GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

The next meeting of the Gloucestershire Hospitals NHS Foundation Trust Main Board will be held on **Wednesday 10 May 2017** in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital** commencing at 9.00 a.m. with tea and coffee from 8.45 a.m. **(PLEASE NOTE DATE AND VENUE FOR THIS MEETING)**

Peter Lachecki
Chair

4 May 2017

AGENDA

				Approximate Timings
	Patient Story			09:00
1.	Welcome and Apologies			09:30
2.	Declarations of Interest			
	Minutes of the Board	(subject to ratification by the Board and its relevant sub-committees)		
3.	Minutes of the meeting held on 12 April 2017	**PAPER**	**To approve**	09:32
4.	Matters Arising	**PAPER**	**To note**	09:35
5.	Chief Executive's Report May 2017	**PAPER** (Deborah Lee)	**To note**	09:40
6.	Quality and Performance Report:			
	• Update Report of the Interim Chief Operating Officer	**PAPER** (Natasha Swinscoe)	**For Assurance**	09:50
	• Trust Risk Register	**PAPER** (Deborah Lee)		
	• Report of the Chair of the Quality and Performance Committee on the meeting held on 27 April 2017	**PAPER** (Clair Feehily)		
	• Minutes of the meeting of the Quality and Performance Committee meeting held on 22 February and 30 March 2017	**PAPER** (Claire Feehily)		
7.	Financial Performance Report:			10:35
	• Report of the Acting Finance Director	**PAPER** (Sarah Stansfield)	**For Assurance**	
	• Report of the Chair of the Finance Committee on the meeting held on 26 April 2017	**PAPER** (Keith Norton)		
	• Minutes of the meeting of the Finance Committee held on 29 March and 26 April 2017	**PAPER** (Keith Norton)		
8.	2017/18 Financial Recovery Plan Budget Update	**PAPER** (Sarah Stansfield)	**To Approve**	10:50
9.	Workforce Report			
	• Report of the Director of Human Resources and Organisations Development	**PAPER** (Dave Smith)	**For Assurance**	11:05
	• Report of the Chair of the Workforce Committee on the meeting held on 6 April 2017	**PAPER)** (Tracey Barber)		

	• Minutes of the meetings of the Workforce Committee held on 6 April 017	**PAPER**) (Tracey Barber)		
	Break			**11.20 - 11.30**
10.	Nurse and Midwifery Staffing Report	**PAPER** (Maggie Arnold)	**For Assurance**	11:30
11.	SmartCare Programme Board Report	**PAPER** (Deborah Lee)	**For Assurance**	11:40
12.	Our Goals and Objectives for 2017-19	**PAPER** (Deborah Lee)	**For Assurance**	11:50
13.	End of Life Care Strategy and Charter	**PAPER** (Sean Elyan)	**To endorse**	12:05
14.	Items for the Next Meeting and Any Other Business	**DISCUSSION** (All)	**To Note**	12:20
	Governor Questions			
15.	Governors Questions – A period of 10 minutes will be permitted for Governors to ask questions		**To Discuss**	12:25
	Staff Questions			
16.	A period of 10 minutes will be provided to respond to questions submitted by members of staff		**To Discuss**	12:35
	Public Questions			
17.	A period of 10 minutes will be provided for members of the public to ask questions submitted in accordance with the Board's procedure.		**Close**	12:45 12:55
	Luncheon			**12.55 – 13.25**

Date of the next meeting: The next meeting of the Main Board will take place at on **Wednesday 26 May 2017** in the **Lecture Hall, Sandford Education Centre, Cheltenham** at **9.00 am.**

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
Keith Norton
Vacancy

Executive Directors

Deborah Lee, Chief Executive
Maggie Arnold, Nursing Director
Sarah Stansfield, Acting 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 WEDNESDAY 12 APRIL 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	Chair
	Deborah Lee	Chief Executive
	Dr Sean Elyan	Medical Director
	Dr Sally Pearson	Director of Clinical Strategy
	Maggie Arnold	Director of Nursing
	Natasha Swinscoe	Interim Chief Operating Officer
	Dave Smith	Director of Human Resources and Organisational Development
	Sarah Stansfield	Acting Director of Finance
	Tracey Barber	Non-Executive Director
	Dr Claire Feehily	Non-Executive Director
	Tony Foster	Non-Executive Director
	Rob Graves	Non-Executive Director
	Keith Norton	Non-Executive Director
APOLOGIES	None	
IN ATTENDANCE	Martin Wood	Trust Secretary
PUBLIC/PRESS	Craig Macfarlane	Head of Communications
	Two Governors, four members of the public two representatives from the press and a member of staff.	

The Chair welcomed Governors, the public, representatives of the press and staff to the meeting.

067/17 PATIENT STORY **ACTIONS**

Karen Bradshaw presented her patient story on what she described as the "good, the bad and the ugly" side of a NICU journey. She described the journey of the birth and care of her two premature babies including the stays in both Bristol and Gloucestershire Royal Hospital. She expressed admiration for all the dedicated staff working in the NHS. From her personal experiences she offered some suggestions for improvement. These included:-

- There were parking costs at Gloucestershire Royal Hospital which were free at Bristol and could consideration be given to this?
- Meals were available in Foster's Restaurant but it would be such an improvement if meals could be provided to parents on the ward to avoid them leaving the unit.
- Accommodation for parents was available in Bristol on the unit but no such facility is available at Gloucestershire Royal Hospital. There are two rooms for staff accommodation

adjacent to the unit which she suggested could be made available to parents.
- A drinking water supply just outside of the unit would ensure hydration which is critical when mothers are breastfeeding.
- Bristol provided a password system to assist with telephoning the hospital which helped with accessing information when off site and could a similar facility be provided?
- It was difficult to drive to Bristol with reliance on family and friends. In Bristol there was a local charity operating a service to pick up parents for visiting. It was difficult for one parent to visit in Bristol and one to remain looking after the second child. Again, could a similar facility be provided?
- Can the sterile bags be changed to those used in Maternity Wards?
- Could more up-to-date breast pumps be available to parents?
- Staff behaviours helped but a reduction and explanation of medical terminology would be helpful.

Mr Foster, as Chair of the Charitable Funds Committee, said that the story provided ideas for the Committee's consideration.

The Chair thanked Karen for her patient story. [09:30]

067/17 DECLARATIONS OF INTEREST

There were none.

068/17 MINUTES OF THE MEETING HELD ON 24 FEBRUARY 2017

RESOLVED: That the minutes of the meeting held on 24 February 2017 were agreed as a correct record and signed by the Chair.

069/17 MATTERS ARISING

008/17 AUDIT AND ASSURANCE COMMITTEE - 18 JANUARY 2017
Dr Feehily asked for information on the process for sharing internal audit reports. The Chief Executive said that each internal audit report now has an Executive sponsor and all reports will be presented to the Audit and Assurance Committee for that Committee to determine whether there are issues within those reports which should be referred to other Board Committees. *Completed.*

042/17 NURSE AND MIDWIFERY STAFFING REPORT:
The Chief Executive asked that the data for Medicine Division needs to be complete and this will be included in the next report. *Completed.*

The Chief Executive asked how the correlation between harm and staffing levels was undertaken. In response the Deputy Nursing Director said that pressure ulcers etc. are included in the Safety Thermometer and a root cause analysis is undertaken which looks at whether staffing levels have contributed to any harm. He acknowledged that further work is required in this area. The Nursing

Director added that the Deputy Nursing Director is taking forward learning from a recent nursing summit and will be visiting North East Hertfordshire Trust in May 2017 to learn from them with the outcome being reported to the Quality and Performance Committee. *Completed as a Matter Arising.*

MA
(MW to note for Workplan)

043/17 OPERATIONAL PLAN 2017 -19:
In response to a question from the Chair the Director of Clinical Strategy said that copies of the Plan in braille are available on request. The new web platform will provide opportunities for Trust documents to be more readily accessible and she will review the format of the Plan when published. *Completed.*

046/17 GOVERNOR QUESTIONS:
Mrs Davies suggested that a glossary of abbreviations/acronyms be prepared to help understanding of the Board papers. The Chair agreed that the feasibility of such a glossary will be reviewed. *Governors have been provided with the link to a Jargon Buster document on the GovernWell Section of NHS Providers website which helps in explaining some of the acronyms which they come across in their role. Completed.* [09:40]

070/17 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

The Chief Executive presented her report and drew attention to the continuation of the operational pressures impacting on the Emergency Department 4 hour standard, the safety improvements made in the Department in the light of the CQC concerns raised, the impacts of the new Patient Administration System (PAS) TrackCare and performance being a cause for concern. In March 2017 NHS England published their Next Steps on the Five year Forward View with the initial direction unchanged from 2016 but clarifying the priorities for the next two years which will require development with our partners. Our Trust has agreed to become a partner within the "healthy workplace" element of Gloucestershire County Council's

One You Pledge campaign with the aim to encourage our staff to make a pledge around one of five areas and maintain it for four weeks.

The draft CQC Inspection report is now expected towards the end of April 2017 with publication planned for 23 May 2017.

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

- Dr Feehilly referred to the withdrawal of KPMG from supporting the Cost Improvement Programme (CIP) and the risk to developing the Programme with the current small Project Management Office (PMO) Team. In response, the Chief Executive said that it was the right decision to move from KPMG to our own PMO team to develop the CIP which she acknowledged was a risk particularly with the absence of a substantive CIP Director. However, there were also a number on interim staff members and Stuart Diggles who is

no longer Interim Finance Director is providing significant additional support. Recruitment is underway for substantive personnel including additional resource to support CIP delivery in the four clinical divisions.

- The Chief Executive said in response to a question from the Chair that the publication of the Next Steps Forward View by NHS England and the refocus of priorities was to be welcomed but the resources to deliver the plan remains an issue. The Chair acknowledged the Chief Executive's efforts in moving forward the Sustainable Transformation Programme.

The Chair thanked the Chief Executive for her report.

RESOLVED: That the report be noted. [09:55]

071/17 QUALITY AND PERFORMANCE REPORT

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 February 2017 for the financial year 2016/17. The key points to note were that 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. The Trust has met the 2 week wait standard. A&E 4 hour performance was 77% in February. The Trust welcomed the Emergency Care Intensive Support Team (ECIST) on 6th and 7th March and is now working through their initial follow up report. ECIST have offered to continue to support our Trust for 1-2 days per month. The Trust met the 2 week wait cancer target in February achieving 94.7% against the target of 93%. Unvalidated 31 days performance has also improved in February. In respect of RTT, concerns regarding data quality, following the migration to TrakCare, resulted in a decision to cease RTT reporting until the quality of data can be assured. Work to resolve this issue is still underway. The Trust appointed an RTT specialist who commenced work in late February. A team of data entry staff are inputting the referral backlogs, after which point our Trust should be able to recommence reporting.

Regular fortnightly oversight meetings continue with Gloucestershire CCG, NHSI and NHSE to monitor recover. The NHSI visit has provided assurance that our Trust is doing al that it can to improve performance. Our Trust did not meet the diagnostics target in February, mainly driven by underperformance in echo-cardiology and endoscopy. Our Trust reported seven 52 week breaches in February. These patients were all treated in March. The trajectory for meeting the cancer 62 day target is expected to be met in July 2017.

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

- Mr Foster asked how the ECIST decide where to provide focus. In response, the Interim Chief Operating Officer said

that leadership in the Emergency Department has been enhanced and the ECIST have looked at previous reports and the action plan to agree areas to be looked at and a small number of areas have been prioritised where it is believed ECIST can add most value.

- Mr Norton asked when our Trust would return to meet the four national waiting trajectories. The Interim Chief Operating officer said that 2017/18 Operational Plan indicates the timeframes to return to performance. The 2 week wait standard and the 62 day standard will be met in July 2017. The ED 4 hour standard and the RTT standard will not be met until next year but improvements each quarter are planned. The Chief Executive added that ED performance is impacted by the number of breaches as a result of workforce and capacity issues. This is linked to the reconfiguration proposals and there should be step changes. RTT performance is as a result of backlog and staffing issues. It could be 18 months before the performance standard is met. She stressed that there is oversight of patients and provided assurance that there is no evidence of harm to patients associated with excess waiting.
- The Nursing Director explained that Gallery Wing Ward at Gloucestershire Royal Hospital has been transitioned into a reablement ward targeted at those patients who are medically stable for discharge but whose discharge is delayed. There is a high focus of therapist activity. Whist it is only in its third week of operation the number of patients on the medical fit for discharge list is reducing with many patients able to return home rather than to a community setting at discharge. The Chief Executive explained that there is a delay in preparing the new format performance report. With the publication of the new Single Oversight Framework by NHSI, it will be necessary to develop our reporting to follow those arrangements, resulting in a delay.
- In response to a question from Dr Feehily, the Interim Chief Operating officer said that there is oversight of the Patient Treatment List (PTL) to ensure that there is no patient harm to delays in treatment with the seven 52 week breaches. It is predicted that there will be no 52 week breaches by May 2017.

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.

REPORT OF THE CHAIR OF THE QUALITY AND PERFORMANCE COMMITTEE ON THE MEETING HELD ON 30 MARCH 2017:

Mr Graves who Chaired the Committee on this occasion reported on the business conducted at the meeting of the Quality and Performance Committee held on 30 March 2017. He apologised for

the absence of a written report. He commented on the scale of the agenda but said that the processes were excellent with a wide range of material. Medicine Division made an informative presentation but consideration should be given to allowing greater time for Divisional presentations. The Committee also considered the performance data, the safety alert which appeared later in the agenda and Serious Untoward Incidents.

The Chair thanked Mr Graves for the 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.

TRUST RISK REGISTER

The Chief Executive presented the Trust Risk Register providing assurance that the Executive Team has oversight of all significant risks within the organisation. All risks with a score of 15 and above will be presented to the Board. Following reassessment it is likely that the majority of risks currently 15 and above will be de-escalated. Those risks in the safety domain with a score of 12 and above will also be presented to the Board. Other risks with a score of 12 will be managed by the relevant Committee. Risks with a score of 10 or below will be managed by the relevant Division. Two new risks had been added to the Register since the last meeting; risk to patient experience in the Emergency Department at Gloucestershire Royal Hospital during periods of overcrowding and risk to patient experience and safety requiring insertion of a gastrostomy tube. Controls and actions to address these risks were presented and DL confirmed the investment has been made into additional dietetic staff to address the gastrostomy risk and this would significantly mitigate the risk.

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

- In response to a question from Mr Foster about the absence of financial risks on the Register, the Chief Executive said that the Finance Committee are to consider the Financial Risk Register in April 2017 and this would likely result in a small number of financial risks migrating to the Trust Risk Register.
- The Chair of the Audit and Assurance Committee said that the Committee should review risk based process bi annually.

RESOLVED: That the report be noted.

MINUTES OF THE MEETING OF THE QUALITY AND PERFORMANCE COMMITTEE HELD ON 22 FEBRUARY 2017:

RESOLVED: That the minutes of the meetings of the Quality and Performance Committee held on 22 February 2017 be deferred to the next meeting. [10:19] **MW**

073/17 FINANCIAL PERFORMANCE REPORT

CAPITAL INVESTMENT PROGRAMME 2017/18:

The Acting Finance Director presented the report seeking approval of the recommendations from the Finance Committee and Trust Leadership Team to approve the Capital Investment Programme for 2017/18. The key points to note were the capital programme is compiled into the following themes:

- Ongoing and committed schemes from 16/17
- The highest Health and Safety priorities have been included
- Essential backlog maintenance is funded
- Essential equipment replacement is funded
- Capital requirements to support approved revenue business cases is included

A number of equipment replacement items fall outside the capital programme with alternative lease or managed service arrangements being investigated to enable further asset replacement.

The capital programme schedule has been updated with the latest available programme information. The current internally funded schemes totalling £14.66m is aligned to a depreciation fund for 2017/18 of £12.70m resulting in a funding gap of £1.96m and the risk of not closing the gap is considered to be low. There are a further £18.04M of externally funded schemes with funding from a number of sources including the Department of Health and lease arrangements. There is a contingency of £475k in the Programme to deal with unexpected in year issues.

Schemes that are able to demonstrate a payback in the medium term (10 years) may be funded by further borrowing. Currently the utilisation of depreciation funding for additional assets is reducing the investment in existing asset maintenance and renewal. This is the purpose of deprecation funding, therefore wherever practicable the funding of additional assets should support effective payback on investment.

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

- Mr Graves asked where the outcome of the Programme is reviewed. In response the Chief Executive said that it will form part of the Finance Committee's capital outcome review. The Nursing Director was invited to submit to the Quality and Performance Committee the allocation of the Environmental Fund. **MA (MW to note for WorkPlan)**
- The Acting Finance Director said in response to a question from Mr Foster that the outcome of bid to Central Government for £69M of capital funding for the estate has yet to be determined.
- Dr Feehily asked if there is a procedure for in year adjustments to the Programme for emergency environmental works, for example the lift in East Block, and that staff are able to raise such issues. In response, the Acting Director of Finance said that the Estates and Facilities Division manages risks and for the first time a contingency is included in the

Programme. It was agreed that the journey of the East Block lift be followed to assess the process.

- The COO confirmed that an operational risk assessment had been undertaken to ensure that there were no high risks associated with capital bids that had not secured funding.
- The CEO referred to the full asset review which will be undertaken in 2017/18 to enable the development of a risk assessed backlog to inform future capital planning priorities. The Acting Finance Director said that the plan is to conclude the audit by mid-summer 2017 and then RAG the assets.to determine how best to use the uncommitted Medical Equipment Fund monies. It is proposed to pre plan for 50% of the monies with 50% being for ad hoc assets. It was agreed that the Audit and Assurance Committee should receive an update following the audit.

SS
(MW to note for WorkPlan)

The Chair thanked the Acting Finance Director for the report.

RESOLVED: That the Capital Investment programme for 2017/18 be approved noting that the current funding gap of £1.96M which the Trust Leadership Team is confident can be eliminated.

REPORT OF THE INTERIM FINANCE DIRECTOR:

The Acting Finance Director presented the report providing an overview of the financial performance of our Trust as at the end of month eleven 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 key issues to note were that the financial position of our Trust at the end of month eleven of the 2016/17 financial year is an operational deficit of £20.1M which is an adverse variance to the forecast prepared at month ten of £0.7M. Against the forecast prepared as part of the original Financial Recovery Plan at month seven there was a favourable variance of £0.1M and our trust is on track to deliver the revised FY17 plan of a £18.0M deficit. Against the NHS Improvement Plan the adverse variance is £34.2M

During the course of the discussion, the Chair and the Chief Executive referred to the solid financial information now presented. NHS Improvement has acknowledged the huge amount of work undertaken to reach the current position to lead us on the journey to come out of financial special measures. The Chair had attended the Education. Learning and Development Team meeting on the previous day and staff had enquired what is needed to help staff manage the Cost Improvement Programme which was a positive indication of the scale of reach of the recovery messages

The Chair thanked the Interim Finance Director for the report.

RESOLVED: That:-

- The financial position of the Trust at the end of Month 11 of

the 2016/17 financial year is an operational deficit of £20.1m. This is an adverse variance to forecast of £0.7m be noted.
- Against the forecast developed as part of the original FRP at Month 7 the variance is favourable of £0.1m.
- Against NHSI Plan the adverse variance is £34.2m.
- The focus of performance reporting is now against the forecast position and achievement of the £18.0m deficit recovery target.
- The NHSI Plan and the planning process that created the original plan was not as robust as would be expected. The Plan lacked 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 original 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 income and expenditure deficit of £18.0m against a revised plan of £18m deficit and the original planned surplus of £18.2, representing a £36.2m adverse variance to the original NHSI plan. This forecast has moved to reflect the Financial Recovery Plan since the prior month.

REPORT OF THE CHAIR OF THE FINANCE COMMITTEE ON THE MEETING HELD ON 23 FEBRUARY 2017:

The Chair of the Committee, Mr Keith Norton, presented the report describing the business conducted at the meeting of the Finance Committee held on 23 February 2017. The Committee had received an assurance that the in month adverse variance of £0.7M was a timing issue which would be addressed in month twelve. Reassurance was received that the financial processes are in line with NHS Improvement guidance and best practice. Four of the 35 recommendations in the Deloitte Financial Reporting Review had been completed and a closure report is to be presented to the Board in May 2017. The Committee noted that the Workforce Committee are reviewing the Vacancy Control Panel process. The 2017/18 budget has been prepared with staff engagement and how it is to be delivered and reassurance on this was received.

The Chair thanked Mr Norton for the 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.

MINUTES OF THE MEETING OF THE FINANCE COMMITTEE HELD ON 23 FEBRUARY 2017:

RESOLVED: That the minutes of the meetings of the Finance Committee held on 23 February 2017 be noted. [11:05]

(The Board adjourned from 11:05am to 11:21am)

073/17 AUDIT AND ASSURANCE COMMITTEE – 10 MARCH 2017

REPORT OF THE CHAIR OF THE AUDIT AND ASSURANCE COMMITTEE ON THE MEETING HELD ON 10 MARCH 2017:

The Chair of the Committee, Mr Rob Graves, presented the report describing the business conducted at the meeting of the Audit and Assurance Committee held on 10 March 2017. He said that the internal audit work programme for the forthcoming year had yet to be finalised but is being prepared following a very detailed review of priorities.

MINUTES OF THE MEETING OF THE AUDIT AND ASURANCE COMMITTEE HELD ON 10 MARCH 2017:

RESOLVED: That the minutes of the meeting of the Audit and Assurance Committee held on 10 March 2017 be noted. [11:23]

074/17 WORKFORCE REPORT

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 eleven of the 2016/17 financial year. It provided information on the continuing over spend on pay (including agency) costs, movements in headcount. Of the key issues to note it was disappointing to see an increase in the overall pay bill between months ten and eleven of £0.45M. The reason for the increase was due to the high number of bank holidays in December and January which were paid in February 2017. Agency expenditure remained at the level of the previous month with the stabilisation of nursing expenditure and an increase in medical locum spend being balanced with a reduction in non-clinical agency spend.

Nursing vacancies are now 106 whole time equivalents, the lowest level for the whole of 2016/17. There continues to be increased grip on staffing expenditure through the Vacancy Control Panel. Approximately 95% of applications are approved by the Panel following rigorous scrutiny though often with variation to reduce cost whilst still recruiting staff. Proposals to use agency locum doctors for greater than five days require approval of the Panel. There are applications approved for permanent doctors thereby reducing expenditure for locums. Divisions are being more creative in the submission of proposals to the Panel. CEO approval of any locum in excess of the NHSI cap is in place.

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

- The Director of Human Resources and Organisational Development responded to a question from Mr Foster about the increase of £100k in medical staffing stating that it was part of a reduction in locums in December 2016 who were re-

employed in January 2017 to address workload issues.

- The Chair asked for information on the staff approach to presenting proposals to the VCP involving a better use of resources and improved planning. In response, the Director of Human Resources and Organisational Development said that there is a greater awareness amongst staff of the financial special measures. The Panel adopts a greater level of scrutiny of applications.
- In response to a question from the Chair about the duration for the VCP to remain in place, the Director of Human Resources and Organisational Development said that that the greater focus on key issues in the playbill and agency spend needs to become business as usual particularly in the Executive Review Groups and we have not yet reached that position.
- The Chair appreciated the work being undertaken to reduce agency spend.

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

RESOLVED: That the report be noted.

REPORT OF THE CHAIR OF THE WORKFORCE COMMITTEE ON THE MEETING HELD ON 6 APRIL 2017:

The Chair of the Committee, Ms Tracey Barber, reported on the business conducted at the meeting of the Workforce Committee held on 6 April 2017. Given the timing of the Committee before the Board it was understood that on this occasion there was no written report. The Committee considered agency spend and delivery of the Workforce Strategy recognising the balance between the two. Other key areas discussed were nurse retention and the impact on the reward and recruitment strategies, learning from the operation of the Vacancy Control Panel, the response to the CQC on the Fit and Proper Persons test noting that all actions had been completed.

The Chair thanked Ms Barber for the 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.

MINUTES OF THE MEETINGS OF THE WORKFORCE COMMITTEE HELD ON 3 MARCH 2017:

RESOLVED: That the minutes of the meeting of the Workforce Committee held on 3 March 2017 be noted. [11:38]

075/17 NURSE AND MIDWIFERY STAFFING REPORT

The Nursing Director presented the report providing assurance to the Board in respect of nurse staffing levels for March 2017 against the Compliance Framework *Hard Truths – Safer Staffing Commitments*. She highlighted that whilst there are no major safety concerns

arising from the staffing levels, the individual Divisional reports 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 action plan has been shared with NHS Improvement who has indicated, subject to written confirmation, that our Trust is undertaking all that they would expect in relation to agency staff, safety and staffing. There are issues in Medicine Division with the over recruitment of HCAs which has been offset against the budget. Consideration is to be given next week to the position of those staff who have repeatedly been unsuccessful in the International English Language Testing System (IELTS). HCAs are not a protected category of staff and it may be that some staff has to return home.

Following a recent recruitment day 85 positions were offered to nurses qualifying in September 2017 and arrangements are in place to maintain engagement in the intervening period to reduce typical attrition. Exit interviews are being undertaken to ascertain the reasons why staff are leaving our Trust so that this is more clearly understood and can be addressed. On 24 April 2017 13 nurse associates will be starting and will rotate to County partners as part of the Sustainability and Transformation Plan. The University of Gloucestershire, as part of the teaching for nurse undergraduates, is introducing fitness activities which will be of benefit to our staff health and wellbeing strategy.

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

- The Chief Executive sought assurance that the 18 whole time equivalent vacancies on Ward 4a were not impacting on patient safety. In response, the Nursing Director said that the ward has been reconfigured with more beds and new posts. Matrons daily at 7.30am review night reports and staff are moved as necessary to ensure safe staffing. Agency staff are used with approval of the Nursing Director. Staff are aware of the need to complete an incident report if they believe staffing levels are impacting on safety of care.
- The Chair asked how the information for the harm free care focus for ward 6A where there was no correlation with safer staffing was triangulated with the falls on that ward which were red rated. In response, the Nursing Director said that the information is based on a snapshot undertaken on the first Tuesday of each month and the RCA model underpinning harm enabled themes and thus triangulation to occur. She assured the Board that our Trust did not go below the minimum staffing numbers.
- Dr Feehilly referred to the doubling of medical errors between January and February 2017. In response the Medical Director said that Pharmacy are working on reporting medical errors which is impacting on reporting. Actions are underway to reduce such errors and he provided assurance that patients were not affected,

The Chair thanked the Nursing Director for the report.

RESOLVED: That the report be noted as a source of assurance that staffing levels across our Trust are supporting the delivery of safe care. [12:00]

076/17 SMARTCARE PROGRESS REPORT

The Director of Clinical Strategy presented the report to provide assurance from the SmartCare Programme Board on progress within the continued operation of TrackCare and planned implementation of phases 1.5 and 2. The proposed revised governance arrangements involved the continuation of the SmartCare Programme Board with revised membership and terms of reference reflecting the responsibility to oversee the contractual relationship with the supplier and to develop the technical solutions to support deployments of further functionality of the system. The TrackCare Operational Board will have oversight of the operational recovery plan following the go live of phase 1 and will also provide the operational sign off for all subsequent developments. That Board will report to the Quality and Performance Committee and subsequently to the Board.

The progress report showed the overall RAG status as amber on the basis that dates for subsequent phases are still to be confirmed. There is a revised and robust testing methodology to be adopted by the supplier prior to release following the failure of a software release. The planning for phase 1.5 is taking into account lessons learned from Phase 1. Preparatory work in relation for the release of phases 1.5 and 2 is progressing with Trust engagement and ownership. Training is being supported by the champions and question and answer sessions. Risk management of clinical risks is being managed by the Clinical Systems Safety Group. The financial forecasting is proceeding in line with the revised implementation timetable. A review of the financial resources has indicated that pressure on the Capital Investment Programme is not anticipated. Our internal auditors, PriceWaterhouseCoopers, have undertaken an audit of phase 1 and their report has been presented to both the SmartCare Programme Board and the Audit and Assurance Committee. That report did not identify any issues of which our Trust is not already aware.
During the course of the discussion, the following were the points raised:-

- In response to question from Dr Feehily, the Director of Clinical Strategy said that the income recovery aspects will be considered by the Finance Committee from the operational aspect.
- The Chair asked if an assessment of all the operational learning has been undertaken. In response, the Director of Clinical Strategy said that a lessons learned document has been completed which is being monitored as part of the action plan. Feedback from the lessons learned is being provided to staff.
- The CEO said that consideration would be given to specialist third party assurance prior to go live of any subsequent phase.
- Mr Norton asked if staff working arrangements are being captured to minimise workarounds. The Director of Clinical

Strategy said that the majority of working arrangements have been captured.

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

RESOLVED: That:-

- The revised governance arrangements be endorsed.
- The programme report as a source of assurance continues to progress be noted. [11:54]

077/17 STAFF SURVEY

The Director of Human Resources and Organisational Development presented the report providing the key findings from the 2016 staff survey and to outline the process by which results will be shared with staff and proposed next steps for how and when actions will be taken. The report set out the staff engagement score, the top and bottom ranking scores and improvements and deteriorations since 2015. For staff engagement our overall score has remained unchanged. The top five ranking scores are the percentage of staff working extra hours, staff feeling unwell due to work related stress in the last 12 months, staff/colleagues reporting most recent experience of violence, staff believing that the organisation provides equal opportunities for career progression or promotion and staff/colleagues reporting most recent experience of harassment, bullying or abuse. The bottom five ranking scores were effective use of patient/service user feedback, quality of non-mandatory training, learning or development, staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves, staff confident and security in reporting unsafe clinical practice and staff satisfaction with the quality of work and care they are able to deliver.

Disappointingly, the majority of the 2016 staff survey results showed little change since 2015 with the exception of those showing a deterioration which all related to staff experience; effective team working, staff experiencing discrimination at work in the last 12 months and staff appraised in the last 12 months. Our Trust is to consider how staff can be supported to manage conflicting demands on their time and how we act on patient/service user feedback and how we publicise our action following this. The results will be shared with staff before an action plan is presented to the Board including risks from a detailed analysis of the survey results.

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

RESOLVED: That the report be noted as assurance that the Executive Team has considered the recent staff survey results and has plans in place to further analysis the findings and develop specific and Trust-wide actions to address key findings. [12:26]

078/17 SAFETY ALERT – NASOGASTRIC TUBLE MISPLACEMENT – ASSURANCE REPORT

The Medical Director presented the report providing assurance of the extra controls in place to prevent nasogastric tube related Never Events following the issuing of a stage 2 Patient Safety Alert.

Just prior to the alert being issued our Trust completed a significant amount of improvement work following two Nasogastric Never Events. Our processes have been reviewed in detail and further minor adjustments have been made. The risk is now considered to be well controlled and the Director of Safety provided assurance that similar incidents were unlikely to happen in the future.

SE/AS
(MW to note for Q + P workplan)

The audit will be undertaken in August 2017 with the results being presented to the Senior Nursing Committee and the Quality and Performance Committee.

The Chair thanked the Medical Director for the report.

RESOLVED: That the alert be closed. [12:28]

079/17 APPROACH TO TRANSFORMATION

The Director of Clinical Strategy presented the report setting out a proposal to establish a Transformation Programme to deliver our Trust's vision of "Best Care for Everyone" ensuring that the appropriate governance, process and resource is assigned for an organisational "step change" through large and complex changes. The proposal involved establishing a Transformation Board with a Non-Executive Director lead, a Transformation Programme to support the delivery of our Trust's immediate priorities, the 'core' transformation team which is not yet fully in place and to implement the programme reporting framework and emerging transformation model. The Transformation Programme Office (PMO) is distinct from the developing Cost Improvement Plan (PMO) but it is expected over the time that two will be aligned as we moved from a transactional approach to CIP to more transformational approaches.

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

- Mr Graves said that it was the right approach but sought assurance that the work would not become over extended. In response, the Director of Clinical Strategy said that a project discipline will be established for the programme. Mr Norton added that it is vital that there is a personal commitment from all involved to deliver the programme.
- The Chair asked for information on the working relationship for the Project Management Office (PMO) and the Transformation Board. The Director of Clinical Strategy said that they are currently separate teams with a similar skills set. There are future options to rationalise posts to enhance the PMO support and service team or to create a single team with a service bias.

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

RESOLVED: That the approach to enable the establishment of the Transformation Board and subsequent governance, structure and programmes of work be endorsed.

Mr Marstrand had submitted the following question in relation to this report.

"The Transformation Programme would appear to involve the reconfiguration of at least some services. Bearing in mind the importance of maintaining public support for the Trust and necessary changes to services, can the Board please outline how public consultation will be incorporated in to the Transformation process?"

In response the Director of Clinical Strategy said that the transformation papers could be improved by inclusion of a clear statement that :

- All transformation projects that impact on services will be enhanced by early involvement of users of the service and a function of the board and team will be to work with the patient experience improvement lead to develop innovative ways of strengthening early involvement e.g. co design.
- Any changes that might constitute significant service change will need to follow the local and national guidance for engagement which includes an NHS England assurance process. See link below
  https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf

We will explicitly build this into the operational processes of the transformation board. [12:39]

080/17 INNOVATION GOVERNANCE TOOLKIT STANDARDS

The Director of Clinical Strategy presented the report setting out the final scores for our Trust's 2016/17 Information Governance (IG) Toolkit. The IG Toolkit allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows the public to view participating organisations' IG Toolkit assessment. The NHS operating Framework requires Trusts to achieve level 2 in the IG Toolkit which is equivalent to substantial compliance. Our Trust's assessment is level 2 with an overall rate of compliance of 77% which is the same as last year. Our internal auditors have provided independent assurance of the evidence to demonstrate compliance with a sample of standards. A decision has been taken not to pursue level 3 due to the associated costs in the light of our Trust's financial position. In future the report will be presented to the Audit and Assurance Committee who will consider what is required, the level of investment and whether our Trust should pursue level 3.

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

RESOLVED: That:-

1 The final IGT assessment be endorsed.
2 Authority be delegated to Dr Sally Pearson, Director of Clinical Strategy, in her capacity as Senior Information Risk Owner (SIRO) to give final approval to the improvement plans resulting from the assessment and audit
3 The Information Governance Assurance Statement be accepted. [13:13]

081/17 SAFE WORKING HOURS FOR DOCTORS AND DENTISTS IN TRAINING

(Dr Russell Peek, Guardian of Safe Working Hours, attended the meeting for the presentation of this item)

The Guardian of Safe Working Hours presented the report summarising the 133 exception reports generated since December 2016 highlighting particular issues in the Department of Neurology. Most issues related to working hours with some relating to educational opportunities. The workload associated with exception reporting will increase as more doctors transfer to the new terms and conditions and the requirement for data handling increases. However, the Trust will have established a computer based system (Allocate) by the end of April 2017 to assist in the management of the process.

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

- Ms Barber enquired whether the 133 exception reports were comparable with similar size Trusts. In response the Guardian of Safe Working said this is a new process and anecdotally our Trust is in a similar position to comparable benchmarks and if neurology is addressed will be in a better position than many..
- In response to a question from Ms Barber the Guardian of Safe Working said that he is exploring further the working practices of doctors in the neurology service to better understand the reasons for the exceptions.
- In response to a question from the CEO on the application of fines, the Guardian of Safe Working Hours said that this is an uncertain area and processes are being developed in the light of national experience but the fine was to the department and the funds largely accrued back to the Guardian to spend for the benefit of junior doctor training.

The Chair thanked the Guardian of Safe Working Hours for the report.

RESOLVED: That the report be noted as assurance that our Trust is compliant with the requirement for oversight of junior doctor working practices and that plans are in place to address areas of concern, notably the working practices of doctors in training within the neurology service. [13:05]

081/17 ITEMS FOR THE NEXT MEETING
ANY OTHER BUSINESS:

No further items of business were identified.

ITEMS FOR THE NEXT MEETING:

No further items were identified for the next meeting.

082/17 GOVERNOR QUESTIONS

See minute 079/17 above for question submitted by Mr Marstrand and response [13:13]

083/17 STAFF QUESTIONS

There were none. [13:13]

084/17 PUBLIC QUESTIONS

There were none. [13:13]

085/17 DATE OF NEXT MEETING

The next **Public** meeting of the **Main Board** will take place at **9am** on **Wednesday 10 May 2017** in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital.**

086/17 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 13:14pm.

Chair
10 May 2017

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MAIN BOARD – MAY 2017

MATTERS ARISING

CURRENT TARGETS

Target Date	Month/Minute/Item	Action with	Detail & Response
May 2017	April 2017 072/17 Minutes of the meeting of the Quality and Performance Committee held on 22 February 2017	**MW**	The minutes of the meetings of the Quality and Performance Committee held on 22 February 2017 be deferred to the next meeting. *These minutes appear later in the Agenda. Completed.*
May 2017	April 2017 073/17 Financial Performance Report – Capital Investment Programme 2017/18	**MA** **SS**	The Nursing Director was invited to submit to the Quality and Performance Committee the allocation of the Environmental Fund. *This has been included in the Workplan for the Quality and Performance Committee. Completed as a Matter Arising.* The Acting Finance Director said that the plan is to conclude the asset audit by mind-summer 2017 and then RAG the assets to determine how best to use the Medical Equipment Fund monies. It is proposed to pre plan for 50% of the monies with 50% being for ad hoc assets. It was agreed that the Audit and Assurance Committee should receive an update following the audit. *This has been included in the Workplan for the Audit and Assurance Committee. Completed as a Matter Arising.*
May 2017	April 2017 078/17 Safety Alert – Nasogastric Tube replacement – Assurance Report	**SE/AS**	The audit will be undertaken in August 2017 with the results being presented to the Senior Nursing Committee and the Quality and Performance Committee. *This has been included in the Workplan for the Quality and Performance Committee. Completed as a Matter Arising.*

FUTURE TARGETS

None

COMPLETED TARGETS

Target Date	Month/Minute/Item	Action with	Detail & Response
April 2017	February 2017 008/17 Audit and Assurance Committee – 18 January 2017	**DL/RG**	Dr Feehily asked for information on the process for sharing internal audit reports. The Chief Executive said that each internal audit report now has an Executive sponsor and all reports will be presented the the Audit and Assurance Committee for that Committee to determine wither there are issues within those reports which should be referred to other Board Committees. *Completed.*
April 2017	February 2017 042/17 Nurse and Midwifery Staffing Report	**MA/PG** **MA/PG**	The Chief Executive asked that the data for Medicine Division needs to be complete and this will be included in the next report. *Completed.* The Chief Executive asked how the correlation between harm and staffing levels was undertaken. In response the Deputy Nursing Director said that pressure ulcers etc are included in the Safety Thermometer and a root cause analysis is undertaken which looks at whether staffing levels have contributed to any harm. He acknowledged that further work is required in this area. The Nursing Director added that the Deputy Nursing Director is taking forward learning from a recent nursing summit and will be visiting North East Hertfordshire Trust in May 2017 to learn from them with the outcome being reported to the Quality and Performance Committee. *Completed as a Matter Arising.*
April 2017	February 2017 043/17 Operational Plan 2017 -19	**SP**	In response to a question from the Chair the Director of Clinical Strategy said that copies of the Plan in braille are available on request. The new web platform will provide opportunities for Trust documents to be more readily accessible and she will review format of the Plan when published. *Completed.*
April 2017	February 2017 046/17 Governor Questions	**MW**	Mrs Davies suggested that a glossary of abbreviations/acronyms be prepared to help understanding of the Board papers. The Chair agreed that the feasibility of such a glossary will be reviewed. *Governors have been provided with the link to a Jargon Buster document on the GovernWell Section of NHS Providers website which helps in explaining some of the acronyms which they come across in their role. Completed.*

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MAIN BOARD – MAY 2017

REPORT OF THE CHIEF EXECUTIVE

1. Current Context

1.1 The operational context reflects more typical seasonal patterns which has been a welcome progression however, periods of peak activity continue to be experienced – particularly in the early part of each week and during these times patient experience is adversely impacted with A&E waits and cancelled operations still being a feature of some patients care. The Executive team and staff across the Trust remain very focussed on this priority both in respect of immediate steps and the more strategic solutions to the issues that create these conditions.

1.2 The impact of the new Patient Administration System (PAS) TrakCare continue to be felt. With the aim of expediting recovery and providing greater assurance to the Board, through its committees, the Chief Executive has revised the oversight and governance arrangements. In addition, the Executive team is currently working closely with a potential external partner who has expertise in supporting organisations who are experiencing some of the operational impacts being felt following our own deployment.

2. National

2.1 Since my last report, the Government has announced a "snap" election and the Trust, like other public sector bodies, is bound by the requirements of the pre-election period known as Purdah. This means the Trust cannot enter into any communications or activities that could be considered likely to affect the outcome of an election – local or national. In reality, this has had limited impact on the Trust's activities; however careful consideration has been given to any Trust materials or activities in the public domain during this period including public Board papers.

2.2 Following the establishment of the Freedom To Speak Up Guardian (FTSUG) role, the National Guardian's Office (NGO) will be shortly commencing its case review process to look into cases referred to where it appears that there is evidence that a NHS Trust has not appropriately responded to a concern raised by its staff. Following the departure of the Trust's previous guardian Suzie Cro, Head of Patient Experience is now fulfilling this role and is actively raising the profile of the role, throughout the Trust.

3. Our System

3.1 Partners have continued to work together on the Gloucestershire Sustainability and Transformation Plan - *One Gloucestershire – Transforming Care, Transforming Communities* with the focus now moving to implementation and delivery. Following publication of the *Five Year Forward View Next Steps* and calls for expressions of interest from health systems to participate in national pilots for alternative delivery and commissioning models, the STP partners are actively considering the merits of expressing interest in the formation of an Accountable Care System (ACS) for Gloucestershire. The ACS model has its origins in the evidence emerging from health systems around the world that shows where providers and commissioners are more closely (virtually) integrated, benefits accrue that are not easily realised without such forms. STP partners are meeting with national representatives later this month to explore the proposal further. More information is available within the Five Year Forward View https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

3.2 Following on from the publication of the Five year Forward View Next Steps, NHS England have recently circulated their *Urgent and Emergency care Delivery Plan.* This is a particularly important piece of national context given the work ongoing within the County in respect of developing urgent and emergency care services and specifically

the configuration of these services across acute and community sites. Helpfully, the direction and milestones set out in this plan are consistent with and reinforcing of the direction of travel for these services within our own STP. The document is not yet published but Board members may request copies from the Trust Secretariat if required.

3.3 In June Gloucestershire County Council will be launching the One You Pledge campaign and the Trust has agreed to become a partner within the "healthy workplace" element of this important initiative. The aim is to encourage our staff to make a pledge around one of five areas and maintain this pledge for four weeks – the areas are exercise, smoking, eating, drinking and stress. Our own Staff Health & Wellbeing Board has been asked to think of creative ways in which we can encourage and support uptake amongst staff in the Trust and at this week's Trust Leadership Team, all members were asked to make their pledge and the Trust Board will also be invited to do the same at its May meeting.

4. Our Trust

4.1 The past month has seen the continuation of a very significant focus on developing the Trust's financial recovery plan and importantly moving from identification of savings opportunities to developing and implementing plans. The Trust is still working to develop a plan which supports a £14.7m deficit position by March 2018. The meeting with NHS Improvement in April 2017 was not able to conclude the discussions regarding a control total for the coming year and discussions are ongoing. Pending agreement being reached the Trust will mobilise plans and therefore budgets on the basis of a £-14.7m plan.

4.2 Very positively, the Trust has been successful in its bid to the national fund for capital to support new ways of working within A&E services and will receive £920k to develop "streaming" of care in our two A&E departments which means those patients who continue to present to A&E but who have needs better met by primary care services will be able to be redirected to those services at the front door, in dedicated areas on our two sites. The streaming model is being advocated on the back of the success seen in other Trusts where this model is present and notably Luton and Dunstable NHS Trust who are consistently in the top five performing Trusts nationally on A&E 4 hour performance.

4.3 Activities to secure substantive directors to the Board continue and following the successful appointment of a Finance Director, who will commence on the 19th June, we are now advancing plans for the appointment of a substantive Chief Operating Officer & Deputy Chief Executive with interviews scheduled for the 5th June 2017.

4.4 After a long and successful career in the NHS and our own Trust Maggie Arnold has recently announced her retirement and will leave the Trust at the end of September. Maggie has been a huge asset to the Trust during her service and her patient centred approach to everything she does will be sorely missed by staff, partners and patients. Recruitment for a successor is also underway with interviews scheduled for the 20th June 2017.

4.5 Whilst awaiting the final Care Quality Commission report, the Trust continues to advance its actions to address the issues highlighted through the Commission's initial feedback. Publication is provisionally expected to be the 23rd May.

4.6 Last month our Health and Wellbeing Committee endorsed The Health and Wellbeing of our Community Strategy. This is the third of a trilogy of more detailed strategies which support our overarching Health and Wellbeing Strategy, published three years ago. This latest strategy complements two earlier documents which focused firstly on the health and wellbeing of our staff, and then on the health and wellbeing of our patients. This Strategy takes a broader perspective, looking outwards to the community and identifying some of the wider contributions which we can make to the

health and wellbeing of the population of Gloucestershire. Gloucestershire's Sustainability and Transformation Plan provides a new focus for joint working with partners and other stakeholders across the county. Prevention and self-care is one of its key themes and the first part of our Strategy sets out how we can support this area of work, as one part of a wider and more integrated health and social care system. We identify a number of areas in which we are involved, including:

- the development of cross-organisational clinical programmes and integrated pathways, with their focus on prevention, self-care and more effective long term management;
- the countywide programme to achieve a healthy weight;
- workforce health and wellbeing
- working together with the newly established countywide health and lifestyle service, increasing the number of our staff who receive Make Every Contact Count (MECC) training and using our social media and other opportunities to promote consistent health and wellbeing message
- supporting the health and wellbeing of carers.

4.7 The second part of the Strategy considers how, as one of the largest organisations in Gloucestershire, we can have an influence on some of the wider determinants of health – using our resources and assets responsibly to support local employment, training and businesses, by supporting volunteering and by protecting the local environment.

4.8 Finally, as reported last month we are in the final stages of the independent Financial Governance Review. The draft report is undergoing factual accuracy checking with key contributors. The initial timeline has slipped slightly with the report now expected to be considered by the Board at their meeting on the 26th May 2017. Publication will be impacted by the Purdah period and as such publication of the key findings will not happen in advance of the general election on the 9th June 2017.

Deborah Lee
Chief Executive Officer

May 2017

GLOUCESTERSHIRE NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE TRUST QUALITY AND PERFORMANCE COMMITTEE HELD IN THE BOARD ROOM, ALEXANDRA HOUSE, CHELTENHAM GENERAL HOSPITAL ON WEDNESDAY 22ND FEBRUARY 2017 AT 09:30AM

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

Suzie Cro	SC	Head Of Patient Experience
Sean Elyan	SE	Medical Director
Claire Feehily **(Chair)**	CF	Non-Executive Director
Kay Haughton	KH	CCG Quality Lead
Keith Norton	KN	Non-Executive Director
Dr Sally Pearson	SP	Director of Clinical Strategy
Andrew Seaton	AS	Director of Safety
Natasha Swinscoe	NS	Interim Chief Operating Officer

GOVERNOR REPRESETNATIVE

Pat Eagle	PE	Stroud Constituency

IN ATTENDANCE

Louise Courtier	LC	Corporate Governance Administrator
Frank Jewell	FJ	Chief of ervice Surgery Division
Vivian Mortimer	VM	Divisional Nursing & Midwifery Director
Martin Wood	MW	Trust Secretary

APOLOGIES

Maggie Arnold	MA	Nursing Director
Tracey Barber	TB	Non-Executive Director
Peter Lachecki	PL	Chair of the Trust

023/17 DECLARATIONS OF INTEREST

There were none.

024/17 MINUTES OF THE QUALITY AND PERFORMANCE COMMITTEE MEETING HELD ON 27TH JANUARY 2017

ACTION: Committee members have been given until the end of the week to read and confirm due to late distribution.

025/17 MATTERS ARISING

JANUARY 2017 MINUTE 004/17 DIVISIONAL ATTENDANCE – ESTATES AND FACILITIES

The Chair invited the Trust Secretary to inform the Director of Estates and Facilities to undertake a risk assessment including quality risk and inform the Capital Control Group accordingly of those schemes not included in the Capital Programme. *The Trust Secretary report that the Director of Estates and Facilities has been informed of the*

request. Completed as a Matter Arising.

JANUARY 2017 MINUTE 006/17 EXECUTIVE VISIT REPORT APRIL – JUNE 2016

The Chair said that future reports should include night visits and information on how many visits had been cancelled. *The Director of Safety reports that this information will be included in future reports. Completed as a Matter Arising.*

JANUARY 2017 MINUTE 013/17 MORTALITY STRATEGY

In response to a question from the CCG Clinical Lead, the Director of Safety was invited to consider the reason why less than 2% of incidents were reported.

SE has highlighted that the figure of 2% may not be important to consider but more useful to know if mortality is going up or down.

MW

It was pointed out that the wording of KH question was incorrect. MW to correct this.

ONGOING

JANUARY 2017 MINUTE 014/17 SIX MONTH UPDATE ON SERIOUS UNTOWARD INCIDENT ANNUAL REPORT AND SERIOUS UNTOWARD INCIDENTS

In response to a question from the Chair of the Trust, the Director of Safety undertook to clarify the comments for the rationale if the target date for the investigation report is not met. *This information has been included in the report. Completed as a Matter Arising.*

026/17 DIVISIONAL ATTENDACE – DIAGNOSTICS & SPECIALTIES DIVISION

The Chief of Service introduced the Quality and Performance report to provide assurance with respect to both quality and performance of the services provided by the Diagnostics and Specialties Division. To alert the Committee and Trust Board to concerns, to share lessons and to indicate areas of improvement based on the 5 CQC areas of assessment.

The key issues to note were that the radiology department has improved the backlog of unreported plain radiographs from a total of 40,000 to 17,000 in the last six months. Importantly there are measures in place to prevent re-accrual of unreported films and these have been successfully in place since January 1st 2017.

Radiologist and radiographer recruitment and staffing levels continue to be a cause for concern.

Workload issues in clinical haematology are a concern and are subject to a business case for more staff and a review of the longer term strategy for the service.

Initiatives to promote an increased role for higher banded pharmacists in the community represent a potential threat to the stability of the GHNHSFT workforce.

Changes to the cervical cancer screening service are imminent and will significantly impact cytology departments in district general hospitals as the demand for cervical cytology will be substantially reduced by the introduction of HPV testing.

There has been a spike in complaints related to outpatients caused by the introduction of TrakCare.

The Division continues to work hard to manage the radiology and haematology staffing issues and has a plan and risk assessment in place that covers each area.

The Division may lose some of the Pharmacy staff to the community as the new community service is offering improved benefits to staff that join them.

The Division will be monitoring the impact of changes to the cervical screening on the Cytology department.

The introduction of the TrakCare system has caused problems in some areas of the Trust. These are occasionally impacting patients who attend the outpatient department and who are subsequently complaining. The Divisional Complaints Manager is currently designing a generic response to respond to patients who have issues with appointments due to TrakCare. The TrakCare lead is aware of all these issues and is working to resolve them as soon as possible.

AS – What is the timescale for reviewing DASH measures: FJ replied measures are not useful with the backlog however now this is cleared these are now more meaningful.

ACTION: There may need to be a review regarding pharmacy staff employment benefits as the Trust will be required to compete with the community in order to retain staff.

The TrakCare lead will continue to identify issues and solutions regarding TrakCare.

The Division will continue to review the Haematology and Radiology staffing levels with a view to identifying any additional actions that are required. The additional controls in place for radiology have substantially reduced the backlog of unreported x-ray films.

RESOLVED: That the report be noted.

027/17 DIRECTORS STATEMENT

SE the Medical Director presented the report to the Quality & Performance Committee on the key issues relating to the quality of care delivered in Gloucestershire Hospitals NHS Foundation Trust

(GHNHSFT) from the perspective of the Nursing and Medical Directors.

The key issues to note were the ED indicators of 15 minute triage and 1 hr to senior assessment remain under the standard. This is being addressed through the ED Improvement Plan. Issues with variable demand and fluctuating high levels of ambulance attendance still directly affect these indicators.

Meeting national waiting time targets for cancer and for diagnostic tests remain a challenge, there are also issues with backlogs of follow ups, a new policy and review system is being established.

There are signs in the system that falls are increasing in some areas, Divisions are identifying local action, an update of the Trust falls action plan should be received at the March meeting. **MA (LC to add to the agenda)**

KN: Are we safe.

SE: Overall yes however there are areas where safety is compromised. SE assured the Committee that the right systems are in place to ensure patient safety. KN has highlighted that this reassurance for the Medical Director is more useful than the current layout.

ACTION: A review of the Directors statement in line with the developing integrated performance report

RESOLVED: Operational pressures continue to create challenges to the delivery of safe, effective and compassionate care. However, we believe we have systems that identify and take actions on key concerns that will help us improve. Through our improving governance systems we can gain appropriate assurance that systems are in place to monitor quality care.

028/17 CESSATION OF STATORY MIDWIFERY SUPERVISION IMPLICATIONS WOMEN & CHILDREN

VM Divisional Nursing and Midwifery Director updated the Committee on the arrangements that will be put in place following the removal of midwifery supervision from the NMC's statute, the additional statutory tier of regulation applying to midwifery. The current time frame for dissolution of the statutory supervisory function is 31st March 2017, however, this is dependent on legislative change having been secured through Parliamentary processes; there is no guarantee at this time that this will not incur a delay.

The key point to note is following national piloting, evaluation and launch of the new A-EQUIP model in Spring 2017 the Trust's Maternity service will consider how the model will be deployed and how the new non-statutory role of Professional Midwifery Advocate (PMA) will be implemented. Until this non-statutory role is implemented it is proposed that those existing Supervisors of Midwives, who are willing, continue to perform the non-statutory elements of their role.

Supervisors of Midwives are currently expected to participate in a cross-site out of hours On Call rota covering the Trust (weekdays and weekends). This requirement will cease with the dissolution of the Supervisor of Midwives role and it is proposed that the on call will be covered by a Senior Maternity Managers (Team Leaders, Matrons, Head of Midwifery).

ACTION: To Introduce a new paid Senior Management On call rota to replace the SoM rota. Encourage existing supervisors to continue with none statutory duties of supervision until the new A-EQUIP /PMA's role has been implemented. In the interim issue notice of changes in terms and conditions to existing Supervisors of Midwives. Birth Choice Clinic to support women and midwives with complex care planning.

RESOLVED: That Quality and Performance Committee receive this report and acknowledge the changes to statutory supervision and endorse the proposed transition arrangements and plans for the future which have been put in place to ensure staff and women are supported.

029/17 INTEGRATED PERFORMANCE MANAGEMENT FRAMEWORK REPORT

NS Interim Chief Operating Officer presented the report summarising the key highlights and exceptions in Trust performance up until the end of January 2017 for the financial year 2016/17.

The key issues to note were that this month our 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.

Our 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, have resulted in a decision to cease RTT reporting until the quality of data can be assured. Work to resolve this issue is underway. Our 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 our Trust should be able to re-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.

Our 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.

ACTION: Delivery of agreed action plans is critical to restore performance back to the minimum expected standards.

RESOLVED: 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.

030/17 EMERGENCY PATHWAY MONTHLY PERFORMANCE REPORT

NS Interim Chief Operating Officer presented the report providing the Committee with assurance that our Trust continues to address the concerns identified which relate to the delivery of Emergency Care within our Trust. The report provided evidence of progress against key quality, safety and performance indicators, describing key risks and providing a progress update against the Emergency Care Programme Board Milestone Plan.

The key issues to note were that a small proportion of the usual data reported is not available for December and January. The report therefore contains some repeat information from the December 2016 report.

Where available, data for December and January are extracted from TrakCare which is undergoing additional scrutiny for accuracy. December and January data should therefore be treated as unvalidated in the majority of cases, unless otherwise noted.

Trust-wide performance against the 4-hour standard (including GP in the Emergency Department activity) remains substantially below the required NHSI improvement trajectory in the fourth quarter, although performance has improved slightly compared to December.

The number of patients medically stable for discharge and increased delayed transfers of care are still impacting on performance, however system wide working and the effect of the breaking the Cycle events in December and January has seen an overall reduction in the numbers on the Medically Stable for Discharge list. This number is directly affected by capacity in community hospitals, Gloucestershire County Council social work teams and availability of Packages of care.

Reporting of some December and January data has been affected by the availability of data in TrakCare. Where this is the case the narrative includes the update from December.

Leadership has been highlighted again as very little has been imbedded in the past 12 months.

Patient flow to be looked at in ED. Can the patients be sent to another department to avoid missing 4hr targets. GP's are able to admit patients direct to ACU.

A new model and leadership have been identified as important.

ED checklist is still not being used as often as it should be. . Increase in compliance for future patients coming through A & E is to be fully imbedded by September 2017.

RESOLVED: That the report be received as a source of assurance that good progress has been made across the programme and that there continues to be a strong focus on performance improvement.

031/17 NHS OVERSIGHT MEETING

NS the Chief Operating Officer reported that our Trust has regular oversight meetings with NHSI. The last meeting held on 13th January and the key items to note were mortality rates, our readiness for the January CQC inspection, TrakCare Emergency Path Report (EPR) implementation and in particular the data quality issues since go live, Quality Impact Assesments (QIA) of the Cost Improvement programme (CIP) and impact on workforce, Oversight of Quality, Cancer performance and 4 hour Emergency department performance and the 4 hour rapid recovery plan.

Noted for information only

032/17 CQC PRELIMINARY ACTION PLAN

AS the Director of Safety presented the report to provide an update of the initial findings and actions from the CQC visit in January 2017.

The key points to note were the CQC on the 14 February raised serious concerns about the care and treatment of patients in the emergency department at Gloucestershire Royal Hospital specifically during periods of overcrowding. The Trust needs to respond immediately to the concerns raised.

Until the CQC report is formally received we will be unsure of any required action, however we can make improvements based on the informal feedback provided

The CQC were provided with relevant information in a timely way with approximately 1800 items provided and the logistically planning was successful.

ACTION: The action plan will be updated at each Q&P committee **AS (LC to**

meeting. **add to the agenda)**

The Board will need formal briefings on the action taken for the serious concerns raised.

RESOLVED: The response to the serious concerns raised need to be considered and action taken urgently.

033/17 MORTALITY UPDATE

SE the Medical Director presented the report to update the Quality & Performance Committee on continued actions and progress towards improving mortality outcomes for our Trust.

The key points to note were NHSI South has presented to the Trust Board at our Seminar on 15/02/17. Actions to capture palliative care coding are well advanced and performance on this metric should improve from February onwards. Three areas for clinical pathway work have been identified and this is being initiated.

MW to circulate this paper to the Council of Governors.

ACTION: All the actions and additional work from the Mortality Strategy are in progress. The palliative care coding improvements alone will have an impact on mortality although this cannot be quantified and will take more than 3 months to be reflected in the Dr Foster data. **MW**

RESOLVED: That**:** the Quality & Performance Committee note the further work on oversight and progress toward improving measured mortality outcomes.

034/17 SERIOUS UNTOWARD INCIDENTS

AS the Director of Safety has presented the report to provide assurance of meeting the contractual standards for investigation and learning from serious incidents.

The key points to note were that there have been no Never Events this month and investigation timescales have been met.

RESOLVED: The serious incident systems continues to work effectively, the report has been updated to include a comment on the progress of the action plan once agreed. Any areas in the report in green shows timely progress, any red areas indicates delays and will include an explanation\rationale for the delay.

035/17 NURSING & MIDWIFERY STAFFING

SE the Medical Director presented the report to provide assurance to the Committee and Trust Board in respect of nurse staffing levels for January 2017, against the compliance framework *'Hard Truths' – Safer Staffing Commitments*.

The key points to note were whilst there are no major safety concerns arising from the staffing levels, the individual divisional report comments in detail where staffing hours are either lower than the centile set by NHS England, or over, and the rationale behind these findings. There is a 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 for 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, was 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.

ACTIONS: 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.

RESOLVED: That the Committee i receive this report as a source of assurance that staffing levels across the Trust are delivering safe care.

036/17 MINUTES OF THE HOSPITAL MORTALITY INDICATORS GROUP MEETING HELD ON 6TH FEBRUARY 2017

RESOLVED: That the minutes be noted.

037/17 MINUTES OF THE PATIENT EXPERIENCE STRATEGIC GROUP MEETING HELD ON 31ST JANUARY 2017

RESOLVED: That the minutes be noted.

038/17 QUALITY & PERFORMANCE COMMITTEE WORK PLAN

ACTION: MW to make updates to this work plan. **MW**

039/17 MATTERS TO BE ESCALTED TO THE BOARD

ACTION: It was agreed that this will be discussed after the meeting between the chair CF and Trust Secretary MW. **CF / MW**

040/17 COMMITTEE REFLECTION

041/17 PAPERS FOR CIRCULATION TO GOVERNORS

Mortality update papers to be circulated to the Governors. **MW**

042/17 ANY OTHER BUSINESS

There was no further business to report.

043/17 DATE OF NEXT MEETING

The next meeting of the **Quality and Performance Committee** will be held on **Thursday 30th March 2017** in the **Board Room, Alexandra House, Cheltenham General Hospital** commencing at **9:30am.**

Papers for the next meeting: Papers for the next meeting are to be logged with the Trust Secretary no later than 3pm on **Monday 13 March 2017.**

Chair
30th March 2017

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE TRUST QUALITY AND PERFORMANCE COMMITTEE HELD IN THE BOARDROOM, ALEXANDRA HOUSE, CHELTENHAM GENERAL HOSPITAL ON THURSDAY30th MARCH 2017 AT 09:30AM

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

Maggie Arnold	MA	Nursing Director
Suzie Cro	SC	Head Of Patient Experience
Sean Elyan	SE	Medical Director
Rob Graves **(Chair)**	RG	Non-Executive Director
Kay Haughton	KH	Deputy Director of Nursing (CCG)
Peter Lachecki	PL	Chair of the Trust
Deborah Lee	DL	Chief Executive
Keith Norton	KN	Non-Executive Director
Dr Sally Pearson	SP	Director of Clinical Strategy
Andrew Seaton	AS	Director of Safety
Natasha Swinscoe	NS	Interim Chief Operating Officer

GOVERNOR REPRESETNATIVE

Graham Coughlin	GC	Gloucester City Constituency

IN ATTENDANCE

Wasique Chaudhry	WC	Director of Operations (Medicine)
Louise Courtier	LC	Corporate Governance Administrator
Kay Davies	KD	Staff Midwife
Frank Jewell	FJ	Chief of Service Surgery Division
Alex Matthews	AM	General Manager
Sue Molloy	SM	Divisional Nursing Director - Medicine
Hazel Williams	HW	Staff Midwife
Martin Wood	MW	Trust Secretary

APOLOGIES

Tracey Barber	TB	Non-Executive Director
Claire Feehily	CF	Non-Executive Director

044/17 DECLARATIONS OF INTEREST

There were none.

045/17 MINUTES OF THE QUALITY AND PERFORMANCE COMMITTEE MEETING HELD ON 22ND FEBRUARY 2017

ACTION: Minor amendments to be made to p.1 & p.2 and a few grammatical errors. **MW / LC**

046/17 MATTERS ARISING

Amendments to the layout and how the document is presented to be made to include dates. **MW / LC**

FEBRUARY 2017 027/17 DIRECTORS STATEMENT

There are signs in the system that falls are increasing in some areas; Divisions are identifying local action, an update of the Trust falls action plan should be received at the March meeting.

RESOLVED: This item appears later in the agenda.

FFEBRUARY 2017 033/17 MORTALITY UPDATE

MW to circulate this paper to the Council of Governors.

RESOLVED: This paper has been circulated to the Governors.

FEBRUARY 2017 032/17 CQC PRELIMINARY ACTION PLAN

The action plan will be updated at each Q&P committee meeting.

RESOLVED: This item appears later in the agenda.

047/17 DIVISIONAL ATTENDANCE – MEDICINE

This report was presented to the Committee to summarise the key highlights and exceptions in performance against the trust quality framework and performance standards for the Medical Division for the period Quarter Three 2016. The quality of the services is measured by looking at patient safety, the effectiveness and timeliness of treatments that patients receive, and patient feedback about the care provided.

The key points to note were in quarter three the division did not meet any of the four national waiting trajectories regarding the 4 hour limit. A&E continues to be of concern due to demand and capacity issues. RTT recovery plans are in place across the specialities and weekly meetings to track and report progress to recover the position is in operation.

It has been reported that there is not an individual ward clerk for each ward and sometimes the same clerk is covering two or more wards at a time. MA has agreed to check ward clerks are available for every ward. **MA**

ACTION: Delivery and monitoring of agreed recovery action plans remain crucial to restore performance back to the expected standards.

RESOLVED: Performance against the national standards is challenged and significant focus continues within the Division in order to order to improve this position. Clinical oversight of patients awaiting care and ongoing monitoring has been strengthened to ensure that no patients come to harm due to delays in their treatment.

048/17 EASTER PLAN

The Interim Chief Operating Officer has provided this report to demonstrate the Trust has an operational plan for the Easter Bank Holiday Period (Friday 14 – Monday 17 April 2017).

The key points to note were appropriate staffing within ED at CGH & GRH, ED Streaming Function provided in conjunction with system partners in GRH ED, commitment as per NHSI Directive to reduce bed occupancy to <90% and resilient on call provision during whole period.

The final plan will need to be submitted by 5th April. **NS**

NHSI will be monitoring this closer to the time.

A comprehensive document will be required.

ACTION: Ensuring that all stakeholders within the plan continue to provide assurance throughout the period leading up to and including the Bank Holiday period.

RESOLVED: Focus will remain on delivering the plan to assist with support to improve performance against the national standards.

049/17 INTEGRATED PERFORMANCE MANAGEMENT FRAMEWORK REPORT

The Interim Chief Operating Officer has provided this report to summarise the key highlights and exceptions in Trust performance up until the end of February 2017 for the financial year 2016/17.

The key points to note were 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. The Trust has met the 2 week wait standard. A&E 4 hour performance was 77% in February. The Trust welcomed the Emergency Care Intensive Support Team on 6th and 7th March and is now working through their initial follow up report. ECIST have offered to continue to support the Trust for 1-2 days per month. The Trust met the 2 week wait cancer target in February achieving 94.7% against the target of 93%. Unvalidated 31 day performance has also improved in February. In respect of RTT, concerns regarding data quality, following the migration to TrakCare, resulted in a decision to cease RTT reporting until the quality of data can be assured. Work to resolve this issue is still underway. The Trust appointed an RTT specialist who commenced 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. Regular fortnightly oversight meetings continue with Gloucestershire CCG, NHSI and NHSE to monitor recovery. The Trust did not meet the diagnostics target in February, mainly driven by underperformance in echocardiology with 47 breaches. The Trust reported seven 52 week breaches in February. These patients were all treated in March.

The RTT reporting provisional date will be June however this could be longer. **NS**

The recovery plan for medicine to be completed by the end of the week. **NS**

Long waiting performers to be circulated. **NS**

Clinical leading will be changing from next week.

ACTION: Delivery of agreed action plans is critical to restore performance back to the minimum expected standards.

RESOLVED: Significant focus continues in order to improve performance against the national standards. Clinical oversight of patients awaiting care continues to ensure that no patients come to harm due to delays in their treatment.

050/17 EMERGENCY PATHWAY REPORT (INCLUDING A & E PERFORMANCE)

The Interim Chief Operating Officer has provided this report to provide the Quality and Performance Committee with assurance that the Trust continues to address the concerns identified which relate to the delivery of emergency care within the Trust.The report provides evidence of progress against key quality, safety and performance indicators, describes key risks and provides a progress update against the Emergency Care Programme Board milestone plan. The report reflects data up to 28th February 2017 where it is available.

The key points to note were agreed performance targets have been missed in each of the five months since October 2016. Performance has improved since December 2016 but remains below target. NHSI has issued a revised trajectory of 78%. Following deterioration in 4 hour performance during December, the Interim Chief Operating Officer has developed a Rapid Recovery Action plan. This is now in active implementation with all relevant departments and Divisions. The Emergency Care Operational Group is now in place and reports to the Emergency Care Programme Board. The Trust along with the partner agencies is exploring new pathways and alternate pathways for care outside the hospital.

ACTION: Trust wide approach to improving and maintaining flow throughout the urgent and emergency care pathways. Increased focus and engagement on ensuring all possible delays to discharge are managed effectively internally, and a partnership approach to improving external factors. Implementation of red/green days and increasing direct referrals into Ambulatory Emergency Care. The NHSI/NHSE are providing focused support and challenge to the 10 systems that are most challenged to help improve collective performance of these Trust's to at least 90% in the last reporting week in March (4.5% improvement by all

providers). For GHT this means 78.59% performance in the last reporting week in March. Strengthening the ED leadership and delivery of the ED quality standards is the focus with weekly escalation meetings chaired by the CEO or the Interim COO.

RESOLVED: Good progress continues to be made against the milestones set out in the Emergency Care Programme, but the continued requirement to drive and maintain performance and achieve the next step change in delivery is still recognised. The key risk to performance delivery remains high bed occupancy, flow and leadership. Actions to address this remain the key focus of the key work streams focussing on ED, Site Management and SAFER patient flow bundle.

051/17 LSA AUDIT SUMMARY & ACTION PLAN

KD and HW presented the reportto present the findings, recommendations and action following Gloucestershire Hospitals NHS Foundation Trust Annual Supervision Audit in May 2016.

The key points to note were members of the SoM team to provide evidence of ongoing education and practice in relation to supervision. Each member of the teams should ensure 75% attendance at local SoM meetings. Recommendations from supervisory investigations should be discussed at SoM meetings to ensure that organisational recommendations are followed up and any trends in midwifery practice recommendations are identified so that improvement can be made. A fitness to practice tracker should be developed and reviewed at team meetings so that midwives about whom concerns are identified can be supported and practice can be investigated where required. All supervisory investigations should be completed within 60 days (from June 2016). Where an investigation is delayed for external reasons the LSAMO Forum UK Freezing the timeline guidance should be instituted. SoMs to identify the nature of all SoM records held in the Trust and to ensure that they are available for transfer to the LSA when statutory supervision ends. SoMs are to ensure that all supervisory records relating to an individual midwife are uploaded to the LSA database so that they are available to a new SoM should that midwife transfer to another organisation and are available to be transferred as statutory supervision ends.

Update on progress to be brought to future meetings. It has been recommended that 6 months be given to audit and make recommendations to the Committee. **MA (LC to note for work plan)**

ACTION: The main challenge to the team at the moment is to ensure smooth transition when Statutory Midwifery Supervision ceases pending legislative change. Plans are outlined in the associated Board paper “Cessation of Statutory Midwifery Supervision Implications”.

At present there are no outstanding actions following the Audit. Any outstanding Supervisory issues that arise will be monitored, until completion, by the Senior Midwifery Management team or the

most appropriate Divisional Committee.

052/17 WINTER PLAN ACHIEVEMENT OF LEARNING

The Interim Chief Operating Officer provided a debriefing of the paper which gives a high level summary of the actions that worked well and delivered positive results and also some actions that could not be actioned fully.

Overall there is recognition in the system that the winter planning this year was more effective as compared to the previous years despite the A&E 4 hour performance being the same as last year.

The actions that made the most difference were the multi stakeholder Breaking the Cycle Together events, the reconfiguration of the Onward Care Team (OCT), more focus and drive on the long waiters on the medically fit for discharge list, enhanced medical cover over the weekends and on the assessment unit and contingency wards for medical patients by swapping two surgical wards for medical wards.
The Trust however could not extend the ambulatory service to seven days a week, the planned maximisation of outpatient activity could not be fully utilised, multiple wards had bays closed due to influenza and any additional capacity that was expected by reduction in length of stay in community hospitals or use of additional discharge to assess beds did not give the required results.

Planning for next winter must start early with planning and resources options fully explored for all new schemes. Capacity must continue to be explored either by identifying new options or utilising resources from the current ones that have not delivered the required results.

ACTION: The next plan will be on September's agenda. Flu and Infection Control planning will start from June.

053/17 CQC ACTION PLAN

The Director of Safety presented the report to share the full response to serious concerns raised by the CQC surrounding ED at Gloucestershire Royal Hospital.

The key points to note were on the 14th February the CQC wrote to the CEO raising serious concerns about the care delivered during periods of overcrowding in the ED department at Gloucestershire Royal Hospital (detailed in appendix 1 of the report). The Trust was given 7 days to respond with a letter from the CEO (details in appendix 2 of the report) and action plan (detailed in appendix 3 of the report).

ACTION: Monthly monitoring by the Quality & Performance Committee.

RESOLVED: The action plan developed responds to the concerns

raised by the CQC; further issues may arise from the formal report due at the end of April. The action plan must also be seen in the context of other work streams addressing issues of flow throughout the entire emergency pathway.

054/17 SAFER STAFFING

The Executive Director of Nursing and Midwifery presented the report toprovide assurance to the Trust Board in respect of nurse staffing levels for February 2017, against the compliance framework 'Hard Truths' – Safer Staffing Commitments.

The key points to note were 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. There continues to be close scrutiny of agency spend and recruitment and reports are submitted to TIB as required. The Divisional Nursing Directors have analysed their department's data and have individually responded for the purpose of this report.

The Executive Director of Nursing and Midwifery met with NHSI yesterday who have expressed they are happy with the progress being made.

ACTION: To continue with proactive recruitment, continue to manage Agency spend and to welcome Nurse Associates.

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

055/17 SERIOUS UNTOWARD INCIDENTS

The Director of Safety has presented the report to provide assurance of meeting the contractual standards for investigation and learning of serious incidents and Duty of Candour.

The key points to note were there has been no Never Events this month, investigation timescales have been met.

RESOLVED: The serious incident systems continues to work effectively, the report has been updated to include a comment on the progress of the action plan once agreed. Any areas in the report in green shows timely progress, any red areas indicates delays and will include an explanation\rationale for the delay.

056/17 SAFETY ALERT – NASOGASTRIC FEEDING TUBE INSERTION & TESTING

The Director of Safety presented the report to provide assurance of the extra controls in place to prevent Nasogastric tube related Never Events following the issuing of a stage 2 Patient Safety Alert.

The key points to note were that the Trust just prior to the alert being raised; issued and completed a significant amount of improvement work following two Nasogastric Never Events. The Trusts processes have been reviewed in detail and further minor adjustments have been made(as detailed in appendix 2 of the report). This report once presented to a Public Trust Board will allow closure (12th April 2017).

ACTION: Continuous monitoring of clinical audits at Patient Safety Forum.

RESOLVED: Extra controls were put in place following the two Never Events last year which have so far prevented further incidents; this was done prior to the alert being issued. Further refinements have been made following this review and any remaining actions are identified within the action plan which will be monitored at the Patient Safety Forum. As a result although it remains possible for further incidents, we have improved the resilience in the system to make future Nasogastric tube related never events unlikely.

057/17 TRUST FALLS ACTION PLAN

The Executive Director of Nursing and Midwifery presented the report to summarise the key highlights and exceptions in Trust performance for falls until the end of January 2017.

The key points to note werethat there has been a spike in falls; however the data demonstrates a continued decrease in harm from falls (bone Injuries). Where incidence of falls has risen it is well documented with a focus on interventions by the Divisional Nursing Directors. Attention on Divisional fall rates with Speciality Directors and Matrons. Divisions are being encouraged to implement the action relating to the Trust Falls Action Plan, specifically improving the taking and documenting of lying and standing blood pressures. A moderate harm group has been established to meet alternate months to the falls group. The two lead physiotherapists for falls have been active in engaging at ward level in focussed ward based monitoring and advice to staff in areas where there are a higher incidence of falls. Robust monitoring of the action plan by the falls group. An identified list of named ward based falls champions is being developed.

ACTION: Delivery of agreed action plans is critical to ensure performance and harm rate from falls continues to fall.

RESOLVED: Performance within the organisation and in relation also to national benchmarks is positive. Implications and Future Action Required.

058/17 UPDATE FROM MORTALITY CONFERENCE

The Medical Director has provided a verbal update to the Committee on the Mortality Conference.

A further update will be presented at the next meeting. An update will be presented to the Board in April. It was considered that a Countywide approach to mortality will be helpful.

The Committee congratulated the Director of Safety and his team for being ahead of the game in relation to Duty of Candour.

059/17 JAG ACCREDITATION

The Interim Chief Operating Officer has presented the letter received from Joint Advisory Group (JAG) to provide anupdate on the position following the visit on the 1st February and the subsequent phone call with the team on 7th March.

The key points to note were that JAG has not yet made a decision whether to award or not award JAG Accreditation status to the Gloucestershire Royal GI endoscopy service and have agreed a 3 month extension in order to allow GHFT to complete further work. The JAG team acknowledged the work already in progress in terms of a capacity and demand assessment to manage the surveillance waiting list, increased leadership oversight and a revised proposed workforce model that has been subject to a business case alongside proposals for in-sourcing and out-sourcing to clear the waiting list backlog and stay in operational activity balance. In addition we need to demonstrate the plan to be able to connect to the national endoscopy database and so upload the regular clinical audit data. A follow up meeting is planned for June. The Cheltenham General Hospital service review will also now be delayed until June.

This has been deferred twice so far and a further JAG inspection will take place on 9th June.

There is a plan in place as JAG want to see evidence of recovery.

ACTION: The JAG Accreditation decision is expected in June. The loss of JAG Accreditation would impact on reputation and financially (without JAG Accreditation we would lose the ability to charge the Best Practice Tariffs).

RESOLVED: The imperative is to clear the surveillance waiting list backlog and implement a sustainable workforce model to ensure the activity run rate can be kept in balance. This is subject to ongoing work in the Medicine Division.

060/17 COMPLAINTS & CONCERNS

The Head of Patient Experience has presented the report to provide information on the complaints and concerns reported to the Trust during Quarter 3 2016/2017.

The key points to note were there were 214 written complaints received, 1/1000 total episodes of care. There is currently a 95% acknowledgement within national standard of 3 days. There is currently a 92% response rate within local standard of 35 working

days. 479 concerns have been dealt with via our PALS department. The main areas of focus within both complaints and concerns are clinical treatment, communication (verbal and written) and values and behaviours (staff). There have been 1986 compliments received and formally logged during the same period of time.

ACTION: Continue to monitor our compliments, concerns and complaints, ensuring that we learn from where we are getting things both right and wrong and cascading this information as appropriate. This quarterly report highlights trends and themes and provides a focus for Divisional improvement and development.

RESOLVED: Compared to Quarter 2 there has been a marked improvement in response times this Quarter across all divisions, especially when looking at Women's and Children's. This improvement can be attributed to changes made by the Senior Divisional Management Team and new processes put in place.

061/17 PATIENT EXPERIENCE STRATEGY 2014 – 2017 UPDATE

The Head of Patient Experience has presented the report to update the Committee on the progress made on the key areas of focus identified in the 'Improving Patient and Carer Experience Strategy' 2015-2017.

The key points to note were thatthe strategy identified four key areas of focus; listening and learning, collaborating and user engagement, communicating and supporting.

ACTION: The Patient Experience Team is in the process of planning the new 'Improving the patient and carer experience strategy'. The areas of focus will be agreed in consultation with staff and service user feedback.

RESOLVED: Good progress has been made in the majority of key areas. We continue to learn from the patient and staff feedback we receive, which in turn will inform and direct our improvement strategy over the forthcoming years.

062/17 MINUTES OF THE PATIENT EXPERIENCE STRATEGIC GROUP MEETING HELD ON 6TH MARCH 2017

RESOLVED: That the minutes be noted.

063/17 MATTERS TO BE ESCALATED TO THE BOARD

ACTION: It was agreed that the 'Update From Mortality Conference' & 'Safety Alert – Nasogastric Feeding Tube Insertion & Testing' be escalated to the next Board Meeting.

064/17 QUALITY & PERFORMANCE COMMITTEE WORK PLAN

ACTION: MW to make further updates to this work plan. **MW**

065/17 COMMITTEE REFLECTION

The length of presentations was discussed. It was agreed that presenters must be asked to focus on the key points and structure their presentations to the allocated time. It was agreed that the division presentations are very valuable and a longer time allocation should be allocated in the agenda setting process. . This will be discussed with the chair (CF). **RG / CF**

Also to be discussed with the chair (CF) is how to reduce the material being submitted to the Committee to make the papers more manageable while not losing focus on critical details. **RG / CF**

066/17 COMMENTS FROM GOVERNORS

None to note.

067/17 PAPERS FOR CIRCULATION TO GOVERNORS

Emergency Pathway update papers to be circulated to the Governors. **MW**

068/17 ANY OTHER BUSINESS

None to note.

069/17 DATE OF NEXT MEETING

The next meeting of the **Quality and Performance Committee** will be held on **Thursday 27th April 2017** in the **Board Room, Alexandra House, Cheltenham General Hospital** commencing at **9:30am.**

Papers for the next meeting: Papers for the next meeting are to be logged with the Trust Secretary no later than 3pm on **Monday 17th April 2017.**

Close 12:55

Chair
27th April 2017

MAIN BOARD – MAY 2017
Redwood Education Centre

Report Title
Performance Management Framework
Sponsor and Author(s)
Natasha Swinscoe, Chief Operating Officer
Executive Summary

Purpose

This report summarises the key highlights and exceptions in Trust performance up until the end of March 2017 for the financial year 2016/17.

Key issues to note

- For March the 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 wait. The Trust did meet the 2 week wait standard for the second consecutive month.
- A&E 4 hour performance was 77.86% in March. The Trust's NHSE end of March target to contribute to the Region wide delivery of 90% was 79.4%. Performance against the 15 minute time to triage standard continues to improve. Trust wide the performance against the 15 minute triage standard in March was 80.2% with GRH achieving 82.8% and CGH achieving 75.6%. Further work is in hand to achieve the 95% standard for triage. Performance against compliance with the Patient Safety Check List remains low and this is a cause for concern; again this is a focus for improvement.
- The Trust met the 2 week wait cancer target in March achieving an unvalidated 94.5% against the target of 93%.
- Unvalidated 31 days performance has also improved in March with the Trust achieving 96.8% against the target of 96%.
- Unvalidated 62 days performance shows a marginal increase in March (71.0% unvalidated) but a deteriorating position for Quarter 4 (66.3% unvalidated) which is in keeping with the clearance of the backlog of long waiting patients. .
- In respect of RTT, concerns regarding data quality following the migration to TrakCare, resulted in a decision to cease RTT reporting until the quality of data can be assured. The Intensive Support Team visited the Trust on 27th March to review the approach and progress the trust is taking to resolve this issue and were in agreement with the work programme and timeline for commencing reporting. Provisional date for recommencing reporting is June 2017 (for May's performance) however this is now looking unlikely due to pace at which validation is being completed.
- The Trust did not meet the diagnostics target in March, mainly driven by underperformance in echo-cardiology with 178 breaches. However, with the impact of echo, underlying performance was 98.5% so below the 99% standard with endoscopy being the other key contributing test. The Medicine Division have developed a recovery programme for both diagnostic tests but this is dependent on additional locum staff and waiting list initiative sessions alongside recruitment of key trained staff. An insource solution (GLANSO) is also aimed to be utilised to address the issues in endoscopy subject to satisfactory contractual discussions.
- The Trust reported four 52 week breaches in March and all patients now have dates for treatment or have been treated..
- The inability to report SAFER measures due to TrakCare impacts does not constitute a risk due to the agreement with commissioners to move to a block contract. A wide range of additional indicators related to flow are reported to the Emergency Care Board.

Conclusions
Significant focus from all operational teams continues in order to improve performance against the national standards. Clinical oversight of patients awaiting care continues to ensure that no patients come to harm due to delays in their treatment.

Implications and Future Action Required
Delivery of agreed action plans remains critical to restore performance back to the minimum expected standards.

Recommendations

The Trust Board is requested to receive the Integrated Performance Framework Report as assurance that the executive team and Divisions fully understand the current levels of poor performance and have action plans to improve this position.

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

Failure to meet national access standards impacts on the quality of care experienced by patients. There is no evidence this impacts differentially on particular groups of patients.

Resource Implications

Finance		Information Management & Technology	
Human Resources	X	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)**

Gloucestershire Hospitals NHS
NHS Foundation Trust

PERFORMANCE MANAGEMENT FRAMEWORK

2016/17

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ASSESSMENT AGAINST THE NHS IMPROVEMENT RISK ASSESSMENT FRAMEWORK

		2014/15				2015/16				2016/17															
	Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	NHSI Weighting
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%	*	*	*	*	
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%	77.00%	77.86%	1.0
CANCER																									
Max wait 62 days from urgent GP referral to 1st treatment (exl.rare cancers) %	85%	88.1%	86.1%	78.4%	77.1%	73.9%	75.6%	79.5%	76.7%	79.0%	76.9%	76.9%	78.2%	77.4%	81.2%	73.6%	79.0%	76.8%	72.9%	72.9%	72.0%	62.7%	70.0%	71.0%	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%	96.0%	91.7%	84.6%	95.0%	100%	89.9%	100%	86%	97.0%	100.0%	82.8%	92.3%	97.0%	
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%	90.7%	98.1%	100%	100%	98.1%	100%	100%	100%	89.4%	83.7%	84.2%	97.7%	88.6%	0.0
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%	100%	100%	100%	
Max wait 31 days decision to treat to subsequent treatment : Radiotherapy %	94%	100%	98.6%	99.8%	100%	100%	100%	100%	100%	100%	98%	99.5%	100%	100%	100%	100%	100%	98.3%	100%	100%	95.0%	98.4%	100%	100%	
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%	94.9%	98.6%	99.6%	99.0%	99.2%	99.7%	98.8%	98.8%	93.8%	94.1%	90.1%	93.6%	96.8%	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%	85.1%	94.7%	94.5%	0.0
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%	95.0%	97.1%	
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	0	8	0.0

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%	77.00%	77.86%	76.56%
% 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%	77.60%	78.35%	77.13%
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%	*	*	1.18%	1.79%	4.59%	2.54%
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%	62.7%	70.0%	71.0%	66.3%
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%	62.7%	70.0%	71.0%	66.3%

In month position, therefore figure not validated.

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TRUST PERFORMANCE & EXCEPTIONS (as at end March 2017)

SAFETY

MEASURE	LAST 12 MTHS	ACTUAL 2015/16 Q4	2016/17 Q1	Q2	Q3	Q4	Jan	Feb	Mar	FORECAST Apr	May	Jun	Jul	Aug	Sep	FoT	Standard	Target Set By	How often	Data Month
INFECTION																				
Number of Clostridium Difficile (C-Diff) infections - post 48 hours		13	10	10	7	15	7	0	8	TBC	TBC	TBC	TBC	TBC	TBC		37 cases/year	NHSI	M	Mar
Number of Methicillin-Resistant Staphylococcus Aureus (MRSA) infections - post 48 hours		1	1	0	0	2	1	0	1	TBC	TBC	TBC	TBC	TBC	TBC		0	GCCG	M	Mar
MORTALITY																				
Crude Mortality rates %		1.4%	1.2%	1.1%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		<2%	Trust	M	Nov
Summary Hospital-Level Mortality Indicator		113.2	112.4	115.6	arrears	arrears	arrears	arrears	arrears	TBC	TBC	TBC	TBC	TBC	TBC		≤1.1%	Trust	Q	Sep
HSMR (Analysis-relative risk-basket HSMR basket of 56-mortality in hospital) (rolling 12 months)		106.8	108.0	111.8	115.2	arrears	arrears	arrears	arrears	TBC	TBC	TBC	TBC	TBC	TBC		Confidence interval	Dr Foster	M	Dec
SMR (rolling 12 months)		110.2	112.3	118.2	119.8	arrears	arrears	arrears	arrears	TBC	TBC	TBC	TBC	TBC	TBC		Confidence interval	Dr Foster	M	Dec
SAFETY																				
Number of Never Events		0	0	1	1	0	0	0	0	TBC	TBC	TBC	TBC	TBC	TBC		0	GCCG	M	Mar
% women seen by midwife by 12 weeks		89.6%	87.2%	92.3%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		>90%	GCCG	M	Nov
CQUINS																				
Acute Kidney Infection (AKI)		50%	42%	60%	64%	65%	78%	59%	58%	TBC	TBC	TBC	TBC	TBC	TBC		>70% by Q4	National	M	Mar
Sepsis Screening 2a		92%	96%	97%	97%	96%	94%	98%	96%	TBC	TBC	TBC	TBC	TBC	TBC		>90% of eligibles	National	M	Mar
Sepsis Antibiotic Administration 2b		49%	55%	45%	64%	arrears	arrears	arrears	arrears	TBC	TBC	TBC	TBC	TBC	TBC		>90% of eligibles	National	M	Dec
Dementia - Seek/Assess		86.3%	88.1%	88.3%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		Q1>86%; Q2>87%; Q3>88%; Q4>90%	National	M	Nov
Dementia - Investigate		100%	100%	100%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		Q1>86%; Q2>87%; Q3>88%; Q4>90%	National	M	Nov
Dementia - Refer		100%	100%	100%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		Q1>86%; Q2>87%; Q3>88%; Q4>90%	National	M	Nov
ED																				
% patients triaged in ED in 15 minutes		53.7%	75.3%	78.6%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		≥ 99%	Trust	M	Nov
% patients assessed by doctor in ED in 60 minutes		43.3%	47.1%	46.0%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		≥ 90%	Trust	M	Nov

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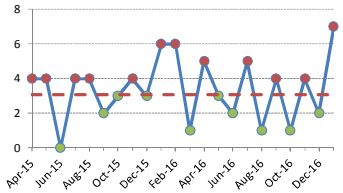
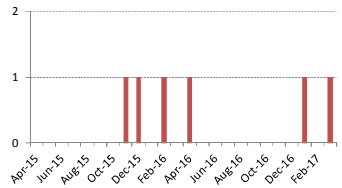
In month position, therefore figure not validated.

SAFETY

MEASURE		QUARTERLY PROGRESS Q1	Q2	Q3	Q4	NOW	FOT	OWNER
Number of Clostridium Difficile cases - post 48 hours admissions Standard is ≤37 per year								Director of Nursing and Midwifery

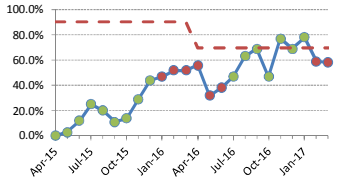
Commentary on what is driving the performance & what actions are being taken

When the C Diff cases are reviewed it is expected that we will be below trajectory as at least 7 are unavoidable.

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

Two of the three MRSA cases in 2016/17 were contaminants and patients were not affected. The third case, however, was a bacteraemia and the root cause analysis has identified a plan of action which is being implemented and overseen by the Divisional Nursing Director.

Acute Kidney Infection (AKI) Standard is > 70% by Q4								Director of Nursing and Midwifery

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

Factors that have contributed to our underperformance are: trainees not always filling in the AKI flag on the patient's discharge summary; there are few doctors and increasing demands at work on wards; there are not enough ward pharmacists on both sites; since TrakCare commenced in December 2016 a number of discharge summaries have not been released to primary care despite being completed by trainees as not authorised on wards.

We are constantly reinforcing by targeting trainees during their scheduled fortnightly teaching sessions at both sites. Ward pharmacists on week days do remind trainees on respective wards on patients flagged as AKI on biochemistry day before. As number is huge, they can only look at AKI stage 2 and 3. Bulk of AKI flags on daily basis is mild AKI stage 1 and if the trainees do not pick it up then we do not have any other form of reminder to them.

Once next phase of digitalisation starts, some of the human factors contributing to non-compliance can be addressed. In an ideal world we would like to see TrakCare biochemistry speak with discharge summary and digital drug chart. Covering in induction and regular education reinforces but may not resolve the issue. Trainees on both sites are being stretched and we have to look at smarter ways of working to improve patient safety along with how we correspond with colleagues in primary care.

TRUST PERFORMANCE & EXCEPTIONS (as at end March 2017)

RESPONSIVE

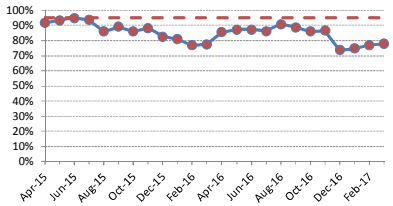
MEASURE	LAST 12 MTHS	ACTUAL 2015/16 Q4	2016/17 Q1	Q2	Q3	Q4	Jan	Feb	Mar	FORECAST Apr	May	Jun	Jul	Aug	Sep	FoT	Standard	Target Set By	How often	Data Month
ED																				
% patients spending 4 hours or less in ED		78.5%	86.9%	88.5%	82.4%	76.6%	74.7%	77.0%	77.9%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 95%	NHSI	M	Mar
Number of ambulance handovers delayed over 30 minutes		428	517	541	474	352	201	104	47	TBC	TBC	TBC	TBC	TBC	TBC		< previous year	GCCG	M	Mar
Number of ambulance handovers delayed over 60 minutes		33	3 **	1	14	8	7	1	0	TBC	TBC	TBC	TBC	TBC	TBC		< previous year	GCCG	M	Mar
18 WEEKS																				
Incomplete pathways - % waited under 18 weeks		92.0%	92.0%	90.7%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		≥ 92%	NHSI	M	Nov
15 key Diagnostic tests : % waiting over 6 weeks at month end		4.0%	2.6%	0.8%	*	*	1.18%	1.79%	4.59%	TBC	TBC	TBC	TBC	TBC	TBC		<1% waiting at month end	GCCG	M	Feb
Planned/surveillance endoscopy patients - nos. waiting at month end with and without dates		225	441	405	*	681	*	*	681	TBC	TBC	TBC	TBC	TBC	TBC		< 1% waiting at month end	GCCG	M	Mar
CANCER																				
Max 2 week wait for patients urgently referred by GP %		88.7%	84.9%	88.2%	91.7%	90.1%	85.1%	94.7%	94.5%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 93%	NHSI	M	Feb
Max 2 week wait for patients referred with non cancer breast symptoms %		95.3%	93.1%	93.7%	92.0%	92.2%	89.4%	95.0%	97.1%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 93%	NHSI	M	Feb
Max wait 31 days decision to treat to treatment %		99.8%	99.1%	99.2%	94.9%	91.9%	90.1%	93.6%	96.8%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 96%	NHSI	M	Feb
Max wait 31 days decision to treat to subsequent treatment : surgery %		99.5%	99.4%	99.4%	90.7%	90.0%	84.2%	97.7%	88.6%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 94%	NHSI	M	Feb
Max wait 31 days decision to treat to subsequent treatment : drugs %		100%	100%	100%	100%	100%	100%	100%	100%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 98%	NHSI	M	Feb
Max wait 31 days decision to treat to subsequent treatment : Radiotherapy %		100%	100%	99.5%	98.6%	99.2%	98.4%	100%	98.3%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 94%	NHSI	M	Feb
Max wait 62 days from urgent GP referral to 1st treatment (exl.rare cancers) %		76.7%	79.0%	76.9%	75.4%	66.3%	62.7%	70.0%	71.0%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 85%	NHSI	M	Feb
Max wait 62 days from national screening programme to 1st treatment %		94.9%	90.6%	96.0%	92.2%	85.7%	82.8%	92.3%	97.0%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 90%	NHSI	M	Feb
Max wait 62 days from consultant upgrade to 1st treatment %		100%	100%	71.4%	50.0%	100%	100.0%	-	100%	TBC	TBC	TBC	TBC	TBC	TBC		≥ 90%	NHSI	M	Feb

* 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.

RESPONSIVE

MEASURE	QUARTERLY PROGRESS Q1	Q2	Q3	Q4	NOW	FOT	OWNER
% patients spending 4 hours or less in ED Standard is ≥95%							Chief Operating Officer



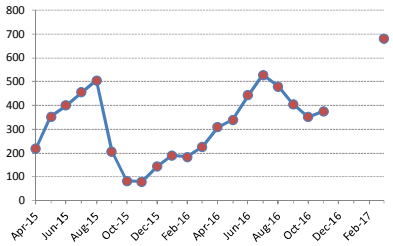
Commentary on what is driving the performance & what actions are being taken

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

				Breaches by Reason				
	Performance	Total Attendances	Total Breaches	Awaiting Assessment	Awaiting Bed	Undergoing Treatment	ED Capacity	Other
CGH	**88.53%**	**4124**	**473**	82	184	71	50	86
GRH	**71.89%**	**7379**	**2074**	566	853	179	238	238
Total	**77.86%**	**11503**	**2547**	648	1037	250	288	324
%				25.44%	40.71%	9.82%	11.31%	12.72%

Planned/surveillance endoscopy patients - nos. waiting at month end with and without dates
Standard is < 1% waiting at month end

Chief Operating Officer



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

The current Planned Surveillance backlog position of 681 may change following concerns raised by the Endoscopy Waiting List Manager that there seems to have been a significant number of patients who have dropped off this PTL pre and post Trak; this is particularly low given that end of November position was 750 and we have not removed hundreds of patients due to clinical validation, nor have we implemented plans yet to either treat this cohort of patients through either insourcing or outsourcing options. Pre-Trak our conversion was 100 patients per month additions to the backlog.

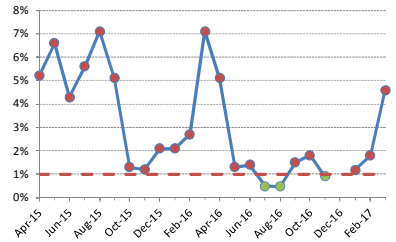
In March 2017 members of the Executive Team and Medical Division held a teleconference with JAG representatives to discuss the current performance position. It was acknowledged that the Planned Surveillance backlog remains a challenge to clear (made further evident by the demand versus capacity gap that IMAS modelling has demonstrated). The clearance plan is therefore to investigate both insourcing (Glanso Model) and outsourcing (Emersons Green Treatment Centre).

The specialty team have met with both Glanso and Emersons Green representatives to confirm the operational implementation of backlog recovery both in terms of cost, casemix that can be treated and timeline for setting up lists. The organisation has given agreement to proceed with implementation of the Glanso insourcing model and the service is already working with Glanso representatives to implement next steps in terms of the relevant contracts and governance arrangements for lists to commence in May 2017. Endoscopy lists have been identified and staffing rotas are next to be confirmed.

A combination of different performance pressures (see Diagnostic 6+ weeks waiters exception report for further details) has led to no Planned Surveillance backlog clearance in March and April; the service will push forward with insourcing/outsourcing options for this cohort to be treated in May as a priority ahead of the planned JAG on-site visit on 9th June 2017. In addition the service is looking to urgently recruit an additional short term locum to provide additional Diagnostic capacity as well as working closely with the Surgical Division to monitor 2ww conversion and any additional capacity that can be provided to treat these patients.

RESPONSIVE

MEASURE	QUARTERLY PROGRESS Q1	Q2	Q3	Q4	NOW	FOT	OWNER
15 key Diagnostic tests : % waiting over 6 weeks at month end Standard is < 1%							Chief Operating Officer



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

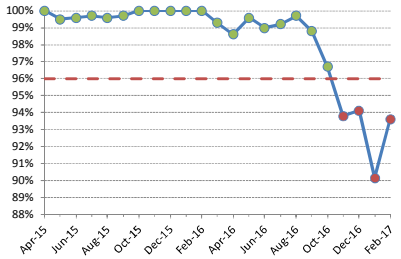
There were 290 patients waiting 6+ weeks at the end of March 2017, of which:

178 cardiology breaches - capacity issues due to 3 locum physiologists leaving in January and the Trust not being able to attract new locums. WLIs continue to take place but the backlog is building. Outsourcing and locum support from neighbouring hospitals has been sought and recruitment for substantive is underway.

45 colonoscopy breaches and 22 gastroscopy breaches -
There have been challenges since Trakcare go-live that have contributed to patients being identified late in their pathway that need a diagnostic procedure. Backlogs from December, January and February were cleared in March but there has been a knock on effect in terms of patients from March having to be breach booked into April. All Endoscopy capacity has been used to prioritise urgent and 2ww patients who are in most clinical need of treatment in the first instance. There has been an identified increase in colorectal 2ww outpatient referrals that has impacted the Colorectal service through the number of WLI clinics that have had to be arranged in March and April to accommodate this influx of work; there has not been a correlated decrease in routine referrals for the service. The impact has been increased conversion of 2ww outpatients requiring a diagnostic procedure as part of their cancer diagnosis which has further challenged available capacity in April.

42 audiology breaches and 3 neurophysiology breaches (unvalidated)

Max 31 days decision to treat to treatment
Standard is ≥96%



Chief Operating Officer

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

There were 17 breaches in February, giving a performance of 94.1% (against a target of 96%). All of these breaches were due to elective capacity, mainly in urology (14 of the 17) although 5 of the breaches has an element of patient choice.

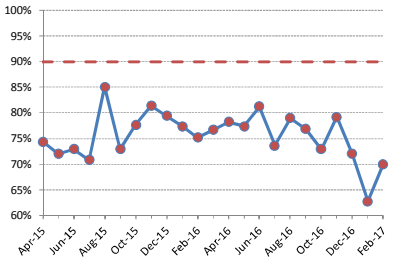
Actions are included in the wider Cancer Waiting Times recovery plan, but specifically in Urology:
- Additional consultant capacity is now in place and will start to have an impact
- The service is moving to generic pre-assessment – this has been delayed but should be implemented in April
- The Urology admissions team is now in post and having a positive impact
- The pooling of theatre lists has begun and is ongoing

	January 2017			February 2017			March 2017			Q4 2016/17
Target 85%	Latest Position	Breaches	Treatments	Latest Position	Breaches	Treatments	Latest Position	Breaches	Treatments	68.2%
	64.8%	54	152	70.0%	45	150	70.1%	43	144	
Brain / CNS	100.0%	0	1	100.0%	0	1		0	0	100.0%
Breast	100.0%	0	24.5	100.0%	0	23	100.0%	0	23	100.0%
Gynaecological	64.7%	3	8.5	62.5%	3	8	67.8%	4.5	14	65.5%
Haematological*	54.5%	5	11	43.7%	4.5	8	66.6%	2	6	54.0%
Head & Neck	66.6%	0.5	1.5	60.0%	3	7.5	50.0%	5	10	55.2%
Lower GI	64.2%	7.5	21	77.7%	3	13.5	62.7%	8	21.5	66.9%
Lung	76.0%	3	12.5	67.6%	5.5	17	82.1%	2.5	14	74.7%
Other	33.3%	2	3	0.0%	1	1	50.0%	2	4	37.5%
Sarcomas		0	0	50.0%	1	2		0	0	50.0%
Skin	94.7%	1	19	95.8%	1	24	100.0%	0	10	96.2%
Upper GI	68.0%	4	12.5	89.6%	1.5	14.5	81.2%	1.5	8	80.0%
Urological**	26.6%	27.5	37.5	29.5%	21.5	30.5	47.7%	17.5	33.5	34.4%

** Excludes acute leukaemia*
*** Excludes Testicular*

RESPONSIVE

MEASURE	QUARTERLY PROGRESS						OWNER
	Q1	Q2	Q3	Q4	NOW	FOT	
Max wait 62 days from urgent GP referral to 1st treatment (exl.rare cancers) %							Chief Operating Officer
Standard is ≥90%							



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

February's validated position is 70.0%, against a standard of 85% and against a trajectory of 79.5%. There were 10.5 more treatments than projected (150 as opposed to 139.5) and 16.5 more breaches than projected (45 as opposed to 28.5). Many of these breaches were the result of backlog clearance, particularly in Urology.

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 July 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, but remain a risk to recovery as well as the delivery of the full urology recovery to plan to timescale. 2ww capacity, particularly in Endoscopy, is also a risk to recovery as demand exceeds capacity.

	January 2017			February 2017			March 2017			Q4 2016/17
Target 93%	Latest Position	Breaches	Date First Seen	Latest Position	Breaches	Date First Seen	Latest Position	Breaches	Date First Seen	92.0%
	86.9%	224	1712	94.6%	83	1539	94.4%	104	1890	
Brain / CNS	76.4%	4	17	94.7%	1	19	100.0%	0	18	90.7%
Breast	93.6%	18	285	97.3%	7	263	93.6%	21	329	94.7%
Gynaecological	95.0%	5	101	96.1%	5	130	94.7%	7	133	95.3%
Haematological*	90.0%	1	10	90.0%	1	10	81.2%	3	16	86.1%
Head & Neck	98.6%	2	150	96.2%	6	159	96.9%	7	230	97.2%
Lower GI	82.3%	61	346	94.9%	13	256	95.5%	16	359	90.6%
Lung	97.9%	1	48	92.3%	4	52	100.0%	0	73	97.1%
Skin	89.0%	30	274	99.5%	1	231	98.9%	3	292	95.7%
Testicular	83.3%	4	24	92.8%	1	14	100.0%	0	15	90.5%
Upper GI	81.6%	34	185	87.3%	24	190	82.3%	40	226	83.6%
Urological**	76.4%	64	272	90.6%	20	215	96.4%	7	199	86.7%

** Excludes acute leukaemia*

*** Excludes Testicular*

TRUST PERFORMANCE & EXCEPTIONS (as at end March 2017)

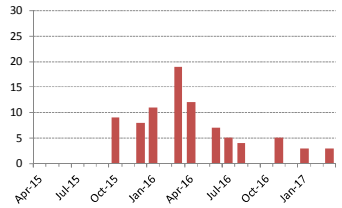
EFFECTIVE

MEASURE	LAST 12 MTHS	ACTUAL 2015/16 Q4	2016/17 Q1	Q2	Q3	Q4	Jan	Feb	Mar	FORECAST Apr	May	Jun	Jul	Aug	Sep	FoT	Standard	Target Set By	How often	Data Month
CLINICAL OPERATION																				
% stroke patients spending 90% of time on stroke ward		86.0%	85.1%	90.0%	88.6%	arrears	83.6%	87.3%	arrears	TBC	TBC	TBC	TBC	TBC	TBC		> 80%	GCCG	M	Feb
% of eligible patients with VTE risk assessment		93.7%	93.6%	93.7%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		> 95%	GCCG	M	Nov
Emergency re-admissions within 30 days - following an elective or emergency spell		6.4%	6.7%	6.5%	*	arrears	*	*	arrears	TBC	TBC	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		30	19	9	5	6	3	0	3	TBC	TBC	TBC	TBC	TBC	TBC		0	GCCG	M	Mar
Number of delayed discharges at month end (DTOCs)		10	16	36	36	37	31	44	37	TBC	TBC	TBC	TBC	TBC	TBC		<14	Trust	M	Mar
No. of medically fit patients - over/day		60	69	73	73	75	75	84	68	TBC	TBC	TBC	TBC	TBC	TBC		≤ 40	Trust	M	Mar
Bed days occupied by medically fit patients		1,791	2,086	2,252	2,376	2,239	2,330	2,342	2,044	TBC	TBC	TBC	TBC	TBC	TBC		None	Trust	M	Mar
Patient Discharge Summaries sent to GP within 24 hours		85.6%	85.7%	88.3%	*	arrears	*	*	arrears	TBC	TBC	TBC	TBC	TBC	TBC		≥85%	GCCG	M	Nov
BUSINESS OPERATION																				
Elective Patients cancelled on day of surgery for a non medical reason		2.0%	1.6%	1.6%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		≤ 0.8%	Trust	M	Nov
Patients cancelled and not rebooked in 28 days		27	35	10	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		0	GCCG	M	Nov
GP referrals year to date - within 2.5% of previous year		3.7%	7.9%	5.1%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		range +2.5% to -2.5%	Trust	M	Nov
Elective spells year to date - within 2.5% of plan		7.3%	4.9%	1.6%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		range ≥-1% to plan	Trust	M	Nov
Emergency Spells year to date - within 2.5% of plan		7.1%	7.7%	3.8%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		range ≤2.5% over plan	Trust	M	Nov
LOS for general and acute non elective spells		6.0	5.9	5.8	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		Q1 /Q2 <5.4days, Q3 /Q4 <5.8days	Trust	M	Nov
LOS for general and acute elective IP spells		3.6	3.3	3.7	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		≤ 3.4 days	Trust	M	Nov
OP attendance & procedures year to date - within 2.5% of plan			0.5%	-1.5%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC		range +2.5% to -2.5%	Trust	M	Nov
Records submitted nationally with valid GP code (%)		99.9%	99.9%	100%	100%	arrears	100%	100%	arrears	TBC	TBC	TBC	TBC	TBC	TBC		≥ 99%	Trust	M	Feb
Records submitted nationally with valid NHS number (%)		99.8%	99.8%	99.8%	99.8%	arrears	99.8%	99.8%	arrears	TBC	TBC	TBC	TBC	TBC	TBC		≥ 99%	Trust	M	Feb

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

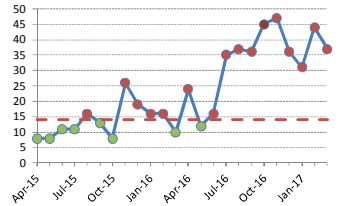
In month position, therefore figure not validated.

EFFECTIVE

MEASURE		QUARTERLY PROGRESS Q1	Q2	Q3	Q4	NOW	FOT	OWNER
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

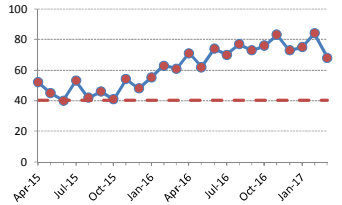
In March there was one mixed sex accommodation breach at GRH Gallery Wing and there were two breaches at GRH Department of Critical Care. These were all due to capacity issues at GRH in March 2017.

Number of delayed discharges at month end (DTOCs) 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 2,302 beddays lost due to Delayed Transfers of Care in March 2017. Following the high numbers in February the March and April numbers are much improved and continue to come down each day.

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. Alternative options are being explored with the CCG primarily around pathway 1 for Discharge to Assess. In addition the new medically fit ward is operational now which will be a pull model for the community services.

There were 2,044 beddays lost due to medically fit patients in March 2017, showing improvement from February 2017.

TRUST PERFORMANCE & EXCEPTIONS (as at end March 2017)

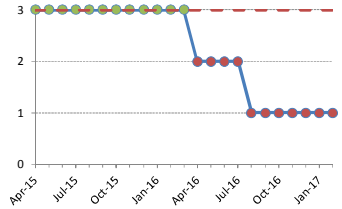
WELL LED

MEASURE	LAST 12 MTHS	ACTUAL 2015/16 Q4	2016/17 Q1	Q2	Q3	Q4	Jan	Feb	Mar	FORECAST Apr	May	Jun	Jul	Aug	Sep	FoT	Standard	Target Set By	How often	Data Month
FINANCIAL HEALTH																				
NHSI Financial Risk Rating (YTD)		3	2	1	1	arrears	1	1	arrears	TBC	TBC	TBC	TBC	TBC	TBC		Level 3	NHSI	M	Feb
Achieve planned Income & Expenditure position at year end		-£1.6m	£18.2m	-£23.8	-£18.0	arrears	-£18.0	-£18.0	arrears	TBC	TBC	TBC	TBC	TBC	TBC		Achieved or better at year end	NHSI	M	Feb
Total PayBill Spend (£K)		£78.7m	£82.1m	£83.1m	£83.3m	arrears	£26.99m	£27.24m	arrears	TBC	TBC	TBC	TBC	TBC	TBC		Target + 0.5%	Trust	M	Feb
Total worked WTE		7,153	7,121	7,299	7,200	arrears	7,238	7,239	arrears	TBC	TBC	TBC	TBC	TBC	TBC		Target + 0.5%	Trust	M	Feb
WORKFORCE HEALTH																				
Annual sickness absence rate (%)		3.8%	3.8%	3.8%	3.9%	3.9%	3.9%	3.9%	3.9%	TBC	TBC	TBC	TBC	TBC	TBC		green < 3.6% red >4%	Trust	M	Feb
Turnover rate (FTE)		11.7%	11.6%	11.5%	11.7%	11.7%	11.8%	12.0%	11.5%	TBC	TBC	TBC	TBC	TBC	TBC		7.5-9.5%	Trust	M	Feb
Staff who have annual appraisal (%)		83%	83%	80%	80%	82%	80%	82%	82%	TBC	TBC	TBC	TBC	TBC	TBC		green >89% red < 80%	Trust	M	Mar
Staff having well structured appraisals in last 12 months (staff survey, on a 5 point scale)		38%	3.0	3.0	3.0	3.0	3.0	3.0	3.0	TBC	TBC	TBC	TBC	TBC	TBC		> 3.8	Trust	A	Mar
Staff who completed mandatory training (%)		91%	92%	92%	90%	89%	89%	89%	90%	TBC	TBC	TBC	TBC	TBC	TBC		> 90%	Trust	M	Mar
Staff Engagement indicator (measured by the annual staff survey on a 5 point scale)		3.69	3.71	3.71	3.71	3.71	3.71	3.71	3.71	TBC	TBC	TBC	TBC	TBC	TBC		> 3.8	Trust	A	Mar
Improve communication between senior managers & staff (staff survey) (%)		34%	34%	34%	34%	34%	34%	34%	34%	TBC	TBC	TBC	TBC	TBC	TBC		> 38%	Trust	A	Mar

* 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.

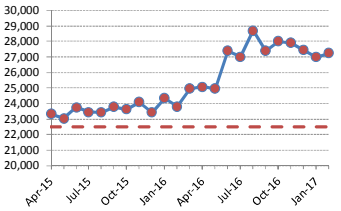
WELL LED

MEASURE		QUARTERLY PROGRESS Q1	Q2	Q3	Q4	NOW	FOT	OWNER
NHSI Financial Risk Rating Standard is Level 3								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.

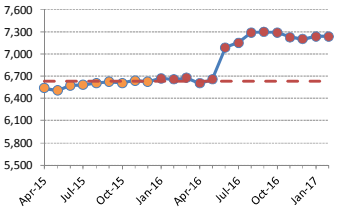
March data not yet available.

Total PayBill spend £K 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 February is £27.24m. This is in line with average.

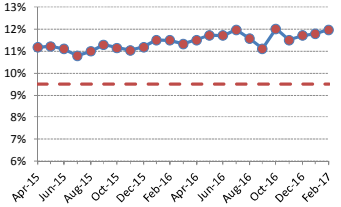
March data not yet available.

Total worked WTE Standard is Target + 0.5%								Chief Operating Officer

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.

March 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

The Turnover rate for all Staff Groups has, with the exception of HCAs and A&C staff, at least steadied and in some cases reduced. Medicine Division HCA turnover is over 20% annually. A&C turnover has suffered from a higher than usual number of retirements in the last 12 months. The HR & Workforce teams continue to monitor leavers to ensure that staff reason for leaving are understood, and where possible, addressed. In addition, efforts are being made to enhance our employment offering to improve retention levels, particularly through focusing on flexibility and career development.

Report to the Board of Directors meeting - 10 May 2017

From Chair of Quality and Performance Committee – Claire Feehily, Non-Executive Director

This report describes the business conducted at the Quality and Performance Committee held 27 April 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
Divisional Report - Surgery	CoS and DND presented an overview of quality initiatives and learning from incidents	Scope of presentation focused on quality. In future extend to include performance. Divisional priorities could be clearer. Responding to and learning from complaints	Robust governance structure described Strong evidence of learning from incidents selected Continued focus on improving approach to complaints and on peer learning	Brief to divisions to be altered to focus on; • Significant successes • Generalizable learning • Risks to delivery of improvement plan
Quality Account	Presentation of the final draft of the Quality Account prior to circulation to external stakeholders for comments	Some data remains incomplete due to lack of availability of year-end information	Assurance that Quality Account is compliant with national guidance External Audit of prior year accounts has consistently confirmed compliance	Final Quality account to be endorsed at additional Board meeting at the end of May 2017

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Integrated Performance Report (IPR)	Summarised performance up to the end of March 2017. Trust did not meet any of the 4 national access targets.	The Impact of TrakCare on data quality and operational performance still unclear.	Data relating to ED and cancer performance is stabilising post TrakCare	Review of approach to operational recovery post TrakCare, utilising external support.
		Improvement trajectories not visible to the Committee	Cancer performance improving but still not meeting target	Committee to focus in future on monitoring performance against recovery trajectories
Emergency Pathway Report	Report of operational performance to end of March 2017 and progress against the Emergency Care Milestone plan. Whilst performance is improving, still below target	ED performance does not appear to reliably improve when bed pressures are reduced and notwithstanding the range of improvement initiatives that have been attempted. Compliance with ED Safety Check List needs to improve across both sites.	Key quality measure in ED have been maintained – 15 minute to first assessments Change of clinical and managerial leadership in ED	Reports to regulators to be reported in Board governance structure. Further progress on Safety Check List Future Committee focus on recovery trajectories for both performance and safety measures. Future reports to include section on monitoring of patient experience
		Do we have evidence of patient experience of these performance levels?	Specific assurance given that no adverse patient feedback has been received by Head of Patient Experience	
Mortality	Position statement and action plan for National Guidance on Learning from Deaths	Would benefit from a whole	Good current practice with	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
		system approach between NHS providers across Gloucestershire	Duty of Candour, investigation of deaths and involvement of families was described Whole system approach being progressed, including involvement of CCG and primary care	
	Update on Trust's mortality data	Progress with reducing specific mortality rates Impact of data completeness on Trust's statistical returns	Continuing focus on data completeness and evidence of coding improvements in palliative care and adiditonal momentum in co-morbidity coding work. Mortality figures reported in IPR are benchmarked nationally but 3 months in arrears	Future mortality report with analysis and action to address outlier areas of : • GI bleeds • Stroke • Respiratory
CQC	Progress against the action plan to address concerns relating to ED raised by CQC following visit	Does not include actions to address concern raised in subsequent correspondence regarding Fit & Proper Persons Requirements	Majority of actions completed.	Will need to be reviewed and monitored by Committee when final CQC report received
Serious Untoward Incidents (SUIs)	Report of SUIs in past month and progress with investigation and closure of previous incidents	Report should include referrals to the Information Commissioner (ICO)	No never events this month and all investigations completed within required timeframe	Future Board report to include ICO referrals Review guidance and confirm whether report

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
				is presented to Board or Q&P meeting.
Safer Staffing	Report demonstrating compliance with the framework of Hard Truths – Safer Staffing Commitment	Is there a continuing requirement to report this in same format to Board?	Should be sufficient for a Board Subcommittee to provide assurance on compliance unless guidance requires it to be received in public	

GLOSSARY

CoS	Chief of Services – Surgery
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DND	Divisional Nursing Director
ED	Emergency Department
GI	Gastrointestinal
ICO	Information Commissioner's Office
IPR	Integrated Performance Report
SUI	Serious Untoward Incident

Report Title									
TRUST RISK REGISTER									
Sponsor and Author(s)									
Author - Andrew Seaton, Director of Safety Sponsor – Deborah Lee, Chief Executive									
Audience(s)									
Board members	√	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

The purpose of this report is to provide the Board with oversight of the key risks within the organisation and to provide the Board with assurance that the Executive is actively controlling and pro-actively mitigating risks so far as is possible.

Key issues to note

- 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.

- Divisions are required on a monthly basis to submit reports indicating any changes to existing high risks and any new 15+ risks to the Trust Leadership Team (TLT) for consideration of inclusion on the Trust Risk Register.

- New risks are required to be reviewed and reassessed by the appropriate Executive Director prior to submission to TLT to ensure that the risk does not change when considered in a corporate context.

- Work continues to review those Divisional risks at 15+ that have not yet been migrated to the Trust Risk Register.

- Work has now commenced to review all SAFETY risks 12 or more for consideration of inclusion on the Trust Risk Register.

Changes in Period

DSP2401diet – This risk has been partly mitigated following recruitment of the extra dietitians and therefore de-escalated and removed from the TRR to Divisional monitoring.

DSP2404haem has been reviewed and re-worded to reflect to quality service risk and added to the Trust risk register

F1339 and F2511 are two newly reviewed financial risks that have been assessed by the Finance Committee and have been added to the register.

The full Trust Risk Register with current risks is attached (appendix 1)

Conclusions

The 9 remaining risks on the Trust Risk Register have active controls to mitigate the impact or likelihood of occurrence, alongside actions aimed at significantly reducing or ideally, eliminating the

risk.

Implications and Future Action Required
To ensure that the work to migrate or de-escalate all Divisional risks 15+ is concluded and to progress the review of all safety risks of 12 or over for future incorporation on to the Trust Risk Register.

Recommendations
To receive the report as assurance that the Executive is actively controlling and pro-actively mitigating risks so far as is possible and approve the changes to the Trust Risk Register as set out.
Impact Upon Strategic Objectives
Supports delivery of a wide range of objectives relating to safe, high quality care and good governance
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	X	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)**
				3rd May 2017	

Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
F2511	Corporate Division, Diagnostics and Specialties Division, Estate and Facilities, Medical Division, Surgical Services Division, Women's and Children's		Acting Director of Finance	Finance Committee	Risk that the Trust's expenditure exceeds the budgets set resulting in failure to deliver the Financial Recovery Plan for FY18	Monthly monitoring, forecasting and reporting of performance against budget by finance business partners Monthly executive reviews Performance management framework		Catastrophic (5)	Possible - Monthly (3)	15	15 - 25 Major		31/05/2017
S1851	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. Extended site management - Silver rota 2. Escalation policy and procedures for use of extra beds 3. Risk assessments evaluating the change in function of the areas.	Inadequate	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Major	Delivery of Winter plan Easter Bank Holiday Plan	11/05/2017
F1339	Corporate Division, Diagnostics and Specialties Division, Estate and Facilities, Medical Division, Surgical Services Division, Women's and Children's	Finance	Acting Director of Finance	Finance Committee	Risk that the Trust does not achieve the required cost improvement resulting in failure to deliver the Financial Recovery Plan for FY18	PMO in place to record and monitor the FY18 programme Monthly monitoring and reporting of performance against target Monthly executive reviews	Adequate	Catastrophic (5)	Possible - Monthly (3)	15	15 - 25 Major		31/05/2017

Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
DSP2404haem	Diagnostics and Specialties Division	Safety	Medical Director	Divisional Board	Risk of reduced quality care as a result of inability to effectively monitor patients receiving haematology treatment and assessment in outpatients due to a lack of clinical capacity and increased workload.	Telephone assessment clinics Locum and WLI clinics Reviewing each referral based on clinical urgency Pending lists for routine follow ups and waiting lists for routine and non-urgent new patients.	Inadequate	Major (4)	Likely - Weekly (4)	16	15 - 25 Major	Develop Business case to meet capacity demand	26/05/2017
F1609	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. Pilot of extended Bank office hours 2. Agency Taskforce 3. Bank incentive payments and weekly pay for bank staff 4. General and Old Age Medicine Recruitment and Retention Premium 5. Master vendor for medical locums 6. Temporary staffing tool self assessment 7. Daily conference calls to review staffing levels and skill mix. 8. Ongoing Trust wide recruitment drive 9. Divisions supporting associate nurse and CLIP programme. 10. Initiatives to review workforce model, CPN's, administrative posts to release nursing time	Adequate	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Major	Monitoring at Workforce Committee Establish Quality Impact Assessment for project Overseas recruitment programme	01/05/2017

Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
WF2335	Corporate Division, Diagnostics and Specialties Division, Estate and Facilities, 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. Agency Programme Board receiving detailed plans from nursing, medical, workforce and operations working groups. 2.Increase challenge to agency requests via VCP 3. Convert locum\agency posts to substantive 4. Promote higher utilisation of internal nurse and medical bank.	Inadequate	Major (4)	Almost certain - Daily (5)	20	15 - 25 Catastrophic	Establish Workforce Committee Complete PIDs for each programme Reconfiguring Structures	05/05/2017
S1748	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. 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	Inadequate	Major (4)	Almost certain - Daily (5)	20	15 - 25 Catastrophic	Re establish Planned care board Interim action plan to recover position	02/05/2017

Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
M2473	Medical Division	Quality	Director of Nursing	Quality & Performance Committee	The risk of poor quality patient experience during periods of overcrowding in the Emergency Department	Identified corridor nurse at GRH for all shifts; ED escalation policy in place to ensure timely escalation internally; Cubicle kept empty to allow patients to have ECG / investigations (GRH); Pre-emptive transfer policy patient safety checklist up to 12 hours Monitoring Privacy & Dignity by Senior nurses	Inadequate	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Major	CQC action plan for ED	11/05/2017

Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
S2045	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	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	Adequate	Major (4)	Likely - Weekly (4)	16	15 - 25 Major	Deliver the agreed action fractured neck of femur action plan	26/05/2017

REPORT TO MAIN BOARD - MAY 2017

From Finance Committee Chair – Keith Norton, Non-Executive Director

This report describes the business conducted at the Finance Committee held 26th April 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
Financial Performance Report	Operational deficit of £17.968m against a target of £18m Cashflow and debtor balances have decreased significantly largely as a result of significant focus on credit control over the past months.	Are there any surprises with the only issues were stock movement around drugs. No other liabilities. Contract agreement with GCS settled for 2016/17 in March 2017 with no differences. In respect of 2017/18 contract would be worked out by the end of Quarter 1 and in place by then.	Stronger position as a result of action taken	
Budget Update	Verbal report presented and in respect of the £14.7m Financial Recover Plan the deficit is now £16.7m. A fully report is being presented to the Board.			
Deloitte Financial Reporting Review Recommendations	Two of the 34 recommendations remain outstanding – payments in relation to GP trainees and Hereford Radiotherapy Unit. Future	Estate and asset valuation undertaken reflecting an overall reduction to estates valuation of £14.3m and is included in the draft accounts.		

	item on The later to be presented to the Committee before final report is presented to the Board			
Workforce Update	Total pay expenditure remains relatively static between M 11 and 12 Nursing expenditure increased significantly between M 11 and 12 partly as a consequence of an adjustment actioned in M11 Recruitment endeavours have resulted in the offer of substantive positions of 22 experienced nurses; 7 foreign nurses have commenced and 29 nurses from the Philippines; we are currently looking at recruiting for India. A successful Open Day had been held with 82 offers made to qualified nurses. Turnover is stabilising Medical Locum reduction targets an issue with a savings target of £1.157m next year.	What else do we need to do and view is to continue with the current approach. This will be achieved if we achieve our CIP target. Improvements required in our Bank process.		

	Concerns in respect of IR 35 and lines may not be held by all Trusts.		Assurance is required in respect of what is in our control eg rotas and trajectories are required. The Chief Executive is to pick this up at Directors' Group	
Regulatory Review Update	The Trust has met NHS Improvement on 4 April 2017. An e-mail had been received regarding our Control Total			
Cost Improvement Programme Update	£10.4m delivered against plan of £13m. £2m to be added to the 2017/18 Programme and once there is a view of where it will be achieved, it will be held centrally initially	The Programme is presented at monthly intervals with little detail of what will be achieved at year end.	Assurance provided of greater clarity of Divisions in managing CIP with greater detail being provided to monitor the Programme	
Finance Risk Register	Please that the Risk Register has now been developed. 9 risks of which 2 are currently rated 15. These two risks to be discussed at forthcoming Trust Leadership Team (TLT) for consideration for inclusion in the Trust Risk	The process for managing the Risks.	The Committee has the reassurance and were happy with the detail. The process of TLT in managing risks was explained.	

	Register			
Capital Programme Report	Outturn is £0.1m below target and the impact for this has already been built into the Plan	Challenge around how the Plan is being managed	Assurance provided that the 2017/18 Plan will be managed with equal rigour as 2016.17.	
Other Issues to be Escalated to the Board	- Financial Plan and Budget - Deloitte Recommendation; to be discussed at this Committee and then to the next Board meeting - Financial Risk Register – Risks rated 15 to be put on the Trust Risk Register - Medical Staffing – Director of HR and OD to do within the Workforce item - Audit and Assurance – Report being done regarding Challenge and Assurance			

Report Title
Financial Performance Report - Period to 31st March
Sponsor and Author(s)
Author: Tony Brown, Senior Financial Advisor Sponsoring Director: Sarah Stansfield, Acting Director of Finance

Executive Summary

Purpose

This report provides an overview of the financial performance of the Trust as at the end of the 2016/17 financial year. All figures in this report remain subject to finalisation as part of the annual accounts process and audit.

It provides the three primary financial statements for information.

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 the 2016/17 financial year is an operational deficit of £18.0m. This represents a favourable variance to the forecast position of £32k. This variance is the same against the original FRP forecast produced at Month 7. It represents an adverse variance to the original NHSI plan of £36.2m

- There has been an impairment to fixed asset carrying values as a result of the final year-end valuation work, of which £14.3m has been charged to the I&E. This gives an overall deficit of £32.3m for the 2016/17 financial year. Whilst this is shown in the report for completeness (and will be in the final accounts position) it is not taken into account when measuring performance against control total

- 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

Conclusions

The financial position for 2016/17 shows a favourable variance to forecast of £32k, with a significant adverse variance to plan of £36.2m (inclusive of the STF funding for Q1 of the financial year).

No further STF funding has been accounted for in the final position other than that received in Q1.

Implications and Future Action Required

The Trust has delivered the annual forecast position with a favourable £32k variance.

Recommendations
The Board is asked to note the report, pending finalisation of accounts and audit.
Impact Upon Strategic Objectives
The financial position presented will meet the targeted forecast for 2016/17.
Impact Upon Corporate Risks
None.
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)**

Gloucestershire Hospitals NHS
NHS Foundation Trust

Financial Performance Report
Year to 31st March 2017

Note: All figures subject to annual accounts finalisation and audit

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 12 of the 2016/17 financial year. It should be noted that the report shows the **unaudited** Month 12 position. This position has been submitted to NHSI in the key data return submission. The position reported here is that which formed the basis of the unaudited Final Accounts submission to DoH on Wednesday 26th April 2017. This report presents the three primary statements for information.

Month 12 Unaudited Financial Position	M12 F'cast £000's	M12 Actual £000's	YTD Variance £000's
SLA & Commissioning Income	433,648	433,665	17
PP, Overseas and RTA Income	5,010	4,604	(406)
Operating Income	63,612	65,311	1,699
FRP Savings	1,048	1,077	29
Total Income	**503,318**	**504,657**	**1,339**
Pay	330,512	329,809	703
Non-Pay	174,876	174,906	(30)
FRP Savings	(2,444)		(2,444)
Total Expenditure	**502,944**	**504,716**	**(1,772)**
EBITDA	**374**	**(59)**	**(433)**
EBITDA %age	**0.1%**	**(0.0%)**	**(0.1%)**
Depreciation	10,502	10,284	218
Public Dividend Capital Payable	6,661	6,457	204
Interest Receivable	(36)	(36)	(0)
Interest Payable	4,472	4,430	42
Total Non Operating Costs	**21,599**	**21,135**	**464**
Surplus/(Deficit)	**(21,225)**	**(21,193)**	**32**
STF Funding	3,225	3,225	0
Surplus/(Deficit) (inc. STF)	**(18,000)**	**(17,968)**	**32**
Fixed Asset Impairment		14,302	(14,302)
Surplus/(Deficit) (inc. STF)	**(18,000)**	**(32,270)**	**(14,270)**

The Trust is reporting, prior to final accounts audit, an operating deficit of £17.968m (including the Q1 STF funding of £3.225m). This represents a **favourable** variance to forecast of £32k for the year. The Month 12 position against the original NHSI financial recovery plan forecast is shown on page 5. The Month 12 position against the NHSI Plan is shown page 6.

The table summarises (at a high level) the Trust position for Month 12 of the 2016/17 financial year against the forecast prepared last month. The deficit of £21.2m has been mitigated by receipt of Q1 STF funding of £3.2m.

FRP savings not already assimilated into pay and non-pay lines were forecast to be £2.4m, included as a bottom line adjustment to forecast. Actual delivery of savings within pay, non-pay and income come to a value of £3.5m at M12.

There has been an impairment to fixed asset carrying values as a result of the final year-end valuation work. Whilst this is shown for completeness (and will be in the final accounts position) it is not taken into account when measuring performance against control total.

The previously reported TrakCare backlog input, data quality issues and reductions in activity due to operational pressures have continued into March.

Balance Sheet(1)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Trust Financial Position	Opening Balance 31st March 2016 £000	Balance as at M12 £000	B/S movements from 31st March 2016 £000
Non-Current Assests			
Intangible Assets	3,585	7,393	3,808
Property, Plant and Equipment	308,601	295,935	(12,666)
Trade and Other Receivables	4,505	5,005	500
Total Non-Current Assets	**316,691**	**308,333**	**(8,358)**
Current Assets			
Inventories	8,036	7,400	(636)
Trade and Other Receivables	30,611	17,696	(12,915)
Cash and Cash Equivalents	3,950	7,974	4,024
Total Current Assets	**42,597**	**33,070**	**(9,527)**
Current Liabilities			
Trade and Other Payables	(63,726)	(46,445)	17,281
Other Liabilities	(497)	(274)	223
Borrowings	(5,283)	(5,283)	0
Provisions	(186)	(182)	4
Total Current Liabilities	**(69,692)**	**(52,184)**	**17,508**
Net Current Assets	**(27,095)**	**(19,114)**	**7,981**
Non-Current Liabilities			
Other Liabilities	(7,987)	(7,338)	649
Borrowings	(54,538)	(83,197)	(28,659)
Provisions	(1,396)	(1,524)	(128)
Total Non-Current Liabilities	**(63,921)**	**(92,059)**	**(28,138)**
Total Assets Employed	**225,675**	**197,160**	**(28,515)**
Financed by Taxpayers Equity			
Public Dividend Capital	166,519	166,519	0
Reserves	67,543	71,411	3,868
Retained Earnings	(8,387)	(40,770)	(32,383)
Total Taxpayers' Equity	**225,675**	**197,160**	**(28,515)**

The table shows the **unaudited** Month 12 balance sheet and the variance between movements from the 2015/16 closing balance sheet, supporting narrative is on the following page.

Balance Sheet (2)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Commentary below reflects the Month 12 balance sheet position against the prior year outturn

Note: The opening balance sheet has been restated for the prior period adjustment impacting on the trade and other payables balance in total assets employed and the income and expenditure reserve balance in reserves. As work continues on assessment of bad debt and baselining we expect the prior period adjustment to increase, although this should have minimal impact on the current year's I&E position from this point forward.

Non-Current Assets

- There is a reduction in non-current assets which reflects the revaluation exercise undertaken as part of year-end accounts, asset disposals and depreciation charges above capital additions for the year.

Current Assets

- Inventories have reduced year on year notably on drugs and in theatre areas.
- Receivables balances are now £12.9m below their closing March 2016 level.
- Cash has remained broadly in line with the previous 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.

Non-Current Liabilities

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

Reserves

- The I&E and revaluation reserves movement reflects the deficit and impairment.

Cashflow

Cashflow Analysis	Outturn £000s
Surplus (Deficit) from Operations	**(22,494)**
Adjust for non-cash items:	
Depreciation	10,284
Impairments within operating result	14,301
Gain/loss on asset disposal	0
Provisions	0
Other operating non-cash	(658)
Operating Cash flows before working capital	**1,433**
Working capital movements:	
(Inc.)/dec. in inventories	636
(Inc.)/dec. in current assets	8,310
(Inc.)/dec. in current provisions	104
(Inc.)/dec. in trade and other payables	(11,447)
(Inc.)/dec. in other financial liabilities	1,217
Net cash in/(out) from wokring capital	**(1,180)**
Capital investment:	
Capital expenditure	(15,233)
Capital receipts	2,790
Net cash in/(out) from investment	**(12,443)**
Funding and debt:	
PDC Received	0
Interest Received	36
DH loans - received	33,421
DH loans - repaid	(4,814)
Other loans	
Finance lease capital	(3,066)
PFI/LIFT etc capital	(2,835)
PDC Dividend paid	(6,726)
Other	198
Net cash in/(out) from financing	**16,214**
Net cash in/(out)	**4,024**

Cash at Bank - Opening	**3,950**
Closing	**7,974**

The unaudited cashflow for 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 reflect a year on year reduction notably on drugs and in theatre areas.
- **Current Assets** – Debtor balances have decreased significantly against their prior year carrying value, largely as a result of the significant focus on credit control over the past months.
- **Trade Payables** – have decreased significantly against their prior year carrying value and reflect the management undertaken as part of distress funding arrangements.
- **Capital expenditure** – the £15.2m cash outflow reflects the cash payments in year and is a combination of current year capital programme and prior year accruals. The charge to the 2016/17 capital programme is £11.7m.
- **DH Loans Received** – reflects the drawdown of distress funding from the DH
- **DH Loans Repaid** – reflects the annual payment of the existing ITFF loans

Gloucestershire Hospitals NHS
NHS Foundation Trust

Financial Performance Against FRP (based on M7 forecast)
Year to 31st March 2017

Introduction and Overview

The analysis in this section of the report provides an overview of the Trust's financial performance against the trajectory initially developed at Month 7 as part of the Financial Recovery Plan (FRP) for information. The Trust produces a 'live' forecast on a monthly basis so the view is as current as practical and this is the analysis on which this report largely focuses. The Trust has delivered a deficit position of £17.968m (including the Q1 STF funding of £3.225m). This represents a favourable variance to the original FRP forecast (produced at M7) of £32k for the year-to-date.

Month 12 Unaudited Financial Position	M12 F'cast £000's	M12 Actual £000's	YTD Variance £000's
SLA & Commissioning Income	433,290	433,665	375
PP, Overseas and RTA Income	5,449	4,604	(845)
Operating Income	66,235	65,311	(924)
FRP Savings	1,048	1,077	29
Total Income	**506,022**	**504,657**	**(1,365)**
Pay	332,307	329,809	2,498
Non-Pay	177,032	174,906	2,126
FRP Savings	(4,700)		(4,700)
Total Expenditure	**504,640**	**504,715**	**(76)**
EBITDA	**1,382**	**(58)**	**(1,440)**
EBITDA %age	**0.3%**	**(0.0%)**	**(0.3%)**
Non Operating Costs	22,607	21,135	1,472
Surplus/(Deficit)	**(21,225)**	**(21,193)**	**(32)**
STF Funding	3,225	3,225	0
Surplus/(Deficit) (inc. STF)	**(18,000)**	**(17,968)**	**(32)**
Fixed Asset Impairment		14,302	(14,302)
Surplus/(Deficit) (inc. STF)	**(18,000)**	**(32,270)**	**(14,270)**

The table summarises (at a high level) the Trust position for Month 12 of the 2016/17 financial year against the forecast prepared to support the original FRP at M7.

The year-to-date deficit of £21.2m has been mitigated by receipt of Q1 STF funding of £3.2m.

There are some significant variances on operating income and non-pay which reflect movements between these categories for SmartCare related transactions. Non-operating expenditure shows a favourable variance due to the reforecasting of both depreciation and PDC (offset by an increase in interest charges) that have taken place since the Month 7 forecast was prepared.

FRP savings not already assimilated into pay and non-pay lines were forecast to be £4.7m, included as a bottom line adjustment to forecast. Actual delivery of savings within pay, non-pay and income come to a value of £3.5m at M12.

The impairment is shown for completeness (ref page 1 of this report for full explanation).

Gloucestershire Hospitals NHS
NHS Foundation Trust

Financial Performance Against NHSI Plan
Period to 28th February 2017

Performance Against NHSI Plan

At the end of the 2016/17 financial year the Trust has delivered a year-to-date deficit position of £17.968m (including the Q1 STF funding of £3.225m). This represents an adverse variance to plan of £36.2m.

Month 12 Unaudited Financial Position	M12 F'cast £000's	M12 Actual £000's	YTD Variance £000's
SLA & Commissioning Income	431,287	433,665	2,378
PP, Overseas and RTA Income	5,722	4,604	(1,118)
Operating Income	62,518	65,311	2,793
FRP Savings		1,077	1,077
Total Income	**499,527**	**504,657**	**5,130**
Pay	317,703	329,809	(12,106)
Non-Pay	150,863	174,906	(24,043)
Total Expenditure	**468,566**	**504,715**	**(36,149)**
EBITDA	**30,961**	**(58)**	**(31,019)**
EBITDA %age	**6.2%**	**(0.0%)**	**(6.2%)**
Non Operating Costs	25,646	21,135	4,511
Surplus/(Deficit)	**5,315**	**(21,193)**	**(26,508)**
STF Funding	12,900	3,225	(9,675)
Surplus/(Deficit) (inc. STF)	**18,215**	**(17,968)**	**(36,183)**
Fixed Asset Impairment		14,302	(14,302)
Surplus/(Deficit) (inc. STF)	**18,215**	**(32,270)**	**(50,485)**

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

The year-to-date deficit of £21.1m has been mitigated by receipt of Q1 STF funding of £3.2m.

Actual delivery of FRP savings within pay, non-pay and income come to a value of £3.5m at M12.

The impairment is shown for completeness (ref page 1 of this report for full explanation).

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.

Recommendations

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Committee is asked to note:

- The unaudited financial position of the Trust at the end of the 2016/17 financial year is an operational deficit of £17.968m. This is a favourable variance to forecast of £32k.

- Against NHSI Plan the adverse variance is £36.2m.

- 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.

Author: **Tony Brown, Senior Financial Advisor**

Presenting Director: **Sarah Stansfield, Acting Director of Finance**

Date: **April 2017**

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE TRUST FINANCE COMMITTEE HELD IN THE BOARD ROOM, ALEXANDRA HOUSE, CHELTENHAM GENERAL HOSPITAL ON THURSDAY 29TH MARCH 2017 AT 9.00 AM

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

Stuart Diggles	SD	Interim Director of Finance
Tony Foster	TF	Non-Executive Director
Peter Lachecki	PL	Chair of the Trust
Deborah Lee	DL	Chief Executive
Keith Norton **(Chair)**	KN	Non-Executive Director
Dave Smith	DS	Director of Human Resources and Organisational Development
Sarah Stansfield	SS	Director of Operational Finance

GOVERNOR REPRESENTATIVE

Alan Thomas	AT	Lead Governor

APOLOGIES

Sean Elyan	SE	Medical Director
Dr Claire Feehily	CF	Non-Executive Director
Natasha Swinscoe	NS	Interim Chief Operating Officer

IN ATTENDANCE

Louise Courtier	LC	Corporate Governance Administrator
David Hoppe	DH	NHSI
Neil Jackson	NJ	Director Of Estates & Facilities
Oliver Tracey	OT	NHSI
Martin Wood	MW	Trust Secretary

036/17 DECLARATIONS OF INTEREST **ACTION**

There were none.

037/17 MINUTES OF THE MEETING HELD ON 23rd FEBRUARY 2017

Agreed as correct record and signed by the chair.

038/17 MATTERS ARISING

February 2017 021/17 Deloitte Financial Report Review Recommendations

This report has now been circulated to the Council of Governors. *Completed as Matters Arising.*

CONCLUDED

February 2017 029/17 Finance Committee Work Plan

The capital programme will be split between Quality & Performance Committee & Finance Committee and is to be discussed between the chairs. **KN/CF**

ONGOING

039/16 FINANCIAL PERFORMANCE REPORT

The Director of Operational Finance has reported an overview of the financial performance of the Trust as at the end of Month 11 of the 2016/17 financial year. It provides the three primary financial statements along with detailed 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.

The key points to note were the financial position of the Trust at the end of Month 11 of the 2016/17 financial year is an operational deficit of £20.1m. This is an adverse variance to the forecast position of £0.7m, but a favourable variance of £0.1m to the original FRP forecast produced at Month 7. It represents an adverse variance to the original NHSI Plan of 34.2m.

The NHSI Plan and the planning process created are 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 Trust's 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 and negative available cash balance of £0.6m (after reserve funds) – based on borrowing received to date.

The Director of Operational Finance has advised that there is no prediction of future figures as they fall as they are but there is a good pay trend.

The Director of Operational Finance has advised that a month by month assessment would not be necessary and an annual assessment is standard for other NHS Trusts.

The agency and medical locum spends are improving in line with control and grip. The use of Locum's now needs Chief Executive sign off for pay in excess of the cap provided by NHSI. This is now becoming more comparable with Nursing in terms of grip and control.

There have been lessons learnt from KPMG assistance in that a more outward looking approach is needed and experience can be gained from other Trusts.

DL will check the Risk Register for SLA. **DL**

ACTION: The variance to the 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.

RESOLVED: The financial position for M11 shows an adverse variance to forecast of £0.7m, with a significant adverse variance to plan of £34.2m (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.

040/17 DELOITTE FINANCIAL REPORTING REVIEW RECOMMENDATIONS

The Interim Finance Director presented the report to update the Finance Committee on the progress to date against the 34 recommendations which resulted from the Deloitte Review: Financial Reporting – Enhancing Transparency dated 17 August 2016.

The key points to note were a further amount of activity in relation to the recommendations has been completed in the last month. The summary of progress is:

- 4 recommendations are in progress (4 last month)
- 30 actions completed (30 last month)

Of the 30 actions completed, 18 can be viewed as now being incorporated as business as usual (BAU).

The first item still in progress relates to payments in relation to GP trainees, principle of advance payments secured, detailed mechanism to be agreed; escalation mechanisms for late payment to be included within provider agreements.

There are 2 items in progress relating to the Hereford Radiotherapy Unit; an external legal review has been requested.

The final item in progress relates to asset and estate valuation under MEAV-AS which is subject to an external valuation, a draft view is for a £6m reduction to overall estates valuation.

A closing report will be presented to the Board in May 2017.

ACTION: To continue to deliver against these recommendations still requires support from resource which is also required to support other initiatives. External costs for legal advice and valuations will be incurred.

RESOLVED: Good progress has continued to be made against the recommendations, especially in relation to those that are stated as being in progress but for which initial pieces of work are completed.

041/17 WORKFORCE UPDATE

The Director of Human Resources and Organisational Development presented the report to provide an overview of the workforce performance of the Trust as at the end of Month 11 of the 2016/17 financial year. It provides information on the pay spend, progress on agency expenditure control and movements in headcount.

The key points to note were it was disappointing to see an increase in the overall paybill between M10 and M11 of £0.45m. This had broken the trend of month on month reductions witnessed over the previous 4 months, returning the pay spend to the level of December 2016, still the second lowest level of this financial year. The reason for the increase is found in the unusually high number of bank holidays at the end of December/early January which is paid for in the February pay run. The excess this year was caused by Xmas and New Year falling at a weekend, necessitating in additional bank holidays at premium time being created. It is expected that this trend will reverse in March and pay spend will return to January levels. Agency expenditure remained level with the prior month with nursing expenditure stabilising and an increase in medical locums being balanced with a reduction in non-clinical agency. Whilst nursing appears to have shown a decrease, this is primarily due to an accounting adjustment and further analysis is required to understand the increase in medical locum expenditure. We continue to make inroads into qualified nursing vacancies which are now at 106 WTE, the lowest level for the whole of 2016/2017

Some departments have put a hold on vacancies to save money. This is being managed at VCP and pay savings are still being made.

All staff is now focusing on reducing the paybill and trends are heading in the right direction.

Any locums required for longer than 5 days need to go through VCP and gaps are being filled internally where possible. The whole process is to be reviewed in 6 months to ensure it is working and if any changes could be beneficial.

It has been highlighted that there are 3 locums that will need to be paid over the NHSI cap in order to keep the GOAM service in operation. There will be a conversation with NHSI as this is in breach of the cap agreed.

ACTION: The focus on reducing agency use and reducing vacancy levels appears to be having a positive impact and must be maintained and increased. In particular, planning for staffing over Easter needs to reflect the potential for additional spend with each work stream lead identifying their plans now.

In terms of the overall paybill, the phasing of the pay budget to reflect the potential spikes caused by bank holidays may need to be considered.

RESOLVED: It is very pleasing to see that the reductions in agency spend gained over the last few months have been maintained and this

is reflective of both the grip applied by the work stream leads and by Divisional colleagues. The focus on medical locums must continue and in particular to both understand and address the reasons for the in-month increase.

042/17 REGULATORY REVIEW UPDATE & FINANCIAL RECOVERY PLAN

The Interim Director of Finance has advised that FRP delivery is to be discussed at next week's meeting in London however the plan is to be submitted tomorrow.

There has been more risk identified than anticipated and an open and honest conversation is required. The risks are understandable however there is a need to eliminate, control & mitigate.

043/17 COST IMPROVEMENT PROGRAMME UPDATE

The Interim Finance Director presented the report to provide an overview of the CIP performance for 2016/17 and planning for 2017/18.

The key points to note were the CIP performance at the end of month 11 is a saving of £6.6m. This is an adverse variance to the FRP plan of £2.9m YTD. This adverse variance has not impacted on the total Trust forecast outturn and as such for this year remains an issue of information capture rather than under delivery. KPI's are in development for 17/18 reporting. The Trust is continuing to work on the development of existing and new pipeline schemes to bridge the gap for 2017/18. Cross cutting work stream targets have been allocated and are being discussed with Divisions. Key focus continues to be on the personal accountability of the Accountable Persons (Divisional and Executive), strong performance management with dedicated support from PMO. The PMO is being strengthened to ensure delivery following handover from KPMG. All submitted PID's have been QIA'd by the Medical and Nursing Director and a further session is planned next week. The CIP target for 2017/18 remains £31.7m of which £24.0m currently has a level of maturity.

Council pilot for business rates reduction is not going ahead.

More work needs to be done to encourage and engage Consultants to take part in CIP.

Professor Tim Briggs work potentially won't be of benefit until 2018 but will be going forward.

RESOLVED: The CIP position for month 11 shows an adverse variance to the FRP plan of £2.9m. This does not impact on the total trust forecast outturn. KPI's are in development to ensure that recording of delivery of CIP plans is captured appropriately. An amount of work has been completed to improve the Trusts performance on the delivery of CIP.

(The Committee adjourned from 11:00 to 11:10)

044/17 BUDGET 2017 / 18

The Interim Finance Director presented the Budget Report to the Committee based on information available to date. This is a few more days off completion and an update will be provided to the Board on Friday with a view of completion for Main Board on 12th of April.

045/17 CAPITAL PROGRAMME 2017 / 18

The Interim Finance Director presented the report to update Finance Committee on the capital programme scope and approval process for 2017-18.

The key points to note were the capital programme is compiled into the following themes:

- Ongoing and committed schemes from 16/17 (e.g. SmartCare)
- Priority Health & Safety schemes
- Essential backlog maintenance
- Essential equipment replacement (via Medical Equipment Fund)
- Capital requirements from approved business cases as submitted by Divisions

A number of equipment replacement items fall outside the capital programme, alternative lease or managed service arrangements are being investigated to enable further asset replacement.

The capital programme schedule for 2017-18 is attached in appendix A of the report. the programme has been updated with the latest available programme information. The current internally funded schemes totalling £14.66m is aligned to a depreciation fund for 2017/18 of £12.70m resulting in a funding gap of £1.96m. Options to close this gap are included within the paper.

Schemes that are able to demonstrate a payback in the medium term (10 years) may be funded by further borrowing. Currently the utilisation of depreciation funding for additional assets is reducing the investment in existing asset maintenance and renewal. This is the purpose of deprecation funding, therefore wherever practicable the funding of additional assets should support effective payback on investment.

TLT held 5th of April will receive the risk assessment to provide assurance to the Board on 12th of April.

SD to liaise with NT for update to be provided.

ACTION: The attached programme presented to Finance Committee on 29th March for approval by the Board on 12th April.

RESOLVED: The attached programme balances available funding across the themes to address the highest risk issues. The risk of service interruption will continue however high risk items are being address by the programme.

046/17 CAPITAL FUNDING LINAC LEASE

The Interim Finance Director presented the report to the Committee to seek approval to continue with the previously approved purchase of a Linear Accelerator (LINAC) by way of a lease.

The key point to note was that the purchase of a LINAC has been previously approved (original case attached to the report as appendix A) and was to be sourced via a leasing agreement through NHS BSA under a scheme funded by the DoH. Accessibility to this scheme was then withdrawn.

The discounted price initially available was £1,668k, since approval the price has now increased by £39k to £1,707k.

A second potential funding route became available through a cancer fund by way of PDC which the Trust was encouraged to apply for. This application was then not successful.

Leasing options have now been sourced from 4 providers. The most competitive is Siemens Financial Services Limited (Siemens) at £49.5k per quarter; this is a £7k per quarter cost increase over the depreciation charge that would have been incurred if treated as a capital charge.

Over the life of the lease this would be a total cost of £1,979k, an increase of £272K which includes an 'embedded' cost of capital.

To mitigate this increase the service have outlined a series of further improvements that can now be achieved with a more modern and capable machine. A level of increased income is outlined below:

- A LINAC Truebeam is more efficient machine with capacity to treat more complex techniques that generate a higher tariff for adaptive therapy.
- Ave Attendances per month (based on figures from Hereford Truebeam LINAC) – 640
- 384 (60%) @ Complex Tariff £125.79 = £48.3k per month

This was agreed and approved by the Committee members.

ACTION: Not approving the lease will leave a service operating with a high risk of equipment failure and forego the availability of the discounted price. Procurement to move towards completion of a lease having confirmed the order with the equipment supplier. Estates to commence works for the equipment installation.

RESOLVED: The replacement LINAC has been required and expected for a prolonged period of time. Level s of service disruption has been increasing along with costs for repair and maintenance. The discounted price available is set to be removed and would further increase cost of replacement to the Trust. Cost increases seen since the initial approval can be mitigated through increased income. Recommended for approval by the Board.

047/17 THEATRES – MANAGED EQUIPMENT SERVICE

The Interim Finance Director presented the report as the Trust wishes to enter into a Managed Service Contract (MSC) for outsourcing the non-clinical operation of theatres as there are significant benefits to be accrued as a by-product of this venture.

Managed service models are a means of controlling high volume areas that require significant capital equipment investment and replacement. A number of models exist from small scale individually tailored purchase/lease schemes through to full service managed services within high complex environments such as Theatres.

The Division of Surgery, working in partnership with Trust Procurement, have been working up a proposal for the establishment of a managed service model for theatres covering Gloucester and Cheltenham acute sites based on a precedent set by another Trust.

This paper provides a briefing of the MSC proposal for consideration.

The key points to note were the scheme scope is limited, in the first instance, to acute theatres on Gloucester and Cheltenham sites. The MSC contract supports local ownership of decision making around management of the entire theatre service by the one company or the choice of selected suppliers for specific categories of equipment.

The MSC contract affords the opportunity for the purchase of theatre related medical devices and instrumentation with extended pay back terms, offsetting the availability of limited Trust Capital funds to support other schemes. The MSC will support the provision of a rolling replacement programme for specified equipment from suppliers selected by the Trust.

The MSC will support review of existing consumable/maintenance suppliers and conversion of existing contracts with the option to renegotiate improved longer contracts and streamline suppliers to secure economy of scale, where appropriate.

Monthly meeting between Trust and supplier to review performance, improvement savings and actual spend against predicted spend. VAT recovery opportunities are a feature of the MSC contract but opportunities will be dependent on the contract options selected and assurances provided by VAT experts and according to COS Heading 45. Evidence from a provider who has adopted the MSC model proposal for their theatres, has demonstrated savings values within the first period of commissioning. Any savings in relation to VAT require HMRC sign off of the scheme; savings can accrue from the date on which scheme approval is applied for.

The Division of Surgery orders non-pay consumables valuing around £15.7m plus VAT per year. Based on a detailed review at product level it has been concluded that of this £11.8m plus VAT is ordered by GRH and CGH theatres and would be valid for a managed service contract.
Three phasing options have been considered, described as lower, medium and higher risk depending on the potential effective dates of

the contract:

- The lower risk option achieves a discounted saving of £7.9m over 7 year period with £0.7m in year 1
- The medium risk option achieves a discounted saving of £8.1m over 7 year period with £0.9m in year 1
- The higher risk option achieves a discounted saving of £8.5m over 7 year period with £1.3m in year 1

All 3 options would also include a cash receipt of £3.0m in year 1.

The above analysis does not include the financial benefits of other operational savings through the transfer of other services into the contract and further VAT savings on other services expected to be incorporated within the contract.

The contract will be a multiple year contract; currently 8 years with options to extend, there will be termination clauses within this period. The initial term of the contract would give an indicative contract value of c. £120m (£15m per annum).

It has been agreed by the Committee that this scheme can continue to be developed.

SD to check with orthopaedic centre in London as to what scheme they are running. **SD**

Quality & Performance Committee will need assurance form an operation side. SD to discuss this with Natasha Swinscoe. **SD**

ACTION: The Board need to approve the MSC model proposal and contract terms, following which full stakeholder engagement and commissioning of plans with the supplier can commence.

RESOLVED: A Managed Service Model for theatres would provide the Trust with opportunities to offset capital costs for replacement equipment, implement an electronic stock management system to support local theatre CIP opportunities around theatre consumables management, drive further operational savings and have the opportunity to secure significant VAT reclaim benefits.

048/17 ROCHE MANAGED SERVICE CONTRACT

The Interim Finance Director presented the report to seek approval from the Finance Committee to extend the Roche Managed Service contract to a second term of 7 years as allowed within the contract and procurement processes.

The key points to note were The Roche Managed Service contract provides (including consumables) and maintains the Roche diagnostics core automated system which allows Chemical Pathology to deliver its Clinical Chemistry and Immunoassay requirements through a complete laboratory automation system.

The contract has been in place for 6 years following a compliant

purchase process, the contract is on a 7 + 7 year basis, initial term due to expire in March 2018. The value of the 7 year extension is c. £14m in total. An early extension has been offered which potentially gives significant financial benefit to the Trust along with an offer of £10,000 for laboratory refurbishment and other support. The key financial savings are:

- 6% MES charge which has been negotiated down to 3% for the duration of the seven year extension. A total saving of £46,800 over three years and cost avoidance over the remaining term of the contract of £280,000
- Reduction in prices given for reagents over the remaining 2 year contract and the seven year extension period, 17/18 saving £78,896 then a cost avoidance of £631,168 for the extension

This has been agreed by the Committee.

ACTION: Not approving the extension will remove the ability to secure the above savings as detailed. Going to tender will absorb procurement resource and divert it from other activities with a view that the same level of savings and other support offered may not be realised.

RESOLVED: Finance Committee approve the extension to the Roche Managed Service contract.

049/17 TRAKCARE INCOME RECOVERY

The Interim Finance Director presented the report to brief the Committee on the financial impacts arising from the implementation of the TrakCare system. It will identify issues in a number of areas and explain the current status of any risks, mitigations in place (where possible) and look to identify the financial risks to delivery of the Financial Recovery Plan (FRP) in both 2016/17 and 2017/18.

The key points to note were there are a number of issues currently impacting the financial position related to the implementation and ongoing operational issues with TrakCare. These issues fall into 3 main categories:

- Backlogs of data entry
- Data quality
- Operational impact on activity levels

This report has been noted with concern. The required governance arrangements to be presented to the Board on April.

ACTION: 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.

RESOLVED: We currently cannot assure the income position for the 2017/18 financial year will be unaffected by these issues. The potential 'worst case' risk to income and the Financial Recovery Plan presented by current activity trends is shown within the paper.

050/17 BUS CONTRACT

The Director of Estates & Facilities presented the report to support the recommendation to implement this new service and commit to the contract with the preferred supplier.

The key points to note were the Trust bus service forms a key part of the 'Journey to Work' programme which aims to address the way staff travel to work, with the aims of easing the current issues around demand for car parking and helping staff find alternative ways to travel to work.

The wide-ranging staff engagement exercise completed in January and February 2017 demonstrated that the bus service is a key part of the travel solution and with some changes would play a significant role in reducing peak time parking congestion.

The 99 shuttle bus contract has been re-tendered and the preferred bidder is Pulhams Coaches. This service does not include the race course but instead will introduce a stop in Cheltenham town centre to connect with alternative services. It will continue to provide a free shuttle service between CGH and GRH and stop in Gloucester city centre. This will significantly improve transport integration for staff and give improved access from a wider range of park and ride facilities. Additional mitigations are being established to minimise any impacts for both patients and staff. The service will therefore provide the link to existing public travel nodes and the increased size of the buses will ensure peak demand can be met.

The Committee have approved this subject to final approval at the next Board Meeting.

ACTION: A wide communication plan is needed to inform staff and members of the public about the changes and alternative arrangements for travel to the hospital from Cheltenham race course. The Director of Estates & Facilities has advised we will continue to work with the transport team at Gloucestershire County Council to maximise public transport and other sustainable travel options for staff and public.

RESOLVED: The proposed changes will be challenging for a small group of staff. However the positive impact in supporting the 'Journey to Work' programme will help to improve transport for 90% of staff. It will ease the parking situation and help those who do not live near public transport to find a parking place. It will also help ward staff coming in for the afternoon shift to find somewhere to park and be able to attend shift on time. The procurement process has ensured that the best value service offer has been provided and the selected provider (Pulhams) has demonstrated the quality and commitment to provide a much improved service.

051/17 NHS PENSION SCHEME 2016-17 CONTRIBUTION ASSURANCE STATEMENT

The Interim Finance Director presented the annual report as the Trust is

required to notify the NHS Pensions Agency of all contributions made by the Trust and its staff and to agree those balances.

This information is prepared by the Trust's payroll teams and checked by the Financial Accounts team at Financial Shared Services. This is then provided to GHFT for final assurance, by the Director of Operational Finance and submission, by the Director of Finance.

The key points to note were the data required to prepare the return will not be available until immediately after the close of the financial year on 31st March 2017. The deadline for submission of the information relating to the 2016/17 financial year is 7th April 2017.

This report has been noted by the Committee for assurance.

ACTION: This paper looks to brief the Committee on the requirements of the submissions and briefly outline the processes involved. It asks the Committee to agree submission of the required information by the Director of Finance in line with the deadlines.

RESOLVED: This forms part of the business as usual process of year-end accounting submissions and will need to be submitted by the Director of Finance by the above deadline.

052/17 REFERENCE COSTS

The Director of Operational Finance presented the report to the Committee to confirm in advance of the combined cost collection that it is satisfied with the Trust's costing processes and systems and that the trust will submit its combined cost collection return in accordance with NHS Improvements' Approved Costing Guidance. This includes the reference cost guidance, integration of education and training costs with reference costs and integration of reference costs and education and training guidance.

The key points to note were the costing submissions are built around both finance and activity data for the full financial year. The current issues around data quality and completeness as a result of the TrakCare implementation present a risk that the full 12 month activity data set required for costing may not be as robust as required. It is suggested that guidance is sought from the central costing team at the Department of Health as to the appropriate mitigation.

RESOLVED: This report has been noted by the Committee for assurance.

053/17 MATTERS TO BE ESCALATED TO THE BOARD

This was discussed and the following were recommended to go to the next Board Meeting:

- Capital Programme & scheme bids
- TrakCare
- Risk Around Locums

054/17 COMMENTS FROM GOVERNORS

The Lead Governor has requested an additional TrakCare paper for the upcoming Council Of Governors meeting.

055/17 COMMITTEE REFLECTION

NHSI – Clinical engagement is a long term challenge particularly around TIB with a risk that focus is lost.

It has been highlighted that late papers are becoming an issue. We need to allow sufficient time to read and consider these prior to meeting as a failure to do so puts added pressure on everyone involved.

056/17 ANY OTHER BUSINESS

Risk Register – Update will be added to the agenda for April.

Remuneration – Steve Webster has been appointed as Finance Director for the Trust.

057/17 DATE OF THE NEXT MEETING

The next meeting of the Gloucestershire Hospitals NHS Foundation Trust Finance Committee will be held on **Wednesday 26th April 2017** in the **Board Room, Alexandra House, Cheltenham General Hospital at 9AM.**

Papers for the next meeting:

Completed papers for the next meeting are to be logged with the Trust Secretary no later than 3pm on **Monday 17th April 2017**.

Chair
26th April 2017

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE TRUST FINANCE COMMITTEE HELD IN THE BOARD ROOM, ALEXANDRA HOUSE, CHELTENHAM GENERAL HOSPITAL ON WEDNESDAY 26th APRIL 2017 AT 9.00 AM

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

Stuart Diggles	SD	Interim Finance Turnaround Advisor
Dr Claire Feehily	CF	Non-Executive Director
Tony Foster	TF	Non-Executive Director
Peter Lachecki	PL	Chair of the Trust
Deborah Lee	DL	Chief Executive
Keith Norton **(Chair)**	KN	Non-Executive Director
Dave Smith	DS	Director of Human Resources & Organisational Development
Sarah Stansfield	SS	Acting Director of Finance
Natasha Swinscoe	NS	Interim Chief Operating Officer

GOVERNOR REPRESENTATIVE

Alan Thomas	AT	Lead Governor

IN ATTENDANCE

Jill Wood	PA to Chair and Chief Executive

ACTION

The Chair advised members that the two main areas the Committee wished to focus on were:

- CIP Performance for last year and this year
- Medical Staff Costs and how to manage these.
  The Chief Executive advised that a letter had been received from NHS Improvement setting out medical locum reduction target 2017/18 (further discussed under item 64/17).

058/17 DECLARATIONS OF INTEREST

There were none.

059/17 MINUTES OF THE MEETING HELD ON 23rd FEBRUARY 2017

Agreed as correct record and signed by the Chair.

060/17 MATTERS ARISING

March 2017 038/17 Finance Committee Work Plan

The capital programme will be split between Quality & Performance Committee & Finance Committee. This was to be discussed between the chairs who had nothing to report except that there is a need to ensure that there are no gaps between the Committees. The Chief Executive suggested that the Finance Committee focus on the spend versus plan and that the Quality and Performance Committee focus on the operational consequences. Noted that the initial work has been done with monitoring included quarterly as a standing item on the Quality and Performance agenda. The Interim Chief Operating Officer to report to the July meeting assessment and headlines in respect of the end of Quarter 1. **NS**

CONCLUDED

March 039/17 Financial Performance Report

The Risk Register was discussed in detail under item 67/17.

March 047/17 Theatres – Managed Equipment Service

Dr Feehily asked when this information would be available. The Chief Executive advised that this had been delayed as clarification required around Sterile Services. The Interim Finance Turnaround Advisor advised that this was a significant CIP and was relatively tried and tested and there were other managed services in the NHS like this. He felt that this could start ahead of a CSSD transfer and has asked the Theatres team to put together a plan as to how to assess and mitigate any consequences of this.

The Chief Executive asked how we were going to parallel track the development of a subsidiary company; Neil Jackson, Estates and Facilities Director was looking at this with advice being taken from KPMG and Beechcroft in respect of tax savings etc. Noted that the Board has already endorsed a £200k spend.

In respect of SubCo it was noted that the 90 day staff consultation would be required.

Mr Foster asked how we would be minimising risk re VAT; The Interim Finance Turnaround Adviser advised that the usual approaches would be taken but that an HMRC risk remained. It was felt that the process should proceed with the relevant paperwork submitted to the HMRC; noted that the final scope of work will come with a level of risk.

The Directors of HR and OD advised that we would be able to test the attitude of Staff Side as he would be discussing GLANSCO with them shortly so would get a feel then.

061/17 FINANCIAL PERFORMANCE REPORT

The Acting Director of Finance advised that this month's report was shorter as we were in the process of finalising the final accounts; the figures contained in the report were subject to the finalisation of accounts and audit. In respect of Month 12 this will be circulated when finalised.

The Acting Director of Finance advised that the Trust had ended 2016/17 with a draft deficit of £34.2m with an impairment of £14.3. There was a £17.968m operational deficit against £18m target.

Balance Sheet and Cashflow included within the report. The stock movement on drugs is still being investigated.

In respect of Cashflow, Debtor balances have decreased significantly against their prior year carrying value, largely as a result of the significant focus on credit control over the past months. Trade Payables have decreased significantly against their prior year carrying value and reflect the management undertaken as part of distress funding arrangements.

The report also contained an overview of the Trust's financial performance against the trajectory initially developed at Month 7 as part of the Financial Recovery Plan (FRP) for information. The Trust has

delivered a deficit position of £17.968m (including the Q1 STF funding of £3.225m). This represents a favourable variance to the original FRP forecast (produced at M7) of £32k for the year-to-date.

At the end of the 2016/17 financial year the Trust has delivered a year-to-date deficit position of £17.968m (including the Q1 STF funding of £3.225m). This represents an adverse variance to plan of £36.2m.

Draft accounts were submitted last night with sets available for members of the Committee.

The Chair asked if there had been any surprises. The Acting Finance Director advised the only issues were stock movement around drugs. There were no other liabilities which is a credit to the teams hard work and being on top of the forecast.

It was noted that contract agreement with GCS had been settled for 2016/17 at the end of March with no differences. In respect of 2017/18 Contract this would worked out by the end of Quarter 1 and in place by then; there were some minor financial movements to be manged in the process. The Chief Executive advised that we need to ensure that we deliver the service enshrined in the contract. The Interim Chief Operating Officer advised that a Service Schedule had been drawn up and discussions have taken place to refresh SLAs.

Dr Feehily congratulated the team for their work and asked how familiar the Auditors and NHSI with what we had done. The Acting Finance Director advised that the impairment was a matter of fact and that we are applying the rules. We have done more work with audit over the last 3 months which gives us assurance that there should not be any problems and the work has been through Audit Committee and other discussions.

A first draft of balances has been submitted with no reportable disputes seen yet; final draft expected next Wednesday.

The prior period investment is included in the accounts and we have explained the corrected financial position from prior period.

Mr Foster requested information regarding the £14.3m; the Interim Finance Turnaround Advisor advised that this was in respect of our Estate which is worth less than last year; a professional valuation had been done and the market had advised that it was worth less. A modern equivalent asset evaluation is now being used.

062/17 BUDGET UPDATE

The Acting Finance Director apologised to members that there was not a paper and gave a verbal update.

In respect of the £14.7m FRP the process is being worked through and the budget model is being re-built. The £14.7m deficit now worsened by recent pressures to £16.7m. The reason why there is no paper is that the Excel file corrupted 24 04 17 so it had to be re-built. During this a £1.3m error was discovered. This has been corrected.

The Acting Finance Director advised that the formal budget offers are expected early next week so that the Business Managers can discuss these with their Divisions and then these will be presented to May Board for sign off. Agreed that this item together with the Financial Plan

has extended time on the Agenda. **MW**

The Acting Finance Director would circulate papers to the Committee beforehand in case any more clarity is required ahead of the Board meeting. **SS**

Dr Feehily asked how the TrakCare income would be factored in. The Interim Finance Turnaround Advisor advised that from an income perspective the numbers for Month 9, 10 and 11 have been looked at and we have built in phasing of income and how to recover. The pressure was £1m assessment impact. The Chief Executive felt that we need to understand the decision making process.

The Chief Executive advised that there needed to be a reconciliation of how pressures have been absorbed; the £2m will be required from CIP.

ACTION: At the May Board there is to be more time allocated on the agenda for approval of the Budget and Financial Plan. **MW**

063/17 DELOITTE FINANCIAL REPORTING REVIEW RECOMMENDATIONS

The paper updated members prior to the final closing report that will be presented to Trust Board in May on the progress to date against the 34 recommendations which resulted from the Deloitte Review.

The Acting Finance Director advised the item completed in month relates to asset and estate valuation under MEAV-AS which is subject to an external valuation, the final results from the valuation have been included in the draft accounts position for 2016/17 and reflect an overall reduction to estates valuation of £14.3m.

There were two items still in progress:

The first item still in progress relates to payments in relation to GP trainees, principle of advance payments secured, detailed mechanism to be agreed; escalation mechanisms for late payment to be included within provider agreements.

The second item in progress related to the Hereford Radiotherapy Unit and external legal review has been requested.

This is being looked at now in particular the I & E performance. If this does not make a profit a discussion will need to take place at Board level to discuss the ongoing service. Commissioner is largely NHS England. Agreed that this is a future item on the Finance Committee agenda before it is referred to Board. **SS/MW**

064/17 WORKFORCE REPORT – PERIOD TO 31 MARCH 2017

The Director of HR and OD updated members on the key points within the report.

Total pay expenditure remained relatively static between M11 and M12 with a marginal increase in expenditure of £0.05m over this period.

Nursing agency expenditure increased significantly between M11 and M12. This is partly a consequence of an adjustment actioned in M11 which artificially depressed pay spend which has been highlighted in the report previously. Investigations have taken place and it was noted that there was an uplift in ED turnover which needs to be addressed

together with sickness in ED. Agency staff in 8A £47km, ACUA £9k and a high vacancy rate in Medicine of 21%.

Noted that March is traditionally a difficult month due to staff taking their remaining holiday and this needs to be managed throughout the year but still remains a challenge.

Noted that within Surgery there is a high use of High Dependency Units (HDU).

Recent recruitment endeavours have resulted in the offer of substantive positions of 22 experienced nurses in the pipeline; 7 foreign nurses have commenced and 29 nurses from the Philippines; we are currently looking at recruiting for India. A successful Open Day had been held with 82 offers made to qualified nurses. This should help support a reduction in future nurse agency spend.

Turnover is stabilising. Noted that we need to retain and recruit as quickly as we can but there is fine balance. There had been an uplift in Agency staff within IT Shared Services.

The Chair of the Trust asked looking forward in respect of April and May how do we learn from these peaks and how to manage them differently. The Director of HR and OD advised that this is being looked at including ensuring that rotas are done in advance.

In respect of Unscheduled Care Ward (4A) the Chief Executive queried where this additional investment had been signed off and how it had ended up as a cost pressure as it is not a new ward. The Director of HR and OD to provide this detail. **DS**

The Chief Executive asked if we were confident that we have controls in place in respect of enhanced staffing that additional staff are put in at point when substantive; the Director of HR and OD advised that he could not give assurance but would check what was being done in VCP. He confirmed that a degree of rigour was required together with a full breakdown.

In respect of the movement in spend within CITS the Acting Finance Director was looking at this with the Director of HR and OD.

The Acting Finance Director advised that the numbers were subject to the final report and accounts.

The Interim Finance Turnaround Advisor asked in respect of Agency whether when rotas are established is an uplift agreed for sickness and maternity; the Acting Finance Director will look at this and confirm. **SS**

The Chair asked what else do we need to do; the Director of HR and OD advised continuance of the same but that in the medical world there is a lack of resource. There is variable support from Divisions on Medical workstream and it was felt that Dr Elyan needed more support.

Dr Feehily asked that in respect of controls and mechanisms are they aware of these and do we need to apply specific pressure. Noted that risk based approach and prioritised controls are done at Audit and Assurance. Suggested that controls around Workforce is the next project.

Mr Foster asked if we knew where monies are being spent in each

Specialty and where the biggest problems are and what is being done. Noted that there are enhanced controls but there are national control issues and IR35. The Director of HR and OD will ask Dr Elyan to prepare a briefing note. **DS**

Medical Locum reduction target 2017/18

A letter had been received from NHS Improvement setting out a target of reducing year on year spend on medical locums; the saving for us is £1.157m next year and will be measured as part of our normal monthly returns. The Director of HR and OD had calculated an average spend of £693k per month up to Month 10; £120k a month less is required to hit the target. This has not been achieved since July last year but if we achieve our CIP target we will achieve this. We will need assurance with these splits

There are recruitment pressures and challenges in respect of costs of our Locums. We also need to make improvements in respect of our Bank process. There had been some issues with poor rotas last year and alternative rotas have been developed and creative ways of enhancing our recruitment package.

There is a concern in respect of IR35 and lines are not being held by all Trusts.

The Chief Executive felt that assurance is required in respect of what is in our control i.e. rotas and trajectories are required; she will pick this item up at Directors Group.

Dr Feehily asked how do we nurture the managerial skill set of Clinicians; noted that we rely on an exchange of operational and clinician to manage that risk and over time we will know who has this skill and where help is required.

The Chief Executive suggested using ILead to address some of these issues; agreed to share this letter with then next week and discuss how they will own this issue and how to have the difficult conversations. **DS/DL**

(The Committee adjourned from 10.40 -10.50 am)

065/17 REGULATORY REVIEW UPDATE

The Acting Director of Finance advised that the Trust had met with NHSI on 4 April 2017 and a briefing had been given to April Board. An e-mail had been received regarding our Control Total.

066/17 CIP REPORT – PERIOD TO 31 MARCH 2017

The report provided an overview of the CIP performance for 2016/17 and planning for 2017/18. For 2016/17 this was the closing position and was still movable due to year end; final figures to be reported 28 04 17 but £10.4m delivered versus £13m. Noted that we need £13m to hit £18m and work was being done to look at how this is classified.

Work will also be done to look at the actual improvements made to ensure processes are in place to deliver this year. This year we have a more granular plan and can track success and failure. Noted that Coventry have a model which we may look at as it can analyse off a more granular level.

The current process is that Business Partners sit with Operational Director and the TRIs to agree CIP target. At the Turnaround Implementation Board (TIB) each Division explains where they are month on month. In respect of Agency CIP the Interim Finance Turnaround Advisor thought that letters had gone to Divisions about this but he would clarify. **SD**

Dr Feehily asked whether the £2m to be added to 2017/18 was transparent.
The Interim Finance Turnaround Advisor confirmed it would once we have a view of where it will be achieved; it will be held centrally initially.

The Acting Finance Director circulated to members the latest position. Level 5 does not guarantee delivery; there is a monthly tracker built up on a scheme by scheme basis. Within the next 2 weeks final improvements will be made and there will be rag rated delivery risks. (this will be done by the PMO, owners of scheme and CIP team)

The Chief Executive was concerned about the Trust wide vacancy factor and queried if the rigour was right. The Interim Finance Turnaround Advisor felt that it was understated. The Chief Executive suggested that at the next TIB they look at evidence to underpin the number. Noted the Dops were awaiting their budgets to see this figure.

The Interim Finance Turnaround Advisor advised that there were still risks to delivery but the rag rating will give assurance.

067/17 FINANCE RISK REGISTER

Members advised that it was good to see the Risk Register which was very clear.

The Acting Finance Director advised that there were 9 risks, 2 currently rated 15

These two risks will be discussed a next week's Trust Leadership Team for consideration for inclusion on the Trust Risk Register. These are:

- Risk that the Trust does not achieve the required cost improvement resulting in failure to deliver the Financial Recovery Plan for FY18

- Risk that the Trust's expenditure exceeds the budgets set resulting in failure to deliver the FY18 Financial Recovery plan

The Chair confirmed that the Committee has the reassurance so was happy with the detail confirmed on the Register.

The Chief Executive explained to members the risk triggers.

The Chair of the Trust asked what the Financial Special Measures risk was assuming; the Acting Finance Director advised that this was part of the financial plan and was an interest pressure as we are in financial special measures at present.

Dr Feehily queried why the TrakCare risks were 4 for income and 5 for expenditure; the acting Finance Director advised that the risk had been assessed and the activity not done was £1m and that the broader activity not recorded be recouped.

The Chair thanked the team for their report.

068/17 CAPITAL PROGRAMME REPORT – PERIOD TO 31 MARCH 2017

Report noted for information.

The 2016-17 capital programme outturn is £0.1m below the target outturn of approx. £11.8m.

The Interim Finance Turnaround Advisor advised that the impact for this year had been built into the Plan already.

069/17 MATTERS TO BE ESCALATED TO THE BOARD

This was discussed and the following were recommended to go to the next Board meeting:

- Financial Plan and Budget
- Deloitte Recommendation; to be discussed at this Committee and then to the next Board meeting **SS**
- Financial Risk Register – Risks rated 15 to be put on the Trust Risk Register **SS**
- Medical Staffing – Director of HR and OD to do within the Workforce item **DS**
- Audit and Assurance – Report being done regarding Challenge and Assurance **SS**

070/17 COMMENTS FROM GOVERNORS

The Lead Governor commented as follows:

- Pleased to see that good progress had been made in respect of the Risk Register; he did comment that he was used to seeing 2 columns one advising what the risk was and one advising what the result would be. Thought would be given to adding an extra column in respect of Impact.
- Workforce – The Lead Governor advised that Governors hear a lot of anecdotal comments. He wanted to be assured that we are paying the right amounts and the significance of overpayments. The Acting Finance Director advised that this was assured as part of the Audit programme but was not a material issue.
- Annual Accounts – The Lead Governor asked what Governors might expect to receive and when. The Acting Finance Director advised that she would prepare a note for the Council of Governors advising timings etc. She will also ensure that the statutory duties for Governors are met and explain the accounts and year end. She also confirmed that she was happy to deliver a learning session. **SS**

071/17 COMMITTEE REFLECTION

The Chair felt that it had been a good meeting.

072/17 ANY OTHER BUSINESS

There were no items

073/17 DATE OF THE NEXT MEETING

The next meeting of the Gloucestershire Hospitals NHS Foundation Trust Finance Committee will be held on **Wednesday 24th May 2017** in the **Boardroom, Alexandra House, Cheltenham** at **9.00 a.m.**

Papers for the next meeting:

Completed papers for the next meeting are to be lodged with the Trust Secretary no later than 3.00 p.m. on **Monday 15th May 2017**.

Chair
24th May 2017

Report Title
2017/18 Financial Recovery Plan and Budget Update
Sponsor and Author(s)
Author: Tony Brown, Senior Financial Advisor Stuart Diggles, Interim Finance Turnaround Advisor Sponsoring Director: Sarah Stansfield, Acting Director of Finance
Executive Summary

Purpose

This purpose of this report is to brief to the Board on the development of the Financial Recovery Plan (FRP) and to seek Board approval for the 2017/18 budget position.

It provides an iteration history of the FRP and the three primary financial statements associated with the budget position for information.

Key issues to note

Financial Recovery Plan

- Progression of the development of the FRP
- The FRP and Operational Plan for 2017/18 both show a deficit position of £14.6m. The cost pressures, total CIP now required to recover additional pressures and resultant phasing are not in line with the final budget position presented in this paper.

2017/18 Budget

- The budget position is a deficit of £14.631m which is in line with the plan position as submitted to NHS Improvement in March 2017.
- This is supported by working capital and capital borrowing of £27.6m which provides deficit support and funding for capital spend in excess of internally generated funds.
- The CIP required to deliver the £14.6m deficit position is £34.7m, an increase of £3m over the original FRP submission which breaks down as:
    - £1.0m Trakcare income risk
    - £1.0m interest as a result of a 6% charge due to Financial Special Measures
    - £0.4m Trakcare support costs removed from original business case
    - £0.6m additional management capacity (CIP embeds, corporate governance, project

support)

Conclusions
The budgeted deficit for 2017/18 is £14.7m, with a CIP requirement of £34.7m.

No STF funding has been accounted for in the budget as a control total has still not been agreed.

Implications and Future Action Required
Following approval budgets to be disseminated to the organisation.

Budget position and phasing to be adopted as the basis for any future FRP iterations. This will need to be formally agreed with NHSI to form the basis of ongoing statutory monitoring.

Recommendations
The Board is asked to approve the Budget.
Impact Upon Strategic Objectives
The budget presented will meet the Financial Recovery Plan target deficit for 2017/18.
Impact Upon Corporate Risks
None.
Regulatory and/or Legal Implications
The Board is required on an annual basis to approve the Trust budget.
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)**

Gloucestershire Hospitals NHS
NHS Foundation Trust

Report to the Trust Board

Financial Recovery Plan Update

Financial Recovery Plan Update

Gloucestershire Hospitals NHS
NHS Foundation Trust

The update follows the iteration history of the financial recovery plan alongside material changes at each stage.

The changes are driven by:

- Improved information and the maturity of the Trusts planning cycle over the period
- Changes to national planning guidance reflected in the appropriate submissions
- Ongoing discussions with NHSI and The Trust's FSM Improvement Director

Month	Financial Recovery Plan version	I&£ Deficit	Material changes
Nov-16	FRP submission and draft Operational Plan for 2017/18	(16.7)	
Dec-16	Draft Operational Plan for 2017/18	(14.7)	Overall £2m improvemnet to I&E deficit followed from conversations and challenges with NHSI as part of the FSM review meeting Improved income position - including movements around QIPP, CQUIN and pass-through costs
Feb-17	FRP submission (as part of Financial Speaial Measures update)	(14.7)	Changes to cost and income classification and phasing as a result of ongoing review No change to I&E bottom line
Mar-17	Final Operational Plan for 2017/18	(14.6)	Minor change to bottom line as a result of roundings Changes to monthly phasing to reflect: CIP delivery based on a more developed plan Trakcare income recovery risk (income reduced for Q1 and recouped over Q2 - Q4) Reduction to CAPEX and associated PDC funding as a result of ongoing review of capital pressures and the underlying programme
Risks and associated mititgations updated at each stage			

Financial Recovery Plan Update

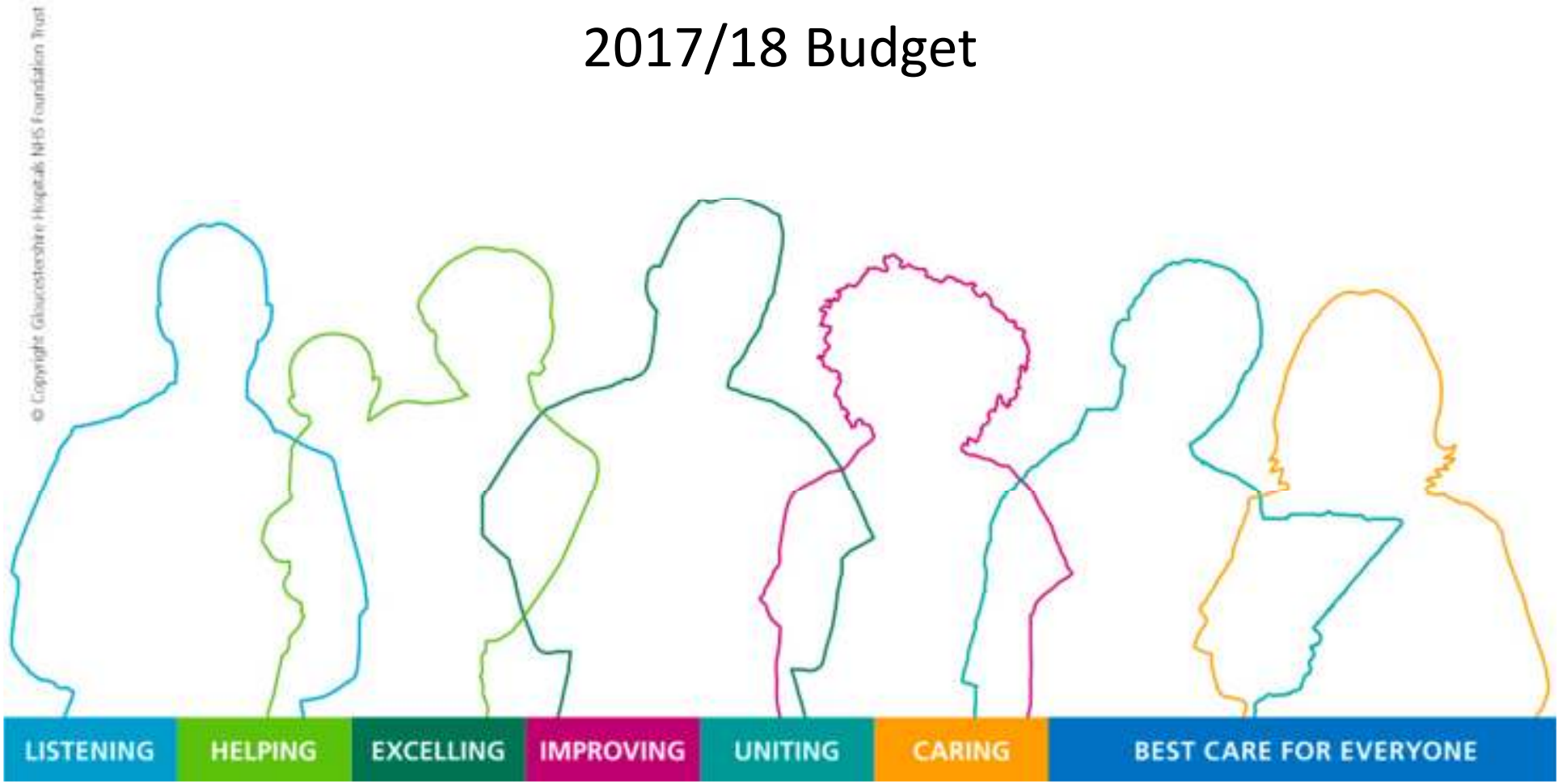
Gloucestershire Hospitals NHS
NHS Foundation Trust

Month	Financial Recovery Plan version	I&E Deficit	Material changes
Apr-17	FRP update (as part of Financial Speaial Measures update)	(14.6) submitted (17.6) with pressures	I&E deficit reported in line with revised plan submission of £14.6m (as per mandate from NHSI) Unavoidable pressures summarised and presented: Trakcare income risk (£1.0m) Interest pressure (£1.0m) Trakcare support costs (£0.4m) Additional management capacity (£0.6m) CIP at £31.7m with increased maturity and lower unidentified Requirement to increase CIP to £34.7m to maintain £14.6m deficit Phasing changes actioned as part of Mar-17 Operational Plan update included Changes to capital made in the Mar-19 Operational Plan update included Cash impacts of above changes to revenue and capital reflected as part of revised cashflow, resulting in a £0.7m reduction to borrowing requirement
May-17	Budget Update (covered in detail in the second part of this paper)	(14.6)	CIP increased by £3m to £34.7m to mitigate the pressures highlighted in the April update. Increased CIP requirement phased into Q4 and cost pressures phased across 12 months, driving movements to monthly phasing across the plan. Income pressures around Trakcare phased into Q1 Phasing developments added as part of budget validation work
Risks and associated mititgations updated at each stage			

Gloucestershire Hospitals NHS
NHS Foundation Trust

Report to the Trust Board

2017/18 Budget



Introduction and Overview

Gloucestershire Hospitals NHS
NHS Foundation Trust

The purpose of this report is to seek approval from the Board for the budgets for 2017/18.

Budget Position

The table below shows the budget generated by the current budget setting exercise. The budget deficit is £14.631m, this is in line with the total in the Financial Recovery Plan submitted to NHSI at the end of March. Budgets have been reviewed in detail and issues have been addressed with Divisional Management directly or via Divisional Finance Business Partners. The budget deficit reflects full delivery of CIP including additional target of £3.0m required to address previously reported unavoidable pressures (Trakcare income risk, interest pressure, Trakcare support costs and additional management capacity).

The quarterly phasing of the budget is shown in the table below:

2017/18 Budget	Q1 £000's	Q2 £000's	Q3 £000's	Q4 £000's	Total £000's
SLA & Commissioning Income	(104,405)	(110,427)	(112,279)	(112,871)	(439,982)
PP and RTA Income	(1,164)	(1,156)	(1,166)	(1,181)	(4,668)
Operating Income	(14,073)	(14,084)	(14,250)	(14,435)	(56,842)
Total Income	**(119,642)**	**(125,668)**	**(127,695)**	**(128,487)**	**(501,492)**
Pay	85,170	84,003	82,094	79,678	330,945
Non-Pay					
Drugs	13,863	13,818	13,742	13,166	54,589
Clinical Supplies	12,801	12,747	12,470	11,964	49,981
Other Non-Pay	15,114	15,171	15,093	10,345	55,722
Total Expenditure	**126,948**	**125,740**	**123,398**	**115,152**	**491,237**
EBITDA	**(7,306)**	**(72)**	**4,298**	**13,335**	**10,254**
EBITDA %age	**-6.1%**	**-0.1%**	**3.4%**	**10.4%**	**2.0%**
Depreciation	3,102	3,102	3,102	3,098	12,404
Public Dividend Capital Payable	1,654	1,654	1,654	1,629	6,590
Interest Receivable	(9)	(9)	(9)	(9)	(36)
Interest Payable	1,487	1,487	1,487	1,466	5,927
Surplus/(Deficit)	**(13,540)**	**(6,306)**	**(1,936)**	**7,151**	**(14,631)**

Approach Taken

Gloucestershire Hospitals NHS
NHS Foundation Trust

a) *Expenditure and non-operating income* budgets for 2017/18 used the agreed Divisional Month 7 forecast outturn of 2016/17.

b) For *Commissioned Services* the income reflects contract agreements, ongoing proposals, CIP, planned over-performance to account for repatriation of work currently undertaken either out of county or by private providers and risk adjustments for Trakcare.

Adjustments have been made to reflect:

a) Non-recurrent income and expenditure items

b) The income and expenditure impact of 2016/17 service developments that may only have had a partial impact in the forecast outturn position or that were approved to commence in 2017/18.

c) Establishment vacancies which are not being covered with temporary staffing measures (agency/bank/additional hours/overtime). These are funded at the mid-point of the relevant pay scale.

d) The effect of filling posts, currently covered by temporary measures, substantively. This adjustment will be based on an assessment of posts currently being recruited/planned to be recruited with VCP approval.

e) CIP in line with current Programme Management Office tracker

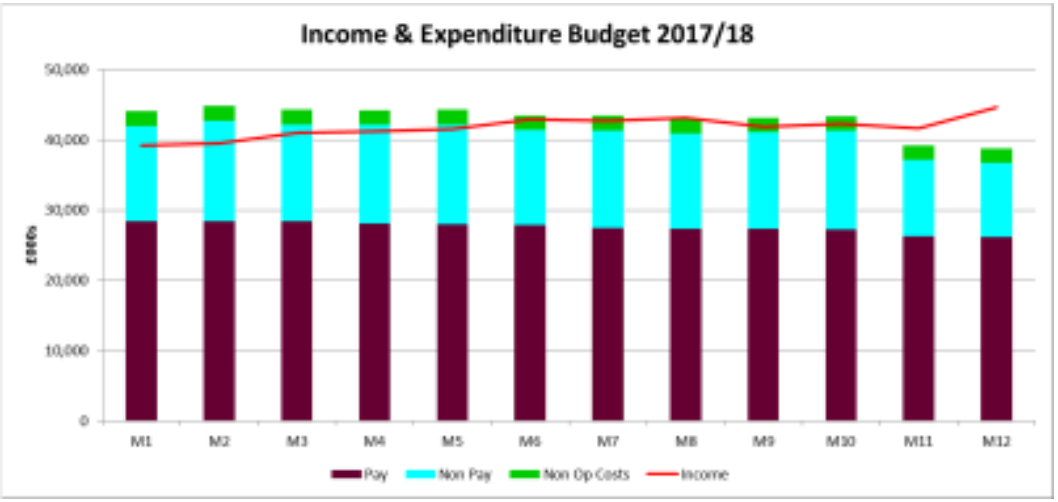
f) Inflation for Pay and Non Pay in line with detailed planning assumptions. Non Pay inflation has been restricted to clinical spend, CNST and rates headings

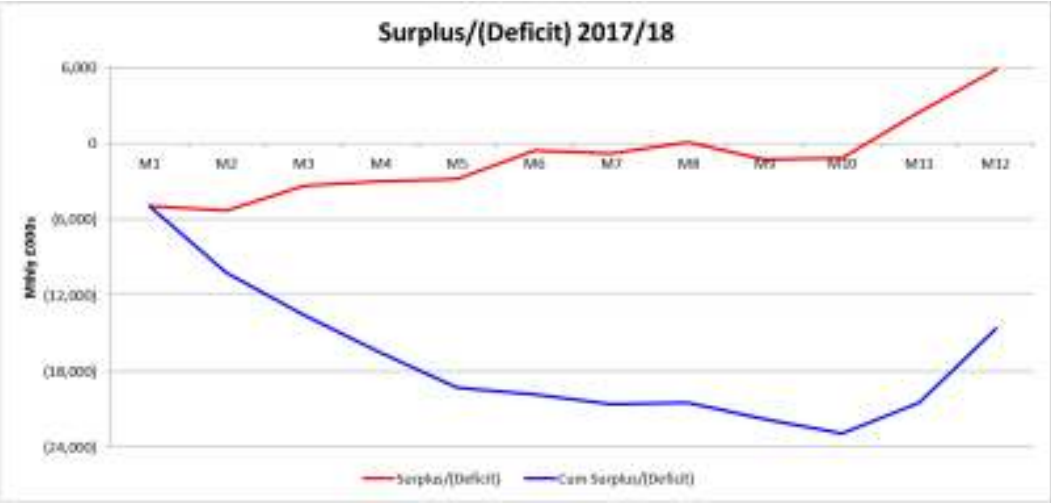
g) Marginal cost of activity changes highlighted in the Trust's analysis of its activity aligned to the signed contracts in place with commissioners. This will include allocation of monies for business cases supported by growth funding at a level to be agreed.

h) Estimates for capital charges are based on the planned capital programme for 2017/18.

Profile

The charts below show the Income and Expenditure and Surplus/(Deficit) profiles.





The budget profile shows a deficit in each month until Months 11 and 12 when a surplus is budgeted. The surpluses in these months arise from increased delivery of CIP. Key items included are: rates rebate of £2.5m assumed in M12 and additional £3m CIP requirement to cover cost pressures, split equally between M11 and M12.

At Quarter 2 the cumulative deficit is £19.8m, the profiling of CIP is such that this is recovered in the following quarters to deliver the £14.6m year-end deficit.

The phasing of the budget does not align to that submitted as part of the NHSI plan in March mainly due to increased costs pressures and the assumed Q4 recovery through additional cost improvement.

The budget has been phased to reflect:

Commissioning income in line with seasonal profiles reflective of prior years and then adjusted for Trakcare risks and phasing impacts.

Normal trends in pay and non-pay based on prior years and in line with business case trajectories and CIP delivery.

CIP programme FY18

Gloucestershire Hospitals NHS
NHS Foundation Trust

Significant effort has been directed at developing new CIPs for FY18. Work continues to develop these initiatives into PIDs and get them through QIA. Delivery against these schemes is then required. A certain level of unidentified and unallocated CIP remains in FY18, this has increased through budget setting to balance known cost and income pressures which have been incorporated within the budget.

	Budget Position	April 2017 FRP Submission	Variance
Division/Theme £k	FY18	FY18	FY 18
Surgery	2,542	2,542	0
Medicine	2,390	2,390	0
D&S	1,154	1,154	0
W&C	1,030	1,030	0
Corporate	937	937	0
EFD	602	602	0
Theatres	692	692	0
Outpatients	1,110	1,110	0
Medical productivity	2,057	2,057	0
Nursing productivity	135	135	0
Agency	2,304	2,304	0
Procurement	2,243	2,243	0
Workforce	1,166	1,166	0
Non pay	890	890	0
Operational growth margin	3,500	3,500	0
Medicines management	813	813	0
Private patients	314	314	0
Income Improvements	3,000	3,000	0
Rates Rebate (Charitable Status)	2,500	2,500	0
Unidentified & unallocated	5,315	2,311	3,004
Total Budget CIP Target	**34,694**	**31,690**	**3,004**

Increase in developed/developing schemes

- Current CIP value (excluding unidentified and unallocated) £29.4M.

Main changes since FRP

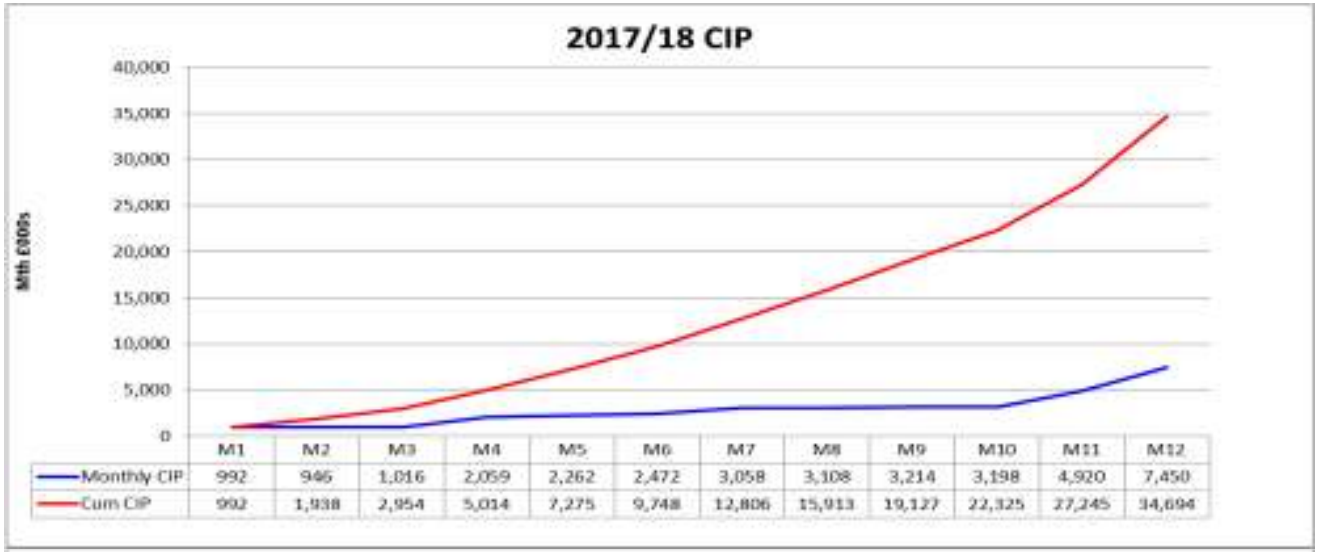
- Unidentified and unallocated CIP remains in FY18, this has increased by £3.0m through budget setting to balance known cost and income pressures which have been incorporated within the budget.

Maturation

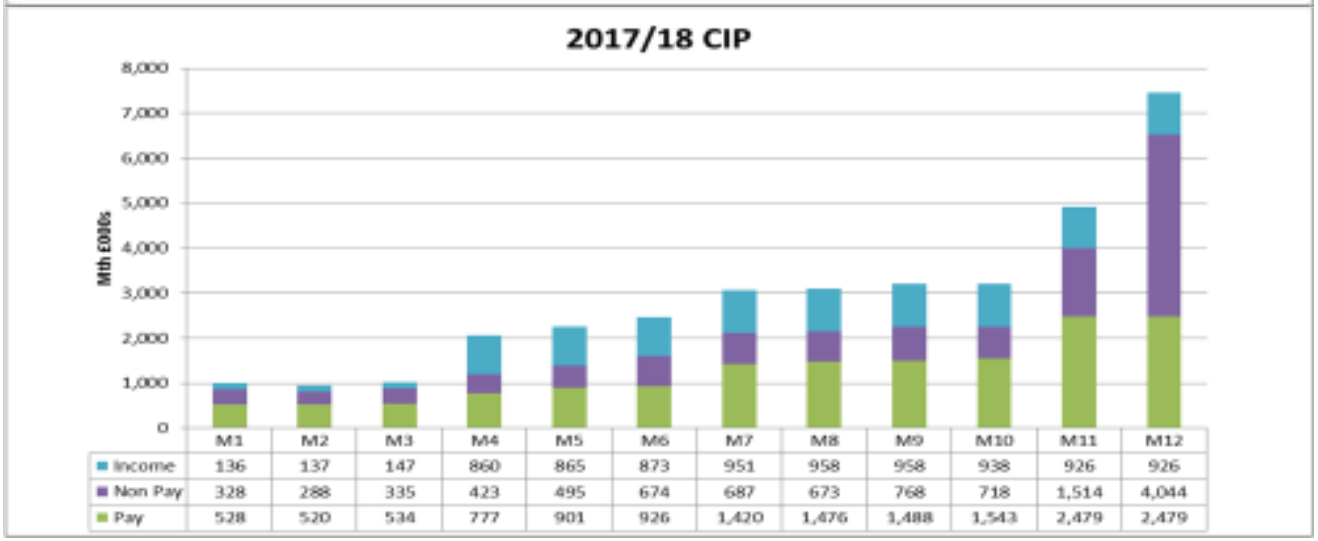
- Of the £29.4M schemes, £14.8M 50% are at level 4 and 5. Work is progressing to mature the remaining schemes.
- Operational growth margin and income schemes can only be matured as budget setting is completed, which is due imminently. This will add a further £6.5m 28% at level 5.
- Other schemes will mature quickly as they are now in the early stages of development.
- There are schemes within the Divisions/Themes which are not yet fully identified a pose a higher level of risk to delivery, these amount to £2.2M

£5.3m of savings are yet to be identified and allocated which is a risk to the Budget.

CIP programme FY18



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Monthly CIP	992	946	1,016	2,059	2,262	2,472	3,058	3,108	3,214	3,198	4,920	7,450
Cum CIP	992	1,938	2,954	5,014	7,275	9,748	12,806	15,913	19,127	22,325	27,245	34,694



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income	136	137	147	860	865	873	951	958	958	938	926	926
Non Pay	328	288	335	423	495	674	687	673	768	718	1,514	4,044
Pay	528	520	534	777	901	926	1,420	1,476	1,488	1,543	2,479	2,479

The first chart shows the in-month planned CIP delivery and the cumulative position over the financial year.

The second chart shows the split of the in-month CIP between pay, non-pay and income. This chart highlights the significant increases already described in M11 and M12.

Capital forecast

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Trust plans for capital expenditure amount to £36.9m by FY19. In addition to this is the major site reconfiguration. All capital is assessed from a basis of risk and is viewed to have been reduced to a minimum level. Loan and/or lease funding will be required to support this level of capital programme. Any National monies that could be secured would reduce the DH funding need.

Capital programme £million	Funding Source	FY18 Plan	FY19 Plan	
H&S, Estates and Environmental	Internal	3.9	4.7	There is a significant backlog of maintenance of c.£47.1m of which £25.7m is categorised as high or significant risk . Spend on Estates, H&S etc. that is completed on a risk assessed basis. It includes spend such as significant roof repairs, fire safety, water treatment and other H&S and environmental improvements required to patient areas.
Service Reconfiguration	Internal	1.0	1.5	ED/winter plan reconfiguration, flow/ward developments
IM&T	Internal /Loans	4.9	2.6	EPR system. Beyond life infrastructure. New telephony system (supports CBO requirements). Joining Up Your Information (Gloucester initiative to share patient information, funded previously through PDC)
Medical Equipment Fund	Internal /Loans	2.4	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
Administration Hubs	Internal	0.5	1.5	Reconfiguration of administration departments, increase clinical capacity and exit rental property (saving c.£500k pa).
Theatre Refurbishment	Internal	1.9	1.6	Theatre refurbishment programme
Major Equipment Replacement	Internal /Loans	4.9	2.6	Radiology and Radiotherapy equipment and installation, fluoroscopy rooms, autoclaves
Contingency & Other	Internal	0.7	0.5	
Total capital spend		**20.2**	**17.3**	
Funded by:				
Internally - depreciation		12.4	13.8	
Internally – asset sale receipts		1.5	-	Sale of theatre equipment on set up of theatres managed equipment service
External funding		6.3	3.5	Funded through either DH loans or 3rd party loans and finance leases
Total funding		**20.2**	**17.3**	
Strategic Site redevelopment	**PDC**	**12.5**	**20.6**	**The strategic investment case to NHS England is for £69m which supports developments at both Trust sites to create additional capacity and improve patient flow. This has been removed from the financial plan resubmission as unapproved STP funded cases could not be included within submissions. This remains a key investment for the Trust and STP.**

Gloucestershire Hospitals NHS
NHS Foundation Trust

Cashflow

Cashflow Analysis	Q1 £000's	Q2 £000's	Q3 £000's	Q4 £000's	Total £000's
Surplus (Deficit) from Operations	**(10,408)**	**(3,174)**	**1,196**	**10,237**	**(2,150)**
Adjust for non-cash items:	0	0	0	0	0
Depreciation	3,102	3,102	3,102	3,098	12,404
Impairments within operating result	0	0	0	0	0
Gain/loss on asset disposal	0	0	0	0	0
Provisions	0	0	0	0	0
Other operating non-cash	32	(15)	96	7	120
Operating Cash flows before working capital	**(7,274)**	**(87)**	**4,394**	**13,342**	**10,374**
Working capital movements:	0	0	0	0	0
(Inc.)/dec. in inventories	0	0	0	0	0
(Inc.)/dec. in current assets	(300)	(300)	300	300	0
(Inc.)/dec. in current provisions	0	0	0	0	0
(Inc.)/dec. in trade and other payables	(3,000)	(800)	0	(61)	(3,861)
(Inc.)/dec. in other financial liabilities	4,000	(1,750)	(1,500)	(750)	0
Net cash in/(out) from wokring capital	**700**	**(2,850)**	**(1,200)**	**(511)**	**(3,861)**
Capital investment:	0	0	0	0	0
Capital expenditure	(1,917)	(3,167)	(6,385)	(8,691)	(20,160)
Capital receipts	0	1,500	0	0	1,500
Net cash in/(out) from investment	**(1,917)**	**(1,667)**	**(6,385)**	**(8,691)**	**(18,660)**
Funding and debt:	0	0	0	0	0
PDC Received	0	0	0	0	0
Interest Received	9	9	9	9	36
DH loans - received	4,028	12,755	3,675	7,130	27,587
DH loans - repaid	0	(1,318)	0	(1,318)	(2,636)
Other loans	0	0	0	0	0
Finance lease capital	(513)	(513)	(513)	(513)	(2,052)
PFI/LIFT etc capital	0	0	0	0	0
PDC Dividend paid	0	(3,294)	0	(3,296)	(6,590)
Interest Paid	0	(2,972)	0	(2,955)	(5,927)
Net cash in/(out) from financing	**3,524**	**4,667**	**3,171**	**(943)**	**10,418**
Net cash in/(out)	**(4,967)**	**63**	**(21)**	**3,197**	**(1,728)**

Cash at Bank - Opening	**7,539**	**2,572**	**2,634**	**2,614**	**7,539**
Closing	**2,572**	**2,634**	**2,614**	**5,811**	**5,811**

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

Highlights in cash movements are:

- An opening balance of £7.5m and a closing final balance of £5.8m.
- The Trust is still carrying a level of creditor arrears, which may have to be brought closer to terms. This is reflected by an outflow of cash against trade payables.
- Movements in other financial liabilities reflect the phasing adjustments included in the budget for the impacts of Trakcare income, initial shortfall in Q1 and subsequent recovery.
- Significant capital investment of £20.2m for the year.
- Borrowing to support the accumulated deficit and capital programme over internally generated funds (excluding strategic site development). Total forecast borrowing of £27.6m. Although this is currently shown against DH other sources of funding will be sought for the capital elements of the programme.

Balance Sheet

Gloucestershire Hospitals NHS
NHS Foundation Trust

Trust Financial Position	31st March 2017 (Per Plan Submission) £000	31st March 2018 £000
Non-Current Assests		
Intangible Assets	3,585	3,585
Property, Plant and Equipment	306,267	312,559
Trade and Other Receivables	4,548	4,500
Total Non-Current Assets	**314,400**	**320,644**
Current Assets		
Inventories	7,331	7,331
Trade and Other Receivables	21,500	21,500
Cash and Cash Equivalents	7,539	5,811
Total Current Assets	**36,370**	**34,642**
Current Liabilities		
Trade and Other Payables	(47,567)	(43,767)
Other Liabilities	(274)	(274)
Borrowings	(5,282)	(5,060)
Provisions	(182)	(182)
Total Current Liabilities	**(53,305)**	**(49,283)**
Net Current Assets	**(16,935)**	**(14,641)**
Non-Current Liabilities		
Other Liabilities	(7,320)	(7,640)
Borrowings	(82,670)	(105,569)
Provisions	(1,418)	(1,440)
Total Non-Current Liabilities	**(91,408)**	**(114,649)**
Total Assets Employed	**206,057**	**191,354**
Financed by Taxpayers Equity		
Public Dividend Capital	164,318	164,318
Reserves	67,544	67,544
Retained Earnings	(25,805)	(40,508)
Total Taxpayers' Equity	**206,057**	**191,354**

The balance sheet opening position as at 31st March 2017 reflects the planning submission, not the unaudited outturn presented in the M12 finance reports.

Non Current Assets

- Non-current assets over the period increase due to capital additions. Depreciation is charged in line with current policies and UELs.

Current Assets

- Trade and other receivables are forecast to remain stable over the year with quarterly variation as commented on the prior page. This reflects improved processes implemented in the prior financial year.

Current Liabilities

- Current liabilities are forecast to reduce 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

- Retained earnings reflect the accumulated deficit.

Risks and mitigations

Gloucestershire Hospitals NHS
NHS Foundation Trust

We are facing significant internal and external risks to delivery, but mitigation planning is well underway. Risks below are from a perspective of finance and finance recovery.

Area	Risk description and mitigation	Potential impact / year
Historic CIP performance & CIP Delivery	**Risk:** The Trust has historically delivered poor CIP performance and has repeatedly revised in-year actuals. Whilst this highlights opportunities to deliver more than 4%, it is also indicative of limited delivery capacity and capability in some areas and cultural change requirements. Within the budget there is still CIP of to be identified , planned and delivered to deliver the budget as presented. **Mitigation:** The CIP PMO (capacity and capabilities) have been strengthened by realigning resource across two PMOs to redirect internal resources with additional recruitment to vacancies. The recruitment of Divisional CIP embeds has also been included within the budget.	Any CIP benefits not delivered will increase the stretch to target or, if not mitigated, will increase the forecast deficit. Any CIP not identified would be an increase to deficit.
Income and Penalties	**Risk:** Activity is lower than contract due to seasonal operational pressures above those factored in to the budget and / or slower than planned mobilisation of additional capacity necessary to deliver. If control total not agreed, penalties related to income resulting from poor performance against national standards, which based on FY17 would amount to £4-5m, are NOT included within the FRP. **Mitigation:** Early agreement of operational plans to enable capacity to be mobilised in advance of year commencing and revisions to operational model before Winter 2017/18 to minimise operational impacts on elective care. Agreement of a control total based on a FY18 deficit of £14.6 will remove the risk of penalties being incurred.	Activity and income not repatriated will result, as a minimum to loss in margin, operational pressures could deteriorate margin further. Penalties incurred will be a direct impact to deficit.
Additional Cost Pressures	**Risk:** Significant additional cost pressures totalling c.£2.0m in FY18 have been included within the budget (these having arisen since completing the FRP update. These relate to the:- TrakCare support team £0.4m (removed from initial business case); loan facility interest above amounts included in FRP of £1.0m FY18; management resource to support current projects and operational pressures £0.6m. Cost pressures beyond these will impact to budget. **Mitigation:** reducing other costs by risk reassessment of business need, development and delivery of further CIP.	Any further cost pressures which cannot be mitigated, or supported with additional non-recurrent income, will impact the budget deficit.
TrackCare implementation	**Risk:** The TrakCare information system went live on 5 December. Bedding down of the system including elements of reporting and data processing backlogs, has lead to information shortfalls and consequent operational difficulties including expected loss of income. TrakCare implementation impacts to activity delivery and hence income have been assessed, an income reduction of £1.0m has been included within the budget. Lost income beyond this will impact to budget **Mitigation:** Programme management support continues and additional dedicated resource aligned to clear data backlogs, required reports are being designed, developed and tested. Support services being brought in to help define and then drive solutions. Agreement of block contracts for part of the year with commissioners.	Reporting and data backlog issues could lead to lost income and/or additional operational cost to support to recover.

Risks and mitigations

Gloucestershire Hospitals NHS
NHS Foundation Trust

We are facing significant internal and external risks to delivery, but mitigation planning is well underway. Risks below are from a perspective of finance and finance recovery.

Area	Risk description and mitigation	Potential impact / year
Workforce and controls	**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. **Mitigation:** An agency task force is working through options and a series of proactive and reactive controls are in place to ensure delivery. A budget has been created at a level to enable divisions and management to be held to account for financial performance.	Agency reductions not delivered in full from FY17. Financial controls do not deliver in year benefits as planned
QIA process	**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. **Mitigation:** The Trust is committed to delivering the budget 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.	Any CIP being rejected or reduced via QIA will increase the stretch to target or, if not mitigated, will increase the forecast deficit.
Lost time or machinery failure	**Risk:** Lost time if unforeseen machinery failure or other Health and Safety issues detected which results in lost time, appointments or unforeseen costs in excess of the capital plan or additional costs to buy in relevant capacity. **Mitigation:** The capital plan includes items to rectify machinery/estates etc which is deemed to be out of date or unsafe, this has been developed on a an initial assessment of risk, with further risk assessment on-going. For the first time, the Trust has established a small capital contingency fund to allow rapid response to issues if they arise in year.	Lost income/activity and cost of replacement or treatment at an alternative provider.

Recommendations

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Board is asked to approve:

- The proposed budget and deficit for 2017/18 of £14.631m.
- That the CIP target now required is £34.7m, with the increase of £3m over the previous plan iteration phased into the final quarter of the financial year.
- The budgeted cash and balance sheet position.

Author:	**Stuart Diggles, Interim Finance Turnaround Advisor** **Tony Brown, Interim Senior Finance Advisor**
Presenting Director:	**Sarah Stansfield, Acting Director of Finance**
Date:	**May 2017**

REPORT TO MAIN BOARD – MAY 2017

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

This report describes the business conducted at the Workforce Committee on 6th April 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
Matters arising Vacancy Control review	The top line figures were presented showing the number of submissions	How is this giving perspective on the broader implications and learnings from the Vacancy Review panel?	DS to develop a strawman to circulate pre the next committee outlining , purpose of VCP, key findings to date and what broader strategic issues and implications it brought to light	
Focus for 2017 and sub committee KPIs	An overview was given of WIP	How are we tracking the individual sub committees and seeing the strategy being deployed against each of their KPIs on a regular basis? How are we then tracking back against the broader dashboard and Workforce strategy?	The report for each committee is formatted to highlight – key issues, performance against KPIs and where change was needed. The sub-committee Chair reports to Workforce in accordance to the Annual Agenda Plan.	The quality/format of the reports and the need for the number of sub committees currently would be reviewed in 3 months
Annual Agenda Plan	The Annual Agenda Plan was reviewed and required further amendments	Are we focusing our energy on the right areas?	Updated plan to be brought to next meeting	

Education, Learning and Development Group	The Committee received an update on the three key priorities which were ; Workforce Issues and Recruitment, Retention and Sustainable transformation	We need to ensure that the paper when brought to Board in June, covers key issues, areas of focus and where the committee needs to support – particularly in light of capacity and resource stretch.	Dee Gibson-Wain to bring paper to next meeting	
Workforce dashboard	The Committee discussed at length the quality of workforce reporting and how it was contributing to the broader OD agenda	What are we focusing on that is relevant to workforce rather than Finance? Where do we need to re frame the agenda to emphasise the strategic direction? What shape of organisation is the workforce strategy working towards? Where is the deep dive into Organisational shape, right sizing the organisation, patient experience, age profiles of the workforce alongside comparatives with other organisations?	It was agreed that the HR Director would scope out the right questions and framework required in light of the Workforce Strategy and respond back in June.	Assurance that the organisation and specifically the HR team has the capacity to resource
Workforce Sub Committees	The committee received an update on all of the sub committees which report into Workforce and noted - Staff Engagement Group focus on travel proposition - Freedom to Speak up Guardian and approach being further developed	How are we progressing the sustainable workforce agenda if the full group has yet to meet? Are we over reliant on the CEO (proposed Chair) to create pace?	Terms of reference of the Sustainable workforce group would be shared with the committee for feedback in advance of the next meeting. Any actions already in play in relation to sustainable workforce should also be shared.	In light of a lack of meeting taking place over the last 3 months, is it realistic to expect the CEO to have the capacity to Chair this Group given the broader demands of the Trust or is it

	- Equality and Diversity focus on mechanisms of engagement - That core members of the Sustainable Workforce Group had met but not the full group with operational/staff group engagement.			acknowledged that her involvement and drive will get the traction required?
Staff Survey	The committee received the overview of the Staff Survey results	How, when this is presented to TLT/Board, are we highlighting the outlying issues and how we are addressing them? How have we identified the priorities?	Abby Hopewell to deliver overview in addition to paper at TLT. Further analysis to take place	
CQC letter	The committee received details of actions put in place with regards to the letter regarding FPPT	Have we sufficient assurance? How are we ensuring actions are passed across committees?		The committee referred to Audit committee for ongoing monitoring
Risk	The committee highlighted the Risk of IR 35 and changes to taxation , plus STP impact	How are we resourcing against the STP within resource?		

Items for the Board to specifically note:

The transition from workforce reporting on the core priorities of cost, recruitment and engagement established by the Workforce Committee previously to understanding the framework, analysis and metrics required to prepare the organisation for future growth and to deliver the Workforce Strategy.

The broader learnings and implications being drawn out of the Vacancy Control Panel

The referral of the CQC monitoring to Audit

PUBLIC BOARD MEETING – MAY 2017
LECTURE HALL, REDWOOD EDUCATION CENTRE, GLOUCESTERSHIRE ROYAL HOSPITAL

Report Title
Workforce Report - Period to 31st March 2017
Sponsor and Author(s)
Authors: Mike Seeley Associate HR Director Sarah Stansfield, Director of Operational Finance Sponsoring Director: David Smith, Director of Human Resources and Organisational Development
Executive Summary

Purpose

This report provides an overview of the workforce performance of the Trust as at the end of Month 12 of the 2016/17 financial year. It provides information on the pay spend, progress on agency expenditure control and movements in headcount.

Key issues to note

- Total pay expenditure remained relatively static between M11 and M12 with a marginal increase in expenditure of £0.05m over this period. It is reasonable to conclude that the proactive steps being taken to control and reduce pay spend are having a positive effect
- The establishment of the Vacancy Control Panel combined with other enabling measures will have a bearing on pay expenditure stabilisation
- The net difference between our funded establishment [7,341] and contracted establishment [7,104] is 236 WTE. The gap between funded and contracted establishment is bridged by the additional 234 WTE reliance on temporary staffing arrangements
- Recent recruitment endeavours have resulted in the offer of substantive positions to 32 registered nurses in surgery and 29 registered nurses in medicine. This should help support a reduction in future nurse agency spend
- Medical locum expenditure decreased marginally between M11 and M12 and remains generally favourable compared to the period August to December
- Nursing agency expenditure increased significantly between M11 and M12. This is partly a consequence of an adjustment actioned in M11 which artificially depressed pay spend. Other factors, including ED vacancy cover, the opening of the new unscheduled care ward [4A] and pressures within GOAM are attributable to spend increase

Recommendations
The Committee is asked to note the report.
Impact Upon Strategic Objectives
A failure to improve the financial position will lead to increased scrutiny over investment decision making.

Impact Upon Corporate Risks
Significant impact on deliverability of the financial plan for 2016/17 and 2017/18.
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	

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					

Gloucestershire Hospitals NHS
NHS Foundation Trust

Workforce Report
Period to 31st March 2017

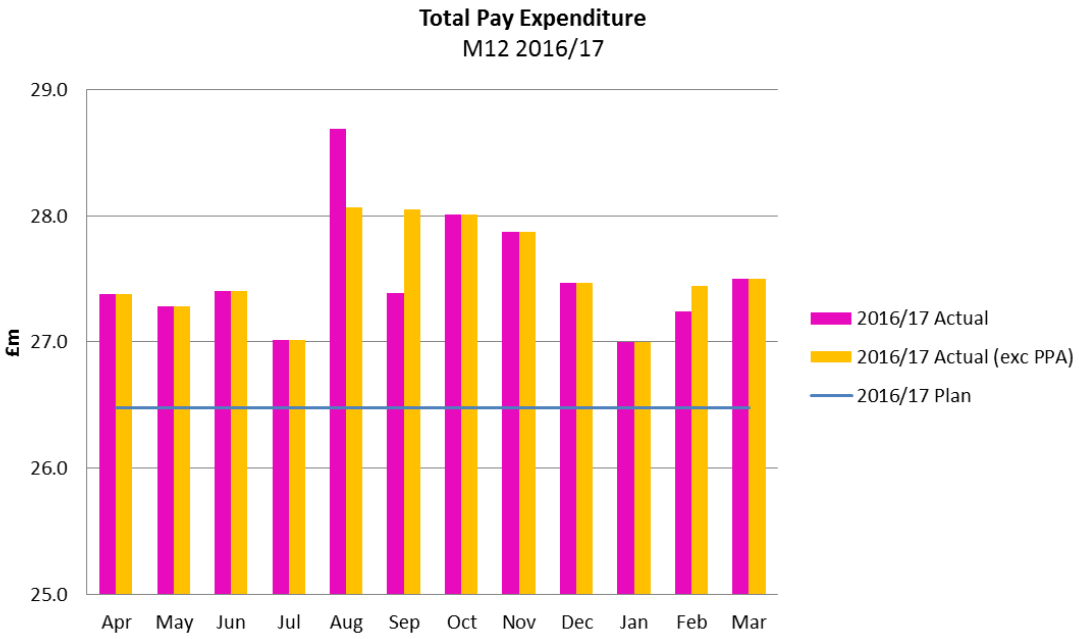
Note: All figures subject to annual accounts finalisation and audit

Gloucestershire Hospitals NHS
NHS Foundation Trust

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 along with a description of actions being taken to address any concerns.

Pay Expenditure



Pay expenditure reflects the total expenditure across the Trust, including bank and agency. It includes all hosted and shared services.

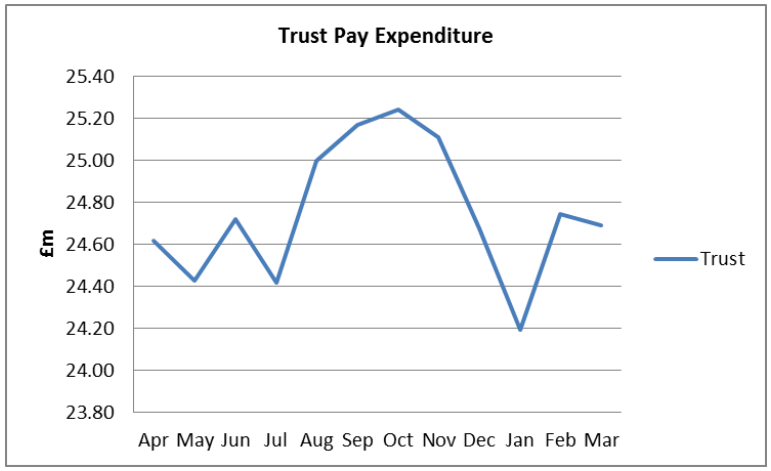
Total pay expenditure remained relatively static between M11 and M12 with a marginal increase in expenditure of £0.05m over this period. It is reasonable to conclude that the proactive steps being taken to control and reduce pay spend are still having a positive impact.

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

Gloucestershire Hospitals NHS
NHS Foundation Trust

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Movement M9-M10	Movement M10-M11	Movement M11-M12
	£m	£m	£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**	**27.24**	**27.50**			
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**	**27.45**	**27.50**	**(0.47)**	**0.45**	**0.06**
Medicine	6.44	6.25	6.31	6.35	6.87	6.56	6.58	6.35	6.40	6.10	6.44	6.28	(0.30)	0.34	(0.16)
Surgery	7.36	7.10	7.21	7.16	7.29	7.29	7.54	7.35	7.16	7.08	7.43	7.34	(0.09)	0.36	(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	2.79	2.87	(0.06)	(0.05)	0.08
Corporate Services	1.65	1.81	1.71	1.81	1.68	1.78	1.83	2.14	1.85	1.87	1.58	1.85	0.02	(0.30)	0.27
Diagnostics & Specialist	5.10	5.04	5.20	5.06	5.15	5.17	5.12	5.04	5.09	5.08	5.15	5.27	(0.01)	0.07	0.11
Estates and Facilities	1.17	1.18	1.18	1.15	1.18	1.18	1.15	1.15	1.19	1.11	1.13	1.12	(0.08)	0.02	(0.01)
Hosted Services - GP	2.27	2.30	2.22	2.21	2.51	2.37	2.30	2.26	2.30	2.37	2.29	2.32	0.07	(0.08)	0.03
Other (inc. Trustwide & SS)	0.46	0.69	0.68	0.45	0.49	0.72	0.52	0.64	0.57	0.55	0.63	0.45	(0.02)	0.08	(0.18)
Trust	**24.62**	**24.43**	**24.72**	**24.42**	**25.00**	**25.17**	**25.24**	**25.11**	**24.68**	**24.20**	**24.75**	**24.69**	**(0.48)**	**0.55**	**(0.06)**
Hosted	**2.77**	**2.85**	**2.69**	**2.60**	**3.07**	**2.88**	**2.76**	**2.76**	**2.79**	**2.80**	**2.70**	**2.81**	**0.01**	**(0.10)**	**0.11**
Total	**27.38**	**27.28**	**27.41**	**27.02**	**28.07**	**28.05**	**28.01**	**27.87**	**27.47**	**27.00**	**27.45**	**27.50**	**(0.47)**	**0.45**	**0.06**



Total pay expenditure stabilised in M12 [March] following the relatively low spend in M10 [January], and the consequential high spend in M11 [February].
The Medical and Surgical divisions experienced a marginal downward trend over the same period whilst Women and Children, Diagnostics and Specialist and Corporate Services experienced a marginal increase in expenditure.
The establishment of the Vacancy Control Panel, combined with other measures [see below] will have bearing on pay expenditure stabilisation.

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	82,748	81,067	2,483	3,765	87,315	(4,567)
Medicine	64,625	59,534	3,786	13,637	76,957	(12,332)
D&S	62,248	60,047	706	728	61,481	768
W&C	32,797	32,385	1,007	1,333	34,725	(1,928)
EFD	13,220	12,992	835	68	13,895	(675)
Corporate*	52,066	52,377	1,138	2,375	55,890	(3,824)
Total Pay	**307,704**	**298,402**	**9,956**	**21,906**	**330,263**	**(22,559)**

* Includes Trustwide and hosted services

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

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 currently 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

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Staff in Post

The net difference between our funded establishment [7,341] and contracted establishment [7,104] is 236 WTE. Perhaps unsurprisingly the gap between funded and contracted establishment is bridged by the additional 234 WTE incorporated within the worked wte category. Work continues to attract and retain permanent staff with a view to reducing reliance on temporary staffing arrangements.

The nurse vacancy forecast predicts that the vacancy level will remain below 120 WTE during 2017, as opposed to the 160+ WTE vacancy levels experienced in 2016. This should support a continued reduction in Nurse agency spend.

Recent recruitment endeavours have resulted in the offer of substantive positions to 32 registered nurses in surgery and 29 registered nurses in medicine.

A Vacancy Control Panel (VCP) chaired by the Executive Director of HR and OD continues to sit each week to scrutinise every request for recruitment with the exception of Band 5 nurses.. Collaterally divisions have established local internal control processes with a view to headcount reduction where this is deemed possible from a clinical and wider service delivery perspective.

The high "paid" figure in the table below relates to the enhancement issue as previously referenced.

Division - Establishment - Month 12	Funded WTEs	Contracted WTEs	Worked WTEs	Paid WTEs	Funded less contracted WTEs
Surgery	1,815	1,755	1,814	1,903	60
Medicine	1,509	1,321	1,503	1,541	188
D&S	1,647	1,597	1,585	1,604	50
W&C	705	706	698	754	(1)
EFD	497	526	572	638	(29)
Corporate*	1,168	1,200	1,167	1,170	(32)
Total WTEs	**7,341**	**7,104**	**7,338**	**7,610**	**236**

* Includes Trustwide and hosted services

The table shows the current M12FTE 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)

Gloucestershire Hospitals NHS
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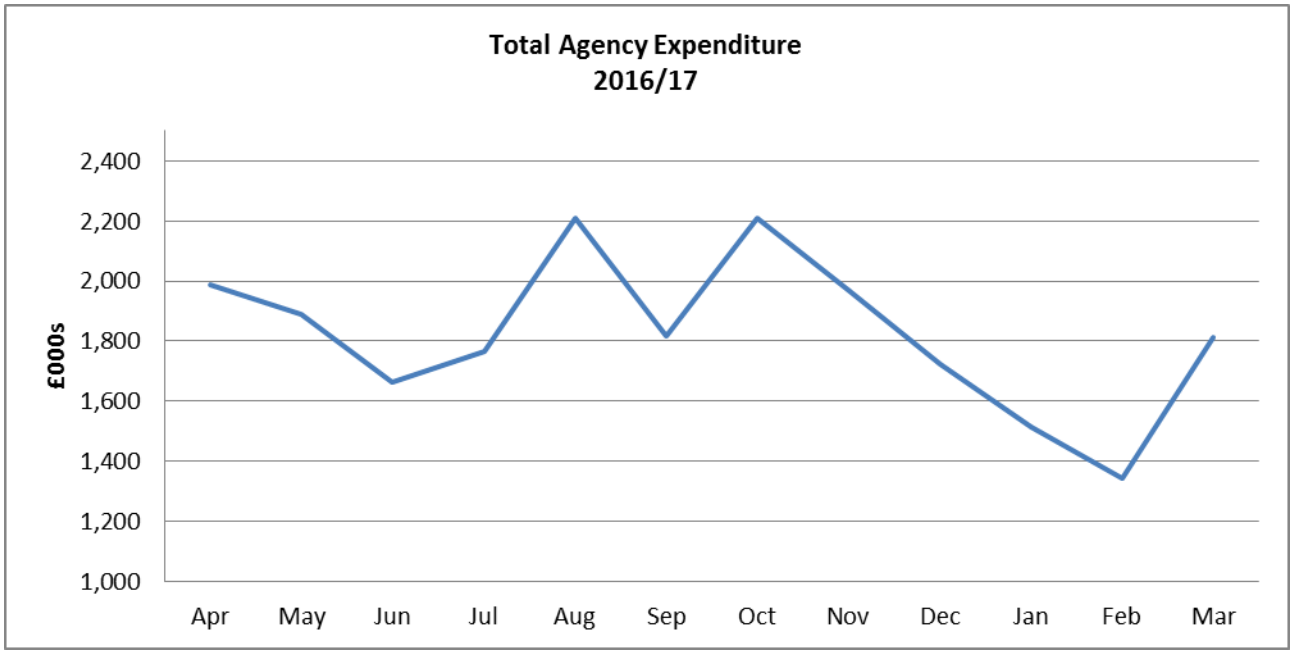
Agency Spend

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. Whilst medical locum expenditure experienced a marginal decrease between M11 and M12, nurse agency spend experienced an adverse upward spend in the same period.

Agency Spend by Staff Group												
	Apr £000s	May £000s	Jun £000s	Jul £000s	Aug £000s	Sep £000s	Oct £000s	Nov £000s	Dec £000s	Jan £000s	Feb £000s	Mar £000s
Medical	420	552	509	487	873	835	937	704	803	602	703	693
Nursing	1,294	959	755	1,012	1,052	650	968	628	616	626	422	799
Other	274	380	399	265	285	331	303	639	303	288	219	320
Total	**1,988**	**1,891**	**1,663**	**1,764**	**2,211**	**1,816**	**2,209**	**1,971**	**1,721**	**1,516**	**1,345**	**1,812**



Medical locum expenditure decreased marginally between M11 and M12 and remains generally favourable compared to the period August to December.

Nursing agency expenditure increased significantly between M11 and M12. This is partly a consequence of an adjustment actioned in M11 which artificially depressed pay spend. ED vacancy cover, the opening of the new unscheduled care ward [4A] and pressures within GOAM are partly attributable to spend increase.

Recommendations

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Committee are asked to :

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

Author:	**Mike Seeley Associate HR Director** **Sarah Stansfield, Acting Director of Finance**
Presenting Director:	**David Smith , Director of Human Resources and Organisational Development**
Date:	**April 2017**

Appendices

- Agency Programme TIB Update
- Pay Grip TIB Update

Agency

Accountable Person: Dave Smith, HR&OD Director
Date Completed: 24.04.2017
For TIB on: 02.05.2017

Gloucestershire Hospitals NHS
NHS Foundation Trust

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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	136	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

Current FRP Actual made up of

- W&C = 56k
- 2 week non-clinical agency ban over Christmas = 80k
- An additional £359k is reported on Nursing Agency saving within the Medicine Division

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 are seeking alternative plans to deliver Operational agency savings.

Delivered since previous TIB:

- Incentivisation proposal for substantive medical appointment drafted
  - Medicine: proposal to develop Enhanced Care teams submitted for consideration; agency cost avoidance meeting was held with HR and procurement and plan compiled for further discussion; CNS scoping meeting held
- Bank office staffed and co-located with site office during Easter weekend
- Meeting held about long term locums in Surgery, exit strategies for all 4 Locums being progressed in Division with help of Procurement/HR
- New Tiering structure for nursing agency introduced

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

- To review the absence policy for all clinical afternoon/late shifts to include 4hrs notice period to increase length of notice for critical shifts
- Advertise night only /flexible working nurse bank contracts in local press
- Review of plans for Band 3s awaiting IELTS (B2 substantive or early release clause)
- Nursing in Divisions: – Medicine: Roster summit to be held over several days with ward managers and matrons to present their rosters to DND, Rosterpro team and HR
- IR35 Trust position statement to be confirmed and issued including FAQ
- Discussions regarding management interims to formulate exit strategies to be progressed
- Procurement process of Medical bank software solution/Business Case to be progressed
- Review incentivisation proposal for substantive medical appointment and progress decisions
- Formulate alternative Operational schemes to deliver agency savings in FY1718 (meeting on 15.05. with new Deputy COO)
- Locum conversions to fixed term/substantive or alternative options to be progressed driven by the Divisions
- Options appraisal regarding incentives being paid for bank shifts being developed as current incentivised rates not proven successful
- Progress communication plan to draw people to work nursing bank shifts (twitter, website etc.)
- To review scope of RosterPro self-service to enhance the resource of the bank office

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
Recruitment into the Bank and Locum Team remains challenging, presenting risk that the launch of expanded hours of service continues to slip (Saturday initiated 18/03; full service planned for May 2017)	12 (3x4)	Focus on visible leadership, retention actions and wider organisational buy-in.	DS

Workforce (Pay Grip)

Accountable Person: Dave Smith, HR&OD Director
Date Completed: 24.04.2017
For TIB on: 02.05.2017

Gloucestershire Hospitals NHS
NHS Foundation Trust

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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	10	500	1,780	TBD	1208

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

- Work is ongoing with Val Doyle and Sarah Stansfield to track the savings from schemes (annual leave sale/purchase, HR income generation, non-clinical overtime)

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				8		8
Value (£k)				1,208		1,208

- Level 1 scheme removed as no merit in iview / A&C review
- Alternative schemes are being worked up to close the gap, including a vacancy factor percentage although it needs to be clarified how it will be allocated to Divisions

Delivered since previous TIB:

- Meeting held within HR to confirm how income generation from DBS, employment letters and replacement badges are handled operationally and income tracked and reported
- Change in notice period from 4-8 weeks agreed with Staff Side – consultation period to be concluded

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

- Ensuring appropriate scrutiny and explanation of pay expenditure in executive divisional review process
- Move to next phase of consultation on 4-8 week notice period – reach out to non-responders through additional communication and those who do not agree
- Detailed Pay Spend analysis to be followed up with HRBPs and next steps to be progressed
- Non-clinical overtime: recommunicate existing controls and rationales and to seek new ideas from staff
- Review incentivisation proposal for substantive medical appointment and progress decisions
- A new forum to be established with HR/HRBPs to determine and progress new ideas

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

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

PUBLIC BOARD MEETING WEDNESDAY 10th MAY 2017
Lecture Hall, Sandford Education Centre commencing at 9.00 am

Report Title
NURSE AND MIDWIFERY STAFFING **April 2017**
Sponsor and Author(s)
Maggie Arnold – Executive Director of Nursing and Midwifery Adam Kirton – Head of Recruitment
Executive Summary
Purpose The purpose of this report is to provide assurance to the Trust Board in respect of nurse staffing levels for April 2017, against the compliance framework *'Hard Truths' – Safer Staffing Commitments*. Key issues to note • 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. • There continues to be close scrutiny of agency spend and recruitment however, strong controls are in place to ensure this focus on spend does not lead to unsafe staffing levels. • The divisional nursing directors have analysed their department's data and have individually responded for the purpose of this report. Conclusions, implications and Next Steps There is no evidence to suggest that current staffing levels are impacting adversely on safe care however oversight of this risk remains a key focus. Next steps include utilising the *Model Hospital* framework and pursuing all activities to address nursing vacancies whilst deploying staff to meet areas of greatest need.
Recommendations
The Board is asked to receive this report as a source of assurance that staffing levels across the Trust are supporting the delivery of 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)**
April 2017					

NURSE AND MIDWIFERY STAFFING
MAIN BOARD - MAY 2017

1 Purpose

The purpose of this report is to provide assurance to the Trust Board in respect of nurse staffing levels for April 2017, against the compliance framework *'Hard Truths' – Safer Staffing Commitments*.

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 The review of the staff in post especially the number of health care assistants is being reviewed by a short life task and finish group led by our Deputy Nursing Director. The first lot of data has been collated however at the time of writing this report the analysis has not been completed.

3.2 Divisional Safer Staffing Reports

3.2.1 Surgical Division

Nursing Metrics Focus

From a nursing metrics performance, all areas were GREEN, except ward 5A ward, who were unable to submit their metrics in time for this report and assurance is being sought from the Matron for the area has confirmed there are no significant staffing or care quality concerns.

Safer Staffing Focus

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

Alstone	HCA 138%	Over established with 2 overseas nurses awaiting registration
DCC Trust wide	(C)RGN 78%HCA 55% (G)HCA 62%	Due to 'flexing off' of staff during low patient occupancy
2a	RGN 127% HCA 15O%	In transition with new ward, and supporting staffing with additional RGN and HCA. Patient dependency review in place and will be considered against Hurst for end of April report. Staffing will be adjusted thereafter.

Care Hours per Nursed Day Focus

We have now been provided with 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.

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

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	Feb-17	Mar-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%	89.4%	91.3%
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%	95.1%	95.1%
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%	2.12%	2.78%
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%	1.41%	0.00%
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%	2.12%	1.74%
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%	0.35%	1.04%

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%	92%+	91% - 89%	<88%
New harm free	97.62%	96%+	95%-94%	<93%
	Nat. Median			
Pressure ulcers (new)	0.99%	≤1.1%	1.2%-1.4%	>1.41%
Falls with harm	0.69%	≤1.09%	1.10%-1.59%	>1.6%
Catheter and UTI	0.80%	≤0.90%	0.91-1.30%	>1.31%
New VTEs	0.40%	≤0.50%	0.51-0.80%	>0.81%

The reasons for the Triggers are as follows for the individual wards. Pressure ulcers (PU), were in the main grade 2 affecting 8 patients, 1 grade 3 PU on one patient. Working is ongoing to try to prevent ulcers, through staff education and supply of pressure relieving products. Catheter associated UTI accounts for 5 patients in the overall cohort, put work is ongoing around the Catheter Passport, and VTE accounts for 2 DVT's for the cohort.

Ward	***Harm free care***	***Reason for Trigger***	***Correlation with safer staffing concerns***
Bibury	89%	2 Catheter UTI (Urology ward)	No. Staffing hours GREEN
DCC (C)	89%	1 grade 2 PU	No. Although RED this is staff flexing rather than shortfall
Guiting	93%	1 grade 2 PU, 1 DVT, 1 Catheter UTI	No. Staffing hours GREEN
Snowshill	93%	1 Catheter UTI (Urology ward)	No. Staffing hours GREEN
DCC (G)	92%	2 grade 2 PU	No. As for CGH
2a	92%	2 grade 2 PU	No. Over on Staffing due to new ward transition
3b	90%	2 grade 3 PU, 1 Catheter UTI, 3 Falls	No. Staffing hours GREEN
5b	94%	1 grade 2 PU, 1 VTE	No. Staffing hours GREEN

Finance and Vacancy Focus

Agency spend rose in month (11), to £164k (£75.2k in month 10) (£1,907m to date), and has risen against the trajectory set but both the Trust and NHS I. The main cause of Agency spending, as before, was and increase incidence of ongoing staffing for the use of unfunded areas, such as Day Surgery units, Surgical HDU and Recovery, due to Black escalation, and at relatively short notice. Bank spend is at £196k, (£1,858m YTD) 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, (RGN 4.87%/HCA 5.24%) and is similar to last month, and will continue to be worked upon. Turnover is below the national average (RGN 11.70%/HCA 17.53%)

The bottom line nursing staffing funded vacancy position within the division is now showing an under-establishment of 1.63 fte 'pure' bottom line vacancies. However, Band 2/3 vacancies are over-established by 32.92 fte (but contains 11 fte newly qualified nurse starters in February awaiting NMC registration which should occur in April). In effect therefore 'pure' over establishment of band 2/3 lines is 21.92 fte, of which 15 fte are within Theatre budget, and the remaining mainly within T&O services, particularly fracture clinical at CGH. Matrons from these areas have been asked to move staff from areas of over-establishment to areas of need. Pure Band 5 vacancies are 41.34 fte, and a slight increase over last month, but as said should be offset by the 11 fte newly qualified staff. Offers have also been made to 16 Operating Department Practitioners to commence in August 2017, so again supporting vacancies in Theatre departments.

3.2.2 **Medical Division**

Safer Staffing Focus

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

Cardiac – CGH	Night - Registered Nurse 75%	Cardiac always run with 3 trained this is their agreed establishment however the data reports it against 4 nurses hence 75%
Ryeworth Ward	Night - Care Staff 138.71%	On night duty an extra HCA has been utilised from numbers to support specials
Woodmancote Ward	Night - Registered Nurse 136.56%	Increase in Registered nurse based on risk assessment for area at night: permission from Divisional Nursing Director
4A	Night - Registered Nurse 124.73%	Permission for Nursing Director to over establish by 1WTE band 5 at night, they will revert to funded establishment now that bay has swung from 4a to 4b.
6A	Day - Registered Nurse 76.34%	At present the ward has 4.42 WTE vacancies and is risk assessed with the skill mix adjusted with Increased headcount

		of HCA's to ensure sufficient numbers of staff. These HCA's are overseas nurses completing IELTS & OSCE training
	Day - Care Staff 122.58%	The ward has been over established with HCA's by 4.00 WTE. These are overseas nurses that are completing IELTS & OSCE training.
6B	Night - Care Staff 122.58%	High volume of specials Feb / March. Also increase in HCA for area at night: permission from Divisional Nursing Director
9B	Day - Care Staff 124.30%	High volume of specials during Feb / March
	Night - Care Staff 146.77%	High volume of specials during Feb / March On night duty one extra HCA from numbers to support specials

Emergency Department Focus

	Day		Night	
	Registered Nurse	**Care Staff**	**Registered Nurse**	**Care Staff**
Emergency Department CGH 39641	105.78%	84.85%	100.97%	84.09%
Emergency Department GRH 76922	105.09%	99.10%	103.48%	91.94%

Unscheduled Care continues to experience high Band 5 vacancy levels. Recruitment to these vacancies together with retention continues to be a priority for the Division. Both Cheltenham and Gloucester sites continue to rely on agency nurses to provide sufficient staff on each shift.

Care Hours per Nursed Day Focus

As per Surgical Division's response.

Harm free Care Focus

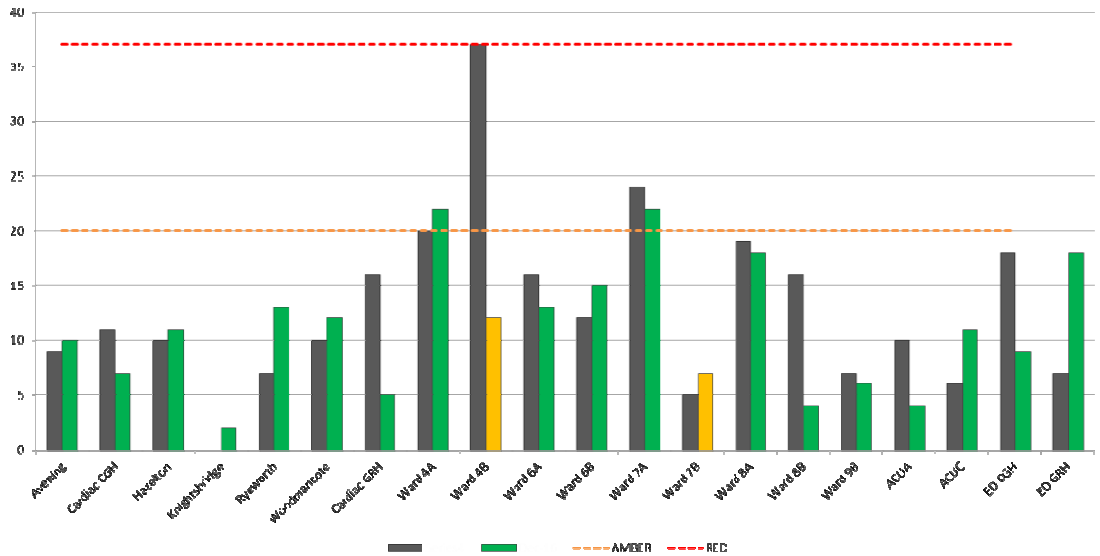
A full quarter report will be available for end quarter 4 on national comparisons. Of the 24 Medical wards and departments 16 scored 100%, 5 scored below 100% for Harm Free Care and the remaining 3 locations are non – reporting. Importantly, it should be remembered that the national reporting includes 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:

TABLE 1 – NURSING METRICS BREAKDOWN BY WARD MARCH 2017

Ward	Harm Free Care %	Reason for Trigger	Correlation with Safer Staffing
ACUC	95%	Falls	No
Avening Ward	95.24%	Falls	No
ACUA	87.50%	Falls	No
4B	96.97%	1 post 48 hour MRSA Bacteraemia (35 Patients) 1 new Grade 3 pressure ulcer (35 Patients)	No
8A	93.10%	2 new Grade 3 pressure ulcers (30 Patients)	No

Nursing Metrics Focus

FIGURE 1 - NURSING METRICS MARCH 2017 Vs FEBRUARY 2017



February 2017

March 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

- Cardiac GRH was the only location this month to have late data submitted. The Matron will discuss with the ward manager as part of their formal 1:1s.
- Cleanliness remains an on-going priority for the medical wards; the overall score has decreased to 31 in March compared with 36 in February 2017. Matrons are working with housekeeping supervises to address issues. 4a has developed a "Cleanliness Pledge" to patients.
- Hand hygiene remains a key focus for the medical wards. 11 wards are RAG rated as red, with 8 wards RAG rated as green. Matrons are completing SPOT checks and additional saving lives champions are being identified
- EWS- Score, of the 21 areas 1 did not submit data of the remaining 20 areas 3 RAG rated as red and 17 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 increased from the February position of 21 to 28 errors in March. Wards are encouraged to participate in the pharmacy MDT huddle which aims to provide staff with accelerated learning opportunities. On Woodmancote Ward, in additional to the POPAM policy guidelines, all trained staff have had a supervised drug round completed by either a pharmacist, Senior member of staff or support from professional education.
- The overall pressure ulcer score has decreased to 26 in March compared to 28 in February with 6 wards RAG rated as red.
- Falls have decreased from 37 in February to 35 in March 2017 across the division. Work continues on falls prevention.
- There has been a decrease in written complaints being received from 13 in February to 10 in March.

Finance and Vacancy Focus

The agency usage in the Medical Division has increased from 10,686 hours in Feb 2017 to 12,645 hours in March 2017.
Along with the 2a/4a/9a ward transfers in December, GWW1 ward has moved to D&S Division in March. The funded staffing for these ward transfers has not yet been finalised and will be reviewed as part of the 17/18 budget setting. However if the assumption is that for the 2a/4a/9a transfers the Medical Division will lose funding of 62.04wte and gain funding of 34.80wte and with the GWW1 transfer lose funding of 29.09wte then the bottom line Nursing staffing vacancies will be 82.94wte (8.58%). This includes bank funding of 41.46wte. The vacancy is split 72.39wte qualified staff vacancies offset by an over establishment of 30.91wte unqualified staff

3.2.3 **Diagnostics and Specialties Division**

Nursing Metrics Focus

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

Safer Staffing Focus

The following wards are;

Lilleybrook	RGN 102.02% HCA 98.39%	GREEN
Rendcomb	RGN 97.85% HCA 101.61%	GREEN

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.

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			
	Jan-17	Feb-17	Mar-17
Harm free	96.8%	96.8%	97.1%
New harm free	100.0%	100.0%	97.1%
Pressure ulcers - new	0.00%	6.45%	0.00%
Falls with harm	0.00%	0.00%	0.00%
Catheter and UTI	0.00%	0.00%	0.00%
New VTEs	0.00%	0.00%	2.94%

Divisional Narrative

The safety thermometer is broadly in line when triangulated with the safer staffing data. Gallery ward will become part of the reporting for safer staffing as this ward has now joined the division.

Finance and Vacancy Focus

The nursing Agency spend in February 17 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 January 16 is £35K which is a rise from the previous month and year to date is £188K, 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. Whilst recruitment is ongoing to Gallery ward there will be a rise in temporary staffing but efforts are being made to conclude this as quickly as possible. The management of rosters and temporary staffing is discussed at the nursing agency and productivity meetings held with the other divisions two weekly.

Sickness levels remain unchanged for RGN are below the Trust target at 2.03% and above the Trust target for HCA's at 3.81%. Turnover for RGN and HCA is below national average for this month. Where pockets of increased absence are evident, our HR business partners are meeting and working on target plans with the individual managers. Performance metrics are being set with the staff in question as per policy.

The bottom line nursing staffing funded vacancy position within the division is Band 2 4.2, Band 31.3 WTE, band 5 2.1 WTE and apprentice 3 WTE. The divisional rise is due to Gallery ward joining D&S towards the end of March.

3.2.4 **Women and Children's Division**

Care Hours per Nursed Day Focus

This data is collected for Stroud Maternity and Maternity In Patients, Gynaecology (9a), Childrens In Patients and Neonatal Unit..

Maternity (78.49%) are showing under fill of Health Care Assistance on day duty, but these areas are Green for trained midwives. Gynaecology show over an overfill of (152.94%)

Intrapartum Maternity Care

As stated in last month's report in line with the recommendations with in 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 electronically, but the following data has been obtained by a manually sample

Gloucestershire Royal Delivery Suite	No data available post TrakCare Implementation
Gloucestershire Royal	Awaiting Data
Aveta Birth Centre CGH	100%
Stroud. Birth Centre	100%

The midwife to birth ratio is currently approximately 1:29-30 across the Trusts acute and community based service, which would be green on the speciality obstetric Dashboard. Staffing and activity are usually analysed together. The Dashboard is under normal circumstances monitored monthly by the division alongside the aggregated outcomes from across the service, and outcome measures are bench marked with the South West Maternity dash board. However since implementation of Track no data has been available for monitoring for the past 4 months so this figure is an estimate only.

Harm free Care Focus

Gynaecology and Neonatal services collect data using the Classical Safety Thermometer data 9a 'triggered' red on the Safer Staffing return for new catheter related UTI 's and practice related to these outcomes is being investigated further and an action plan is to be developed.

Maternity inpatients areas have moved to the Maternity Specific safety thermometer and paediatrics moved to collect data using the paediatric thermometer.

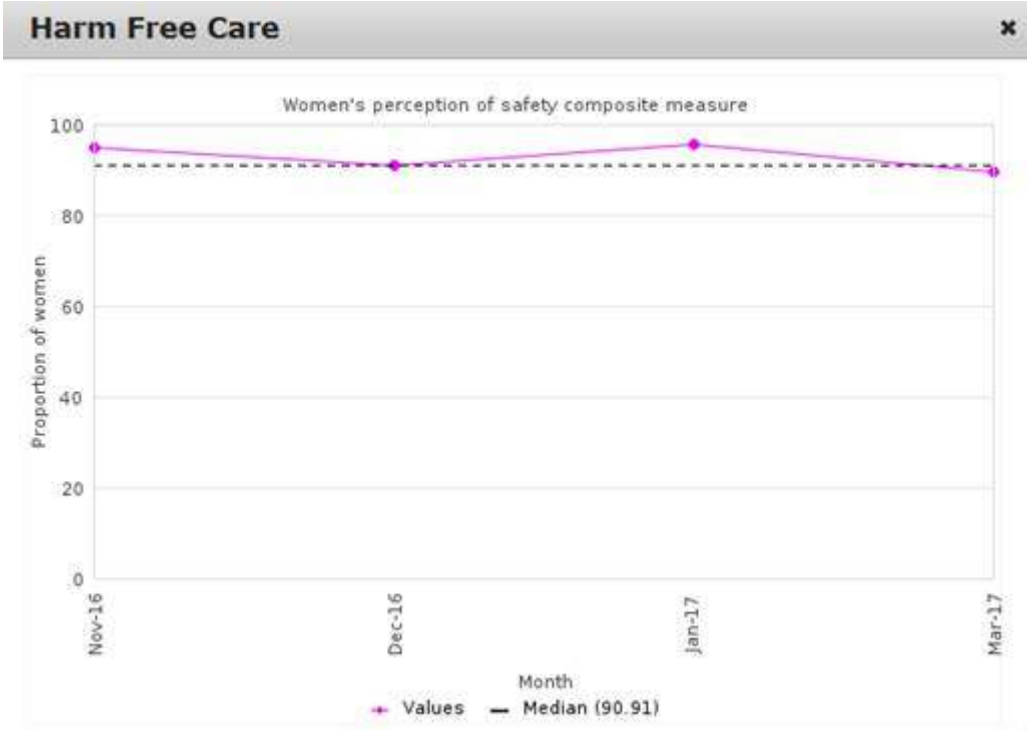
In paediatrics the data has been uploaded to the safety thermometer site since last September. There is some rudimentary data online which covers us up to December 2016.The software is currently being reviewed and upgraded, by NHS South Central and West commissioning unit and data will now need to be transferred to another server.

The Maternity Safety Thermometer collects data on the following harms:

o Maternal Infection
o Perineal Trauma

o Post-Partum Haemorrhage
o Term babies Apgar score
o Term baby treatment
o Mother and baby separation
o Women's perception of safety

The first available data set is represented in the table below based on a composite of measures



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. 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 Gloucester 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.

Neonatal services are reviewing how data captured on Badger might be used to report on staffing and acuity of babies in the unit.

Finance and Vacancy Focus

In Month 11 the Division worked 4.69 WTE nurses less than the funded establishment. This includes Bank use of 15.85 WTE and Agency use of 2.58 WTE. Of the 4.69 WTE working less than funded, 20.27 WTE are qualified staff (mainly Band 6) being mainly covered by Bank and some Agency.

The Divisional Agency spend reported a £58k credit in Month 11 (£843k year to date) a reduction for previous over-accrual. The main cause of Agency spending is the Paediatric Ward (£479k to date) and Ward 2a/9a (£274k to date). The Agency staffing for this unfunded area has reduced significantly from Month 10 following the move to Ward 9a from Ward 2a. The Division expect minimal agency use in this area going forward. Paediatric Ward agency spend is mainly coded as vacancy or sickness cover, although vacancies are now minimal and the Division has agreed a level of over recruitment to address the short falls that are expected as a result of turnover and maternity leave . It also includes £126k RMN agency spends of which £81k has been

recharged to our Commissioner. Work is being done to develop HCA to take on this role where appropriate

Divisional Bank spend has increased to £56k in Month 11, this was £45k in Month 10 reduced from £90k in Month 9 (£874k YTD).

4 Nursing Workforce Metrics - Recruitment Update

4.1 UK / EU Recruitment

- There are currently 22.79 WTE experienced UK-based Band 5 nurses in the recruitment pipeline, with start dates currently to be confirmed.
- A total of 82 Newly Qualified Nurses / ODPs were offered employment at the recruitment event on Saturday 25th March. Many other shortlisted candidates had already been offered jobs with the Trust, or rescheduled for a later date. It is anticipated that there will be around 90 Newly Qualified Nurses / ODPs offered jobs as part of this campaign.
- Thirteen Trainee Nursing Associates commence their new Band 3 training role with the Trust on 24 April 2017, all thirteen are internal candidates.
- There are currently 21 advertisements live on NHS Jobs for Registered Nurses / Midwives.
  - 15 x Substantive Band 5 Registered Nurses
  - 1 x Newly Qualified Nurses (Winter 2017 cohort)
  - 1 x Newly Qualified Theatre Nurses / ODPs (Winter 2017 cohort)
  - 1 x Bank Band 5 Registered Nurses
  - 1 x Bank Band 6 Registered Mental Health Nurses
  - 2 x Band 6 Specialist Registered Nurses
  - 1 x Band 6 Sister / Senior Operating Department Practitioner

4.2 Non-EU Recruitment

- A further seven nurses arrived at the Trust to commence work on 10 April 2017, and another four are currently awaiting their visa applications. This will make 34 nurses that have joined the Trust as a result of our overseas recruitment in the Philippines with IPAMS.
- Another 29 candidates have passed their IELTS examination, and are finalising the pre-employment checks in the Philippines, with an anticipated start date before Summer 2017.
- A teleconference with a leading recruitment agency in India has been completed, and a second teleconference with a rival company is scheduled for later this month. It is anticipated that a competitive process and due diligence will take place before Summer 2017.

Status		Nov 15	May 16	Sep 16
Commenced employment	Passed the OSCE – Working as Band 5 Staff Nurse	11	0	0
	Failed the OSCE twice – Employment terminated *	1	0	0
	Not yet taken the OSCE – Working as Band 3	11	6	1
Subtotal (commenced employment)		**23**	**6**	**1**
Passed IELTS examination	CBT passed – Visa issued – Awaiting deployment	0	0	0
	CBT passed – Awaiting visa application	3	2	2
	CBT passed – Awaiting NMC Decision Letter	4	3	9
	Awaiting CBT examination	2	3	5

	Subtotal (passed IELTS examination)	**9**	**8**	**16**
Not passed IELTS examination	Awaiting examination	39	62	143
	Application currently on hold	20	3	2
	Subtotal (not passed IELTS examination)	**59**	**65**	**145**

* It is a condition of the work permit that candidates who fail the OSCE exam twice (or fail to pass the exam within eight months of joining the organisation) have their visa curtailed and their employment terminated

4.3 Nursing Workforce Metrics

4.3.1 Vacancy Metrics

The over-establishment of Band 2 Healthcare Assistants was reduced to 8.67 WTE at 28 February 2017, whilst the over-establishment of Band 3 Unregistered Nursing Staff has increased further to 71.98 WTE (see section 1.3.2 below). The Band 5 over-establishment in Women & Children is predominantly due to midwifery recruitment, and these staff will eventually progress to Band 6. The Band 5 over-establishment in Diagnostics & Specialties remains unaccounted for. The ward reconfiguration of Gallery Wing Ward 1 is not reflected in the dataset, and this is expected to impact figures in Medicine positively, and have little impact on Diagnostics & Specialties.

	Diagnostics & Specialties		**Medicine**		**Surgery**		**Women & Children**	
	WTE	**%**	**WTE**	**%**	**WTE**	**%**	**WTE**	**%**
Apprentice HCA	7.00	70.00%	9.00	50.00%	7.00	31.82%	1.00	20.00%
Band 2	0.79	1.54%	4.84	1.78%	-14.86	over	0.56	0.72%
Band 3	-1.00	over	-46.33	over	-18.06	over	-6.59	over
Band 4	0.36	4.76%	4.26	24.48%	-0.91	over	0.70	7.30%
Band 5	-4.52	over	100.83	21.62%	41.34	7.57%	-8.48	over
Band 6	3.63	8.70%	-1.68	over	-6.27	over	4.64	2.01%
Bands 7+	-2.94	over	3.94	5.91%	-6.61	over	8.20	10.48%

Data Note: Data for this table is from 28 Feb 2017. Women & Children data include Midwives. over = over-established

4.3.2 Band 3 Over-Establishment

There are currently 80.04 WTE Band 3 Unregistered Nursing Staff within the organisation (see table below, plus 0.60 WTE in the Integrated Discharge Team within Corporate Services). The Trust has historically not recruited Band 3 staff within these roles, and therefore there is limited funding for these posts, which has resulted in a large over-establishment. The Senior Healthcare Assistant and Lead Maternity Care Assistant roles are the current funded positions, with Trainee Nursing Associates to be added from mid-April. A separate piece of work has been initiated to determine the stage at which the Overseas-Qualified Nurses are currently at within their registration journey, either pre-IELTS, CBT stage, or OSCE stage – this will provide better analysis on when these postholders will move out of the Band 3 lines.

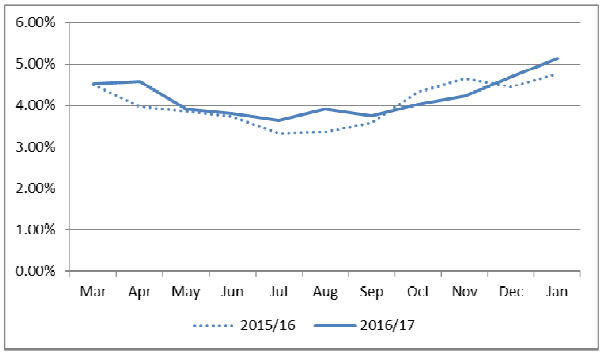
	Diagnostics & Specialties	**Medicine**	**Surgery**	**Women & Children**
Senior HCA / Lead MCA	2.80	9.21	2.32	7.31
UK Nurse Awaiting PIN	0.00	2.00	3.60	2.00
EU Nurse Awaiting PIN	0.00	3.00	3.00	0.00
Overseas-Qualified Nurse	0.00	35.60	9.60	0.00
Total	**2.80**	**49.81**	**18.52**	**9.31**

Data Note: Data for this table is from 28 Feb 2017.

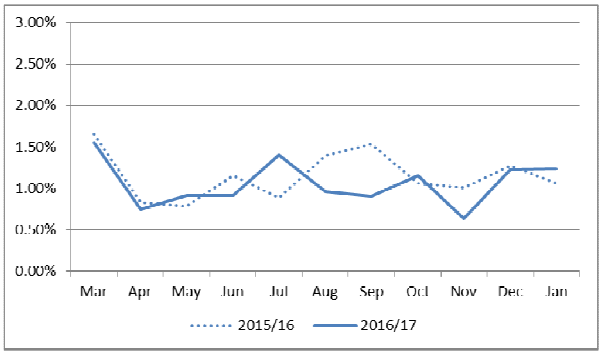
4.3.3 Staffing Metrics

Division	Sickness		Turnover		Parental Leave	
	RGNs	HCAs	RGNs	HCAs	RGNs	HCAs
Diagnostic & Specialties	4.22%	3.79%	7.41%	18.92%	4.45%	1.99%
Medicine	3.65%	4.87%	13.41%	22.35%	4.07%	2.86%
Surgery	4.24%	4.52%	11.70%	17.53%	4.09%	3.10%
Women & Children	4.84%	4.02%	11.02%	16.07%	4.04%	1.65%
Trustwide	**4.25%**	**4.58%**	**11.81%**	**19.24%**	**4.02%**	**2.96%**

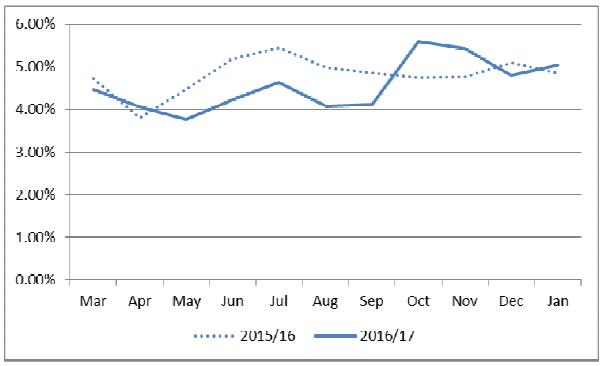
Data Note: 12 month rolling data. Trustwide data includes Corporate Services.



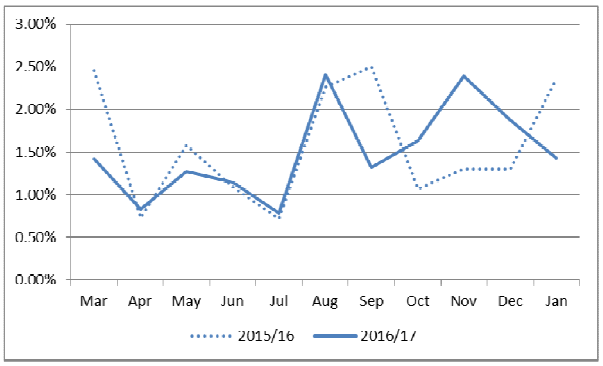
RGN: Sickness Absence by Month (Mar 15 – Jan 17)



RGN: Turnover by Month (Mar 15 – Jan 17)



HCA: Sickness Absence by Month (Mar 15 – Jan 17)

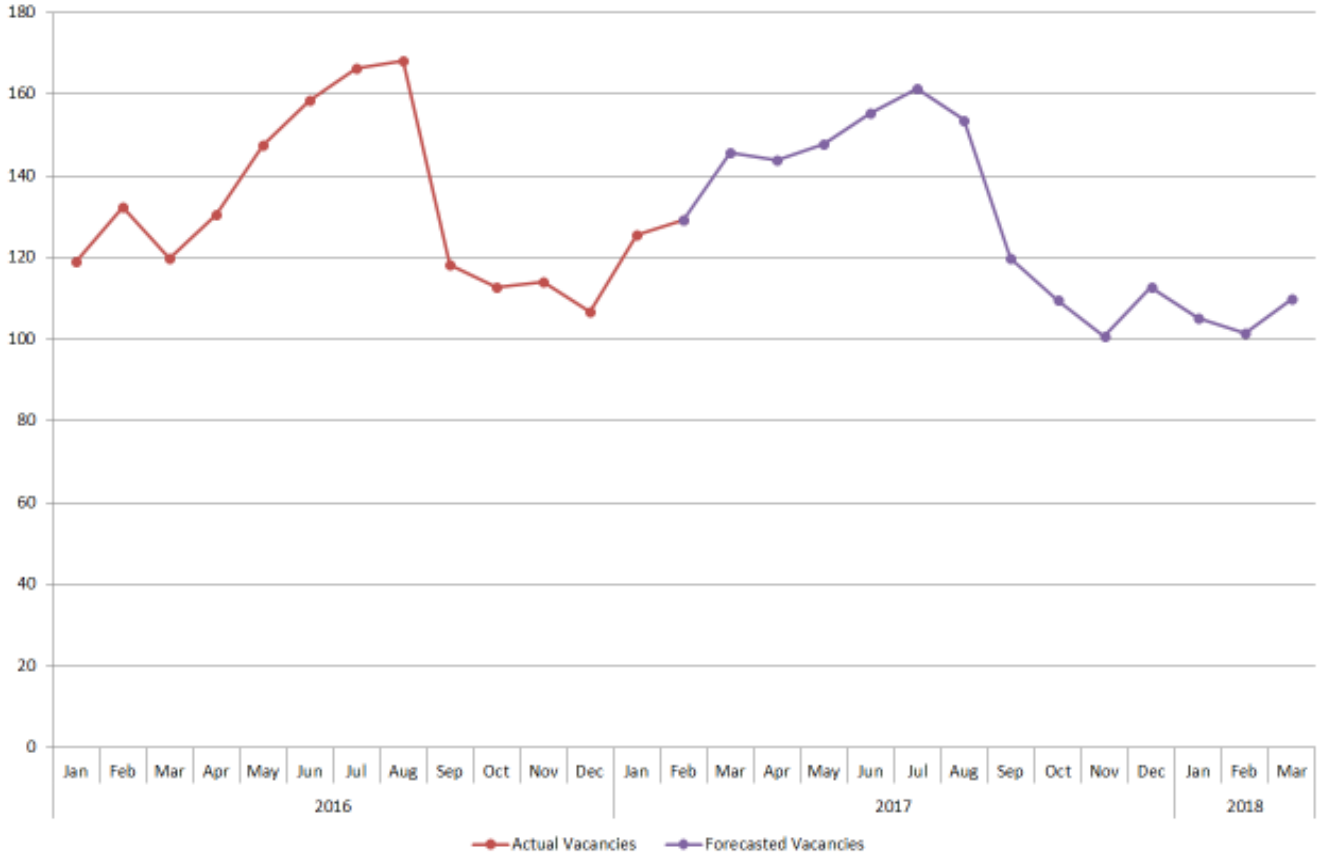


HCA: Turnover by Month (Mar 15 – Jan 17)

4.4 Vacancy Forecast

4.4.1 Band 5 Nursing & Midwifery Forecast (WTE)

- The establishment for Band 5 Registered Nurses/Midwives has decreased to 1211.15 WTE, due to changes with the ward establishments as a result of the Ward 2a/4a/9a moves. The changes to Gallery Ward 1 are not yet reflected in the data.
- The number of vacancies has increased for a second successive month, to 129.17 WTE.
- The forecast has radically improved due to the increased number of Newly Qualified Nurses recruited for start dates in summer 2017, plus a further intake of nurses from overseas.
- The current vacancy rate of Band 5 Registered Nurses/Midwives is 10.67%, the highest it has been since August 2016. The vacancy rate for just nursing staff is detailed below.

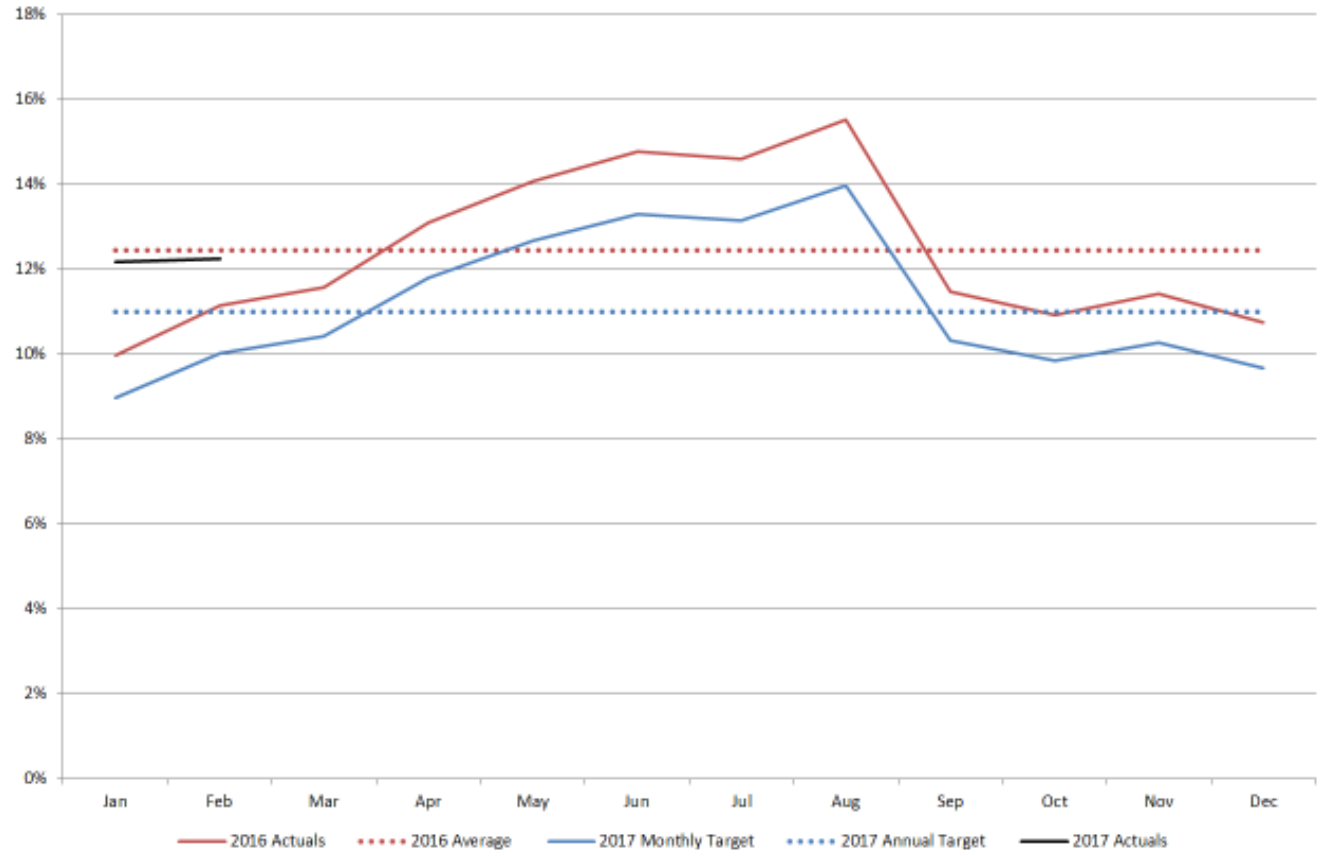


Forecast: Band 5 Nursing & Midwifery Forecast in WTE (Jan 16 – Mar 18)

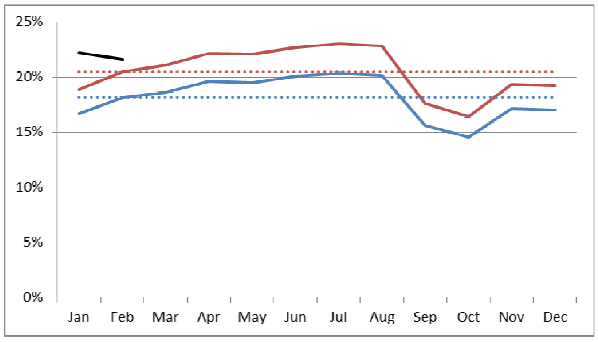
4.4.2 Band 5 Nursing Forecast (%)

Workforce Committee has agreed a target vacancy rate of 11% for Band 5 Registered Nurses, and sub-targets to achieve this rate of 18.11% for Medicine and 7.08% for Surgery. These vacancy rates are different to the ones quoted above, which include midwives.

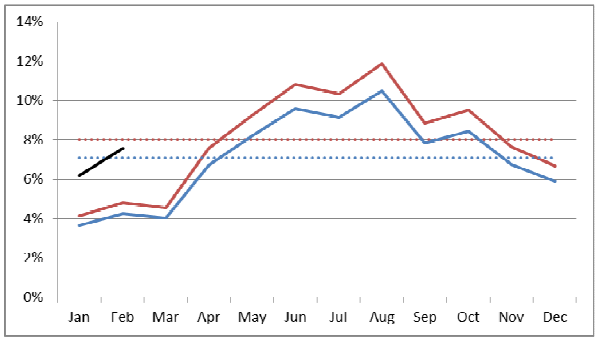
In February 2017, the vacancy rate increased slightly to 12.25%, this is above the rate from February 2016, but below last year's average rate. Performance against the 11% target has deviated greatly, and is currently 2.23% against the anticipated position.



Forecast: Trustwide Band 5 Staff Nurse recruitment performance against 11% target.



Medicine: Performance against 18.11% target.



Surgery: Performance against 7.08% target.

4.4.3 Band 5 Leavers (WTE)

Workforce Committee has agreed a target of <10 WTE leavers per month, with specific month-by-month targets determined based on historical data that accounts for fluctuations throughout the year.

There were 13.79 WTE leavers in January 2017 and 7.98 WTE leavers in February 2017.

5 Trainee Nurse Associate Implementation

Update in regards to the Trainee Nurse Associate Implementation:

- Currently the majority of our 13 candidates have completed the university application process.
- Confirmed clinical areas have been contacted and Trust specific information distributed.

- The 13 candidates are receiving information on expectations, useful links and appropriate staff introductions.

- Overview information has been sent to outline.
- Face to face info sessions have now been arranged.
- Following the face to face sessions, the university and education department will arrange meetings with each placement area (pre-placement commencement and continued throughout).
- Communications from Health Education England have not yet been received therefore the University are pursuing this as a matter of importance.
- General overview delivered to staff on the Band 2 Development programme, care certificate, Preceptorship (future) and Non-Medical Prescribers forum.
- Senior Nursing and Midwifery Committee has been updated regarding progress.
- Practice Development Forum updates have been scheduled.

6 Next Steps and Communication

- Continue with proactive recruitment
- Continue with oversight of 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: **Divisional Nursing Directors:**

Presenting Director: **Maggie Arnold Director of Nursing & Midwifery**

Part Author: **Adam Kirton Head of Recruitment**

April 2017

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MAIN BOARD – Wednesday 10th May 2017

Report Title
SMARTCARE PROGRESS REPORT
Sponsor and Author(s)
Sponsor: Dr Sally Pearson Author: Gareth Evans: Smartcare Programme Manager
Executive Summary

Purpose

To provide assurance to the Board, from the Smartcare Programme Board, on progress within the continued operation of TrakCare and planned implementation of Phases 1.5 and 2.

Key issues to note

- The programme is set at amber status pending confirmation of proposed deployment dates.
- Service Management and performance is being managed in line with contractual requirements with quarterly Service Review having taken place. Procurement Specialist, Angela Cox has been assigned to the role of contract management on an operational basis.
- Significant downtime experienced in March has been reviewed with InterSystems and resultant service charge amendment forwarded to InterSystems for confirmation.
- Support escalation of incidents to InterSystems is showing a reducing trend. Local support provision is to be reviewed with the Associate Director of Business Intelligence to identify a substantive TrakCare support owner.
- Phase 1.5 planning has been impacted by technical issues resulting from the recent MR5.1 update in respect of Pathology. Coupled with InterSystems confirmation of forthcoming software release updates and their imposition on Phase 1.5 components', re-planning of the Phase 1.5 implementation is being undertaken.
- Progress with preparatory activity in relation to Phases 1.5 and 2 are continuing to progress with established Trust ownership and engagement.
- Training continues to be positively supported with additional focussed sessions for nursing on Discharge Summary completion.
- The introduction of the Clinical Systems Safety Group is assuring appropriate risk management with specific regard to clinical safety.
- Financial forecasting is in progress but will be impacted by the revised planning for Phase 1.5.

Conclusions

TrakCare is in full Phase 1 operation across the Trust but with operational issues as identified. Activity required to meet the proposed planned implementation of Phase 1.5 is being undertaken. Timelines previously presented are no longer recognised as being achievable based upon currently identified software delivery dependencies.

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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 planning for subsequent phases of Trakcare deployment 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 but a full review will be undertaken in respect of the revised timescales from the re-planning exercise.
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
Meeting cycle means this report is being included in Board papers prior to discussion at Smartcare Programme Board

PROGRESS REPORT

SmartCare

Date completed:	03/05/17	**Version**	1.0
Project Sponsor:	**Dr Sally Pearson**	**TRUST RAG Status**	**AMBER**
Project Manager:	Gareth Evans		

SmartCare Progress Report – March 2017

Executive Summary & Programme Status

An overall RAG status of **AMBER** as deployment dates for subsequent phases are still to be confirmed
This report identifies performance and progress in the following Phases:

- Phase 1
- Phase 1.5
- Phase 2

Phase 1

Contract performance

Contract Performance is measured against Incident call statistics against the InterSystems Call Centre (TRC) and availability of TrakCare to end users. For March there were periods of significant unplanned downtime as per the summary below. The predominant reason for the amount of unplanned downtime was the failure of a system patch update to MR5.1 that was required to be repeated. Other periods of downtime were attributed to a performance issue requiring a re-start of the system and an unexpected data centre issue.

09/03/17 – Implementation of MR5.1 patch. Implementation of patch failed and recovery did not complete within expected timescale.

Total expected downtime – 90 minutes.
Actual downtime – 150 minutes. (Additional 25 minutes due to Trust testing – not included)

15/03/17 – Performance issues required a restart.

Actual downtime – 60 minutes.

23/03/17 – Re-implementation of MR5.1 patch. (not within permitted downtime period)

Total expected downtime – 90 minutes.
Actual downtime – 75 minutes.

27/03/17 – Unexpected downtime due to secondary server maintenance issue.

Actual downtime – 21 minutes.

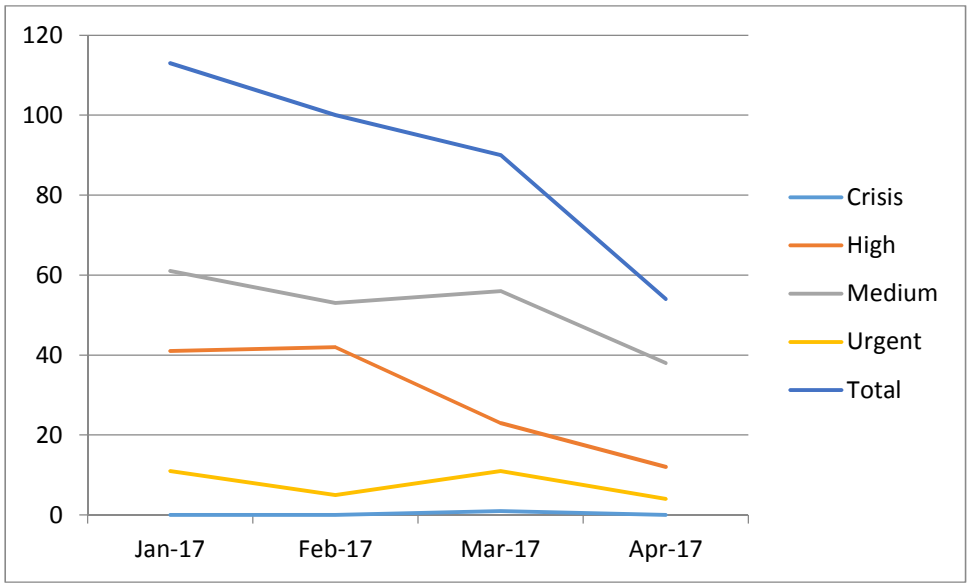
The downtime issue coupled with reported service credits for missed SLA delivery on 4 incidents has been compiled into a report to InterSystems identifying the Service credits to be applied against monthly service charges. Confirmation of the agreed credit will be provided.

TRC Incident reporting Summary: Jan – April 2017

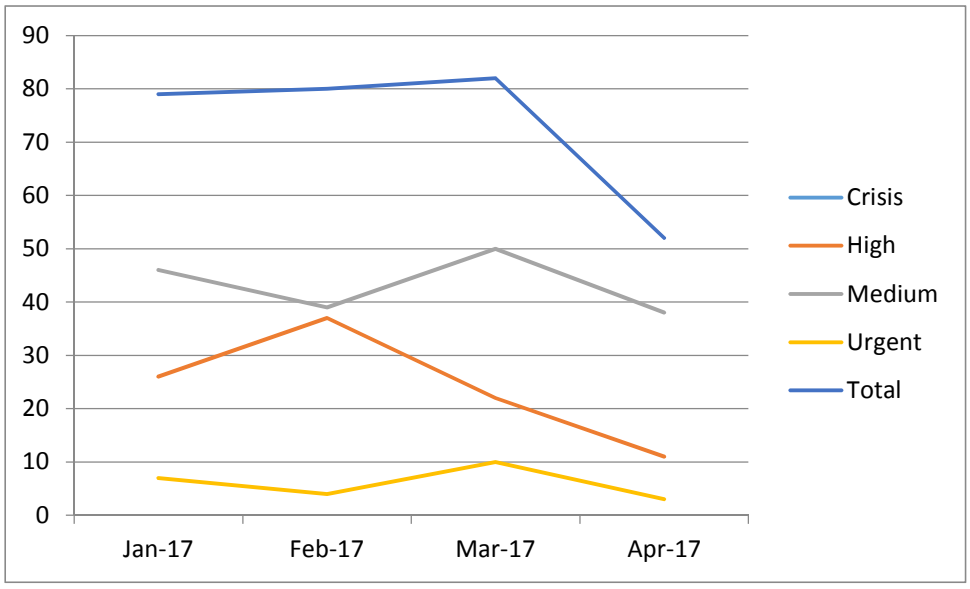
Incidents Opened YTD: 359

Incidents Closed YTD: 312
Incident Closure (%): 87%
Open incidents: 129

Trend for Open incidents



Trend for Closed incidents



Angela Cox has been assigned as the Procurement Lead to manage the contract with InterSystems on an operational basis. A process of reviewing the contract and its component parts including the commercial aspect will take place in May. Angela will represent the contract and commercial aspects of the Trust at Service Review meetings with InterSystems.

System Deliverables

A review of the Output Based Specification (OBS) provided in the SmartCare procurement is to be performed to identify any omissions from the delivered Phase 1 implementation. This will take place over May.

Contract Payment schedule and any variance from plan

There are no reported variances to the contracted milestone payments.

A revised milestone payment schedule will be incorporated into the Contract Change note (CCN) to be raised by InterSystems in respect to planned implementation schedule for Phases 1.5 and 2.

Service Review

A quarterly Service Review meeting was held with InterSystems on Tuesday 2nd May.

The purpose of the meeting is to review the service performance as per the reports generated on a monthly basis by InterSystems with the aim of identifying methods of service improvement to end users.

The meeting reviewed incident performance to date against reported statistics. The downtime experienced in March was significant and a resultant summary of service credits has been prepared and issued to InterSystems for formal agreement.

Whilst there is an improvement in overall levels of incident reporting and management , there is a requirement for the Trust to improve the level of support provided to end users within the Trust. The current level of support leads to a larger than expected number of calls being raised inappropriately or without initial investigations than expected. This causes a greater support load and does lead to incidents taking longer to resolve.

At this time, the Trust does not have an identified support owner. Discussion will take place with the Associate Director of Business Intelligence to identify this role in the proposed changes to the BI structure.

Update releases

The provision of Maintenance Releases to TrakCare will continue throughout the lifetime of the solution. There are two updates identified as being required, MR6.1 and the update to 2017.2 MR3.The MR6.1 update is required to meet the requirements for progressing the move from Infoflex and to implement required functionality for the Pathology build continuation.

2017.2 is a major release update but will be constrained to meet the needs of the Pathology deployment with functionality maintained on an as-is basis rather than deployment of new functions or major changes.

Downtime associated with the implementation of the releases will be established and notified. Changes in process identified since the previous MR5.1 update have been implemented to reduce risk of unplanned or excessive downtime.

Phase 1.5

Preparation and planning

A post MR5.1 deployment issue with the Pathology implementation revealed that a set of key deliverable system components were not included that prevented continuation with the technical build. A plan was put in place to complete this exercise by 18th April but technical difficulties have resulted in an extended period through to 19th May to complete. The impact of this issue and its resultant completion has impacted the build progress with Pathology.

Progress has continued within the planning and implementation of Order Communications (Radiology & Pathology), Pharmacy and Pathology as preparation for Phase 1.5 with the knowledge obtained from the above issue and planned software deliverables.

A formal plan is to be assessed by the project team and InterSystems technical management team prior to submission to the Programme Board and operational Impact Board. The following section provides a current view of the earliest potential go-live timings for Radiology Order Comms which does not have the dependency on later software deliverables.

Overall Phase 1.5 Planning

Phase 1.5 consists of four distinct components in respect of go-live planning:

- Radiology Order Comms
- Pharmacy Stock Control and Dispensing
- Pathology Order Comms
- Pathology (TrakCare Lab Enterprise)

The previous plan had a proposed go-live for Radiology Order Comms at the end of July 2017. Whilst progress continues with the preparation and build configuration with Radiology, the requirement for system software in MR6.1 has impacted the planned schedule.

The planned availability of MR6.1 in the Live system is 29th June 2017.

Risks to Planned Phase 1.5 Timeline

The planned timeline will be dependent upon resource availability and software deliverables in order to meet the requirements for each stage.

Current estimation of required resources within each of the Phase 1.5 elements is appropriate for completing the activities defined. Engagement within the respective areas – Radiology, Pharmacy and Pathology has been established and includes representation at Programme Board level.

Pharmacy has had reduced levels of InterSystems support since Phase 1 go-live. This has predominantly been due to concentration on Northern Devon proposed go-live in April but we are expecting a greater emphasis from InterSystems now that Northern Devon have completed their go-live of Phase 1.

Phase 1 Deployment Lessons Learned

The lessons learned report from PWC has been submitted to the Trust and will be reviewed at the May SmartCare Programme Board.

Order Communications Update

Order Communications is progressing significantly within Radiology as there are fewer software dependencies other than MR6.1. The proposal for go-live with Radiology Order Comms is to commence with ED as there are existing clinical risks identified with current ordering processes. This will allow a more granular training activity and ensure that a controlled commencement of roll-out within a closed area is enabled.

The process of rolling out to operational areas within the remainder of the Trust will be a clinically led exercise and planned to complete by 31/03/2018.

Pharmacy Update

The provision of Maintenance Release – MR5.1 was required as a pre-requisite to detailed configuration for Pharmacy. The repeated nature of the upgrade caused a delay to progress Manual build of the drug database with items not included in the formulary provided by FDB has continued together with process mapping.

A request has been made by the InterSystems Project Manager for additional Pharmacy resource to be made available now that the go-live of Northern Devon Phase 1 implementation has completed.

Pathology Update

Pathology build has been subject to a 'freeze' due to an issue where 17 specific system components were identified as not being progressed in line with the MR5.1 update.

A complex technical process to implement the 17 components has ensued which was due for completion by 18th

April. 16 of the 17 components have installed correctly but the final item has proven to have technical complications that have prevented full completion. The process has been extended through to an anticipated completion of 19th April when build can recommence. This has impacted the previously issued delivery plan for November go-live for Pathology.

It has been identified that there are system software dependencies in the 2017.2 release of software due for implementation in September.

A revised implementation plan for Pathology and Pathology Order Comms is being prepared by InterSystems and the Project team in respect of the information declared. A revised plan will be submitted to the SmartCare Programme Board and Operational Impact boards for consideration before being submitted to the Trust Board.

Whilst progress on the build is pending, pathology have continued to develop test scripts prepare for initial testing of interfaces between analysers and TrakCare.

Data migration activity is continuing with Transfusion Medicine and data quality checks in progress for Chemistry and Cytology.

Pathology validation planning is continuing. Validation scripts for General Pathology, Specimen Reception, Microbiology, Chemistry, Haematology, Immunology and Cytology are complete with Histology, Phlebotomy and Transfusion Medicine in progress. Validation plans are to be completed as part of this process.

PHASE 2

The current outline planned timeline for Phase 2 is scheduled to complete initial deployment by March 2018.

Detailed planning for Phase 2 has yet to commence but is required to do so in May so that defined deliverables are able to be determined for the component parts of Phase 2.

Discussion of Phase 2 content with other Trusts using or embarking on use of TrakCare has commenced with Trust membership of the 'English Edition TrakCare User Group'. His group enables the exchange of information and ideas as well as shared discussion of any issues of proposed changes to the system that would affect multiple customers.

Detailed delivery planning of Oncology is progressing.

Training

Training is continuing to provide face-to-face and Champion sessions with good engagement from the Trust.

Additional sessions have been held for reinforcing Discharge Summary processes with nursing staff. Despite an initial low turnout, later sessions have seen extended attendance.

The Training team within PAS has completed a recruitment exercise for three additional trainers – all from existing roles within the Trust. The team will embark upon a train the trainer process form commencement of engagement and this will be based upon core TrakCare requirements together with the inclusion of Phase 1.5 functionality.

The extension of training with additional operational staff is to be delayed until the PAS training team is up to operational strength. This will help to maintain total resources within the operational areas in terms of remedial operational activity rather than reduce them at this time.

A revision of training provision as a whole for TrakCare both in its current form and for future clinical enhanced functionality is to take place.

Programme Resourcing

The Programme resource structure continues to be reviewed to better embed ownership of the programme across the organisation

The use of contract resources will be limited to those necessary to complete the implementation tasks or to enable sufficient knowledge transfer to Trust resources over the Phase 1.5 implementation.

The move of functional support to substantive resources is likely to expose gaps within the current workforce in terms of availability and capability. The programme will identify those gaps and report through the Programme Board including development of mitigation for the roles.

At the Service Review undertaken with InterSystems, the establishment of a formal support structure with adequate resourcing within the Trust was raised. Current support capabilities of the PAS and Clinical Systems team are stretched and lack a suitable level of TrakCare knowledge. The extension of these resources is key to establishing a responsive and capable support function that does not rely unnecessarily on external support.

The provision of TrakCare support for out-of-hours is also a key area of concern. Currently there is no application support available to users outside of normal business hours. A review of support requirements is required to be reconsidered with the progress toward a more clinically focussed use of TrakCare in Phases 1.5 and 2.

In discussion it has been recognised that the Clinical Safety Case – ISB0160 needs to include an assessment of acceptable support capability prior to any go-live of additional clinical functionality.

Programme Risks

The Programme continues to monitor Issues and Risks through the reporting structure used by the Support Team as well as the Operational Impact Board.

Next Planned activities

Review of OBS for delivered components

Continuation of Phase 1 recovery action plan activity with Operational Leads and Operational Impact Board

Phase 1.5 preparation and development in line with identified software release dependencies.

Status against communications plan

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

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
Phase 1 Deployment Verification Complete		6 Mar 17	Completed

Milestones approaching		
Milestone	**Due**	**Activity to progress**

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

NOTE: All risks under review in line with Issue Management

Title & Description	Impact	Resolution
Level of clinical engagement is key to the successful implementation of agreed strategy and solution.	10	Monitored and actioned by clear prioritization by collaborative and Trust Boards. Datix Risk 2006
Scale of operational change may require additional and possible external resource to be identified to progress in parallel with implementation.	8	To be revised in line with identified Issues and remedial action plans. Datix Risk 2069
Lack of power/network in areas not covered by generators leading to lack of access to TrakCare.	12	Risk to be assessed with input from Estates. Datix Risk 2320
Lack of Trust resource assigned to project configuration/validation for Pathology. Original level of resource agreed is not being provided.	12	In progress with Phase 1.5 planning in Pathology. Datix Risk 2362

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MAIN BOARD – MAY 2017

Report Title
OUR GOALS AND OBJECTIVES 2017-19
Sponsor and Author(s)
Author: Sally Pearson, Director of Clinical Strategy Presenting Director: Deborah Lee, Chief Executive
Executive Summary

Purpose

The purpose of this paper is to gain Board endorsement for our renewed goals and objectives for the next two years

Key issues to note

Our Strategic Plan was published in 2014, setting out our strategic objectives for the following 5 years.

Much has changed since its publication:

- The national emphasis on system wide working, reflected in Sustainability and Transformation Plans and Partnerships.
- The deterioration of the Trust's financial position resulting in the trust being placed in financial special measures with the regulator, NHS Improvement
- Significant shortcomings in performance against national access standards.
- Changes in the senior leadership of the trust

This has led the Board to review its goals and strategic objectives and the attached graphic has been developed through a process of iteration involving Board members which aspired to goals and objectives which were:

- Framed in simple language
- Accessible and relevant to patients and staff
- Aspirational while achievable
- Framed over the 2 year period of our Financial Recovery Plan, when financial balance should afford us new opportunities

Conclusions

The attached graphic sets out goals and objectives that reflect the aspirations of the Board, within the context of our existing mission and vision *Best Care For Everyone*

Implications and Future Action Required

If the goals and objectives are approved they will:

- Be promoted to staff and public through a communications plan
- Incorporated into our appraisal paperwork
- Used as to frame our Board Assurance Framework
- Reviewed in the next planning cycle

Recommendations
The Board is asked to endorse the goals and strategic objectives.
Impact Upon Strategic Objectives
Replaces our existing strategic objectives

Impact Upon Corporate Risks
Objectives will incorporate into our Board Assurance Framework. Risks to achievement of the objectives will be assessed for inclusion in the corporate risk register
Regulatory and/or Legal Implications
None
Equality & Patient Impact
None

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	
None			

Action/Decision Required							
For Decision		For Assurance		For Approval	X	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)**
				May 2017	Staff forums across the Trust
Outcome of discussion when presented to previous Committees					
Broad support					

Gloucestershire Hospitals
NHS Foundation Trust

Our vision: Best care for everyone

Our mission: Improving health by putting patients at the centre of excellent specialist health care

Our goals

Our patients will

- Be safe in our care
- Be treated with care and compassion
- Be treated promptly with no delays
- Want to recommend us to others

Our staff will

- Put patients first
- Feel valued and involved
- Want to improve
- Recommend us as a place to work
- Feel confident and secure in raising concerns

Our services will

- Make best use of our 2 sites
- Be organised to deliver centres of excellence for our population
- Promote health alongside treating illness
- Use technology to improve

Our organisation will

- Use our resources efficiently
- Use our resources effectively
- Be one of the best performing trusts
- Be considered to be a good partner in the health and wider community

Our Strategic Objectives

Our patients

By April 2019 we will...

- Be rated good overall by the CQC
- Be rated outstanding in the domain of Caring by the CQC
- Meet all national access standards
- Have a hospital standardised mortality ratio of below 100
- Have more than 35% of our patients sending us a family friendly test response, and of those 93% would recommend us to their family and friends

Our staff

By April 2019 we will...

- Have an Engagement Score in the Staff Survey of at least 3.9
- Have a staff turnover rate of less than 11%
- Have a minimum of 65% of our staff recommending us as a place to work through the staff survey
- Have trained a further 900 bronze, 70 silver and 45 gold quality improvement coaches

Our services

By April 2019 we will...

- Have implemented (commenced implementation) a model for urgent care that ensures people are treated in centres with the very best expertise and facilities to maximise their chances of survival and recovery
- Have systems in place to allow clinicians to request and review tests and prescribe electronically
- Rolled out Getting it Right First Time Standards across the target specialities and be fully compliant in at least two clinical services
- Be recognised as taking positive action on health and wellbeing, by 95% of our staff (responding definitely or to some extent in staff survey)

Our organisation

By April 2019 we will...

- Be in financial balance
- Be among the top 25% of trusts for efficiency
- Have worked with partners in the Sustainability and Transformation Partnership to create integrated teams for respiratory, musculoskeletal conditions and leg ulcers
- No longer subject to regulatory action
- Be in segment 2 (targeted support) of the NHSI Single Oversight Framework

MAIN BOARD – 10th May 2017
Redwood Education Centre, GRH

Report Title
END OF LIFE CARE STRATEGY AND CHARTER
Sponsor and Author(s)
Author: Dr Emma Husbands Executive Sponsor: Dr Sean Elyan
Executive Summary
Purpose To seek the Board's endorsement of the Trust's End of Life Strategy and share the End of Life Patient Charter. In addition, to notify the Board of the Dying Matters Week. Key issues to note • The End of Life Strategy is a developing document which will function as a guide to developments in End of Life Care. • The aim is to achieve outstanding End of Life Care within our Trust. • An End of Life Care Patient Charter for our different groups of staff has been developed and is included in the Strategy. Conclusions The strategy provides a comprehensive and co-ordinated approach to the development of End of Life services for patients and families across the County. Many aspects of the strategy are already in train. The Patient Charter reflects the organisations commitment to patients and their families to deliver excellent end of life care. Implications and Future Action Required To assure the Board of the delivery of the Strategy and confirm that necessary governance structure is in place to monitor progress.
Recommendations
To endorse the Trust's End of Life Strategy and Patient Charter.
Impact Upon Strategic Objectives
Supports delivery of the Trust's strategic objectives
Impact Upon Corporate Risks
Nil
Regulatory and/or Legal Implications
Nil
Equality & Patient Impact

Will improve care for the most vulnerable patients and their families.							
Resource Implications							
Finance				Information Management & Technology			
Human Resources		X		Buildings			
Action/Decision Required							
For Decision		For Assurance		For Approval	X	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)**
					End of Life Care Group
Outcome of discussion when presented to previous Committees					
To support.					

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

End of Life Care Strategy 2017-20
GHNHSFT

Over-arching vision: To embed pride in end of life care delivery across our organisation to ensure that we can make end of life care as good as it can be for every individual and those important to them every time.

For more than a decade, GHNHSFT has been part of a dedicated countywide approach to end of life care (EOLC). As a group of caring organisations, we have recognised the need to work together to ensure that as people approach the last year of their life, we can provide the right care, at the right time, in the right place without organisational boundaries impacting upon this.

With a recently reformed countywide end of life care group, Gloucestershire has an established set of paperwork, guidance and resource to support care:

- Planning for your future - walks people through the process of advance care planning (ACP).
- Recognising that at times, patients lack capacity to make decisions about their own care - a best interest's care planning document has been successfully introduced.
- The specialist palliative care team website includes a wide range of guidelines for symptom management, pocket cards are also issued at teaching sessions.
- Quality improvement projects have this year looked at a discharge at end of life prompt to ensure that when the possibility of dying is recognised and a patient wishes to be cared for at home, the hospital teams provide the right drugs, communication and paperwork to make this transfer as smooth as possible.
- The shared care record for the last days of life helps with prompts to produce an individualised care plan for patients but also improves communications between staff, relatives and different locations of care where relevant.
- Our working groups are now looking at a cross organisational resuscitation and treatment escalation plan, training needs assessment and 24/7 patient and carers helpline.

Despite all of these achievements, GHNHSFT recognise the need to move onto a wider integration of end of life care across all staff groups. We know that end of life care is everybody's business and the clinical issues, whilst obviously vital, are not the only issues to address- it also includes the non-clinical from the environment, catering, portering through to how a patients belongings are returned to their family.

- We have the tools available to all but for every clinical area, this means a different thing - some wards support dying patients most days but others rarely and so the impact and needs for each clinical area will need to be appropriate to their patient group.
- For non-clinical staff, they need to know just how important their role can be and where they can positively impact upon care at end of life.
- As one of Gloucestershire's largest employers, we also recognise our social responsibilities to our staff as well as our patients. Promoting discussions around your wishes, organ donation and writing a will is something that we should all be doing-this will help our staff but also help us as an organisation in helping others by leading through example.

With all of this in mind, we are moving away from a directive approach and a focus on clinical(and general) guidance, towards a sustainable and inclusive strategy which develops upon our achievements and established resources. We have formed an end of life quality group to support this work and the group includes representation from all staff groups, medical, nursing, allied health care professionals, chaplaincy, services and a non-executive board member.

TRUSTWIDE APPROACH TO EMBED END OF LIFE CARE
TIMETABLE AND STRUCTURE OF DELIVERY

Year 1 – Unfreeze and develop understanding of need for change

1. Explore need for change with all staff groups and present this. Obtain feedback to create gap analysis from staff around their respective needs.
2. Engage and sign up everyone to charter (Appendix 1).
3. Establish baseline Key Performance Indicators (KPI's) and begin collecting data – annual reporting into the quality group (Appendix 2,3).
4. Complete Specialist Palliative Care(SPC) quality improvement project around SPC link nurses and report back findings.
5. Agree cross county resus policy.
6. Review and understand reporting/coding complaints and incidents.
7. Ensure Trackcare equipped to document preferred place death, location of death, ACP information and individualised care plans.
8. Ensure bimonthly email to disseminate information.
9. Agree job description and work plan for end of life champions.
10. At least one public event updating on our strategic plans and seek public feedback.
11. Populate End of Life website pages with appropriate resources.

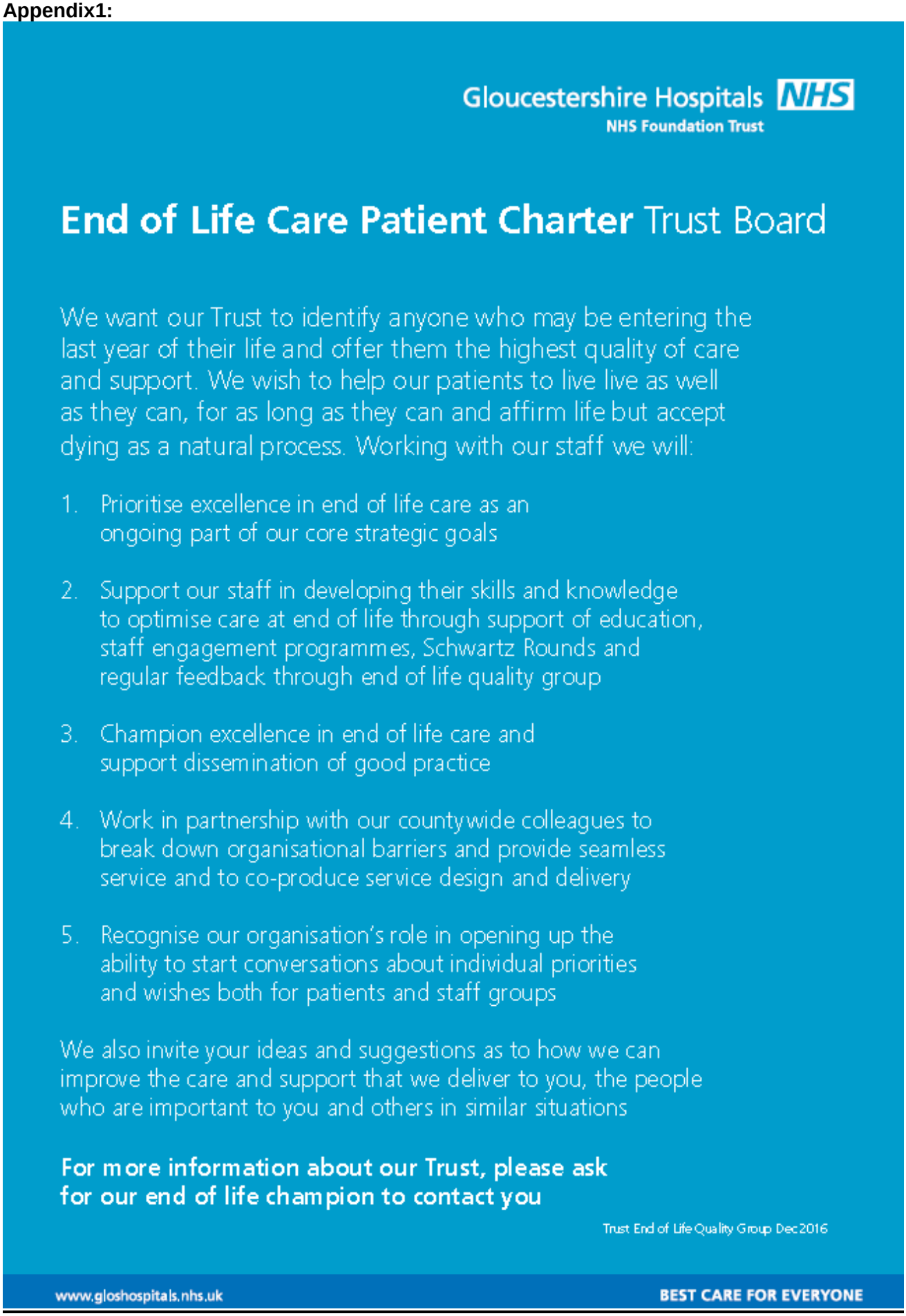
Years 2 and 3 - Process of change

1. Review KPI's and gap analysis for specific area's needs (Appendix 2,3).
2. Facilitate bespoke teaching when needed-aim to have regular updates at all staff grades.
3. Establish SPC link nurses for wards/departments.
4. Feedback from end of life champions work stream and update of the work programme.
5. At least one staff event around organ donation register, writing wills, discussing wishes with your own family.
6. At least one public event updating on progress.
7. Collaborative review of all Gloucestershire wide EOLC documents with County group – uploaded to our webpages when complete.
8. Aim to spread charter across the County.
9. Review data from Trackcare relating to achievement preferred place death, completion advance care planning documents and recognition of last year of life.
10. Develop robust governance around EOLC with standardised reporting of incidents and complaints to enable collation/trends review and learning to be disseminated. Feedback on national documents/guidelines/audits through bimonthly email.

Year 4 and ongoing - Re-freeze and establish processes/resources

1. End of life Care established as permanent focus of trust strategy.
2. All end of life complaints/incidents reviewed centrally through quality group and reported back routinely to trust quality group.
3. Established countywide reporting for learning around end of life care – learning fed in from trust and taken into trust from other organisations.
4. Biannual staff events around future planning for the unexpected, writing wills etc.
5. Public event update annually to highlight best practice and learning from complaints. Open communication with our members-duty of candour.
6. End of life champions empowered in their roles and increasing in number.
    1. Annual end of life event led by the EOL champions.
7. Feedback from end of life champions work programme and update work plan.
8. End of life care dashboard for ongoing monitoring of clinical and non-clinical KPI's, education etc. (Appendix 2,3)
9. Rotate chair/membership of quality group and develop ongoing strategic plan.

Appendix1:



Gloucestershire Hospitals NHS
NHS Foundation Trust

End of Life Care Patient Charter Trust Board

We want our Trust to identify anyone who may be entering the last year of their life and offer them the highest quality of care and support. We wish to help our patients to live live as well as they can, for as long as they can and affirm life but accept dying as a natural process. Working with our staff we will:

1. Prioritise excellence in end of life care as an ongoing part of our core strategic goals
2. Support our staff in developing their skills and knowledge to optimise care at end of life through support of education, staff engagement programmes, Schwartz Rounds and regular feedback through end of life quality group
3. Champion excellence in end of life care and support dissemination of good practice
4. Work in partnership with our countywide colleagues to break down organisational barriers and provide seamless service and to co-produce service design and delivery
5. Recognise our organisation's role in opening up the ability to start conversations about individual priorities and wishes both for patients and staff groups

We also invite your ideas and suggestions as to how we can improve the care and support that we deliver to you, the people who are important to you and others in similar situations

For more information about our Trust, please ask for our end of life champion to contact you

Trust End of Life Quality Group Dec 2016

www.gloshospitals.nhs.uk BEST CARE FOR EVERYONE

Gloucestershire Hospitals NHS
NHS Foundation Trust

End of Life Care Patient Charter Clinical Teams

We want to identify anyone who may be entering the last year of their life and offer people who are approaching the end of their life the highest quality of care and support. We wish to help our patients to live as well as they can, for as long as they can and affirm life but accept dying as a natural process. Working within your individual priorities and alongside our non-clinical colleagues, we will:

1. Help you think ahead so as to identify the choices that you may face, assist you to record your decisions and do our best to ensure that your wishes are fulfilled, wherever possible, by all those who offer you care and support

2. Do all that we can to help you preserve your independence, dignity and sense of personal control throughout the course of your illness

3. Endeavour to ensure clear written communication of your needs and wishes to those who offer you care and support at all times and in all locations

4. Listen to your wishes about the remainder of your life, including your final days and hours, answer as best we can any questions that you have and provide you with the information that you feel you need

5. Do our utmost to ensure that your remaining days and nights are as comfortable as possible, and that you receive all the particular specialist care and emotional and spiritual support that you need

6. Support the people who are important to you, both as you approach the end of your life and during their bereavement

We also invite your ideas and suggestions as to how we can improve the care and support that we deliver to you, the people who are important to you and others in similar situations.

For more information about our ward, please ask for our end of life champion to contact you.

Trust End of Life Quality Group Dec 2016

www.gloshospitals.nhs.uk BEST CARE FOR EVERYONE

Gloucestershire Hospitals NHS
NHS Foundation Trust

End of Life Care Patient Charter

Trust Support Services Teams

We want to offer people who are approaching the end of their life the highest quality of care and support. We wish to help our patients to live as well as they can, for as long as they can and affirm life but accept dying as a natural process.

Working with our clinical colleagues, we will:

1. Treat you and your loved ones with dignity and respect.

2. Optimise our roles in your care and the care of your loved ones.

3. Take part in education and training as able both for ourselves but also to support training of others.

4. Be empowered to drive forward improvements for patient/carer experience and feel valued as a key part of care delivery.

We also invite your ideas and suggestions as to how we can improve the care and support that we deliver to you, the people who are important to you and others in similar situations.

For more information about our Trust, please ask for our end of life champion to contact you.

Trust End of Life Quality Group Dec 2016

www.gloshospitals.nhs.uk

BEST CARE FOR EVERYONE

Appendix 2:

	Key Performance Indicators – Non-clinical	Achieved Y/N	Comments
1	End of Life Charter displayed.		
2	Proportion staff who have attended end of life education		
3	Named end of life champion for area		
4	Number of deaths if clinical area		
5	Number of compliments received regarding end of life care		
6	Number of complaints received regarding end of life care		
7	Supplies of information leaflets for patients/carers if clinical area		

Appendix 3:

	Key Performance Indicator – Clinical	Achieved	Comments
1	The possibility that a person may be dying is recognised and agreed by the multi-disciplinary team and senior doctor responsible for the patients care (ST3 or above).		
2	Senior responsible doctor (ST3 or above), if appropriate, should discuss the diagnosis of dying with the dying person and those identified as important to them.		
3	Preferred place of death explored and if not current location, efforts made to achieve it with rapid transfer if needed.		
4	Was documented preferred place of death achieved?		
5	An individual care plan must be agreed with the individual where appropriate and/or those identified as important to them. Shared care record may act as a prompt but it should address all of:		
	a. Discussion of the patients understanding and priorities for treatment and care b. Ceiling of care/DNACPR status c. Discussion appropriate observations which may include moving to symptom observations rather than routine obs. d. Discussion of symptom control measures, rationalising medications, commencement of syringe pump if required. e. Prescription in place for appropriate anticipatory medications for 5 key symptoms – pain, breathlessness, agitation, nausea and secretions. f. Discussion of risks and benefits of nutrition/hydration g. Respond to patient/carer questions/concerns. h. Respond to family/carer questions.		
6	Spiritual needs assessment.		
7	Provide carers/family with information on overnight rooms, estates facilities, parking options etc.		
8	Appropriate timely symptom observations, care rounding including bowel and skin care recorded at least 4 hourly.		
9	Daily review medical team including over weekends.		
10	Support for bereaved family/carers including information leaflets, spiritual and practical support.		
11	Patient should be transferred to the mortuary within 4 hours of death.		

12	GP should be informed of death within 1 working day.		

Media Release

NHS
Gloucestershire
Clinical Commissioning Group

Dying Matters … what can you do?

8 May 2017

We know that death, dying and bereavement tend to be topics which many people are not comfortable talking about. However, the NHS in Gloucestershire is encouraging people to talk about these important issues as part of a campaign to promote awareness of the benefits to people becoming more active in planning for a "good" death - whether that be their own death or that of a loved one and importantly to think about this in advance of ill health as well as when it strikes.

During this year's national Dying Matters Awareness Week (8 – 14 May), the NHS Health Information Bus will be out and about around the county, encouraging people to think about what they can do to prepare themselves and other for the inevitable reality of death and dying and to support friends, family or neighbours when they are affected by these issues such as following a bereavement.

Dr Emma Husbands, Consultant in Palliative Care at Gloucestershire Hospitals NHS Foundation Trust, said:

"Talking about and planning for death and dying is never easy, whether this is about yourself or the people you care for.

However, we all need to have the chance to have these difficult conversations, to help us express our priorities for end of life care and enable the people we love to talk to us about their wishes. This knowledge can help us individualise and focus care."

NHS Information Bus will carry lots of information about death and dying, with experts on hand to discuss people's concerns. The aim is to create a friendly space for people to ask questions about end of life care issues, such as making a will, planning a funeral or coping with bereavement.

The theme for this year's Dying Matters week is "What Can You Do" as it challenges people to do something practical. This might be something for themselves, like making a will, or something for someone else who is bereaved, or caring for a dying relative. This could be something as simple as cooking a meal or walking the dog, but can make a huge difference to someone coping with death or bereavement.

About 1% of the UK population dies each year, which means about 6,000 will die in Gloucestershire this year, and each of those deaths will affect many more people in different ways.

Dr Hein Le Roux, clinical lead for end of life care at NHS Gloucestershire Clinical Commissioning Group (CCG), said:

"We took the Information Bus around the county last year, and it was so successful we wanted to do it again.

Lots of people had so many questions, or said they were glad to be able to talk about death. It can be an awkward subject but if we can't talk about it we only make it more difficult to deal with. Please come along and have a chat with us."

ENDS

Notes to Editors

- For more information about Dying Matters Awareness Week, and the events on across the country, visit: www.dyingmatters.org/page/map-awareness-week-events-2017

- The Information Bus will be visiting the following venues between 9.30am and 3.30pm:
  - Monday 8th May - Clock Tower Roundabout, Coleford
  - Tuesday 9th May – Market Place, Stow-on-the-Wold
  - Wednesday 10th May – King Street, Stroud
  - Thursday 11th May – The Cross, Gloucester
  - Friday 12th May – M&S, Cheltenham

- Research from ComRes, commissioned by Dying Matters in 2016, found that nationally, only 35% of British adults had made a will, and only 30% have discussed their funeral wishes.

ITEM 14

ITEMS FOR THE NEXT MEETING AND ANY OTHER BUSINESS

DISCUSSION

ITEM 15

GOVERNOR QUESTIONS

Peter Lachecki
Chair

ITEM 16

STAFF QUESTIONS

Peter Lachecki
Chair

ITEM 17

PUBLIC QUESTIONS

(One question from Mr Bren McInerney attached)

(Procedure attached)

Peter Lachecki
Chair

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Question Submitted by Bren McInerney

Question
What assurance does Gloucestershire Hospitals NHS Foundation Trust have that the complaints they receive on patient care is reflective of the complaints that people wish to make?

Response

Every person that uses our services is unique and this makes the generalisability of complaints data complicated.

A complaint is a statement that something is or has been unsatisfactory or unacceptable (negative patient experience). Nationally the volume of complaints has been rising steadily for more than 20 years and that picture is also apparent within this organisation. The fact that more people complain today is a concern and we want to be certain that this is not because the quality of care is deteriorating and so we take time to look at what **all of our patient experience data is telling us.** We encourage people to provide us with feedback and we also try to make it easier for people to complain.

As an organisation we pay close attention to people who raise concerns (near miss complaints) and complain about their experience. Our patients also tell us about their experiences in a variety of other ways (for example National and local Surveys, Patient Experience Stories, Shadowing patients through their pathways, Friends and Family Test (FFT), Healthwatch, Social Media, compliments and comments, feedback to our public governors and contacts with the PALs service).

Complaints data & triangulation

- Comparing our complaints to our national survey data has its strengths as it allows us to review both types of feedback data to see if complainants concerns are a problem to any other patients.

- Patients are increasingly using the internet to share information about their experience (for example www.nhs.choices & Twitter). The Communications team review this data and share concerns raised with the Patient Experience Improvement Team.

- The Patient Experience Improvement Team produce reports to look at numbers of complaints, concerns, themes, trends and actions taken to make improvements. Reports are shared internally within the Divisions, at the Patient Experience Strategic Group and to the Quality and Performance Committee that reports to the Trust Board.

- The most common causes of complaints (after all aspects of clinical treatment) are about attitudes of staff, cancellation or delay of outpatient appointments and communication/information to patients. We have improvement work going on to make improvements in these areas.

Information

- Many people don't complain because they find it hard or think it won't make a difference. As an organisation we want to help people who want to complain about our services.

- Our complaints leaflet is within displayed within ward areas and the Patient Experience Improvement Team take a proactive approach to making sure that the leaflets are available by visiting patient areas. People are signposted from the first page of the Trust website to an area on the website that provides information for them about how to complain.

Concerns and Complaints We're listening GHPI1398.pdf

How we help people who are less likely to complain

- We know from research that some groups are less aware of how to complain about their negative experiences and some groups are just less likely to complain. As an organisation we have prepared information about how to complain for people who have a learning disability or want Easy Read information.

- We have had our complaints leaflet translated into different languages and we can get information interpreted when a request is made.

Complaints and PALS

Concerns and Complaints_cs_Czech.pdf
Concerns and Complaints_Gujarati.pdf
Concerns and Complaints_pl_Polish.pdf
Concerns and Complaints_sk_Slovak.pdf
Concerns and Complaints_zhcn_Mandarin.pdf

Accessibility

- We advise and encourage people to speak to ward or clinic staff about concerns as more often than not, our staff can deal with their concerns straight away.

- If people feel they are not being helped or they do not wish to speak to staff directly then we encourage and they can contact our PALS (Patient Advice and Liaison Service).

Stakeholder/community engagement

- As an organisation, the Head of Patient Experience and 2 members of her team, went out to visit the Gloucestershire Deaf Association to hear what is was like to experience our service from their perspective and to listen to their patient experience stories and to find out if we meet their needs. There were British Sign Language Interpreters there so that we could communicate with each other. We heard from several people who had recently used our services. We heard some really positive stories about when we had got things right for them and also we heard some stories of areas that we need to make improvements.

- We plan to proactively work with them and other organisations to hear what it is like to be on the receiving end of this organisation.

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

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 out 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 of 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