical to restore performance back to the minimum expected standards.</p>

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Recommendations					
The Trust Board is requested to receive the Integrated Performance Framework Report as assurance that the executive team and Divisions are appropriately focussed on improving current poor levels of performance.					
Impact Upon Strategic Objectives					
Current performance jeopardises delivery of the Trust's strategic objective to improve the quality of care for our patients					
Impact Upon Corporate Risks					
Continued poor performance in delivery of the four national waiting time standards ensures the Trust remains under scrutiny by local commissioners and regulators					
Regulatory and/or Legal Implications					
The Trust remains under regulatory intervention for the A&E 4-hour standard.					
Equality & Patient Impact					
Resource Implications					
Finance		Information Management & Technology			
Human Resources		Buildings			
No change.					
Action/Decision Required					
For Decision		For Assurance	✓		
			For Approval		
			For Information		
Date the paper was presented to previous Committees					
Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Trust Leadership Team	Other (specify)


PERFORMANCE MANAGEMENT FRAMEWORK


2016/17

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ASSESSMENT AGAINST THE NHS IMPROVEMENT RISK ASSESSMENT FRAMEWORK

	Target	2014/15				2015/16				2016/17															NHSI Weighting
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan			
18 WEEKS																									
Incomplete pathways - % waited under 18 weeks	92%	92.2%	92.0%	92.3%	92.1%	92.3%	92.1%	92.2%	92.0%	92.0%	90.7%	*	92.1%	92.0%	92.0%	90.9%	90.9%	90.2%	89.9%	87.0%	*	*	1.0		
ED																									
% patients spending 4 hours or less in ED	95%	93.3%	94.3%	89.5%	82.7%	93.4%	89.7%	85.6%	78.5%	86.7%	88.5%	82.3%	85.4%	87.4%	87.1%	86.3%	90.9%	88.9%	86.38%	86.62%	73.86%	74.69%	1.0		
CANCER																									
Max wait 62 days from urgent GP referral to 1st treatment (excl. rare cancers) %	85%	88.1%	86.1%	78.4%	77.1%	73.9%	75.6%	79.5%	76.7%	79.0%	76.9%	71.6%	78.2%	77.4%	81.2%	73.6%	79.0%	76.8%	72.9%	72.9%	72.0%	65.5%	1.0		
Max wait 62 days from national screening programme to 1st treatment %	90%	91.4%	97.1%	92.4%	91.3%	97.3%	94.0%	95.6%	94.9%	90.6%	96.0%	92.0%	91.7%	84.6%	95.0%	100%	89.9%	100%	86%	97.0%	100.0%	85.2%	1.0		
Max wait 31 days decision to treat to subsequent treatment : surgery %	94%	99.0%	100%	100%	98.8%	100%	100%	99.5%	99.5%	99.1%	100.0%	90.3%	98.1%	100%	100%	98.1%	100%	100%	100%	89.4%	83.7%	85.4%	1.0		
Max wait 31 days decision to treat to subsequent treatment : drugs %	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.0%	1.0		
Max wait 31 days decision to treat to subsequent treatment : Radiotherapy %	94%	100%	98.6%	99.8%	100%	100%	100%	100%	100%	100%	98%	98.4%	100%	100%	100%	100%	100%	98.3%	100%	100%	95.0%	97.9%	1.0		
Max wait 31 days decision to treat to treatment %	96%	99.6%	99.8%	99.5%	100%	99.5%	99.7%	100%	99.8%	99.1%	99.2%	95.2%	98.6%	99.6%	99.0%	99.2%	99.7%	98.8%	98.8%	93.8%	94.1%	92.1%	1.0		
Max 2 week wait for patients urgently referred by GP %	93%	90.5%	94.1%	94.3%	93.0%	91.5%	90.3%	92.4%	88.7%	84.9%	88.2%	91.7%	77.7%	86.5%	90.3%	89.9%	86.2%	88.6%	89.0%	93.5%	92.6%	84.1%	1.0		
Max 2 week wait for patients referred with non cancer breast symptoms %	93%	66.1%	93.6%	96.6%	94.9%	95.2%	91.8%	93.4%	95.3%	93.1%	93.7%	92.0%	94.6%	94.3%	90.5%	91.2%	93.4%	96.4%	95.7%	92.5%	88.3%	89.4%	1.0		
INFECTION CONTROL																									
Number of Clostridium Difficile (C-Diff) infections - post 48 hours	37/yr	9	6	8	13	8	10	10	13	10	10	7	5	3	2	5	1	4	1	4	2	7	1.0		

 In month position, therefore figure not validated

 * Due to the implementation of a new EPR system we are currently unable to report on this data

PERFORMANCE MONITORING AGAINST THE SUSTAINABILITY AND TRANSFORMATION PLAN

		2016/17																	
		Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4		
ED																			
% patients spending 4 hours or less in ED		Trajectory	80.00%	85.00%	85.00%	83.50%	87.00%	87.00%	91.90%	88.50%	89.10%	91.20%	85.70%	88.70%	85.10%	80.10%	89.60%	85.19%	
		Actual	85.38%	87.41%	87.06%	86.90%	86.00%	90.66%	88.94%	88.48%	86.04%	86.62%	73.86%	82.30%	74.69%				
% patients spending 4 hours or less in ED (incl. Primary Care ED cases)		Trajectory	80.00%	85.00%	85.00%	83.50%	87.00%	87.00%	91.90%	88.50%	89.10%	91.20%	85.70%	88.70%	85.10%	80.10%	89.60%	85.19%	
		Actual	85.70%	87.73%	87.36%	86.96%	86.34%	90.85%	89.28%	88.78%	86.38%	87.07%	74.57%	82.81%	75.40%				
18 WEEKS																			
Incomplete pathways - % waited under 18 weeks		Trajectory	92.02%	92.00%	92.01%		92.04%	92.04%	92.00%		92.00%	92.04%	92.01%		92.00%	92.00%	92.00%		
		Actual	92.10%	92.01%	92.00%	92.04%	90.90%	90.90%	90.20%	90.60%	89.90%	86.96%	*	*	*				
DIAGNOSTICS																			
15 key Diagnostic tests : % waiting over 6 weeks at month end		Trajectory	2.71%	2.16%	1.46%		0.99%	0.99%	0.99%		0.99%	0.94%	0.99%		0.98%	0.99%	0.99%		
		Actual	5.06%	1.34%	1.40%	1.40%	0.49%	0.49%	1.40%	1.14%	1.85%	0.90%	*	*	*				
CANCER																			
Cancer: Max wait 62 days from urgent GP referral to 1st treatment (exl.rare cancers) % RAG rated against the STP Trajectory		Trajectory	77.17%	80.37%	82.64%		82.91%	93.70%	85.31%		85.03%	85.19%	85.03%		85.00%	85.07%	85.62%		
		Actual	78.2%	77.4%	81.1%	79.0%	73.1%	79.0%	76.8%	76.9%	72.9%	79.2%	72.0%	76.9%	65.5%				
Cancer: Max wait 62 days from urgent GP referral to 1st treatment (exl.rare cancers) % RAG rated against the internal recovery trajectory		Trajectory					78.26%	73.46%	80.92%		72.21%	74.77%	76.77%		84.98%	85.30%	85.76%		
		Actual	78.2%	77.4%	81.1%	79.0%	73.1%	79.0%	76.8%	71.3%	72.9%	79.2%	72.0%	76.9%	65.5%				
			In month position, therefore figure not validated.														*	Due to the implementation of a new EPR system we are currently unable to report on this data	

TRUST PERFORMANCE & EXCEPTIONS (as at end January 2017)

SAFETY

MEASURE	LAST 12 MTHS	ACTUAL									FORECAST							Standard	Target Set By	How often	Data Month
		2015/16			2016/17			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	FoT				
		Q3	Q4	Q1	Q2	Q3															
INFECTION																					
Number of Clostridium Difficile (C-Diff) infections - post 48 hours		10	13	10	10	7	4	2	7	3	3	TBC	TBC	TBC	TBC	●	37 cases/year	NHSI	M	Jan	
Number of Methicillin-Resistant Staphylococcus Aureus (MRSA) infections - post 48 hours		2	1	1	0	0	0	0	1	0	0	TBC	TBC	TBC	TBC	●	0	GCCG	M	Jan	
MORTALITY																					
Crude Mortality rates %		1.2%	1.4%	1.2%	1.1%	*	1.2%	*	*	1.2%	1.2%	TBC	TBC	TBC	TBC	●	<2%	Trust	M	Nov	
Summary Hospital-Level Mortality Indicator		110.7	113.2	112.4	arrears	arrears	arrears	arrears	arrears							●	≤1.1%	Trust	Q	Jun	
HSMR (Analysis-relative risk-basket HSMR basket of 56-mortality in hospital) (rolling 12 months)		107.5	106.8	108.0	111.8	arrears	arrears	arrears	arrears							●	Confidence interval	Dr Foster	M	Oct	
SMR (rolling 12 months)		108.0	110.2	112.3	118.2	arrears	arrears	arrears	arrears							●	Confidence interval	Dr Foster	M	Oct	
SAFETY																					
Number of Never Events		1	0	0	1	1	0	0	0	0	0	TBC	TBC	TBC	TBC	●	0	GCCG	M	Jan	
% women seen by midwife by 12 weeks		90.0%	89.6%	87.2%	92.3%	*	90.6%	*	*	90.0%	90.0%	TBC	TBC	TBC	TBC	●	>90%	GCCG	M	Nov	
CQUINS																					
Acute Kidney Infection (AKI)		29%	50%	42%	60%	64%	77%	69%	arrears	55.0%	55.0%	TBC	TBC	TBC	TBC	●	>90% by Q4	National	M	Dec	
Sepsis Screening 2a		96%	92%	96%	97%	97%	98%	96%	arrears	90%	90%	TBC	TBC	TBC	TBC	●	>90% of eligibles	National	M	Dec	
Sepsis Antibiotic Administration 2b		43%	49%	55%	45%	64%	65%	69%	arrears	90%	90%	TBC	TBC	TBC	TBC	●	>90% of eligibles	National	M	Dec	
Dementia - Seek/Assess		88.8%	86.3%	88.1%	88.3%	*	90.4%	*	*	90%	90%	TBC	TBC	TBC	TBC	●	Q1>86%; Q2>87%; Q3>88%; Q4>90%	National	M	Nov	
Dementia - Investigate		100%	100%	100%	100%	*	100%	*	*	100%	100%	TBC	TBC	TBC	TBC	●	Q1>86%; Q2>87%; Q3>88%; Q4>90%	National	M	Nov	
Dementia - Refer		100%	100%	100%	100%	*	100%	*	*	100%	100%	TBC	TBC	TBC	TBC	●	Q1>86%; Q2>87%; Q3>88%; Q4>90%	National	M	Nov	
ED																					
% patients triaged in ED in 15 minutes		57.9%	53.7%	75.3%	78.6%	*	79.8%	*	*							●	≥ 99%	Trust	M	Nov	
% patients assessed by doctor in ED in 60 minutes		44.7%	43.3%	47.1%	46.0%	*	49.1%	*	*							●	≥ 90%	Trust	M	Nov	

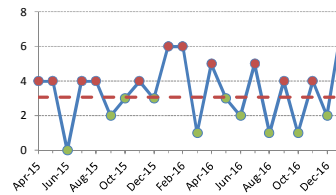
* Due to the implementation of a new EPR system we are currently unable to report on this data

● In month position, therefore figure not validated.

SAFETY

MEASURE

Number of Clostridium Difficile cases - post 48 hours admissions
Standard is ≤37 per year



QUARTERLY PROGRESS

Q4 Q1 Q2 Q3 NOW FOT

● ● ● ● ● ●

OWNER

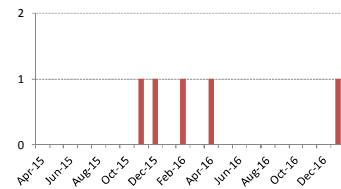
Director of Nursing and Midwifery

Commentary on what is driving the performance & what actions are being taken

The Trust is 4 cases of C.Diff over trajectory in January, 2 of the cases are thought to be avoidable and will be appealed. Out of the 7 cases 5 were at GRH (2 on ward 7b, 2 on ward 4a, 1 on ward 2a) and 2 were at CGH (1 on Guiting ward, 1 on Cardiology Ward 2).

The actions taken by the ICT to assist in reducing these figures are to provide a summary of each case to the clinical team, this includes actions taken and lessons learned from the incident to improve in the future.

Number of MRSA cases - post 48 hours attributable to GHNHSFT
Standard is 0



● ● ● ● ● ●

Director of Nursing and Midwifery

Commentary on what is driving the performance & what actions are being taken

The MRSA bacteraemia 1 post 48hr case was a contaminant and the patient did not have a true bacteraemia, however the case has to be recorded on the HCAI data capture system as the specimens were processed in the Trust microbiology lab. There have been incident meetings to discuss both cases and the competencies of the doctors performing the blood culture checked, both were competent.

TRUST PERFORMANCE & EXCEPTIONS (as at end January 2017)

RESPONSIVE

MEASURE	LAST 12 MTHS	ACTUAL									FORECAST							FoT	Standard	Target Set By	How often	Data Month
		2015/16		2016/17			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul							
		Q3	Q4	Q1	Q2	Q3																
ED																						
% patients spending 4 hours or less in ED		85.6%	78.5%	86.9%	88.5%	82.4%	86.6%	73.9%	74.7%	80.1%	89.6%	TBC	TBC	TBC	TBC	●	≥ 95%	NHSI	M	Jan		
Number of ambulance handovers delayed over 30 minutes		241	428	517	541	*	99	*	*	100	90	TBC	TBC	TBC	TBC	●	< previous year	GCCG	M	Nov		
Number of ambulance handovers delayed over 60 minutes		28	33	3	1	*	0	*	*	11	9	TBC	TBC	TBC	TBC	●	< previous year	GCCG	M	Nov		
18 WEEKS																						
Incomplete pathways - % waited under 18 weeks		92.2%	92.0%	92.0%	90.7%	*	87.0%	*	*	92.0%	92.0%	TBC	TBC	TBC	TBC	●	≥ 92%	NHSI	M	Nov		
15 key Diagnostic tests : % waiting over 6 weeks at month end		1.5%	4.0%	2.6%	0.8%	*	0.90%	*	*	1.0%	1.0%	TBC	TBC	TBC	TBC	●	<1% waiting at month end	GCCG	M	Nov		
Planned/surveillance endoscopy patients - nos. waiting at month end with and without dates		142	225	441	405	*	375	*	*	100	100	TBC	TBC	TBC	TBC	●	< 1% waiting at month end	GCCG	M	Nov		
CANCER																						
Max 2 week wait for patients urgently referred by GP %		92.4%	88.7%	84.9%	88.2%	91.7%	93.5%	92.6%	84.1%	92.0%	92.0%	TBC	TBC	TBC	TBC	●	≥ 93%	NHSI	M	Dec		
Max 2 week wait for patients referred with non cancer breast symptoms %		93.4%	95.3%	93.1%	93.7%	92.0%	92.5%	88.3%	89.4%	94.0%	94.0%	TBC	TBC	TBC	TBC	●	≥ 93%	NHSI	M	Dec		
Max wait 31 days decision to treat to treatment %		100%	99.8%	99.1%	99.2%	94.9%	93.8%	94.1%	92.1%	100%	100%	TBC	TBC	TBC	TBC	●	≥ 96%	NHSI	M	Dec		
Max wait 31 days decision to treat to subsequent treatment : surgery %		99.5%	99.5%	99.4%	99.4%	90.7%	89.4%	83.7%	85.4%	100%	100%	TBC	TBC	TBC	TBC	●	≥ 94%	NHSI	M	Dec		
Max wait 31 days decision to treat to subsequent treatment : drugs %		100%	100%	100%	100%	100%	100.0%	100.0%	97.0%	100%	100%	TBC	TBC	TBC	TBC	●	≥ 98%	NHSI	M	Dec		
Max wait 31 days decision to treat to subsequent treatment : Radiotherapy %		100%	100%	100%	99.5%	99.5%	100.0%	95.0%	97.9%	100%	100%	TBC	TBC	TBC	TBC	●	≥ 94%	NHSI	M	Dec		
Max wait 62 days from urgent GP referral to 1st treatment (exl.rare cancers) %		79.5%	76.7%	79.0%	76.9%	76.9%	79.2%	72.0%	65.5%	85.0%	85.0%	TBC	TBC	TBC	TBC	●	≥ 85%	NHSI	M	Dec		
Max wait 62 days from national screening programme to 1st treatment %		95.6%	94.9%	90.6%	96.0%	96.0%	97.0%	100.0%	85.2%	92.0%	92.0%	TBC	TBC	TBC	TBC	●	≥ 90%	NHSI	M	Dec		
Max wait 62 days from consultant upgrade to 1st treatment %		100%	100%	100%	71.4%	71.4%	-	-	-	100%	100%	TBC	TBC	TBC	TBC	●	≥ 90%	NHSI	M	Dec		

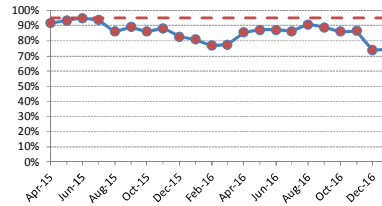
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● In month position, therefore figure not validated.

RESPONSIVE

MEASURE

% patients spending 4 hours or less in ED
Standard is ≥95%



QUARTERLY PROGRESS



OWNER

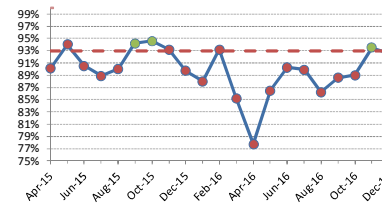
Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

Please refer to Emergency Pathway Report. Recovery plan in place to improve performance in line with the agreed trajectory.

Max 2 week wait for patients urgently referred by GP

Standard is ≥93%



Commentary on what is driving the performance & what actions are being taken

December 2016's performance now validated as 92.6%. The under-performance against this standard and the trajectory of 93% is primarily due to Trakcare operational issues following implementation on the 3rd December 2016, which led to 30 of the 113 breaches being due to capacity issues. These issues continued to have an impact in the first half of January, but have now been addressed and all patients are now being offered an appointment within 2 weeks and delivery of the standard is expected to be met from February 2017. The remaining breaches were patient initiated (patient choice, patient unavailable or DNA).

The Trust had developed an action plan and a trajectory to recover the 2WW performance by 31st October 2016, which had been shared with Gloucestershire CCG, NHS England and NHS Improvement and it had been approved. This has since been updated to achieve and sustain 2WW performance by February 2017, this was received by Quality and Performance in December 2016.

Chief Operating Officer

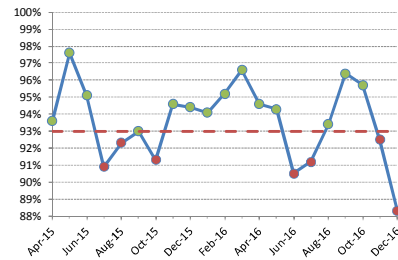
Target	October 2016			November 2016			December 2016			Q3 2016/17	January 2017			Average first seen / month (rolling 12 months)
	Latest Position	Breaches	Date First Seen	Latest Position	Breaches	Date First Seen	Latest Position	Breaches	Date First Seen	91.6%	Latest Position	Breaches	Date First Seen	
93%	88.9%	189	1715	93.5%	119	1832	92.4%	116	1542		84.1%	215	1360	1659
Brain / CNS	95.8%	1	24	90.0%	3	30	95.8%	1	24	93.5%	73.3%	4	15	23
Breast	96.7%	8	245	96.7%	8	246	93.0%	18	258	95.4%	93.6%	18	283	257
Gynaecological	98.3%	2	122	97.4%	4	159	100.0%	0	96	98.4%	97.2%	2	72	118
Haematological*	76.4%	4	17	100.0%	0	16	100.0%	0	16	91.8%	100.0%	0	9	13
Head & Neck	91.0%	16	178	94.6%	10	188	95.2%	8	168	93.6%	98.5%	1	70	170
Lower GI	93.0%	22	317	96.5%	11	315	94.1%	16	275	94.5%	69.9%	64	213	308
Lung	100.0%	0	34	98.0%	1	51	95.7%	2	47	97.7%	100.0%	0	32	46
Skin	90.0%	32	321	93.8%	24	390	96.3%	9	247	93.2%	87.8%	30	246	320
Testicular	68.1%	7	22	88.2%	2	17	92.3%	1	13	80.7%	83.3%	4	24	18
Upper GI	81.1%	40	212	86.1%	30	217	84.7%	33	217	84.0%	80.5%	36	185	188
Urological	74.4%	57	223	87.1%	26	203	84.5%	28	181	81.7%	73.4%	56	211	199

* Excludes acute leukaemia

RESPONSIVE

MEASURE

Max 2 week wait for patients referred with non cancer breast symptoms
Standard is $\geq 93\%$



QUARTERLY PROGRESS

Q4 Q1 Q2 Q3 NOW FOT



OWNER

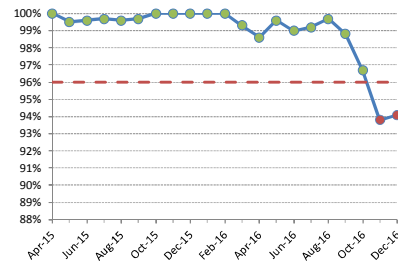
Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

December's final position was 88.3% against a target of 93%. There were 24 breaches, 21 of which were due to patient choice. The remaining 3 breaches were due to clinic capacity due to the Trakcare operational issues described above. These issues continued into the first half of January and will impact on January's performance, but they have now been resolved and it is anticipated that the standard will be met from February onwards.

Max 31 days decision to treat to treatment

Standard is $\geq 96\%$



Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

There were 15 breaches in December, giving a performance of 94.1% (against a target of 96%). 14 of these breaches were due to elective capacity, mainly in urology and gynaecology. The remaining breach was clinical.

Actions are included in the wider Cancer Waiting Times recovery plan, but specifically in Urology:

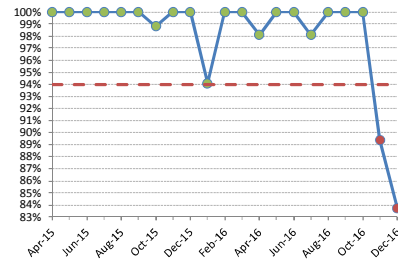
- Additional consultant capacity is now in place and will start to have an impact
- The service is moving to generic pre-assessment – although this has been delayed
- The Urology admissions team is now in post and having a positive impact
- The pooling of theatre lists has begun and is ongoing

In Gynae:

- A business case for joint consultant appointment with Wye Valley has been submitted.
- Additional theatre sessions are being run on Friday afternoons.
- Waiting List Initiatives and additional ad hoc theatre sessions are used when available.
- Once the fourth Consultant has been appointed the service will re-assign a Wednesday afternoon theatre list from benign gynaecology to gynae oncology.

Max wait 31 days decision to treat to subsequent treatment : surgery %

Standard is $\geq 94\%$



Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

The performance for December was 83.7% against a target of 94%, due to surgical capacity. 14 of the 15 breaches above were surgical. Please see Max 31 days decision to treat for actions.

RESPONSIVE

MEASURE

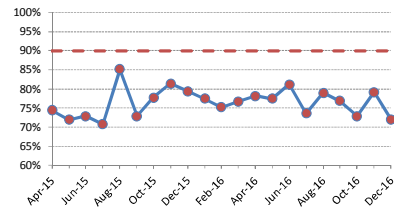
Max wait 62 days from national screening programme to 1st treatment
Standard is ≥90%

QUARTERLY PROGRESS

Q4 Q1 Q2 Q3 NOW FOT

OWNER

Chief Operating Officer



Commentary on what is driving the performance & what actions are being taken

December's validated position is 72.0%, against a standard of 85% and against a trajectory of 76.7%. There were 15.5 fewer treatments than projected (139.5 as opposed to 155) and 2 more breaches than projected (38 as opposed to 36).

The Trust had developed an action plan and a trajectory to recover the 62 day performance by 31st January 2017. This plan has been revised in light of the Trakcare operational issues and delays in implementing multi-assessment and diagnostic clinics in Urology. The trajectory now shows recovery from April 2017. This plan has been shared with Gloucestershire CCG, NHS England and NHS Improvement and it has been approved. All Trakcare operational issues are being addressed.

Target	October 2016			November 2016			December 2016			Q3 2016/17	January 2017			Average treatments / month
	Latest Position	Breaches	Treatments	Latest Position	Breaches	Treatments	Latest Position	Breaches	Treatments	75.9%	Latest Position	Breaches	Treatments	155
85%	72.0%	43	152	81.1%	36	191	73.1%	39	143.5		64.7%	44	123.5	
Breast	100.0%	0	17	100.0%	0	23.5	95.0%	1	20	98.3%	100.0%	0	23.5	23
Gynaecological	66.6%	5	15	87.5%	1	8	61.5%	5	13	69.4%	52.9%	4	8.5	11
Haematological*	52.9%	4	8.5	46.6%	8	15	100.0%	0	8	61.9%	37.5%	5	8	9
Head & Neck	58.3%	2.5	6	88.8%	1	9	66.6%	1	3	75.0%	0.0%	1	1	6
Lower GI	90.3%	1.5	15.5	89.3%	2.5	23.5	76.1%	5	21	85.0%	63.8%	6.5	18	17
Lung	64.8%	6.5	18.5	83.8%	2.5	15.5	76.6%	3.5	15	74.4%	75.0%	3	12	13
Other	100.0%	0	2	50.0%	1.5	3	0.0%	1	1	58.3%	0.0%	2	2	2
Sarcomas		0	0	100.0%	0	1		0	0	100.0%		0	0	1
Skin	96.0%	1	25	100.0%	0	39	100.0%	0	22	98.8%	100.0%	0	15	29
Upper GI	89.4%	1	9.5	100.0%	0	13	70.8%	3.5	12	86.9%	65.2%	4	11.5	12
Urological	40.0%	21	35	51.8%	19.5	40.5	35.0%	18.5	28.5	43.2%	25.0%	18	24	29

* Excludes acute leukaemia

TRUST PERFORMANCE & EXCEPTIONS (as at end January 2017)

EFFECTIVE

MEASURE	LAST 12 MTHS	ACTUAL									FORECAST							Standard	Target Set By	How often	Data Month
		2015/16		2016/17			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	FoT					
		Q3	Q4	Q1	Q2	Q3															
CLINICAL OPERATION																					
% stroke patients spending 90% of time on stroke ward		91.4%	86.0%	85.1%	90.0%	88.6%	93.3%	84.3%	arrears	82.0%	82.0%	TBC	TBC	TBC	TBC	●	> 80%	GCCG	M	Dec	
% of eligible patients with VTE risk assessment		94.2%	93.7%	93.6%	93.7%	*	92.2%	*	*	93.0%	93.0%	TBC	TBC	TBC	TBC	●	> 95%	GCCG	M	Nov	
Emergency re-admissions within 30 days - following an elective or emergency spell		6.1%	6.4%	6.7%	6.5%	*	*	*	arrears	6.4%	6.4%	TBC	TBC	TBC	TBC	●	Q1<6%; Q2<5.8%; Q3<5.6%; Q4<5.4%	Trust	M	Oct	
Number of Breaches of Mixed sex accommodation		17	30	19	9	5	5	0	3	0	0	TBC	TBC	TBC	TBC	●	0	GCCG	M	Jan	
Number of delayed discharges at month end (DTOCs)		19	10	16	36	36	47	36	31	16	16	TBC	TBC	TBC	TBC	●	<14	Trust	M	Jan	
No. of medically fit patients - over/day		48	60	69	73	73	83	73	75	40	40	TBC	TBC	TBC	TBC	●	≤ 40	Trust	M	Jan	
Bed days occupied by medically fit patients		1,457	1,791	2,086	2,252	2,376	2,502	2,271	2,330	1,450	1,450	TBC	TBC	TBC	TBC		None	Trust	M	Jan	
Patient Discharge Summaries sent to GP within 24 hours		88.6%	85.6%	85.7%	88.3%	*	86.6%	*	arrears	88.5%	88.5%	TBC	TBC	TBC	TBC	●	≥85%	GCCG	M	Nov	
BUSINESS OPERATION																					
Elective Patients cancelled on day of surgery for a non medical reason		1.3%	2.0%	1.6%	1.6%	*	1.1%	*	*							●	≤ 0.8%	Trust	M	Nov	
Patients cancelled and not rebooked in 28 days		15	27	35	10	*	0	*	*							●	0	GCCG	M	Nov	
GP referrals year to date - within 2.5% of previous year		2.9%	3.7%	7.9%	5.1%	*	3.8%	*	*							●	range +2.5% to -2.5%	Trust	M	Nov	
Elective spells year to date - within 2.5% of plan		5.0%	7.3%	4.9%	1.6%	*	-2.7%	*	*	1.0%	1.0%	TBC	TBC	TBC	TBC	●	range ≥-1% to plan range	Trust	M	Nov	
Emergency Spells year to date - within 2.5% of plan		6.9%	7.1%	7.7%	3.8%	*	9.2%	*	*	1.0%	1.0%	TBC	TBC	TBC	TBC	●	≤2.5% over plan Q1 /Q2 <5.4days, Q3 /Q4 <5.8days	Trust	M	Nov	
LOS for general and acute non elective spells		5.7	6.0	5.9	5.8	*	6.3	*	*	5.4	5.4	TBC	TBC	TBC	TBC	●	≤ 3.4 days	Trust	M	Nov	
LOS for general and acute elective IP spells		3.6	3.6	3.3	3.7	*	3.5	*	*	3.6	3.6	TBC	TBC	TBC	TBC	●	≤ 3.4 days	Trust	M	Nov	
OP attendance & procedures year to date - within 2.5% of plan		0.6%		0.5%	-1.5%	*	2.6%	*	*	0.2%	0.2%	TBC	TBC	TBC	TBC	●	range +2.5% to -2.5%	Trust	M	Nov	
Records submitted nationally with valid GP code (%)		100%	99.9%	99.9%	100%	arrears	100%	arrears	arrears	100%	100%	TBC	TBC	TBC	TBC	●	≥ 99%	Trust	M	Nov	
Records submitted nationally with valid NHS number (%)		99.7%	99.8%	99.8%	99.8%	arrears	99.8%	arrears	arrears	99.6%	99.6%	TBC	TBC	TBC	TBC	●	≥ 99%	Trust	M	Nov	

* Due to the implementation of a new EPR system we are currently unable to report on this data

● In month position, therefore figure not validated.

EFFECTIVE

MEASURE	QUARTERLY PROGRESS						OWNER
	Q4	Q1	Q2	Q3	NOW	FOT	
Number of breaches of mixed sex accommodation Standard is 0	●	●	●	●	●	●	Director of Nursing and Midwifery
	Commentary on what is driving the performance & what actions are being taken In January there was one mixed sex accommodation breach at CGH Acute Care Unit C and there were two breaches at GRH Department of Critical Care. These were due to bed pressures as a result of a high volume of days in which the Trust was at black escalation in January.						
Number of delayed discharges at month end (DTCs) Standard is <14	●	●	●	●	●	●	Chief Operating Officer
	Commentary on what is driving the performance & what actions are being taken Please refer to Emergency Care Report. There were 1,312 beddays lost due to Delayed Transfers of Care in January 2017.						
No. of medically fit patients - over/day Standard is <40	●	●	●	●	●	●	Chief Operating Officer
	Commentary on what is driving the performance & what actions are being taken Please refer to Emergency Care Report. The main issue driving the medically fit is access to domiciliary care and community hospital beds. Alternative options are being explored and developed as part of the Emergency Care Pathway Plan. Working with our systems partners. There were 2,330 beddays lost due to medically fit patients in January 2017.						

TRUST PERFORMANCE & EXCEPTIONS (as at end January 2017)

WELL LED

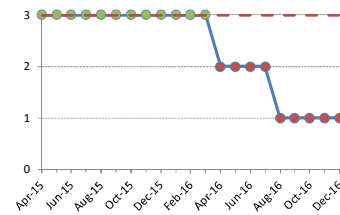
MEASURE	LAST 12 MTHS	ACTUAL									FORECAST							Standard	Target Set By	How often	Data Month
		2015/16		2016/17			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	FoT					
		Q3	Q4	Q1	Q2	Q3															
FINANCIAL HEALTH																					
NHSI Financial Risk Rating (YTD)		3	3	2	1	1	1	1	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Level 3	NHSI	M	Dec
Achieve planned Income & Expenditure position at year end		-£1.6m	-£1.6m	£18.2m	-£23.8	-£18.0	-£18.7	-£18.0	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Achieved or better at year end	NHSI	M	Dec
Total PayBill Spend (£K)		£78.0m	£78.7m	£82.1m	£83.1m	£83.3m	£27.90m	£27.45m	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Target + 0.5%	Trust	M	Dec
Total worked WTE		7,098	7,153	7,121	7,299	7,200	7,226	7,200	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Target + 0.5%	Trust	M	Dec
WORKFORCE HEALTH																					
Annual sickness absence rate (%)		3.8%	3.8%	3.8%	3.8%	3.9%	3.9%	3.9%	3.7%	3.8	3.8	TBC	TBC	TBC	TBC	TBC	●	green < 3.6% red >4%	Trust	M	Dec
Turnover rate (FTE)		11.1%	11.7%	11.6%	11.5%	11.7%	11.5%	11.7%	11.8%	11.7	11.7	TBC	TBC	TBC	TBC	TBC	●	7.5-9.5%	Trust	M	Dec
Staff who have annual appraisal (%)		83%	83%	83%	80%	80%	80%	80%	80%	85.0	85.0	TBC	TBC	TBC	TBC	TBC	●	green >89% red < 80%	Trust	M	Jan
Staff having well structured appraisals in last 12 months (staff survey, on a 5 point scale)		38%	38%	3.0	3.0	3.0	3.0	3.0	3.0	3.1	3.1	TBC	TBC	TBC	TBC	TBC	●	> 3.8	Trust	A	Jan
Staff who completed mandatory training (%)		91%	91%	92%	92%	90%	89%	89%	89%	91.0	91.0	TBC	TBC	TBC	TBC	TBC	●	> 90%	Trust	M	Jan
Staff Engagement indicator (measured by the annual staff survey on a 5 point scale)		3.66	3.69	3.71	3.71	3.71	3.71	3.71	3.71	3.8	3.8	TBC	TBC	TBC	TBC	TBC	●	> 3.8	Trust	A	Jan
Improve communication between senior managers & staff (staff survey) (%)		35%	34%	34%	34%	34%	34%	34%	34%	34.0	34.0	TBC	TBC	TBC	TBC	TBC	●	> 38%	Trust	A	Jan

In month position, therefore figure not validated.

WELL LED

MEASURE

NHSI Financial Risk Rating
Standard is Level 3



QUARTERLY PROGRESS

Q4 Q1 Q2 Q3 NOW FOT



OWNER

Director of Finance

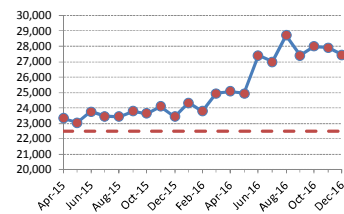
Commentary on what is driving the performance & what actions are being taken

Please refer to the Trust Finance report for a full explanation of the drivers of the Trust financial performance.

January data not yet available.

Total PayBill spend £M

Standard is Target + 0.5%



Director of Finance

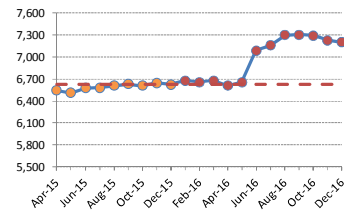
Commentary on what is driving the performance & what actions are being taken

The Trust total PayBill for December is £27.9m. This is a reduction of £500k on the previous month and is now in line with the YTD average.

January data not yet available.

Total worked WTE

Standard is Target + 0.5%



Director of Service Delivery

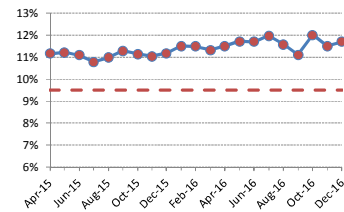
Commentary on what is driving the performance & what actions are being taken

The Worked WTEs reflects the Trust Total which includes Hosted GP Services and Shared Services. This is consistent with reporting within the NHS Improvement plan and total reported pay bill in table above.

January data not yet available.

Turnover rate (FTE)

Standard is Target 7.5% - 9.5%



Director of Human Resources

Commentary on what is driving the performance & what actions are being taken

Turnover has reduced in Nursing generally, albeit with an in-month increase for Band 5 Nurses. Focus groups for Nursing staff led by Leadership and OD have captured experience across the years and a 'deep dive' report will be considered by Workforce Committee in April. Particular focus is also being paid to other areas such as Haematology, Cardiac Physiology, Pharmacy and Site Management.

Report Title
TRUST RISK REGISTER
Sponsor and Author(s)
Andrew Seaton – Director of Safety
Executive Summary
<p><u>Purpose</u></p> <p>The Trust Risk Register enables the Board to have oversight, and be assured of the active management, of the key risks within the organisation which have the potential to affect patient safety, care quality, workforce, finance, business, reputation or statutory matters.</p> <p><u>Key issues to note</u></p> <p>Significant work is underway to strengthen the approach to corporate risk management, including training of staff at all levels in the organisation – the priority is the training of senior corporate staff and those within the Divisional Leadership Teams to support cascade.</p> <p>Trust Leadership Team reviewed the risk register in detail and the remaining risks can be viewed in appendix 1.</p> <p>In future the following Board Committees will review risks scoring 12 or above or an impact of 5 from the following domains, reputational risks will be considered by the relevant committee, this will provide a clearer view of risks from a wider perspective:</p> <p>Quality & Performance Committee Patient Safety, Quality, Statutory</p> <p>Workforce Human Resources, Health & Safety, Environmental</p> <p>Finance Finance, Business</p> <p><u>Conclusions</u></p> <p>Following the review there are currently 5 remaining risks on the Trust Risk Register and have active controls to mitigate the impact or likelihood of occurrence, alongside actions aimed at significantly reducing or ideally, eliminating the risk.</p> <p><u>Implications and Future Action Required</u></p> <p>To establish the new risk system and agree the new Risk Management Strategy. To provide reports to the Board Committees by April.</p>
Recommendations
To approve the changes to the Trust Risk Register
Impact Upon Strategic Objectives

The report identifies the risks					
Impact Upon Corporate Risks					
The Trust risk register is included in the report					
Regulatory and/or Legal Implications					
None					
Equality & Patient Impact					
None					
Resource Implications					
Finance				Information Management & Technology	
Human Resources				Buildings	
Action/Decision Required					
For Decision		For Assurance	√	For Approval	For Information
Date the paper was presented to previous Committees					
Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
				8 th February	

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
S118	Surgical Services Division	Quality	Chief Operating Officer	Quality & Performance Committee	A risk that patients receive poor quality care as a consequence of demand for beds exceeding the beds available which could include cancelled operations, being cared for on a non-specialty ward or being cared for in an escalation area	1. Day to day bed management systems including community wide capacity tele-conferences and escalation procedures 2. Available bed capacity based on staff availability 3. Daily senior clinical manager meetings to manage safety, experience and activity whilst unit is open at night 4. Revision of risk assessments evaluating the change in function of the areas.	Major (4)	Will undoubtedly recur, possibly frequently (5)	20	15 - 25 Extreme risk	Delivery of Winter plan	15/03/2017
F2	Corporate Division, Diagnostics and Specialties Division, Estate and Facilities, Medical Division, Surgical Services Division, Women's and Children's	Quality	Director of Nursing	Quality & Performance Committee	Risk of poor continuity of care and overall reduced care quality arising from high use of agency staff in some service areas.	1. Overseas recruitment plan 2. Pilot of extended Bank office hours 3. Agency Taskforce 4. Bank incentive payments and weekly pay for bank staff 5. General and Old Age Medicine Recruitment and Retention Premium 6. Master vendor for medical locums 7. Temporary staffing tool self assessment	Moderate (3)	Will undoubtedly recur, possibly frequently (5)	15	15 - 25 Extreme risk	Monitoring at Workforce Committee Establish Quality Impact Assessment for project	15/03/2017
HR2b	Diagnostics and Specialties Division, Medical Division, Surgical Services Division, Women's and Children's	Finance	Director of HR & OD	Workforce Committee	The risk of excessively high agency spend in both clinical and non-clinical professions due to high vacancy levels.	1. Increase challenge to agency requests 2. Convert locum/agency posts to substantive 3. Encourage nursing bank and substantive roles rather than expensive agency. 4. Reconfigure workforce structures. (See detailed plan)	Major (4)	Will undoubtedly recur, possibly frequently (5)	20	15 - 25 Extreme risk	Establish Workforce Committee Complete PIDs for each programme	28/02/2017
S100	Surgical Services Division, Women's and Children's	Statutory	Chief Operating Officer	Quality & Performance Committee	The risk of failing national access standards including RTT and Cancer	1. Improve the access to Patient information on implications of missing appointments 2. Weekly meetings between AGM and MDT Coordinators to discuss pathway management and expedite patients as appropriate. 3. Performance Management at Cancer Management Board 4. Escalation procedure in place to avoid breaches 5. Performance trajectory report for each pathway	Major (4)	Will undoubtedly recur, possibly frequently (5)	20	15 - 25 Extreme risk	Re-establish Planned Care Board	15/03/2017
S127	Surgical Services Division	Safety	Medical Director	Quality & Performance Committee	The risk of poorer than average outcomes for patients presenting with a fractured neck of femur at Gloucestershire Royal	<ul style="list-style-type: none"> •Prioritisation of patients in ED •Early pain relief •Admission proforma •Volumetric pump fluid administration •Anaesthetic standardisation •Post op care bundle – Haemocus in recovery and consideration for DCC •Return to ward care bundle •Ward move to improve patient environment and aid therapy •Supplemental Patient nutrition with employment of nutrition assistant •Increased medical cover at weekends •OG consultant review at weekends •Increased therapy services at weekends •Senior DCC nurses on secondment to hip fracture ward for education and skill mix improvement •Review of all deaths 	Major (4)	Will probably recur, but is not a persistent issue (4)	16	15 - 25 Extreme risk	Deliver the agreed action fractured neck of femur action plan	28/02/2017

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MAIN BOARD MEETING - FRIDAY 24th FEBRUARY 2017

Report Title

Financial Performance Report - Period to 31ST January 2017

Sponsor and Author(s)

Author: Sarah Stansfield, Director of Operational Finance
Sponsoring Director: Stuart Diggles, Interim Director of Finance

Executive Summary

Purpose

This report provides an overview of the financial performance of the Trust as at the end of Month 10 of the 2016/17 financial year. It provides the three primary financial statements along with analysis of the variances and movements against the forecast position, including an analysis of movement in the forecast outturn. It also provides a summary of the variance against the planned position to NHS Improvement.

Key issues to note

- The financial position of the Trust at the end of Month 10 of the 2016/17 financial year is an operational deficit of £17.8m. This is basically in line with forecast. It also represents an adverse variance to the original NHSI plan of £31.0m
- The NHSI Plan and the planning process that created it is not as robust as would be expected. The Plan lacks granular supporting detail and as such comparisons are not necessarily to be relied upon in isolation for decision making or performance management purposes. The Trusts internal budget does not reconcile, either by cost category or phasing, to the NHSI plan. The figures presented in this report as 'plan' reflect the figures as submitted to NHSI unless explicitly stated otherwise
- The Trust is forecasting:
 - An I&E deficit of £18.0m against a planned surplus of £18.2, representing a £36.2m adverse variance to the NHSI plan

Conclusions

The financial position for M10 shows a favourable variance to forecast of £0.9m, with a significant adverse variance to plan of £31.0m (inclusive of the STF funding for Q1 of the financial year).

The forecast assumes no further STF funding is received in 2016/17 and a final forecast outturn of a deficit of £18.0m which represents an adverse variance to planned NHS Improvement control total of £36.2m.

Implications and Future Action Required

The variance to financial plan for the year-to-date will mean an increased scrutiny of the Trust financial position and an increased focus on cost recovery in the form of both Cost Improvement Programmes and agency expenditure reductions.

Recommendations

The Board is asked to note the report.

Impact Upon Strategic Objectives

The financial position presented will lead to increased scrutiny over investment decision making.

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Impact Upon Corporate Risks					
Significant impact on deliverability of the financial plan for 2016/17.					
Regulatory and/or Legal Implications					
The adverse variance to plan year-to-date of the financial position presented in this paper should lead to increased regulatory activity by NHS Improvement around the financial position of the Trust.					
Equality & Patient Impact					
None					
Resource Implications					
Finance		✓	Information Management & Technology		
Human Resources			Buildings		
Action/Decision Required					
For Decision		For Assurance	✓	For Approval	For Information
Date the paper was presented to previous Committees					
Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)

Financial Performance Report Period to 31st January 2017

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Introduction and Overview

In order to reflect the focus on delivery of the required outturn as per the Financial Recovery Plan this report is now written in such a way as to provide an overview of the financial performance of the Trust, **against forecast**, as at the end of Month 10 of the 2016/17 financial year.

The Trust has delivered a year-to-date deficit position of £17.8m (including the Q1 STF funding of £3.2m). This represents a favourable variance to forecast of £909k for the year-to-date. The Month 10 position against the NHSI Plan is shown in detail on pages 9 to 13.

Statement of Comprehensive Income

Month 10 Financial Position	M10 F'cast £000's	M10 Actual £000's	YTD Variance £000's
SLA & Commissioning Income	359,870	360,463	593
PP, Overseas and RTA Income	4,124	4,291	168
Operating Income	53,478	52,843	(635)
Total Income	417,471	417,597	126
Pay	276,385	275,519	866
Non-Pay	145,870	145,077	792
FRP Savings	(938)		(938)
Total Expenditure	421,317	420,597	720
EBITDA	(3,845)	(3,000)	846
EBITDA %age	(0.9%)	(0.7%)	0.2%
Non-Operating Costs	18,103	18,040	63
Surplus/(Deficit)	(21,949)	(21,040)	909
STF Funding	3,225	3,225	0
Surplus/(Deficit) (inc. SFT)	(18,724)	(17,815)	909

The table summarises (at a high level) the Trust position for Month 10 of the 2016/17 financial year against the forecast prepared last month.

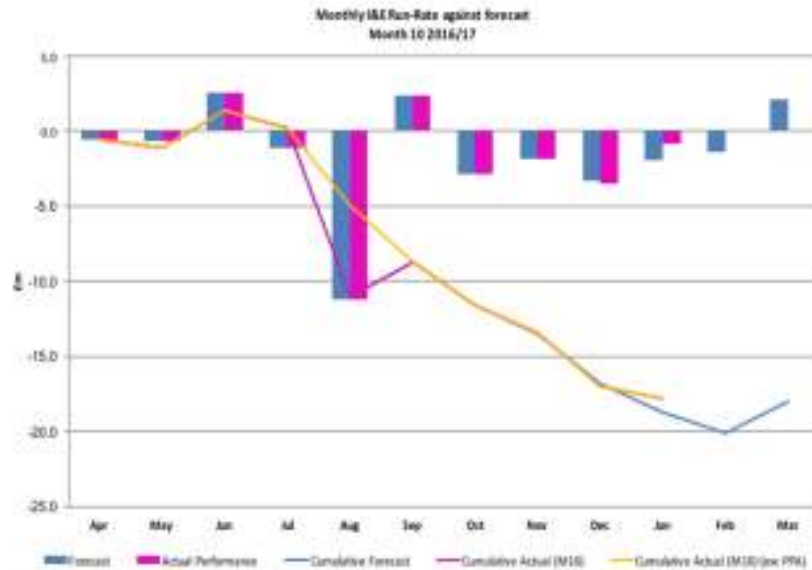
The year-to-date deficit of £21.0m has been mitigated by receipt of Q1 STF funding of £3.2m.

£0.5m of the variance on operating income is driven by a SmartCare adjustment, explained on P3, this is offset by an equivalent and opposite value in non-pay. This represents a technical accounting entry to ensure that income and non-pay are appropriately aligned, there is no net impact to I&E.

FRP savings were forecast to be £0.9m, included as a bottom line adjustment to forecast. Actual delivery of savings are within pay, non-pay and income to a value of £1.3m at M10.

The favourable position against forecast is due to the timing of release of gains from agreement of forecast over performance with commissioners and early delivery of FRP savings.

At A Glance – Month 10 Forecast



The chart shows the forecast outturn position of £18.0m (based on the M7 number plus subsequent improvements) against the actual position year to date. The actual position shows a favourable variance of £0.9m against forecast for the year-to-date.

The position is shown both inclusive and exclusive of prior period adjustments (PPA).

The significant improvement in the forecast position for the final quarter reflects the schemes included as part of the financial recovery plan, with a further increase in Month 12 to reflect the profit on sale for College Lawn. This has the overall impact of making Month 12 a surplus month.

CIP delivery shows a cumulative achievement for the year-to-date of £5.3m against a forecast requirement of £7.1m, an adverse variance of £1.8m.

This adverse variance has not impacted on the total Trust forecast outturn and as such is an issue of information capture rather than under-delivery. The re-assessment of pre-FRP savings schemes is not fully complete and needs to be captured.

Detailed income and expenditure vs forecast

Month 10 Financial Position	M10 F'cast £000's	M10 Actual £000's	YTD Variance £000's
SLA & Commissioning Income			
Elective (inc. Daycase)	64,790	63,645	(1,145)
Non-elective Spells	2,549	3,101	552
Outpatients	64,380	63,971	(409)
Emergency	79,466	79,119	(347)
Accident & Emergency	13,932	13,819	(113)
Excluded Drugs	44,435	44,323	(112)
CQUIN	6,981	7,179	197
Other (Includes risk adjustment)	83,336	85,306	1,970
Sub-Total	359,870	360,463	593
PP, Overseas and RTA Income	4,124	4,291	168
Operating Income	53,478	52,843	(635)
Total Income	417,471	417,597	126
Pay	276,385	275,519	866
Non-Pay			
Drugs	47,559	47,556	3
Clinical Supplies	34,852	35,041	(188)
Other Non-Pay	63,458	62,481	978
FRP Savings	(938)		(938)
Total Expenditure	421,317	420,597	720
EBITDA	(3,845)	(3,000)	846
EBITDA %age	-0.9%	-0.7%	0.2%
Depreciation	8,745	8,732	13
Public Dividend Capital Payable	5,758	5,759	(1)
Interest Receivable	(29)	(30)	0
Interest Payable	3,630	3,580	50
Surplus/(Deficit)	(21,949)	(21,040)	909
STF Funding	3,225	3,225	0
Surplus/(Deficit) (inc. SFT)	(18,724)	(17,815)	909

The table shows a more detailed income and expenditure analysis of the position presented on page 1 of this report. The key variances driving the position include:

SLA and Commissioning Income – a £0.6m over-recovery. This is due to the timing of release of gains from the agreement of over performance with commissioners.

Operating Income – includes education, training and research flows and other income (which includes staff recharges for CITS, Shared services etc.).

The under-recovery of £0.6m, is largely due to a reduction of £0.5m in the income assumption for Trakcare, this is offset by an equal and corresponding reduction to non pay expenditure. The underlying variance is due to reduced levels of non-commissioned income against forecast levels.

Pay – expenditure is showing a favourable variance of £0.9m against forecast levels. This is partly due to pressures anticipated for January and built into forecast not materialising. In addition, agency medical costs in Month 10, particularly in Medicine, have reduced compared to forecast. This results from the delivery of CIP.

Non-Pay – Other non-pay shows a significant favourable variance for the year-to-date, this is largely driven by the Trakcare income restatement highlighted above and delivery of CIP.

FRP Savings – FRP savings in total are £1.3m at M10. These are reflected in the run rates for the relevant categories of income and expenditure in the main body of the table as commented above.

Cost Improvement Programme

CIP Analysis	Annualised Post-FRP Plan £000s	FOT £000s	FOT Variance £000s	YTD Actual Month 10 £000s
Medicine	175	550	375	415
Surgery	156	216	60	116
D&S	76	86	10	36
W&C	78	120	42	28
EFD	47	67	20	55
Over-arching schemes	2,708	1,951	(758)	622
Sale of Assets	1,000	1,048	48	0
Unidentified	1,508	0	(1,508)	0
Total CIP	5,748	4,038	(1,710)	1,272

The target of £5.7m is made up of the following:

- £4.0m of CIP
- £1.0m of profit on asset sale
- £0.7m of stretch target to improve the forecast outturn deficit from £18.7m to £18.0m.

Delivery against this programme for the year-to-date is £1.3m, with an associated forecast outturn of £4.0m. This represents a favourable variance of £0.3m as at Month 10.

The key variances of forecast outturn against plan are:

- Medicine – The over-performance is mainly on agency.
- Overarching schemes – The forecast adverse variance against plan is mainly due to agency £0.4m most of which has been counted as Medicine overperformance, workforce grip £0.1m and £0.15 discretionary non pay (the workforce and non pay schemes are to be evidenced and hence a prudent forecast has been included).

The year-to-date favourable variance has not impacted on the total Trust forecast outturn of £18.0m as it reflects early delivery of some of the savings and as such is an issue of profiling.

Ongoing Actions:

- Discussions ongoing with relevant Directors around the corporate schemes in their areas
- Performance review meetings with each division to agree recovery and mitigation schemes
- Implementation of existing and new schemes developed as part of the Financial Recovery Plan
- Re-assessment to be undertaken to ensure full capture and reporting of pre-FRP CIP

CIP Review Work:

- KPMG are concluding their work with the Trust and handover has begun with the Trust PMO to ensure continuity and ongoing delivery of identified schemes.

Balance Sheet(1)

Trust Financial Position	Opening Balance 31st March 2016 £000	Balance as at M10 £000	B/S movements from 31st March 2016 £000
Non-Current Assets			
Intangible Assets	3,585	3,585	0
Property, Plant and Equipment	308,601	306,914	(1,687)
Trade and Other Receivables	4,505	4,541	36
Total Non-Current Assets	316,691	315,040	(1,651)
Current Assets			
Inventories	8,036	8,253	217
Trade and Other Receivables	30,611	25,303	(5,308)
Cash and Cash Equivalents	3,950	5,340	1,390
Total Current Assets	42,597	38,896	(3,701)
Current Liabilities			
Trade and Other Payables	(63,726)	(47,153)	16,573
Other Liabilities	(497)	(274)	223
Borrowings	(5,283)	(5,283)	0
Provisions	(186)	(182)	4
Total Current Liabilities	(69,692)	(52,892)	16,800
Net Current Assets	(27,095)	(13,996)	13,099
Non-Current Liabilities			
Other Liabilities	(7,987)	(7,400)	587
Borrowings	(54,538)	(84,432)	(29,894)
Provisions	(1,396)	(1,351)	45
Total Non-Current Liabilities	(63,921)	(93,183)	(29,262)
Total Assets Employed	225,675	207,861	(17,814)
Financed by Taxpayers Equity			
Public Dividend Capital	166,519	166,519	0
Reserves	67,543	67,543	0
Retained Earnings	(8,387)	(26,201)	(17,814)
Total Taxpayers' Equity	225,675	207,861	(17,814)

The table shows the M10 balance sheet and the variance between movements from the 2015/16 closing balance sheet, supporting narrative is on the following page.

Balance Sheet(2)

Commentary below reflects the Month 10 balance sheet position against the prior year outturn

Note: The opening balance sheet has been restated for a prior period adjustment impacting on the trade and other payables balance in total assets employed and the income and expenditure reserve balance in reserves.

Non-Current Assets

- There is a reduction in non-current assets which reflects depreciation charges in excess of capital additions for the year-to-date.

Current Assets

- Inventories remain broadly in line with the year-end. The minor movement reflects changes in drug stocks. These are charged to the I&E on issue and so this change reflects a movement between inventories and creditors.
- Debtor balances are now £5.3m below their closing March 16 level.
- Cash has increased since the year-end. This is due to the ongoing management of working capital balances alongside receipt of distress funding.

Current Liabilities

- Trade payables have reduced significantly due to the managed payment arrangements now in place following receipt of distress funding.

	Financial Year 2016/17		Current Month January	
	Number	£'000	Number	£'000
Total Bills Paid Within period	122,028	223,029	11,664	24,273
Total Bill paid within Target	67,645	131,017	9,955	19,664
Percentage of Bills paid within target	55%	59%	85%	81%

The BPPC cumulative performance is not showing significant improvement for the following reasons:

- A high proportion of recent creditor payments have been those outstanding for a significant period and so already outside of 30 day terms
- Whilst driving down creditor days as far as possible we are not yet compliant with 30 day terms across all suppliers

Non-Current Liabilities

- Borrowings show a significant increase due to 'distress funding' arrangements.

Reserves

- The I&E reserve movement reflects the YTD deficit.

Cashflow

Cashflow Analysis	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-16	YTD - M10
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Surplus (Deficit) from Operations	401	308	3,441	(151)	(10,222)	2,967	(1,952)	(1,357)	(2,362)	136	(8,791)
Adjust for non-cash items:											
Depreciation	882	883	882	881	882	882	882	811	873	873	8,731
Impairments within operating result	0	0	0	0	0	0	0	0	0	0	0
Gain/loss on asset disposal	0	0	0	0	0	0	0	0	0	0	0
Provisions	0	0	0	0	0	0	0	0	0	0	0
Other operating non-cash	(58)	(1,276)	1,011	(425)	648	554	(593)	(828)	459	(802)	(1,310)
Operating Cash flows before working capital	1,225	(85)	5,334	305	(8,692)	4,403	(1,663)	(1,374)	(1,030)	207	(1,370)
Working capital movements:											
(Inc.)/dec. in inventories	(198)	(13)	1,882	(1,880)	(539)	1,619	(993)	(5)	28	(144)	(243)
(Inc.)/dec. in current assets	(6,042)	4,983	(9,375)	5,321	6,857	5,994	(5,590)	3,424	2,809	(3,066)	5,315
(Inc.)/dec. in current provisions	0	0	(4)	0	0	0	0	0	0	0	(4)
(Inc.)/dec. in trade and other payables	5,104	(5,795)	3,983	(611)	6,768	(20,068)	(2,815)	703	(5,269)	546	(17,454)
(Inc.)/dec. in other financial liabilities	3,000	(2,853)	0	127	0	5	(27)	(22)	0	(12)	218
Net cash inflow/(outflow) from working capital	1,864	(3,678)	(3,514)	2,957	13,086	(12,450)	(9,425)	4,100	(2,432)	(2,676)	(12,168)
Capital investment:											
Capital expenditure	(678)	(550)	(726)	(657)	(639)	(506)	(1,285)	(532)	(1,000)	(1,108)	(7,681)
Capital receipts	0	0	0	0	0	0	0	0	0	0	0
Net cash inflow/(outflow) from investment	(678)	(550)	(726)	(657)	(639)	(506)	(1,285)	(532)	(1,000)	(1,108)	(7,681)
Funding and debt:											
PDC Received	0	0	0	0	0	0	0	0	0	0	0
Interest Received	0	0	4	3	3	2	2	3	3	3	23
DH loans - received	0	0	0	0	0	19,900	6,700	5,318	0	1,503	33,421
DH loans - repaid	0	0	0	0	0	(2,061)	0	0	0	0	(2,061)
Other loans	0	4,000	0	0	(4,000)	0	0	0	0	0	0
Finance lease capital	(256)	(256)	(256)	(256)	(256)	(256)	(256)	(256)	(256)	(256)	(2,560)
PFI/LIFT etc capital	(235)	(235)	(235)	(235)	(235)	(235)	(235)	(235)	(235)	(235)	(2,350)
PDC Dividend paid	0	0	0	0	0	(3,864)	0	0	0	0	(3,864)
Other	0	0	0	0	0	0	0	0	0	0	0
Net cash inflow/(outflow) from financing	(491)	3,509	(487)	(488)	(4,488)	13,486	6,211	4,830	(489)	1,015	22,608
Net cash inflow/(outflow)	1,920	(804)	607	2,117	(733)	4,933	(6,162)	7,024	(4,951)	(2,562)	1,390
Cash at Bank - Opening	3,950	5,870	5,066	5,673	7,790	7,057	11,991	5,829	12,853	7,902	3,950
Closing	5,870	5,066	5,673	7,790	7,057	11,991	5,829	12,853	7,902	5,340	5,340

The cashflow for the first ten months of the 2016/17 financial year is shown in the table. The major movements are consistent with those already identified within income and expenditure and the balance sheet.

Key movements:

Inventories – Stock movements, other than at year-end, reflect movements in drug stocks. These are charged to the I&E on issue and so this change reflects a movement between inventories and creditors

Current Assets – Debtor balances have increased in month. This has been offset by reductions to accrued income and deferred income

Trade Payables – decreased in January.

DH Loans Received – reflects the drawdown of distress funding from the DH

DH Loans Repaid – reflects the half yearly payment of the existing ITFF loans

Forecast Outturn – Full Year

Forecast Outturn - against prior month forecast			
	M9 Forecast Outturn*	M10 Forecast Outturn**	Movement Fav/(Adv)
	£000's	£000's	£000's
SLA & Commissioning Income	433,815	434,509	694
PP, Overseas and RTA Income	5,449	5,347	(102)
Operating Income	63,505	62,697	(808)
Total Income	502,770	502,553	(217)
Pay	332,078	330,483	1,595
Non-Pay	176,356	175,410	946
Total Expenditure	508,434	505,893	2,542
EBITDA	(5,665)	(3,339)	2,325
EBITDA %age	(1.1%)	(0.7%)	0.5%
Non-Operating Expenditure	21,989	21,991	(2)
Surplus/(Deficit)	(27,654)	(25,331)	2,323
STF Funding	3,225	3,225	0
Surplus/(Deficit) (inc. STF)	(24,429)	(22,106)	2,323
Sale of College Lawn	1,048	1,048	0
FRP Savings	4,000	2,728	(1,272)
Stretch to FRP	700	0	(700)
Savings to meet additional pressures	681	330	(351)
Surplus/(Deficit) (inc. STF)	(18,000)	(18,000)	0
* Reflects the full-year forecast outturn produced as part of Month 9 reporting			
** Reflects the re-forecast outturn position produced alongside Month 10			

The table shows the revised full year forecast for Month 10 against full year forecast produced at Month 9.

The forecast outturn for the 2016/17 financial year as at Month 10 is a deficit of £18.0m (no movement from Month 9).

The forecast now reflects forecast over performance agreed with commissioners, improvements in pay and non-pay due to delivery of FRP savings requirements and the further delivery of the balance of the FRP savings requirement.

0 Profit on disposal
 (1,272) Reduced requirement reflects delivery of £1.3m included in pay non-pay above
 (700) Reduced requirement reflects contract overperformance recognised above
 (351) Reduced due to favourable delivery against forecast in M10

Financial Performance Against NHSI Plan Period to 31st January 2017

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Performance Against NHSI Plan

At the end of Month 9 of the 2016/17 financial year the Trust has delivered a year-to-date deficit position of £17.0m (including the Q1 STF funding of £3.2m). This represents an adverse variance to plan of £29.3m as at the year-to-date.

Statement of Comprehensive Income

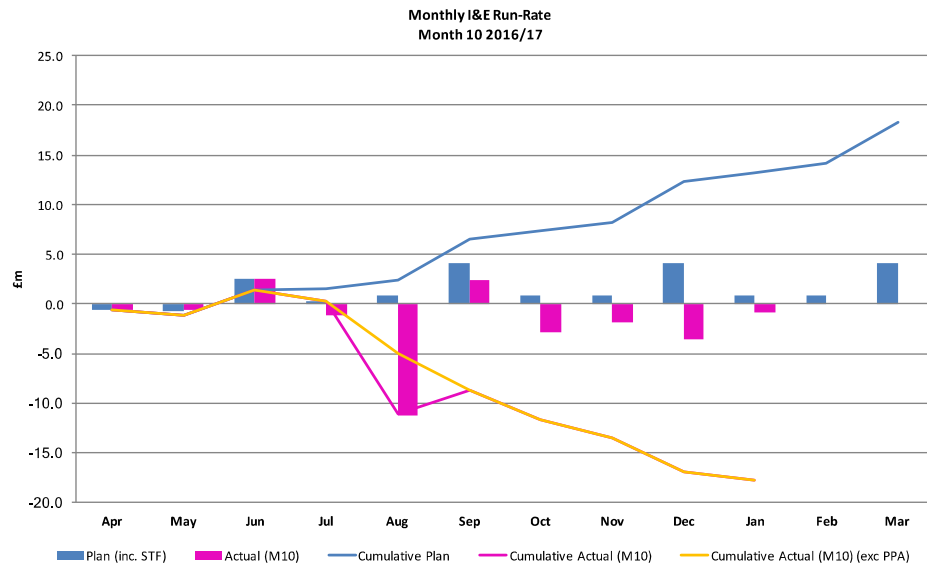
Month 10 Financial Position	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's
SLA & Commissioning Income	358,086	360,463	2,377
PP, Overseas and RTA Income	4,756	4,291	(465)
Operating Income	52,271	52,843	572
Total Income	415,113	417,597	2,484
Pay	264,751	275,519	(10,768)
Non-Pay	125,449	145,077	(19,629)
Total Expenditure	390,200	420,597	(30,397)
EBITDA	24,913	(3,000)	(27,913)
EBITDA %age	6.0%	-0.7%	-6.7%
Non-Operating Costs	21,372	18,040	3,332
Surplus/(Deficit)	3,541	(21,040)	(24,581)
STF Funding	9,675	3,225	(6,450)
Surplus/(Deficit) (inc. SFT)	13,216	(17,815)	(31,031)

The table summarises (at a high level) the Trust position for Month 10 of the 2016/17 financial year against the plan as submitted to NHSI in June.

The year-to-date deficit of £21.0m has been mitigated by receipt of Q1 STF funding of £3.2m.

NB: The NHSI Plan and the planning process that created it is not as robust as would be expected. The Plan lacks granular supporting detail and as such comparisons are not necessarily to be relied upon in isolation for decision making or performance management purposes. The Trusts internal budget does not reconcile, either by cost category or phasing, to the NHSI plan. The figures presented in this report as 'plan' reflect the figures as submitted to NHSI unless explicitly stated otherwise.

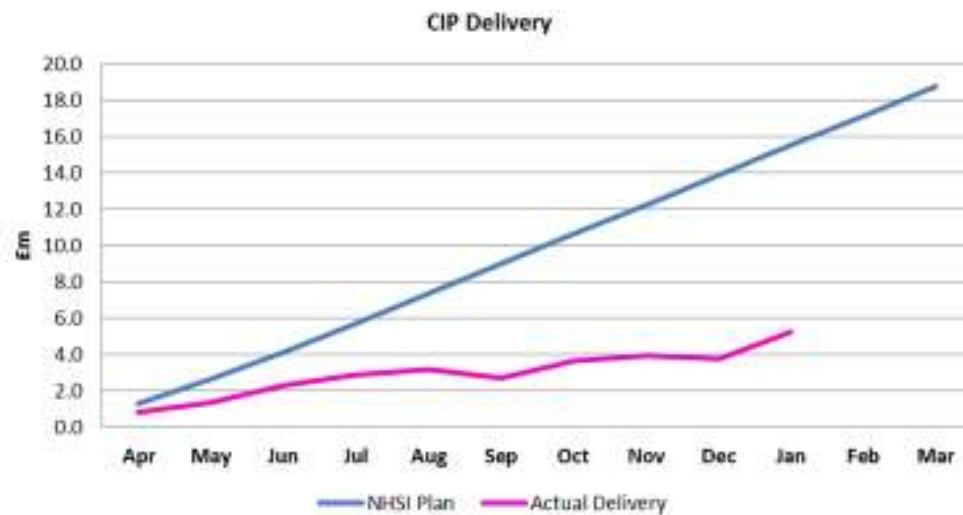
At A Glance – Month 10



The I&E cumulative deficit as at Month 10 is £17.8m against a forecast of £18.7m, a favourable variance of £0.9m. The NHSI plan surplus was £13.2m – an adverse variance of £31.0m.

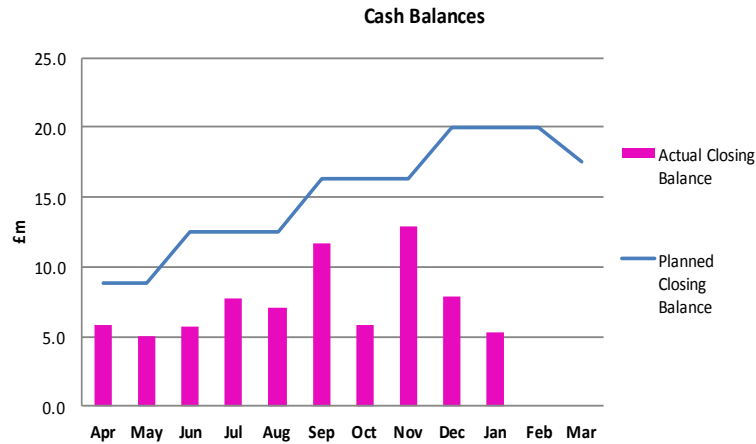
The position is shown both inclusive and exclusive of prior period adjustments (PPA).

The drivers of this position are explained in more detail in the income and expenditure sections of this report.



CIP delivery shows a cumulative achievement for the year-to-date of £5.3m against an NHSI plan of £15.5m – an adverse variance of £10.2m.

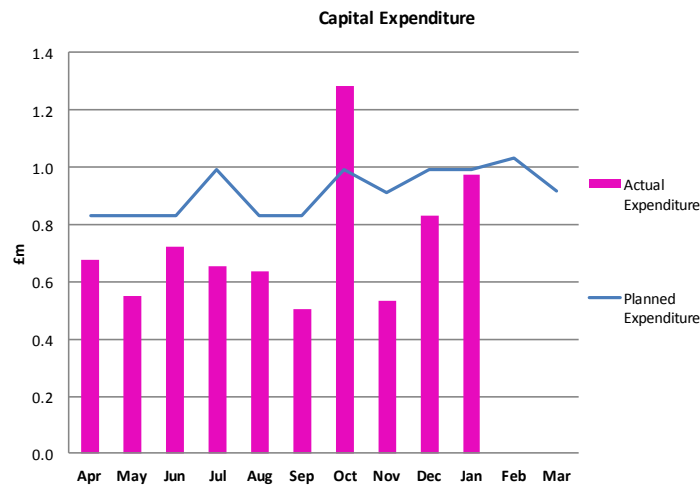
At A Glance – Month 10



The cash balance as at 31st January was £5.3m against an NHSI planned balance of £20.0m for the month – an adverse variance of £14.7m.

Please note:

- Balances for May, June and July include the benefit of £4m working capital facility drawdown
- September includes the impact of drawdown of £19.9m of distress funding and associated increased creditor payments
- October includes further drawdown of £6.7m of distress funding and continued correction of creditor payments position.
- November includes further drawdown of £5.3m of distress funding
- Further distress funding of £1.5m was drawn down in January



Capital spend in month 10 was £1.0m against an NHSI plan of £1.0m.

This brings the cumulative spend for the YTD to £7.4m against a total plan of £9.1m – an adverse variance of £1.7m.

Capital spend slipped in the first half of the financial year due to availability of cash resource to fund the programme.

	Plan £m	Actual £m	Variance £m
Cumulative Capital Expenditure	9.1	7.4	(1.7)

Balance Sheet(1)

Trust Financial Position	NHSI Plan as at M10 £000	Balance as at M10 £000	Variance - M10 Plan vs Actual £000
Non-Current Assets			
Intangible Assets	0	3,585	3,585
Property, Plant and Equipment	292,129	306,914	14,785
Trade and Other Receivables	7,195	4,541	(2,654)
Total Non-Current Assets	299,324	315,040	15,716
Current Assets			
Inventories	7,150	8,253	1,103
Trade and Other Receivables	37,929	25,303	(12,626)
Cash and Cash Equivalents	19,989	5,340	(14,649)
Total Current Assets	65,068	38,896	(26,172)
Current Liabilities			
Trade and Other Payables	(49,684)	(47,153)	2,531
Other Liabilities	0	(274)	(274)
Borrowings	(3,203)	(5,283)	(2,080)
Provisions	(1,292)	(182)	1,110
Total Current Liabilities	(54,179)	(52,892)	1,287
Net Current Assets	10,889	(13,996)	(24,885)
Non-Current Liabilities			
Other Liabilities	(8,270)	(7,400)	870
Borrowings	(58,553)	(84,432)	(25,879)
Provisions	(816)	(1,351)	(535)
Total Non-Current Liabilities	(67,639)	(93,183)	(25,544)
Total Assets Employed	242,574	207,861	(34,713)
Financed by Taxpayers Equity			
Public Dividend Capital	165,519	166,519	1,000
Reserves	66,827	67,543	716
Retained Earnings	10,228	(26,201)	(36,429)
Total Taxpayers' Equity	242,574	207,861	(34,714)

The table shows the M10 balance sheet and associated variance to the plan as submitted to NHSI

There are a number of issues with construction and reconciliation of the balance sheet plan. The planning process that created it is not as robust as would be expected. The Plan lacks granular supporting detail and as such comparisons are not necessarily to be relied upon in isolation for decision making or performance management purposes.

NHSI Continuity of Services Rating

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		Plan	Actual													
Balance Sheet Sustainability	Capital Service															
	Revenue Available for Capital Service	33,078	-271													
	Capital Service	-9,353	-17,300													
	Sum = (calc above)	3.20	-0.02													
	Rating	4	1	<table border="1"> <tr> <th colspan="4">Key to scoring - Liquidity (25% weighting)</th> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>>2.5</td> <td>1.75-2.5</td> <td>1.25-1.75</td> <td><1.25</td> </tr> </table>	Key to scoring - Liquidity (25% weighting)				4	3	2	1	>2.5	1.75-2.5	1.25-1.75	<1.25
Key to scoring - Liquidity (25% weighting)																
4	3	2	1													
>2.5	1.75-2.5	1.25-1.75	<1.25													
Liquidity	Liquidity															
	Working capital balance	2,203	-22,249													
	Operating expenses within EBITDA	-406,956	-420,595													
	Sum = (calc above x no. of days)	1.60	-15.90													
	Rating	4	1	<table border="1"> <tr> <th colspan="4">Key to scoring - Debt Service Cover (25% weighting)</th> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td><0 days</td> <td>(7) - 0 days</td> <td>(14) - (7) days</td> <td>>(14) days</td> </tr> </table>	Key to scoring - Debt Service Cover (25% weighting)				4	3	2	1	<0 days	(7) - 0 days	(14) - (7) days	>(14) days
Key to scoring - Debt Service Cover (25% weighting)																
4	3	2	1													
<0 days	(7) - 0 days	(14) - (7) days	>(14) days													
Underlying performance	I & E Margin															
	Normalised Surplus (deficit)	11,679	-17,814													
	Total Income	440,034	420,849													
	I&E Margin	2.65%	-4.23%													
	Rating	4	1	<table border="1"> <tr> <th colspan="4">Key to scoring - I & E Margin (25% weighting)</th> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>>1%</td> <td>0 - 1%</td> <td>(1) - 0%</td> <td><(1)%</td> </tr> </table>	Key to scoring - I & E Margin (25% weighting)				4	3	2	1	>1%	0 - 1%	(1) - 0%	<(1)%
Key to scoring - I & E Margin (25% weighting)																
4	3	2	1													
>1%	0 - 1%	(1) - 0%	<(1)%													
Variance from plan	I & E Margin Variance From Plan															
	I & E Margin Variance from Plan	-0.59%	-6.88%													
	Rating	3	1	<table border="1"> <tr> <th colspan="4">Key to scoring - Variance in I& E Margin(25%weighting)</th> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>>0%</td> <td>(1) - 0%</td> <td>(2) - (1)%</td> <td><(2)%</td> </tr> </table>	Key to scoring - Variance in I& E Margin(25%weighting)				4	3	2	1	>0%	(1) - 0%	(2) - (1)%	<(2)%
Key to scoring - Variance in I& E Margin(25%weighting)																
4	3	2	1													
>0%	(1) - 0%	(2) - (1)%	<(2)%													
	OVERALL RATING	4	1													

As at Month 10 the Trust has delivered a Continuity of Services Rating (COSR) of 1 against a planned rating of 4.

Capital Service – the ratio generates a value of (0.02) for M10.

Liquidity – the ratio generates a value of (15.9) days of liquidity at the year to date.

I&E Margin – reported as (4.2%) for month 10 and includes the impact of STF funding received in Q1.

I&E Margin Variance – reported as (6.9%) and reflects the material variance to planned delivery as at Month 10.

Note - the 'plan' for this metric is automatically generated by NHSI and is in fact the prior year outturn.

All ratios are generating 1 on the scale of 1-4 as is the overall COSR calculation.

Recommendations

The Board is asked to note:

- The financial position of the Trust at the end of Month 10 of the 2016/17 financial year is an operational deficit of £17.8m. This is a favourable variance to forecast of £0.9m.
- Against NHSI Plan the adverse variance is £31.0m.
- The focus of performance reporting is now against the forecast position and achievement of the £18.0m recovery target.
- The NHSI Plan and the planning process that created it is not as robust as would be expected. The Plan lacks granular supporting detail and as such comparisons are not necessarily to be relied upon in isolation for decision making or performance management purposes. The Trusts internal budget does not reconcile, either by cost category or phasing, to the NHSI plan. The figures presented in this report as 'plan' reflect the figures as submitted to NHSI unless explicitly stated otherwise.
- The Trust is forecasting:
 - An I&E deficit of £18.0m against a planned surplus of £18.2, representing a £36.2m adverse variance to the NHSI plan. This forecast has moved to reflect the Financial Recovery Plan since the prior month.

Author: Sarah Stansfield, Director of Operational Finance

Presenting Director: Stuart Diggles, Interim Director of Finance

Date: February 2017

**MINUTES OF THE AUDIT AND ASSURANCE COMMITTEE
MEETING HELD ON WEDNESDAY 18 JANUARY 2017 AT 8.45AM
IN THE BOARDROOM, ALEXANDRA HOUSE, CHELTENHAM**

**THESE MINUTES MAY BE MADE AVAILABLE TO THE PUBLIC AND PERSONS OUTSIDE THE TRUST AS
PART OF THE TRUST'S COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT 2000**

PRESENT

Ms Rhona Macdonald (RM) Non - Executive Director (Chair)
Mr Tony Foster (TF) Non - Executive Director

IN ATTENDANCE (by invitation)

Mr Chris Dunn (CD) Governor
Mrs Sarah Stansfield (SS) Director of Operational Finance
Mr Martin Wood (MW) Trust Secretary
Mrs Sarah Smith (SS) PA to Finance Director
Ms Deborah Lee (DL) Chief Executive
Mr Stuart Diggles (SD) Interim Finance Director
Mr Rob Andrews (RA) KPMG Manager
Ms Dominique Lord (DL) Price Waterhouse Coopers (PWC), Internal Audit
Mrs Lynn Pamment (LP) Partner, Price Waterhouse Coopers (PWC), Internal Audit
Mr Jonathan Sawyer (JS) Price Waterhouse Coopers (PWC), Internal Audit
Mr Robert Graves (RG) Designate Non - Executive Director (In Part)
Mr Sean Elyan (SE) Medical Director (Attended for Item 7 only)

APOLOGIES

Mr Lee Sheridan (LS) Head of Counter Fraud
Mr Jonathan Brown (JB) KPMG Engagement Lead
Mr Andrew Seaton (AS) Director of Safety

ACTION

001/17 DECLARATIONS OF INTEREST

None.

002/17 FUTURE APPROACH TO AUDIT AND ASSURANCE

Attendees discussed the development of the Audit and Assurance Programme which included a risk based approach to driving the programme.

The approach to internal audit work was considered and how audit areas are collectively selected and then mapped to Executive Committees, processes and systems in the Trust and also provide greater grip in the creation of the Audit plan .

Mr Graves commented that he would further discuss the programme with Ms Lee along with a future session for all Non-Executive Directors and Governors to develop thinking around the Assurance programme.

003/17 MINUTES OF MEETING HELD ON 8 NOVEMBER 2016

RESOLVED: The minutes of the meeting held on the 8th November 2016 were agreed as a correct record.

004/17 MATTERS ARISING

Outstanding actions were either completed or agenda items for the

meeting.

RESOLVED: That the report be noted and revisited on the 10 March 2017.

005/17 EXTERNAL AUDIT

PROGRESS REPORT AND TECHNICAL UPDATE

Attendees noted work which has been undertaken since the last Committee. This included discussion around the financial position and prior year adjustment and shared best practice Board Assurance Framework information. The completed file review from the previous auditors was noted and Mr Andrews commented that there had been good cooperation during this transition.

DRAFT EXTERNAL AUDIT PLAN 2016-17

The plan was considered and key points were noted.

There was further discussion around the level of materiality set. Mr Andrews agreed to add a sentence which describes how a smaller figure had a significant impact on the balance of the Trust finances.

RA

Audit Risk Assessment

Mr Andrews explained that external audit are required to consider two mandated risks which attendees noted were fraud risk from Income and management override of controls. Based on the local risk assessment further significant risks have been identified as valuation of land and building assets and accounting for the prior year adjustment. Attendees considered whether this reflected where there is felt to be risk within the organisation and noted that these have been shared with Mr Diggles and Mrs Stansfield.

Three main areas were highlighted in the use of resources and area of focus which were management of Trusts cash position and delivery of CIPs, these areas were selected through the use the resources risk assessment.

Quality Accounts Assurance

Mr Andrews advised that there will be testing of two indicators agreed with Trust which are 4 hours waits and RTT and testing of a locally selected indicator as chosen by the Council of Governors. Ms Lee commented on how the effect of TrakCare on RTT will be managed as there will be a significant delay before the Trust can robustly report on RTT. Mr Andrew advised that this will be discussed with Director of Clinical Strategy.

Mr Graves suggested a Chair and members working session with the Finance team on the Trusts Accounts and Mr Diggles agreed to discuss a future date with the Trust Secretary.

SD

RESOLVED: That the reports be noted

Mr Grave left the meeting at 9.30am

006/17 INTERNAL AUDIT

INTERNAL AUDIT PROGRESS REPORT

Mrs Pamment highlighted progress against the 2016/17 internal audit plan which included the three reports which have now been issued as final, Temporary Staffing Financial Controls, Clinical Coding and

Consultant Job Planning. Field work is underway for the Information Governance Toolkit and other areas are currently being scoped. Attendees noted the summary of individual audit assignments and agreed timings of these reviews.

CONSULTANT JOB PLANNING

Attendees considered the report which highlighted two high risk findings, three medium and one low risk. The high risk findings related to limited comparability of supporting SPA time within job plans and job planning workbooks which are out of date and comparison of expected to actual delivery. Dr Elyan advised that the job planning book has now been updated and is awaiting sign off. Dr Elyan commented that broadly speaking the process is good but recording needs improvement as well as the information system; however there will be further opportunities once TrakCare is embedded. Dr Elyan updated on the development of the performance reporting Form A which has been ratified through LNC and is now use. Attendees discussed the lack of visibility of job plans and compliance with the completion of the workbook and Dr Elyan commented on the effectiveness of team job planning and agreed to further progress compliance through iLead.

Dr Elyan's attendance provided greater context to the consultant job planning audit and provided assurance that this was not a cultural issue.

Attendees considered the management response within the internal audit reports and whether this provided enough assurance to the Committee. Mrs Pamment commented that management response was condensed into an agreed action plan. A fuller management response was requested by attendees for future reports.

LP

Attendees discussed the need for other committees to have sight of internal audit reports and it was agreed that a mechanism to do that would be introduced.

Dr Elyan left the meeting at 10.00am.

TEMPORARY STAFFING FINANCIAL CONTROLS (NURSING)

Significant progress has been made with a 28% reduction in agency nurses booked and an 86% reduction in the number of off framework nurses booked. Attendees discussed the invoicing method and differences which were frequently found between invoices hours worked recorded on Rosterpro. Attendees noted that better controls were now in place and Ms Lord agreed to confirm to Ms Lee whether controls were Trustwide or currently only within the Medical Division.

DLo

The Committee requested a management response from the Nursing Director for the next meeting of the Committee.

DLo

CLINICAL CODING

The review was in addition to the plan and jointly commissioned with Gloucestershire CCG to investigate the process that led to the creation of virtual ward and recommendation to improve controls. Three high risk and one medium risk rated findings were noted. One of the high risk findings related to the lack of documented, governance process in place with regards to the creation of virtual wards and any classifications changes that occur. Discussion took place around the existing primary key controls and Ms Lee requested immediate action to ensure immediate controls are in place and assurance to be provided to the

SD/SS

Committee at the next meeting.

RECOMMENDATIONS TRACKER

Ms Lee had undertaken to work with Director colleagues to update the tracker, Ms Lee reported that there were a number of recommendation not updated on the tracker which had increased the number of overdue actions and shared her disappointment at the number which were still outstanding. The committee asked for an update on the four uncompleted high risk outstanding recommendations. Attendees noted that there were three reports which were completed and can be removed from the tracker once evidence of completion is provided.

SS

RESOLVED: That the reports be noted.

007/17 REVIEW OF THE TRUST RISK REGISTER

Ms Lee explained the process for risks that trigger a 15 or more being moved to the Trust Risk Register and it was noted that an Executive Risk Management Group has now been established to help ensure effective risk management. Risks currently present on the register which were below 15 are awaiting closures, merging or agreement of a new risk ownership at the relevant committees which have yet to meet.

During discussion attendees considered the committees role in the oversight of this system and agreed it would be useful to include a column showing the responsible committee on the register and it was also agreed a definition of the risk score should be included for future committees. Attendees also discussed whether committees identified any risks at meetings and Mr Wood agreed to consider including this as a standing agenda item for committee agendas.

AS

RESOLVED: That the report be noted.

008/17 REPORTS FROM THE INTERIM FINANCE DIRECTOR LOSSES AND COMPENSATIONS

Mr Diggles presented the paper which reported the ex gratia payment made to the value of £5,845.00. These payments are made after robust investigation and consultation with the wards and the Trust Security Officer.

Attendees noted a number of invoices relating to historical Welsh debt which has been written off.

Mr Diggles advised that a number of employees on term time only contracts are being incorrectly paid due to a long standing payroll error which has now been corrected. The committee considered the paper and agreed that the recovery of overpayment is not required and HR will address with the individuals as appropriate.

SINGLE TENDER ACTION

The committee noted the single tenders which have been signed and required disclosure to the committee.

ACCOUNTING POLICIES

In the absence of a paper the committee agreed that a paper would be circulated ahead of the next meeting and will formally presented at the March committee meeting.

SS/SD

DEBT REPORT

Mrs Stansfield updated on the current arrangements around bad debt provisioning and noted as at the 31 March 2016 the closing balance sheet contained a provision for bad debt of £700k at this time there was a total value of debt on the balance sheet of £28m, the provision reflected a risk of 2.5% of that debt. Attendees noted the methodology for determining provision of bad debt and once applied there is a bad debt provision requirement of £1.93m. The proposal for write offs was considered and Mrs Stansfield summarised the reasons for the write offs for attendees, this would require utilisation of £820k of the bad debt provision, leaving a carry forward of £1.1m. Mrs Stansfield commented that this was a good time of year to undertake a full write of review and an annual paper will be presented to the July committee, this will also provide greater grip and an improving debt position.

SS/SD

The committee sought clarity about the extent to which external auditors were engaged in the process of agreeing these policies and clarification of the impact on the current report of deficit. The external auditors confirmed discussions were ongoing and the prior year adjustments had been identified as a risk.

The committee agreed an increase to the current value of bad debt provision, to be charged to the prior year adjustment and the value of invoices for write off to be charged to this provision.

RESOLVED: That the reports be noted.

009/17 REPORT FROM THE HEAD OF COUNTER FRAUD

The committee received the report and noted the absence of any record of fraud under investigation or closed and requested that this should form an annex to the regular report.

LS

RESOLVED: That the reports be noted.

010/17 AUDIT AND ASSURANCE COMMITTEE WORKPLAN 2017

The committee agreed to add a review of the accounts to the May meeting agenda.

Given the number of Internal audit report to be presented at the March it was agreed that these would be circulated ahead of the meeting for early sight and consideration.

RESOLVED: That the reports be noted.

011/17 COMMITTEE REFLECTION & DEVELOPMENT

Attendees noted that the committee was currently in a transition phase and future meetings will develop to cover current gaps in the assurance programme.

012/17 ANY OTHER BUSINESS

None.

RESOLVED: That the report be completed

013/17 DATE OF THE NEXT MEETING

Friday 10 March 2017 8.45 am in the Boardroom at Alexandra House

Pre meet for members only – 8.30am

THE MEETING ENDED AT 11.30am

CHAIR

REPORT TO MAIN BOARD - FEBRUARY 2017

From Workforce Committee Chair – Tracey Barber, Non-Executive Director

This report describes the business conducted at the Workforce Committee held 3 February 2017, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Workforce report	<ul style="list-style-type: none"> - Reduction in overall paybill - Agency expenditure reduced – lowest level since June albeit January has been operationally challenging - Increased scrutiny of agency use and spend appears to be having an impact with a reduction in overall spend 	<p>Are we ensuring that staff and workforce still feel valued?</p> <p>Is patient service and quality of experience being maintained?</p> <p>How are we maintaining morale when so much scrutiny is being put on agency usage?</p> <p>How are we encouraging learnings on when not to use Agency staff to be shared?</p>	Approach we are taking to Quality Impact assessment	
Review of annual workplan and Workforce strategy	<ul style="list-style-type: none"> - Committee agreed that the review of Committee performance would take place in March, looking at: <ul style="list-style-type: none"> o What we have achieved against short term strategic objectives o What our priorities are moving forward 	Are we able to manage capacity to deliver the plan and ensure the right focus on the right things?	The Annual agenda plan and Committee priorities would be reviewed as part of the Committee audit of performance and effectiveness in March 2017	

	<ul style="list-style-type: none"> ○ Where our focus should be ○ Maintaining balance between short term goals and the more developmental aspects of the strategy 			
Medical Agency spend	The paper was incomplete and tabled. It failed to provide the deep dive analysis requested.	<p>Why is there a significant increase in Medical Agency spend between months 4+5 with spend at the higher level maintained?</p> <p>What are the actions been taken to address the ongoing approach to Medical agency usage?</p>	<p>Report to Finance at next meet</p> <p>Report to Committee at next meeting</p>	
Nursing Recruitment and spend	Overall agency spend is being reduced and clearly the biggest driver of agency spend is vacancies, however the agency cost of escalation beds is potentially understated and needs to be properly established.	<p>How do we continue to reduce agency spend without placing so much reliance on reducing vacancy levels?</p> <p>How do we manage retention more effectively?</p>	Retention deep dive being brought to the committee in April	
Sickness Absence	The committee received the deep dive into Sickness absence which is seeing levels well below national average	<p>Are we assured that the data is robust?</p> <p>Is there under reporting of sickness for doctors?</p>	Verbal update on data quality at next meeting	

STP update	The committee discussed the impact of STP and the need for whole scale behavioural change to maximise the changes expected from STP	Are we applying the right heat and energy given competing priorities? How are we measuring success?		
Risks to highlight to Board	Medical staffing versus spend – ensuring prioritisation and balance			

Key issues to highlight to Board

1. **Sickness absence is running well below national averages which is excellent – but we need to understand why and ensure data accuracy**
2. **Retention of Nursing staff needs to be a key focus as continued recruitment is not reliable given severe supply challenges**
3. **Medical agency spend requires a deep dive with some urgency**

Report Title	
Workforce Report - Period to 31 st January 2017	
Sponsor and Author(s)	
Authors:	Dave Smith, Director of Human Resources and Organisational Development Eve Russell, Associate Director Workforce Sarah Stansfield, Director of Operational Finance
Sponsoring Director:	David Smith, Director of Human Resources and Organisational Development
Executive Summary	
<u>Purpose</u>	
<p>This report provides an overview of the workforce performance of the Trust as at the end of Month 10 of the 2016/17 financial year. It provides information on the continuing overspend on pay (including agency) costs, movements in headcount as well as further information on two of the key drivers of spend, turnover and sickness.</p>	
<u>Key issues to note</u>	
<ul style="list-style-type: none"> ▪ It is pleasing to see a reduction in the overall paybill between M9 and M10 of £0.47m, building on the previous month's reduction of £0.41m. The paybill is at its lowest level this Financial Year ▪ Agency spend continues to reduce overall and is now at its lowest level since June 2016. ▪ Equal focus is being applied between agency expenditure and pay expenditure generally and engagement with staff representatives on key initiatives continues with the support of the CEO ▪ We continue to make inroads into qualified nursing vacancies which are now at 106 WTE, the lowest level for the whole of 2016/2017 ▪ The Committee is provided with 4 appendices, 2 of which reflect reporting into the Turnaround Implementation Board and which set out in greater detail the work being undertaken to reduce overall pay expenditure and reduce agency spend, and 2 of which provide more detailed analysis of the relationship between vacancies and agency spend in the Nursing and Medical workforce 	
<u>Conclusions</u>	
<p>It is pleasing to see that the increased control regarding pay spend is delivering a sustained reduction in this area.</p> <p>The increased scrutiny of agency use and spend appears to be having an impact with a reduction in the overall spend in this area. This has been largely attributable to the increase in substantive nursing numbers, and we need to ensure that similar traction is developed within the medical and corporate areas in reducing spend.</p>	
<u>Implications and Future Action Required</u>	
<p>The focus on reducing agency use and reducing vacancy levels appears to be having a positive impact and must be maintained and increased. Work to leverage off the experience and operational structures of other organisations in controlling both agency and general pay expenditure is ongoing.</p>	

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Recommendations

The Committee is asked to note the report.

Impact Upon Strategic Objectives

A failure to improve the financial position presented will lead to increased scrutiny over investment decision making.

Impact Upon Corporate Risks

Significant impact on deliverability of the financial plan for 2016/17.

Regulatory and/or Legal Implications

A failure to control all elements of the paybill will impact the Financial Recovery Plan and may lead to increased regulatory activity by NHS Improvement around the financial position of the Trust

Equality & Patient Impact

It is essential that any steps taken to curb pay expenditure are impact assessed to ensure that quality and safety of patient services are assured.

Resource Implications

Finance	✓	Information Management & Technology	
Human Resources	✓	Buildings	

Action/Decision Required

For Decision		For Assurance	✓	For Approval		For Information	
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Date the paper was presented to previous Committees

Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)

Report to the Main Board

Workforce Report Period to 31st January 2017

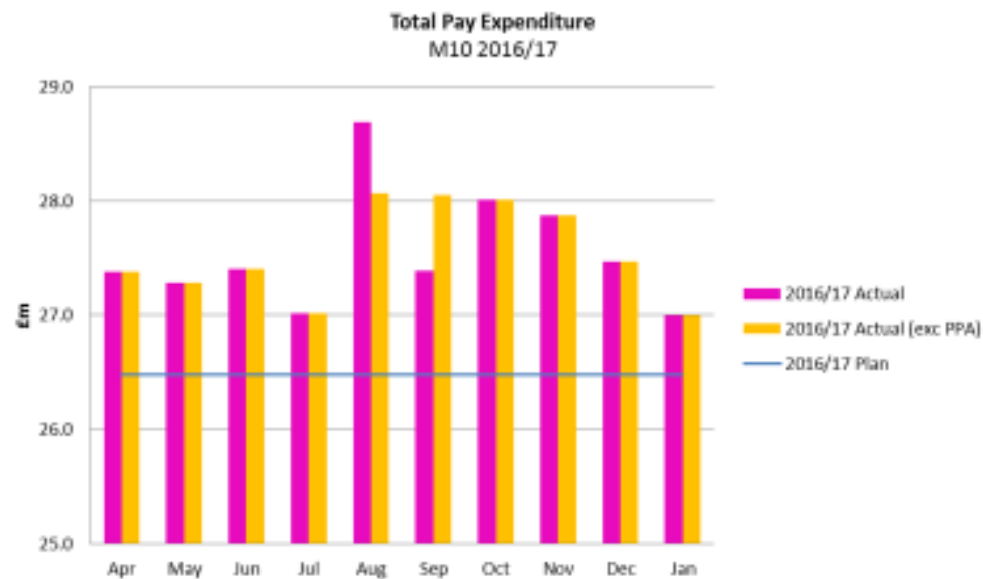
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Introduction and Overview

The purpose of this presentation is to provide an overview for the Finance Committee of our current position in terms of Workforce expenditure and other relevant Performance Indicators. It will include a breakdown of current pay, sickness absence and turnover, along with a description of actions being taken to address any concerns. The appendices will provide detailed analysis of the relationship between vacancies and Agency spend in two key components of the workforce: Nursing and Medical.

Pay Expenditure



Pay expenditure reflects the total expenditure across the Trust, including bank and agency. It includes all hosted and shared services. The chart shows the position inclusive and exclusive of financial adjustments for the prior period so the run-rate is comparable for trend analysis.

Total pay expenditure has now reduced every month since October 2016 which is a positive reflection of the significant measures being taken to deliver Workforce CIP and efficiencies. The challenge now will be to ensure that this reduction is sustained and improved upon.

NB: The NHSI Plan and the planning process that created it is not as robust as would be expected. The Plan lacks granular supporting detail and as such comparisons are not necessarily to be relied upon in isolation for decision making or performance management purposes. The Trusts internal budget does not reconcile, either by cost category or phasing, to the NHSI plan. The figures presented in this report as 'plan' reflect the figures as submitted to NHSI unless explicitly stated otherwise.

Pay Expenditure – detailed analysis

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Movement M7-M8	Movement M8-M9	Movement M9-M10
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
2016/17 Actual	27.38	27.28	27.41	27.02	28.69	27.39	28.01	27.87	27.47	27.00			
2016/17 Actual (exc PPA)	27.38	27.28	27.41	27.02	28.07	28.05	28.01	27.87	27.47	27.00	(0.13)	(0.41)	(0.47)
Medicine	6.44	6.25	6.31	6.35	6.87	6.56	6.58	6.35	6.40	6.10	(0.23)	0.05	(0.30)
Surgery	7.36	7.10	7.21	7.16	7.29	7.29	7.54	7.35	7.16	7.08	(0.19)	(0.18)	(0.09)
Women and Children	2.94	2.89	2.90	2.82	2.89	2.98	2.96	2.94	2.89	2.84	(0.02)	(0.05)	(0.06)
Corporate Services	1.65	1.81	1.71	1.81	1.68	1.78	1.83	2.14	1.85	1.87	0.31	(0.29)	0.02
Diagnostics & Specialist	5.10	5.04	5.20	5.06	5.15	5.17	5.12	5.04	5.09	5.08	(0.08)	0.05	(0.01)
Estates and Facilities	1.17	1.18	1.18	1.15	1.18	1.18	1.15	1.15	1.19	1.11	0.00	0.04	(0.08)
Hosted Services - GP	2.27	2.30	2.22	2.21	2.51	2.37	2.30	2.26	2.30	2.37	(0.04)	0.04	0.07
Other (inc. Trustwide & SS)	0.46	0.69	0.68	0.45	0.49	0.72	0.52	0.64	0.57	0.55	0.12	(0.07)	(0.02)
Trust	24.62	24.43	24.72	24.42	25.00	25.17	25.24	25.11	24.68	24.20	(0.13)	(0.44)	(0.48)
Hosted	2.77	2.85	2.69	2.60	3.07	2.88	2.76	2.76	2.79	2.80	(0.00)	0.03	0.01
Total	27.38	27.28	27.41	27.02	28.07	28.05	28.01	27.87	27.47	27.00	(0.13)	(0.41)	(0.47)



We continue to see a positive change, month on month, in total pay expenditure. In month 10 there was a reduction of £0.47m when compared with Month 9, and total expenditure is now at the lowest level this financial year.

At Divisional level, this monthly reduction is pleasingly reflected across the board apart from a very small increase in the Corporate division.

Pay expenditure by Division

Pay Analysis Divisional	Budget £000's	Substantive £000's	Bank £000's	Agency £000's	Total £000's	Variance £000's
Surgery	68,946	67,357	2,040	3,144	72,540	(3,594)
Medicine	53,722	49,533	3,179	11,518	64,230	(10,509)
D&S	51,784	49,827	593	640	51,060	724
W&C	27,312	26,877	877	1,310	29,064	(1,752)
EFD	11,043	10,878	703	66	11,648	(605)
Corporate*	44,014	43,922	982	2,072	46,976	(2,963)
Total Pay	256,820	248,394	8,375	18,750	275,518	(18,698)

NB: The budget figures reflect those on the financial ledger and do not reconcile, either by cost category or phasing, to the NHSI plan.

* Includes Trustwide and hosted services

Pay expenditure reflects the total expenditure across the Trust. It includes all hosted and shared services.

In addition to the efforts being made to reduce Agency expenditure, work continues in relation to control and reduction of non-agency pay costs. This project now includes 8 work streams, all of which are overseen by the Executive Director of HR and OD:

1. Executive Authorisation of non-clinical overtime
2. Review of HR Policies and extension of Salary Sacrifice opportunities
3. Review of annual leave accrual
4. Review of RRP
5. Nursery income generation
6. Change of notice periods for Band 5 staff (increase to 8 weeks)
7. Increase in number of apprenticeships
8. Recruitment income generation

More detail on the progress of these schemes is provided in the appendices.

Staff in Post

Staff in post reflects contracted FTE data.

Detailed analysis of the substantive staffing levels reveal that since 31 October 2016 there has been a decline of 25 WTE in the total staff numbers. This has been fairly evenly spread across the workforce, which is positive in some cases, but a cause of concern in others insofar as we continue to experience vacancies across some key clinical staff groups. We continue to recruit into key shortage areas (eg Nursing, Medical) in efforts to reduce our agency expenditure and ensure we are staffing our clinical areas at the appropriate levels and with the right staff.

We have achieved a positive reduction in Nursing vacancies (currently c106 WTE) and in correlation with this we are seeing a modest reduction in Nursing Agency spend.

A Vacancy Control Panel (VCP) chaired by the Executive Director of HR and OD sits each Friday and scrutinises every request for recruitment with the exception of Band 5 nurses.

Division - Establishment - Month 10	Funded WTEs	Contracted WTEs	Worked WTEs	Paid WTEs	Funded less contracted WTEs
Surgery	1,815	1,770	1,897	1,816	45
Medicine	1,508	1,346	1,537	1,492	162
D&S	1,643	1,568	1,562	1,551	75
W&C	705	707	753	700	(2)
EFD	497	476	607	515	21
Corporate*	1,121	1,191	1,170	1,164	(70)
Total WTEs	7,289	7,058	7,524	7,238	231

* Includes Trustwide and hosted services

The table shows the current M10 FTE data against the establishment

Definitions:

- **Funded** – the FTE value held within the financial ledger to reflect budgeted establishment
- **Contracted WTE** – reflects the number of contracted substantive WTE
- **Worked WTE** – reflects WTEs worked within the month, includes bank and agency
- **Paid WTE** – reflects WTEs paid within the month (includes premiums, unsocial hours payments etc. – converted to WTE)

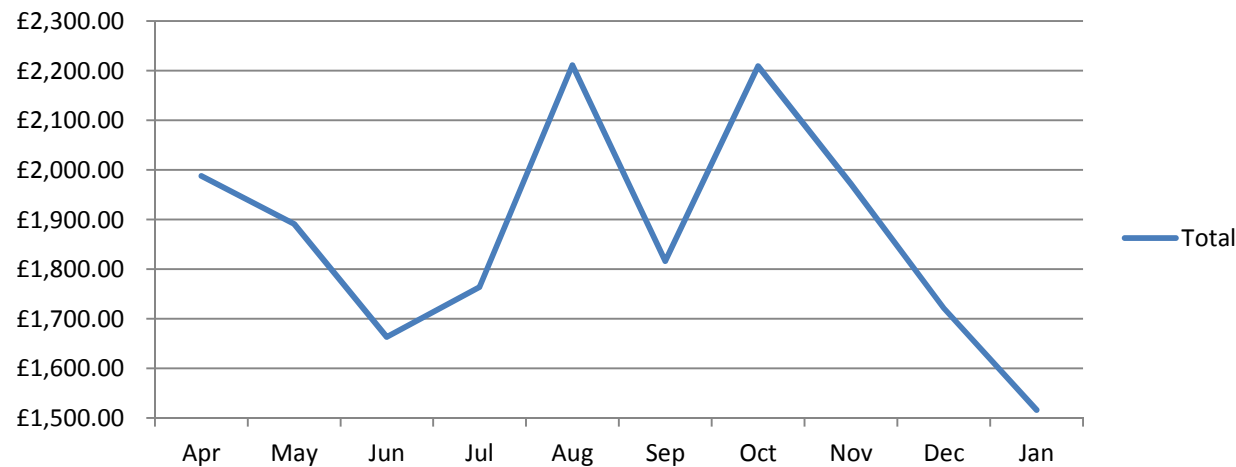
Agency Spend

The focus on reducing Agency Spend continues through the Agency Programme Board (chaired by the Executive Director of HR and OD), through which a comprehensive programme of actions designed to reduce agency spend is being tracked and managed.

It is extremely pleasing to see that progress continues; agency spend in Month 10 was at the lowest level so far this year.

Agency Spend by Staff Group (£000s)										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Medical	£ 420.14	£ 551.75	£ 509.17	£ 487.27	£ 873.46	£ 835.30	£ 937.40	£ 703.50	£ 802.50	Breakdown TBC
Nursing	£ 1,293.86	£ 959.13	£ 754.89	£ 1,011.55	£ 1,052.08	£ 649.85	£ 968.18	£ 628.40	£ 615.60	
Other	£ 273.80	£ 380.08	£ 399.10	£ 264.88	£ 285.33	£ 330.72	£ 303.20	£ 639.40	£ 303.00	
Total	£ 1,987.81	£1,890.96	£ 1,663.16	£ 1,763.70	£ 2,210.88	£1,815.87	£2,208.78	£1,971.30	£1,721.10	£ 1,516.45

Total Agency Spend (£000s)



Recommendations

The Committee are asked to :

- NOTE the contents of this paper and APPROVE the actions being taken

Author: Sarah Stansfield, Director of Operational Finance; Eve Russell, Associate Director of HR

Presenting Director: David Smith , Director of Human Resources and Organisational Development

Date: January 2017

Appendices

- Agency Programme TIB Update (21.02.2017)
- Pay Grip TIB Update (21.02.2017)
- Medical Agency: Vacancies and Agency spend review paper
- Nursing Agency: Vacancies and Agency spend review paper

Agency

Accountable Person: Dave Smith, HR&OD Director

Date Completed: 14.02.2017

For TIB on: 21.02.2017

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2016/17 Summary					2017/18 Summary			
Pre-FRP Target (£k)	Actual (£k)	Forecast Outturn (£k)	FRP Target (£k)	Actual (£k)	Forecast Outturn (£k)	FRP Target (£k)	Actual (£k)	Forecast Outturn (£k)
3,000	560	560	565	TBD	565	2,584	TBD	2,584

2016/17 – Scheme Detail:

Previous Reporting Period (bring forward what you reported at last TIB):

Maturity Level:	1	2	3	4	5	Total
No. of Schemes					4	4
Value (£k)					565	565

This Reporting Period:

Maturity Level:	1	2	3	4	5	Total
No. of Schemes					4	4
Value (£k)					565	565

- QIA sign-off achieved for Medical, Nursing, 2 week non-clinical ban, and workforce schemes
- Actual delivery of schemes to be confirmed

2017/18 – Scheme Detail:

Previous Reporting Period (bring forward what you reported at last TIB):

Maturity Level:	1	2	3	4	5	Total
No. of Schemes			1		4	5
Value (£k)			532		2,052	2,584

This Reporting Period:

Maturity Level:	1	2	3	4	5	Total
No. of Schemes				1	4	5
Value (£k)				532	2,052	2,584

- Operations Agency (£532k) now has a material risk of non-delivery in FY1718 due to potential inability to close escalation capacity. We have met all 5 specialties and no plans are yet in place to deliver agency savings through length of stay. We are seeking alternative plans to deliver Operational agency savings

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Delivered since previous TIB:

- Procurement specialist commenced employment, key areas of focus to be agency engagement, rate negotiation and Master Vendor contract review
- Appointments made into the Temporary Staff Team to support to extended hours
- Discussions regarding management interims held at Divisional level through HRBPs and via KPMG, to formulate exit strategies
- Locum conversions to substantive have commenced but are not complete. Detailed information on long term locum staff, agency fees etc. distributed by Procurement specialist to be used by Kate Evans and Divisions in conversion discussions.
- Side by Side review of Great Western plans commenced – ideas worth taking forward are being discussed in each of the Agency sub workstreams (eg Nursing, Medical)
- Agency has been booked in advance for unfunded areas to avoid ad-hoc bookings
- Length of Stay – KPMG have met with all 5 specialties to determine whether length of stay agency savings are achievable in FY1718. So far no plans are in place but we are still trying to support them to develop plans. However material risk of non-delivery

Plan for next period (including recovery actions for any ‘slippage’):

- Complete locum conversion conversations
- Alex Gent to draft trust position statement on IR35 for approval by DG
- Recruitment KPIs and vacancy targets to be drafted for approval via Workforce Committee
- Locum spot shift requisition process to be reinstated
- Complete Length of Stay discussions with 5 specialties and if no savings are available, formulate alternative Operational schemes to deliver agency savings in FY1718

Key Risks & Issues to Delivery:

Risk or Issue	Score	Mitigation	Owner
Operational pressures, including use of unfunded/escalation areas necessitating need for temp staff	12 (4x3)	Strong authorisation process and concerted action on reviewing bed base (including Length of Stay Programme)	TS
Limited resource in Finance to support the Agency Programme work streams, therefore lack of clarity on tracking savings	9 (3x3)	CIP office support now in place, but dedicated Agency finance lead still to be secured	DS

Workforce (Pay Grip)

Accountable Person: Dave Smith, HR&OD Director

Date Completed: 14.02.2017

For TIB on: 21.02.2017

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2016/17 Summary						2017/18 Summary		
Pre-FRP Target (£k)	Actual (£k)	Forecast Outturn (£k)	FRP Target (£k)	Actual (£k)	Forecast Outturn (£k)	FRP Target (£k)	Actual (£k)	Forecast Outturn (£k)
0	0	0	614	TBD	584	1,780	TBD	1,522

2016/17 – Scheme Detail:

Previous Reporting Period (bring forward what you reported at last TIB):

Maturity Level:	1	2	3	4	5	Total
No. of Schemes				8		8
Value (£k)				584		584

This Reporting Period:

Maturity Level:	1	2	3	4	5	Total
No. of Schemes				8		8
Value (£k)				584		584

- PID submitted and QIA approved on 30 Jan 2017, therefore all that is required is Finance sign-off for schemes to go to level 5

2017/18 Scheme Detail:

Previous Reporting Period (bring forward what you reported at last TIB):

Maturity Level:	1	2	3	4	5	Total
No. of Schemes	1			8		9
Value (£k)	314			1,208		1,522

This Reporting Period:

Maturity Level:	1	2	3	4	5	Total
No. of Schemes	1			8		9
Value (£k)	314			1,208		1,522

- Alternative schemes are being worked up to close the gap, including Admin and Clerical substantive reduction of 1% £314k – although we are using iView to determine whether this scheme should be focussed on Admin and Clerical, and/or other staff groups

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Delivered since previous TIB:

- Annual leave carry over policy amended from 5 days to 3 days from 1 April 2017
- DBS checks, employment letters and replacement ID badges now being charged for by recruitment team
- Relocation allowance reduction from £8k to £4k agreed at HR policy group
- Selling of annual leave sale to require Executive Director authorisation – agreed at HR policy group effective 1 April
- Change in notice period from 4-8 weeks agreed with Staff Side – consultation to commence
- Side by side review of Great Western/Swindon schemes commenced and in progress
- New ideas to close FRP gap are being worked up
- Commenced detailed Pay Spend analysis to determine areas of opportunity to reduce substantive pay costs over and above basic salary

Plan for next period (including recovery actions for any ‘slippage’):

- Complete Detailed Pay spend analysis and share findings with HRBPs to progress with Divisions
- Complete initial iView analysis to identify areas to look into to reduce pay spend
- Develop new ideas and progress to level 4
- Consultation to commence with staff on 4-8 weeks notice period change
- Potential MARS scheme – determine whether this should be taken forward
- DoF to confirm approach to leave accrual change with auditors
- Develop structure and governance for Pay Grip workstream going forward

Key Risks & Issues to Delivery:

Risk or Issue	Score	Mitigation	Owner
Retention issues – given pending changes to HR policies, there is risk that it is harder to recruit to and replace key roles	6	Promote benefits of employment at GHT. Monitor staff turnover, absentee rate and recruitment patterns	DS
Compliance with notice period policy	4	Establish controls to ensure compliance	DS
Slippage in timing of notice period changes and HR policy changes	9	Development of alternative schemes to close any gaps	DS

MAIN BOARD MEETING - FRIDAY 24th FEBRUARY

Report Title
Nurse And Midwifery Staffing - February 2017
Sponsor and Author(s)
Maggie Arnold – Executive Director of Nursing and Midwifery
Executive Summary
<p><u>Purpose</u></p> <p>The purpose of this report is to provide assurance to the Trust Board in respect of nurse staffing levels for January 2017, against the compliance framework <i>'Hard Truths' – Safer Staffing Commitments</i>.</p> <p><u>Key issues to note</u></p> <ul style="list-style-type: none"> ▪ Whilst there are no major safety concerns arising from the staffing levels, the individual divisional report comment in detail where staffing hours are either lower than the centile set by NHS England, or over, and the rationale behind these findings ▪ The reduction for month 9 in Nursing and Midwifery Agency spend ▪ A revised 'stretch target' RAG report for Harm Free care has been developed ▪ The NHS Improvement 'Model Hospital' database has been accessed, and high level comparators are within this report. The Model Hospital Database comparisons, showing the Trust favourably with regard to staffing costs, but providing the opportunity to further comparisons and refinement as the database develops ▪ The letter and action plan following the meeting with Professor Mark Radford, Director of Nursing, NHS Improvement, is an appendix to this report. Most of the actions are now completed and are monitored through the Nurse /AHP agency and productivity weekly meeting ▪ There continues to be close scrutiny of agency spend and recruitment and an update on progress is demonstrated. Weekly meeting are now scheduled for the Executive Nursing Director and Divisional Nursing Directors to oversee the agency reduction action plan ▪ The divisional nursing directors have analysed their department's data and have individually responded for the purpose of this report <p><u>Conclusions, implications and Next Steps</u></p> <ul style="list-style-type: none"> ▪ Continue with comparison analysis using the 'Model Hospitals' database ▪ Continue to develop the RAG ration around Harm Free care, and explore correlations to harm and Safer Staffing outcomes. ▪ Continue with proactive recruitment. ▪ Continue to manage Agency spend ▪ Quarterly Model Hospitals Database comparisons
Recommendations
The Board is asked to receive this report as a source of assurance that staffing levels across the Trust are delivering safe care.
Impact Upon Strategic Objectives
Patient numbers and the required increase staffing to care for them impacts both on patient experience and on finance.

Impact Upon Corporate Risks					
Delivery of safe, substantive staffing impacts of a number of identified risks including quality of care and financial risks.					
Regulatory and/or Legal Implications					
The Trust's regulator, NHSI have set a cap for Trust spending on agency staffing, which the Trust is currently breaching.					
Equality & Patient Impact					
No specific patient group is impacted by this report.					
Resource Implications					
Finance	X	Information Management & Technology			
Human Resources	X	Buildings			
Action/Decision Required					
For Decision		For Assurance	X		
		For Approval			
		For Information			
Date the paper was presented to previous Committees					
Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
X					

NURSE AND MIDWIFERY STAFFING
FEBRUARY 2017

1 Purpose

The aim of this paper is to update our Trust Board on the exception reports made regarding compliance with the 'Hard Truths' – Safer Staffing Commitments for January 2017.

2 Background

Monthly reports have been submitted to our Board on our nursing and midwifery staffing numbers. Information has been uploaded onto the UNIFY system as required as have links to NHS Choices. Information is also available on our own Trust website and now includes data regarding care hours per patient day as per as explained in last month's Board paper.

3 Findings

3.1 NMC press notice on regulation

NMC agrees to regulate new nursing associate role

The Nursing and Midwifery Council (NMC) has formally agreed to a request from the Department of Health to be the regulator for the new nursing associate role.

Jackie Smith, NMC Chief Executive and Registrar of the NMC said:

"After a thoughtful and thorough discussion, the NMC's Council has agreed to a request from the Department of Health to be the regulator for the new nursing associate role.

"The Council recognised that there is strong support for the regulation of nursing associates and I have always maintained that the public would expect any role with nursing in the title to be regulated.

"As an organisation we are well-equipped to regulate nursing associates and this is a positive endorsement of our progress. We will continue to work closely with stakeholders including the Department of Health and Health Education England to ensure the successful development and implementation of this new role."

3.2 The interviews for the new Associate Nurse student places are scheduled for the next two weeks and our trusts allocation is 13 in total.

3.3 Nursing Agency has again reduced in the Month 9 period, and continues to be monitored at Divisional level, through initiatives such as daily conference calls around staffing shortfalls (and redeployments) and requests for framework agency through Divisional Nursing Directors, and, escalation to non-framework agencies via executive agreement.

3.4 The action plan following the visit and support offered by Professor Radford can be seen in appendix 1. The majority of actions have now been completed and of note the Quality Impact Assessments are now much more robust and all are signed off by both the Nursing and medical directors. A register of all those authorised is now available. As with all action plans it is the detail sitting behind them that is crucial; all the actions are being reviewed weekly at the Nursing and AHP (Allied Health Professional) Nursing Agency and Productivity meeting. Some for example the 'specialing action' is taking longer to review as in Our Trust we already follow guidance and best practice from HSE (health Safety Executive) which was instigated after an alert and patient

incident. The members of the meeting however are fully engaged with trying to learn from others to see how new working could be more productive and cost effective.

4 Divisional Safer Staffing Reports

4.1 Surgical Division

4.1.1 Nursing Metrics Focus

The Nursing Metrics are a set of 'outcome' measures that consider aspects of patient care. Using in collaboration with other datasets, they help understanding on the overall performance of ward areas, and suggest areas of corrective action.

From a nursing metrics performance, all areas were GREEN, except Prescott Ward, who was Amber due to Falls, Pressure Ulcers, Staffing RGN and Complaints. The modern matron for the ward has discussed this with the ward sister, and an action plan is in place.

4.1.2 Safer Staffing Focus

The following wards are reported due to being exceptional from either an under or over provision.

Alstone	211% over on HCAs	Ward has 2.16 fte over establishment due to overseas nurses, though one expected to pass NMC process February 2017, and one moving so will be in balance in March 2017.
Bibury	125% HCA	Due to specialing of patient at risk of falls.
2a	78% RGN	Due to vacancy factor, but recruitment ongoing. 1 Pressure ulcer grade 2. Agency agreed but could not fill some shifts.
2b	139% HCA	Ongoing medical patients warded, with higher dependency. Normal night HCA for pure H&N ward 1. This represents a further 1 HCA at night to support patient care.
3a	132% RGN 142%HCA	Use of ward 3a as a trauma/medical ward to support Winter plan. As a pure elective Orthopaedic ward, nursing staffing is flexed at weekends, but this is not possible with the current ward occupancy.
5a	74% RGN 150% HCA	RGN vacancies, where no agency available. Overprovision of HCA due to ward being medical ward as part of Winter plan. 3 patients with grade 2 ulcers, though not attributed to staffing.
DCC (both)	variable	Reflect staff internally flexing off at quieter times to cover periods of increased activity to avoid agency

4.1.3 Care Hours per Nursed Day Focus

We have now been provided access to the 'Model Hospital' database, as a comparison tool, as supplied by NHS Improvement. Data is not aggregated at ward level yet as this is "under development". It is anticipated that future development will allow speciality ward comparisons.

4.1.4 Harm free Care Focus

We have continued to develop an understanding of where we feature in comparison to other organisations. It should be noted there is no overarching 'national' RAG rating for

HARM FREE and NEW HARMs therefore our Clinical Audit Department have attempted to look at the national mean and develop a RAG scoring suggestion against that. For this month, the RAG for each harm category follows.

National Median

	Nat. Median			
Harm free	93.75%	95%+	93-94.9%	<93%
New harm free	97.62%	98%+	97%	<97%
		≤ Nat. median = green	>Nat. median to Nat. median +50% = amber	>Nat median +50% = red
Pressure ulcers (new)	0.99%	≤0.99%	0.99-1.49%	>1.49%
Falls with harm	0.69%	≤0.69%	0.69-1.04%	>1.04%
Catheter and UTI	0.80%	≤0.80%	0.80-1.20%	>1.20%
New VTEs	0.40%	≤0.40%	0.4-0.6%	>0.6%

Surgery																
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Harm free	94.4%	96.0%	95.6%	91.8%	89.6%	91.5%	92.6%	93.4%	92.3%	93.6%	94.2%	91.7%	90.9%	94.9%	91.0%	93.2%
New harm free	97.6%	98.9%	98.4%	95.3%	96.5%	96.1%	98.5%	98.2%	97.4%	98.5%	98.2%	95.5%	95.1%	97.5%	95.3%	97.3%
Pressure ulcers - new	1.59%	0.74%	0.40%	1.95%	1.54%	1.55%	0.37%	1.10%	1.48%	0.75%	1.08%	1.52%	0.75%	0.73%	0.39%	0.68%
Falls with harm	0.00%	0.00%	0.00%	1.56%	0.39%	0.78%	1.11%	0.37%	0.74%	0.00%	0.36%	1.89%	1.51%	0.36%	1.96%	1.35%
Catheter and UTI	2.78%	1.47%	1.59%	2.73%	1.93%	1.55%	1.48%	3.66%	1.11%	1.87%	1.81%	2.27%	3.02%	1.46%	1.96%	0.68%
New VTEs	0.40%	0.37%	0.40%	0.39%	0.39%	0.39%	0.00%	0.37%	0.74%	0.37%	0.36%	0.38%	0.75%	0.00%	1.18%	0.34%

There is one area which 'triggers' for January, against the national data, that being falls with harm. For falls the Division has used, and continues to use the 'Falls Swarm' methodology, to help identify key reasons for patient falls.

The following wards are reported as to new harm triggers for each ward. Again, the percentage harm is against the patients within the ward at the time of the audit (2nd Wednesday of the month). Therefore, often there is one patient harm within the total audit, which caused an adverse score.

Ward	Harm free care	Reason for Trigger	Correlation with safer staffing concerns
Bibury	95%	1 fall with low harm	No
Dixton	91%	1 fall with low harm, 1 catheter associated UTI	No
Prescott	93%	1 DVT (VTE), 1 catheter associated UTI	No
Snowhill	94%	1 fall with low harm	No
2a	95%	1 pressure ulcer (grade 2)	75% on RGN, but ulcer not thought attributable to staffing
2b	95%	1 fall with low harm	No
5a	95%	3 new pressure ulcers (grade 2)	75% on RGN but with an overprovision on HCAs (150%). Ulcers not through attributable to staffing

4.1.5 Finance and Vacancy Focus

The agency spend fell in month 9, to £54.3k (£1,730m to date), and is below the trajectory set but both the Trust and NHS I. The main cause of agency spending, as before, was the ongoing staffing for the use of unfunded areas, such as Day Surgery Units, due to Black escalation. Bank spend is at £159k, (£1,503m) which is a fall over last month, and again is used mostly to support vacancies within the RGN line.

Sickness levels, are above the Trust set average, and are similar to last month, and will continue to be worked upon.

The bottom line nursing staffing funded vacancy position within the division has reduced slightly on last month at 9.3fte 'pure' bottom line vacancies. However, it must be remembered that the band 2/3 lines are still over established with mainly overseas nurses awaiting NMC registration, at 22.35 fte, but this has again reduced over last month (26.13 fte over). Band 5 vacancies are 36.39 fte and again have reduced over last month (41.93 fte). Ongoing recruitment exercises are in place.

4.2 Medical Division

4.2.1. Introduction and Overview

The Nursing Metrics are a set of 'outcome' measures that consider aspects of patient care. Using in collaboration with other datasets, they help understanding on the overall performance of ward areas, and suggest areas of corrective action.

Safer Staffing Focus

The following wards are reported due to being exceptional from either an under or over provision.

Woodmancote	Day 135.89% Care staff Night 136.56% RGN's Night 121.51% Care staff	Permission to increase establishment above funded position to maintain patient safety and experience particularly at night where there has been an increase in significant harm due to falls.
8A	Day 87.10% RGN's Day 126.73% Care staff Night 170.97% Care staff	Specialling of patients who are risk assessed as requiring enhanced observation to prevent harm to self or others. Over recruitment of B2 and B3 care staff risk assessed to offset RGN vacancies as appropriate and necessary.
9B	Day 130.75% Care staff Night 137.10 Care staff	Specialling of patients who are risk assessed as requiring enhanced observation to prevent harm to self or others.
GW1	Day 130.11% Care staff Night 66.67% Care staff	Specialling of patients who are risk assessed as requiring enhanced observation to prevent harm to self or others
Cardiac Ward CGH	Night 75.00% RGN	Vacancy factor
Hazleton	Day 141.29% Care staff	Specialling of 1 patient with complex dementia requirements and V&A risk.
Ryeworth	Night 141.94% Care staff	Specialling of patients who are risk assessed as requiring enhanced observation to prevent harm to self or others Over recruited on HCA's – staff utilised to support specialling of risk assessed patients
ACUA	Day 79.68% RGN's	Vacancy factor
7B	Day 78.85% RGN's	Increased sickness with limited

Care Hours per Nursed Day Focus

We are still awaiting advice from NHS Improvement on how to benchmark the new additional collection of the Care Hours per Nursed Day. The sum is the number of nursing hours within the 24-hour period divided by the bed occupancy for the area at Midnight.

Harm free Care Focus

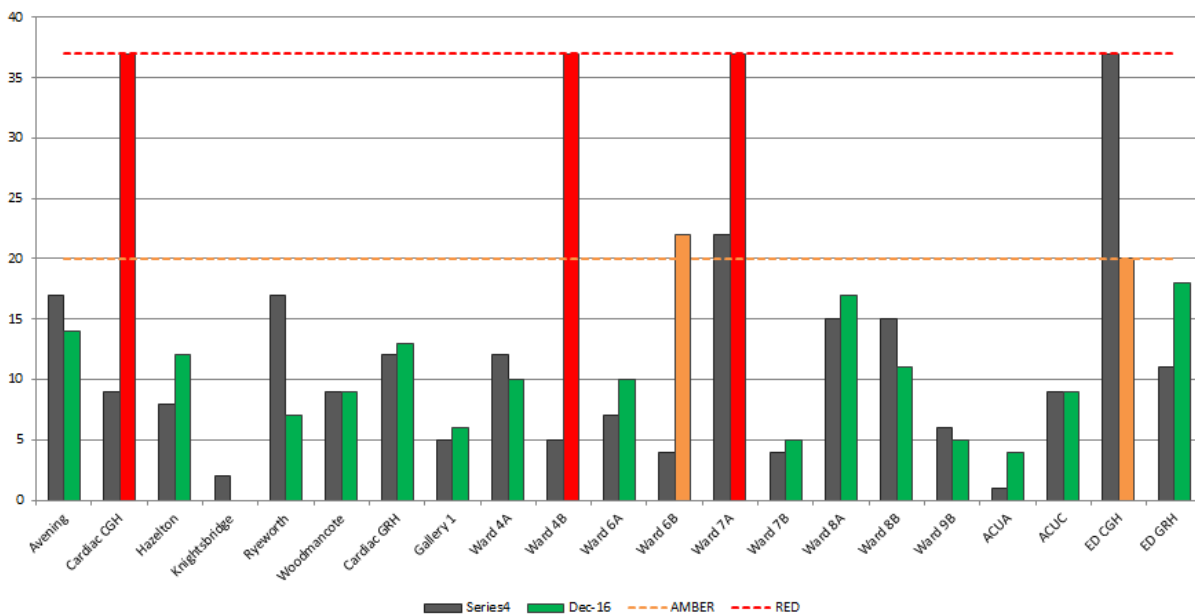
A full quarter report will be available for end quarter 4 on national comparisons. Of the 24 Medical wards 17 scored 100% and 7 scored below 100% for Harm Free Care. Importantly, it should be remembered that the national reporting includes ALL harm, whether attributed to the trust or to the community. For example, pressure ulcers which develop in the community are reported as harm but are not caused within this organisation. Trigger reasons follow:

Ward	Harm free care	Reason for Trigger	Correlation with safer staffing concerns
ACUC	95.24%	1 New VTE	No
ACUC	95.24%	1 Low harm fall (24 patients)	No
4b	92.59%	2 New UTI / Catheters (25 patients)	No
8a	98.21%	1 New VTE (29 patients)	No
Avening Ward	90.48%	2 New falls with harm (21 patients)	No
Cardiac - CGH	92.59%	1 New fall with harm	No
Cardiac - CGH		1 New VTE (27 patients)	No
CCU	92.01%	1 New PU (8 patients)	No
CW1		1 New VTE (24 patients)	No

Medical Division

Nursing Metrics Focus

FIGURE 1 - NURSING METRICS JANUARY 2017 Vs DECEMBER 2016



CARDIAC CGH, WARD 4B & WARD 7A RAG RATED RED AUTOMATICALLY DUE TO LACK OF DATA

December 2016

January 2017

Review by Senior Sister and Lead Nurse of all Action Plans generated for Red and Amber Indicators
 Review by DND, Senior Sister and Lead Nurse of all Action Plans generated for Red and Amber Indicators
 Planned visit to area by DND and Lead Nurse to meet Senior Sister

Jan-17	WARD																				ED CGH	ED GRH	TO TAL
	Avening	Cardiac CGH	Hazleton	Knightsbridge	Ryeworth	Woodman cote	Cardiac GRH	Gallery 1	Ward 4A	Ward 4B	Ward 5A	Ward 6B	Ward 7A	Ward 7B	Ward 8A	Ward 8B	Ward 9B	ACUA	ACUC				
EWS score	0	N/D	0	0	0	0	0	0	0	N/D	0	3	N/D	0	3	0	0	0	0	0	3	9	
EWS Action	5	N/D	0	0	0	0	0	0	0	N/D	0	5	N/D	0	5	0	0	0	0	0	5	23	
MRSA Bacteraemia	0	N/D	0	0	0	0	0	0	0	N/D	0	0	N/D	0	0	0	0	0	0	0	0	0	
C Diff	0	N/D	2	0	3	0	0	0	0	N/D	0	0	N/D	0	0	0	0	0	0	0	0	5	
Falls	3	N/D	2	0	0	3	3	2	2	N/D	3	3	N/D	3	3	2	3	2	3	0	0	37	
Pressure Ulcers	4	N/D	0	0	0	0	4	0	0	N/D	0	0	N/D	0	0	4	0	0	0	5	0	17	
Staffing RN	0	N/D	4	0	0	0	0	0	4	N/D	4	4	N/D	0	0	0	0	0	0	4	4	24	
Staffing HCA	0	N/D	0	0	0	0	N/D	0	4	N/D	0	0	N/D	0	0	0	N/D	0	0	0	0	4	
Written Complaints	0	N/D	0	0	0	1	1	1	0	N/D	1	1	N/D	0	2	1	2	2	1	1	2	16	
Medications Error	0	N/D	2	0	0	2	2	0	0	N/D	0	2	N/D	0	2	0	0	0	0	0	0	10	
SUI	0	N/D	0	0	0	0	0	0	0	N/D	0	0	N/D	0	0	0	0	0	0	0	0	0	
Hand Hygiene	0	N/D	0	0	2	3	3	0	0	N/D	0	2	N/D	0	2	0	0	3	2	5	20		
Cleanliness	2	N/D	2	N/D	2	N/D	N/D	3	N/D	N/D	2	2	N/D	2	2	2	N/D	N/D	2	3	3	27	
TOTAL	14	37	12	0	7	9	13	6	10	37	10	22	37	5	17	11	5	4	9	20	18	192	

- 4B, 7A and Cardiology CGH late data submitted. Matrons will discuss with ward managers as part of their formal 1:1s.
- Cleanliness remains an on-going priority for the medical wards; the overall score has decreased from 33 in December compared with 27 in January 2017.
- Hand hygiene remains a key focus for the medical wards. 8 wards are RAG rated as red, with 10 wards RAG rated as green. The Hand hygiene task and finish group has now been set up with the first meeting due to take place on Friday 17th February.
- EWS- Score, of the 21 areas 3 did not submit data of the remaining 18 areas 3 RAG rated as red and 15 RAG rated as green. Targeted work is ongoing throughout the division to ensure that all RGNs undertake the e-learning deteriorating patient module which has now been made mandatory within the division.
- Medication Errors has decreased slightly from the December position of 8 errors compared 5 errors in January 2017, maintaining the RAG rating to red. Wards are encouraged to participate in the pharmacy MDT huddle which aims to provide staff with accelerated learning opportunities.
- The overall pressure ulcer score has reduced to 17 with now only 4 wards red in January 2017.
- Falls have decreased marginally from 42 in December to 37 in January 2017 across the division.
- There are currently 16 open complaints across the Medical Division.

Finance and Vacancy Focus

In January 2017 the spend on agency was £451.6k in the month. There have been transfers between the divisions with wards 2a/4a/9a. The funding for these wards has not yet been finalised so an accurate vacancy figure is not currently available. However if the assumption is that the Medical Division will lose funding of 62.04wte and gain funding of 34.80wte then the bottom line Nursing staffing vacancies will be 100.86wte (10.03%). This includes bank funding of 45.35wte. The vacancy is split 87.66wte qualified staff vacancies offset by an over establishment of 32.15wte unqualified staff.

4.3 Diagnostics and Specialties Division

4.3.1 Nursing Metrics Focus

The Nursing Metrics are a set of 'outcome' measures that consider aspects of patient care. Used in collaboration with other datasets, they help understanding the overall performance of ward areas, and suggest areas of corrective action.

For nursing metrics performance, both Lilleybrook and Rendcomb Wards were GREEN.

4.3.2 Safer Staffing Focus

The following wards are;

Lilleybrook	RGN 108.6% HCA 95.9%	GREEN
Rendcomb	RGN 99.2% HCA 100.8%	GREEN

4.3.3 Care Hours per Nursed Day Focus

We have now been provided access to the 'Model Hospital' database, as a comparison tool, as supplied by NHS Improvement. Data is not aggregated at ward level yet as this is "under development". It is anticipated that future development will allow speciality ward comparisons.

4.3.4 Harm free Care Focus

We have continued to develop an understanding of where we feature in comparison to other organisations. It should be noted there is no overarching 'national' RAG rating for HARM FREE and NEW HARMS therefore our Clinical Audit Department have attempted to look at the national mean and develop a RAG scoring suggestion against that.

Diagnostic and Specialty

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Harm free	92.5%	97.4%	89.7%	100.0%	90.9%	96.8%
New harm free	97.5%	97.4%	92.3%	100.0%	93.2%	100.0%
Pressure ulcers - new	2.50%	2.63%	5.13%	0.00%	2.27%	0.00%
Falls with harm	0.00%	0.00%	0.00%	0.00%	2.27%	0.00%

Divisional Narrative

The safety thermometer did not trigger any new harms for January and matches the safer staffing data as Green. However, there has been some incidence of falls within Rendcomb Ward that have not resulted in harm. This will be reviewed locally with the ward sister and matron from the datix entries.

4.3.5 Finance and Vacancy Focus

The nursing agency spend in December 2016 fell again and is currently year to date at £24k. The use of agency in D&S is minimal as both oncology wards have a high retention level and nursing vacancies are low. Bank spend for December 2016 is £20K which is a rise from the previous month and year to date is £173K, bank is mostly used to cover over-running clinics and day case activity which has overrun due to the Trust being in black escalation and non-inpatient areas being opened. Agency usage is mostly used due to last minute sickness, the division rarely plan vacant shifts with agency staff.

Sickness levels remain unchanged for RGNs are below the Trust target at 2.03% and above the Trust target for HCAs at 3.81%. Turnover for RGN and HCA is below national average for this month.

The bottom line nursing staffing funded vacancy position within the division is 6 WTE.

4.4 Women and Children's Division

4.4.1 Care Hours per Nursed Day Focus

This data is collected for Stroud Maternity and Maternity Inpatients, Gynaecology (9a), Children's Inpatients and Neonatal Services.

Following service reconfiguration in December Gynaecology showed overfill of 123% for health care to offset a slight under-fill of trained staff during this same period. Nursing staffing has undergone further review to ensure it meets the needs of the new case mix on this 14 bedded ward. Recruitment is now positive and the ward has only 1.2 WTE trained vacancies that has not been appointed to.

4.4.2 Intrapartum Maternity Care

As stated in last month's report in line with the recommendations within care HPPD in Maternity consideration has been given to how we monitor the collection of staffing data in areas providing intrapartum care namely the Delivery Suite and the Birth units at Gloucester and Cheltenham. However, the complexities have made it difficult to provide meaningful data in this same format as for other ward areas, as staffing levels in intrapartum areas need to fluctuate frequently according to activity. As a result it has been decided to present 1:1 care data for intrapartum care areas as this is collected on all women in all intrapartum care settings and provides a more accurate evaluation of staffing in these areas as it describes the number of women who have 1:1 care in labour. Unfortunately since the implementation of TrakCare this data has not been available.

4.4.3 Harm free Care Focus

No areas within the Division where the Classical Safety Thermometer data is collected (namely Gynaecology and Neonatal services) 'triggered' red on the Safer Staffing return. The Division have recently started to collect data for a Paediatric and Maternity specific Safety Thermometer but no data is available at this present time.

4.4.4 Maternity and Children's Inpatient Services

Maternity inpatient areas have moved to the Maternity Specific safety thermometer and Paediatrics moved to the Paediatric thermometer, but no meaningful data is available at present.

To support this staffing data a midwifery-led care dashboard is being developed in conjunction with a set of "Red Flag events" as described NICE NG 4 Safe midwifery staffing for maternity settings, that capture patient experience and outcomes and it is intended that this will be presented alongside the staffing ratios. This dashboard is under development. In addition, the birth rate plus acuity tool is currently used to monitor staffing on the high risk Delivery Suite and alongside Birth Unit at Gloucestershire Royal. The tool in its current format is not intended for use in other free standing birth units. The tool records staffing versus activity every 4 hours during the day and every two hours at night.

The midwife to birth ratio is currently approximately 1:29.6 across the Trust's acute and community based service, which is green on the obstetric Dashboard. The Dashboard is under normal circumstances monitored monthly by the division alongside the aggregated outcomes from across the service, and outcome measures are benchmarked with the South West Maternity dashboard. However since implementation of TrakCare no data has been available for monitoring.

4.4.5 Finance and Vacancy Focus Agency and Bank Use

Band 2 Nurses 2.91 WTE worked less than funded establishment

Band 3 Nurses 3.94 WTE worked over funded establishment

Band 5/6 Nurses and Midwives 17.49 WTE worked less than funded. establishment

Overall the Division worked 25.68 WTE nurses less than the funded establishment. However this was offset by bank use of 21.45 WTE and agency use of 9.26 WTE meaning that the Division used 5WTE more than funded establishment.

5. Nursing Workforce Metrics - Recruitment Update

5.1 UK/EU Recruitment

- There are currently 23.92 WTE experienced UK-based Band 5 nurses in the recruitment pipeline, with start dates up to 27 March 2017
- Between 30 January 2017 and 16 February 2017, 16.80 WTE newly qualified nurses have joined the Trust. A further 7.49 WTE are expected to join in the coming weeks
- The Trust is holding an Open Day for newly qualified nurses and ODPs on 16 February 2017, and will then hold interviews for this cohort on Saturday 25 March 2017. There are currently 57 applications, and the advert will close on 07 March 2017
- Interviews for the new Nursing Associate positions (15 WTE) take place during w/c 13 February 2017, with an anticipated start date of 24 April 2017
- There are currently 13 advertisements live for substantive Band 5 registered nurses, plus adverts for Bank RGNs and an advert for a Band 6 junior sister/charge nurse in Outpatients

5.2 Non-EU Recruitment

- Four candidates passed the OSCE examination in January 2017, and further OSCE examinations (including three re-sits) were taken in early February (results pending)
- There are now a group of 15 nurses awaiting issuance of their visa so that they can be deployed. A further 13 Certificates of Sponsorship were issued on 13 February 2017, with deployment planned for March 2017
- Additional charges will be payable by the Trust from 01 April 2017 to obtain a visa, and it is recognised by all parties the need to deploy candidates as quickly as possible

Status		Nov 15	May 16	Sep 16
Commenced employment	Passed the OSCE – Working as Band 5 Staff Nurse	9	0	0
	Failed the OSCE twice – Returning to the Philippines	1	0	0
	Not yet taken the OSCE – Working as Band 3	3	1	0
Subtotal (commenced employment)		13	1	0
Passed IELTS examination	CBT passed – Visa issued – Awaiting deployment	0	0	0
	CBT passed – Awaiting visa application	10	4	1
	CBT passed – Awaiting NMC Decision Letter	6	4	8
	Awaiting CBT examination	2	4	4
Subtotal (passed IELTS examination)		18	12	13
Not passed IELTS examination	Awaiting examination	49	65	147
	Application currently on hold	12	2	2
Subtotal (not passed IELTS examination)		61	67	149

5.3 Nursing Workforce Metrics

5.3.1 Vacancy Metrics

Considerable pockets of over-establishment remain across the organisation, with Band 2 healthcare assistants (34.67 over-established) and Band 3 unregistered nurses (44.27 over-established) as the main grades due to a decision from the Trust Board to over-establish these areas by 100 WTE. This over-establishment is now reducing, and many of the Band 3 staff are either awaiting their registration or completing a programme that will give them NMC registration. The Band 5 over-establishment in Women & Children's Division is predominantly due to midwifery recruitment, and these staff will progress to Band 6 soon.

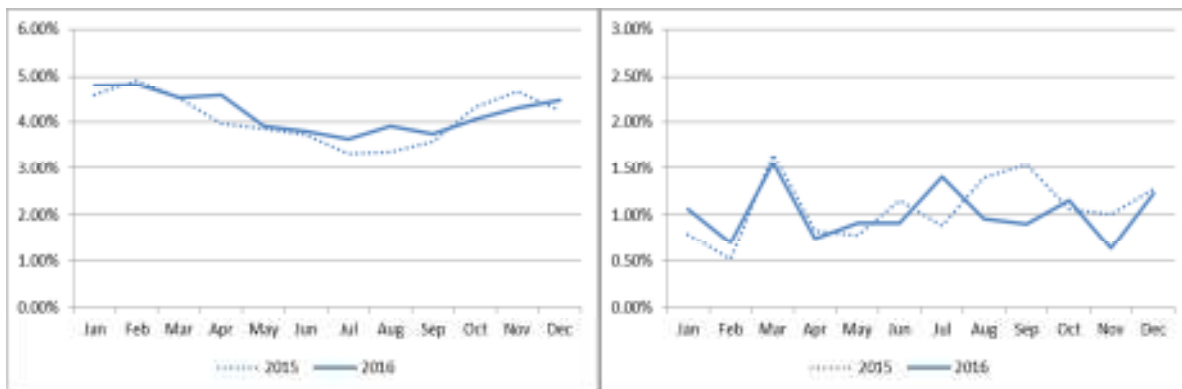
	Diagnostics & Specialties		Medicine		Surgery		Women & Children	
	WTE	%	WTE	%	WTE	%	WTE	%
Apprentice HCA	6.00	60.00%	8.00	44.44%	5.20	23.64%	1.00	20%
Band 2	0.53	1.04%	-16.87	over	-14.89	over	-3.44	over
Band 3	-1.00	over	-32.84	over	-7.46	over	-2.97	over
Band 4	1.03	21.64%	4.06	23.33%	-0.91	over	0.70	7.30%
Band 5	-4.45	over	89.59	19.21%	36.29	6.69%	-14.79	over
Band 6	2.71	6.50%	-5.02	over	-6.07	over	12.09	5.09%
Bands 7+	-3.74	over	1.60	2.40%	-2.86	over	5.66	7.63%

Data Note: Data for this table is from 31 Dec 2016. Women & Children data include Midwives. over = over-established

5.3.2 Staffing Metrics

Division	Sickness		Turnover		Parental Leave	
	RGNs	HCAs	RGNs	HCAs	RGNs	HCAs
Diagnostic & Specialties	4.48%	4.22%	9.14%	16.44%	4.30%	2.66%
Medicine	3.49%	4.94%	13.72%	23.27%	4.03%	3.25%
Surgery	4.33%	4.20%	11.29%	18.45%	4.02%	3.00%
Women & Children	4.70%	3.93%	11.11%	11.50%	4.09%	2.05%
Trustwide	4.21%	4.53%	11.85%	19.22%	4.00%	3.30%

Data Note: 12 month rolling data. Trustwide data includes Corporate Services.



RGN: Sickness Absence by Month (Jan 15 – Dec 16) **RGN:** Turnover by Month (Jan 15 – Dec 16)



HCA: Sickness Absence by Month (Jan 15 – Dec 16) **HCA:** Turnover by Month (Jan 15 – Dec 16)

5.4 Vacancy Forecast

- The establishment for Band 5 registered nurses/midwives has decreased for a fourth consecutive month, and is now 14.50 WTE less than August 2016
- Due to the reduced establishment, and an increased number of staff in post, the vacancy rate has fallen to 106.64 WTE – the lowest it has been in 2016. The actual number of nursing vacancies is likely to be higher, as midwives at Band 5 (included in this data) are over-established
- Whilst the current forecasts do not predict the vacancy level to fall below 80 WTE during 2017, the forecasts are expecting the vacancy level to remain below 120 WTE over the same period, as opposed to the 160+ WTE vacancy levels experienced in 2016

6 Next Steps and Communication

- Continue with comparison analysis using the 'Model Hospitals' database
- Continue to develop the RAG ration around Harm Free care, and explore correlations to harm and Safer Staffing outcomes
- Continue with proactive recruitment
- Continue to manage Agency spend

7 Recommendations

The Board is asked to receive this report as a source of assurance that staffing levels across the Trust are delivering safe care.

Authors:

Presenting Director:

February 2017

Divisional Nursing Directors:

Maggie Arnold Director of Nursing & Midwifery

Executive Director of Nursing Office
Ruth May

Sunday, 08 January 2017

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Dear Sue

RE: Gloucestershire Hospitals NHS Foundation Trust (GHFT)

Thank you for asking me to support you and the regional team at GHFT following their move into Financial Special Measures (FSM). Our initial discussions centred upon a support offer to Maggie Arnold (Director of Nursing) and her colleagues on aspects of the recovery plan development, workforce support and innovation and quality impact assessment.

We met with Maggie on the 2nd of November to discuss the outline issues and potential support offer. It was evident at this first meeting that the situation was evolving, due in part to an unclear understanding of the full scale of the financial challenge. The NHS Improvement (NHS I) Regulation Team, KPMG and Deloitte work had just begun in earnest, with new information becoming apparent on a weekly basis.

It was recognised during this initial meeting that financial governance could have been better at this time, with a view given on the position, articulated as local commissioning dynamics, non-delivery of CIP and historic surplus positions, with limited scrutiny internally and external. It was suggested that whilst the board had been apprised of the situation, the full scale or detail was not discussed. The strategy to rectify was unclear and some complacency led to inaction in areas where clear position was deteriorating.

The workforce position is challenged significantly, with a high vacancy rate in staff groups, and increased turnover and sickness driving additional costs. The medicine division is the most challenged and requires urgent stabilisation of management capacity and leadership.

At this meeting, the agency spend was £2m+ a month and whilst some improvement has been made, the pace was not fast enough. Too many opportunities for cost restraint were either planned or awaiting action. Simple controls are in place yet wider strategy on recruitment and retention is lacking.

A further meeting was arranged with the Director of Nursing (DoN) for 19th of December with a view to reviewing the current position on workforce, agency spend and quality impact assessment (QIA) process. Prior to this, a request was made for a range of documents to support the discussion including financial reports, recovery plan update, QIA and CQC plan. There was an initial push back from the Trust on this, citing it as duplication from NHS Improvement. The documents were sourced from the Trust website, within NHS I and the regional team. The documents were sent by the Trust on the 17th of December.

The meeting took place in the education centre of GHFT, and additional staff members were present. They were the Interim Finance Director (FD), HR Director, Deputy Director

of Nursing, Head of Nursing Surgery and Head of Midwifery. NHS Improvement was represented by Oliver Tracey and Sarah Hughes.

The FD gave an initial update on progress with the recovery plan, including the discussion from the recent FSM meeting with the NHS I Regulation team and executive Stephen Hay. They also described the recent emergency care pathway challenges posing significant risks operationally. They highlighted the potential financial impact of this due to lost income and increasing costs of additional staff and capacity to deal with the situation. The workforce in ED was recognised as an issue, which despite good recruitment of Consultant staff, there remained challenges with middle grade and junior staff in ED and Acute Medicine. Nurse staffing was challenged with a vacancy rate and reliance on agency staff. They described a recent nursing establishment review, but it was unclear as to the method and outputs of this and impact on workforce and staffing requirements. They used ENP in minors but had yet to explore alternatives to cover middle grade options in tier 1 for Acute Medicine and ED.

Support Offer: Support Trust with developing the Tier 1 adoption of Advanced Clinical Practice (ACP) models of workforce for challenged specialities.

The new workforce strategy was discussed, which had recently been to GHFT Trust Board meeting in November. This was a very useful document and clearly articulated the workforce issues in the locality and the Trust. It was well researched with staff engagement, leading to a strong plan that if delivered would assist in both recovery and longer term workforce stability. The granular detail of this needed to be worked on, but this was recognised by the Trust as part of next steps.

Ward based staffing was discussed and centred on the recent board report from November. This highlighted a number of issues for discussion.

GHFT used the SNCT system to determine acuity and dependency modelling of ward establishments. This is best practice method, alongside professional judgement and financial planning. This tool was referenced in the report but the outputs not highlighted or discussed. This SNCT data by ward should be discussed at board level and agreed as part of the annual business planning cycle following the NQB guidance and then the planned and actual delivery of this can be monitored through routine performance reporting. It was unclear as to how the establishments are agreed strategically by the Trust and the sign off process each year from a budgetary position. This needs to be a clearly articulated process involving the DoN, Medical Director (MD) and FD and presented to the Executive Board.

Support Offer:

- **Agree and support a SNCT bi-annual planning cycle and budget sign off process for ward and department based establishments.**
- **Access to Model Hospital dashboard for benchmarking opportunities**

The board paper highlighted an over recruitment to the Health Care Support Worker (HCSW) roles in each of the divisions. In most cases this was 20+ WTE. In addition to this, the divisions were spending significant sums on HCSW agency to cover gaps and also 'specialising' of patients with enhanced care needs. The Trust had identified this as an issue and had progressed little with action to address this. It was identified that the over recruitment was in part due to RN overseas nurses working in HCSW roles who had yet to get past IELTS/OSCE. This was currently 20% and lower quartile for NHS Trusts in performance terms, with some overseas nurses at the limit of their visa and likely to return home. There is significant opportunity with this group of staff and areas of practice to do in-year/multiyear delivery of agency bill reduction and enhance quality.

In addition, the Band 4 role would provide opportunity within the organisation and had yet to be scoped. Visits had been arranged to Bristol to support this, but limited progress made. Assessment of Band 4 in theatre had not been taken forward and would be a solution to support vacancies in this area.

Support Offer:

- **Review controls of HCSW agency and consider use of overseas recruited nurses to provide enhanced care needs.**
- **Develop a peripartetic enhanced care team option to support wards with Enhanced care**
- **Provide support to deliver improvements in IELTS/OSCE pass rates for overseas nurses**
- **Visit North Bristol Hospital Trust as planned and review Band 4 opportunity for wards and departments**
- **Provide support and link to providers for Band 4 in Renal care**
- **Provide support and link to other providers on Theatre Band 4**
- **Provide support and link for Band 4 in Maternity, notably community care.**

The final section of the meeting focussed on Quality Impact Assessment (QIA). The Trust was unable to supply the QIA for 16/17 CIP prior to the meeting. It was clear from the discussion that the governance system to assess QIA was weak. It was unclear what the actual process and designated thresholds for sign off are (a £10k limit at divisional level was discussed, which did not require Exec sign off, with a secondary £100k threshold for exec sign off, but DoN explained later that all CIP were seen). The Trust were asked to produce the 16/17 CIP QIA but could not. The number of schemes for 16/17 were described as limited and totalled seven, which is very low considering the size of the CIP and challenge. The Trust were unable to articulate the current risk profile for the CIP schemes given or the framework by which it was monitored if performance was affected by schemes. The recovery plan QIA had yet to be completed, and the PIDs just been agreed with NHS Improvement. There was a serious and material risk identified in the meeting related to the CIP QIA process. This is a requirement of NQB guidance and needs urgent attention. This was raised with the Trust via email and at the meeting.

Support Offer

- **16/17 QIA review and assessment to be completed immediately**
- **A risk profile and monitoring system is articulated as soon as practicable**
- **Support for a best practice QIA process for future years schemes**
- **Development of recovery plan QIA alongside PIDs**

The significant issues that the Trust faces are not limited to financial risk as identified at this meeting and through the Special Measures program. They also centre upon governance, workforce and quality programs that are a material risk to the organisation and the patients it serves. Some actions related to QIA need to be rectified quickly to give the Board assurance in relation to patient safety and quality.

I will action those support offers based upon their priority and have offered to support with a further visit in January if required. If you require additional support with this Trust, please do not hesitate to contact me.

Kind regards,

Professor Mark Radford
Director of Nursing (Improvement)
NHS Improvement

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CC

Ruth May, Executive Director of Nursing
Stephen Hay, Executive Director of Regulation
Kate Holden & Amanda Lyons, Delivery and Improvement Directors
Sarah Hughes | Head of Clinical Quality

QUALITY IMPROVEMENT AND AGENCY REDUCTION ACTION PLAN

SUMMARY OF RECOMMENDATIONS

Issue	Action for Trust	By whom (Trust)	By When	Support Offer	By Whom	When
Agree and support a SNCT bi-annual planning cycle and budget sign off process forward and department based establishments.	<p>To review the process and revise the yearly ward budget sign off process.</p> <p>The Trust utilises the Hurst database (SNCT). We would welcome scrutiny and support in the application of the database, and the other staffing recommendations that come from this work.</p> <p>Ensure vacancies are captured at budget setting if budget setting is based on outturn as it will be this year.</p>	Maggie Arnold, Director of Nursing Director of Finance	Completed for Dec 16 repeat June 2017 as per annual Board programme	To provide onsite support and assessment of SNCT use and deliver.	Mark Radford, NHSI Ann Casey from Nursing Directorate	End of Jan 2017
Access to Model Hospital dashboard for benchmarking opportunities	<p>To access MH dashboard</p> <p>Log in received. Board paper on high level comparisons for February 2017</p> <p>Lack of information for Robust benchmarking in specialities e.g. paediatrics in particular as service delivery models can be very different</p>	Maggie Arnold, Director of Nursing	Complete Feb 17 Board paper	To provide access to Model Hospital dashboard system	Oliver Tracey ,NHS I	Dec 2016 (COMPLETE)

Support Trust with developing the Tier 1 adoption of Advanced Clinical Practice (ACP) models of workforce for challenged specialities.	To develop a workforce plan to support introduction of ACP/PA models in challenged specialities (ED, AMU, Gerontology) Already well embedded in NICU, paediatrics, gynaecology and maternity Develop AP workforce in therapies and further in ANP roles in Chemotherapy/ Haematology.	Sue Milloy Divisional Nursing Director Medicine Nicola Turner Divisional Director AHP's	Advert in place and discussed with Medical Director proposal recruit March 17 Complete Scoping with head of AHPs through Nursing AHP productivity Group	To provide contacts and support for ACP models of delivery Contacts at UHCW Coventry and Derby Hospital	Mark Radford, NHS I	Dec 2016 (COMPLETE)
Review controls of HCSW agency and consider use of over recruited nurses to provide enhanced care needs.	To ensure that agency controls are safe and appropriate including management of enhanced care needs. Rarely used in D&S Division / recruited 2 additional band 5 posts to use across both wards to eliminate agency roving to be effective .	Maggie Arnold , Director of Nursing Jon Burford Divisional Nursing Director D&S	Complete February 17 Complete	To provide contacts and support for Enhanced care : UHCW Coventry (Nina Fraser)	Mark Radford, NHS I	Dec 2016 (COMPLETE)
Develop a peripatetic enhanced care team option to support wards with Enhanced care	Vast majority of use is Bank. Specialing review ongoing Scoping of peripatetic team	Sue Milloy Divisional Nursing Director Medicine	March 17	To provide contacts and support for Enhanced care : UHCW Coventry (Nina Fraser)	Mark Radford, NHS I	Dec 2016 (COMPLETE)
Provide support to	To review IELTS/OSCE	Maggie Arnold,	February 17	To provide	Mark Radford, NHS I	Dec 2016

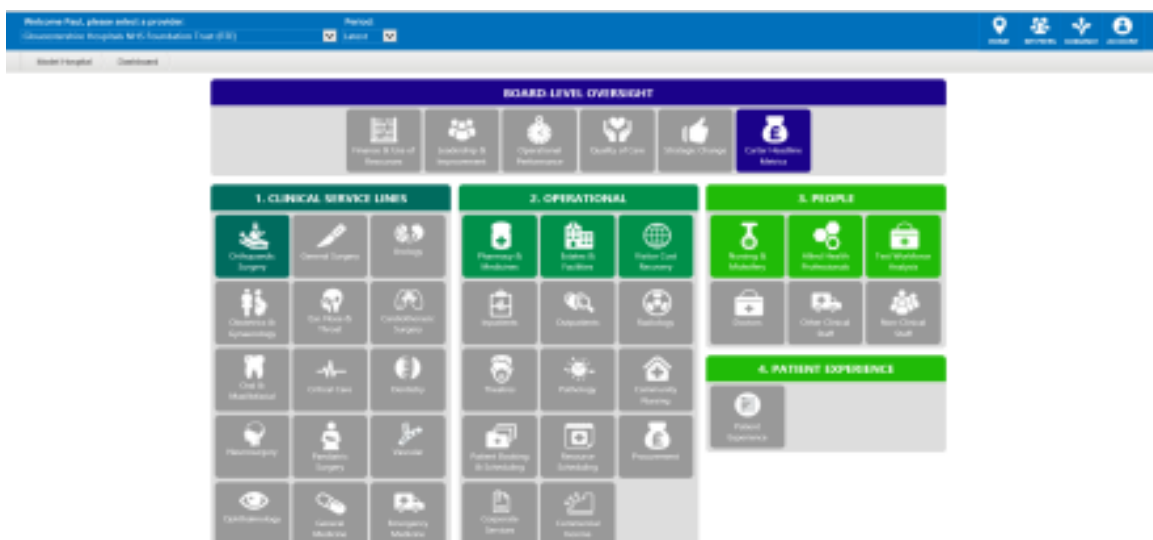
deliver improvements in IELTS/OSCE pass rates for overseas nurses	system and improve completion rate from 20% to best practice. Initiative in place to take out a cohort of overseas nurses for a month to deliver intensive English language training with IELTS at end of training would be interesting to speak to Barts to see how they are so successful in this.	Director of Nursing Lucy Blandford Lead for Nursing and AHP Education	January 17 Complete	contacts and support for IELTS/OSCE : Barts Healthcare NHS Trust (Caroline Alexander)		(COMPLETE)
Visit North Bristol Hospital Trust as planned and review Band 4 opportunity for wards and departments	To develop a workforce plan to support introduction of Band 4 in specific areas of practice to support patient care. We already have band 4 Lead HCAs. We are also supporting the Nursing Associate programme for April, locally.	Paul Garrett, Divisional Nursing Director Surgery	March 17 Complete	To provide contacts and support for Enhanced care : North Bristol (Sue Jones)	Mark Radford, NHS I	Dec 2016 (COMPLETE)
Provide support and link to other provider on Theatre Band 4	To develop a workforce plan to support introduction of Band 4 in specific areas of practice to support patient care.	Paul Garrett, Divisional Nursing Director Surgery	March 2017	To provide contacts and support for Theatre band 4 ; UHCW Paula Seery	Mark Radford, NHS I	Dec 2016 (COMPLETE)
Provide support and link to providers for Band 4 in Renal care	Renal Services sub contracted to B Braun.	Maggie Arnold, Director of Nursing	Complete	To provide contacts and support for Renal care ; Angela Thompson	Mark Radford, NHS I	Dec 2016 (COMPLETE)

Provide support and link for Band 4 in Maternity notably community care.	To develop a workforce plan to support introduction of Band 4 in specific areas of practice to support patient care. Already have maternity healthcare assistants band 3	Vivien Mortimore, Divisional Nursing Director Women & Children	Complete	To provide contacts and support for Maternity band 4 ; Portsmouth and UHCW (Carmel McCalmont)	Mark Radford, NHS I	Dec 2016 (COMPLETE)
16/17 QIA review and assessment to be completed immediately	CIP QIA process to be reviewed and all schemes QIA'd	Maggie Arnold, Director of Nursing	Complete		GHFT	Dec 2016
A risk profile and monitoring system is articulated as soon as practically possible	CIP risk profile developed	Maggie Arnold, Director of Nursing	Complete		GHFT	Dec 2016
Support and for a best practice QIA process for future years schemes	To ensure that improved system is in place and benchmarked with best practice	Maggie Arnold, Director of Nursing	Complete	To provide contacts and support for QIA system development. David Moon (UHCW)	Mark Radford, NHS I	Dec 2016 (COMPLETE)
Development of recovery plan QIA alongside PIDs.	To ensure QIA completed for Recovery plan	Maggie Arnold, Director of Nursing	Complete	To review outputs and QIA	Oliver Tracey	Jan 2017

MODEL HOSPITAL COMPARATOR - FEBRUARY 2017

1. Introduction and Overview

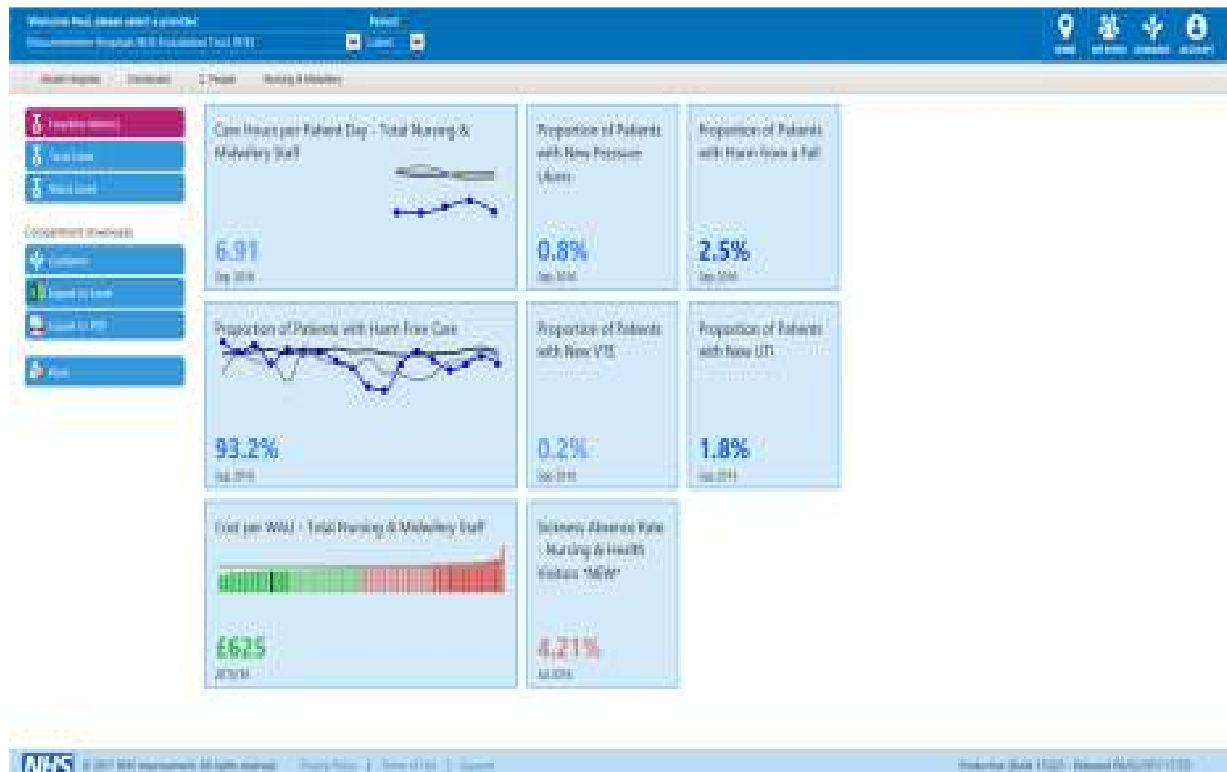
- 1.1 The Lord Carter Review of the NHS (February, 2016) made recommendations around efficiency and effectiveness. Part of the response from the NHS to the report was that having an easily available benchmarking site would be useful in helping to ensure that many of the recommendations were tested, and ultimately met, and frequently compared.
- 1.2 In response, both NHS Improvement (NHSI), and NHS England, developed a concept of the 'Model Hospital' as a tool that providers could use to help benchmark themselves against comparator organisations, with the best resource utilisation, and patient outcomes, throughout England.
- 1.3 The 'Model Hospital' benchmarking site, is currently 'work in progress' but eventually many services and facilities will be able to compare both resources and outcomes to ensure best practice.
- 1.4 The site currently looks like this, and is accessible from a logon and password from NHS:-



- 1.5 The green areas are 'active' tabs and accessible. The grey tabs are in development. For Nursing and Midwifery, the tab is active, and provides some early benchmarking. However, this will be further refined and developed as the site progresses.
- 1.6 The 'Model Hospital' recommends selection of 'peer' organisations against which to benchmark data. Therefore, NHS Trusts that are considered a similar size, and configuration, and population demographics to match our Trust, have been selected. These Trusts are: -

- East Kent University Foundation NHS Trust
- Mid Yorkshire NHS Trust
- Portsmouth Hospital NHS Trust
- Sandwell and West Birmingham NHS Trust
- South Tees Hospitals NHS Foundation Trust
- United Lincolnshire NHS Trust
- University Hospitals of West Midlands NHS Trust

- 1.7 The Model Hospital benchmark for the 'Nursing and Midwifery' Tab offers data for both 'Headline' and 'Trust' level. Ward level data is still in development. For the 'Headline' data, the results are: -



- 1.8 This data shows a dashboard of peer markers against the chosen comparator organisations. NHSI have used a costing methodology described as 'WAU'. This stands for Weighted Acuity Units, and has been developed to help standardise data. The definition of the WAU is: -

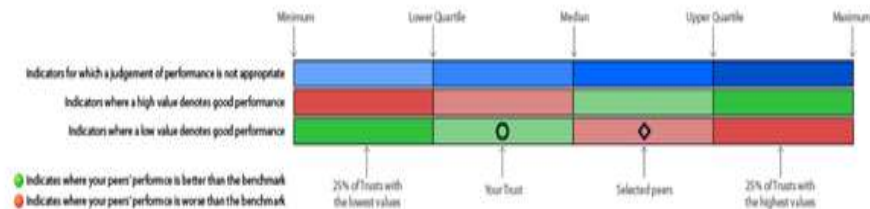
Cost per WAU is a measure of the efficiency of a trust and can be broken down into constituent parts, allowing us to make comparisons of spend categories to trust size in a meaningful way. For example, we have utilised Medicines cost per WAU in the Pharmacy and Medicines compartment. The cost per WAU and the Adjusted Treatment Cost (ATC) are two equivalent measures of productivity and are calculated in much the same way. The cost per WAU represents the cost of providing £3,517.45 worth of healthcare at a given Trust, whereas the ATC represents the cost of providing £1 worth of healthcare in that trust.

Trusts with a high total cost per WAU (>£3,517.45) will have an ATC index over £1, and trusts with a low total cost per WAU (<£3,517.45) will have an ATC index less than £1). Each Trust's own cost per WAU can be calculated by dividing its total costs (its reference costs quantum) by this weighted activity. So if a trust carries out 100 units of a certain Healthcare Resource Group (HRG) which has a national average cost of £4,000, then the cost weighted output assigned to the trust for that work would be $100 \times £4,000 = £400,000$ (or approximately 114 WAUs). If that trust spent £500,000 delivering those 100 units of activity, their cost per WAU for this area of clinical activity would be $£500,000 / 114 = £4,375$ per WAU. The same trust's ATC for that output would be $£500,000 / £400,000 = 1.25$.

1.9 Therefore, in comparison to the 'Headline' data, the Trust looks favourable against the indicators in all but 'Sickness Absence rates', which the Trust is actively managing.

2. Trust Level Data

2.1 The following screen shots (unfortunately the data currently cannot be exported to 'Word or Excel'), show our Trust in comparison to the benchmarking data currently available as it stands, and is split into the components of 'Caring; Money and Resources; People, Management and Culture, Well led; and Safe'. 'Effective' as a subset is 'in development' and 'Responsive' currently focuses on 'delayed transfers of care'. There is a 'key' to understand each section as it is colour coded.



2.2 Caring

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Nursing & Midwifery Metrics from National Patient Surveys							
Recommend to friends & family (Staff)	Q2 2016/17	93.7%	-	-	No variation available		
Recommend to friends & family (Patients) - Inpatient	Sep 2016	95.3%	-	-	No variation available		
Recommend to friends & family (Patients) - Outpatient	Sep 2016	89.9%	-	-	No variation available		
Recommend to friends & family (Patients) - Maternity Antenatal Care	Apr 2015	100.0%	-	-	No variation available	No trendline available	
Recommend to friends & family (Patients) - Maternity Birth Setting	Sep 2016	100.0%	-	-	No variation available		
Recommend to friends & family (Patients) - Maternity Postnatal Ward	Sep 2015	80.0%	-	-	No variation available		

In this section, the Trust is shown against the range of nationally collated datasets, such as the 'Friends and Family' test. The key for this section is an "indicator for which a judgement is not appropriate", though nevertheless shows the Trust as a trend line against past performance. It also provides an opportunity to focus on areas where trend is down, for example in 'Outpatient feedback' and provides the opportunity to explore possible reasons for downward trend line, via the Outpatient Group.

2.3 Money and Resource

Money & Resources	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Cost per WAU - Total Nursing & Midwifery Staff	2015/16	£625	£719	£710			No trendline available
Cost per WAU - Registered Nurses & Midwives	2015/16	£481	£577	£567			No trendline available
Cost per WAU - Non Registered Nurses & Nursing Support Staff *NEW*	2015/16	£144	£169	£151			No trendline available
Care Hours per Patient Day - Total Nursing & Midwifery Staff	Sep 2016	6.91	7.68	7.76			
Care Hours per Patient Day - Registered Nurses & Midwives	Sep 2016	4.28	4.99	4.74			
Care Hours per Patient Day - Healthcare Support Workers	Sep 2016	2.63	2.70	2.91			
Cost per Care Hour - Total Nursing & Midwifery Staff	Aug 2016	£58.09	£34.28	£30.55			No trendline available
Cost per Patient Day - Total Nursing & Midwifery Staff *NEW*	Aug 2016	£424.77	£171.76	£202.54			No trendline available
Average Staff Cost - All Nursing & Midwifery Staff	2015/16	£34k	£36k	£36k			
Average Staff Cost - Registered Nursing & Midwifery Staff	2015/16	£41k	£42k	£42k			
Average Staff Cost - Healthcare Support Workers	2015/16	£23k	£25k	£24k			

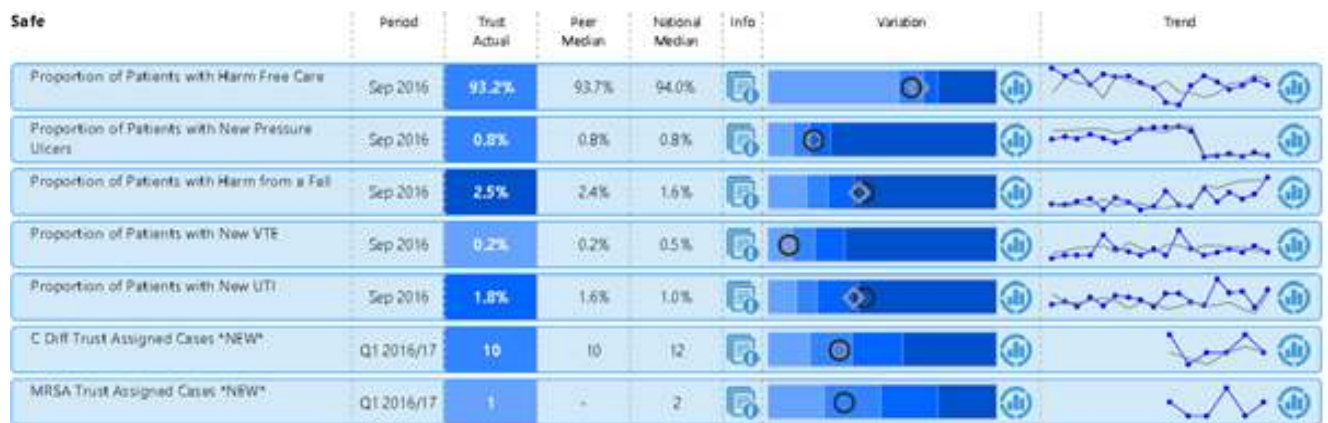
This section captures data on the nursing and midwifery resource in comparison to the peer organisations. Nursing and Midwifery spend is 'lean' in comparison to peers, both in terms of the WAU, and 'Care Hours per Patient Day'. We are awaiting further refinement of the Care Hours per Patient Day indicator to show, by speciality, whether the Trust is an outlier or not. But in comparison at this high level, 'Care Hours per Patient Day', mirrors the cost indicator, in being lean. The other indicators in this dataset, such as 'Average Cost', again are favourable.

2.4 People, Management and Culture, Well Led

People, Management & Culture: Well-led	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Sickness Absence Rate - Nursing & Health Visitors *NEW*	Jul 2016	4.21%	4.85%	4.13%			
Sickness Absence Rate - Midwifery *NEW*	Jul 2016	4.02%	5.35%	4.80%			
Sickness Absence Rate - Healthcare Support Workers *NEW*	Jul 2016	4.25%	6.79%	6.21%			
Staff Retention Rate - Nursing & Health Visitors *NEW*	Aug 2016	88.7%	88.5%	87.1%			
Staff Retention Rate - Midwifery *NEW*	Aug 2016	92.5%	91.0%	88.9%			
Staff Retention Rate - Healthcare Support Workers *NEW*	Aug 2016	82.6%	86.9%	84.6%			
Recommend as a place to work (All Staff)	Q2 2016/17	80.3%	-	-		No variation available	No trendline available

The two areas that are low red scoring are 'Sickness/Absence' rates for Registered staff, and 'Turnover' rates of Healthcare Support worker (HCA's). For Sickness, the Divisional Nursing Directors, in association with the Human Resources Department, are monitoring and putting into place actions to reducing this level. For HCA turnover, it must be remembered that this figure includes HCA's moving into Nurse Education to train as Registered Nursing during this period (August), but again is an area of focus and monitored through the Recruitment group.

2.5 Safe



As before, the Safe benchmark provides a 'trend line' rather than a peer organisation comparison. This data is further described in the Safer Staffing report as is based on the national Safety Thermometer data submission. Of note is that the data has not been refreshed on the Model Hospital database since September 2016, despite monthly updates.

2.6 Effectiveness/ Responsiveness

The effectiveness benchmark is in development. The Responsiveness focuses currently on delayed transfers of care.



Again, delayed transfers are indicative of the Trust's challenge to move patients who are 'medically fit' to other care providers, and is the subject of separate actions and monitoring.

3 Conclusions

The current Model Hospital benchmarking dataset currently does not show the Trust as an outlier in many indicators, in comparison to peer organisations, or within 'trend lines', but with Registered Sickness absence and HCA turnover aside. However, as the database continues to be refined, it is expected that more meaningful comparisons can be made. This will particularly be true with the Care Hours per Patient day, as this becomes more applicable at a speciality level, and therefore more readily usable as a benchmark as to what is considered the average staffing ratio levels per speciality ward.

4 Recommendation

The Board is asked to acknowledge this first 'Model Hospital' report, and note that quarterly reports will be provided to the Board to ensure regular updating and identification of both good practice and outlier status.

**MAIN BOARD
FEBRUARY 2017**

Report Title

OPERATIONAL PLAN 2017 19

Sponsor and Author(s)

Dr Sally Pearson, Director of Clinical Strategy

Executive Summary

Purpose

To present to the Board the publically accessible version of our Operational Plan 2017 -19 prior to uploading to the publications section of our website.

Key issues to note

The Operational Plan was submitted to NHSI on 23 December 2016
It reflects our Transforming Care for Everyone Programme as our means of moving towards our vision of Best Care for Everyone,
There is a requirement to publish a publicly accessible version of the plan by the end of February. The content of the attached version of the plan is unchanged from the submission to NHSI but is presented in the style of our corporate documentation.

Recommendations

The Board is asked to endorse the plan for publication on our website

Impact Upon Strategic Objectives

Delivery of the plan and our priority will help us to deliver all strategic objectives

Impact Upon Corporate Risks

The risks to the delivery of the plan are set out in the document

Regulatory and/or Legal Implications

The production and publication of the Operational Plan is a requirement of both NHSE and NHSI

Equality & Patient Impact

None

Resource Implications

Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required

For Decision		For Assurance		For Approval	X	For Information	
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Date the paper was presented to previous Committees					
Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
Outcome of discussion when presented to previous Committees					
N/A					



Gloucestershire Hospitals
NHS Foundation Trust

**Operational
Plan
2017–19**

Executive summary

Context

Gloucestershire Hospitals NHS Foundation Trust is one of the largest hospital trusts in the country and provides high quality acute elective and specialist health care for a population of more than 612,000 people.

In September of 2016, Gloucestershire Hospitals NHS Foundation Trust announced a material change to its financial position. This follows a high level independent review of its financial position and financial reporting arrangements which was commissioned by the Board following concerns raised at a number of levels within the Trust about its financial position and the deterioration of its cash reserves.

The subsequent investigation by NHS Improvement concluded that there were reasonable grounds to suspect the Trust was in breach of its license resulting in regulatory action and required a plan to deliver rapid financial recovery.

Our approach

Our Operational Plan is our Recovery Plan. It is consistent with the Gloucestershire Sustainability and Transformation Plan (STP) and the anticipated impact of STP solutions have been incorporated into this plan and our contract agreements with commissioners, so far as they are understood at this point.

As high quality care and good financial stewardship go hand in hand, our financial recovery is being driven through our Transforming Care for Everyone programme and addresses how we will maintain quality, performance and a motivated workforce during recovery.

Key elements of the plan

The plan;

- sets out how we intend to recover the financial position aligned to 7 key areas
- identifies how we will deliver our quality priorities which meet the national requirements and the expectations of local stakeholders
- provides assurance in relation to the progress towards delivering performance against national standards
- sets out our approach to workforce planning
- identifies the key risks to delivery of the plan and the planned mitigations.

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Plans for sustainable recovery	19
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Risks and mitigations	32
Membership and elections	34



1

Background and context

Introduction

Gloucestershire Hospitals NHS Foundation Trust is one of the largest hospital trusts in the country and provides high quality acute elective and specialist health care for a population of more than 612,000 people.

Our hospitals are district general hospitals with a great tradition of providing high quality hospital services; some specialist departments are concentrated at either Cheltenham General or Gloucestershire Royal Hospitals, so that we can make the best use of the expertise and specialist equipment needed.

During 2015/16 we reviewed how we wanted to express our ambitions for our services (our vision). Our Framework for the Future is now made up of:

- **Our Mission:** Improving health by putting patients at the centre of excellent specialist health care
- **Our Vision:** Best Care for Everyone.

Financial position

In September of 2016, Gloucestershire Hospitals NHS Foundation Trust announced a material change to its financial position. This follows a high level independent review of its financial position and financial reporting arrangements which was commissioned by the Board following concerns raised at a number of levels within the Trust about its financial position and the deterioration of its cash reserves. The subsequent investigation by NHS Improvement concluded that there were reasonable grounds to suspect the Trust was in breach of its license resulting in regulatory action.

In order to support this Recovery Plan, three pieces of work were commissioned externally:

- To create a financial baseline as a robust basis for recovery
- To support the delivery at pace of a cost improvement programme
- To review the governance within the organisation to determine:
 - How this position arose
 - Why it went unnoticed for so long and
 - Who was involved.

Trust overview

General:

Number of hospitals: 2
Local population served: 600,000

Financials:

2015/16 revenue: £500m
2015/16 reported surplus £4.7m
2015/16 'Normalised' deficit of £15.2m
2016/17 control total: £18m deficit

Operational:

Avg. number of employees in 2015/16: 7,500
Total beds: 1,072
Number of emergency cases: 127,369
Number of inpatients: 114,328
Number of outpatients: 579,260



2

Financial forecasts



Financial forecasts and modelling

The Trust has produced a robust forecast for the 2016/17 financial year which is the basis for the 2017-2019 financial plan.

The major movements in the financial plan are laid out on the following pages and contain the following highlights:

- A forecast outturn for 2016/17 which reflects considerable organisational pressures over and above those expected.
- Significant difficulty in delivering Cost Improvement Programmes (CIP).
- An improvement in the current 2016/17 outturn of £23.7m to a value of £18.0m, facilitated by £2.7m recurrent CIP delivery, £2.0m non-recurrent grip and £1.0m of asset sale profit. This outturn represents a material adverse variance of £36.2m to the Trust plan and control total for 2016/17.
- A 2017/18 projected deficit of £14.6m and a forecast break even position for 2018/19. Neither financial year is in line with the control total set by NHS Improvement as they remain based upon the 2016/17 control total which, as stated above, has been materially unachieved.

The Trust expects to agree a revised control total for the plan period through the Financial Special Measures (FSM) regime and as such, secure access to Sustainability and Transformation Funding (STF) though, at this stage, the plan does not assume any STF but it does assume that **no** national fines will be payable on the basis of a control total being agreed as part of FSM.

Delivery of financial plans for 2017/18 and 2018/19

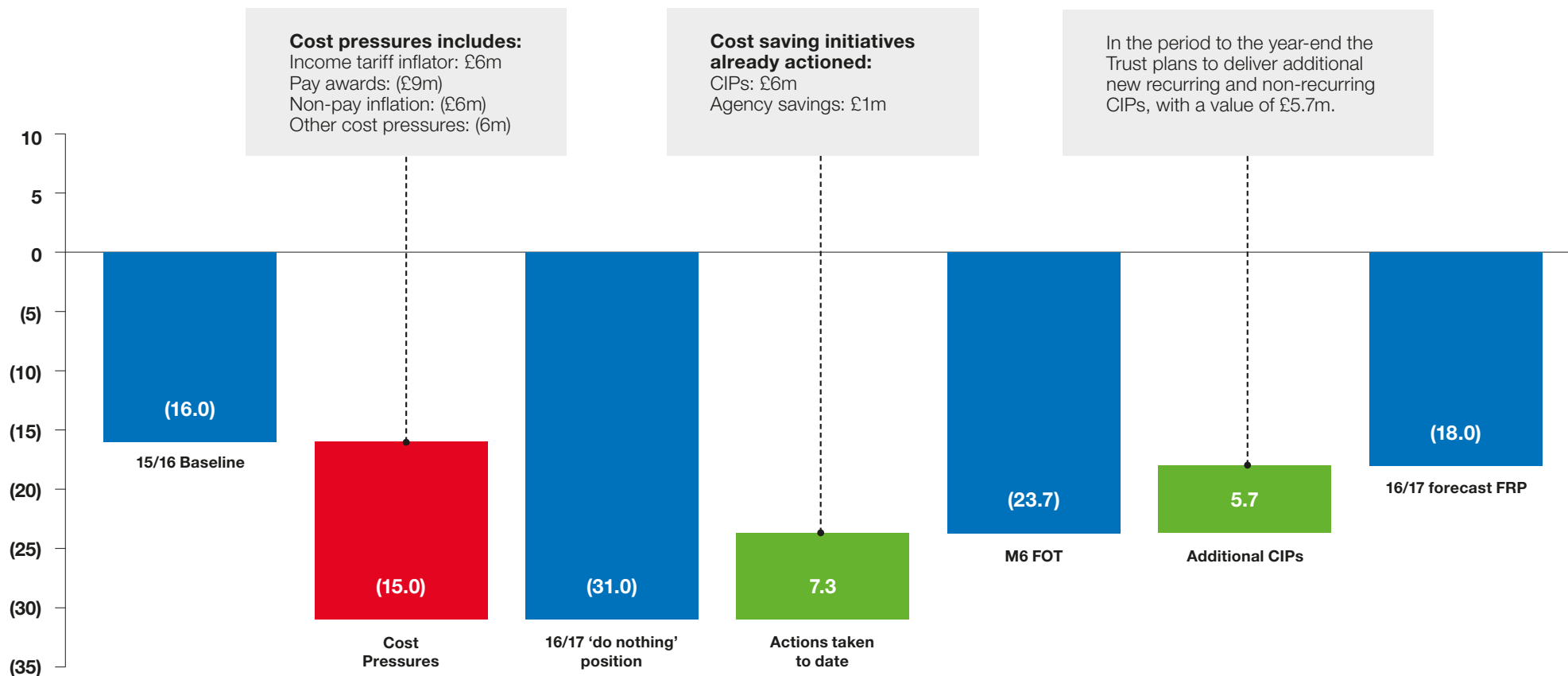
- Contract income positions reflect an agreed position, in principle, for the Trust's two largest commissioners – Gloucestershire Clinical Commissioning Group and NHS England Specialised Commissioning. Any adverse variation to these initial agreements will form a pressure on the plans presented as will any final movements generated by tariff.
- Compared to 2016/17 there are significant pressures which have impacted, totalling £16.9m. These include:
 - Movement to new tariff arrangements, specifically the impact of HRG4+
 - Overall pay inflation which includes the impact of the apprenticeship levy
 - A material increase to Clinical Negligence Scheme for Trusts (CNST) premiums.
- Within the plans are significant levels of CIP which currently have not been fully developed although good progress has been made to date. The Trust has recently put in place strengthened Project Management Office (PMO) arrangements to support early and continued delivery of the CIP requirements for 2017/18 and 2018/19.

Forecasted outturn

The Trust started the year with a baseline deficit position of £16m.

In a 'do nothing' scenario, cost and demand pressures results in a £31m challenge in 16/17. However, the Trust has begun to make savings, which has led to our current outturn position of £23.7m.

This is forecast to improve to £18m by the end of the financial year.

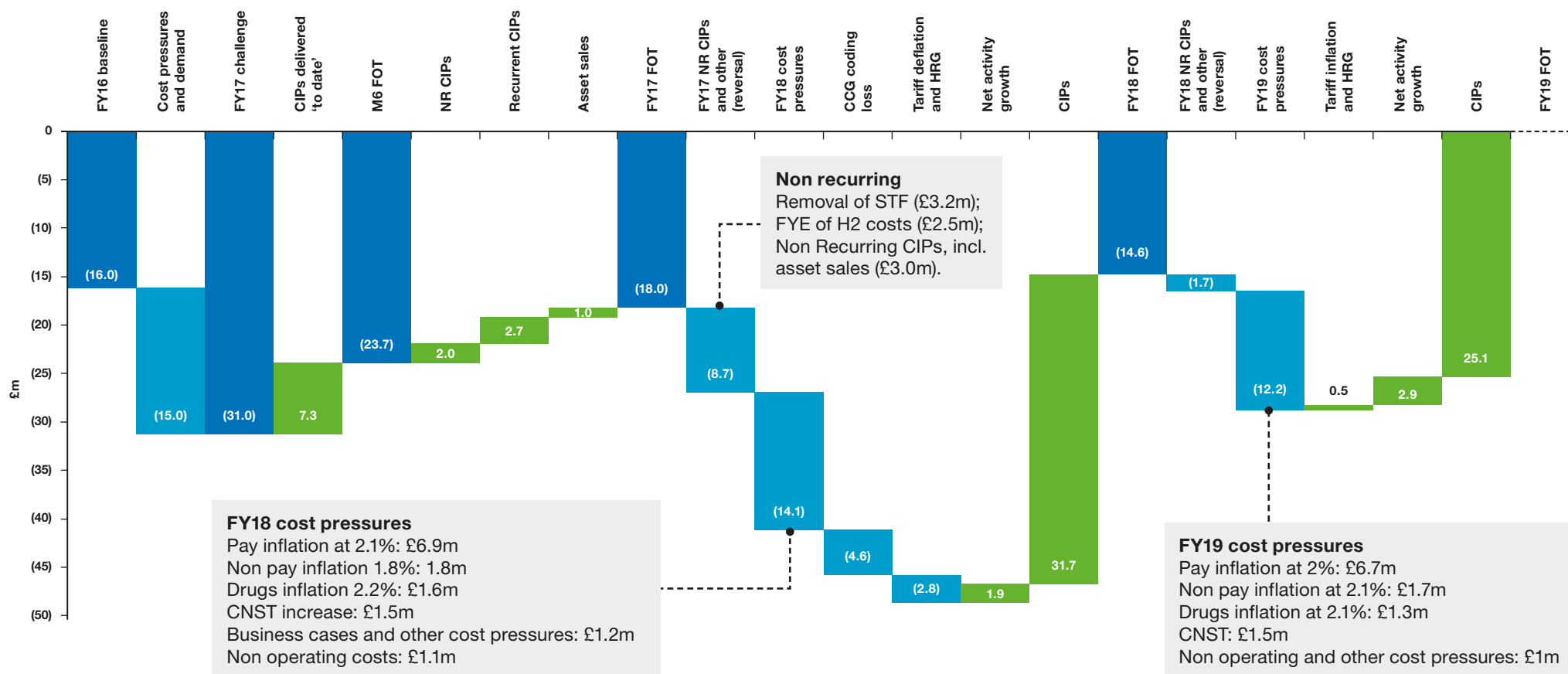


Plan financials

The Trust will start the 2017/18 year with a brought-forward deficit position of £18m.

After loss of income of £4.6m, cost pressures of £14.1m and non-recurring Cost Improvement Programme (CIP) and other reductions of £8.7m, the financial challenge to break even for FY18 is £45.4m (before CIPs and FYE).

We have commenced development of a wide and deep FY18 cost reduction programme to address the challenge, with a Trust-wide CIP target of £31.7m (6.2%).



Sustainability and Transformation Plan (STP) and the local economy

STP plans are not sufficiently developed to check for overlaps and the financial deterioration has increased the burden on the local economy. We will be working closely with our STP partner to resolve these issues.

Background

Gloucestershire STP covers some 635,000 people (of which 29% are in rural areas), with the over 65 expected to rise from 47.5k to over 77k by 2030. There are 7 (1 Tier and 6 Tier 2) Local Authorities, 3 Trusts and 1 CCGs.

Pressures

The STP identifies the following pressures:

- A growing population with more complex needs
- Increasing demand for services
- Expectations of 7 day standards being met consistently irrespective of the day or the hour
- Innovations in technology and medicines
- Pressures on the workforce
- Limited finances.

All leading to a projected £226m gap in funding across Gloucestershire unless we make radical changes to the way we deliver services.

Plans and actions

Key work streams are shown in the diagram opposite.

- We are fully engaged in the delivery of the plan with representation across all groups
- Plans are at an early stage of development. However, the impact of STP solutions is built into this plan and contracts with commissioners, in so far as they are understood at this stage
- We remain committed to the STP as the system-wide changes that it supports will deliver the right care, in the right place, with optimal value and should be an enabler of our financial recovery.

STP Gloucestershire: Joining up your care



The framework for our recovery plan

All providers of healthcare face significant financial, operational and clinical challenges. It is an absolute requirement that we continue to meet the standards set out in the NHS Constitution and the quality and safety standards published by the Care Quality Commission as we recover our financial position.

During the year we have developed our Transforming Care For Everyone programme. This replaces our existing Framework for the Future as our mean of moving towards our vision of Best Care For Everyone. The pillars of our transformation programme are illustrated here.

We firmly believe that high quality of care and good financial stewardship go hand in hand and for that reason:

- Our Recovery Plan is our Operational Plan
- Our Recovery Plan is driven through our Transforming Care for Everyone Programme. This will maximise our opportunities to reduce costs through improvements in quality
- Our plan rules out measures which would compromise patient care and/or our longer term sustainability.

Transforming care for everyone



Financial recovery plan

7 themes underpin the financial recovery plan:

1

Income recovery

- ✓ PP Growth, ✓ Coding/depth of coding, ✓ CQUIN performance

2

Controls

- ✓ Standing financial instruments, ✓ Authority limits, ✓ Discretionary spend, ✓ Approvals

3

Transformation

- ✓ Services, ✓ Service delivery, ✓ Patient pathway, ✓ Length of stay, ✓ External support

4

Transactional CIP

- ✓ Enhanced delivery of current schemes, ✓ Pace, ✓ Resurrection,
- ✓ Pipeline development and progression, ✓ External support

5

Waste

- ✓ In its simplest form, ✓ DNA rate, ✓ Cancellation of procedures/appointments, ✓ Staff turnover

6

10% challenge

- ✓ 10% more with the same, ✓ The same with 10% less

7

SmartCare benefit release

- ✓ Legacy charges avoided, ✓ Eliminated requirement for purchase and transport of drug charts, ✓ Reduction in drug budget (generic prescribing), ✓ CNST premium,
- ✓ Reduction in unnecessary/duplicate tests and investigations,
- ✓ Reduction of costs associated with the storage, movement and management of paper records, ✓ Reduction in Length of Stay, ✓ Improvements in readmissions

Income and expenditure position

Financial Plan Income and Expenditure	2016/17 FOT £000s	2017/18 Plan £000s	2018/19 Plan £000s
SLA & Commissioning Income	437,505	437,288	443,400
Other Operating Income	67,251	69,645	73,295
Total Income	504,756	506,933	516,695
Pay	-329,236	-329,343	-326,682
Non-Pay	-175,668	-168,324	-164,050
Total Expenditure	-504,904	-497,667	-490,732
Earnings before interest, tax, depreciation and amortization (EBITDA)	-148	9,266	25,963
EBITDA %age	0.0%	1.8%	5.0%
Non-operating costs	-22,102	-23,897	-25,916
Non-operating income	1,048	0	0
Surplus/(Deficit)	-21,202	-14,631	47
STF Funding	3,225		
Surplus/(Deficit) (inc. STF)	-17,977	-14,631	47

Income

NHS Income is based on forecast outturn activity and income levels for all NHS commissioners in FY17, with a significant adverse impact to income due to the tariff reduction under Healthcare Resource Groups (HRG4) in future years.

We have assumed a level of both demographic and service growth in the income baseline for FY18 and FY19. There is a significant reduction to NHS income within FY18, based on corrections to historic coding (£4.6m). This is currently largely offset by forecast growth in activity (2%) and coding improvements within the Cost Improvement Programme (CIP).

Other income rises in FY19 due to an assumed portion of the CIP for FY19 being income generation.

Pay costs

Pay costs are based on the Full Year 2017 outturn position and have had national pay inflation assumptions applied, including the impact of the 0.5% apprenticeship levy. These increases are mitigated, in part, by CIP, with agency pay in particular targeted for reduction.

Non-pay costs

Non-pay costs are based on the FY17 outturn position and have had national pay inflation assumptions applied. These increases are more than offset by CIP.

Non-operating costs

Depreciation, Public Dividend Capital and interest costs have been calculated based on the FY17 outturn and include the impact of significant capital expenditure in FY18 and FY19, alongside an increased borrowing requirement.

Balance sheet

Trust Financial Position	2016/17 FOT £000s	2017/18 Plan £000s	2018/19 Plan £000s
Non-current assets			
Intangible assets	3,585	3,585	3,585
Property, plan and equipment	311,629	334,061	354,753
Trade and other receivables	4,548	4,500	4,452
Total Non-Current Assets	319,762	342,146	362,790
Current assets			
Inventories	8,131	8,131	8,131
Trade and other receivables	28,898	27,698	27,098
Cash and cash equivalents	3,400	3,853	4,486
Total non-current assets	40,429	39,682	39,715
Current liabilities			
Trade and Other Payables	-43,709	-43,709	-43,709
Other Liabilities	-274	-274	-274
Borrowings	-5,282	-5,060	-4,825
Provisions	-182	-182	-182
Total Non-current assets	-49,447	-49,225	-48,225
Non-current Liabilities			
Other Liabilities	-7,320	-7,640	-8,024
Borrowings	-95,949	-119,557	-119,398
Provisions	-1,418	-1,440	-1,440
Total Non-Current Liabilities	-104,687	-128,637	-128,862
Total Assets Employed	206,057	203,966	224,653
Financed by Taxpayers Equity			
Public Dividend Capital	164,318	176,858	197,498
Reserves	67,544	67,544	67,544
Retained Earnings	-25,805	-40,436	-40,389
Total Non-Current Liabilities	206,057	203,966	224,653

Non current assets

Non-current assets over the period increase due to significant capital additions around strategic site investment. Depreciation is charged in line with current policies and Useful Economic Life.

Current assets

Trade and other receivables are forecast to decrease, showing a further focus and improvement on debt recovery.

Current liabilities

Current liabilities are forecast to remain static over the planning period.

Non current liabilities

Non-current liabilities reflect a material increase in borrowings to fund the accumulated deficit and capital programme over internally generated funds. Borrowings also increase to repay capital elements of pre-existing borrowing.

Reserves

Movement on Public Dividend Capital (PDC) reflects assumed receipt of PDC funding for radiology equipment and the strategic site redevelopment.

Retained earnings reflect the accumulated deficit.

Capital forecast

The Trust plans to increase its capital expenditure to £34m by 2018/19. The majority of the expenditure relates to site reconfiguration. This improves patient flow and efficiency, and hence reduces future costs.

This level of spend is dependent on the receipt of funding which is currently the subject of an NHS England business case

and forms part of the Sustainability and Transformation Plan (STP). Other critical major equipment around radiotherapy and radiology also needs replacement.

All capital is assessed from a basis of risk and is viewed to have been reduced to a minimum level.

Capital programme £million	Funding Source	FY17 FOT	FY18 Plan	FY19 Plan	
H&S, Estates and Environmental	Internal	3.3	3.7	4.4	There is a significant backlog of maintenance, spend on Estates, Health & Safety etc. that is completed on a risk-assessed basis. It includes spend such as significant roof repairs, fire safety, water treatment and other Health & Safety and environmental improvements required to patient areas.
Service Reconfiguration	Internal	0.6	2.9	2.1	Main spend is around current theatre development and business cases to support activity to reduce the deficit.
IM&T: SmartCare	Internal	4.4	1.3		Continued investment in the implementation of the Trust wide electronic patient record system. This is an enabler for a number of patient flow and Length of Stay savings within the CIP programme.
IM&T: Network & Other	Internal	1.6	1.4	2	Replacement of old infrastructure, e.g. 84% of PCs are over 3 years old (37% over 5 years old).
IM&T: Telephony	Internal	0.2	1.1		New system required to support booking requirements, supports elements of corporate CIP and without investment significant staff increases required.
IM&T: Joining Up Your Information	Internal		1		Gloucester initiative to share patient information, funded previously through Public Dividend Capital.
Medical Equipment Fund	Internal	1.8	1.8	2.3	Expenditure to replace critical medical equipment across all areas of Trust, significant aged equipment is in use in many areas. Replacements agreed on a risk assessed basis
Autoclaves	Loans		0.9		Autoclaves at end of life and need to be replaced.
Accommodation Hubs	Loans		2		Project to facilitate reconfiguration of administration departments, increase clinical capacity and exit rental property (saving c.£500k pa).
Major Equipment Replacement	Internal	0.9	0.5		Various items of aged clinical equipment and systems replaced.
Radiotherapy Equipment	PDC		2.2		Replacement LINAC (business case submitted to NHS England, approval awaited).
Radiology Equipment	Loans		3.5	2.6	Critical equipment at end of life, equipment failures are incurring outsourcing costs.
Strategic Site redevelopment	PDC		12.5	20.6	Improving the current layout of the both Gloucester and Cheltenham sites, to support increased efficiency and patient flow at both sites (part of an NHS England Business Case and within the STP).
Total		12.8	34.8	34.0	

Cashflow

Cash balances are forecast to remain at or around required minimum levels over the period.

Highlights in cash movements are:

- Gain on asset disposal in FY17
- A material reduction in creditors for FY17
- An increased recovery of aged debt over the period
- Significant capital investment in strategic site reconfiguration matched with Public Dividend Capital receipts
- Borrowing to support the accumulated deficit and capital programme over internally generated funds (excluding strategic site development).
- Assumed increases to finance leases to support elements of the capital programme.

Trust Financial Position	2016/17 FOT £000s	2017/18 Plan £000s	2018/19 Plan £000s
Surplus (Deficit) from Operations	-8,270	-3,426	11,840
Adjust for non-cash items			
Depreciation	11,347	12,692	14,123
Operating cash flows before working capital	3,077	9,266	25,963
Working capital movements			
(Increase)/decrease in current assets	2,110	1,194	185
Increase/(decrease) in payables and accruals	-19,156	0	0
Other movements in operating cash flows		-127	718
Net cash inflow/(outflow) from working capital	-17,046	1,067	903
Capital investment			
Capital expenditure	-12,787	-34,824	-34,055
Capital receipts	2,615	0	0
Net cash inflow/(outflow) from investment	-10,172	-34,824	-34,055
Funding and debt:			
Public Dividend Capital (PDC) received	0	12,540	20,640
Interest Received	35	36	35
Interest Payable	-4,105	-4,651	-5,530
DH loans: received	39,600	26,096	2,784
DH loans: repaid	-2,636	-2,636	-1,257
Finance lease capital	-2,381	-2,052	-1,921
PDC Dividend paid	-6,921	-6,590	-6,929
Net cash inflow/(outflow) from financing	23,592	22,743	7,822
Net cash inflow/(outflow)	-549	-1,748	633
Cash at Bank: Opening	3,950	3,401	1,653
Closing	3,401	1,653	2,286

Governance approach

New governance arrangements are in place to ensure delivery of the plan.

The proposed arrangements are designed to:

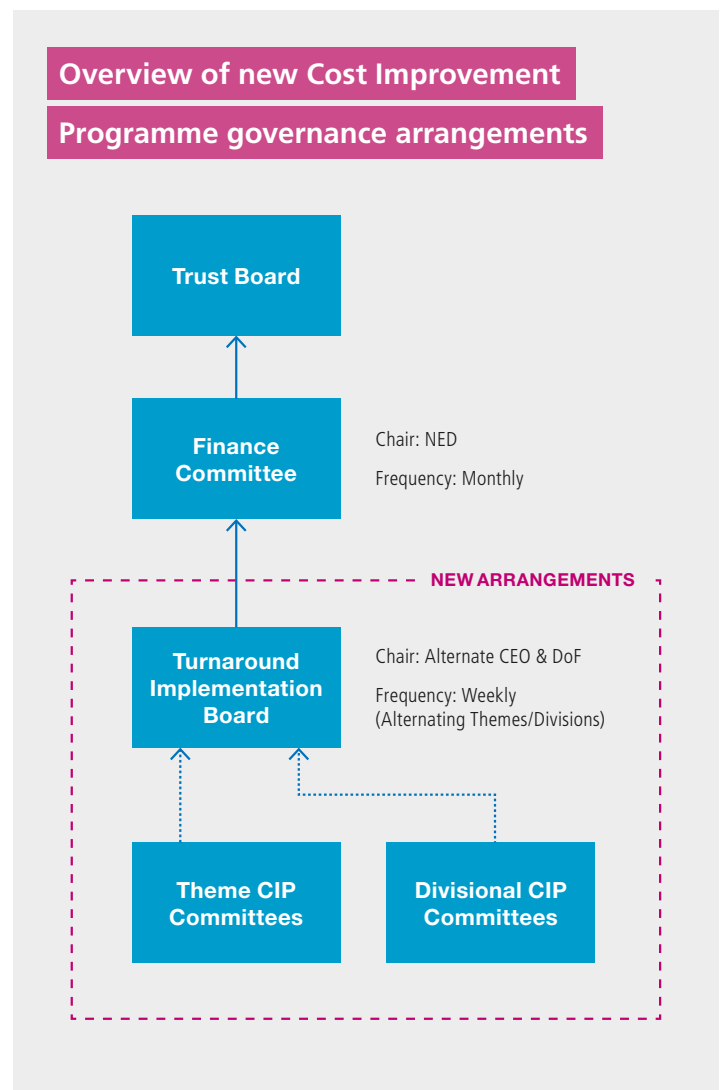
- Increase number of new cost improvement schemes identified
- Decrease risks to delivery of existing cost improvement schemes
- Improve cross-divisional working, enabling better sharing of Cost Improvement Programme (CIP) ideas and lesson on what works.

These changes will become effective immediately.

Overview of arrangements

- The new arrangements are summarised right and depicted in Figure 1:
- A new Turnaround Implementation Board (TIB) will run weekly, and is where the detailed planning and monitoring of the cost improvement and other financial improvement initiatives will take place
- Each division (and corporate function) will hold its own Divisional CIP committee on a weekly basis, to identify, plan, deliver and monitor CIP. The Director of Operations will chair their division's meeting
- 'Themes' (areas of efficiency that cut-across the Divisions) will also be established and hold regular meetings to identify, plan, deliver and monitor CIP. A nominated Executive Director will lead each Theme.

Delivery Board, Programme Management Office Reviews and other historical forums will no longer be held.



3

Plans for a sustainable recovery



Maintaining performance

against standards

during recovery

Accountable Officer:
Natasha Swinscoe (Chief Operating Officer)

Predicting demand

We have worked together with our commissioners to predict changes in the demand for our services year the next two years.

Factors that have been taken into account include demographic changes, a trend analysis of our Service Level Agreement Monitoring (SLAM) activity, which reconciles to both contracting and billing data across our system and the impact of Sustainability and Transformation Plan (STP) solutions. Growth assumptions have been reviewed by our clinical teams and the plan is based on a shared assessment of growth with our Clinical Commissioning Group.

In the plan we have :

- assumed a modest reduction in the level of delayed transfers of care reflected in our improved length of stay
- reflected the impact of targeted demand management schemes and service changes agreed as part of the STP
- assumed that the reduction in activity associated with STP solutions will release capacity that will be backfilled by work repatriated from the independent sector – this repatriation activity is valued at £2.7m in the contract.

It is expected that activity increases will be largely met by the internal efficiency and productivity gains being driven by our Recovery Plan work on reducing length of stay, improving theatre productivity and increasing outpatient utilisation.

Growth will be funded at a non-pay level with very modest investments in workforce where activity increases are most significant and cannot be offset through increased productivity.

Growth assumptions in the plan

Activity	17/18	18/19
Referrals	1.2%	1.4%
First outpatients	2.1%	1.4%
Follow up outpatients	1.2%	1.4%
Elective admissions	-0.6%	1.4%
Emergency admissions	2.8%	1.4%
A&E attendances	2.9%	1.4%

Planning capacity

We have a detailed bed modelling tool for each of the two main hospital sites., which has been built with and validated by our Clinical Divisions and has been shared with the our commissioners.

This model uses 15/16 actual activity as the baseline updated with the actual position in 16/17 at month 7. It is through this bed model that demand, activity and the impact onto capacity is tested.

Application of this tool with no assumed change in length of stay and optimal bed occupancy would require an estimated 100 additional acute beds. The Trust has assumed that this bed deficit will be eliminated through more modest improvements in occupancy initiatives to reduce length of stay.

The focus is therefore on three main themes:

- Increasing the alternatives to admission within the wider health care system
- Improving patient flow through:
 - The application of the national guidance on red/green days
 - Immediate access to senior clinical decision makers and
 - Pathways to stream patients.
- Reducing the number of patients who remain in our beds when they are medically fit/delayed transfers of care through a range of system wide solutions.

At Divisional level, leaders are supported by their HR Business Partners to ensure that workforce planning is an integral part of their overall planning process, resulting in the development of workforce plans which support the service delivery intentions.

Our plan to achieve the national performance standards

We have agreed with our commissioners that our activity plans are sufficient to deliver, or achieve recovery milestones for, all key operational standards, including cancer, diagnostics and referral to treatment. In the case of the A&E target, we have agreed an action plan and trajectory for improvement.

A&E

The Emergency Care Programme Board has oversight of a comprehensive action plan to deliver improvement in the Trust's A&E performance.

All actions have Executive-level ownership and are supported by an intensive programme management framework involving key staff from all operational divisions and clinical leadership from A&E.

Over the course of the coming year the focus will shift to one of system-wide working, engaging fully with all partner organisations in the health economy to deliver what is a challenging but achievable trajectory for A&E performance.

See below for the A&E Trajectory for FY18.

A&E Trajectory: FY18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Accident and Emergency: >4 hour wait	1,562	1,404	1,341	1,405	1,143	1,200	1,310	1,201	1,836	1,705	1,624	1,793
Accident and Emergency: Total Patients	11,572	12,763	12,195	12,886	12,157	12,242	11,696	11,122	11,221	10,031	9,551	11,207
Accident and Emergency: Performance %	86.5%	89.0%	89.0%	89.1%	90.6%	90.2%	88.8%	89.2%	83.6%	83.0%	83.0%	84.0%

Referral To Treatment (RTT)

The Trust is currently facing RTT pressures in Urology, Oral surgery, Audiology and Trauma and Orthopaedics.

Work is ongoing to develop a robust recovery plan and once complete, a revised RTT trajectory will be agreed with commissioners and submitted.

Cancer

The Trust is planning to sustain delivery of the national standard for 2 week waits in 2017/18.

Cancer two week waits: FY18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number seen <2 Weeks	1,552	1,625	1,552	1,607	1,660	1,581	1,620	1,720	1,664	1,499	1,640	1,736
Total number seen	1,668	1,747	1,668	1,727	1,784	1,700	1,741	1,849	1,789	1,611	1,763	1,866
Cancer two week waits %	93.0%	93.0%	93.0%	93.1%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Diagnostics

The Trust is planning to sustain delivery of the national standard in 2017/18.

Diagnostic test waiting times: FY18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number waiting > 6 weeks	93	93	89	86	81	82	87	90	80	77	85	89
Total number waiting	9,366	9,383	8,991	8,699	8,129	8,235	8,746	9,093	8,047	7,778	8,527	8,996
Diagnostic test waiting times %	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%

We are satisfied that delivery of these trajectories does not require additional resource but does require a change in process and approach.

Maintaining quality during recovery

Accountable Officer: Sean Elyan (Medical Director), Mrs Maggie Arnold (Director of Nursing)

Our quality priorities for 2017 – 19 continued

Programme	Action
Delivering high quality urgent and emergency care	Local response to the National Urgent and Emergency Care Review
	New clinical model of care to ensure patients are treated with the very best expertise and facilities in order to maximise their chances of survival and a good recovery (will include Advice and guidance services)
	Progress to delivering specialist input within 14 hours, daily Consultant review every day, timely diagnostics and interventions (4 key standards in national programme by 2018).
	Service change in Gastroenterology and Cardiology to achieve this agreed.
Proactive and Safe Discharge	Streamlining the care of emergency patients on our wards (will include 7 day services)
	Removing delays to discharge
Harnessing the benefits of technology	Implementation of phase 1.5 and 2 of Trakcare
	eReferrals
Time to care	Ensuring safe staffing levels
	Implementing the new approach to provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units – Care Hours Per Patient Day (CHPPD)
	Falls
	Pressure ulcers
	End of life care
Reducing the impact of serious infections	Antimicrobial stewardship
	Sepsis
Preventing ill health	Staff Health and Wellbeing
Learning to improve	Participation in national audits
	Learning from reviews
	Quality academy

These have been identified to reflect national and local priorities (including national CQUINs), and are consistent with the priority programmes identified in the Gloucestershire Sustainability & Transformation Plan.

Clinical engagement

Our management structure is based around divisions. These are designed to support and facilitate delegation of decision making to clinical teams and to enable more involvement by clinical leaders in strategic issues. Each division is led by a clinical Chief of Service supported by a Operational and Nursing Director. All divisional directors are members of our Trust Leadership Team.

We have established a Clinical Senate with representation from all our Chiefs of Service and Specialty Directors as a forum for clinical advice and leadership.

We encourage our clinicians to participate in all aspects of the Sustainability & Transformation Plan but in particular the Clinical Programme Groups which enable clinicians across the system to identify and design improvements to services and pathways of care, for key planned developments.

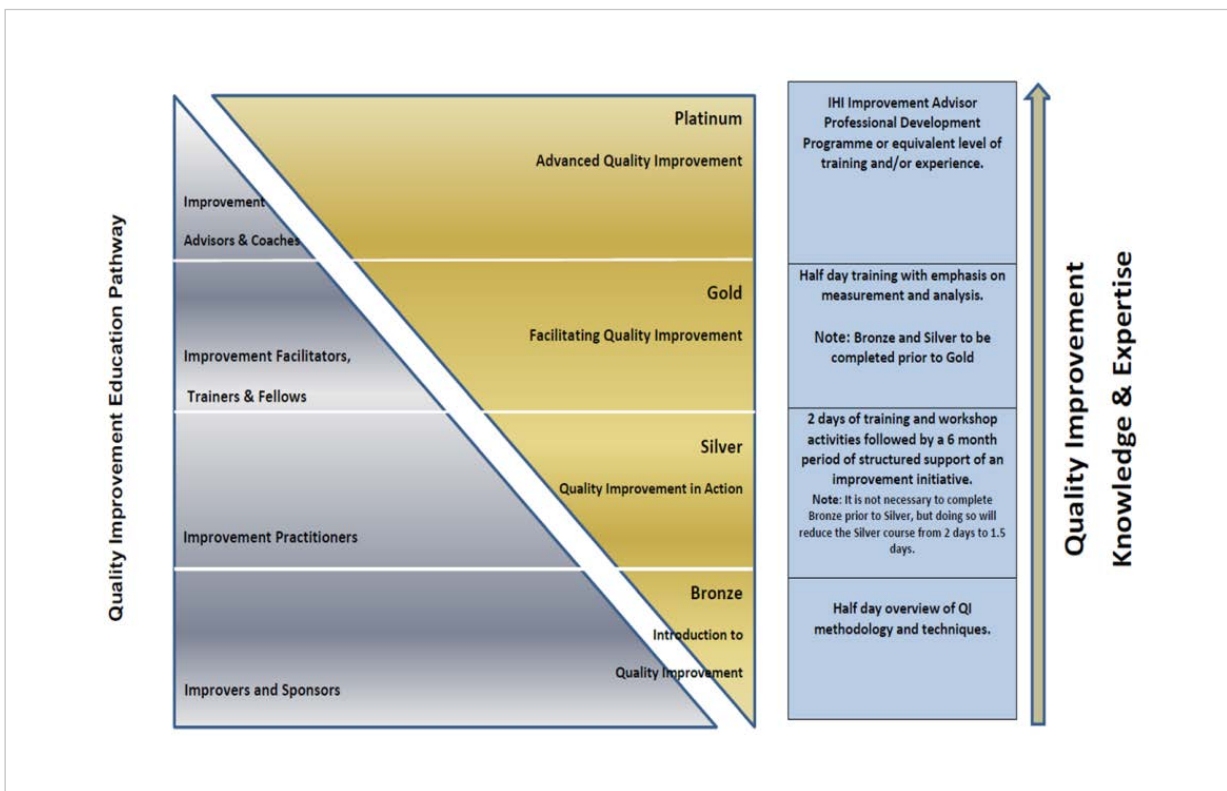
Building capacity and capability

The Gloucestershire Safety & Quality Improvement Academy was established at Gloucestershire Hospitals NHS Foundation Trust in June 2015.

Our aim is that our structured programmes will contribute to the development of a culture of continuous quality improvement within our Trust, where staff at all levels have the confidence to highlight areas for improvement and then have the skills, knowledge and support to be able to implement improvements.

Through our courses, our students are provided with the knowledge, the skills, the opportunity and the support to contribute to patient safety and to make practical improvements to the way we provide care in our hospitals.

In the last year 440 bronze improvers were trained, 13 silver improvement practitioners graduated.



Governance and assurance

Quality drives our strategy and is reflected in our vision, Best Care for Everyone.

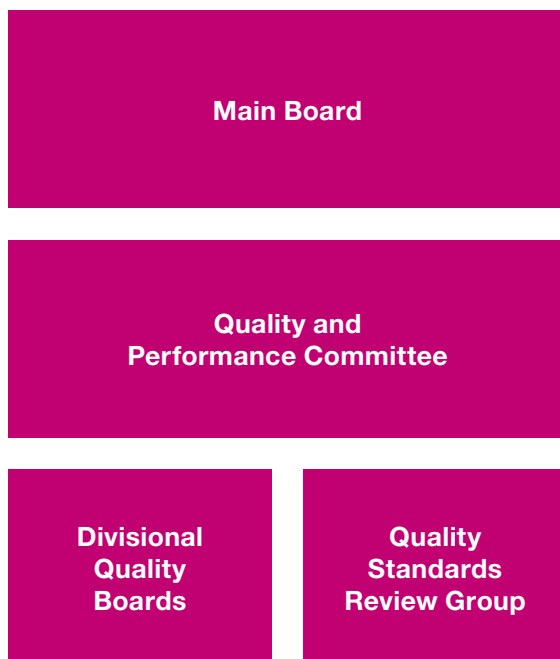
Our Board receives each month an integrated performance report which contains 77 carefully selected measures which align with the five CQC domains, including measures of quality, workforce and finance.

In addition our Quality and Performance Committee reviews an extensive range of quality measures and our nursing metrics, which relate staffing levels on the ward to measures of harm. These metrics are replicated at a divisional level to support divisional quality boards and where possible are available at ward or specialty level.

Our Quality Standards Review Group has a work programme to review our evidence of compliance with the standards and key lines of enquiry from the CQC assessment framework.

In order to maximise the opportunities to improve care and reduce costs, we need a flexible process that encourages all staff to come forward with proposals that can be rapidly assessed for their ability to deliver improvement and checked for any unintended adverse impacts on the quality of care we provide. This process is set out on p26.

Quality Governance Structure



Quality impact assessment

Our Quality Impact Assessment (QIA) template is consistent with guidance from the National Quality Board, and enables us to ensure that there are no unintended consequences of decisions taken in other domains on quality.

This template is embedded in our documentation to support proposal identification and development and business cases.

The process ensures all schemes, whether for service development or for efficiency, are reviewed by a Chief of Service and a Divisional Nursing Director and all large schemes are reviewed by the Medical Director and Nursing Director.

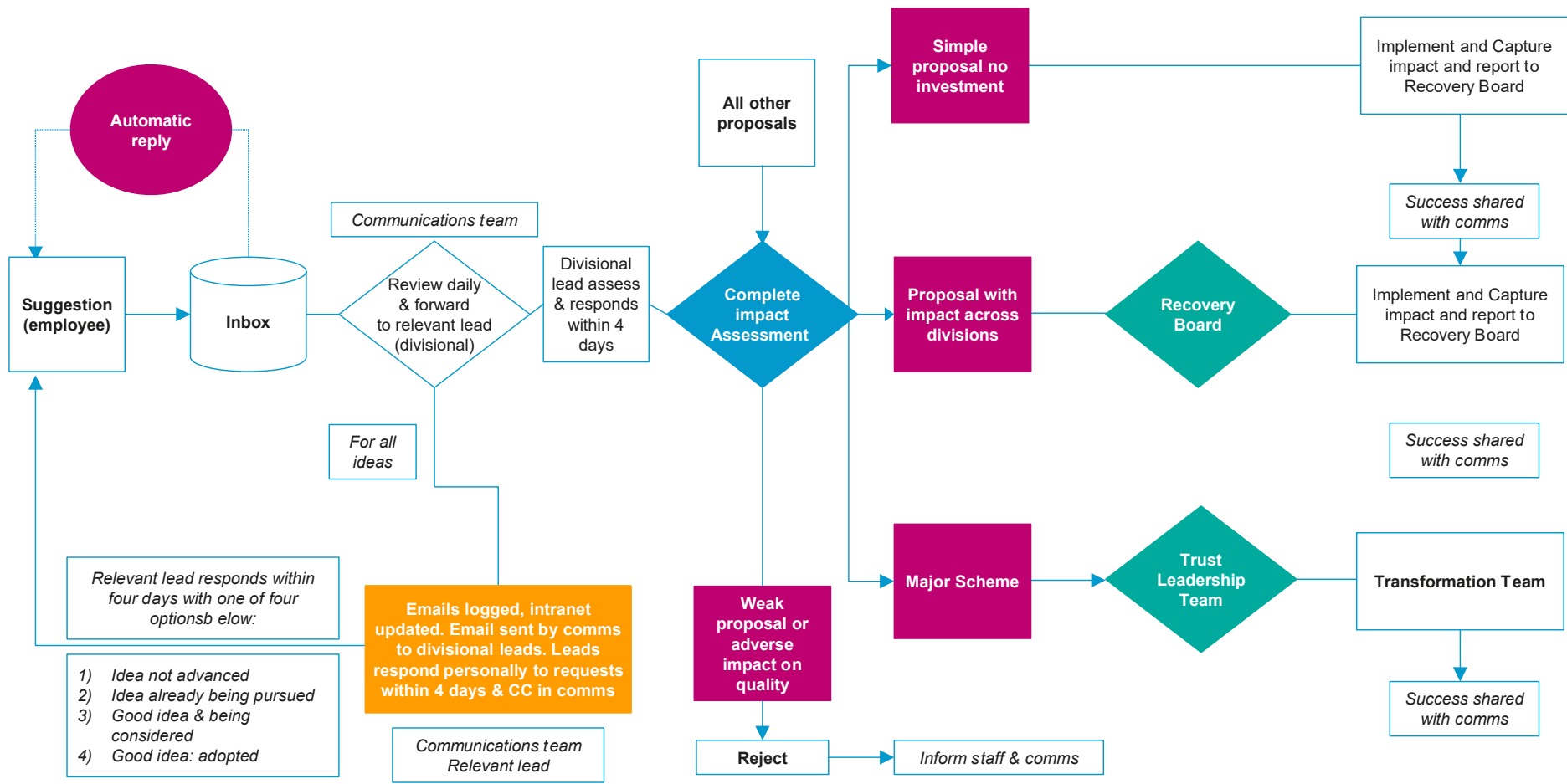
Quality metrics are identified at the outset of projects and prior to implementation of business plans so that the impact on quality can be monitored.



The domains of our Quality Impact Assessment Tool are shown in the table below:

Domains in our QIA

Clinical effectiveness
Patient safety
Patient experience (includes caring and responsiveness)
Workforce
Estates and facilities
Legal and regulatory
Reputation
Environmental
Equality and diversity
Stakeholders

Transforming care for everyone; harnessing ideas and assessing impact



-  Quality Impact Assessment completed by Chief of Service and Divisional Nursing Director or relevant corporate Executive
-  Quality Impact Assessment completed by Medical Director and Nursing Director or relevant corporate Executive

Maintaining a motivated workforce during recovery

**Accountable Officer: Dave Smith;
Director of Human Resources and
Organisational Development.**

Our workforce strategy

The Trust's Workforce Strategy has been developed in conjunction with Staff Side and Staff Governors and endorsed by the Workforce Committee. It is aligned with the system wide workforce strategy being developed to support delivery of our Sustainability and Transformation Plan (STP).

It will be reviewed by the Board on 25 November, and published immediately afterwards. The Strategy will articulate the key workforce overarching priorities for the Trust, but will also recognise the short term imperative relating to three areas of focus:

- Supply and retention
- Cost
- Engagement.

The delivery of this strategy will enable us to ensure that staff are supported and engaged throughout our financial recovery enabling colleagues throughout the Trust to feel that they are part of the solution.

Governance

The newly-formed Workforce Committee (which is a sub-committee of the Trust Board) has articulated a number of objectives to support delivery of the strategy and will oversee progress in the key priority areas through a number of sub-groups:

- Recruitment Strategy Group
- Sustainable Staffing Group
- Agency Programme Board
- Education, Learning and Development Group
- Reward Strategy Group
- Equality and Diversity Group
- Staff Health and Wellbeing Group

Workforce planning

Divisions are supported by their Human Resources Business Partners to ensure that workforce planning is an integral part of their overall planning process, resulting in the development of workforce plans which support the service delivery intentions. Our approach reflects the fact that Divisions will take responsibility for their own workforce issues in terms of supply and demand, and will be best-placed to develop bespoke solutions which reflect their service requirements.

Our approach also recognises that workforce planning is not an annual event but must be considered on a much more frequent basis. Such active management will allow for quicker diagnosis of issues and solutions whether on a local basis or where a cross-Divisional solution is required.

In the context of the Sustainability & Transformation Plan we will be utilising the Skills for Health six steps framework and the Workforce Repository and Planning Tool (WRaPT) to determine the workforce requirements of integrated care pathways.

Supply and retention

In line with the key focus of supply and retention, Recruitment Strategy Group will be working to achieve a reduction in vacancies and an increase in retention through, among other actions:

- The development of a compelling employment proposition
- A proactive and innovative approach to recruitment utilising our Extraordinary Everyday branding
- Targeted actions to address those issues which our data indicates are the cause of staff turnover (and which we can influence) for example, the pursuit of greater opportunities for career development, a perceived lack of flexibility.

Cost reduction

Our ambition is to develop and sustain a workforce which comprises the right people, with the right skills, delivering excellent services to our patients within the resources available. Crucial to this will be our plans to significantly reduce our run rate on agency spend, and to comply with the totality of the NHS Improvement requirements regarding agency utilisation.

Establishing a Vacancy Control Panel and a range of other cost control initiatives will enable us to control the pay bill across the Trust.

Based on the Carter Review, we will secure the efficiencies and service improvement opportunities associated with e-rostering by implementing a Trust-wide rostering solution.

Our administration and management costs as a percentage of total income, we are currently performing (target = 7%, we are currently at 6.8%), however we will continue to explore every opportunity to reduce this to below 6% both within the Trust and across the health community. On this basis our key focus in this area in the short term will be reducing agency/interim expenditure, not reducing substantive headcount.

As part of the Sustainability and Transformation Plan (STP) we are exploring the further development of shared and hosted services.

Engagement

Our staff engagement approach is built on open, transparent and honest communication about both our current situation and the steps needed for recovery. This will include maximising existing communication channels, for example:

- Involve
- 100 leaders
- Divisional engagement groups
- Outline
- Executive walkabouts
- This Week (our CEO blog).

Staff Side colleagues and our Staff Governors have a key role to play in engagement and timely involvement of these groups is vital

Our process for harnessing ideas will enable all staff to contribute to improvement.

We will develop a means of testing the mood of staff on a more real-time basis than is allowed through the annual staff survey.

Key to the recovery plan will be organisational change including redesign of roles, change of locations, improvements in service delivery and efficiency, all of which will require proactive engagement and careful management in order to be successful.

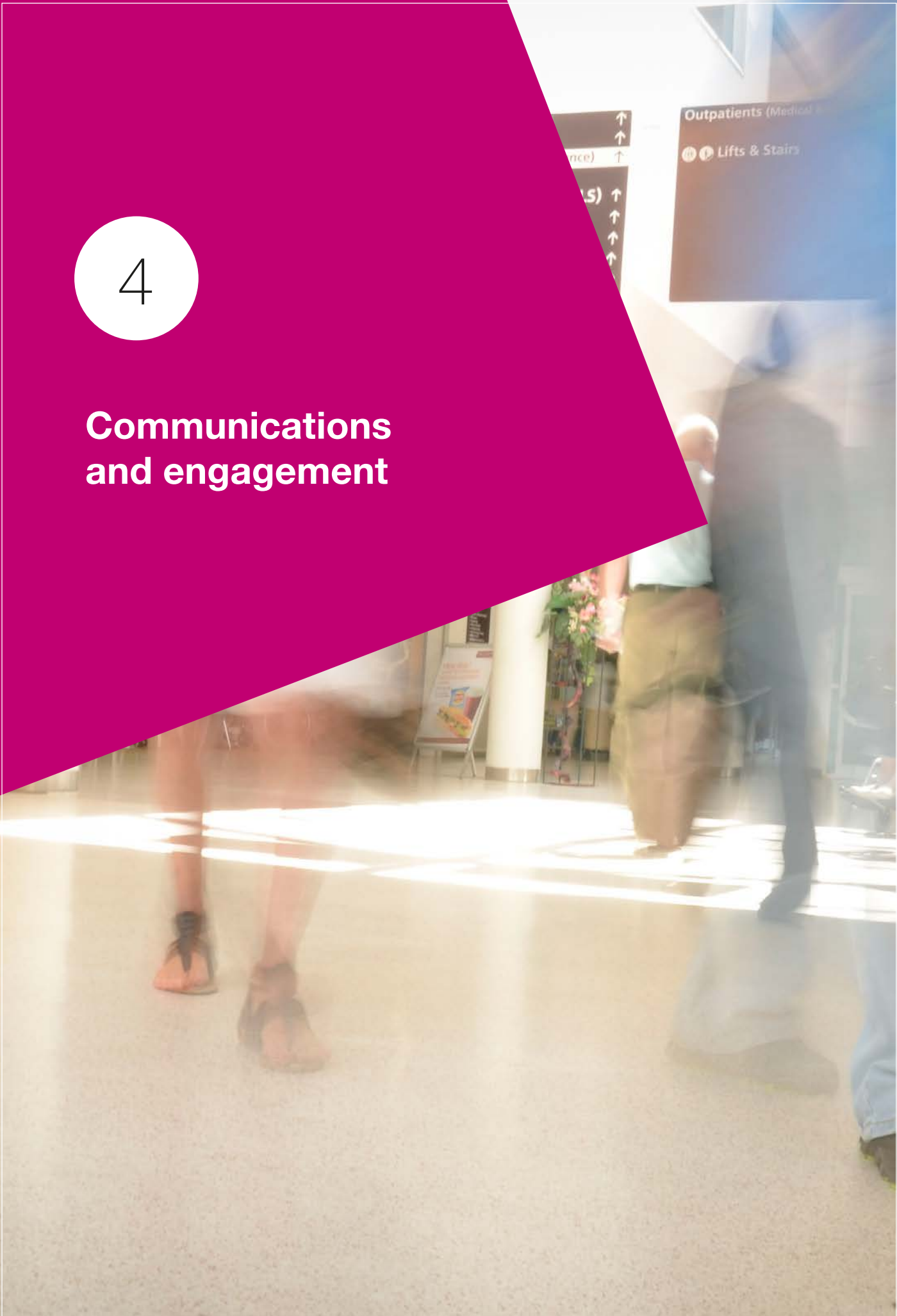
Ensuring our plan is deliverable

To check the assumptions within our plan we use the following approaches to check the data from a number of standpoints (triangulation).

- Our clinical teams and divisions have been involved in both generating the assumptions, the data and reviewing the plan.
- Our integrated performance management framework helps us to ensure that the current activity and service model, on which the plan is built, is not leading to unintended consequences, particularly in the domain of quality. This will also enable us to monitor the impact of the plan going forward.
- Staffing and service pressures in 16/17 have been recognised and reflected in the financial plan going forward.
- All cost improvement schemes either have been or will be subject to a Quality Impact Assessment prior to implementation (see page 24).
- At Divisional level, leaders are supported by their Finance and Human Resources Business Partners to ensure that financial and workforce planning is an integral part of their overall planning process, resulting in the development of plans which support service delivery.
- The Trust's overarching workforce plan is developed jointly by the Finance and Workforce team. This approach means we are able to combine an understanding of the financial envelope within which we are required to operate with insight as to the planned workforce changes to develop a robust workforce plan.
- Our financial templates have been run through a triangulation tool to determine any inconsistencies between the templates.

4

Communications and engagement



Our communication and engagement plan

Communication of our plan and engagement of our staff and partners is key to successful delivery.

The objectives

- To raise awareness and understanding of the financial recovery plan through a programme of clear, concise and consistent communications and engagement
- To develop and embed personal responsibility, ownership and momentum among staff in the financial recovery plan
- To ensure effective two-way communications between the leadership team, staff and key stakeholders
- To protect the reputation of the Trust.

The Approaches

Internal	Mailbox
	Workshop
	Road show
	Budget holders
	Senior Nurse Committee
	100 Leaders
External	Divisional Engagement
	Letter
	STP forum
	Annual General Meeting
	Website and social media
Governors	

5

Risks and mitigations

Risks and mitigations

We are facing significant internal and external risks to delivery, but mitigation planning is well underway.

	Area	Risk description and mitigation	Potential impact / Year
Internal	Historic CIP performance	<p>Risk: Trust has historically delivered less than [2%] CIP and has repeatedly revised in-year actuals. Whilst this highlights opportunities to deliver more than 4%, it also indicative of limited delivery capacity in some areas and cultural change requirements</p> <p>Mitigation: The Trust is in the process of strengthening its PMO (capacity and capabilities) and has engaged KPMG to support on CIP and PMO processes</p>	Inability to deliver CIP targets in FY17 (£13m), FY18 (£31m) and FY19 (£25m)
	Adverse CQC inspection / operational pressures	<p>Risk: Loss of focus on financial recovery actions if the Trust receives an adverse CQC inspection or significant un-forecast operational pressures (such as a bad winter)</p> <p>Mitigation: Trust is prioritising financial performance alongside quality and operational performance. The Trust has been planning for CQC inspection since October and is conducting a series of 'mock inspections' in readiness</p>	Costs of additional staff to plan and deliver checklist of rectification actions (including potential capital spend); failure to meet CIP targets
	Quality Impact Assessment (QIA) process	<p>Risk: Not all of the planned actions have been through the QIA process and therefore will be subject to clinical challenge and sign off before implementation, which could reduce the expected benefits or timing</p> <p>Mitigation: The Trust is committed to delivering the financial target safely. A concerted effort will be made to replace and resolve any slippages or gaps to target initially by the division which is expecting the shortfall – or against the unpalatable/plan B actions</p>	Major schemes cannot deliver in part or in full, mainly in FY18 and FY19
External	Workforce and controls	<p>Risk: Unable to recruit to key areas resulting in continued reliance on agency (with cost, continuity and risk implications). Other risks include time to deliver organisational change.</p> <p>Mitigation: An agency task force is working through options and a series of proactive and reactive controls are in place to ensure delivery. A financial reforecast is being planned at a detailed level to enable divisions and management to be held to account for financial performance</p>	Agency reductions not delivered in full from FY17 Financial controls do not deliver in year benefits as planned (at £0.6M)
	Income	<p>Risk: Further income risks around CCG or NHS England income (beyond the £5M coding challenge) such as QIPP/CQUIN challenges or fines and penalties being levied which the Trust is in transition</p> <p>Mitigation: Discussions are underway with main commissioners around QIPP and CQUIN to ensure any actions do not reduce activity are not accepted FY17 has been hedged via a block contract, and a coding review is planned in FY18 to offset the expected £7m coding reductions</p>	Up to £10M additional income pressure in FY18
	Influence of external parties	<p>Risk: External Sustainability and Transformation Plan (STP) actions are at an early stage of development and therefore cannot be fully tested to ensure they do not conflict with the FRP actions</p> <p>Mitigation: Early and regular engagement with local parties and communities is planned and underway</p>	Unable to deliver schemes

6

Membership and elections



Membership

As of October 2016 our public membership stood at 11,314, a slight decrease from 2015/2016.

This decrease is attributed to the evolution of our database management system (CRM) which has helped eliminate duplication and provided us with accurate data. The CRM has helped enhance our membership communication channels particularly with regard to enabling two way dialogue.

As we move forward we will continue to use the CRM to target our communication and recruitment focusing particularly on young people, Black Minority Ethnic (BME) groups and increasing the number of members opting to receive communication by email.

Members have had the opportunity during 2016–2017 to:

- Become involved in patient experience projects including PLACE, Patient Information, Patient Stories, Research and Development including focus groups
- Participate in a membership survey
- Attend 10 seminars, workshops or events.

Our Membership Strategy is due to be reviewed during early 2017 in consultation with the Council of Governors. It is envisaged that our objectives will include:

- Continue to improve membership engagement
- Diversify our membership
- Maintain our membership base
- Enable members to contribute to the Sustainability and Transformation Plan (STP).

Elections

In 2016–17 elections were held to fill vacancies in each of the six public constituencies where the term of office of eight Governors came to an end. There was also a vacancy in one public constituency. Seven of those Governors were eligible for re-election. Four of those Governors stood for re-election and were duly elected.

There were elections in three staff constituencies with four vacancies to fill. Three were eligible for re-election and were duly elected. There were no nominations for the remaining staff constituency and a further election is to be held. The term of office of the three appointed Governors came to an end. Two were re-appointed and a new appointment was made following a resignation.

In 2016–17 there are planned elections in three public constituencies, the patient constituency and three staff constituencies where the term of office of seven Governors will come to an end.

For the 2016–17 Governor elections, an open evening was held for potential Governors to provide an opportunity to hear about the work of the Trust, the role of Governors and to meet existing Governors and Board members in an informal setting. This event was well attended and led to an increase in the total number of Governors seeking election.

The Trust encourages new Governors to attend the Core Induction Course provided by NHS Providers. This is in addition to local induction. The Trust allocates two half days per year for Governor Development Sessions to provide training on specific topics such as in their statutory role of holding Non-Executive Directors to account for the performance of the Board.

MAIN BOARD – Friday 24th February 2017

Report Title

SMARTCARE PROGRESS REPORT

Sponsor and Author(s)

Sponsor: Dr Sally Pearson
 Author: Gareth Evans: Smartcare Programme Manager

Audience(s)

Board members	X	Regulators		Governors		Staff		Public	
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Executive Summary

Purpose

To provide assurance to the Board, from the Smartcare Programme Board, on progress towards the stable operation of TrakCare post Phase 1 go-live and planned implementation of Phase 1.5

Key issues to note

- The programme is set at amber status based upon achieving acceptable level of resolution of issues identified that are impacting on operational activity.
- Issues identified and updated generally fall into the following identified areas:
 - Access and Role Profiles
 - Operational Readiness
 - Inpatient
 - Outpatient Clinic Booking
 - Reporting (Statutory & Business)
 - Help Desk Support
- The Operational Delivery structure to support the recovery plans has had a positive effect on the planned resolution of issues identified.
- Backlogs of data entry have been identified and plans to progress with additional resources are in place.
- Training has been successfully re-established with face-to-face sessions plus activity around the training of TakCare Champions is well attended and progressing positively.
- The introduction of the Clinical Systems Safety Group is assuring appropriate risk management with specific regard to clinical safety.
- Phase 1.5 planning is being undertaken to include lessons learned from the Phase 1 go-live.

Conclusions

TrakCare is in full Phase 1 operation across the Trust but with operational issues as identified. Recovery action plans are in place and being progressed to achieve resolution. Operational engagement with respect to issue identification and resolution is having a positive effect.

Implications and Future Action Required

The programme will continue to provide assurance to the Smartcare Programme Board
 A further update for the Board will be provided in March.

Recommendations

The Board is asked to note this report as a source of assurance that the programme to identify issues within the respective operational and support areas to achieve a satisfactory recovery for Phase 1 and planning for subsequent phases is robust.			
Impact Upon Strategic Objectives			
Contributing to ensuring our organisation is stable and viable with the resources to deliver its vision, through harnessing the benefits of information technology			
Impact Upon Corporate Risks			
Implementation of phase 2 of Smartcare will reduce the risk on the corporate risk register associated with the instability of the Oncology Prescribing system			
Regulatory and/or Legal Implications			
The implementation is covered by a contractual agreement with InterSystems. At present the delays to implementation are not impacting on the contract			
Equality & Patient Impact			
The patient benefits from the implementation of Smartcare will be realised across all patient groups			
Resource Implications			
Finance	X	Information Management & Technology	X
Human Resources	X	Buildings	
Action/Decision Required			
For Decision		For Assurance	X
		For Approval	
		For Information	

Date the paper was presented to previous Committees					
Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
					SmartCare Programme Board
Outcome of discussion when presented to previous Committees					

GLOUCESTERSHIRE HOSPITAL NHS FOUNDATION TRUST

**PROGRESS REPORT
SmartCare**

Date completed:	13/02/17	Version	1.0
Project Sponsor:	Dr Sally Pearson	TRUST RAG Status	AMBER
Project Manager:	Gareth Evans		

SmartCare Progress Report – February 2017

Executive Summary & Programme Status

An overall RAG status of **AMBER** is assigned pending acceptable levels of resolution of issues identified.

Since Phase 1 go-live, the Programme team together with key operational personnel with Nicola Turner as Operational Lead has concentrated on forming action plans in conjunction with the issues identified.

The TrakCare Operational Delivery Structure as identified in the previous report has been effective in identifying and prioritising many of the issues encountered and serves to provide a consistent communication process between the Programme Team and the Business.

Whilst the level of service interruption has reduced, there are outstanding actions to complete to resolve all reported issues. The activity to complete the outstanding items is reviewed weekly both within the programme team structure and with the Operational Leads.

The revised support processes put in place have generated improved activity with the rate of closed versus logged calls increasing thereby ensuring a greater level of response and resolution than was encountered in the earlier weeks.

Operational leadership and Governance

The Operational team under Nicola's leadership is focussing on those issues that are able to be identified and actioned within the team and InterSystems. The use of centralised reporting and meeting with individual divisional leads is aiding the process of prioritisation and resolution.

Updated information pertaining to the areas previously identified are given below.

- Access and Role Profiles
- Operational Readiness
- Inpatient
- Outpatient Clinic Booking
- Reporting (Statutory & Business)
- Help Desk Support

Access and Role Profiles

The backlog of access related issues – user set-up and corresponding role based access has been separated from the general Support Desk issues in order for a focussed team of staff to be able to concentrate on resolution thereby enabling a more efficient resolution process. Additional resources from within the Programme Team are providing support escalation and enabling resolution within acceptable timeframes.

The process of reviewing inbuilt Security Groups and Access Profiles is being undertaken with InterSystems and the initial workshop was successfully run. The team is collating a set of revised access roles that for investigation with a view to reconciling activities for groups of users who are currently requiring access over and above the defined role requirement and for those who have to change roles on the SPINE in order to complete activity. The process is complex but will lead to identifying changes required in system based security settings to ease end user access issues as well as identifying a preferred basis upon which to set up users.

A review of the New Starter processes is included whereby a revised joining process will present timely information

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to the respective areas – HR Systems, CITS, TrakCare support and Training in order to ensure appropriate user set-up ready for day 1 of engagement. This process is nearing completion and will be instigated by the end of February.

Operational Readiness & Training

From an Operational perspective, the team has continued to provide additional assistance and training in multiple areas across the Trust. The collation of issues such as data backlogs and their resolution has been undertaken by Nicola and team with plans put in place to reduce and resolve the backlog of data entry into TrakCare. This has included the use of volunteer staff to perform data entry as well as an identified group of additional staff to assist for the next month.

Regular weekly meetings continue to be held with the Operational Team to ensure that any prioritised issues are maintained correctly. Use of the centralised Divisional and Core Issues logs support this process. The issues are predominantly resource intensive in respect of resolution but the process is aiding prioritisation of resource utilisation against business need.

Additional training initiatives have been initiated. Face-to-face training has re-started with an emphasis on learning from the go-live and providing relevant information to meet known challenges. The TrakCare Champion initiative has seen excellent response from the staff to initial training sessions that will provide users with additional information and enhanced learning. The first sessions had to be moved to larger rooms to accommodate the staff interest. These sessions will continue and also evolve into specific skill related areas in order to maximise staff enthusiasm for the improvements that TrakCare can provide.

The migration of eLearning facilities to the Trust Learning & Development team is in progress.

Inpatients

Issues around Inpatient Discharge Summaries prove to be the predominant inpatient area in terms of timely completion and submission. Technically the solution is complete but further training and specific analysis of problem areas continues to be provided. The system brings in more sophisticated error checking and as a result, some staff groups are taking longer to come to terms with the revised process. This can have an impact on the authorisation for release of Discharge Summaries.

Dr Downie as Clinical Lead and Dr Janet Ropner are maintaining contact with Commissioners and GP services that are impacted by any lower than anticipated provision of Discharge Summaries. In order to reduce any risk to patients, the specific discharge summary email account may be used for escalating specific missing or queried summaries by GP's.

Outpatient Clinic Booking

The management of Outpatient Clinics within TrakCare remains as the highest priority item for the combined Programme and Operational teams. As advised prior to go-live, a review of clinic schedules is necessary and this process is being undertaken with the respective operational areas. Processes are being devised in order to reconcile changes required to clinic structures with a more efficient use of optional appointment slots. The process to review and identify change within the structures taken from the previous PAS system is complex and requires a level of understanding not required previously. The structure of clinic schedules has impact on other aspects of the patient pathway and as such needs to be carried out with care.

Prioritisation of specialty based reviews is being undertaken with the Operational Lead.

The process to complete the review and reconciliation will take several months to complete. The divisional leads are supporting resource assignment within the clinic management areas of PAS and Central Booking.

Help Desk Support

The support process for TrakCare has undergone review and revision in order to provide a more efficient and responsive service to the Trust.

The Help Desk function is provided by the IT Service Desk with hand-off to issue specific areas such as Smartcard

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issues, TrakCare Access issues and TrakCare functional system support. Scripts used by the IT Service Desk have been modified in order to identify key incidents relating to patient safety with corresponding request for Datix registration.

The volume of new calls is starting to reduce to numbers that are able to be answered and in many cases, resolved on the day of logging. There is inevitably a backlog of calls from the earlier weeks but many of these have been closed and a process of resolving any outstanding calls is in place with escalation into the Programme Team as required.

The support process will continue to be reviewed at weekly Issue Review meetings within the extended Programme Team as part of the Core Issues log review process.

Reporting (Statutory & Business)

We are technically able to report all Statutory Reports and Key Business Reports. Due to a backlog of activity that was recorded on paper records over the go live period and beyond, the completeness of the data is compromising our ability to report in some areas. There are a limited number of reports where changes are being made to the system to collect the correct data.

Most notably the RTT reporting requires additional work supported by the ability to identify vacant slots in order to maximise clinic utilisation. The vacant slot report is produced by TrakCare but additional fields have been requested together with the ability for the report to be issued in Excel format to ease filtering. InterSystems have completed the changes to the Vacant Slot report for inclusion in the latest Maintenance Release to TrakCare – MR5.1. However, due to the time required to fully test the MR5.1 update, a request has been made for an earlier ad-hoc patch to be provided. An update to this request is expected to be confirmed at the February Programme Board on 16th.

Clinical Systems Safety Group

As part of the issue/risk review process a group was formed to monitor and review issues relating to clinical risk. The group met for several review sessions before moving the process to a new Clinical Systems Safety Group led by Dr Paul Downie as Trust Clinical Safety Officer and reporting to the IM&T Board and Safety Committee. The group meets on a monthly basis and the membership consists of:

Paul Downie, Nadi Kalap, Mike Richards, Markus Hauser, Rob Stacey, Peter Scanlon, Jane Benfield, Garry McCrea, Victoria Collins, Les Smith, Laurie Clark, Bev Williams.

The Group will:

- Provide an assurance framework across the trust for ALL Clinical IT systems that focuses on safety, effectiveness and patient experience.
- Ensure that any Clinical systems are implemented and run to National clinical systems safety standards.
- Ensure that IM&T and the Divisions are able to identify areas for improvement, creating corrective action plans and assures sustained improvement through re-measurement, across all three criteria, with respect to use of clinical IT systems.
- Review Datix Incidents across the Clinical systems, to identify areas of concern and to support divisional clinical governance leads in maintaining and improving the safety of clinical systems
- Maintain and amend a cross-divisional risk log.
- Support operational teams in the production and maintenance of Standard Operating Procedures to ensure safe and effective utilisation of clinical systems.

Leads for specific operational areas from within the group have been identified:

Outpatients – Nadi Kalap

Theatres – Paul Downie

Inpatients – Jane Benfield

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ED – Rob Stacey
W&C – TBC
IT – David Price (CITS)

Issue and Risk Process:

The Programme continues to monitor Issues and Risks through the reporting structure used by the Support Team as well as the Operational Leads review meetings supported by the divisional and Core Issues logs.

Any incidents where Trakcare may have contributed, are reported using the existing Datix system, and the potential link to Trakcare identified. Incidents are investigated in the usual way and anywhere Trakcare has been shown to have contributed are referred to the Clinical Systems Safety Group (which reports to the Patient Safety Group) to determine the action required to prevent further incidents. Risks are also recorded on Datix with a categorisation of TrakCare (TCnnnn) as appropriate. To date there is no evidence of harm as a consequence of any of the reported risks or issues. All TrakCare related incidents are reviewed by Dr Paul Downie.

Theatre scheduling

The previous report identified an issue with Theatre Scheduling that required additional resource with a combined total of 90-hours per month to be expended on a work-round process. Full review of the process with the Theatres staff has enabled a corrected process to be put in place that negates the manual work-round. The previously identified technical issue has been clarified and reported to InterSystems for resolution although the impact is very much less than was originally anticipated prior to the corrected work-flow above being identified.

The directory of procedures availability and duplication of information on theatre lists was raised by CQC in their recent inspection as a concern. A series of mitigating actions have been put in place to manage the risk of the theatre lists being incomplete. It should be noted that the process put in place is actively updating the directory with added procedures both from programme team reconciliation and requests. The process includes Specialty Director sign-off of all requested procedures. This will be a BAU requirement as new or different procedures are recorded over time.

There was an instance where two patient's details were confused on the Spine and this was traced to a particular Theatres related workflow. Full investigation revealed that the root cause was a cache that was not being cleared and this had the possibility to impact over 90 workflows. An Edition resolution has been developed and tested for inclusion in MR5 (currently in its initial local test phase), but in the meantime, two local level changes have been implemented in Gloucestershire for the workflows that are known to be used and causing problems.

Theatre Symposium

An informal meeting was arranged for TrakCare users from associated Trusts to compare experience or simply learn from others in respect of the Theatres module. This presented interested parties the opportunity to compare experiences or review common requirements for onward discussion with InterSystems as the system supplier.

The meeting was attended by a number of staff from within the Trust as well as representatives from Yeovil and Stockport – both InterSystems TrakCare customers but yet to take on the Theatres module.

The meeting was informative and helpful, providing areas of thought for onward progression with InterSystems and for consideration throughout the Trust deployment of future phases.

Programme Forward Planning

Formal Review of Phase 1

A proposed formal review process of the go live period is planned to be presented to the SmartCare Programme Board for February, supported by PWC as our internal auditors. The lessons learned from this process will be applied to the planning for subsequent phases of the programme

Phase 1.5 & Phase 2

Principal activities for Phase 1.5 have been centred on planning for the phased introduction of the areas detailed

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below.

Phase 1.5 planning will be presented to the SmartCare Programme Board on 16th February together with updates on the corresponding activities undertaken since Phase 1 go-live.

Initial planning sessions have been held with InterSystems and plans for the respective Phase 1.5 components are being produced together with an overall Programme Level timeline for Phase 1.5.

Plans are to be developed for:

- Radiology OrderComms
- Pharmacy Stock Control and Dispensing
- Pathology (incl Pathology OrderComms)
- Overall Phase 1.5 timeline.

Existing work on Pharmacy and Pathology implementation has continued according to planned activity. A corresponding update is due to be presented to the SmartCare Programme Board on 16th February. Any further detail from that update will be provided to the Trust Main Board as an addendum to this report.

Finance

Trust Budgeted Expenditure

The table below details the M10 position for the project, the forecast spend for 2016/17 and the overall project:

SmartCare Financial Position & Forecast

	Actual £k			Forecast £k			Forecast Spend £000
	2014/15 Full Year	2015/16 Full Year	2016/17 YTD M10	2016/17 M11-M12	2016/17 Full Year	2017/18 Full Year	
Capital							
Internal Recharges	266.4	1,329.7	737.8	147.6	885.4	611.3	3,092.8
External suppliers	318.6	1,063.0	1,810.2	362.0	2,172.2	850.7	4,404.5
Un-reclaimed VAT	9.0	192.3	272.0	54.4	326.4	170.1	697.8
	594.0	2,585.0	2,820.0	564.0	3,384.0	1,632.1	8,195.1

Business Case Capital Allocation (incl contingency) 7,693.0

Variance from BC allocation 502.1

Training Costs (Revenue) 428 92 **520** 310.8 **830.8**

The 2016/17 year to date capital spend for the project is £2.8m and the forecast for the remaining months of the year is £0.6m giving a total spend for the year of £3.4m. The indicative capital plan is £2.9m so the current forecast is that expenditure will be £0.5m over the indicative plan.

It was envisaged that the TrakCare system would be fully operational with 24 months of the start of the project however current indications are that the project will run to March 2018 which will put the duration of the project in excess of 36 months. This is reflected in the forecast of £1.6m for 2017/18 and the overall projected capital spend therefore rises to £8.2m which represents an overspend of £0.5m against the capital budget approved.

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Next Planned activities

Review of Post Go-Live Lessons Learned with PWC

Continuation of Phase 1 recovery action plan activity with Operational Leads

Finalised planning confirmation for Phase 1.5 and Phase 2 components.

Programme Team activities to be identified in line with agreed planning of post Phase 1 actions and future phase development.

Status against communications plan

Continuation of communications with all stakeholders regarding TrakCare – both from Programme and Operational perspectives via weekly global update.

Modification to be made to distribution of TrakCare notices to include all Community based sites and external stakeholders.

Progress
(against project plan / project brief)

Tasks/Milestones completed

Task	Start	Finish/ % comp.	Comments
Detailed implementation Plan		31/03/15	Version 1.0 Completed for payment milestone confirmation.
Project Initiation Document		29/04/15	Version 1.0 Completed for payment milestone confirmation.
Phase 1 Operational Assessment Stage Complete		31/05/15	Milestone Achievement Certificate Issued.
Phase 1.5 Operational Assessment Complete		30/09/15	Milestone Achievement Certificate Issued.
Phase 1 Build Milestone		17/07/16	Milestone Achievement Certificate to be Issued from Programme Board 07/11/16.
Phase 1 ATP Complete (Technical Live)		25/10/16	Milestone Achievement Certificate to be Issued from Programme Board 07/11/16 on basis of Technically LIVE system being available and supported.
Revised Milestone Plan pending InterSystems CCN		Dec 16	CCN has been completed and signed off.
Phase 1 ATP Complete (Operationally Live)		5 Dec 16	System Live

Milestones approaching

Milestone	Due	Activity to progress
Phase 1 Deployment Verification Complete	2 Feb 17	P1 & P2 issue review – potential for DVP to move to end Feb 2017..

Risks

(where score on risk log requires escalation to Programme Board)

NOTE: All risks under review in line with Issue Management (Jan 17)

Title & Description	Impact	Resolution
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<p>Lack of NHS SmartCard provision will cause delay to SPINE compliance and will produce a mixed economy in terms of TrakCare access with work-around requiring to be implemented for retrospective entering of SPINE data.</p> <p>Risk under review and added to Datix prior to logging with Trust Risk Register. SmartCare Project impact assigned at 8 pending review.</p>	<p>8</p>	<p>Risk now associated with setting of correct role assignments following go-live commencement.</p> <p>Datix Risk 2007</p>
<p>Level of clinical engagement is key to the successful implementation of agreed strategy and solution.</p>	<p>10</p>	<p>Monitored and actioned by clear prioritization by collaborative and Trust Boards.</p> <p>Datix Risk 2006</p>
<p>Scale of operational change may require additional and possible external resource to be identified to progress in parallel with implementation.</p>	<p>8</p>	<p>To be revised in line with identified Issues and remedial action plans.</p> <p>Datix Risk 2069</p>
<p>Lack of power/network in areas not covered by generators leading to lack of access to TrakCare.</p>	<p>12</p>	<p>Risk to be assessed with input from Estates.</p> <p>Datix Risk 2320</p>
<p>Lack of Trust resource assigned to project configuration/validation for Pathology. Original level of resource agreed is not being provided.</p>	<p>12</p>	<p>In progress with Phase 1.5 planning in Pathology.</p> <p>Datix Risk 2362</p>
<p>Lack of available Statutory Report output and Key Operational Reports from day 1 of go-live.</p>	<p>12</p>	<p>Monitored in line with actual reporting capability since go-live.</p> <p>Datix Risk 2387</p>

**MAIN BOARD – 24 FEBRUARY 2017
LECTURE HALL, REDWOOD EDUCATION CENTRE**

Report Title

APPOINTMENT OF ADDITIONAL NON-EXECUTIVE DIRECTOR

Sponsor and Author(s)

Report Author: Martin Wood, Trust Secretary
Sponsor: Peter Lachecki, Chair

Executive Summary

Purpose

To review the appointment of one additional Non-Executive Director from the University of Gloucestershire

Key issues to note

There might be occasions when a conflict of interest might arise if one particular stakeholder from a group of stakeholders were to be appointed as a Non-Executive Director. Consideration should be given in conjunction with the Council of Governors to an appointment from an organisation such as health and social care, a person with a mental health background or a young person.

Conclusions

To agree that the additional Ned be not from the University of Gloucestershire.

Implications and Future Action Required

To commence the recruitment process when type of organisation has been determined.

Recommendations

The Board is invited to agree that the additional Non-Executive Director be not from the University of Gloucestershire and that consideration be given to the type of organisation for this appointment in conjunction with the Council of Governors.

Impact Upon Strategic Objectives

To meet the Constitution requirement to appoint seven Non-Executive Directors

Impact Upon Corporate Risks

There may be a risk in appointing from the identified organisation.

Regulatory and/or Legal Implications

To meet the requirements of the Constitution

Equality & Patient Impact

None

Resource Implications

Finance		Information Management & Technology	
Human Resources	X	Buildings	

Action/Decision Required							
For Decision	X	For Assurance		For Approval		For Information	

Date the paper was presented to previous Committees					
Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
					Council of Governors
Outcome of discussion when presented to previous Committees					
The decision of the Council of Governors will be reported at the meeting.					

MAIN BOARD – FEBRUARY 2017

APPOINTMENT OF ADDITIONAL NON-EXECUTIVE DIRECTOR

1 Introduction

To provide the Board with an opportunity to review the appointment of one additional Non-Executive Director who will be from the University of Gloucestershire.

2 Background

In February 2016 the Board agreed to the appointment of an additional Non-Executive Director making a total of seven Non-Executive Directors giving a clear majority on the board rather than the Chair exercising any casting vote. This fully fulfilled the NHS Improvement Code of Governance requirement in that the Board of Directors should comprise a majority of Non-Executive Directors. At the time the Board agreed that this appointment should be from the University of Gloucestershire. The Council of Governors approved this proposal in July 2016.

Whilst supportive of working relationships with stakeholder organisations, it is considered that there might be occasions when a conflict of interest might arise if one particular stakeholder from a group of stakeholders, in this case from the University of Gloucestershire, were to be appointed as a Non-Executive Director. Consideration should be given to the appointment of a Non-Executive Director from an organisation such as health and social care, a person with a mental health background or a young person. It is proposed that this is considered further with the Council of Governors.

The Council of Governors are to consider this matter on 22 February 2017.

3 Recommendation

The Board is invited to agree that the additional Non-Executive Director be not from the University of Gloucestershire and that consideration be given to the type of organisation for this appointment in conjunction with the Council of Governors.

Author: Martin Wood, Trust Secretary

Presenter: Peter Lachecki, Chair

Date: February 2017

ITEM 14

GOVERNOR QUESTIONS

Peter Lachecki
Chair

ITEM 15

STAFF QUESTIONS

Peter Lachecki
Chair

ITEM 16

PUBLIC QUESTIONS

(Procedure attached)

Peter Lachecki
Chair

PROCEDURE FOR PUBLIC QUESTIONS AT BOARD MEETINGS

The Trust welcomes feedback from members of the public. We are committed to delivering the best care and constantly looking at ways to improve the services we provide at our hospitals. There are a variety of ways in which you can give your feedback. These are:-

- As a patient or visitor to the hospital by completing a comment card which is available on wards and departments.
- By contacting the Patient and Liaison Service (PALS) who offer confidential, impartial help, advice or support to any aspect of a patient's care. The team aim to help resolve issues and concerns speedily by liaising with appropriate staff on your behalf. PALS can be contacted by phone on 0800 019 3282; by text on 07827 281 266; by e-mail pals@gloucestershirehospitals@glos.nhs.uk or by writing to the PALS Office, Gloucestershire Royal Hospital, Great Western Road, Gloucester GL1 3NN. Complaints can be made to the Complaints Team by phoning 0300 422 5777, by e-mail complaints.team@glos.nhs.uk or by writing to the Complaints Team at Gloucestershire Royal Hospital/at the above address.
- By asking a question at our Board meeting by following the procedure below. Board meetings are open to the public and are normally held on the last Friday of the month and alternate between the Sandford Education Centre in Cheltenham and the Redwood Education Centre at Gloucestershire Royal Hospital. Meetings normally start at 9.00am

All feedback is taken seriously and is used to either praise staff for the excellent care or service they have provided or used to make improvements where needed.

Written questions for the Board Meeting

People who live or work in the county or are affected by the work of the Trust (including members of the Trust who live outside of the County) may ask the Chair of the Trust Board a question on any matter which is within the powers and duties of the Trust.

Ten minutes will be allocated at the end of the public section of each Board meeting for written questions from the public to be answered. Where it is not possible for all written questions to be dealt with within this timeframe a written response will be provided to the questioner and copied to all Board members within 7 working days of the meeting. In exceptional circumstances, the Chair may extend the time period for public questions.

Notice of questions

A question may only be asked if it has been submitted in writing to the Trust Secretary by 12.00 noon 3 clear working days before the date of the Board meeting. Each question must give the name and address of the questioner. If a question is being asked on behalf of an organization then the name of the organization must be stated. Written questions are to be submitted to the Trust Secretary, Alexandra House, Cheltenham General Hospital, Sandford Road, Cheltenham, GL53 7AN or by e-mail to martin.wood@glos.nhs.uk No more than 3 written questions may be submitted by each questioner.

Procedure

At the Board meeting the questioner, if present, will be invited to read out the question. If absent, the Chair may read out the question. A written answer will be provided to a written question and will be given to the questioner and to members of the Trust Board before being read out at the meeting by the Chair. Copies of the questions and the responses will be recorded in the minutes.

Additional Questions

A questioner who has submitted a written question may, with the consent of the Chair, ask an additional oral question arising directly out of the original question or the reply.

An answer to an oral question will take the form of either:

- a direct oral answer; or
- if the information required is not easily available a written answer will be sent to the questioner and circulated to all members of the Trust Board.

Unless the Chair decides otherwise there will not be discussion on any public question.

Written questions may be rejected and oral questions need not be answered when the Chair considers that they:

- are not on any matter that is within the powers and duties of the Trust;
- are defamatory, frivolous or offensive;
- are substantially the same as a question that has been put to a meeting of the Trust Board and been answered in the past six months; or
- would require the disclosure of confidential or exempt information.

For further information, please contact Martin Wood, Trust Secretary on 0300 422 2932 by e-mail martin.wood@glos.nhs.uk