GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

The next meeting of the Gloucestershire Hospitals NHS Foundation Trust Main Board will be held on **Wednesday 8 November 2017** in the **Lecture Hall, Redwood Education Centre, Gloucester 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

18 October 2017

AGENDA

				Approximate Timings
	Patient Story			09:00
1.	Welcome and Apologies			09:30
2.	Declarations of Interest			
3.	Minutes of the meeting held on 11 October 2017	**PAPER**	**To approve**	09:32
4.	Matters Arising	**PAPER**	**To note**	09:35
5.	Chief Executive's Report November 2017	**PAPER** (Deborah Lee)	**To note**	09:40
6.	Quality and Performance:		**For Assurance**	09:50
	• Quality and Performance Report	**PAPER** (Caroline Landon, Sean Elyan, Steve Hams & Emma Wood)		
	• Assurance Report of the Chair of Quality and Performance Committee meeting held on 26 October 2017	**PAPER** (Claire Feehily)		
	• Trust Risk Register	**PAPER** (Deborah Lee)		
7.	Financial Performance:		**For Assurance**	10:30
	• Report of the Finance Director	**PAPER** (Steve Webster)		
	• Assurance Report of the Chair of the Finance Committee meeting held on 25 October 2017	**PAPER** (Keith Norton)		
	Break		**11:00 - 11:15**	
8.	Workforce:		**For Assurance**	11:15
	• Report of the Director of Human Resources and Organisational Development	**PAPER** (Emma Wood)		
9.	SmartCare Progress Report	**PAPER** (Sally Pearson)	To Note	11:35
	Governor Questions			
10.	Governors Questions – A period of 10 minutes will be permitted for Governors to ask questions		**To Discuss**	11:50
	Staff Questions			
11.	A period of 10 minutes will be provided to respond to questions submitted by members of staff		**To Discuss**	12:00

	Public Questions		
12.	A period of 10 minutes will be provided for members of the public to ask questions submitted in accordance with the Board's procedure.	**To Discuss**	12:10
	Any Other Business		
13.	Items for the Next Meeting and Any Other Business	**To Note**	12:20
		Close	
	Lunch	**12.30 – 13.00**	

COMPLETED PAPERS FOR THE BOARD ARE TO BE SENT TO THE BOARD ADMINISTRATOR NO LATER THAN 17:00PM ON MONDAY 30th OCTOBER

Date of the next meeting: The next meeting of the Main Board will take place at on **Wednesday 13 December 2017** in the **Lecture Hall, Sandford Education Centre, Cheltenham General** 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
Alison Moon

Executive Directors

Deborah Lee, Chief Executive
Steve Hams, Director of Quality and Chief Nurse
Steve Webster, Finance Director
Dr Sean Elyan, Medical Director
Dr Sally Pearson, Director of Clinical Strategy
Emma Wood, Director of People
Caroline Landon, Chief Operating Officer

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN THE LECTURE HALL, SANDFORD EDUCATION CENTRE, CHELTENHAM GENERAL HOSPITAL ON WEDNESDAY 11 OCTOBER 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
	Tracey Barber	Non-Executive Director
	Dr Sean Elyan	Medical Director
	Steve Hams	Director of Quality and Chief Nurse
	Arshiya Khan	Interim Chief Operating Officer
	Caroline Landon	Chief Operating Officer
	Dr Sally Pearson	Director of Clinical Strategy
	Dave Smith	Director of Human Resources and Organisational Development
	Steve Webster	Director of Finance
	Dr Claire Feehily	Non-Executive Director
	Tony Foster	Non-Executive Director
	Rob Graves	Non-Executive Director
	Keith Norton	Non-Executive Director
	Alison Moon	Non-Executive Director
APOLOGIES	None	
IN ATTENDANCE	Natashia Judge	Board Administrator
	Suzie Cro	Head of Patient Experience
	Louise de Lloyd	Hospital Liaison Officer
PUBLIC/PRESS	Craig Macfarlane	Head of Communications
	Two Governors, four members of the public, no members of the press and no members of staff.	

The Chair welcomed all to the meeting and welcomed Mr Hams and Ms Landon to the team.
No apologies were noted but it was noted that Ms Barber would be exiting the Board early.

208/17 PATIENT STORY

The Head of Patient Experience introduced Louise De Lloyd who shared the details of her role as Hospital Liaison Officer. While Louise is employed by Carers Gloucestershire, her role is to support carers of patients at both Cheltenham General Hospital and Gloucester Royal Hospital.

Louise's role involves supporting the carers of patients so that they know: the options available, the processes and procedures, as well as what support is available upon discharge. This additional support helps enable timely discharge and reduces readmissions. She explained that supporting carers utilises the invaluable knowledge they have for the person they care for and this ultimately improves the quality and their discharge and can reduce the costs related to their package of care.

Louise works closely with the Patient Experience Team, mostly on the General and Old Age Medicine wards, the Stroke wards and Critical Care wards. She also offers staff training and is involved in the education of new nurses. She detailed the practicalities of her role, explaining that she reviews hand over sheets to establish which patients have carers (or potential carers) and offers advice and information regarding the discharge process, assessments, financial advice, and their options moving forward. Two case studies were shared with the Board to provide further insight and Claire explained the support she offered in both cases.

The Chair thanked Louise for her presentation and welcomed questions from the Board:

- The Director of Clinical Strategy observed how invaluable Louise's support was and wondered how she utilised the support of Carers Gloucestershire to ensure appropriate home support? Louise explained Carers Gloucestershire have a large team with a busy but helpful advice line as well as locality workers who are available to support carers.
- The Medical Director contemplated the training offered to staff on wards, such as manual handling, and wondered whether the Trust offered enough support for carers. He also wondered how the Trust could further enable discharge before midday. Louise explained that she was previously involved in a project regarding moving and handling. There are files available on each ward containing crib sheets alongside Louise's contact details and information is also available online. With regards to discharge before midday – Louise felt a focus on clear communication with carers was key.
- The Director of Quality and Chief Nurse felt Louise's role reinforced the importance of carers and the co-design and delivery of care as well as the importance of embedding the principles of taking pride in care. He wondered how these principles could be further imbedded in the nursing team. Louise responded stating that the first step would be reintroducing her involvement in the induction training. Ms Moon felt this should also be available for all staff, not just clinical staff. **EW**
- The Chief Executive felt a discharge list prompting the involvement of carers may be helpful, similar to that used within End of Life Care. She requested that the Director of Quality and Chief Nurse investigate this alongside the Head of Patient Experience. **SH**
- Ms Moon wondered how Louise supported Young Carers. Louise responded that she refers young carers on to Gloucestershire Young Carers as well as Carol McIndoe within the Patient Experience Team. The Chief Executive shared that at present the Chair was committed to investigating the possibility of a young carer as a governor.
- Mr Graves queried whether Louise had any support within her role and Louise replied that unfortunately she did not and often this meant carers were sometimes unable to access her

support. Mr Foster queried how many more people were needed and she responded at least two. She explained she was funded by the Clinical Commissioning Group (CCG) and County Council. The Chief Executive shared that she would soon be involved with the planning cycle for Sustainability and Transformation Partnership (STP) priorities and therefore she would take the discussion forward into the STP delivery Board. **DL**

- The Director of Clinical Strategy felt that it was important to normalise the circulation of information regarding Louise's role into the admission process and break down the barriers for carers making the first step.

The Chair thanked Louise for her presentation.

[09:30]

209/17 DECLARATIONS OF INTEREST **ACTIONS**

There were none.

210/17 MINUTES OF THE MEETING HELD ON 13 SEPTEMBER 2017

RESOLVED: Amends to the minutes were suggested and these would be taken forward by the Board Administrator. It was agreed that following these amends the minutes of the meeting held on 13 September 2017 would be agreed as a correct record and signed by the Chair. **NJ**

Ms Moon felt there was a point raised within the patient story regarding physiotherapy cover at weekends which was not included. Ms Lee shared the developments with regards to seven day physiotherapy and was uncertain whether any further actions were identified. It was agreed that further investigation was needed regarding how patients were prioritised at the weekends given reduced staff and the Director of Quality and Chief Nurse would investigate this. **SH** The Interim Chief Operating officer shared that despite limited resources the team do identify patients by priority group, who need physiotherapy on weekends and therefore the Chief Executive requested that the Director of Quality and Chief Nurse investigate this particular case to identify what went awry. **SH**

211/17 MATTERS ARISING

All matters arising from the previous meeting were noted to be completed and the Chief Executive thanked the Board for this.

SEPTEMBER 2017 174/17 PATIENT STORY - POLICY AROUND PATIENTS BRINGING FOOD FROM HOME
The Director of Nursing vowed to ensure that clerical staff understood this and would raise this at the next Senior Nursing and Midwifery Council (SNMC)
Completed: Discussed at September SNMC.

SEPTEMBER 2017 174/17 PATIENT STORY – TRAUMA DISCHARGE PROCESS

The Director of Nursing expressed concern that Sheila was not assessed for a raised toilet seat and would investigate to ensure patients are being discharged correctly.

Completed: The Head of Patient Experience has met with the therapy team to seek assurances that patients are appropriately assessed as part of a comprehensive discharge process. Further improvement work is planned with the therapy and nursing team.

SEPTEMBER 2017 174/17 PATIENT STORY – DISCHARGE FROM PHYSIOTHERAPY SERVICES

The Director of Nursing vowed to investigate this as Sheila should have been referred to a physiotherapist in the Community.

Completed: The senior physiotherapy team have reviewed their referral process and have strengthened links with community services.

SEPTEMBER 2017 179/17 QUALITY AND PERFORMANCE REPORT – UPDATE OF THE CHIEF OPERATING OFFICER - PATIENTS DECLINING 2 WEEK WAIT APPOINTMENTS

Work has begun around this throughout August and this will be compared against 2016 and bought to the next Board Committee.

Completed: We have not been able to compare fully with the 2016 data due to lack of information available. However, for June, July and August 2017 patient choice is noted as the reason for decline of appointments 49, 40, 64, 44 times respectively for each month for 2ww appointments with 8,6, 4 and 4 patients declining a treatment dates on the 62 day pathway for June, July and August, September respectively. These are the highest recorded numbers since December 2016. In respect of cancer patients, the Central Booking Office looks to verbally agree two week wait appointments where possible. The Medical Director agreed to raise with the CCG, the importance of GPs advocating to their patients that they do not decline urgent appointments wherever possible.

SEPTEMBER 2017 179/17 MORTALITY REVIEW - MR GRAVES NOTED THE INCLUDED TABLE OF ACTIONS AND QUERIED WHETHER THE TARGET DATES WOULD BE ACHIEVED

It was agreed this would be further discussed at Quality and Performance Committee.

Completed: Target dates will be achieved and monitored through the Q+P committee.

SEPTEMBER 2017 181/17 REPORT OF THE DIRECTOR OF HUMAN RESOURCES AND ORGANISATIONS DEVELOPMENT - DISTRIBUTION OF NEWLY QUALIFIED NURSES

The Chief Executive said that despite previous assurances, she had visited a ward where 75% of qualified staff on shift were temporary staff and asked that the Director of Nursing investigate this again.

Completed: Action will be progressed by the Director of Quality and Chief Nurse as part of the due diligence relating to nursing workforce and safe staffing, this will be completed by the end of October 2017. The Director of Quality and Chief Nurse has also visited the ward in question and provided assurances to the Chief Executive in respect

of staffing.

SEPTEMBER 2017184/17 RISK MANAGEMENT STRATEGY - THE CHAIR WONDERED WHETHER RISK APPETITE SHOULD BE DISCUSSED AT A BOARD STRATEGY AND DEVELOPMENT SESSION AND THE CHIEF EXECUTIVE FELT THIS COULD BE A USEFUL DEBATE PROVIDED IT WAS DEBATED IN THE CONTEXT OF ITS PRACTICAL APPLICATION
The Board Administrator would note this for an upcoming Strategy & Development session.
Completed: noted.

SEPTEMBER 2017 185/17 GUARDIAN REPORT ON SAFE WORKING HOURS FOR DOCTORS AND DENTISTS IN TRAINING - TO INVESTIGATE THE INCIDENT PROFILE AND OUTCOMES IN RELATION TO WHAT JUNIOR DOCTORS ARE REPORTING SO THIS COULD BE INCLUDED IN FUTURE REPORTS AS A FURTHER SOURCE OF EVIDENCE IN RESPECT OF SAFE WORKING PRACTICES
The Chief Executive asked the Medical Director to work with the Director of Safety.
Completed: This will be developed with the new junior doctors' guardian and included in the quarterly report.

SEPTEMBER 2017183/17 SMARTCARE PROGRESS REPORT - BENEFITS REALISATION HAS BEEN OF INTEREST TO GOVERNORS
This is being reviewed. This will potentially be brought to November Board but will be reviewed at Smartcare Programme Board initially.
Ongoing: Commitment from Smartcare Team to provide a refresh of the history of decision making around Smartcare for the Board and for Governors. Awaiting for date to be identified.

The issue was noted to be incorrect. This would be addressed.

[09:40]

212/17 CHIEF EXECUTIVE'S REPORT

The Chief Executive presented her report to the Board and highlighted they key points within the paper:

- On 4th September the Chief Executive attended a national meeting regarding Accident and Emergency (A&E) services and she felt it was important she conveyed how important the targets around A&E were as winter approaches. The Trust's Winter Plan was presented to the Secretary of State for Health, Rt Hon Jeremy Hunt and his team, as part of the national assurance process and the Gloucestershire plan was 'Green' rated and commended as the strongest plan.
- The Chief Executive of NHS Providers, Chris Hopson, has been investigating how control totals are set and their relationship with Sustainability and Transformation Funding (STF) and the historic basis these are set upon. This will hopefully result in changes for 2018/2019 and help enable

the Trust in securing £14m of Transformation funding which was not available to the Trust this year. The Chief Executive noted that Chris Hopson had become an advocate for the Trust and that she was grateful for his support.

- NHS improvement has approached the Trust to take part in developing the next Financial Improvement Programme (FIP3). This is programme support for Trust's in challenge.
- Numerous service developments were noted to be in the final stages including the Trauma and Orthopaedic service reconfiguration. This will see planned inpatient orthopaedic surgery (excluding spinal surgery) at Cheltenham and inpatient trauma care at Gloucester. This will reduce the rate of cancelled operations over the Winter period and is also expected to improve emergency flow for trauma patients thus improving A&E performance too. More work will be done by the Interim and substantive Chief Operating Officers with the divisions and proposals will be implemented from the 20th October.
- The Trust's Staff Awards were held on 21st September and feedback detailed that the awards reached new heights and impacted positively on staff morale. The Staff Awards prompted discussion around how staff are recognised on an ongoing basis and charity funds have now been secured to provide a divisional award each month.
- The Annual Members Meeting was held on 3rd October with the event a success; a presentation by Dr Peter Kempshall (Consultant in Trauma & Orthopaedics) around mortality improvements related to fractured neck of femur had been very well received.
- Lukasz Bohdan has been appointed as Director of Corporate Governance and will begin on 13th November 2017.
- The findings and recommendations from the Financial Governance Review were presented to the Heath and Care Overview & Scrutiny Committee (HCOSC) in September and this has now been discharged from their oversight. The Trust had been commended for their approach to the review and the openness with which the Trust had shared the findings and resulting actions.

In response to the Chief Executive a number of points were raised:

- Mr Norton noted the three priorities for the Trust were A&E, cancer and finance and wondered how these were being emphasised. The Chief Executive responded that this message would be outlined at 100 Leaders whilst reinforcing the importance of considering how we want the organisation to look in the future. Her weekly message had also reinforced these priorities.
- Ms Barber reflected on the Staff Awards and wondered what more could be done to share and develop the excellence that they highlighted. The Chief Executive noted that most winners were shortlisted because their work had been scaled up and had had a wider impact. The Medical Director noted this was being further explored within executive reviews. The Board reflected on the importance of excellence being

amplified by senior management. The Chief Executive felt the transformational hub should be about scaling up these areas.
- Ms Moon queried the Chief Executive's thoughts on system control totals for performance. The Chief Executive noted a paper would be going to the STP delivery Board around this.

The Chair thanked the Chief Executive for her report and requested the Chief Executive invite Chris Hopson to a future 100 leaders which she agreed to do as she and they were meeting in November. **DL**

RESOLVED: That the report be noted.

[10:03]

213/17 QUALITY AND PERFORMANCE:

QUALITY AND PERFORMANCE REPORT – UPDATE OF THE CHIEF OPERATING OFFICER

The Interim Chief Operating Officer presented the Quality and Performance report which summarised the key highlights and exceptions in the Trust's performance for August 2017. This report had previously been to Quality and Performance Committee for assurance.

Key points highlighted within the report were:

- 4% improvement in Trust performance against the 4-hour A&E standard in comparison to July. Month to date performance for September was 88.3% and the service was on track to achieve 90% in November as agreed in the Winter Plan.
- The number of days where performance is at 95% or more is increasing however there are days where performance at Gloucester is affected by poor flow, decreasing performance overall. This relates to increased attendances with an average 375 per day but peaking at 420 on occasions. There is evidence that reductions in out of hours cover in the County impacts on demand and work is ongoing with partners. Performance is reviewed on a weekly basis within the Emergency Care Operational Group alongside regular meetings with the Clinical Commissioning Group.
- Referral to Treatment (RTT) is being consistently monitored and the team is in regular dialogue with the CCG and the regulator. The Trust continues to be above trajectory for validating RTT. Long wait patients are monitored via weekly meetings and harm reviews continue. The number of 52 week waiters remains a significant concern and recovery actions to address this have been agreed.
- Performance against the 2 week cancer standards has deteriorated over recent months due to increased demand within colorectal and dermatology with dermatology additionally impacted by short notice sickness. Recovery is ongoing and the team is working with primary care and the

CCG to manage demand alongside reviewing referrals.

- 62 days cancer performance was noted to be unvalidated at 80.1% in August and the interim Chief Operating Officer reinforced it was important to be mindful that poor performance within the two week standard would later affect 62 day cancer performance in October and November. The team are working on plans to address this. A number of specialties, including urology were ahead of their recovery trajectory and importantly she stressed that current performance was impacted by the clearance of backlogs where patients had already breached.
- The Trust did not meet the diagnostic target in August related to demand within Endoscopy and Audiology. Recovery plans have been submitted and teams are committed to deliver by November. September performance is significantly improved and the Trust is on track to meet the target from Q4.

The Director of Human Resources and Organisational Development queried whether breach analyses are completed against timings. The Interim Chief Operating Officer responded that they were, with a weekly meeting where they review. She noted breaches occur later in the day and are related to activity and the skill mix of staff.

Dr Feehily noted that a recent governor subgroup investigated cancer performance and how the Trust might communicate and reassure long wait cancer patients. The Interim Chief Operating Officer would investigate this acknowledging the importance of ensuring patients understood the reason and duration of likely delays and most importantly, that it was safe for patients to wait where this occurred. **CL**

Mr Norton queried how the interim Chief Operating Officer motivated the team considering the summary scorecard, noting that great activity was clearly underway. The interim Chief Operating Officer shared that staff are encouraged to take ownership and seek opportunities, with teams coming together more often and taking pride in their work. She personally makes a point of acknowledging successful staff. The Chief Executive noted that comparison against the recovery trajectory also highlights progress and daily meetings to highlight success are part of the daily operational rhythm.

The Director of Quality and Chief Nurse presented an update regarding the key quality points:

- An MRSA Bacteraemia is reported for August and an investigation review is underway. Currently this case is attributable to the Trust. The target for MRSA bacteraemia is 0 and therefore the work is ongoing around this.
- A deterioration has been noted with regards to pressure ulcer figures and therefore a deep dive will be undertaken.
- Venous thromboembolism (VTE) and dementia recording is now available on TrakCare. This will be shadow reported initially to Quality and Performance Committee. Work is underway around training staff to record these correctly but an apparent deterioration is expected initially due to initial

data quality issues but starting reporting was an important part of improving data quality.

Ms Moon raised a point regarding mixed sex accommodation and wondered how we best treat patients in these areas. She also raised concerns regarding benchmarking. The Director of Quality and Chief Nurse reinforced this only affected one area, Critical Care. The Chief Executive noted this had been escalated to NHS Improvement (NHSI) to confirm the reporting basis. The Medical Director agreed investigation around over reporting of mixed sex accommodation was important whilst acknowledging problems with discharging patients from the intensive care unit. The Chief Executive felt this came back to the escalation policy.

Dr Feehily noted an increase in "stranded patient" numbers. The Medical Director explained which measure qualified a patient as a "stranded patient" and confirmed it was patients who had a length of stay over 7 days and NOT outliers. He noted that work is ongoing to ensure everything possible is being done to make sure patients are not here unnecessarily.

RESOLVED: That the Board receive the 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.

[10:29]

ASSURANCE REPORT OF THE CHAIR OF QUALITY AND PERFORMANCE COMMITTEE MEETING HELD ON 28 SEPTEMBER 2017

Dr Feehily presented the assurance report highlighting in particular:

- Discussions around the Winter Plan with associated risks to be reviewed at the next Committee.
- The performance report and discussions around time spent investigating risks and assurance
- A specific focus on the risks around Trakcare and the governance arrangements.

She also shared that a recent governor subgroup discussed the topics of mortality and cancer standards. The Chair thanked the Executives for their investment in the governor subgroups and reinforced that non-executive directors were welcome to attend these sessions.

The Chief Executive noted the focus on the use of the patient safety checklist in the Emergency Department and reinforced its contribution to safety and patient experience. She felt this should be included within the Quality Dashboard and the Director of Quality and Chief Nurse would ensure this happened. He noted that compliance had improved steadily but still had a way to go noting that he had solutions to address compliance around refreshments. **SH**

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.

[10:32]

TRUST RISK REGISTER

The Chief Executive presented the Risk Register noting that two risks had been added and agreed by the Trust Leadership Team:

- The risk of moderate to severe harm arising from insufficient pressure ulcer prevention controls.
- The risk to workforce of an on-going lack of staff able to deliver the emergency general surgery rota due to reducing staffing numbers. The Risk Management Group has been investigating this workforce issue and mitigations to ensure patients remain safe. The surgical division are seeking to address this with the Trust accepted as a national pilot for a new model which may prove to be the solution. She reinforced her reassurance that the surgical team were doing all they were able to mitigate this risk. She noted the introduction of the system Allocate for junior doctors to report changes to working hours which will improve oversight.

Risks related to the Trust's Finances have been upgraded. It was noted a number of other risks have been downgraded including a risk related to TrakCare clinic rebuilds.

In September the Chief Executive highlighted that 30 risks had been identified that met the criteria for the Trust Risk Register. She expressed disappointment that only 7 were removed at Trust Leadership Team. She explained that all risks had been reviewed and that often when reviewed at a divisional level they were de-escalated.

The Chair requested that downgraded risks be visible to the Board alongside an explanation as to why they were downgraded.

Mr Graves wondered whether the report should include target dates to achieve acceptable scores. The Chief Executive responded that such dates were incorporated within the risk management system, Datix, which was considered by the Risk Management Group. There was also discussion around the involvement of the Audit Committee and the Chief Executive suggested Mr Graves to await the arrival of the Director of Corporate Governance and his review before progressing this further as she felt he would have much to add to such a debate.

RESOLVED: That the Board receive the report as assurance that the systems of internal control are actively controlling and pro-actively mitigating risks so far as possible and approve the changes to the Trust Risk Register as set out.

[10:40]

214/17 FINANCIAL PERFORMANCE

REPORT OF THE FINANCE DIRECTOR:

The Director of Finance presented the Financial Performance Report to the Board and gave a summary of the key points within. While the year to date position for the Trust is better than projection at £4.2m ahead of plan with the deficit at the end of month 5 at £15.1m the Director of Finance focused on the forecast which is significantly adverse. Key issues to note were:

- No STF funding has been assumed in the actual position given that the Trust has not agreed a control total for the 2017/18 financial year.
- Cost Improvement Programme (CIP) delivery to Month 05 is £9.4m. This is £1.4m better than the plan for the year to date.
- However, the current CIP delivery forecast for the year is £25m as compared to a £34.7m plan.
- The annual plan for the Trust is a £14.6m deficit. The current forecast, prior to mitigating actions, shows a deficit of £23.3m, an adverse variance of £8.7m.

The Board noted the Director of Finance's updates and raised questions in response:

- Ms Moon queried whether there were shared CIP schemes across the system where benefits were shared and the Director of Finance responded that there was currently no system wide CIP management programme but there were examples of shared CIP schemes such as gain shares for drug savings. The Chief Executive shared that this did exist somewhat within the work being done around pathways and driving down the cost of care though she noted this was not cash releasing currently.
- Dr Feehily queried whether there had been any update on capital funding. The Director of Finance explained he was in contact with NHSI but there was a plan to manage within the £5m.
- Ms Barber expressed interest over the key actions to address the shortfall and embedding of divisional recovery plans. She wondered whether the team had investigated different opportunities. The Director of Finance acknowledged that more needed to be done though he noted the divisions had ideas for change though they were struggling with the capacity to scope, plan and implement ideas. He expressed disappointment at being unable to recruit to embedded CIP roles within divisions but that moving forward the plan would be to appoint more senior staff over a larger area. Post meeting note, two of the three CIP embed posts were now filled and staff had commenced.

The Chair expressed concern over trade payables and shared that he has asked the Finance team to review this and for this to be discussed further at Finance Committee. **SW**

RESOLVED: That the Board receive the report for assurance in respect of the Trust's Financial Position.

[10:50]

ASSURANCE REPORT OF THE CHAIR OF THE FINANCE COMMITTEE MEETING HELD ON 27 SEPTEMBER 2017

Dr Feehily presented the assurance report highlighting in particular:

- A further briefing was given around the establishment of a subsidiary company (SubCo) with KPMG in attendance discussing the assumptions that underpin the model.
- The income variance analysis report which she noted to be in the early stages but still enormously useful.
- Good discussions around CIP looking at the risks around the programme with a focus on the medical productivity programme.

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

[10:52]

215/17 WORKFORCE

REPORT OF THE DIRECTOR OF HUMAN RESOURCES AND ORGANISATIONS DEVELOPMENT

The Director of Human Resources and Organisational Development presented the Workforce Report and emphasised the key points noted within:

- There have been reductions in both agency spend and the pay bill. Agency expenditure is now 26% lower than the comparative figure for last year. The pay bill is £4.5m below budget however this was noted to be a fragile position and unlikely to endure. Spend increased in the month driven by bank staff and divisions filling previously approved posts.
- Agency Programme Board continues alongside the Director of Quality and Chief Nurse and Medical Director with new ideas and plans to get a greater grip on Thornbury agency usage. The group have identified the top five wards with high spend to address.
- The Reward Strategy Group is considering proposals to incentivise pure bank staff and revitalise dormant bank staff.
- The team are also pairing wards to cross-cover.
- There has been a suggestion that instead of filling full agency shifts staff look to fill shifts by only 6 of 8 hours and offer part shifts as this increases flexibility.
- The impact of the new junior doctor contract is being realised with some issues around data protection however in general the picture is positive.
- Work is ongoing to improve retention for bank 5 nurses with

more opportunities.

- The Trust had been awarded accreditation by the Workplace Wellbeing Accreditation Charter. Across the standards the Trust was rated excellent on four. The final report and ideas for an action plan will go to Workforce Committee.
- Appraisal figures continue to be challenging and the team are working with divisions to improve these.
- The Staff Survey has commenced with 10% of responses received within the first week which was noted to be above the national average.

Following the presentation a few points were noted and raised by the Board:

- Ms Barber noted that appraisal compliance was at 79% and wondered how focus could be embedded within the organisation that these are a priority. The Director of Human Resources and Organisational Development highlighted that appraisals are often cancelled due to workload. Ms Barber highlighted that it was important to ensure we are managing and supporting staff in the right way. The Chief Executive queried how confident we were that staff had access to monthly one-to-ones and team meetings as she was coming across a mixed picture. The Director of Human Resources and Organisational Development reflected he was also aware of a mixed picture and after some discussion it was agreed this would be raised at the next 100 leaders. **DS**
- The Director of Finance felt the report highlighted the alignment between workforce reporting and finance projections and the forecast of a reduced vacancy rate for band 5 nurses. He highlighted that this should be reducing the agency forecast and that he would investigate. **SW**
- Ms Moon queried whether there was a correlation between reduction in agency and staff feeling the wards were safer. The Director of Quality and Chief Nurse felt there was a fine line between feeling safe and managing but that divisional reviews were underway on a daily basis and that he would be investigating this as a greater piece of work whilst looking at making the Safer Staffing report to Quality and Performance committee more sophisticated.
- The Chair reviewed 2016/2017 agency expenditure and the avoidance of the peak during the summer and queried how the October peak would be managed. The Director of Human Resources and Organisational Development explained the same initiatives would be implemented as this was driven by half term.

RESOLVED: That the Board note the positive trends illustrated in the report.

[11:12]

216/17 AUDIT AND ASSURANCE

REPORT OF THE CHAIR OF THE AUDIT AND ASSURANCE

COMMITTEE MEETING HELD ON 11 JULY 2017

Mr graves presented the assurance report highlighting in particular:

- A presentation from the Head of Counter Fraud explaining the process around investigations and discussions around whether this was robust enough.
- A cyber security report which would be reviewed on a six monthly basis.
- Ongoing work around medical productivity. This overlaps with the Finance and Workforce Committee and the Director of Finance would review cross discipline work.
- The work plan for the year and future focus which will be reviewed with the new Director of Corporate Governance.

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.

The Board adjourned from 11:15 to 11:40.

217/17 SMARTCARE PROGRESS REPORT

The Director of Clinical Strategy presented the SmartCare Progress Report to the Board on progress towards the stable operation of TrakCare post phase 1 go-live and planned implementation of all subsequent phases.

The key issue raised at the September Board meeting was a lack of confidence that the programmed plan would reach full functionality within the contract period. At the last programme Board a programme plan was received that would enable the Trust to achieve full functionality dependent on refinements through operational workshops. This was noted to still be an area of risk and following the workshops, elements of the timeline may needed to be extended. A graph of open incidents was included within the papers to provide assurance and documentation of closed incidents.

With regards deployment of further functionality: anticipated reporting in the Emergency Department (ED) will be in place from 1st November. This was delayed to technical issues that InterSystems had as well as a lack of floor walkers during half term week. The report includes the authority to proceed checklist and items that are still outstanding for assurance.

A number of questions were raised following the presentation:

- The Chief Executive shared that during a recent Local Negotiating Committee consultants alleged that concerns had been raised during initial iterations and these were not taken into account therefore she sought assurance that the opinions of ground floor staff would be incorporated. The Director of Clinical Strategy responded that ED consultants had been engaging with the project and that the expectation was that they were holding sessions to share information and reflect.

- Mr Graves questioned the financial schedule and whether these only related to the current phase? The Director of Clinical Strategy explained that these related to the anticipated expenditure needed to reach the end of the financial year.
- The Medical Director felt it was important to note that changes to order communications would provide a greater visibility and may identify risks as a result but these were not new risks but a reflection of greater visibility..
- Dr Feehily wondered how business continuity could be stress tested and the Director of Clinical Strategy reassured that this was part of the resourcing of the go-live period and that the project could be rolled back at any time as the existing system would still exist.
- The Director of Quality and Chief Nurse queried the engagement of nurses and the Director of Clinical Strategy reassured that feedback from Matrons had been that nursing staff were aware and that most functionality was within the medical space. The Director of Quality and Chief Nurse noted the important that Advanced Nurse Practitioners have the right permissions to use the system.
- The Chief Executive queried how we would test staff competence following of e-learning or other training. The Director of Clinical Strategy reflected that competence was not imbedded into previous training therefore conversations have been had with InterSystems that staff be unable to access the system until they demonstrate competence, however the implications of this need to be considered. As a follow up question, the Chief Executive reinforced the importance of smart communications around benefits and phasing. Ms Barber felt as part of this communication it was imperative to reinforce what would be done to support staff. The Chief Executive noted that not enough staff were reading regular TrakCare updates and asked that the Head of Communications think about how this could be done differently. **CM**
- The Medical Director felt there was a training opportunity around radiology requesting and the importance of reviewing results and considering workflow. The Director of Clinical Strategy agreed this was a key issue to ensure and acknowledge the administrative time that needs to be assigned to this.

RESOLVED: That the report be noted.

[12:10]

218/17 BOARD ASSURANCE FRAMEWORK

The Chief Executive presented the Board Assurance Framework (BAF) noting that it was a work in progress and conversations were underway on how this could be evolved, particularly around risks to delivery and the actions which would deliver objectives. This would be supported by the new Director of Corporate Governance and more importance placed on the BAF as a source of assurance.

Mr Norton commended the work as a helpful step forward and agreed focus was needed on future steps. The Chief Executive explained that each objective was mapped to sub-committee who would have sight of the delivery plan and this would built into committee work plans moving forward. The Chair asked that committee agendas should be aligned to the strategic objectives.

RESOLVED: That the Board receive the report as assurance that the Executive is sighted on and actively controlling the potential risks to achievement of the Trust's objectives whilst noting that in parts this assurance is only partial and further work and subsequent assurance is now required.

[12:16]

219/17 WINTER PLAN

The Interim Chief Operating Officer presented final Winter Plan to the Board, explaining this was created from NHSI guidance and the purpose was to keep patients safe through the busiest time of the year. There was a focus within the plan on:

- Workforce planning and rotas
- Flu management
- Infection control plans
- Arrangements around staff sickness

The plan incorporates learning from previous years.

The team would be working with partners to manage demand and initiatives are in progress with regards to capacity and CCG partners are investigating out of hours cover. Transport has been strengthened from November to March and the number of social workers in the acute trust and community are being increased. Additional capacity will also be available at the Council commissioned care home, Chapel Lane, from 23rd October. The paper further detailed a numbers of initiatives.

Mr Norton queried how the Board could be assured of clinical engagement? The Chief Interim Operating Office assured the plan had been in extensive development and was created utilising support from many different levels across the divisions. It had also been shared with the Speciality Directors Group and Senior Nurse and Midwifery Committee.

Ms Moon queried the process should a major incident occur on the Trust's border and the Interim Chief Operating Office assured this was part of Emergency Planning. The Chief Executive also noted that the Trust's Emergency Planning was green rated by the NHSE assurance team.

Mr Graves observed that many items within the plan had deadlines of October and wondered how the Board could take assurance that these have been completed? The Director of Clinical Strategy

explained that detailed action plans are reviewed through the Emergency Care Board and any deviations would be escalated to Quality and Performance Committee.

The Director of Quality and Chief Nurse wondered whether the plan highlighted further work that needed to be done with pressured staff and enhanced surveillance around quality over winter. The Chief Executive suggested they reinforce real time incident reporting and review this in a contemporary way.

The Chair noted that the paper recommend the Board agree Project Management Office and Corporate Support however the Board agreed this was a decision for outside of the Board meeting.

RESOLVED: That the Board agree the proposed winter plan so that implementation can continue at pace.

[12:30]

220/17 GOVERNOR QUESTIONS

The Lead Governor thanked the Board for their reports and noted the following points:

- He could not locate Chapel Lane care home but had found Chapel House Care Home and expressed concern that this care home received a *Requires Improvement* rating following a CQC rating in March 2017. The Chief Executive said that places were commissioned by the local authority who were responsible for ensuring the standard of a home was appropriate.
- He noted there was much in the press regarding a misunderstanding around the closure of Cheltenham A&E and noted the importance of engagement and consultation with regards the county's initiatives. He queried how assured the Board were that its plans were understood? The Chief Executive felt the Lead Governor had highlighted a gap in board assurance and agreed it was important to achieve consistent system wide messaging. She acknowledged that despite communication on the changes to orthopaedic services, misinformation was circulating which the communications team were seeking to correct. She asked the Director of Clinical Strategy and Head of Communications to progress this further and provide clarity. The Head of Communications noted that he had recently met as part of a communications leadership network and national plans would be circulated to proactively exchange nuances. He shared that he was considering doing a local briefing and was looking for clinical staff to lead this. **CM/SP**
- The Lead Governor raised that a rumour was circulating that wider consultation regarding the Trauma and Orthopaedic service reconfiguration would not be until March. The Chief Executive explained that timing was being reviewed but no decisions had yet been made however delay was inevitable

due to a range of factors including the need to observe purdah in relation to local elections which would be taking place in Cheltenham.

[12:40]

221/17 STAFF QUESTIONS

There were none.

222/17 PUBLIC QUESTIONS

There were none.

223/17 ANY OTHER BUSINESS:

It was explained that this would be the interim Chief Operating Officer and Director of Human Resources and Organisational Development's last Board meeting. The Chair thanked them both on behalf of the Board and Governors for their work and emphasised they would be missed across the Trust.

ITEMS FOR THE NEXT MEETING:

None were noted.

[12:42]

224/17 DATE OF NEXT MEETING

The next **Public** meeting of the **Main Board** will take place at **9am** on **Wednesday 8 November 2017** in the **Lecture Hall, Redwood Education Centre, Gloucester Royal Hospital**

225/17 EXCLUSION OF THE PUBLIC

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

The meeting ended at 12.53 pm.

Chair
8 November 2017

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MAIN BOARD – NOVEMBER 2017

MATTERS ARISING

CURRENT TARGETS

Target Date	Month/Minute/Item	Action with	Issue	Action	Update
November 2017	September 2017 183/17 Smartcare Progress Report	**SP**	Benefits realisation has been of interest to Governors	This is being reviewed. This will potentially be brought to November Board but will be reviewed at Smartcare Programme Board initially.	*Ongoing: Commitment from Smartcare Team to provide a refresh of the history of decision making around Smartcare for the Board and for Governors. Awaiting for date to be identified.*
November 2017	October 2017 208/17 Patient Story	**EW**	Hospital Liaison Officer & Induction Training	Reintroduce Louise De Lloyd's involvement in the induction training. Ms Moon felt this should also be available for all staff, not just clinical staff.	*Completed: The Head of Patient Experience is working with Carers Gloucestershire to:* • *Develop overview presentation for induction.* • *Recruit 4 – 6 ward based volunteers who will be 'carers advocates' and to raise the profile of Carers Gloucestershire* • *Develop a Carers Strategy for publication in Spring 2018*
November 2017	October 2017 208/17 Patient Story	**SH**	Discharge list prompting the involvement of carers to be investigated (similar to that used within End of Life Care)	Director of Quality and Chief Nurse to investigate this alongside the Head of Patient Experience.	
November 2017	October 2017 208/17 Patient Story	**DL**	Further resources for Hospital Liaison Officer	Chief Executive shared that she would soon be involved with the planning cycle for Sustainability and Transformation Partnership (STP) priorities and therefore she would	*Completed: Chief Executive has written to the CCG asking them to consider this in the forthcoming planning round.*

				take the discussion forward into the STP delivery Board.	
November 2017	October 2017 210/17 Minutes of the meeting held on 13 September 2017	**NJ**	Minute Amends	These would be taken forward by the Board Administrator.	*Completed: Amendments made.*
November 2017	October 2017 210/17 Minutes of the meeting held on 13 September 2017	**SH**	Further investigation needed regarding how patients are prioritised at the weekends given reduced staff	The Director of Quality and Chief Nurse would investigate this plus how the patient story from September 2017 to identify what went awry.	
November 2017	October 2017 212/17 Chief Executive's Report	**DL**	Chris Hopson to be invited to a future 100 leaders.	Chief Executive to invite at next meeting.	*Completed.*
November 2017	October 2017 213/17 Quality and Performance Report	**CL**	Cancer performance and how the Trust might communicate and reassure long wait cancer patients.	The Interim Chief Operating Officer would investigate this acknowledging the importance of ensuring patients understood the reason and duration of likely delays and most importantly, that it was safe for patients to wait where this occurred.	
November 2017	October 2017 213/17 Assurance Report of the Chair of Quality and Performance Committee	**SH**	Inclusion of the patient safety checklist in the Emergency Department to be included within the Quality Dashboard.	The Director of Quality and Chief Nurse would ensure this happened.	*Completed for Gloucestershire Royal Hospital data, Cheltenham General Hospital data to be included from December 2017.*

November 2017	October 2017 214/17 Report of the Finance Director	**SW**	Trade Payables	The Chair expressed concern over trade payables and shared that he has asked the Finance team to review this and for this to be discussed further at Finance Committee.	
November 2017	October 2017 215/17 Report of the Director of Human Resources and Organisational Development	**EW**	Staff access to monthly one-to-ones and team meetings	It was agreed this would be raised at the next 100 leaders.	
November 2017	October 2017 215/17 Report of the Director of Human Resources and Organisational Development	**SW**	The Director of Finance felt the report highlighted the alignment between workforce reporting and finance projections and the forecast of a reduced vacancy rate for band 5 nurses	He highlighted that this should be reducing the agency forecast and that he would investigate.	
November 2017	October 2017 217/17 Smartcare Progress Report	**CM**	Not enough staff reading the regular TrakCare updates	Head of Communications think about how this could be done differently.	
November 2017	October 2017 220/17 Governor Questions	**CM/ SP**	Despite communication on the changes to orthopaedic services, misinformation was circulating which the communications team were seeking to correct	Director of Clinical Strategy and Head of Communications to progress this further and provide clarity.	*Completed: Comprehensive communication including Frequently asked Questions, shared with the media and posted on website in week commencing 23 October*

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MAIN BOARD – NOVEMBER 2017

REPORT OF THE CHIEF EXECUTIVE

1. Current Context

1.1 The Trust is currently enjoying one of the most positive periods of operational performance. Changes to models of care in surgery and medicine, alongside revisions to the Trust's daily operational rhythm have resulted in significant improvements in Accident and Emergency (A&E) performance against the four hour standard. The Trust position in respect of national performance has peaked at 13th nationally out of 136 Trusts, with performance consistently above the England average in the most recent weeks. The Trust is ahead of the recovery trajectory it has agreed with its regulator, NHS Improvement.

1.2 Not only are patients benefiting from this improved performance but there have been tangible reported improvements in staff morale across the organisation.

2. National and Regional

2.1 Nationally, there remains a huge focus on preparations for winter, in particular protecting patients and NHS staff against the threat of flu. Trusts have now been requested not only to vaccinate their staff but to ask those staff that do not wish to accept an offer of vaccination, to sign a statement to this effect. The Trust is currently considering the feasibility of such an approach.

2.2 On Wednesday the 1st November, Pauline Phillips, National Director for Urgent and Emergency Care visited Gloucestershire Royal Hospital and spent time with staff understanding our offer in respect of the urgent care pathway. It was a positive visit and Pauline commended the Trust and its staff on the progress we have made in recent weeks. She was confident that if the Trust maintains current performance and progress we will no longer be classified as a category four Trust in respect of A&E performance, which would be a very positive outcome for the Trust and staff given the efforts that have been put in, by all.

2.3 On the 17th October, myself and members of the executive team took part in the monthly regulatory Financial Special Measures oversight meeting with colleagues from NHS Improvement (NHSI). The meeting was broadly positive, with NHSI recognising the reason for the Trust's variance from its current plan and commending the Trust for the progress it has made on delivering its Cost Improvement Plan and identifying the additional savings now required to offset reductions in income. The Trust submitted a proposal, previously agreed with its commissioners, for the Clinical Commissioning Group (CCG) to provide the Trust with non-recurrent financial support in 2017/18 to support achievement of the Trust's plan. This proposal is now being considered by NHSI and NHS England. The Trust is extremely grateful for the support it continues to receive from Gloucestershire CCG and other Sustainability and Transformation partners (STP).

3. Our System and Community

3.1 On 2nd November, STP partners met and spent a day working through the issues that need to be addressed to enable the *One System* business case to be developed. Clarity on the scope of the case and the timelines for completion are becoming very pressing given the concerns now being expressed by a wide range of stakeholders in respect of the proposed consultation on the reconfiguration of services across the county. Work will now proceed to develop a timeline which will be subsequently communicated to stakeholders and the public.

3.2 Regrettably, positive changes to the configuration of trauma and orthopaedic services have resulted in some misunderstandings about the nature of the services impacted, with concerns being expressed that the changes had other implications, including the opening hours of A&E services at Cheltenham. The Trust has responded positively, confirming that the hours of operation of A&E at Cheltenham are unchanged and should there be any proposed changes to A&E services in the County, these would be subject to full public consultation.

4. Our Trust

4.1 The past month has been one of the most exciting and positive periods since I arrived in the Trust. Thanks to diligent and comprehensive planning, changes to the configuration of trauma and orthopaedic services and emergency surgical services have been implemented successfully. The stream of emails from staff working in a wide range of services, describing the benefits to patients and staff arising from the changes, has been heartening. They have included examples of patients whose discharge has been expedited, admissions that have been avoided and earlier assessments: many of the benefits arose from earlier senior, specialist review. It remains early days and a review of the changes will be undertaken in the coming weeks to test whether any modifications to the model are warranted. The expected benefits to this approach are multiple but the key benefits are the 'ring fencing' of elective care in the winter months to ensure operations are not cancelled as they have been previously (as a result of pressures elsewhere in our hospitals) and, based on experience elsewhere, the model is expected to result in significant productivity improvements which will allow more elective patients to be treated than is currently possible in the model we have, thus expediting care and reducing waiting times. Finally, if we realise our vision it is hoped that much of the elective work being undertaken in local independent sector hospitals can be repatriated to our Trust with the associated income benefits.

4.2 Since the last Board meeting, the Trust has commenced engagement with staff in respect of the proposal to consider the establishment of a Subsidiary Company (Subco), wholly owned by the Trust, to provide a range of support services back to the Trust. The proposal is a key part of the Trust's financial recovery plan due to the taxation benefits it affords the Trust but evidence from elsewhere also demonstrates that the model has the potential to deliver other significant non-financial benefits. Whilst these benefits could be realised without SubCo, the evidence suggests this approach is more likely to deliver greater benefits for both staff employed in the SubCo and for those in receipt of the services provided. The Trust has held five listening events for staff across the Trust, led by myself, to which more than 120 staff have now attended with more events planned. The events appear to have been well received by staff and are also supported by access to an online video (of one of the interactive sessions) and a question and answer sheet which has now captured and answered more than 100 questions from staff and governors.

4.3 The Council of Governors formally considered the SubCo proposal at its October meeting. The Board had previously invited the Council to confirm governor support, or otherwise, for the proposal and the Council determined its position through exercising a closed ballot; the outcome of which was the majority of those who voted supported the proposal.

4.4 Unions representing the staff affected by the proposals have expressed concerns about the impact on their members and the Trust is committed to working constructively with representatives to understand and hopefully address the concerns.

4.5 Finally, considerable work has been done to develop the next steps in respect of TrakCare recovery and development. The Trust is now working closely with NHS Digital to access expertise to expedite the pace and scale of recovery and, to this end,

a “deep dive” exercise, resulting in the development of a comprehensive recovery and development programme, will take place over the 14th to 17th November. The exercise will be led by a team of specialists including members of NHS Digital, staff from North Tees NHS Trust (who deployed TrakCare two years ago) and other experts in the field from around the country working closely with Trust staff; terms of reference for the review are being finalised. One exciting opportunity which this approach affords us is the chance not only to expedite recovery but to develop further than might have been the case through the alliances built with NHS Digital and exemplar Trusts across the country.

Deborah Lee
Chief Executive Officer
November 2017

MAIN BOARD – NOVEMBER 2017
Lecture Hall, Redwood Education Centre commencing at 09:00

Report Title
Quality and Performance Report
Sponsor and Author(s)
Authors: Felicity Taylor Drewe, Associate Director Planning & Performance Sponsor: Caroline Landon, Chief Operating Officer Steve Hams, Executive Director of Quality and Chief Nurse

Executive Summary

Purpose

This report summarises the key highlights and exceptions in Trust performance for September 2017.

The Quality and Performance (Q&P) committee receives the Quality Performance Report (QPR) on a monthly basis. The QPR includes the SWOT analysis that details the Strengths, Weaknesses, Opportunities and Threats facing the organisation in the Quality and Performance context.

Key Issues to note

During September, the Trust did not meet the national standards or Trust trajectories for A&E 4 hour wait; 2 week wait and 62 day cancer standard; 18 week referral to treatment (RTT) standard (shadow reporting); and 6 week diagnostic wait. There is significant focus and effort from operational teams to support performance recovery. There is clinical review and oversight of patients waiting care to ensure that patients do not come to harm due to delays in their treatment.

In September 2017, the trust performance against the 4hr A&E standard was 86.1% with an average of 394 attendances per day. This performance was 4.8% below the agreed STF trajectory (91%) and a slight decline from the improvement demonstrated in August. Year to Date performance 83.5% which is 6.1% below the agreed STF YTD trajectory 89.6%. Month to date performance for October, as at 16th, is 86.3%.September attendances were 4.5% above last year's levels, an increase of 511 attendances with an average increase of 17 attendances per day (377 to 394). There were sustained periods of increase scattered over four periods throughout September, the weekend ending 24th saw large volumes of attendances, the second highest Sunday this year.

On average, this year saw 17 additional attendances per day with those patients being admitted accounting for almost all of this. Saturdays and Tuesdays have seen the biggest increase per day at 35 and 27 additional attendances respectively. Mondays and Sundays this September are by far the busiest days by average volume levels.

September admitted proportion (34%) continues to be slightly higher than normal ED percentages (32-33%); peak in this month was during the 15th which had an admitted proportion of 44%.

Within the trust the various work streams under the Emergency Care Programme have gained traction and good progress was noted for; the numbers seen by GPs at the front door in Gloucester A&E; overall numbers going through our ambulatory care services; early Comprehensive Geriatric Assessment and discharge from A&E by our geriatricians were extended service is provided during the weekdays. These initiatives have improved the flow of patients on the emergency care pathways with fewer bed related breaches.

The main focus for the next quarter remains as before, improvement in the number of breaches due to late assessments in A&E through efficiencies within the A&E, the implementation of a Surgical Assessment Unit, extended opening hours for ambulatory care at Gloucester and establishment of medical HOT clinics.

In respect of RTT, we continue to monitor and address the data quality issues following the migration to TrakCare. We have started reporting the RTT position in shadow form and will return to full reporting for December 2017. Operational teams continue to monitor and manage the long waiting patients on the Referral to Treatment pathways; however, as reported previously to the Board we will continue to see 52 week breaches until full data cleansing exercise is completed. In September we are reporting 30 breaches, comprised 4 from August and 26 from September. All patients have a TCI date. No clinical harm has been reported, from the reviews undertaken to date.

Our performance against the cancer standard saw deterioration against the 2 week standard with performance at 71.0% (Un-Validated). The main tumour sites that were compromised on the 2 week pathway were colorectal which continues to see a very high demand resulting in capacity issues, dermatology due to a combination of increased demand and capacity issues. With breast operating with some residual capacity issues. This shows the relatively low capacity resilience due to national staff shortages in some of our highly subscribed services. Waiting list initiatives are in place and performance for breast and dermatology is expected to deliver against the standard from September in respect of 2 week wait whilst work continues with our primary care colleagues for managing demand on our colorectal services. In, addition, to these three areas a higher than average of patient choices contributed to the breaches. All tumour sites with the exception of Lung, did not deliver the required performance standard in September. The impact of the non-delivery in the 2 week wait pathway will impact on the 62 day pathway performance in the coming months.

Cancer 62 day Referral to Treatment (GP referral) performance for September was 67.3% (un-validated), which represents a significant deterioration in performance compared to August (87.5%) this impact was predicted as a result of pressures in demand on key specialities with significant breach numbers impacting the aggregate position. A number of tumour sites did not deliver the required standard, of the 41 breaches, 26.5 urological, 2.5 Upper GI, 5.5 Lower GI and 2 breaches in Gynaecology. The Cancer trajectory and delivery plan for this metric is under review and will be presented to October Cancer Services Management Board on 1st November for evaluation and agreement.

The Trust did not meet the diagnostics target in September at 2.97% (un-validated), mainly driven by underperformance in two areas; colonoscopy (67 breaches); audiology (19 breaches). Performance has significantly improved in Audiology during September and this is set to continue on a sustained basis. The key risk to both diagnostic areas is workforce related in the former capacity and the latter recruitment of a key staff group. Recovery plans are in place for these diagnostic areas, an assessment of performance of all the diagnostic areas, capacity and individual recovery plans is being undertaken for delivery against the standard by December 2017.

As requested during the May Trust Board members received in June the breakdown of the reporting regime against each of the targets, in particular those that are reported quarterly or in arrears and those that we cannot at present report because of data quality issues. A summary of the indicators and their reporting status is provided within the Trak Care report to the Quality and Performance committee. However, positively, a number of indicators have been published for the first time this month, and therefore appear on the report for the first time namely;

- Venous Thromboembolism
- Cancelled Operations
- Stranded Patients
- 52 week wait patients
- Dementia indicators

Whilst a number of these indicators have residual data quality issues these are being addressed through specific training programmes or through data quality checks, so some appear with a green RAG status but we have included narrative to ensure that the reporting position is transparent.

Conclusions

Cancer under-performance is significant this month and relates to the 2 week wand 62 day pathway. For the former, issues with capacity, some issues of referral increase (Dermatology and Colorectal) and patient choice (sometimes due to short notice appointments) have impacted delivery. Diagnostic recovery and underlying issues with Endoscopy remains an area of focus as it impacts other pathway's delivery. Additional waiting lists undertaken by the Trust and through external parties have commenced and are support recovery, with delivery on target for the 30 December.

Significant focus from operational teams continues, with review of every patient over 45 weeks in their referral to treatment pathway and every patient over 45 days in their Cancer pathway (including non-cancer patients) 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.

Recommendations

The Trust Board is requested to receive the 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		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 & Assurance Committee	Workforce Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
✓					✓	

Outcome of discussion when presented to previous Committees

Gloucestershire Hospitals NHS
NHS Foundation Trust

Quality and Performance Report

Reporting period September 2017

to be presented at October 2017 Quality and Performance Committee

Executive Summary

Delivery of agreed action plans remains critical to restore operational performance to the expected levels. During September, the Trust did not meet the national standards or Trust trajectories for A&E 4 hour wait; 2 week wait and 62 day cancer standard; 18 week referral to treatment (RTT) standard; and 6 week diagnostic wait. There is significant focus and effort from operational teams to support performance recovery. There is clinical review and oversight of patients waiting care to ensure that patients do not come to harm due to delays in their treatment.

The Key areas of focus remain for delivery of Cancer quality and performance against speciality level trajectories. The trajectory for delivery of cancer performance of the 62 day pathway was set to deliver from July 2017, which has not been achieved. The trajectory and delivery plan for 62 days will be reviewed and submitted to the Cancer Services Management Board for approval on the 1st November. Alongside this there has been a failure to deliver in the 2 week wait pathway.
Cancer underperformance is significant this month and relates to both the 2 week wait and 62 day pathway. For the former, issues with capacity, some areas of referral increase and patient choice (sometimes due to short notice appointments) have impacted delivery. Diagnostic recovery has been positive this month, with a step change in delivery that sees us on course for our return to standard by 30 December. Underlying issues with Colonoscopy remains an area of focus as it impacts on other pathway's delivery. Additional waiting lists undertaken by the Trust and through external parties will continue to support the Trust's recovery. Alongside this the Board level support for Central Booking Office and RTT validation will significantly positively impact teams to manage breaches and forward plan the required capacity ahead of breaches.

Key areas where additional reports have been provided for the Quality and Performance Committee are:
• Trakcare Operational Recovery (including Reporting Re-commencement template & summary)
• Cancer Services Management Group – escalation report
• Emergency Care Board – escalation report
• Planned Care Board – escalation report

In summary, the position for the Trust in a number of key performance metrics is significant.

Strengths

• 104 days performance has stabilised and is a significant improvement in the category of patients who do not have a TCI (28 September, 12 Urological), which is positive, this combined with our analysis of 62 day pathway 'long wait category' indicates we are making progress for our longest waiting patient cohort.

• Medically fit at 60 remains relatively stable during this period as would be anticipated for the September period.

• Stabilisation of non-elective length of stay at 5.23%, is a positive position and to be anticipated during the end of the summer months.

• The engagement of Glanso will continue to support a number of RTT specialities and diagnostics areas and is being utilised in the right operational "hot-spots".

• Overall clinic slot utilisation is positive, this is still an area for further development but good progress is being made.

• Performance in the majority of the additional quality measures has been good; the three exceptions remain the same this month as last.

• A number of statutory returns and reporting requirements have been developed this month to enable us to report and are presented within the report for the first time. We do have residual issues with some reports in terms of User entry and data quality but this is positive progress. Separate assurance through the Appendix detailing the reporting areas and the return to reporting due date will be provided on a monthly basis as part of the TrakCare recovery report, for Quality and Performance committee, October 2017. We have made a number of notable inclusions (Cancelled Operations; Dementia Indicators; VTE; Ed Safety Checklist (GRH site).

Weaknesses

• A&E 4 hour performance has slightly declined during a summer period, performance continues below the trajectory set and agreed with NHS I.

• Due to the implementation of the new EPR system we are shadow reporting the number of patients waiting 18 weeks from referral to treatment.

• Patient Treatment Lists (PTLs) have residual data quality issues which continues to impact management of patient journeys. This will be addressed through the deployment of additional clerical staff as approved at May Board. Despite this, teams are focused on reviewing patients >35 weeks, across most specialities and predicting potential breaches on a more routine basis.

• Achievement of the Cancer standards is a significant concern, whilst the 62 day performance was not expected to deliver in the earlier part of the year, performance did not meet the planned recovery trajectory and September is 71.0%. 2 week wait cancer standard has been impacted by issues of demand in colorectal but other specialities have also not delivered which has impacted on the overall performance. 2 week wait performance was not anticipated to fail in 2017/18 but continues below standard.

Opportunities

• Development of Standard Operating Procedures (SOP) for key areas being developed across teams. This will provide action cards supporting staff to enter it right first time and to provide corporate guidance on operating procedures e.g. DNA's. There is some evidence that we are not operating our Access Policy in full and this has led to some breaches e.g. >52 week waits, which will be addressed through the development of SOPs. This will be managed through the Planned Care Programme Board.

• The development of the Cymbio work to support the diagnostic and identification of the remaining issues to support operational recovery and the data quality issues raised through input of data into trak. These can then be addressed with targeted training support to prevent the issues re-occurring.

• The South West Cancer Alliance has provided additional funding, £60k to support the delivery of the colorectal pathway, and £178k in September, which has been deployed to support the MRI capacity for the prostate pathway.

• Achievement of the national standard for % of patients seen within 6 weeks for Diagnostic tests, whilst not delivering against target at 2.97% for September (un-validated), is demonstrating recovery in line with plan.

The Trust had a critical friend visit that reviewed the current Cancer Recovery Plan, including some observations on the MDT role and the opportunities for patients at Day 49 plus.

• Support from commissioners has been sought in relation to cancer across a number of areas:

- Referral rate increases (colorectal & dermatology) – CCG to support communication to targeted practices in the CGH area, this work continues.
- Clinical support for triage of 2ww pathway patients in Lower GI supporting communication with Primary Care on appropriate pathway utilisation, including a new 2 week wait referral form for primary care, supported by clinical information on G-Care (the CCG system for supporting primary care).

• Confirmation from local Commissioners that they will support escalation of late cancer referrals to neighbouring Trusts. It is recognised that these are small in number but have caused breaches in the 62 day pathway for patients.

• The September Q&P committee received a review of the Urology recovery plan. Early indications are that the speciality is making improvement in the 'long-waiting' patients and that the MAD clinic configuration is having an impact to stabilise performance. A recent locum urologist appointment commencing in September represents a significant opportunity for this speciality to deliver the routine long waiting performance in Cancer and RTT pathways. This continues, with the Urology speciality requested to re-submit their trajectory on this basis.

Risks & Threats

• Cancer performance remains a significant risk for the Trust. 2 week wait analysis shows a combination of factors have led to a decline namely: capacity; clinic cancellations and patient choice. Patient choice levels are being benchmarked as the Trust needs to ensure we are offering reasonable notice of appointments. In relation to clinic cancellations the process is smoother, there have been some cancellations due to the normal seasonal pattern of leave and some that have been related to the operational practice to support Trak. This combined with an increase in specific specialities has impacted the overall delivery of 2 week wait and has impacted as forecasted to impact delivery to target in September. Key tumour sites are Breast; Lower GI and Skin which are impacted by Capacity related issues. Looking forward into October, 2 week wait position currently shows a slightly worse position than September, which would continue the significant decline since April 2017. This represents a significant Trust risk.

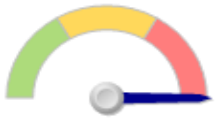
Performance Against STP Trajectories

* = unvalidated data

Indicator		Month											
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
ED Total Time in Department - Under 4 Hours	Trajectory	87.70%	89.50%	89.20%	88.30%	92.20%	91.00%	90.00%	88.10%	77.40%	80.00%	80.00%	83.50%
	Actual	82.85%	79.96%	79.90%	83.50%	88.13%	86.10%						
Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	Trajectory	73.80%	75.00%	76.10%	77.20%	78.40%	79.50%	80.60%	81.80%	82.90%	84.00%	85.20%	86.30%
	Actual												
Diagnostics 6 Week Wait (15 Key Tests)	Trajectory	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
	Actual	7.22%	5.30%	5.26%	5.30%	4.80%	2.97%*						
Cancer - Urgent referrals Seen in Under 2 Weeks	Trajectory	93.00%	93.00%	93.00%	93.10%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
	Actual	91.40%	90.50%	85.90%	79.60%	70.40%	71.00%*						
Max 2 Week Wait For Patients Referred With Non Cancer Breast Symptoms	Trajectory	93.40%	93.00%	93.10%	93.50%	93.00%	93.50%	93.10%	93.10%	93.30%	93.20%	93.20%	93.30%
	Actual	90.40%	94.00%	94.10%	57.30%	89.70%	92.80%*						
Cancer - 31 Day Diagnosis To Treatment (First Treatments)	Trajectory	96.40%	96.20%	96.10%	96.20%	96.20%	96.10%	96.10%	96.20%	96.10%	96.30%	96.10%	96.30%
	Actual	94.90%	95.90%	95.40%	95.80%	96.20%	98.00%*						
Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	Trajectory	98.40%	100.00%	98.30%	98.10%	100.00%	98.40%	98.00%	98.00%	100.00%	100.00%	100.00%	98.40%
	Actual	100.00%	100.00%	100.00%	100.00%	100.00%	97.60%*						
Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	Trajectory	95.30%	95.70%	96.40%	94.90%	94.50%	94.90%	94.10%	94.60%	94.40%	94.40%	94.10%	94.20%
	Actual	98.50%	100.00%	100.00%	100.00%	98.40%	97.60%*						
Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	Trajectory	94.90%	94.80%	94.00%	95.80%	94.50%	95.20%	94.10%	94.90%	94.70%	94.10%	94.50%	94.10%
	Actual	90.00%	97.50%	97.90%	93.60%	91.50%	97.00%*						
Cancer 62 Day Referral To Treatment (Screenings)	Trajectory	92.00%	94.40%	90.00%	94.70%	91.20%	91.90%	92.90%	92.90%	90.50%	92.90%	92.90%	90.50%
	Actual	86.30%	91.80%	88.90%	89.10%	88.50%	87.50%*						
Cancer 62 Day Referral To Treatment (Upgrades)	Trajectory	100.00%	80.00%	100.00%	87.50%	80.00%	91.70%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Actual	100.00%	100.00%	100.00%	57.10%	77.80%	84.60%*						
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	Trajectory	77.70%	79.40%	80.10%	85.40%	85.20%	85.20%	85.30%	85.50%	85.30%	85.40%	85.40%	85.20%
	Actual	78.30%	75.90%	71.20%	74.70%	80.10%	66.50%*						

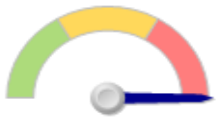
Summary Scorecard

The following table shows the Trust's current performance against the chosen lead indicators within the Trust Summary Scorecard.



QUALITY

Adult Inpatients who received a VTE Risk Assessment	Emergency Readmissions Percentage
Friends and Family Test Score - ED % Positive	Friends and Family Test Score - Inpatients % Positive
Friends and Family Test Score - Maternity % Positive	Hospital Standardised Mortality Ratio (HSMR)
Hospital Standardised Mortality Ratio (HSMR) - Weekend	MRSA Bloodstream Cases - Cumulative Totals
Number of Breaches of Mixed Sex Accommodation	Summary Hospital Mortality Indicator (SHMI) - National Data

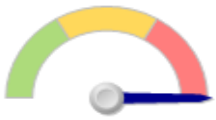


OPERATIONAL PERFORMANCE

- Cancer 62 Day Referral To Treatment (Screenings)
- Cancer 62 Day Referral To Treatment (Upgrades)
- Cancer 62 Day Referral To Treatment (Urgent GP Referral)
- Diagnostics 6 Week Wait (15 Key Tests)
- ED Total Time in Department - Under 4 Hours
- Referral To Treatment Ongoing Pathways Under 18 Weeks (%)

FINANCE

- Performance against CIP - % QIA's from PMO completed
- YTD Performance against Financial Recovery Plan



LEADERSHIP AND DEVELOPMENT

- Sickness Rate
- Staff Engagement Indicator (as Measured by the Annual Staff Survey)
- Workforce Turnover Rate

STRATEGIC CHANGE

Trust Scorecard

* = unvalidated data

Category	Indicator	Target	Month											Quarter				Annual	
			Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	16/17	17/18
Key Indicators - Quality																				
Friends and Family Test Score	Friends and Family Test Score - ED % Positive		84.7%	88.0%	78.4%	85.7%	80.3%	85.5%	86.9%	84.4%	75.6%	77.5%	84.9%	81.1%	84.8%	83.9%	81.7%	81.2%	86.5%	81.3% *
	Friends and Family Test Score - Inpatients % Positive		95.2%	92.0%	90.1%	88.9%	100.0%	91.6%	89.3%	92.2%	91.2%	90.8%	90.9%	90.1%	93.0%	93.5%	90.8%	90.6%	94.0%	90.7% *
	Friends and Family Test Score - Maternity % Positive		97.8%	98.2%	100.0%	100.0%	100.0%	98.9%	94.5%	96.8%	97.0%	100.0%	90.0%	94.7%	98.2%	99.1%	96.2%	96.3%	98.6%	96.2% *
Infections	MRSA Bloodstream Cases - Cumulative Totals	0	1	1	1	2	2	3	0	0	0 *	1	1 *		1	3			3	0 *
Mixed Sex Accommodation	Number of Breaches of Mixed Sex Accommodation	0	0	5	0	3	0	3	4	11	10	16	14	18	5	6	25	48	39	73 *
Mortality	Hospital Standardised Mortality Ratio (HSMR)	Dr Foster confidence level	113	112.9	115.2	115.5	113.5	110.7	111	109	109.2				115.2	110.7	109.2		110.7	109.2 *
	Hospital Standardised Mortality Ratio (HSMR) - Weekend	Dr Foster confidence level	119.9	117.4	119.3	118.7	116.8	115.1	116.5	114.6	115				119.3	115.1	115		115.1	115 *
	Summary Hospital Mortality Indicator (SHMI) - National Data	Dr Foster confidence level			114										114					
Readmissions	Emergency Readmissions Percentage	Q1<6%Q2<5.8%Q3<5.6%Q4<5.4%	6.4%	5.8% *	7.0% *	6.4% *	6.1% *	5.1% *	6.9% *	6.8% *	6.5% *	6.8% *	6.1% *		6.4% *	5.8% *	6.7% *		6.4% *	6.6% *
Venous Thromboembolism (VTE)	Adult Inpatients who received a VTE Risk Assessment	>95%	93.1%	92.2%										91.5% *						
Key Indicators - Operational Performance																				
Cancer (62 Day)	Cancer 62 Day Referral To Treatment (Screenings)	>=90%	85.7%	97.0%	100.0%	82.8%	92.3%	95.5%	86.3%	91.8%	88.9%	89.1%	88.5%	87.5% *	96.0%	85.7% *	89.3%	87.9% *		
	Cancer 62 Day Referral To Treatment (Upgrades)	>=90%	50.0%			100.0%		100.0%	100.0%	100.0%	100.0%	57.1%	77.8%	84.6% *	71.4%	100.0% *	100.0%	74.2% *		
	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	>=85%	72.9%	79.2%	72.0%	62.7%	70.0%	70.7%	78.3%	75.9%	71.2%	74.7%	80.1%	66.5% *	76.9%	66.3% *	75.2%	74.6% *		
Diagnostic Waits	Diagnostics 6 Week Wait (15 Key Tests)	<1%	1.8%	0.9%	1.5%	1.2%	1.8%	4.6%	7.2%	5.3%	5.3%	5.3%	4.8%	3.0% *	1.4% *	2.5% *	5.9%			5.5% *
ED - Time in Department	ED Total Time in Department - Under 4 Hours	>=95%	86.05%	86.67%	74.12%	74.75%	76.96%	77.86%	82.85%	79.96%	79.90%	83.50%	88.13%	86.10%	82.40%	76.56%	80.87%	85.87%		82.87% *
Referral to Treatment (RTT) Performance	Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	>=92%	89.9%	87.0%	75.2% *										84.4% *	74.3% *				

Category	Indicator	Target	Month												Quarter				Annual	
			Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	16/17	17/18
Key Indicators - Finance																				
Finance	YTD Performance against Financial Recovery Plan		-23.9	-18.7	-18	-18	-18 *	.07	-.95	-10.15	3.36	4.35	4.24	1.87	-18					
Key Indicators - Leadership and Development																				
Sickness	Sickness Rate	G<3.6% R>4%	3.9%	3.9%	3.9%	3.9%	3.9%	4.0%	4.0%	4.0%	3.9% *				3.9%	3.9%	4.0% *			
Staff Survey	Staff Engagement Indicator (as Measured by the Annual Staff Survey)	>3.8	.04	.04	.04	.04	3.71	3.71	3.71	3.71	3.71				.04	.04	3.71			
Turnover	Workforce Turnover Rate	7.5% - 11%	12.0%	11.5%	11.7%	11.8%	12.0%	11.5%	12.1%	12.0%	11.8% *				11.7%	11.8%	12.0% *			
Detailed Indicators - Quality																				
Dementia	Dementia - Fair question 1 - Case Finding Applied	Q1>86%Q2 >87%Q3>8 8%Q4>90%	88.6%	90.4%										0.4% *				0.4% *		0.4% *
	Dementia - Fair question 2 - Appropriately Assessed	Q1>86%Q2 >87%Q3>8 8%Q4>90%	100.0%	100.0%										50.0% *				50.0% *		50.0% *
	Dementia - Fair question 3 - Referred for Follow Up	Q1>86%Q2 >87%Q3>8 8%Q4>90%	100.0%	100.0%										0.0% *				0.0% *		0.0% *
ED checklist	ED Safety Checklist	>=80%					29%	42%	56%	60%	56%	57%	53%							
Fracture Neck of Femur	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)		49.2	40.5	49.1	47 *	41.6 *	44.9 *	46.1 *	44.3 *	49 *				46.9	44.9 *	47.2 *			
	Fracture Neck of Femur Patients Seeing Orthogeriatrician Within 72 Hours		100.0%	95.8%	100.0%	89.7% *	100.0% *	97.1% *	98.0% *	98.4% *	98.3% *				98.0%	94.7% *	98.3% *			
	Fracture Neck of Femur Patients Treated Within 36 Hours		68.3%	81.7%	63.5%	79.2% *	80.0% *	75.4% *	76.5% *	78.1% *	71.2% *				71.6%	77.8% *	75.3% *			
Infections	C.Diff Cases - Cumulative Totals	17/18 = 37	21	25	27	34	34	42	1	5	8 *	10	18 *		27	42			42	5 *
	Ecoli - Cumulative Totals										20	37	103 *							
	MSSA Cases - Cumulative Totals	No target	71	79	90	95	105	114	6 *		7	15	44 *		90 *	114 *			114	6 *
Maternity	Percentage of Spontaneous Vaginal Deliveries		63.1%	61.1%	61.3%	60.0%	61.1%	61.9% *	61.2% *	64.4% *	65.3% *	62.4% *	63.9% *	64.9% *	61.8%	61.7% *	63.6% *	64.5% *	63.6% *	64.4% *
	Percentage of Women Seen by Midwife by 12 Weeks	>90	91.6%	90.6%	86.2% *	93.4% *	86.9% *	88.8% *	89.3% *	84.9% *	89.2% *	83.2% *	88.1% *	85.9% *	89.9% *	81.5% *	85.9% *	88.0% *	87.3% *	88.8% *

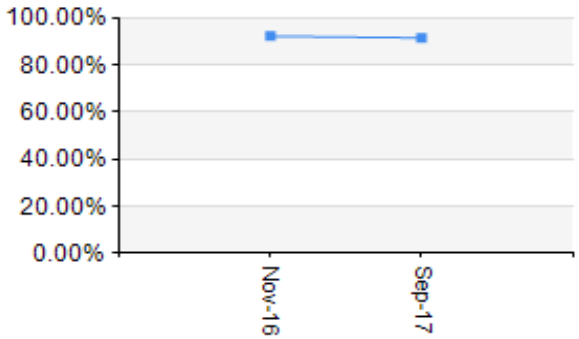
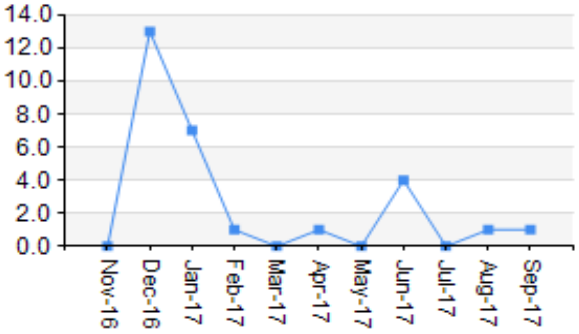
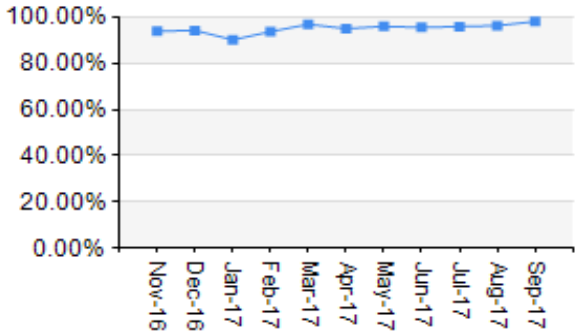
Category	Indicator	Target	Month												Quarter				Annual	
			Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	16/17	17/18
Medicines	Rate of Medication Incidents per 1,000 Beddays	Current mean	3.6	2.9																
Never Events	Total Never Events	0	1	0	0	0	0	0	0	2	1 *	0 *	0	1 *	1	0			2	2 *
Patient Falls	Falls per 1,000 Beddays	Current mean	5.6	6.2																
	Total Number of Patient Falls Resulting in Harm (moderate/severe)		6 *	4 *	17 *	12 *	7 *	6 *	3 *	4 *	9 *	5 *	8 *	11 *	9 *	8 *	5 *	8 *		
Patient Safety Incidents	Number of Patient Safety Incidents - Severe Harm (major/death)		3	8	1	4	0	3 *	3 *	0 *	4 *	2 *	2 *	3 *	4	3 *	2 *	2 *		
	Number of Patient Safety Incidents Reported		909	986	1,064	1,285	1,162	1,144 *	900 *	1,268	1,148	1,149 *	1,003 *	1,033 *	986	1,197 *	1,019 *	1,062 *		
	Patient Safety Incidents per 1,000 Beddays		31.1	34.5																
Performance Initiation & Delivery	Performance in Delivery: Recruiting to Time for Commercially Sponsored Studies														27.3%					
	Performance in Initiation: Percentage of Studies that are Eligible to Meet 70 Day Target														66.7%	25.0%				
Pressure Ulcers Developed in the Trust	Pressure Ulcers - Grade 2	R:=1% G:<1%	0.61%	1.14%	1.62%	0.57%	0.97%	0.87%	0.50%	1.23%	0.49% *	1.12% *	1.02% *	0.61% *						
	Pressure Ulcers - Grade 3	R: = 0.3 G: <0.3%	0.12%	0.11%	0.12%	0.23%		0.37%	0.13%	0.12%	0.12% *	0.50% *	0.38% *	0.37% *						
	Pressure Ulcers - Grade 4	R: =0.2% G: <0.2%							0.13%	0.12%	0.00% *	0.00% *	0.00% *	0.12% *						
Research Accruals	Research Accruals	17/18 = >1100	104	144	66	90	64	78	123	176	292 *	149 *	115 *		104	88	717 *		3,045	1,115 *
RIDDOR	Number of RIDDOR	Current mean	0	0	4	1	5	2	2	2	3 *	2 *	3 *	0 *	1	3	2 *	2 *	2	2
Safer Staffing	Safer Staffing Care Hours per Patient Day		7	7	11	7	7	7	7	7	9	7	7	7	8	7	8 *	7 *	8	8 *
Safety Thermometer	Safety Thermometer - Harm Free	R<88% A 89%-91% G>92%	92.9%	92.8%	91.4%	91.4%	90.6%	91.3%	94.0%	92.4%	92.7%	91.3% *	92.6% *	94.2% *	92.4%	91.3% *	93.0% *	92.7% *		
	Safety Thermometer - New Harm Free	R<93% A 94%-95% G>96%	97.8%	97.7%	95.4%	96.7%	97.1%	97.0%	97.7%	95.8%	96.6%	95.0% *	96.0% *	97.4% *	97.0%	97.0% *	96.7% *	96.2% *		

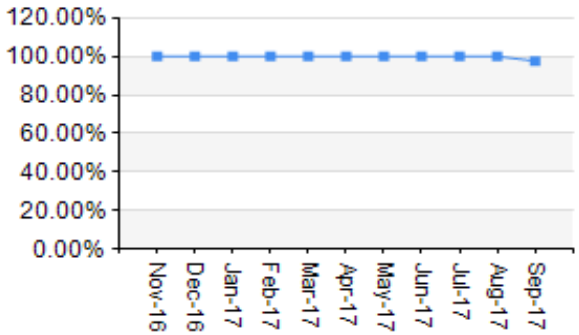
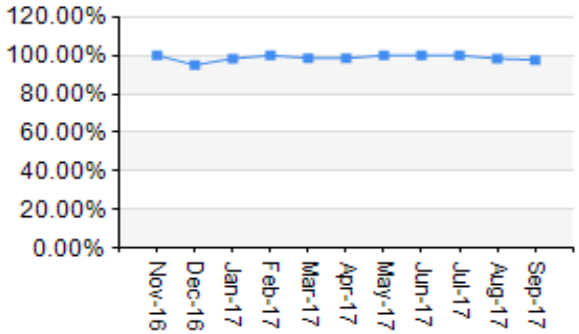
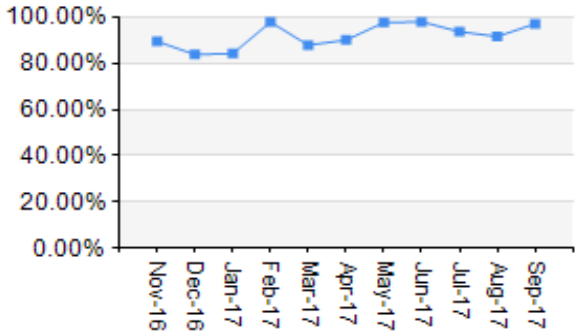
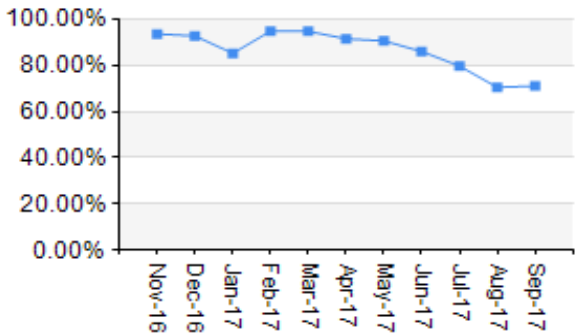
Category	Indicator	Target	Month												Quarter				Annual	
			Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	16/17	17/18
Sepsis Screening	2a Sepsis – Screening	>90%	98.0%	98.0%	96.0%	100.0%	98.0%	96.0%	88.0% *	88.0% *	98.0% *				97.0%	96.0%	91.0% *			
	2b Sepsis - treatment within timescales (diagnosis abx given)	>50%	60.0%	65.0%	69.0%	44.0%	70.0%	64.0%	78.0% *	69.0% *	67.0% *				64.0%	0.0% *	71.0% *			
Serious Incidents	Number of Serious Incidents Reported		4	4	2	1	2			5	1 *	2 *	1	2 *	3					
	Percentage of Serious Incident Investigations Completed Within Contract Timescale		100%	100%	100%	100%	100%			100%	100% *	100% *	100%	100% *	100%			100% *		
	Serious Incidents - 72 Hour Report Completed Within Contract Timescale		100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0% *	100.0% *	100.0%	100.0% *	100.0%			100.0% *		
Staff Safety Incidents	Rate of Incidents Arising from Clinical Sharps per 1,000 Staff	Current mean	2.2	1.8	2.4	2.2	1.4	2.1	1	1.2	2.2	2.7 *	1.9 *	.9 *	2.1	1.9	2 *	1.9 *		
	Rate of Physically Violent and Aggressive Incidents Occurring per 1,000 Staff	Current mean	2.7	1.8	1.9	2.7	1.9	2.6	2.3	3.1	4.2	2.4 *	3.1 *	2.9 *	2.1	2.4	3.3 *	2.8 *		
Stroke Care	High Risk TIA Patients Starting Treatment Within 24 Hours	>=60%	65.4%	70.4%	85.2%	75.9%	68.2%	68.4%	64.0%	41.9%	70.2%	69.1%	66.7%	61.5%	73.8%		60.2%	65.2%		62.1% *
	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	>=50%							33.3% *	32.5% *	26.1%	38.0%	41.8%	45.5%			30.5%	41.5%		89.3% *
	Stroke Care: Percentage Spending 90%+ Time on Stroke Unit	>=80%	88.8%	93.3%	84.3%	83.6%	87.3%	66.1%	81.8%	84.6%	92.9%	95.0%	78.5% *		88.6%	0.0% *	86.4%			89.3% *
Time to Initial Assessment	ED Time To Initial Assessment - Under 15 Minutes	>=99%	77.7%	79.8%	48.8%	57.9%	68.5%	80.2%	81.9%	80.2%	75.9%	87.4%	91.0%	86.2%	69.0%	69.1%	79.9%	88.2%		83.4% *
Time to Start of Treatment	ED Time to Start of Treatment - Under 60 Minutes	>=90%	46.8%	49.1%	27.6%	35.4%	34.0%	31.2%	29.5%	28.8%	25.7%	32.3%	34.9%	31.2%	41.3%	33.4%	28.0%	32.8%		30.3% *
Detailed Indicators - Operational Performance																				
Ambulance Handovers	Ambulance Handovers - Over 30 Minutes	< previous year	186	99	189	201	104	47	34	54	57	47	19	30	474	352	145	96	1,884	241 *
	Ambulance Handovers - Over 60 Minutes	< previous year	1	0	13	7	1	0	1	0	4	0	1	1	14	8	5	2	26	7 *
Cancelled Operations	Number of LMCs Not Re-admitted Within 28 Days	0	3	0																6 *
Cancer (104 Days)	Cancer (104 Days) - With TCI Date	0	9	10	11	11	12	11	10	8	10	8	9	19						
	Cancer (104 Days) - Without TCI Date	0	49	45	49	56	42	42	47	80	32	35	30	26						

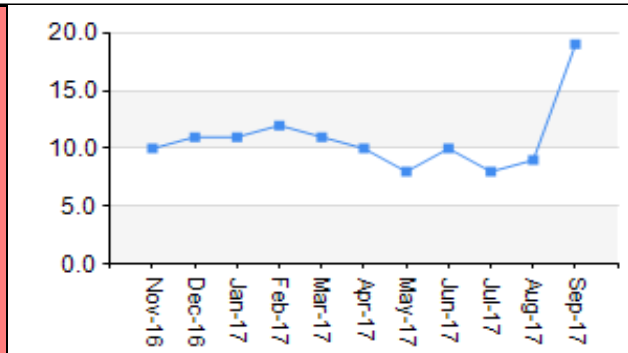
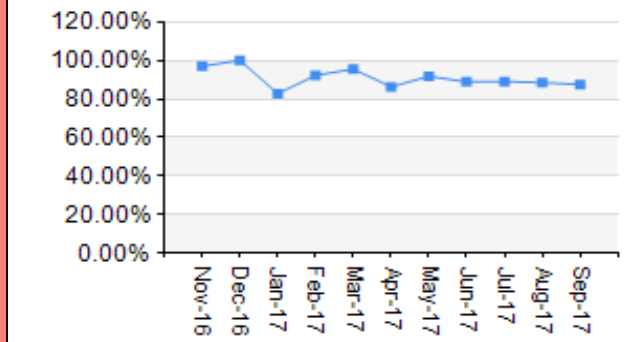
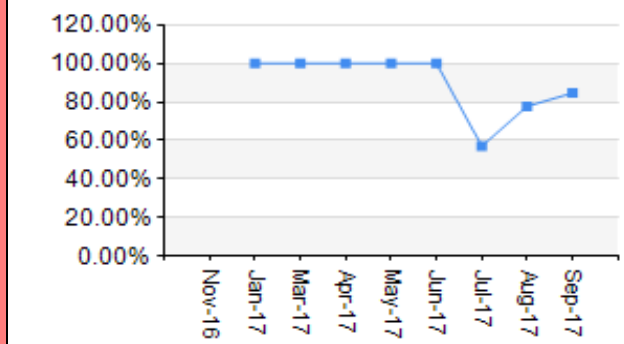
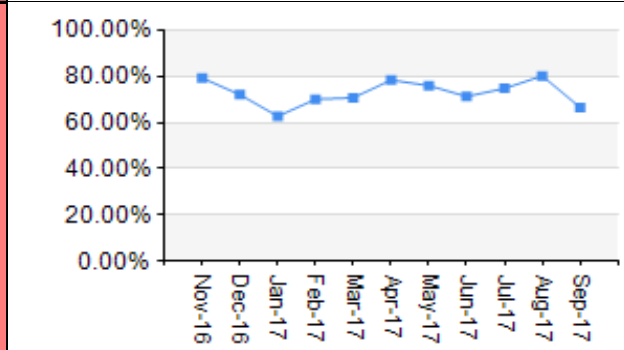
Category	Indicator	Target	Month												Quarter				Annual	
			Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	16/17	17/18
Cancer (2 Week Wait)	Cancer - Urgent referrals Seen in Under 2 Weeks	>=93%	89.0%	93.5%	92.6%	85.1%	94.7%	94.6%	91.4%	90.5%	85.9%	79.6%	70.4%	71.0% *	91.7%	90.1% *	89.1%	73.4% *		
	Max 2 Week Wait For Patients Referred With Non Cancer Breast Symptoms	>=93%	95.7%	92.5%	88.3%	89.4%	95.0%	97.1%	90.4%	94.0%	94.1%	57.3%	89.7%	92.8% *	92.0%	92.2% *	92.8%	79.1% *		
Cancer (31 Day)	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	>=96%	96.7%	93.8%	94.1%	90.1%	93.6%	96.8%	94.9%	95.9%	95.4%	95.8%	96.2%	98.0% *	94.9%	91.9% *	95.5%	96.5% *		
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	>=98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6% *	100.0%	100.0% *	100.0%	99.5% *		
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	>=94%	100.0%	100.0%	95.0%	98.4%	100.0%	98.6%	98.5%	100.0%	100.0%	100.0%	98.4%	97.6% *	98.6%	99.2% *	99.5%	98.9% *		
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	>=94%	100.0%	89.4%	83.7%	84.2%	97.7%	87.8%	90.0%	97.5%	97.9%	93.6%	91.5%	97.0% *	90.7%	90.0% *	94.5%	94.1% *		
Delayed Discharges	Acute Delayed Transfers of Care - Patients	<14	45	47	36	31	44	37	28	30	32	27	29	32	36	37	32	32	33	30 *
Diagnostic Waits	Planned / Surveillance Endoscopy Patients Waiting at Month End		350	375	465 *	268 *	694 *	681		963 *	522		883 *	1,298	465 *	681			7 *	
Discharge Summaries	Patient Discharge Summaries Sent to GP Within 1 Working Day	>=85%	88.9%	86.6%	31.2% *	44.2% *	52.9% *	57.4% *	63.2% *	64.6% *	61.7% *	64.0% *	61.2% *		71.3% *	51.7% *	63.2% *		75.4% *	62.9% *
ED - Time in Department	CGH ED - Percentage within 4 Hours	>=95%	91.32%	94.36%	84.33%	87.47%	88.42%	88.50%	91.80%	92.30%	88.10% *	94.40%	95.00%	93.20%	92.79%	88.00% *	90.70%	94.20%	91.60%	92.30% *
	GRH ED - Percentage Within 4 Hours	>=95%	83.08%	82.38%	68.47%	67.83%	70.56%	71.80%	77.90%	72.90%	75.30%	77.70%	84.60%	82.40%	82.64%	70.00% *	75.30%	81.50%	79.20%	77.70% *
Inpatients	Stranded Patients								397	420	441	451	461							
Length of Stay	Average Length of Stay (Spell)		5.39	5.67	5.84 *	5.76 *	5.57 *	5.33 *	5.11 *	4.87 *	4.98 *	4.96 *	4.89 *	4.79 *	5.54 *	5.55 *	4.99 *	4.88 *	5.37 *	4.93 *
	Length of Stay for General and Acute Elective Spells	<=3.4	3.52	3.5	3.58 *	2.8 *	3.03 *	2.8 *	2.85 *	2.66 *	2.97 *	2.73 *	3.12 *	3.16 *	3.32 *	2.87 *	2.83 *	2.99 *	3.08 *	2.91 *
	Length of Stay for General and Acute Non Elective Spells	Q1/Q2<5.4 Q3/Q4<5.8	5.87	6.32	6.53 *	6.58 *	6.3 *	6.19 *	5.78 *	5.48 *	5.58 *	5.61 *	5.35 *	5.23 *	6.24 *	6.35 *	5.61 *	5.4 *	6.08 *	5.5 *
Medically Fit	Number of Medically Fit Patients Per Day	<40	76	83	73	75	84	68	59	55	58	63	58	60	73	75	56	60		59 *

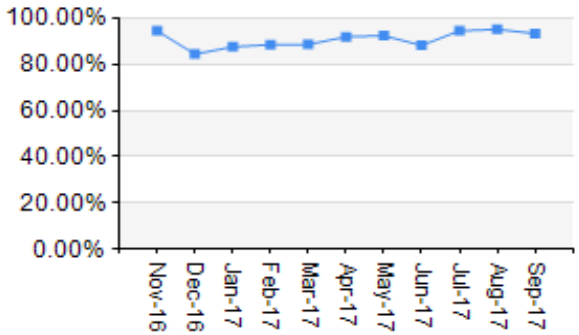
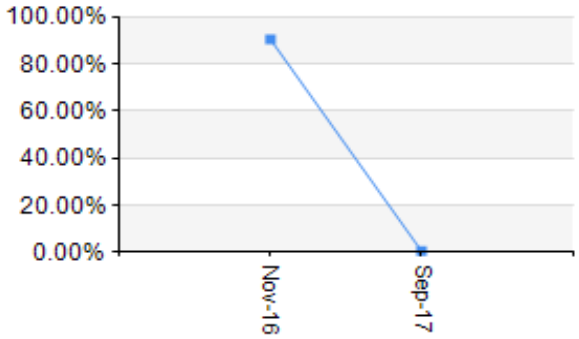
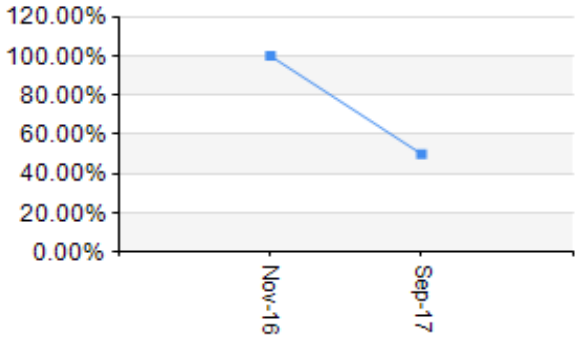
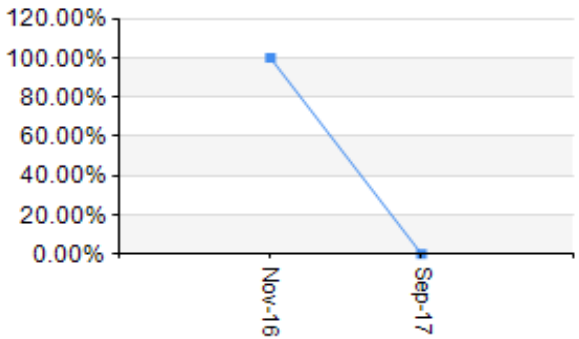
Category	Indicator	Target	Month												Quarter				Annual	
			Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	16/17	17/18
Referral to Treatment (RTT) Performance	Referral to Treatment Number of Ongoing Pathways Over 18 Weeks		4,978	6,574																
Referral to Treatment (RTT) Wait Times	Referral To Treatment Ongoing Pathways 35+ Weeks (Number)		536	579																
	Referral To Treatment Ongoing Pathways 40+ Weeks (Number)		215	250																
	Referral To Treatment Ongoing Pathways Over 52 Weeks (Number)	0	4	3	1 *	7 *	7 *	4 *	13 *	9 *	9 *	13 *	27 *	30 *						
SUS	Percentage of Records Submitted Nationally with Valid GP Code	>=99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0% *	100.0% *	100.0%	100.0%	100.0%		100.0%	100.0% *
	Percentage of Records Submitted Nationally with Valid NHS Number	>=99%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8% *	99.8% *	99.8%	99.8%	99.8%		99.8%	99.8% *
Trolley Waits	ED 12 Hour Trolley Waits	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0 *
Detailed Indicators - Finance																				
Finance	Agency - Performance against NHSI set agency ceiling								3	3	3	3	3	4						
	Capital Service								4	4	4	4	4	4						
	Liquidity								4	4	4	4	4	4						
	NHSI Financial Risk Rating	3	1	1	1	1	1		4	4	4	4	4	4	1					
	Total PayBill Spend		28000	27900	27466	26998	27240		27.67	27.52	27.5	27.46	28.25	27.94	83346					
Detailed Indicators - Leadership and Development																				
Appraisals	Percentage of Staff Having Well Structured Appraisals in Last 12 Months	>3.8	3	3	3	3	3	3	3	3	3				3	3	3			
	Staff who have Annual Appraisal	G>89% R<80%	80.0%	80.0%	80.0%	80.0%	82.0%	82.0%	80.0%	79.0%	78.0%				80.0%	81.6%	79.0%			
Staff Survey	Improve Communication Between Senior Managers and Staff (as Measured by the Annual Staff Survey)	>38%	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%				34.0%	34.0%	34.0%			
Staffing Numbers	Total Worked FTE		7,290	7,226	7,200	7,238	7,239 *								7,200					
Training	Essential Training Compliance	>=90%	91%	89%	89%	89%	89%	90%	89%	89%	89%				90%	89%	89%			

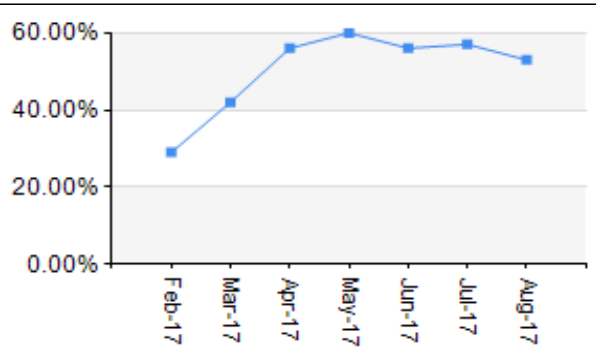
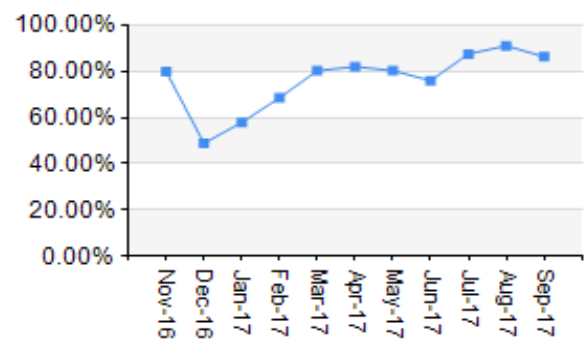
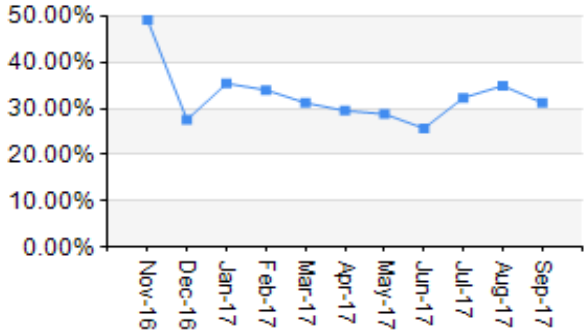
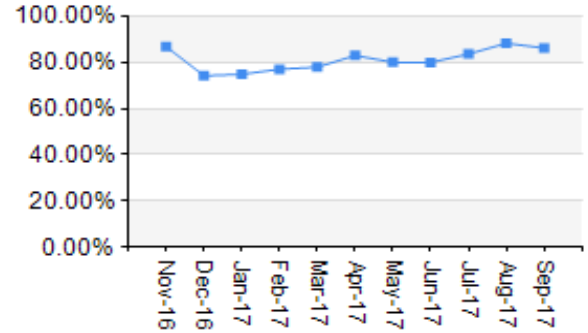
Exception Report

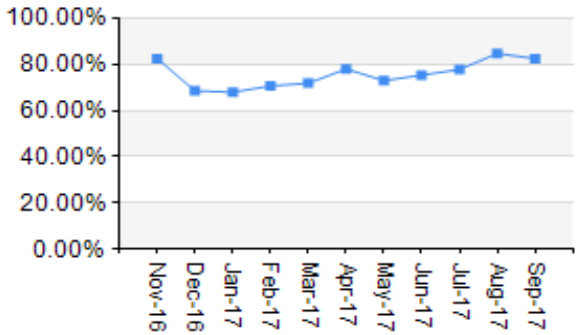
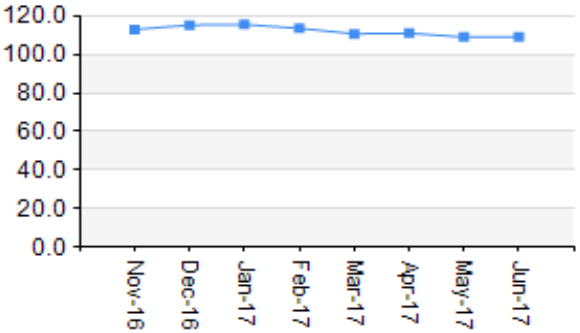
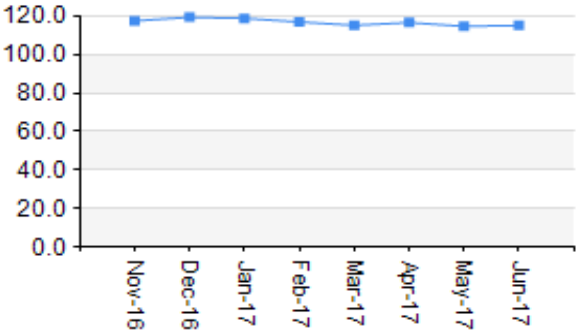
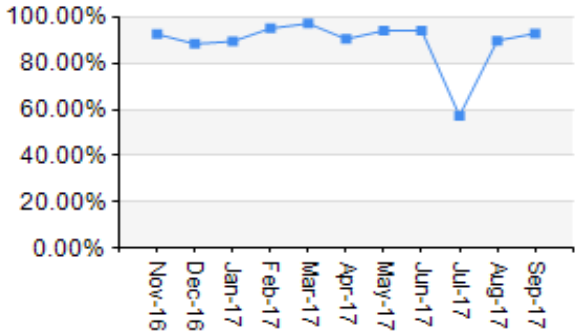
Metric Name & Target	Trend Chart	Exception Notes	Owner
Adult Inpatients who received a VTE Risk Assessment **Target: >95%**		The Trust has commenced re-reporting of the VTE Risk Assessment in September, post the implementation of a new Patient Administration System, TrakCare. Whilst we are reporting a good level of compliance, the numbers we are reporting are significantly different pre- Trak implementation. This issue relates to raw data input and is therefore a training requirement for Trust staff, which will be impacted by future Standard Operating Plan guidance, and training needs. The Trust will review on a monthly basis the differential in the numbers being submitted and develop an internal report to help target specific clinical areas for recording opportunities.	Director of Safety
Ambulance Handovers - Over 60 Minutes **Target: < previous year**		Ambulance handover there was one delay for September, this will be subject to validation and a full RCA review as appropriate. In September there was 1 patient who had an ambulance handover delay greater than 1 hour. This was a complex case which saw the patient being initially brought to CGH but, due to their condition require transfer to GRH to be treated by the specialities. The time from presentation at CGH to discharging to ED team at GRH took over an hour. Whilst this was a highly unusual case the situation could have been managed differently by both the ED team and also SWAST crew. A meeting scheduled between the ED Sister and SWAST least to prevent this from happening again.	Deputy Chief Operating Officer
Cancer - 31 Day Diagnosis To Treatment (First Treatments) **Target: >=96%**		September performance - (GREEN) - 98%	Deputy Chief Operating Officer

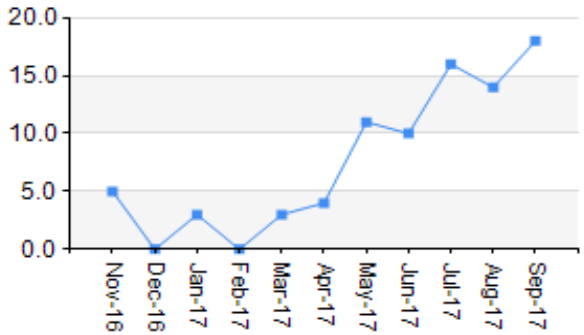
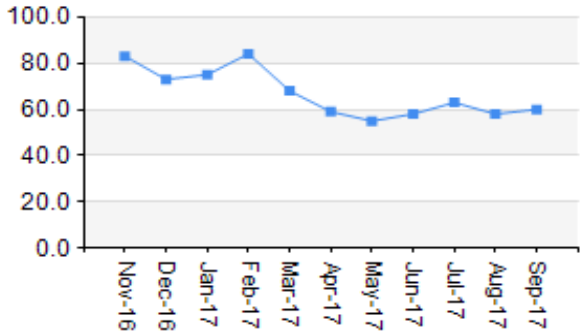
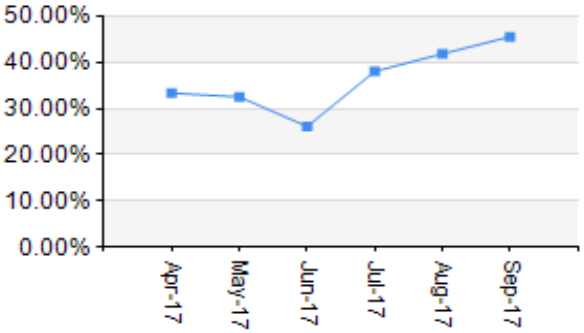
Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) **Target: >=98%**		Target 98.4% Performance 97.6% un-validated Performance is slightly under the agreed trajectory for Drug treatments.	Deputy Chief Operating Officer
Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy) **Target: >=94%**		Performance 97.6% Green - Un-validated position	Deputy Chief Operating Officer
Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) **Target: >=94%**		Performance is green 97%	Deputy Chief Operating Officer
Cancer - Urgent referrals Seen in Under 2 Weeks **Target: >=93%**		71.0% September Performance (un-validated) >93% Target The root cause relates to Colorectal and Dermatology increased demand. 1. Colorectal are working with the CCG on plans that include vetting referrals form GP's & exploring advice and guidance options. the Trust is also working to provide additional routine capacity through Glanso, this impacts positively to provide capacity in the 2 week wait slots for the increased demand the Trust is experiencing. 2. For Dermatology, additional capacity will be delivered through super-clinics in November. A review of all Tumour sites to ensure that Demand and Capacity are matched and that performance for tumour sites (except Colorectal and Dermatology) can be delivered by 30 November 2017	Deputy Chief Operating Officer

Cancer (104 Days) - With TCI Date **Target: 0**		Performance - 19 There are currently 19 patients with a TCI date with plans. This number has increased since last month, because of a result of reconciliation with Info-flex (the system utilised for Cancer tracking). 12 of the 19 patients are urological patients and there is a specific urology recovery plan that addresses long waiting performance which has been previously provided.	Deputy Chief Operating Officer
Cancer 62 Day Referral To Treatment (Screenings) **Target: >=90%**		Performance - 87.5% (RED) un-validated Target - 90% Performance remains static, resulting from similar issues to the overall 62 day pathway. Diagnostic capacity and surgical capacity are the root cause of under performance.	Deputy Chief Operating Officer
Cancer 62 Day Referral To Treatment (Upgrades) **Target: >=90%**		Performance - 84.6% (RED) - un-validated Target - 90% A significant improvement in performance this month, noting the small numbers in this metric.	Deputy Chief Operating Officer
Cancer 62 Day Referral To Treatment (Urgent GP Referral) **Target: >=85%**		Performance - 67.3% Target - 85% Performance has significantly deteriorated which was identified at the previous Committee. The Trust is supporting the delivery of the longest waiting patients which will adversely impact the performance in this area. Actions to address performance include: Review of Delivery plan to recovery trajectory, including actions and % impact gain these will have; Review and implementation of Cancer Escalation policy (administrative pathways) Work with partner agencies to address the two key tumour sites where we have seen significant demand increases, namely colorectal and	Deputy Chief Operating Officer

CGH ED - Percentage within 4 Hours **Target: >=95%**		Performance: 93.2% Target: >=95% CGH performance deteriorated in September following the closure of 9 beds on 04.09.17 for 3 weeks to allow urgent repair work to be undertaken. Works coincided with an increase in the number of elective surgical procedures being performed and a number of surgical diverts taking place from GRH to CGH. Amendments within corporate site management processes will enable improved visibility in future to facilitate better planning of estate works going forward. In addition to the above 3 week trend, CGH had one day of extremely poor performance, the site was locked down for 4 hours to enable the safe	Deputy Chief Operating Officer
Dementia - Fair question 1 - Case Finding Applied **Target: Q1>86%Q2>87%Q3>88%Q4>90%**		In mid September we enabled within Trakcare an ability to capture this data. The education of junior doctors is on-going and therefore compliance subsequently should improve. We are reporting the data for the first time this month from Trakcare.	Deputy Nursing Director & Divisional Nursing Director - Surgery
Dementia - Fair question 2 - Appropriately Assessed **Target: Q1>86%Q2>87%Q3>88%Q4>90%**		In mid September we enabled within Trakcare an ability to capture this data. The education of junior doctors is on-going and therefore compliance subsequently should improve.	Deputy Nursing Director & Divisional Nursing Director - Surgery
Dementia - Fair question 3 - Referred for Follow Up **Target: Q1>86%Q2>87%Q3>88%Q4>90%**		In mid September we enabled within Trakcare an ability to capture this data. The education of junior doctors is on-going and therefore compliance subsequently should improve.	Deputy Nursing Director & Divisional Nursing Director - Surgery

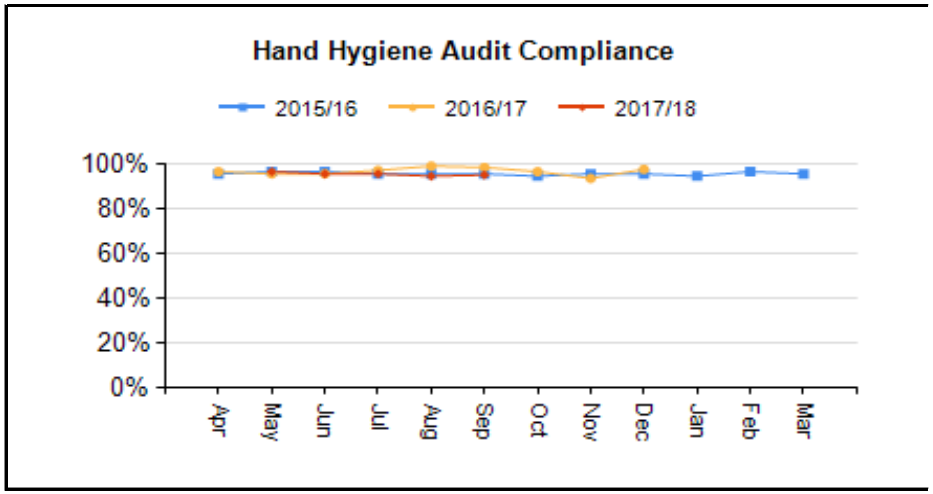
ED Safety Checklist **Target: >=80%**		Overall compliance for August 2017 is 53% with static performance over the previous three months. The checklist has six domains (NEWS, investigations, pain, chest pain, pathways and patient care), the first three are consistently delivering 80% and above performance, the key area of focus is compliance with the fractured neck of femur pathway and the sepsis pathway. Additional work is also required in relation to offering eligible patients refreshments within two hours of admission to the ED.	Chief Nurse
ED Time To Initial Assessment - Under 15 Minutes **Target: >=99%**		Performance against the 15 minute standard for initial triage has slightly decreased but continues to fall below the standard required at both sites, with performance failing following surges in ambulance arrivals. The physical space at GRH is being altered along with the staffing support to enable this key safety metric to be achieved, with the alterations completed by 20.10.17.	Deputy Chief Operating Officer
ED Time to Start of Treatment - Under 60 Minutes **Target: >=90%**		Performance against this standard is still not being met on either side of the county. A detailed review of the data has confirmed that we are underreporting against this key safety metric as we are not coding all of the senior decision makers appropriately. This is in the process of being rectified by the ED team. Following the opening of a larger area for triage of ambulance arrivals in GRH, a PDSA cycle will be launched on 23.10.17 which will involve a senior medic working alongside the triage nurse to undertake a rapid initial medical review. The outcome of this will be reported on in November. If this model is effective we will look to roll out on both sides of the county.	Deputy Chief Operating Officer
ED Total Time in Department - Under 4 Hours **Target: >=95%**		Performance: 86.1% Target: >=95% The ED standard was not achieved on either side of the county in September, a full action plan is in place. An escalation report is provided to complement the Quality and Performance Report.	Deputy Chief Operating Officer

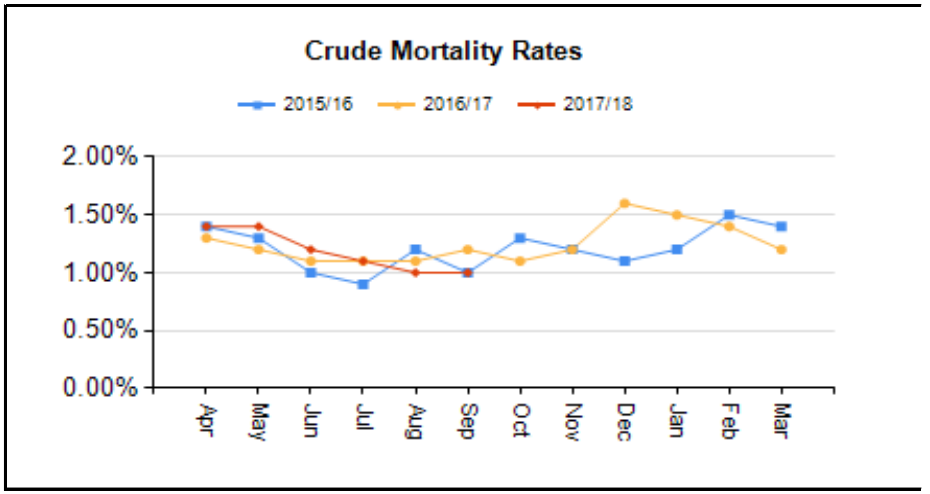
GRH ED - Percentage Within 4 Hours **Target: >=95%**		Performance: 82.4% Target: >=95% GRH failed to achieve the performance standard for ED in September due to significant operational challenges that are internal to ED and wider GHT areas, coupled with pressures with CCG/2Gether services. A detailed action plan is being developed to rapidly improve processes within GHT both within the Emergency Department but also across the key clinical inpatient and support services. A weekly improvement call has been scheduled with the CCG to enable operational challenges to be discussed and appropriate action taken to	Deputy Chief Operating Officer
Hospital Standardised Mortality Ratio (HSMR) **Target: Dr Foster confidence level**		April 2016 to March 2017 -Published Aug 17 Dr Foster 109.8 statistically significantly higher than expected July 2016 to June 2017-Published Oct 17 109.2 Statistically significantly higher than expected but HSMR is falling, which is positive for the Trust. Full information has been provided to previous committee meeting.	Medical Division Audit and M&M Lead
Hospital Standardised Mortality Ratio (HSMR) - Weekend **Target: Dr Foster confidence level**		April 2016 to March 2017 -Published Aug 17 Dr Foster 109.8 statistically significantly higher than expected July 2016 to June 2017-Published Oct 17 109.2 Statistically significantly higher than expected but HSMR is falling, which is positive for the Trust.	Medical Director
Max 2 Week Wait For Patients Referred With Non Cancer Breast Symptoms **Target: >=93%**		89.6% September Performance (un-validated) 93% Target As reported last month, this is due to capacity issues with Radiologists support. This is now mostly resolved and as from September radiologists will be available. This has resulted in the improvement in performance to date. It is anticipated next month will recover performance.	Deputy Chief Operating Officer

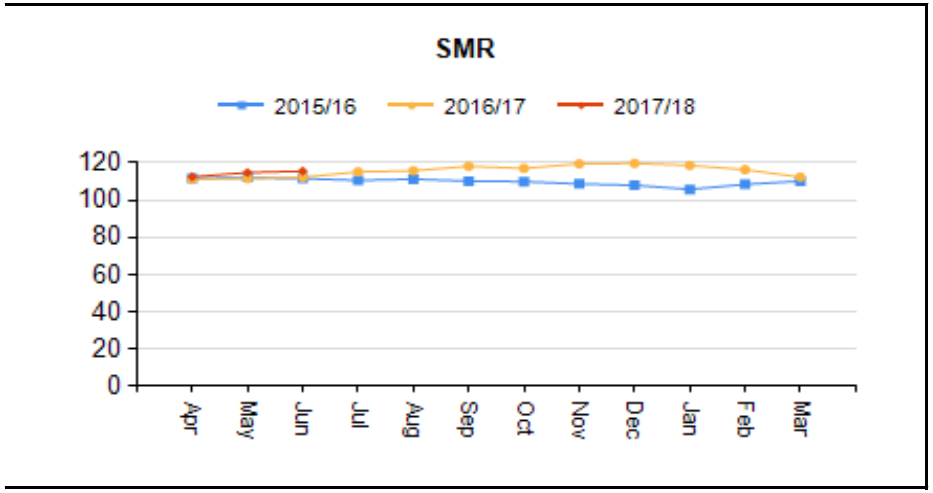
Number of Breaches of Mixed Sex Accommodation **Target: 0**		The routine mixing of sexes in inpatient clinical areas is unacceptable and must only happen in exceptional circumstances. Performance has improved in September. A total of 19 breaches affecting 84 patients was declared by the Trust for the month of September 2017. The analysis shows that all 19 breaches were within the Critical Care departments with the split being 9 at GRH and 10 at CGH. All breaches were due to the inability to move patients out of Critical Care areas once they had been made wardable. This is particularly prevalent at the GRH site where the operational OPEL status is often at level 3 (red) or 4 (black) and bed availability poor. One breach could be excluded due to Opel 4 level escalation.	Head of Capacity and Patient Flow
Number of Medically Fit Patients Per Day **Target: <40**		The number of patients medically fit per day has increased this month by 2 to 60 patients in September. We have not met the system wide target of <40 patients per day. Mitigating actions to continue the downward trend in place, as last month: Daily Navigation meetings. Weekly partnership review meetings for blocked or stranded patients. Development of a performance framework of 10 core standards across organisations to measure and unblock delays - in progress. Internal professional standards for Therapy, Pharmacy, Imaging and Pathology are being reported on a monthly basis at Emergency Care Board.	Deputy Chief Operating Officer
Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour **Target: >=50%**		Whilst performance against this key metric has improved in the last 3 months, performance in line with the national standard is still not being delivered. Weekly breach meetings and root cause analysis continue to be carried out within the Stroke team to enable targeted improvement across the Organisation. Themes from the breach meeting will be taken forward to the weekly Unscheduled Care Leaders meeting to assist in rapid improvement and a Nurse Champion within the Emergency Department is being identified. Additionally, significant amount of work is being undertaken between the Stroke/ED/Imaging teams to improve performance for this key quality standard	Director of Operations - Medicine

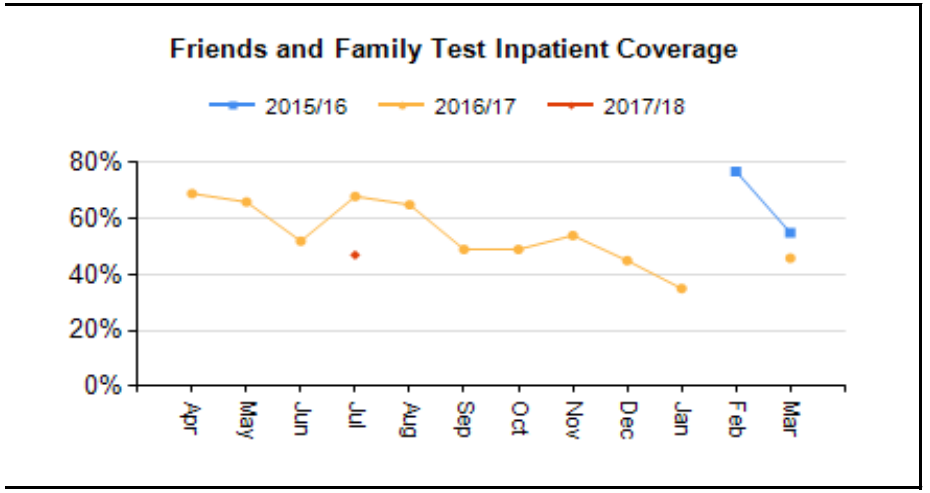
Contextual Indicators

This section of the report provides a high level view of the level of demand for the Trust's services during the reporting period, relative to that of previous months and years.

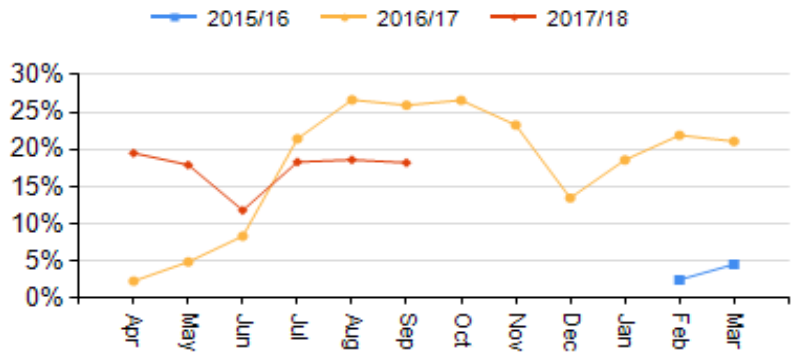




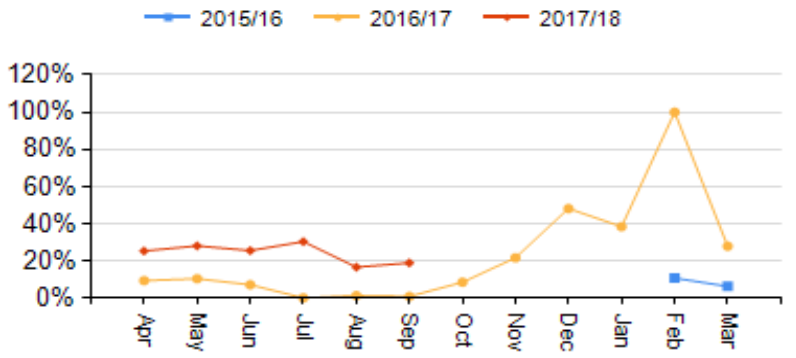




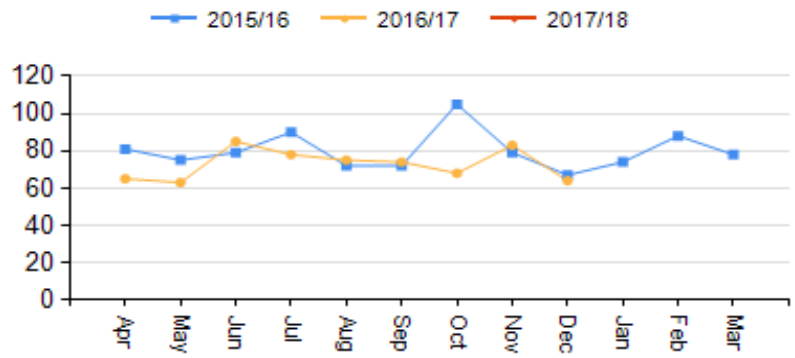
Friends and Family Test ED Coverage



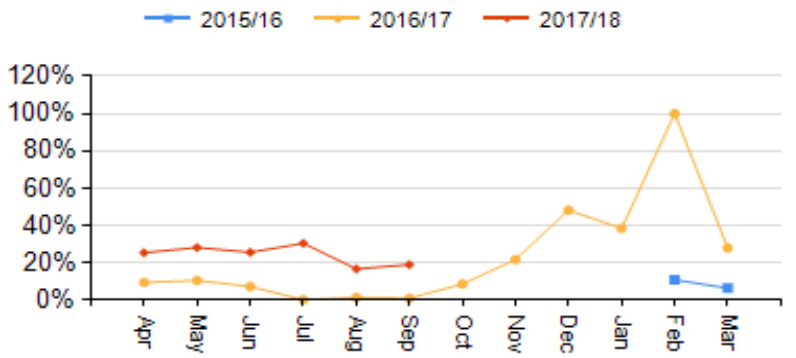
Friends and Family Test Maternity Coverage



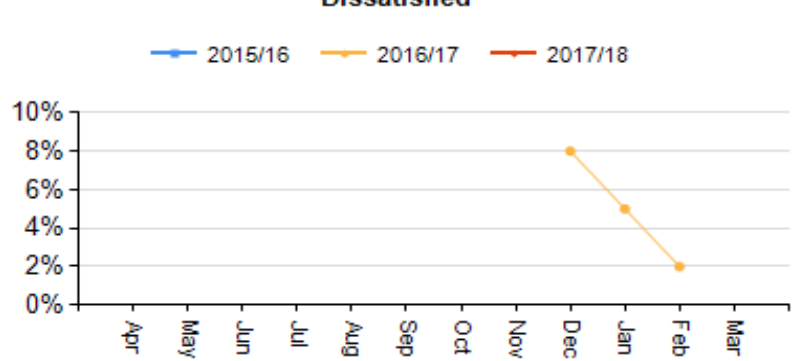
Number of Patient Complaints



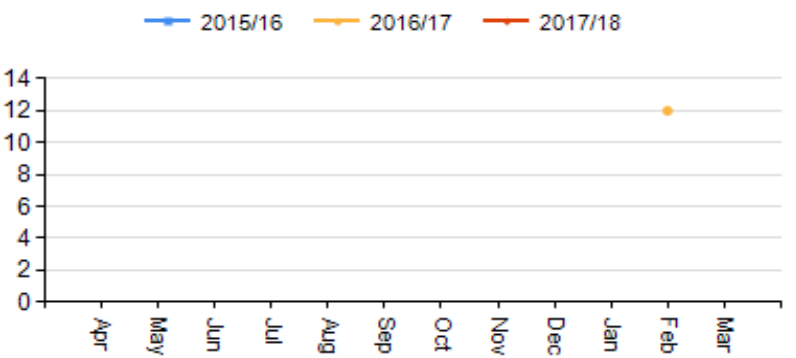
Complaints Responeded to Within Trust Timeframe

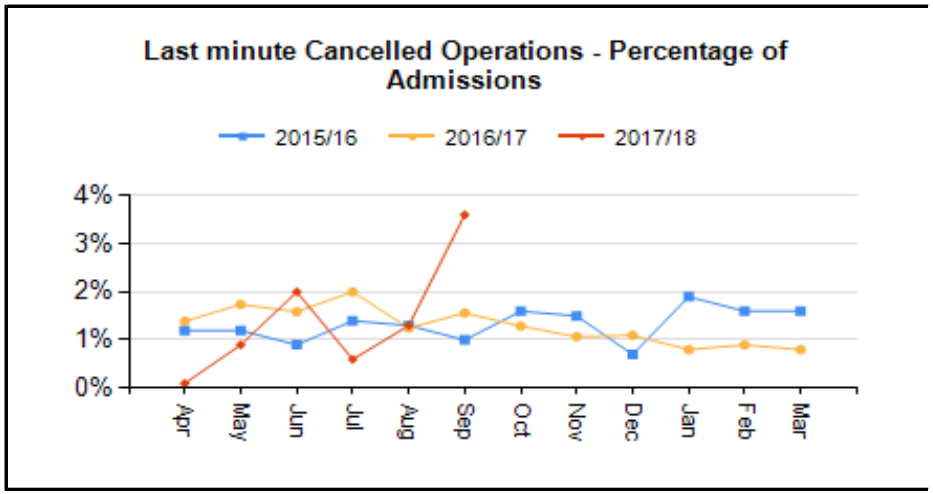


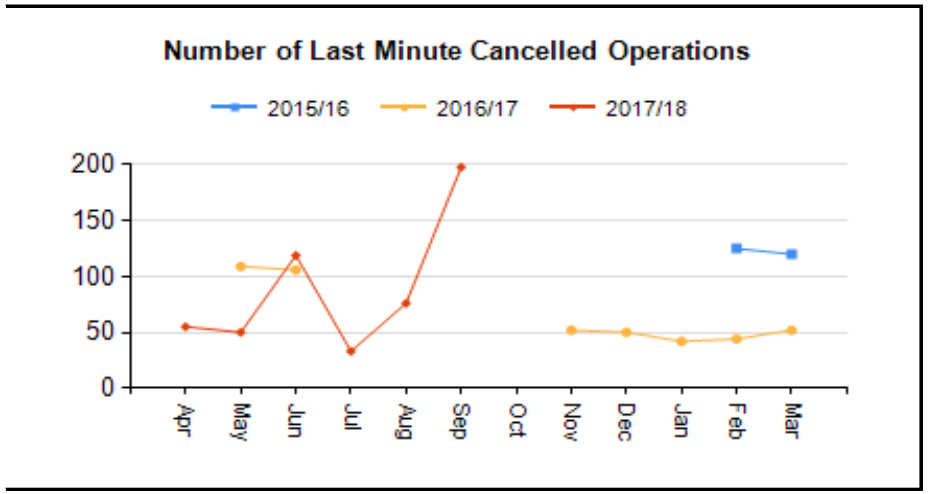
Percentage of Responses where Complainant is Dissatisfied

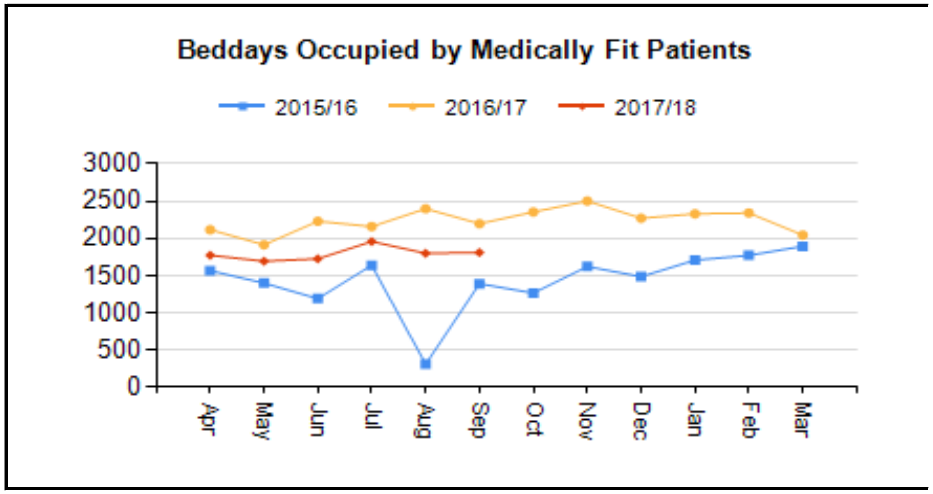


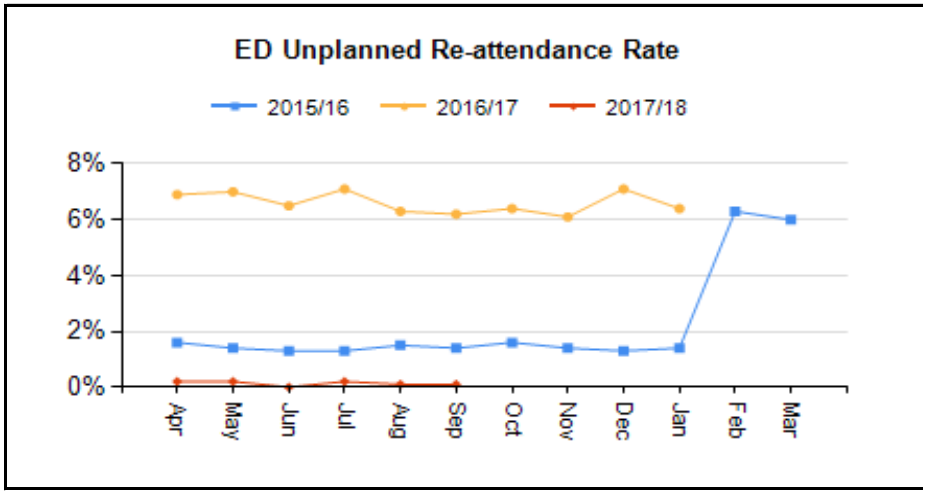
Pressure Ulcers per 1,000 Beddays

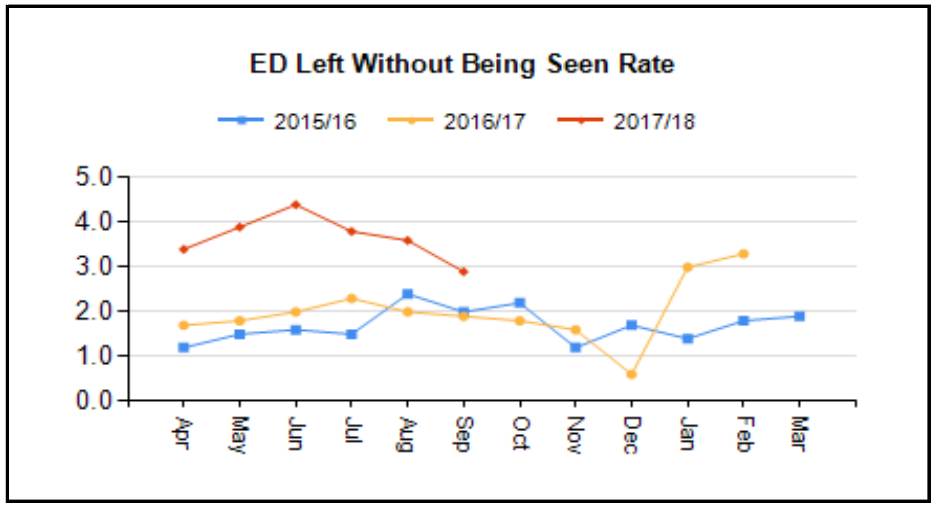


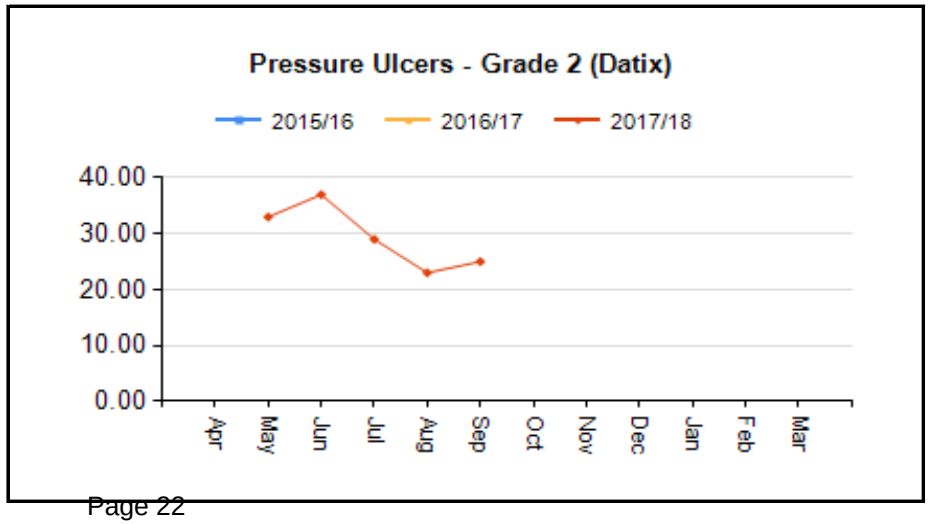

Last minute Cancelled Operations - Percentage of Admissions
2015/16
2016/17
2017/18
4%
3%
2%
1%
0%
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar

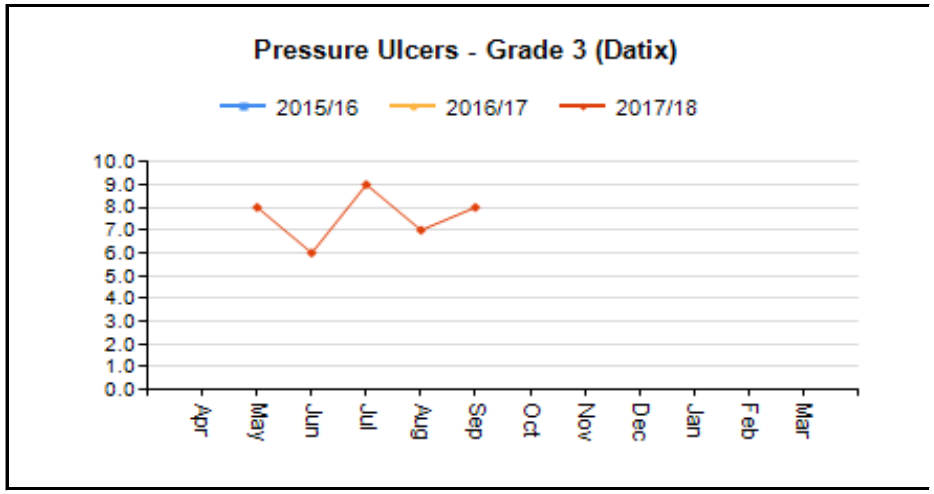

Number of Last Minute Cancelled Operations
2015/16
2016/17
2017/18
200
150
100
50
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar

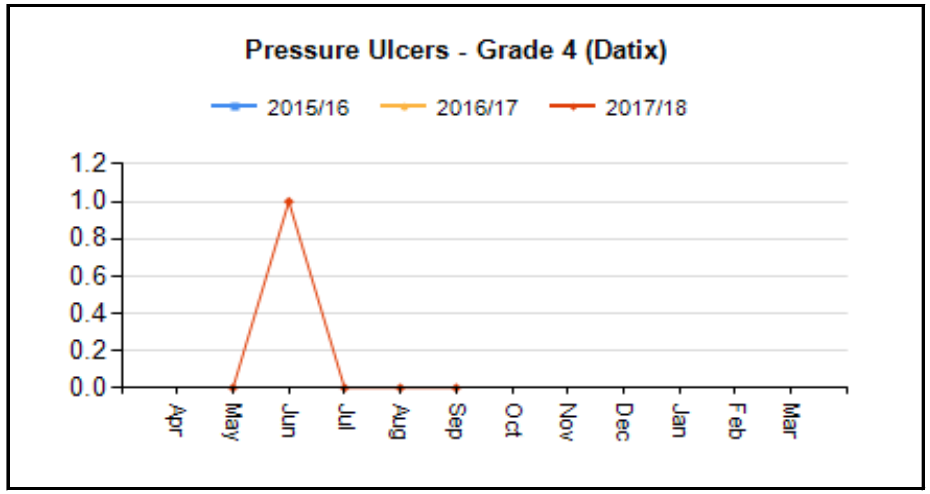

Beddays Occupied by Medically Fit Patients
2015/16
2016/17
2017/18
3000
2500
2000
1500
1000
500
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar


ED Unplanned Re-attendance Rate
2015/16
2016/17
2017/18
8%
6%
4%
2%
0%
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar


ED Left Without Being Seen Rate
2015/16
2016/17
2017/18
5.0
4.0
3.0
2.0
1.0
0.0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar


Pressure Ulcers - Grade 2 (Datix)
2015/16
2016/17
2017/18
40.00
30.00
20.00
10.00
0.00
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar


Pressure Ulcers - Grade 3 (Datix)
2015/16
2016/17
2017/18
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar


Pressure Ulcers - Grade 4 (Datix)
2015/16
2016/17
2017/18
1.2
1.0
0.8
0.6
0.4
0.2
0.0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar

REPORT TO MAIN BOARD – NOVEMBER 2017

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

This report describes the business conducted at the Quality and Performance Committee on 26th October 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	Outstanding concern from Governors relating to the impact of portering staffing levels on patient experience	What actions are being taken to understand this and when will the deep dive that was promised be reported on?	Will be reviewed within Estates and Facilities Executive Divisional Reviews.	Head of Patient Experience to initiate work to specifically understand any reported impact upon patients and report back to division and Q&P Committee
	Update re Trust performance on Emergency Dept (ED) Safety Checklist, enabling deeper understanding of performance in each of the elements that make up the total KPI; compliance against target trajectory; and differential performance levels between the two sites	How is performance to be improved?	Close scrutiny in place; targeting of those components that require more intense effort; and teams being encouraged to identify and own their improvement plans	Continued future reporting of component elements as well as headline KPI at Q&P Committee.
Risk Register	New risk identified of moderate to severe harm due to insufficient pressure ulcer prevention controls	What are we doing to learn from areas where performance is good?	Involvement with NHSI sponsored initiative “Stop the Pressure” aligned to work of the Trust’s Safety and Quality Improvement Academy (GSQIA)	Desire to see this extended to a countywide initiative including care homes and domiciliary care and Gloucestershire

				Care Services from where there has been support expressed for some joint working Item for additional scrutiny for November Committee.
		Could there be other areas where review may mean that our level of risk is higher than currently reported? Are we certain that all Performance – related risks have been correctly routed into this Committee?	Possibly, especially regarding Falls.	Exec to positively confirm via next Committee report
	Various comments made to further improve suitability of the presentation of the Risk Register for the Committee assurance purposes			Not all of the Quality and Safety risks have yet been reviewed by Trust Leadership Team(TLT), therefore the existing Committee Risk Register may not be complete, albeit that Execs are sighted on those that are yet to be formally reviewed

Board Assurance Framework	Report aligning strategic objectives with the Q&P Committee and identifying gaps in assurance or oversight	Given that the divisional performance is no longer to be reported to the Committee in the previous style, what will take the place of those reports for assurance purposes?		Reporting from executive divisional reviews into Q&P to be revised and strengthened Delivery plans for objectives to improve CQC ratings and patient experience to be reported to future meetings of the Committee Further report from GSQIA in February 2018 for visibility on improvement initiatives.
GHFT Quality Improvement Group (QIG)	Letter from meeting with NHSI/ NHSE in October 2017 Highlighted areas under discussion, including CQC Action Plan; ED safety and importance of checklist; Trakcare; Mortality; 52 week waits	What is the purpose of this meeting outside of formal enforcement action on quality?	This has been discussed and will be raised in the next meeting in November 2017	

Quality & Performance Report (QPR)	Performance against national standards remains challenging. During September the Trust failed to meet the national standards or Trust trajectories for A&E 4 hour wait; 2 week wait and 62 day cancer standard; 18 week referral to treatment (RTT) standard and 6 week diagnostic wait.	What is the reason for the deterioration in the stroke measure? What are we doing to improve the compliance with discharge summaries? Who did the last review of the emergency admissions pathway?	To be included in the QPR exception reports in November. Reference reports by consultant being used within the divisions Assurance provided with escalation reports from planned care board, emergency care board and cancer services management group.	Escalation reports to include timescales, accountabilities, priority and progress reporting going forward. Emergency readmissions: item for additional scrutiny at next Committee.
	Reporting now recommended for: - VTE - Cancelled operations - 52 Week Waits - Stranded Patients (Patients with a Length of Stay over 7 Days) - Dementia Indicators	This is the second successive Committee at which the cancer plan and improvement trajectories have not been presented, and where, therefore, the Committee cannot provide assurance to the Board. What are the reporting intentions?		Cancer plan to be presented to the November Committee.
	Mixed Sex Accommodation measure deteriorating due to delayed discharge from intensive care. Support from NHSI to review infection control arrangements. Clostridium difficile infection rates deteriorating.			Consider addition of indicator to QPR of delays to admission and discharge from intensive care.

Four Hour Performance Report **Issues Escalated from Emergency Care Board**	Improved visibility of compliance with the ED safety checklist (included within QPR)	How will we generate further improvement with compliance levels, particularly the sepsis components? What progress are we making to understand the patient experience in ED and does the Emergency Care Board include experiential data (e.g. Complaints) in its assessment of performance?	Working with clinical teams with support from infection control team to identify improvement Currently relying on Friends and Family Test (FFT), which has limitations	 Themes and trends from FFT to be presented to ECB.
RTT Performance **Issues escalated from Planned Care Board**	Still not reporting RTT performance owing to data problems Number of 52 week breaches increasing.	Escalation report from Planned Care Board does not include assurance about timescales (for delivery of key actions) How are we communicating with those patients who have long waits to reassure them that they have not been forgotten and to give an indication of when their appointment might happen? What support is provided by the CCG to manage the time pathways?	 Currently no process in place until appointments are booked. No formal governance arrangement in place.	Timescales and owners for delivery of key actions to be included in next report. Chief Nurse, Deputy COO and Head of Patient Experience to review position and implement an appropriate communication procedure COO to review with CCG governance of time pathways across system.

	Harm reviews have identified no clinical harm.	Can we report more formally on such reviews, eg numbers in period, by specialty, with results?		Exec to consider and include in future reports to Committee.
Cancer Performance **Issues escalated from Cancer Services Management Group**	Performance deteriorating and still not meeting trajectory. Key areas: colonoscopy, dermatology and breast.	Difficult to gain assurance on recovery in absence of trajectory. What have we learnt from the clinical friend review and can it be reported to the Committee?	Robust capacity and demand plans still being developed to inform trajectory.	Recovery trajectory to be presented to November Committee. Action plan from the critical friend review to be included in report for November
TrakCare Operational Recovery Report	Report identifies good progress in some areas but still work to be done to restore stability.	How do we capture risks associated with the TrakCare operational recovery activity?	The Trakcare Operational Board has a risk and issues log and any clinical risks are reviewed by the Clinical Risk Review Group	Future reports will be informed by deep dive review supported by NHS Digital. Revised project governance and reporting arrangements being considered.
Mortality Report	Report indicating relative improvement with Hospital Standardised Mortality Ratio (HSMR), although still above expected range, and continued improvement from fractured neck of femur.	What are we doing to understand the differences between weekend and weekday mortality? What can we learn from other trusts' approaches to reporting the outcomes of reviews of deaths?	Structured judgement review of deaths will inform this. Clinicians now provided with a report to enable them to see deaths under their care. We are part of Academic Health Science Network (AHSN) led initiative to develop practice in this area.	Analysis of weekend/ weekday mortality to be included in next month's report.

Serious Untoward Incidents Report	No further never events since last report.	Are there circumstances where incidents would be escalated that do not meet the criteria for serious untoward incidents?	Review of all incidents would identify clusters of less significant incidents with a common theme.	
Annual Report of the Screening Programmes	Report demonstrates strong performance across all screening programmes with the exception of two performance metrics in the antenatal and newborn screening programme, which have been subject to a contract performance notice.	What impact will the introduction of faecal immunochemical testing (FIT) have on the Trust?	Impact of FIT currently not clear as there is an ongoing national debate on application and thresholds for intervention.	
Medicines Optimisation Report	Report provides an update on progress related to medicines optimisation and medication safety. Trust metrics are generally better than the national average.	Concern relating to workforce challenges created by higher banded pharmacy posts in the community and risk of loss of staff to them. What is the approach to training?	Issue has been escalated to STP workforce group. Workshops with nurses to explore new ways of training to support face to face and e-learning.	To be covered by the Workforce Committee
Safer Staffing	Last report in old format. Future reports will present data from NHSE return and from Rosterpro, which will support better triangulation of staffing and care			Presentation on revised approach to Safer Staffing reporting at next meeting.

Claire Feehily
Chair of Quality and Performance Committee
3rd November 2017

MAIN BOARD – NOVEMBER 2017
Lecture Hall, Redwood Education Centre commencing at 09:00

Report Title
Trust Risk Register
Sponsor and Author(s)
Author: Andrew Seaton, Director of Safety Sponsor: Deborah Lee, Chief Executive
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 12+ for safety and 15+ for other risk that have not yet been migrated to the Trust Risk Register.

Changes in Period

Following review by TLT, the following actions are underway.

M1746Diab – This risk involving foot care is to be removed from the Trust Risk Register pending in depth review by the Quality & Performance Committee.

WF2335 – This agency spend risk is being reviewed by the Finance committee as the overall agency spend is reducing.

M2473Emer – The patient experience risk in ED is being reviewed with the improved performance and flow of patients through ED.

DSP2404haem – The risk involving monitoring of haematology patients has been partly mitigated with the appointment of new staff and is being re-assessed.

There are currently 18 risks being reviewed by Divisions for escalation to TLT, these will be further reviewed by the Division and Executive following the normal process to ensure the appropriate

significant risks are escalated onto the Trust risk register. To improve this situation new roles and responsibilities have been recommended by the Risk Management Group and approved by TLT.

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

Conclusions

The 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 & Assurance Committee**	**Workforce Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
					✓	
Outcome of discussion when presented to previous Committees						

October Trust Risk Register

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
M2488Card	Medical	Safety		Quality and Performance Committee	Risk of Harm to patients as a result of delay in receiving essential, required cardiac interventions.	Efficiency review of cath lab provision suggesting means of increasing throughput which has been actioned. Glanso implemented and ongoing reviewed regularly to ensure within financial allowance for Cardiology Active recruitment strategy to fill consultant posts. Progression of design for nursing/ physiology led roles to support the inability to recruit to consultant posts. Experienced Head of cardiac investigations recruited substantially commencing Nov 2017 previous experience includes advanced practice role development.	Inadequate	Moderate (3)	Possible - Monthly (3)	9	8 -12 High risk	Business case	30/11/2017

October Trust Risk Register

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
C1609N	Corporate, Diagnostics and Specialties, Estates and Facilities, Medical, Surgical, Women's and Children's	Workforce	Executive Director of Quality and Chief Nurse	Quality and 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 Extreme risk	Monitoring at Workforce Committee Establish Quality Impact Assessment for project Overseas recruitment programme	01/12/2017
D&S2404C Haem	Diagnostics and Specialties	Safety	Medical Director	Divisional Board, Quality and Performance Committee	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 Extreme risk	Develop Business case to meet capacity demand	30/11/2017

October Trust Risk Register

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
F2518	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Finance	Director of Finance	Finance Committee	Risk that FY18 income recovery will be reduced as a result of being unable to submit accurate data to commissioner to support payment, arising from current issues associated with TrakCare implementation	TrakCare Recovery Oversight Meeting Regular monitoring and analysis of data completeness (and quality) and income recovery	Adequate	Catastrophic (5)	Almost certain - Daily (5)	25	15 - 25 Extreme risk		24/11/2017
F1339	Corporate, Diagnostics and Specialties, Estates and Facilities, Medical, Surgical, Women's and Children's	Finance	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 Weekly Turnaround Implementation Board Monthly monitoring and reporting of performance against target Monthly executive reviews	Adequate	Catastrophic (5)	Likely - Weekly (4)	20	15 - 25 Extreme risk		22/12/2017
D&S2513Path	Diagnostics and Specialties, GP Services / NHS England, Medical, Surgical, Women's and Children's	Safety	Trust Medical Director	Divisional Board, Workforce Committee, Quality and Performance Committee	Risk to patient safety due to delayed diagnosis because of shortage of Histopathology Staff	Locum laboratory staff in place Permanent staff recruitment in progress Locum consultant approved Outsourcing of reporting organised	Inadequate	Major (4)	Possible - Monthly (3)	12	8 -12 High risk	fill vacant histopathologist post complete business case for Histopathology including workforce plan	24/11/2017

October Trust Risk Register

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
S2275	Surgical	Workforce	Medical Director	Workforce Committee	The risk to workforce of an on-going lack of staff able to deliver the emergency general surgery rota due to reducing staffing numbers.	Attempts to recruit Agency/locum cover for on-call rota Nursing staff clerking patients Prioritisation of workload Existing junior drs covering gaps where possible Consultants acting down	Inadequate	Major (4)	Likely - Weekly (4)	16	15 - 25 Extreme risk	Escalation	01/12/2017
C2335HR&OD	Corporate, Diagnostics and Specialties, Estates and Facilities, Medical, Surgical, 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 Extreme risk	Establish Workforce Committee Complete PIDs for each programme Reconfiguring Structures	01/12/2017

October Trust Risk Register

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
S1748	Surgical, Women's and Children's	Statutory	Chief Operating Officer	Quality and 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 Extreme risk	Re establish Planned care board Interim action plan to recover position	17/11/2017
M2473Emer	Medical	Quality	Director of Nursing	Divisional Board, Quality and 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 Extreme risk	CQC action plan for ED	29/01/2018

October Trust Risk Register

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
S2045T&O	Surgical	Safety	Medical Director	Quality and 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)	Possible - Monthly (3)	12	8 -12 High risk	Deliver the agreed action fractured neck of femur action plan	22/12/2017

October Trust Risk Register

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
C1945NTVN	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Executive Director of Quality and Chief Nurse	Quality and Performance Committee	The risk of moderate to severe harm due to insufficient pressure ulcer prevention controls	Nursing pathway documentation and training in place Pressure Ulcer expert committee reviewing practice and incidents to identify learning Monitoring through incident investigation\RCA Divisional committees overseeing RCAs Safety Thermometer data review as part of Safer Staffing	Inadequate	Moderate (3)	Likely - Weekly (4)	12	8 -12 High risk	To create a rolling action plan to reduce pressure ulcers	22/12/2017

PUBLIC BOARD MAIN BOARD – NOVEMBER 2017

Lecture Hall, Redwood Education Centre commencing at 09:00am

Report Title
Financial Performance Report - Period to 30th September 2017

Sponsor and Author(s)	
Author:	Sarah Stansfield, Director of Operational Finance Jo Burrows, Director of Programme Management
Sponsor:	Steve Webster, Director of Finance

Executive Summary

Purpose

This report provides an overview of the financial performance of the Trust as at the end of Month 06 of the 2017/18 financial year. It provides the three primary financial statements along with analysis of the variances and movements against the planned position.

Key issues to note

- The financial position of the Trust at the end of Month 6 of the 2017/18 financial year is an operational deficit of £18.0m. This is a favourable variance to budget and NHSI Plan of £1.9m.
- No STF funding has been assumed in the actual position given that the Trust has not agreed a control total for the 2017/18 financial year.
- CIP delivery to Month 06 is £11.7m. This is £1.4m better than the plan for the year to date.
- The current CIP delivery forecast for the year is £23.3m as compared to a £34.7m plan.
- The annual plan for the Trust is a £14.6m deficit. The current forecast, prior to mitigating actions, shows a deficit of £27.9m, an adverse variance of £13.3m.
- Once further financial recovery actions and risk is accounted for the Trust is projecting an outturn of between £14.6m and £27.8m deficit, with a realistic stretch scenario of £23.9m deficit.

Conclusions

- The financial position for M06 shows a favourable variance to budget of £1.9m. The favourable variance is reflective of both pay underspends and phasing adjustments within the income position, both of which are non-recurring.
- The underlying financial position is adverse to plan.
- **Without further action**, the Trust is currently projecting a £27.9m deficit and the focus therefore is identification of further opportunities to reduce costs and improve income. Additional CIPs and further measures to improve the position have been identified for implementation. The financial recovery actions proposed lead to a projected outturn of between £14.6m and £27.8m deficit, with a realistic stretch scenario of £23.9m deficit.

Implications and Future Action Required

There is a need for increased focus on financial improvement, in the form of both cost improvement programmes, and income recovery linked to the actions around Trak.

Recommendations

The Board is asked to receive this report for assurance in respect of the Trust's Financial Position.

Impact Upon Strategic Objectives

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

Impact Upon Corporate Risks

Impact on deliverability of the financial plan for 2017/18.

Regulatory and/or Legal Implications

The variance to plan year-to-date of the financial position presented in this paper will continue to give rise 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 & Assurance Committee	Workforce Committee	Remuneration Committee	Trust Leadership Team	Other (specify)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Financial Performance Report
Month Ended 30th September 2017

Gloucestershire Hospitals NHS
NHS Foundation Trust

Introduction and Overview

The Board approved budget for the 2017/18 financial year is for a deficit of £14.631m.

During April, as part of the detailed budget reconciliation and review process and in support of agreeing a reflective control total the profiling of Income, Expenditure and CIP was considered and it was concluded that the monthly outturn profiles should be changed, the outturn deficit of £14.631m was not changed. NHSI have allowed a resubmission of the plan to reflect this change but would not allow change to Q1. As such the plan and budget are consistent in profile from Month 4 and this report reflects performance against the aligned budget and plan.

Statement of Comprehensive Income

2016/17 Outturn £000s	Month 06 Financial Position	Annual Budget £000s	M06 Cumulative Budget £000s	M06 Cumulative Actual £000s	M06 Cumulative Variance £000s
433,665	SLA & Commissioning Income	439,649	214,670	211,925	(2,745)
4,604	PP, Overseas and RTA Income	4,759	2,282	2,176	(106)
66,388	Operating Income	61,766	31,018	31,297	279
504,657	**Total Income**	**506,174**	**247,971**	**245,399**	**(2,572)**
329,809	Pay	335,429	171,225	166,346	4,879
174,906	Non-Pay	160,491	84,124	85,991	(1,867)
504,716	**Total Expenditure**	**495,920**	**255,349**	**252,337**	**3,012**
(59)	**EBITDA**	**10,254**	**(7,378)**	**(6,938)**	**440**
(0.0%)	**EBITDA %age**	**2.0%**	**(3.0%)**	**(2.8%)**	**0.2%**
21,135	Non-Operating Costs	24,885	12,468	11,035	1,432
(21,193)	**Surplus/(Deficit)**	**(14,631)**	**(19,846)**	**(17,974)**	**1,872**
3,225	STF Funding				
(17,968)	**Surplus/(Deficit)**	**(14,631)**	**(19,846)**	**(17,974)**	**1,872**

In September the Trust has delivered a deficit of £2.91m and a cumulative deficit of £17.97m

This represents a favourable variance to budget and plan of £1.87m as at Month 6.

The Trust has now reached agreement with both major commissioners for a block contract arrangement. This means that income for the six months outstrips budget for those commissioners and gives a favourable variance. Income is further flattered by a favourable variance on pass-through drugs of c. £0.7m.

Detailed Income & Expenditure

Gloucestershire Hospitals NHS
NHS Foundation Trust

Annual Budget £000s	Month 06 Financial Position	M06 Cumulative Budget £000s	M06 Cumulative Actual £000s	M06 Cumulative Variance £000s
439,649	SLA & Commissioning Income	214,670	211,925	(2,745)
4,759	PP, Overseas and RTA Income	2,282	2,176	(106)
61,766	Operating Income	31,018	31,297	279
506,174	**Total Income**	**247,971**	**245,399**	**(2,572)**
	Pay			
310,878	Substantive	158,253	153,037	5,216
7,207	Bank	4,020	4,921	(901)
17,345	Agency	8,951	8,388	564
335,429	**Total Pay**	**171,225**	**166,346**	**4,879**
	Non Pay			
55,539	Drugs	28,091	29,645	(1,555)
40,122	Clinical Supplies	20,551	20,178	372
64,830	Other Non-Pay	35,483	36,167	(684)
160,491	**Total Pay**	**84,124**	**85,991**	**(1,867)**
495,920	**Total Expenditure**	**255,349**	**252,337**	**3,012**
10,254	**EBITDA**	**(7,378)**	**(6,938)**	**440**
2.0%	**EBITDA %age**	**(3.0%)**	**(2.8%)**	**0.2%**
24,885	Non-Operating Costs	12,468	11,035	1,432
(14,631)	Surplus/(Deficit)	(19,846)	(17,974)	1,872
	STF Funding			
(14,631)	Surplus/(Deficit)	(19,846)	(17,974)	1,872

The table opposite shows the detailed income and expenditure position.

SLA and Commissioning Income – a £2.7m adverse position. This adverse variance is driven by a combination of budget phasing, the impact of block agreements, under-performance with commissioners other than GCCG and Specialised Commissioners and risk assessment and is addressed in detail on the preceding pages. Income is further flattered by a favourable variance on pass-through drugs of c. £0.7m.

Private Patient Income – continues below budget levels.

Pay – expenditure is showing a favourable variance of £5.2m against budgeted levels. This is largely driven by vacancy factor, combined with under-spends in divisions against budget profile and is further analysed in the pay section of this report.

Non-Pay – Drugs expenditure is showing a £1.6m adverse variance, of which £0.7m is covered by income for pass-through – leaving a £0.9m adverse variance. Clinical Supplies are £0.4m below budget. Other sub-categories of non-pay show small adverse variances. Other Non Pay includes a £0.3m increase in bad debt provision.

Non Operating Costs – underspend is due to delivery of CIPs on depreciation, Interest Payable and PDC Dividend. This is reflected as part of CIP although is a non-cash saving for depreciation.

Cost Improvement Programme

Gloucestershire Hospitals NHS
NHS Foundation Trust

At Month 6 we have delivered £11.7m against the NHS Improvement plan target of £9.7m which is an overachievement of £1.4m against plan. The over performance this month is largely due to the vacancy factor as well as the operational growth margin.

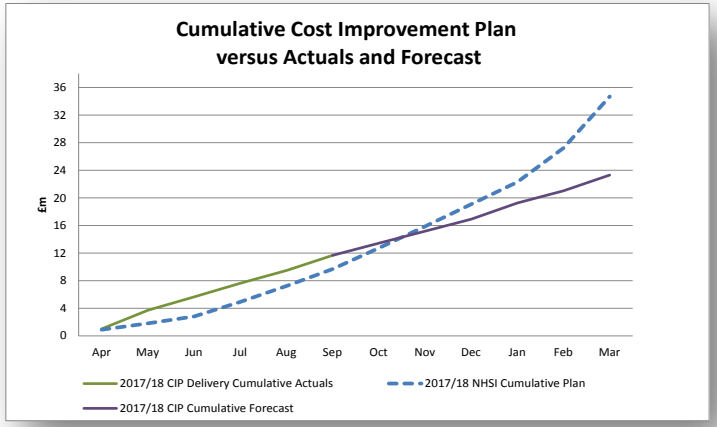
At Month 6, the divisional year end forecast figures, indicate confidence in delivering £23.3m* against the Trust's target of £34.7m. The month 5 FYE was £22.5m, which shows an improvement of £800k. The improvement is mostly attributed to additional vacancy factor, forecast reduction in medical locums (outliers team) and the band 5 notice period scheme. *This does not include any additional CIPs and further measures.

The FOT of £23.3m splits into £17,531 of recurrent schemes and £5,775 of non-recurrent schemes. The non-recurrent schemes include an agency schemes (no non-clinical agency over Christmas), annual leave accrual scheme and some vacancy factor.

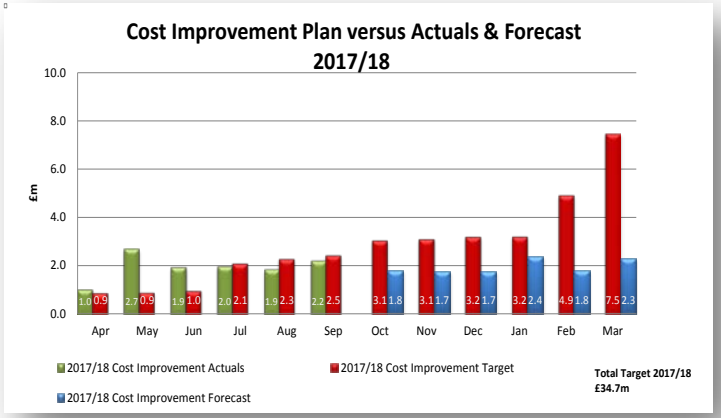
Between months 4 and 6 additional CIPs have been identified with a risk adjusted value of £3.2m and further measures have been identified with a risk adjusted value of £2.8m. These schemes require detailed project plans from divisions / executives as well as a Quality Impact Assessment before implementation. The recurrent aspect of the £6m above is £2.1m.

The total recurrent schemes for 17/18 are £19.7m which leaves a shortfall for 18/19 of £15m.

The graph below highlights the cumulative cost improvement plan versus the cumulative actuals and forecast



The graph below highlight the in-month cost improvement plan versus the in-month actuals and forecast



Forecast Position

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Trust's current forecast for 2017/18 based on Month 6 outturn with no further actions is £27.9m, a £13.3m adverse variance to the planned deficit of £14.6m. The forecast shows a worsening of £5.0m on the previous month, which was a £22.9m deficit. The main drivers are:

- Non delivery of the planned rates CIP - £2.5m; Income recovery risk recognised - £1.0m; Recovery costs associate with Trak Care - £0.5m; Junior doctors contract pressure - £0.6m; Increase required to bad debt provision - £0.3m; Other non-pay pressures, clinical supplies £0.1m
- Of the £13.3m variance £10.5m is linked to activity and TrakCare related issues. Of this £4.5m is CIP that cannot be achieved due to the blocking of contracts.

The table below shows a sensitised position, based on the Month 6 forecast outturn outlined above, which is the basis of ongoing discussions with NHS Improvement around the Trust's emerging financial recovery plan for 2017/18.

	Best Case £m	Realistic Stretch £m	Downside £m
Plan	**(14.6)**	**(14.6)**	**(14.6)**
Month 6 forecast outturn	**(27.9)**	**(27.9)**	**(27.9)**
View of Recovery			
Additional CIP delivery	3.2	3.2	2.4
Further measures	2.8	2.8	1.7
Deployment of CCG NR funding to GHFT	8.0		
Total further recovery	**14.0**	**6.0**	**4.1**
Key Risks			
Income recovery lower than forecast	(0.7)	(2.0)	(3.0)
Winter pressures			(1.0)
Total risk	**(0.7)**	**(2.0)**	**(4.0)**
Revised Forecast Outturn	**(14.6)**	**(23.9)**	**(27.8)**
Variance to plan	*0.0*	*(9.3)*	*(13.2)*

Once further financial recovery actions and risk is accounted for the Trust is projecting an outturn of between £14.6m and £27.8m deficit, with a realistic stretch scenario of £23.9m deficit.

Additional CIP Delivery
A number of further schemes assessed as part of ongoing deep-dives with Divisions.

Further Measures
Risk-assessed, largely non-recurrent, schemes to manage the in-year position

CCG Non-Recurrent Funding
The STP have proposed use of £8.0m of GCCG's non-recurrent flexibility be transferred to GHFT to support the in-year position, subject to NHSE changing the CCG's control total commensurately

Risks
Income is forecast to improve in the latter part of the year by c.£6m. This risk looks to take into account the current status of both recovery actions and contractual negotiations.

Winter Pressures
Risk assessment to reflect potential Winter related cost pressures

Balance Sheet(1)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Trust Financial Position	Opening Balance 31st March 2017 £000	Balance as at M6 £000	B/S movements from 31st March 2017 £000
Non-Current Assests			
Intangible Assets	7,393	8,173	780
Property, Plant and Equipment	296,272	294,064	(2,208)
Trade and Other Receivables	4,668	4,535	(133)
Total Non-Current Assets	**308,333**	**306,772**	**(1,561)**
Current Assets			
Inventories	7,400	7,628	228
Trade and Other Receivables	17,697	18,768	1,071
Cash and Cash Equivalents	7,974	3,606	(4,368)
Total Current Assets	**33,071**	**30,002**	**(3,069)**
Current Liabilities			
Trade and Other Payables	(44,355)	(46,636)	(2,281)
Other Liabilities	(2,089)	(4,802)	(2,713)
Borrowings	(5,356)	(5,355)	1
Provisions	(182)	(182)	0
Total Current Liabilities	**(51,982)**	**(56,975)**	**(4,993)**
Net Current Assets	**(18,911)**	**(26,973)**	**(8,062)**
Non-Current Liabilities			
Other Liabilities	(7,612)	(7,424)	188
Borrowings	(83,126)	(91,666)	(8,540)
Provisions	(1,524)	(1,524)	0
Total Non-Current Liabilities	**(92,262)**	**(100,614)**	**(8,352)**
Total Assets Employed	**197,160**	**179,185**	**(17,975)**
Financed by Taxpayers Equity			
Public Dividend Capital	166,519	166,519	0
Reserves	70,501	70,501	0
Retained Earnings	(39,860)	(57,835)	(17,975)
Total Taxpayers' Equity	**197,160**	**179,185**	**(17,975)**

The table shows the M6 balance sheet and movements from the 2016/17 closing balance sheet, supporting narrative is on the following page.

Balance Sheet(2)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Commentary below reflects the Month 6 balance sheet position against the 2016/17 outturn

Non-Current Assets

- The reduction in non-current assets reflects depreciation charges in excess of capital additions for the year-to-date.

Current Assets

- Inventories show an increase of £0.23m. An increase of £0.17m in September. The movement reflects changes in drug stocks. These are charged to the I&E on issue and so this change reflects a movement between inventories and creditors.
- Trade receivables are £1.1m above their closing March '17 level. Invoiced debt balances have increased by £2.4m in month, this is mainly due to delays in invoicing for Hosted Services income as a result of GP Payroll reporting issues.
- Cash has reduced by £4.4m since the year-end.

Current Liabilities

- Trade payables have increased by £2.3m over the closing March level (a £4.0m reduction on the month 5 level).

	Cumulative for Financial Year 2016/17		Current Month September	
	Number	£'000	Number	£'000
Total Bills Paid Within period	60,408	122,462	8,646	23,952
Total Bill paid within Target	52,095	100,625	6,258	20,466
Percentage of Bills paid within target	86%	82%	72%	85%

BPPC performance is shown opposite and currently only includes those invoices that are part of the creditors ledger balance. Performance reflects invoices processed in the period (both cumulative and in-month) rather than the invoices relating to that period. It should be noted that whilst driving down creditor days as far as possible we are not compliant with 30 day terms across all suppliers. In September the volume of invoices paid within the 30 day target has reduced by 13%, in value terms there has been an increase of 3%. Invoices are processed as they become due for payment – as such movements in BPPC are due to monthly fluctuations rather than active cash management.

Non-Current Liabilities

- Borrowings have increased. A further £8.9m of distress financing to fund deficit support was drawn down in September.

Reserves

- The I&E reserve movement reflects the year to date deficit.

Cashflow : September

Gloucestershire Hospitals NHS
NHS Foundation Trust

Cashflow Analysis	Apr-17 £000s	May-17 £000s	Jun-17 £000s	Jul-17 £000s	Aug-17 £000s	Sep-17 £000s
Surplus (Deficit) from Operations	**(4,958)**	**(3,284)**	**935**	**(1,031)**	**(1,940)**	**(1,953)**
Adjust for non-cash items:						
Depreciation	946	1,719	975	975	975	975
Impairments within operating result	0	0	0	0	0	0
Gain/loss on asset disposal	0	0	0	0	0	0
Provisions	0	0	0	0	0	0
Other operating non-cash	(58)	(59)	(58)	(58)	(58)	(58)
Operating Cash flows before working capital	**(4,070)**	**(1,624)**	**1,852**	**(114)**	**(1,023)**	**(1,036)**
Working capital movements:						
(Inc.)/dec. in inventories	(150)	(1,118)	349	192	367	132
(Inc.)/dec. in trade and other receivables	(5,066)	1,200	(157)	633	379	1,940
(Inc.)/dec. in current assets	0	0	0	0	0	0
Inc./(dec.) in current provisions	0	0	0	0	0	0
Inc./(dec.) in trade and other payables	4,930	328	(2,109)	(530)	514	(3,132)
Inc./(dec.) in other financial liabilities	(520)	3,448	(58)	(181)	(129)	153
Other movements in operating cash flows	835	(995)	32	(31)	32	(79)
Net cash in/(out) from working capital	**29**	**2,863**	**(1,943)**	**83**	**1,163**	**(986)**
Capital investment:						
Capital expenditure	(148)	(989)	(348)	(214)	(909)	(608)
Capital receipts	0	0	0	0	0	0
Net cash in/(out) from investment	**(148)**	**(989)**	**(348)**	**(214)**	**(909)**	**(608)**
Funding and debt:						
PDC Received	0	0	0	0	0	0
Interest Received	4	3	2	3	3	3
Interest Paid	0	(162)	(42)	0	0	(1,329)
DH loans - received	0	0	0	2,355	0	8,864
DH loans - repaid	0	0	0	0	0	(1,318)
Other loans	0	0	0	0	0	
Finance lease capital	(20)	(20)	(20)	(20)	(20)	(20)
PFI/LIFT etc capital	(181)	(181)	(181)	(181)	(181)	(181)
PDC Dividend paid	0	0	0	0	0	(3,091)
Other	0	0	0	0	0	0
Net cash in/(out) from financing	**(197)**	**(360)**	**(241)**	**2,157**	**(198)**	**2,928**
Net cash in/(out)	**(4,386)**	**(110)**	**(680)**	**1,912**	**(967)**	**298**
Cash at Bank - Opening	**7,539**	**3,153**	**3,043**	**2,363**	**4,275**	**3,308**
Closing	**3,153**	**3,043**	**2,363**	**4,275**	**3,308**	**3,606**

The cashflow for September 2017 is shown in the table opposite. The major movements are consistent with those already identified within income and expenditure and the balance sheet.

Key movements:

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

Current Assets – Invoiced debtor balances have increased in month, timely settlement of in-month SLA invoices offset by increase in Hosted Services income as a result of GP Payroll reporting issues.

Trade Payables – increased in September. Aged creditors shows increase in creditors below and above 30 days, giving a n increase in overdue debt.

NHSI Single Oversight Framework

Gloucestershire Hospitals NHS
NHS Foundation Trust

	YTD Plan	YTD Actual
Capital Service Cover	(0.85)	(0.85)
Metric		
Rating	4	4
Liquidity	(20.04)	(25.09)
Metric		
Rating	4	4
I&E Margin	(8.09%)	(7.32%)
Metric		
Rating	4	4
I&E Variance from Plan	0.00%	0.76%
Metric		
Rating		1
Agency	49.10%	56.71%
Metric		
Rating	3	4
Use of Resources rating	4	4

The Single Oversight Framework (SOF) has been developed by NHSI and replaces Monitor's Risk Assessment Framework and TDA's Accountability Framework. It applies to both NHS trusts and NHS foundation trusts. The SOF works within the continuing statutory duties and powers of Monitor with respect to NHS foundation trusts and of TDA with respect to NHS trusts. The framework came into force on 1st October 2016.

The performance reported here reflects that for M06.

Recommendations

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Committee is asked to note:

- The financial position of the Trust at the end of Month 6 of the 2017/18 financial year is an operational deficit of £18.0m. This is a favourable variance to budget and NHSI Plan of £1.9m.
- The favourable variance is reflective of both year to date pay underspends and phasing adjustments within the income position.
- The Month 6 forecast is for a £27.9m deficit outturn assuming no further action. Additional CIPs and further measures to improve the position have been identified for implementation.
- The financial recovery actions proposed lead to a projected outturn of between £14.6m and £27.8m deficit, with a realistic stretch scenario of £23.9m deficit.

Author:	**Sarah Stansfield, Director of Operational Finance** **Jo Burrows, Director of Programme Management**
Presenting Director:	**Steve Webster, Director of Finance**
Date:	**October 2017**

REPORT TO MAIN BOARD – NOVEMBER 2017

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

This report describes the business conducted at the Finance Committee held 25th October 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
Notes of the most recent Capital Control Group and Capital Programme Update	Committee agreed the plan to slip expenditure to only require a loan of £5m.	Was it right to reduce the expenditure plan by £3.4m?	The vast bulk of expenditure reduction was reduction which would happen naturally	No confirmation as yet that the Trust will receive a loan of £5m but this is expected imminently.
Updated Key Financial Assumptions and Associated Updated Financial Model for Subsidiary Company (Subco)	The structuring of Subco as a limited company and with a license rather than lease arrangement was agreed. The revised financial assumptions within the Subco financial model were agreed for inclusion in the business case to Trust board.	Would an LLP be appropriate in the future? Should we seek clearance from HMRC in advance?	An LLP structure will be considered at a later stage but not initially. The advice from KPMG was that a transaction of this significance should be reported to HMRC.	While not included in the financial model, there was discussion about the consideration of changes in Terms and Conditions for new staff.

Financial Performance Report	The forecast before factoring in the improvement measures has deteriorated to a £27.9m deficit, before reflecting the further CIPS and other measures agreed by the Board and included in the pack presented to NHS Improvement (NHS), largely due to withdrawal of the rates Cost Improvement Programme (CIP) scheme.	What is the impact of the new junior doctor's contract? Are new risks transpiring that we are not aware of? The need to better understand and act on the drugs overspend. Discussion around the rationale for having agreed block contracts.	Nationally declared as cost neutral, but for latest August intake of juniors it is not. There was discussion on the key risks as part of the regulatory review update agenda item. The rationale around the uncertainty of income recovery in the second half of the year was discussed.	
Workforce Update	Pay cost and agency spend was slightly less than previous months but overall level of pay spend is increasing as we fill posts and the gap is closing.	Getting the right strategic answer.	A lot of the tactical work is being done but we're looking to the divisions to model supply and demand over time so that we have a strategic answer as opposed to a tactical one.	
Regulatory Review Update	The range of forecasts reported to NHSI at the recent regulatory review was discussed.	Do we understand the full range of risk?	Spend is now generally better managed but there is a bigger risk around income.	The continuing impact of Trakcare. We will report the range of forecast outcomes through the regular finance report henceforth and consider reporting the range of outcomes at the Trust Board.

Medical Productivity Update	A further update on the medical productivity programme was provided.	More focus on the financial benefits and phasing.	Early results from the Trauma and Orthopaedic reconfiguration are very positive.	Medical Productivity to be kept as an agenda item each month.
Cost Improvement Programme Update (CIP)	The Trust is currently projecting a forecast outturn of £23.3m with further action projected to achieve £3.2m. Total recurrent schemes for 2017/2018 are projected at £19.7m which leaves a shortfall for 2018/2019 of circa £15m.	Deliverability of the further CIPs and the impact on 2018/2019.	We are reasonably well progressed with developing robust plans and monitoring to deliver the additional £3.2m.	
Financial Risk Register	Risks around the development of the 2018/2019 financial plan (especially contract) to be added.			
Governors comments	Governor support for Subco was predicated on assumption of a secondment model initially and any work for other organisations being limited to 20% of turnover. Financial imperative as described by the Chief Executive.			

Finance Committee Work Plan	Contracting progress report to be added monthly			

MAIN BOARD – NOVEMBER 2017
Lecture Hall, Redwood Education Centre commencing at 09:00

Report Title
Workforce Report
Sponsor and Author(s)
Author: David Smith, Director of Human Resources and Organisational Development Sponsor: Emma Wood, Director of People and Organisational Development
Executive Summary

Purpose

This report presents progress against the Workforce Strategy.

Key issues to note

- The development of a detailed KPI Matrix and reporting cycle has provided a framework for the Workforce Committee to measure progress against the Workforce Strategy.

- Agency expenditure continued its downward trend reducing by £150k in month 6, including a £110k reduction in Medical Agency costs and a further reduction in Nursing of £54k, offset by a small increase in 'Corporate'. This maintains the year on year reduction of 26% in agency costs. The governance structure for agency control is being revised to see closer alignment of the key medical and nursing workforce work streams.

- The pay bill also witnessed a £310k reduction of which £100k was on substantive staff costs, reversing the trend of the prior month. Whilst significantly within the original pay budget, the current spend levels are significantly over the planned for run-rate at the end of the year and thereby requiring swift action. The VCP is being refreshed to recognise the challenge of reducing recruitment in the last third of the year, supported by a full Quality Impact Assessment process.

- Staff engagement sessions continue with a particular current emphasis on SubCo and ensuring that staff have the opportunity to find out first-hand about proposals and to receive consistent and accurate answers to their questions.

- A session on improving Medical Staff engagement is planned for December with LNC members.

- Appraisal rates continue to give cause for concern. November's figures (not yet received) are expected to improve however not to the mandated standard.

- Staff survey response rates are encouraging and now need to be built upon.

Conclusions

Reductions in Agency expenditure and control of pay remain encouraging however require further traction if the benefits are not to dissipate. Key to this is the collaborative working between the Director of Quality and Chief Nurse and the Medical Director.

Implications and Future Action Required

- Publishing but more importantly, delivering the new governance structure for agency oversight, which combines the two key clinical work streams.
- Publishing and implementing the revised VCP process to support the challenge on appropriate recruitment levels between now and year end.
- Providing maximum opportunities for Estates and Facilities staff to hear about proposals for the establishment of a SubCo and to maintain the integrity of the published Q+A.
- Plan the desired outcomes and terms of reference for the key medical engagement event in December
- Continue to positively promote participation in the annual staff survey.

Recommendations
The Board is asked to note the positive trends illustrated in the enclosed report
Impact Upon Strategic Objectives
It remains of critical importance that we continue to operate within our financial envelope, reducing agency expenditure and recruiting to establishment as appropriate. Improving engagement is a key strategic objective and underpins all aspects of performance.
Impact Upon Corporate Risks
Agency expenditure is currently rated as one of the Trusts highest risks to achieving financial balance.
Regulatory and/or Legal Implications
NHSI will continue to scrutinise our performance, particularly in relation to medical agency spend
Equality & Patient Impact
n/a

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 & Assurance Committee**	**Workforce Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
			✓			
Outcome of discussion when presented to previous Committees						

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MAIN BOARD – NOVEMBER 2017

WORKFORCE REPORT

1. Aim

This report provides Trust Board with an overview of performance, against the Trust Workforce Strategy.

2. Background – Development of a Reporting Matrix and Annual Plan

The Workforce Committee has spent time scrutinising a matrix of proposed indicators against each element of the Workforce Strategy. Some elements remain under development; however a standard suite of information is presented at each Committee Meeting to indicate overall performance.

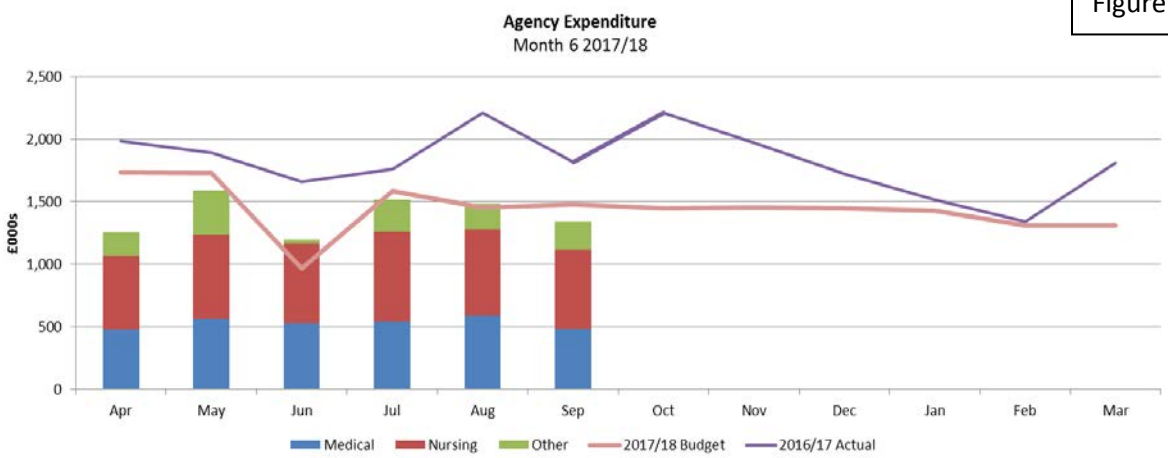
In addition to this and in order to measure success against overarching strategic aims and ongoing development work within the Workforce function, the Committee are working to an agreed reporting cycle for in depth progress reports.

3. Workforce

We continue to focus on the reduction of expenditure on agency staff and compliance with NHSI regulations.

3.1 Reducing Agency Expenditure and managing the Pay Bill

Figure 1

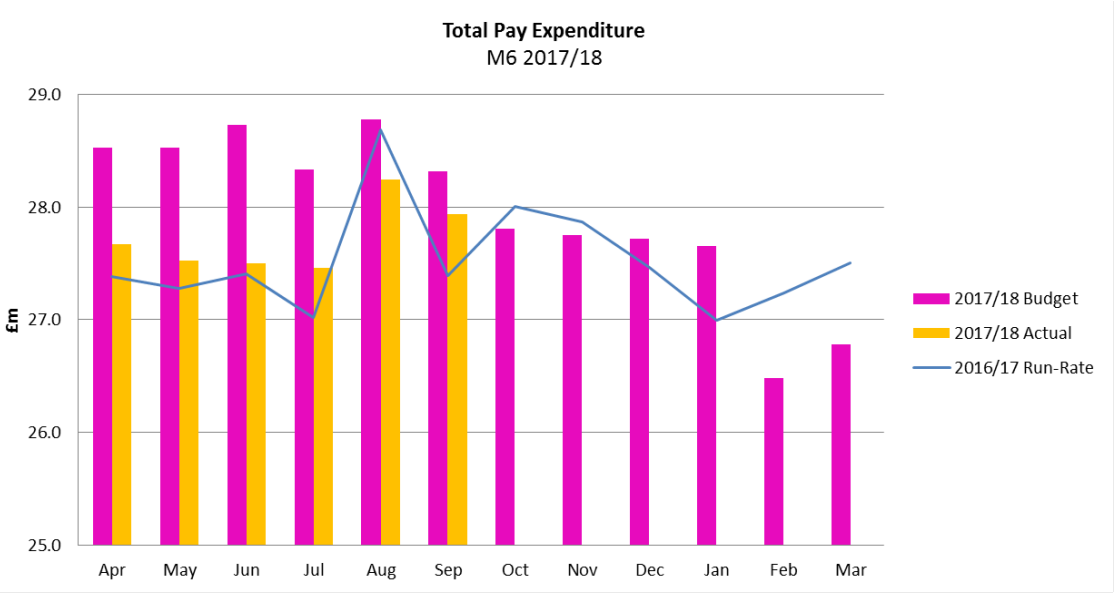


It was very pleasing to see a further £150k reduction in overall agency spend between month 5 and month 6 but even more so to witness the reduction in Medical agency expenditure of £110k. Nursing also reduced expenditure by £54k, however the bulk of this was in Women's and Children, with a cautionary note against the additional spend in both Medicine and Surgery. Whilst recognising the significance of the achievements year to date it will be absolutely vital that traction is increased. To facilitate this, the Director of Quality and Chief Nurse has restated the approval routes for sanctioning agency, particularly 'off framework' suppliers. In addition, greater flexibility of shift lengths is being implemented across both nursing agency and medical agency suppliers with a view to only employing the hours required. Plans are also in place to merge the leadership of the rostering and bank teams and to combine the governance structures for agency control below the Agency Programme Board. Hitherto, the Nursing and Medical work streams have operated independently, however it has

become increasingly clear that longer term solutions will be developed by the combination of both of these clinical work streams and the establishment of a single overarching plan. This new governance structure, with the 'Workforce' work stream focusing on enabling actions, will come into place with immediate effect. The Agency Programme Board, under the leadership of the Director of People, will still provide oversight.

In terms of managing the pay bill, it was again very positive to see the reduction in month of £310k in month 6, reversing the increase of Month 5. Whilst the bulk of this was in hosted services (£210k), it was still pleasing to see the reduction of £100k on substantive pay lines. Again, the cautionary note is that the current spend pattern is significantly above the planned monthly run-rate for the end of the year where most of the planned savings appear.

Figure 2



Whilst the VCP has successfully ensured that only key vacancies have been presented and has moved to a more strategic format of late, it still has a significant role in terms of controlling expenditure on recruitment safely over the remaining part of the year. Revisions to the process to acknowledge the challenge to the outturn and the steps required to be taken by divisions have now been published, including the arrangements for the Quality Impact Assessments against posts not being filled immediately. These QIA's will require the sign off of the Director of Quality and Chief Nurse and the Medical Director.

3.2 Recruiting to Nurse Vacancies

In order to reduce demand on temporary staffing services, it is critical to maximise recruitment to our Nursing establishment. We have collaborated in an STP wide visit to Ireland which has resulted in greater than expected interest from nurses who are scheduled to qualify next Summer. We will keep in contact and host tours/interviews for prospective candidates at the right time. The visit also yielded opportunities to meet with other individuals potentially interested in relocating to Gloucestershire and discussions are ongoing with a Surgical Junior Doctor, a Pharmacist and a Radiographer. We also have another recruitment trip planned to the Philippines in November.

The Director of Quality and Chief Nurse in conjunction with his Deputy are currently reviewing the establishment numbers for ward nursing and once this exercise is complete, it will give us an accurate picture of our current vacancies. As a consequence, the graph demonstrating absolute vacancy numbers will be included in

the next paper. It is likely that it will demonstrate an improvement in the previous position, both as a result of improved recruitment and a reduction in the establishment number. Notwithstanding this, the focus on both increased recruitment and reduced turnover will continue.

The Nursing and Midwifery Council (NMC) is making alternative options available for nurses and midwives, trained outside the UK, to demonstrate their English language capability.

From 1 November 2017, they will accept the Occupational English Test (OET) in addition to the International English Language Test System (IELTS), as proof of a nurse or midwife's English language competence. While this provides an alternative way for nurses and midwives to demonstrate their English language capability, applicants will still be required to meet existing English language standards. Nurses and midwives who have qualified outside EU/EEA will now also be able to demonstrate their English language capability by providing evidence that they have:

- undertaken a pre-registration nursing or midwifery qualification taught and examined in English.
- registered and practised for a minimum of one year in a country where English is the first and native language, and a successful pass in an English language test was required for registration

3.3 Turnover

Figure 3

Description	Current Performance			Movement since last Month	
Turnover is measured using the total leavers (heads) as a percentage of the average headcount for the reporting period. The Trust target is 9.5% with the red threshold above 10.5% and below 6%.	12 months to September 17	**Actual**	**KPI**		
		% TO	**% TO**		
	Trust Total	**12.33%**	9.50%	↘	decrease
	Corporate	14.99%	9.50%	↘	decrease
	Diagnostics & Specialty	11.52%	9.50%	→	stable
	Estates & Facilities	7.09%	9.50%	↘	decrease
	Medicine	14.38%	9.50%	↘	decrease
	Surgery	12.13%	9.50%	↗	increase
	Womens & Children	12.24%	9.50%	↗	increase
	Add Prof Scientific and Technic	7.42%	9.50%	↘	decrease
	Additional Clinical Services	15.86%	9.50%	↗	increase
	Administrative and Clerical	15.01%	9.50%	↘	decrease
	Allied Health Professionals	12.75%	9.50%	↘	decrease
	Estates and Ancillary	8.02%	9.50%	↘	decrease
	Healthcare Scientists	12.70%	9.50%	↗	increase
	Medical and Dental	7.73%	9.50%	↘	decrease
	Nursing and Midwifery Registered	10.73%	9.50%	↘	decrease
	Staff Nurses	11.83%	9.50%	↘	decrease

As commented previously, we are working to a historic benchmark of 9.50% which is currently under review by the Workforce Committee, particularly as comparative figures from other Trusts suggest turnover ranges between 10-13.5%. We have made great strides in certain professions over the last year, such as Nursing and Health Care Assistants (Additional Clinical Services). The Workforce Committee will receive an in-depth analysis of current trends for December, mirroring some of the national work and reporting on progress in the following areas;

- looking at our data in depth
- asking our people what is important to them
- how do we follow a more systematic improvement methodology
- the role of developing organisational values and culture
- how we are supporting new starters
- how we are supporting flexible working

- the role of development and career planning
- how we can improve flexible retirement options
- building line manager capability

A summary will then be reported in the January Board papers.

4. HR Operations & Staff Health and Wellbeing

The Trust annual sickness absence rate of 3.93% remains **lower than the national average** for Large Acute Trusts (4.39% to Jan 17). Long term absence accounts for approximately half of the absence recorded. The estimated cost of sickness absence, excluding backfill is approximately £7.1m.

Figure 4

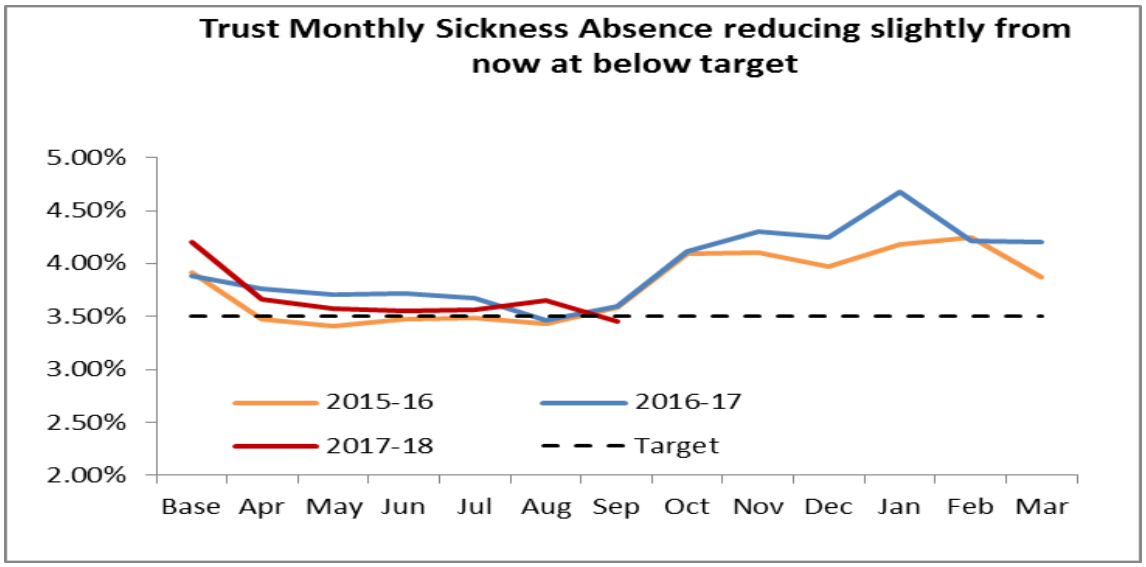


Figure 5

Description	Current Performance			Sickness Absence by month						Movement Aug to Sep	
Sickness Absence is measured as percentage of available Full Time Equivalents (FTEs) absent against available FTE. The Trust target Is 3.5% with the red	12 months to Sep 17 (Annual)	**Actual**	**KPI**	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17		
		% Abs	**% Abs**								
	Trust Total	3.93%	3.83%	3.66%	3.57%	3.56%	3.57%	3.65%	3.46%	↘	decrease
	Corporate	3.89%	3.50%	3.48%	3.65%	3.41%	3.74%	3.88%	3.52%	↘	decrease
	Diagnostics & Specialty	3.64%	3.50%	3.29%	3.32%	3.85%	3.42%	3.68%	3.20%	↘	decrease
	Estates & Facilities	4.59%	3.50%	5.21%	4.09%	3.91%	3.82%	3.96%	3.99%	↗	increase
	Medicine	3.67%	3.50%	3.66%	3.26%	3.08%	2.79%	3.05%	3.19%	↗	increase
	Surgery	4.13%	3.50%	3.76%	3.93%	3.82%	4.05%	3.80%	3.87%	↗	increase
	Womens & Children	4.15%	3.50%	3.34%	3.40%	2.97%	3.78%	3.87%	3.06%	↘	decrease
	Add Prof Scientific and Technic	3.97%	3.50%	4.07%	4.70%	3.56%	4.79%	4.31%	2.51%	↘	decrease
	Additional Clinical Services	4.83%	3.50%	3.55%	3.81%	4.56%	4.36%	4.63%	4.40%	↘	decrease
	Administrative and Clerical	4.31%	3.50%	4.19%	4.12%	4.02%	4.21%	3.73%	3.24%	↘	decrease
	Allied Health Professionals	2.83%	3.50%	2.50%	2.02%	3.08%	3.26%	3.14%	2.75%	↘	decrease
	Estates and Ancillary	4.47%	3.50%	4.91%	3.97%	4.09%	4.13%	4.17%	3.95%	↘	decrease
	Healthcare Scientists	2.91%	3.50%	2.15%	2.30%	2.43%	1.50%	2.66%	3.23%	↗	increase
	Medical and Dental	1.79%	3.50%	1.53%	1.93%	1.79%	1.40%	1.29%	1.86%	↗	increase
	Nursing and Midwifery Registered	4.19%	3.50%	4.32%	3.93%	3.42%	3.56%	3.99%	3.86%	↘	decrease

We have witnessed the expected reductions in sickness rates over the Summer and it is also pleasing to note that in preparation for the Winter, we are currently running in advance of previous flu vaccination programmes following some very positive promotion and focus. As reported verbally to the Board last month we have also been successful in gaining accreditation under the Workforce Wellbeing Charter receiving the classification of 'excellent' in 4 of the 8 assessed categories, 'achieving' in one other, with 'committed' in the remaining three. The benefit of participation however is not simply to receive a badge of accreditation, but to use the full feedback report to effect improvements in the areas listed as 'committed'. This report will be considered by the Staff Health and Wellbeing Group.

5. Education, Learning and Development - Appraisals

Appraisal compliance (fig 7) remains at 79% and remains some way below the internally set 90% but which is also a key element of our CQC action plan. All divisions have been tasked with producing action plans setting clear trajectories to return performance to the expected standard. Within the Divisional Executive Review process it has been underlined that it is a key responsibility of managers to ensure that their appraisal performance matches expectations and all cost centre managers receive granular reports regarding which departments and individuals within their areas are currently compliant, or are scheduled to become non-compliant the following month. As part of the action planning, divisions have been asked to comment on the actions they will take for continued non-compliance. What is clear is that there is nothing intrinsically linked to our appraisal system which prevents the achievement of the mandated standard. It has been commented that there have been some reporting/recording issues last month following a problem with the intranet. However the level of non-compliance (11%) suggests that the issue is not explained by a reporting 'blip' and for 6 out of the last 7 annual staff surveys, we have appeared in the top 20% of trusts for appraisal numbers. Attempts have also been made to reduce/simplify the paperwork however it is clear that as well as focusing on the compliance percentages we need to put an equal focus on the quality of appraisals and look at how we revitalise our current system, including a review of spans of control.

In similar vein, continued focus on Mandatory Training (fig 8) means compliance remains stable and close to the Trust target of 90% and there is no reason why every division should not be above the expected reporting threshold. Recovery plans have also been requested from divisions and it is expected that reported figures for October will show the requisite improvements.

Figure 6 &7

													Movement since last Month	
Appraisals	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17		
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Corporate	84%	82%	83%	80%	82%	86%	82%	82%	75%	76%	77%	77%	→	stable
Diagnostics	85%	86%	86%	87%	88%	88%	86%	84%	84%	83%	83%	83%	→	stable
Estates & Facilities	79%	76%	76%	77%	77%	74%	63%	60%	59%	60%	68%	72%	↗	increase
Medicine	76%	75%	74%	74%	77%	79%	78%	79%	79%	79%	78%	77%	↘	decrease
Surgery	80%	79%	80%	81%	83%	82%	80%	79%	78%	80%	79%	77%	↘	decrease
Women & Children	78%	78%	77%	78%	80%	78%	77%	81%	83%	82%	81%	80%	↘	decrease
Trust	**80%**	**80%**	**80%**	**80%**	**82%**	**82%**	**80%**	**79%**	**78%**	**79%**	**79%**	**79%**	→	stable

													Movement since last Month	
Mandatory Training	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17		
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Corporate excl Bank	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	91%	91%	→	stable
Diagnostics	94%	95%	94%	94%	94%	94%	94%	94%	94%	93%	93%	93%	→	stable
Estates & Facilities	91%	88%	90%	89%	88%	89%	87%	83%	80%	85%	88%	86%	↘	decrease
Medicine	91%	87%	88%	88%	88%	89%	89%	89%	89%	88%	88%	87%	↘	decrease
Surgery	93%	89%	89%	90%	90%	90%	90%	91%	91%	90%	90%	90%	→	stable
Women & Children	91%	88%	88%	88%	89%	89%	88%	88%	89%	89%	88%	88%	→	stable
Trust	**91%**	**89%**	**89%**	**89%**	**89%**	**90%**	**89%**	**89%**	**89%**	**89%**	**89%**	**88%**	→	stable

6. Key Progress against the Workforce Strategy

The following additional progress has been made against the workforce strategy during October 2017.

- Submission and consideration of the annual report on Education to the Workforce Committee.
- An assessment of progress of the workforce work streams within the STP, including the development of a draft Workforce Strategy for the whole STP.
- Endorsement by the Reward Strategy Group of the draft Reward Strategy for presentation at the Workforce Committee in November.

- Presentation of the developing Reward Strategy has been made to the Workforce Committee

7. Short Term Priorities

SubCo

A number of listening events have/are being held to ensure that staff have the opportunity to attend and hear about the proposals first hand. It is recognised that many staff will have a number of concerns and as a consequence, a Q+A document has been produced with a view to providing up to date responses to the questions posed. This document will be regularly updated, with strict version control and is designed to eliminate some of the inevitable speculation by producing accurate answers reflecting the Trust position.

Governance

As described earlier in the paper, the Governance structure around agency controls is changing to ensure a combined/consistent approach across the Medical and Nursing work streams. Ownership of the Temporary Staffing team is also planned to move this month, prior to a longer term plan to merge with Rostering and new procedures for the Vacancy Control Panel (VCP) will also be implemented.

Equality and Diversity

Establishing a Diversity Network within the Trust starts with a 'pre-launch' meeting on the 10th November to senior leaders in the Lecture Hall at Redwood, prior to launching it to the rest of the Trust. Hosted by Chief of Service Dhushy Mahendran and Head of Leadership and Organisational Development Abby Hopewell, it aims to set out;

- The case for diversity and inclusion in our Trust and the NHS. What we already do well, where we need to do better
- The purpose of our new diversity network - how you can get involved, how you as a senior leader can support it
- The biases, privileges and limitations that every single one of us experience (whether we like it or not); their implications for ourselves and others in the workplace. What we can start to do about it.

Engagement

We are continuing with the successful model of 'listening events' implemented across the Summer for staff, led by the CEO and various executive colleagues and have now published the responses to the A+C Managers listening event. This is key as we recognise that if we are to improve engagement with all staff groups it is absolutely vital that we ensure that our managers, who are the two-way conduit for so much of our communications, are equally engaged with and listened to. In similar vein, recent dialogue with the 'LNC', the Local Negotiating Council for Doctors (initially sparked by discussions over the implementation of the Junior Doctor Contract but broadened out to consider the contribution of Medical staff to improving our financial position), have resulted in the scheduling of a specific engagement event in December with the LNC. This will be attended by key members of the LNC, the Chief Executive, the Medical Director and the Director of People and will focus on improving medical engagement.

Staff Survey

The staff survey launched at the beginning of October and at the time of writing (end of week 4) the headlines are as follows;

National Picture

✓ As at 27th October, the national mean response rate for all Trusts using Quality Health was 28%. Acute Trust average was 27%. **Gloucestershire Hospitals NHS Foundation Trust** was **32%**. [Source: Quality Health]

Divisional Picture

- ✓ Highest response rate in numbers: **Diagnostics & Speciality [737]**
- ✓ Highest response rate in % terms: **Corporate [53%]**

Team Picture

- ✓ Best performing teams in % terms to date: **Patient Experience [94%], Finance Shared Services [91%]**

Staff Group picture

- ✓ Highest response rate in number: **A&C [729]**

Highest response rate in % terms: **Healthcare Scientists**

Whilst we are running above the national average for response rates for acute trusts, this must be tempered by the observation that being above a poor response rate should not and does not satisfy us and we will continue to encourage participation through every opportunity, including the divisional executive reviews, the Chief Executive's monthly message and executive walkabouts. Reminders are also being issued both to those completing on paper and to those completing on-line.

8. Conclusion

Continued reductions in agency expenditure and control of overall pay spend are encouraging however we need to ensure that there is even greater traction going forward. The axis between the Director of Quality and Chief Nurse and the Medical Director is key to ensuring this happens.

The engagement agenda and in particular, the focus on 'open and honest' communication has really taken off this year and we wait to see the impact on both staff survey participation and the results. There is also a real opportunity to grasp the nettle of medical engagement and to move this forward considerably, with the same level of open dialogue.

The Board are asked to note the progress against key elements of the Workforce Strategy

Author; David Smith, Executive Director of HR and OD

Presenting Director; Emma Wood, Director of People and Organisational Development

November 2017

MAIN BOARD – NOVEMBER 2017
Lecture Hall, Redwood Education Centre commencing at 09:00

Report Title
Smartcare Progress Report
Sponsor and Author(s)
Author: Gareth Evans, Smartcare Programme Manager Sponsor: Dr Sally Pearson, Director of Clinical Strategy

Executive Summary

Purpose

To provide assurance to the Board, from the Smartcare Programme Board, on the current position of the Smartcare Programme.

Key issues to note

- The programme is set at red status until the timetable for the deployment of further functionality is agreed
- Recognising that the operational recovery from the deployment of Trakcare needs to change, the Trust will be accessing the support of a 'recovery task force'. This team, comprising experts from NHS Digital's Provider Support Unit, senior people from around the country who have supported similar recoveries, and the Chief Information Officer from North Tees (and members of his team), will work with the Trust to develop a comprehensive recovery plan. North Tees Trust deployed TrakCare two years ago and following some deployment issues now have a system that their Trust are happy with. The recovery programme will have three strands - stabilisation (actions to stop making the situation worse), recovery (the processes, protocols and retraining of staff as should have occurred pre-deployment) and system development (onwards and upwards to digital exemplar).
- The 'task force' will visit the Trust in the week commencing 13 November to undertake a deep dive which in turn will inform the development of a comprehensive recovery programme. In order to signal this new approach, the CEO will take over the role of Senior Responsible Officer (SRO) for both SmartCare and TrakCare Recovery.
- Following a review of our operational readiness to deploy TrakCare Radiology Order Comms in our A&E departments and in light of the requirement to focus wholly on recovery for at least the next few months, this roll-out has been halted as any deployment, however straightforward, will consume resources that should be targeted at recovery. The issue was not related to software readiness but due to availability of Trust support resources.
- A key prerequisite to rolling out any further clinical functionality will be extended, robust and resilient system support arrangements.

Conclusions

Planning for the delivery of all phases subsequent to Phase 1 will be undertaken once the recovery plan following the “deep dive” is in place.

System development in terms of essential planned system upgrade (2017.2) will continue and be planned appropriately.

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 December.

Recommendations

The Board is asked to note this report.

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. In respect of the delayed implementation, a full review will be undertaken in respect of the revised timescales from the subsequent 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 & Assurance Committee	Workforce Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
					✓	

Outcome of discussion when presented to previous Committees

Endorsed.

PROGRESS REPORT SmartCare			
Date completed:	25/10/17	**Version**	1.0
Project Sponsor:	**Dr Sally Pearson**	**TRUST RAG Status**	**RED**
Project Manager:	Gareth Evans		

SmartCare Progress Report – October 2017

Executive Summary & Programme Status

The programme is set at red status until the timetable for the deployment of further functionality is agreed

Phase 1

Contract performance

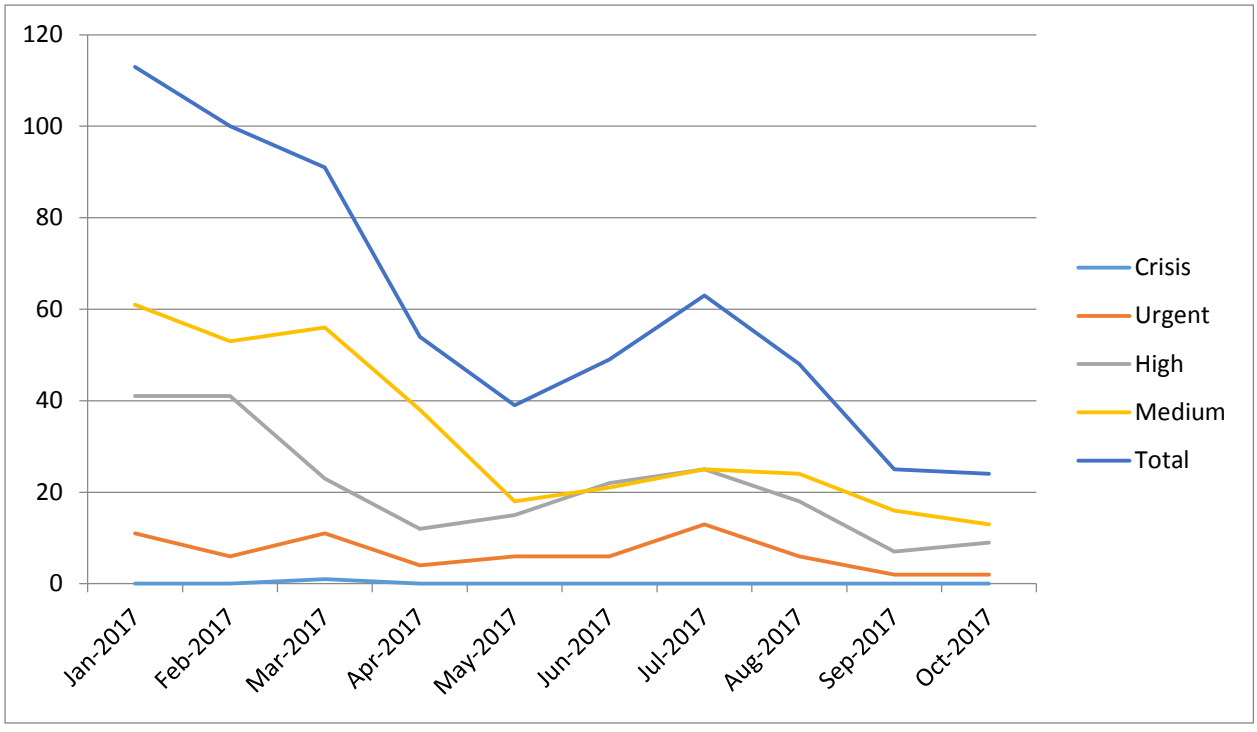
Contract Performance is measured against Incident call statistics against the InterSystems Call Centre (TRC) and availability of TrakCare to end users. Current trends and ongoing totals provided below.

Contract review still requires the revised CCN to be agreed and any revised financial milestones reconciled.

TRC Incident reporting Summary: Jan – Oct 2017

Incidents Opened YTD:	612
Incidents Closed YTD:	549
Incident Closure (%):	90
Open Incidents:	152

Trend for Open Incidents



A report on Open URGENT and HIGH Priority TRC issues is provided to the Programme Board.

The priority resolution from InterSystems is in respect of the related set of issues that result in incorrect FCE creation resulting in an inability to report correctly and subsequently unable to provide billing information. Recent patches have included functional changes which should address this issue. This is currently being tested by the Trust

Overall TRC logging trend has continued to decrease in the last month.

Service Review

A Service Review was held with InterSystems on 11th October. The items discussed include the impact and investigation into a 'Data Event', described in this report. Discussion centred on the SLA report issued monthly by ISC and the overall performance. The report still contains a number of issue logs (TRC's) that are pending update from Trust staff and this is an indicative issue of the current support status within the Trust. Support team members and those with access to the TRC system are to review their respective logged issues and provide updates in order to enable accurate reporting and management.

The priority item for the Trust is the FCE issue identified above. The potential causes are multiple and include operational use as well as system function. The cause of the issue is under investigation and is actively being worked through to resolution.

Discussion took place on the clarity of release notes for software patches. Review of release notes will be maintained and reported back to ISC if required. The Trust indicated that it would not be taking any planned Maintenance Release updates after the current MR7 implementation due to planned activity and impact on local resources.

Monthly Service Reviews will be initiated with the identified Trust Support Team as soon as confirmed. The Programme Team will maintain the support brief in the interim.

Status reporting of all identified 'system' issues relating to Operational Impact is provided in the Operational Impact Log. In addition, a weekly review of TRC status is being undertaken for reporting back to the Operational Impact Group. The Group has raised its concern on the length of time to resolve identified issues.

Data Event

On Tuesday 10th October, InterSystems advised the Trust of a data event that had occurred within the InterSystems system environments whereby a limited amount of patient data had been uploaded to an internal code-base server in the U.S. and a subsequent disassociation of that data with the patient records in the Live system. The inadvertent copied data was removed from the U.S. server immediately once identified.

The root cause was as a result of a technical operation where an internal configuration setting caused an incorrect set of information to be transferred. The resolution which included a database 'fix' and reconfiguration of the areas involved. This process has been completed and the causal process rectified.

The Trust undertook a full evaluation of the issue including checks on the type and content of the PID involved. It resulted in a small set of data from 56 patients with only 18 records including identifiable sensitive data,

This is in terms of information "disclosed in error" - although not in public domain, met the threshold for reporting to the Information Commissioner

The changes to the system have been tested to ensure the issue cannot be replicated

System Deliverables

System related progress during this period has been in respect of the preparatory work required to complete the all technical environments as a pre-requisite for the deployment in ED ofRadiology Order Comms and Pathology build continuation. The environments have been re-baselined and build commenced for pathology in T2016.2 in order to recover some of the delays to the project.

A Programme Delivery plan for all component deliverables within Phases 1.5, 2 and 3 was presented to the Programme Board on 2nd October. The plan provided was accepted in principle but more work was required to understand the feasibility and impact of the potential phasing of the pathology deployment

Since the Programme Board, the data incident has impacted on the deployment of 2017.2, which we now understand has been deferred to Early February 2018. This will require the programme to be revisited to determine any impact on the timetable

Phase 2 Operational Assessments for the Advanced Clinical components have been arranged for December with a minimum of 8-weeks' notice for clinical attendance. This activity will proceed as planned

The Authority To Proceed (ATP) process for the live implementation of Radiology Order Comms within ED was scheduled for 20th October. The ATP and subsequent go-live scheduled for 1st November was subsequently cancelled due to operational readiness issues identified in the preparatory ATP process. The issue was not related to software readiness but due to availability of Trust support resources.

Central Funding

Submission of central funding requirement for the next six-months have been made to the SLCS Oversight Board and approved.

Implementation Review and Phase 1 Recovery

Recognising that the operational recovery from the deployment of Trakcare needs to change, the Trust will be accessing the support of a 'recovery task force'. This team, comprising experts from NHS Digital's Provider Support Unit, senior people from around the country who have supported similar recoveries, and the Chief Information Officer from North Tees (and members of his team), will work with the Trust to develop a comprehensive recovery plan. North Tees Trust deployed TrakCare two years ago and following some deployment issues now have a system that their Trust are happy with. The recovery programme will have three strands - stabilisation (actions to stop making the situation worse), recovery (the processes, protocols and retraining of staff as should have occurred pre-deployment) and system development (onwards and upwards to digital exemplar).
The 'task force' will visit the Trust in the week commencing 13 November to undertake a deep dive which in turn will inform the development of a comprehensive recovery programme. In order to signal this new approach, the CEO will take over the role of Senior Responsible Officer (SRO) for both SmartCare and TrakCare Recovery.
Following a review of our operational readiness to deploy TrakCare Radiology Order Comms in our A&E departments and in light of the requirement to focus wholly on recovery for at least the next few months, this roll-out has been halted as any deployment, however straightforward, will consume resources that should be targeted at recovery.
A key prerequisite to rolling out any further clinical functionality will be extended, robust and resilient system support arrangements.

Phase 1 Deployment Lessons Learned

The Action Plan against the lessons learned report is in preparation with a revised format and is to be completed prior to the November Programme Board.

Phases 1.5, 2 & 3 Preparation and planning

Progress with the preparation for Pharmacy Stock Control, Oncology and planning for the delivery of all phases subsequent to Phase 1 will be undertaken at the appropriate time following the activity determined by the Phase 1 recovery activity and the associated 'deep dive' outcome.
System development in terms of essential planned system upgrade (2017.2) will continue and be planned appropriately,

Training

The Training team will be involved in the recovery programme with the refinement of training material and provision of additional TrakCare training as per the output from the recovery exercise. This is in addition to maintaining current training provision. The impact on the training resource available to support T2017.2 upgrade will need to be assessed.

InterSystems have delivered a second Analytics training session to BI staff, operational staff and a group of clinicians.

A training session for development of TrakCare Questionnaires has been arranged for November

Programme Resourcing

Resource requirements will be reviewed against the revised forecast and structural definition.

Resource planning against the revised structure for the ongoing system development and the operational stabilisation is being undertaken.

The role of Interface Developer is still to be determined in terms of Trust engagement but is an increasingly urgent and necessary requirement for progressing both the project in a timely manner and general interface support due to the workload application on SPi who is acting as this role in addition to Technical Architect.

Finance

A revised cost forecast has been provided. A review of the subsequent revised requirement is to be undertaken including any changes related to the delivery of the planned activity.

Programme Risks

The Programme continues to monitor Issues and Risks through the reporting structure used by the Support Team as well as the Operational Recovery Board. Any Clinical Risks are monitored by the Clinical Risk Review Group.

Operational Activity

The Programme team actively support the Operational Recovery Board. The Operational Recovery Board will be incorporated into a revised SmartCare Programme Board structure once the outcome of the 'deep dive' investigation has completed.

Next Planned activities

Revised planning restructured Programme incorporating System Development and Stabilisation activity.
T2017.2 upgrade planning, including,

- The agreement of Standard Operating Procedures (SOPs) – essential to ensure the Trust regression test against actual workflows.
- The creation of updated test scripts – adhering to the SOPs.

Confirmation of Business based support management.

Continuation of Phase 1 recovery with Programme resources against revised planned activity.

Progress build in T2016.2 for pathology and pharmacy stock

Status against communications plan

To be incorporated into revised Operational Recovery planning activity.

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**	
Milestones to be reviewed following the outcome of the “deep dive”			

ITEM 10

GOVERNOR QUESTIONS

Peter Lachecki
Chair

ITEM 11

STAFF QUESTIONS

Peter Lachecki
Chair

ITEM 12

PUBLIC QUESTIONS

(Procedure attached)

Peter Lachecki
Chair

PROCEDURE FOR PUBLIC QUESTIONS AT BOARD MEETINGS

The Trust welcomes feedback from members of the public. We are committed to delivering the best care and constantly looking at ways to improve the services we provide at 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 ghn-tr.pals@gloshospitals@nhs.net 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 ghn.tr.complaints.team@nhs.net or by writing to the Complaints Team at Gloucestershire Royal Hospital/at the above address
- By asking a question at our Board meeting by following the procedure below. Board meetings are open to the public and are normally held on the last Friday of the month and alternate between the Sandford Education Centre in Cheltenham and the Redwood Education Centre at Gloucestershire Royal Hospital. Meetings normally start at 9.00am

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

Written questions for the Board Meeting

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

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

Notice of questions

A question may only be asked if it has been submitted in writing to the Board Administrator 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 Board Administrator, Alexandra House, Cheltenham General Hospital, Sandford Road, Cheltenham, GL53 7AN or by e-mail to natashia.judge@nhs.net.
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 Natashia Judge, Board Administrator on 0300 422 2932 by e-mail natashia.judge@nhs.net

ITEM 13

ITEMS FOR THE NEXT MEETING AND ANY OTHER BUSINESS

DISCUSSION