AGENDA AND SUPPORTING PAPERS FOR THE MEETING OF THE GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST MAIN BOARD TO BE HELD AT 12:30 IN THE LECTURE HALL, SANDFORD EDUCATION CENTRE, CHELTENHAM GENERAL HOSPITAL ON THURSDAY 14 MARCH 2019

(PLEASE NOTE: Date and venue for this meeting.

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

The next meeting of the Gloucestershire Hospitals NHS Foundation Trust Main Board will be held on **Thursday 14 March 2019** in the **Lecture Hall, Sandford Education Centre, Cheltenham General Hospital** commencing at 12:30

(PLEASE NOTE DATE AND VENUE FOR THIS MEETING)

Peter Lachecki
Chair

27 February 2019

AGENDA

				Approximate Timings
1.	Welcome and Apologies			12:30
2.	Declarations of Interest			
3.	Patient Story			12:31
4.	Minutes of the meeting held on 14 February 2019	**PAPER**	**For approval**	13:01
5.	Matters Arising	**PAPER**	**For assurance**	13:03
6.	Chief Executive's Report	**PAPER** (Deborah Lee)	**For information**	13:05
7.	Trust Risk Register	**PAPER** (Lukasz Bohdan)	**For assurance**	13:15
8.	Quality and Performance:			13:20
	- Assurance Report of the Chair of the Quality and Performance Committee - meeting held on 27 February 2019	**PAPER** (Claire Feehily)	**For assurance**	
	- Quality and Performance Report	**PAPER** (Steve Hams, Caroline Landon, Mark Pietroni)	**For assurance**	
9.	Finance and Digital:			13:35
	- Assurance Report of the Chair of the Finance Committee - meeting held on 28 February 2019	**PAPER** (Keith Norton)	**For assurance**	
	- Financial Performance Report	**PAPER** (Sarah Stansfield)	**For assurance**	
	- SmartCare Progress Report	**PAPER** (Mark Hutchinson)	**For assurance**	
10.	People and Organisational Development		**For assurance**	14:00
	- Assurance Report of the Chair of the People and Organisational Development Committee - meeting held on 4 March 2019	**PAPER** (Alison Moon)		
	- People and Organisational Development Report	**PAPER** (Emma Wood)		

11.	Gloucestershire Managed Services (GMS): - Assurance Report of the Chair of the GMS Committee meeting held on 11 February 2019	**PAPER** (Mike Napier)	**For assurance**	14:10
12.	Operational Plan	**PAPER** (Simon Lanceley)	**For approval**	14:15
	Governor Questions			
13.	Governors' Questions – A period of 10 minutes will be permitted for Governors to ask questions			14:30
	Staff Questions			
14.	A period of 10 minutes will be provided to respond to questions submitted by members of staff			14:40
	Public Questions			
15.	A period of 10 minutes will be provided for members of the public to ask questions submitted in accordance with the Board's procedure.			14:50
	Any Other Business			
16.	Any Other Business			
	Close			**15:00**

COMPLETED PAPERS FOR THE BOARD ARE TO BE SENT TO THE CORPORATE GOVERNANCE TEAM NO LATER THAN 17:00 ON TUESDAY 5 MARCH 2019

Date of the next meeting: The next meeting of the Main Board will take place on **Thursday 11 April 2019** in the **Lecture Hall, Sandford Education Centre, Cheltenham General Hospital** at **12:30**

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	**Executive Directors**
Claire Feehily	Deborah Lee, Chief Executive
Rob Graves	Lukasz Bohdan, Director of Corporate Governance
Alison Moon	Steve Hams, Director of Quality and Chief Nurse
Mike Napier	Mark Hutchinson, Chief Digital and Information Officer
Keith Norton	Caroline Landon, Chief Operating Officer
	Simon Lanceley, Director of Strategy and Transformation
	Mark Pietroni, Medical Director
	Sarah Stansfield, Director of Finance
	Emma Wood, Director of People and Deputy Chief Executive

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 THURSDAY 14 FEBRUARY 2019 AT 12:30

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	PL	Chair
	Deborah Lee	DL	Chief Executive
	Lukasz Bohdan	LB	Director of Corporate Governance
	Sean Elyan	SE	Medical Director
	Mark Hutchinson	MH	Chief Digital and Information Officer
	Simon Lanceley	SL	Director of Strategy and Transformation
	Caroline Landon	CL	Chief Operating Officer
	Sarah Stansfield	SS	Director of Finance
	Emma Wood	EW	Director of People and Organisational Development and Deputy Chief Executive
	Claire Feehily	CF	Non-Executive Director
	Rob Graves	RG	Non-Executive Director
	Alison Moon	AM	Non-Executive Director
	Mike Napier	MN	Non-Executive Director
	Keith Norton	KN	Non-Executive Director
APOLOGIES	Steve Hams	SH	Director of Quality and Chief Nurse
	Bilal Lala	BL	Associate Non-Executive Director
IN ATTENDANCE	Suzie Cro	SC	Deputy Director of Quality *(for item 042/19)*
	Natashia Judge	NJ	Corporate Governance Manager
	Craig Macfarlane	CM	Head of Communications and Marketing
	Sue Macklin	SM	Ward Manager - Avening Ward *(for item 042/19)*
	Simon Pirie	SP	Guardian for Safe Working Hours *(for item 048/19)*
	Carole Webster	CW	Deputy Chief Nurse

PUBLIC & PRESS Two governors, 12 members of staff, one member of the public.

The Chair welcomed all to the meeting.

041/19 DECLARATIONS OF INTEREST **ACTIONS**

LB declared an interest, noting that he was a GMS Director.

042/19 PATIENT STORY

In recognition of the Trust's recent 'Good' rating by the Care Quality Commission (CQC), the Board dedicated this portion of the agenda to celebrating the Trust's achievements:

- SC gave a presentation highlighting some of the recent positive feedback received by the Trust via social media and in telephone calls. The feedback praised a range of areas across both sites and echoed the feedback presented in the CQC's inspection report.
- SM presented projects undertaken on the Avening Ward, highlighting the NHS70 Award for their project to address device-related pressures, the "Cheers Ears" campaign, which became part of NHS Improvement's overall national strategy.
- DL recognised the contribution of staff across all levels of the organisation and thanked them for the large part they had played in securing recent rating which was undoubtedly an organisation-wide achievement.

043/19 MINUTES OF THE MEETING HELD ON 10 JANUARY 2019

RESOLVED: The minutes of the meeting held on 10 January 2019 were agreed as a correct record and signed by the Chair.

044/19 MATTERS ARISING

JANUARY 2019 021/19 PEOPLE AND ORGANISATIONAL DEVELOPMENT – PEOPLE AND ORGANISATIONAL DEVELOPMENT REPORT - MN ASKED THAT THE REPORT SHOW THE NUMBERS FOR HEALTH CARE ASSISTANT (HCA) POSITIONS - CURRENTLY CATEGORISED UNDER ADDITIONAL CLINICAL SERVICES.
AK agreed to provide the figures and amend the format of future reports.
Completed: The extrapolation of HCA data will be available with the next set of data reported at the People and OD Committee on 4 March. Assurance on progress of the HCA retention programme will also be provided.

045/19 CHIEF EXECUTIVE'S REPORT

DL presented her report to the Board. In response:

- CF thanked all staff involved in the Trust's performance against the 4-hour Accident & Emergency (A&E) standard. She asked when the best time was to review winter planning and how well this supported the Trust. CL said that conversations had started amongst operational teams to support earlier reflection, with the wider system's intention being to review early this year. CF asked if more time needed to be carved out to address winter planning. DL responded that the seasons were becoming less and less important, with surges across the year, and therefore the Trust needed to move away from a winter plan to surge/ escalation plan. CL accepted this point.
- RG asked what the mechanism would be to follow progress against the Must Do actions from the CQC report. DL answered that oversight would be through the Quality Delivery Group which reports into the Quality and Performance Committee, with escalation by exception.
- PL asked how the well theTrust was linked with the national digital work. MH answered that the Trust was working to become a Global Digital Exemplar Fast Follower, as well as investigating a new Electronic Patient Record.
- MN asked how staff had reacted to the recent CQC rating and whether they were pleased. DL said that the outcome had been a huge boost to staff morale however, she also acknowledged that while most staff were pleased, she had also heard from staff who had raised concerns that the Trust did not feel "good" in their service area. While the Trust was rated overall good, she acknowledged that not every patient or staff member got the experience they should and therefore it was important to granularly examine areas which were not good or outstanding and continue the journey of improvement. CW added that the rating had been good for morale and that weaker areas were examining what more they could do to improve and what further support could be provide

046/19 BOARD ASSURANCE FRAMEWORK

LB presented the Board Assurance Framework (BAF), outlining that this would be the last but one report against the current strategic objectives and that the learning from the delivery of current Strategic Objectives would influence the new strategy.

AM observed that *strategic objective 2.3 "Have a minimum of 65% of 'our staff recommend us as a place to work through the staff survey"* had moved from green to amber, reflecting delays in progressing the Staff Experience Group, but that in parallel, the action was noted as complete. She highlighted that this would be discussed at the next People and Organisational Development Committee.

Noting that the strategic objectives would soon change, RG stressed that it was important the Trust did not lose sight of the current strategic objectives rated red or amber.

RESOLVED: To receive the report for assurance that the risks to the Strategic Objectives are being controlled effectively and that any residual risks or objectives would be taken forward into next year.

ACTION: Assignment of SO 4.6 to the Quality and Performance Committee as the oversight committee to be discussed. **LB**

047/19 TRUST RISK REGISTER

LB presented the Trust Risk Register, highlighting that there had been five changes since the last Board meeting and that further work had been undertaken around actions and mitigations.

CF asked DL, as chair of the Risk Management Group, how well the risk register was serving the organisation and whether there were aspects which needed to improve. DL answered that the process had improved significantly, with TLT rarely serving as a safety net around the divisional architecture. The next step would be further engaging staff throughout the organisation, as while there was good recognition of risk amongst frontline staff there were likely some risks at departmental level which were not permeating the divisional architecture. LB advised the Board that work on divisional governance was about to start.

MN referred to the new risk F2522 (Risk that available capital is insufficient to support requirements associated with buildings maintenance, equipment renewal and backlog maintenance resulting in major operational impacts and increased costs), noting that the risk was phrased as an issue with available capital, whereas he saw the risk more so as failure of equipment, with one of the mitigations available being capital. He suggested wording be amended. He also noted that while allocation of ownership to CL was correct, she would be reviewing infrastructure as opposed to finance available. **SS/CL**

RESOLVED: That the Board receive the report as assurance that the Executive is actively controlling and pro-actively mitigating risks so far as is possible.

048/19 QUALITY AND PERFORMANCE:

ASSURANCE REPORT OF THE CHAIR OF THE QUALITY AND PERFORMANCE COMMITTEE - MEETING HELD ON 30 JANUARY 2019

CF presented the assurance report from the January Quality and Performance Committee.

RESOLVED: That the report be received as a source of assurance.

QUALITY AND PERFORMANCE REPORT

CL and CW presented the Quality and Performance Report which described a broadly positive picture. CL highlighted the Trust's performance against the 4-hour A&E standard and the strong performance relative to regional and national picture, the recent increase in attendances, delivery of the two week cancer standard and the significant demand around two week wait referrals which had been escalated to the CCG. CW highlighted the improved position in relation to Clostridium Difficile (C.Diff) and that Venous Thromboembolism (VTE) and dementia had moved to manual auditing which was anticipated to show an improving picture.

In response:

- SE acknowledged the workload pressure across the system.
- CF noted that the two week wait demand was not seasonal, and asked whether the impact of this was being understood as it was clearly not sustainable. SE answered that the Trust was continuously reviewing capacity and demand and while this was succeeding in some areas, there were still some weaker areas. CL added that commissioners had made assertions that the Trust had seen a surge in December due to GPs accessing two week wait appointments because of challenges to Referral to Treatment (RTT) times. An audit has since disproved this. CL explained that this in fact related to the 28 day standard and therefore conversations were underway to discuss how the Trust could service the increased demand. DL added that if the increased demand was to be accepted, then additional money would need to be sought via contract planning to address workforce issues. DL felt it was important to acknowledge that changes in guidance were driving changes in practice and increasing two week wait referrals.
- AM praised the improvements in C.Diff, but queried the July 2018 figure of 40 and the distribution of cases. CW would investigate through the Quality and Performance Committee. **CW**
- PL reminded the Board that the two previous areas of focus related to C.Diff were basic cleaning and antimicrobials and queried the current area of focus. CW answered that a new lead nurse for Infection Control had joined the Trust to ensure more robust planning and scrutiny of ward based practices in addition to the two previous priorities. SE added that antibiotic policies had been revised and antibiotics were now stopped as early as possible.
- RG observed the 104 day patients and asked whether the number were due to availability of resources or financial issues. CL answered that it was not a funding issues but a mixture of limited capacity in some services and, to a lesser degree, some avoidable delays relating to booking practice. The Quality and Performance Committee would review under a more granular lens.
- RG pointed out the gaps within the mortality data and asked if this was a system issue or a reporting delay. SE explained that there was a time lag with reporting which related to the national submission of data.
- RG noted the reference to the CQC's "Opening the Doors to Change" document on never events and asked whether the divisions were being approached on their plans to address. He asked whether a summary would return to Board. SE said that the document would be linked to the review and the never events action plan.
- DL requested the Quality and Performance Committee review whether they had the correct level of oversight on the 52 week wait recovery plan and undertake a deep dive. **NJ** (for work plan)

RESOLVED: That the Board receive the report as source of assurance.

GUARDIAN REPORT ON SAFE WORKING HOURS FOR DOCTORS AND DENTISTS IN TRAINING

SP presented the quarterly report, highlighting the number of exception reports and fines. He noted that there were no correlations with Datix clinical incident reports for the period reported. Four reports were logged as immediate safety concerns, but two of these were noted to be mistakes. The other two were related to workload levels and therefore discussions were underway to address. A culture survey has highlighted that senior trainees have a tendency to underreport and therefore cultural work is needed.

KN asked how the Trust compared to others and what the Trust's aspirations were. SP answered that no formal benchmarking was available, but at a recent regional meeting the Trust seemed to be benchmarking well. SP added that cultivating the correct culture to encourage exception reporting was crucial.

DL requested the People and Organisation Development Committee review whether the Trust was doing enough to address the workforce issues in acute medicine considering the level of exception reports. **EW**

RESOLVED: That the Board accept the report as a source of information and assurance and request further work to understand the risk and actions to address the high levels of exception reporting in a small number of specialities.

049/19 FINANCIAL PERFORMANCE

ASSURANCE REPORT OF THE CHAIR OF THE FINANCE COMMITTEE - MEETING HELD ON 31 JANUARY 2019

KN reported the key messages from the January Finance and Digital Committee Chair's report.

RESOLVED: That the reports be received as a source of assurance.

FINANCIAL PERFORMANCE REPORT

SS presented the Financial Performance Report to provide an overview of the financial performance of the Trust as at the end of Month 9. SS highlighted the risk around operational pressures, particularly in the urgent and emergency care pathway, and the opening of additional capacity in November and December. Conversations with commissioners regarding compensation have been undertaken; however SS emphasised the importance of noting that the additional open capacity open was not in the forecast but offsetting measures we being pursued.

In response:

- RG asked whether the costs of the additional capacity were included in the report. SS answered that they were but the associated funding was not.
- MN asked whether the £0.7m Provider Sustainability Funding (PSF) had been included in the report. SS answered that it had not but would be included within the next report, moving the forecast deficit from £29.8m to £29.1m.
- CF queried public understanding of the Trust's financial report as she felt the narrative was quite complicated. She asked for thought to be given to how this could be conveyed in a simple way. SS said she was reviewing the presentation of the income and expenditure within the

report and working with the communications team on public presentation of key messages.

- PL acknowledged that the Trust would need to continue to rely significantly on Cost Improvement Programmes (CIP) in the next year and asked whether the Trust's approach to CIP needed to be reconsidered or whether the current methods needed to be magnified. SS answered that the Trust had good processes in terms of governance and scrutiny, which needed to continue, but that the enablers around delivery and focusing of resource needed to be reviewed. SS felt the emphasis of the programme should move towards becoming more transformational. CL felt the divisions needed support to achieve this and work was underway within the Executive to scope the delivery infrastructure that would be required to enable this.

RESOLVED: That the report be received as a source of assurance.

SMARTCARE PROGRESS REPORT

MH presented the SmartCare Progress Report to provide assurance on the current position of the recovery programme and return to RTT reporting. In response:

- AM asked whether there was a correlation between the data quality issues and their return to green RAG-rating and the Data Quality Board being formally set up. MH answered that a number of factors influenced this, and now the initial issues had been addressed there were a few ongoing issues which were being investigated. AM also asked whether MH was confident that the new approach would reduce the remaining amount of data quality issues. MH answered that he was, and that the focus moving forward would be on re-reviewing some of the more difficult, longstanding issues.
- MN referred to the two risks around RTT, one a primary risk and one an intolerable risk, and asked how confident MH was that these would be resolved in a timely manner. MH described the process for intolerable risks funding and said that he was confident that resource would be assigned to address the latter, and that the weekly meetings and challenging conversations would continue to address the primary risk.

RESOLVED: That the Board note the report as a source of assurance.

050/19 AUDIT AND ASSURANCE

ASSURANCE REPORT OF THE CHAIR OF THE AUDIT AND ASSURANCE COMMITTEE MEETING HELD ON 8 JANUARY 2019

RG reported the key messages from the January Audit and Assurance Committee Chair's report.

RESOLVED: That the report be received as a source of assurance.

051/19 GLOUCESTERSHIRE MANAGED SERVICES (GMS)

ASSURANCE REPORT OF THE CHAIR OF THE GMS COMMITTEE MEETING HELD ON 14 JANUARY 2019

MN reported the key messages from the January GMS Chair's report.

AM was pleased that the Trust was meeting local cleaning standards and queried the progress of discussions as to whether to move to national standards. MN answered that GMS would be making a proposal to the Trust regarding national cleaning standards and that there was an expectation from the Trust that they would move to the national standards and achieve them within the current cost and resource framework.

DL noted that adhering to local standards did not mean that the standards were always lower merely that they were different in some areas but she fully supported a move to the national approach.

RESOLVED: That the report be received as a source of assurance.

GMS FINANCE AND COMMERCIAL DIRECTOR APPOINTMENT

LB presented a paper to the Board seeking approval of the appointment of the GMS Finance and Commercial Director, noting that this was a matter reserved to the Trust Board.

RESOLVED: That the Board appoint Simon Wadley as Finance and Commercial Director of GMS.

052/19 REVISED GOVERNANCE DOCUMENTS

- **BOARD STANDING ORDERS**
- **STANDING FINANCIAL INSTRUCTIONS**
- **SCHEME OF DELEGATION**
- **COMMITTEE AND TRUST LEADERSHIP TEAM TERMS OF REFERENCE**

LB presented the suite of revised Corporate Governance documents to the Board for approval.

In response:

- PL felt further discussions were needed as to the role of the GMS/Estates Committee forward. He proposed that the Board approve the Scheme of Delegation document with the exception of the GMS/Estates Committee section. Similarly, the Estates Committee Terms of Reference would need to be agreed at a future meeting. The Board agreed. **LB**
- DL queried the role of Quality and Performance Committee with regard to the Research programme oversight. The Board agreed that the Terms of Reference should not include that provision. **LB**
- AM asked whether the Trust had a common approach to assessing effectiveness of Board committees. LB said that the Audit and Assurance Committee completed a formal self-assessment annually; common approach will be developed by the end of the financial year. **LB**
- DL felt that the name of the Turnaround Implementation Board (TIB) needed changing as the TIB role had moved beyond the original purpose. Executives would agree a new name. **EXECS**

RESOLVED: That the Board approve the revised governance documents with the exception of:

- The Estates Committee section within the Scheme of Delegation
- The Estates Committee Terms of Reference

and with the following amendments:

- Removal of the reference to the research programme oversight from the Quality and Performance Committee Terms of Reference.
- Replacing the reference to the 'patient governor' with 'public governor' in the People and Organisational Development Committee Terms of Reference.

053/19 BREXIT RISK AND PLANNING

LB presented the paper on No-Deal Brexit Risks and Trust readiness to provide assurance to the Board that the Trust had considered and complied with the no-deal Brexit preparation guidelines, that the risks were understood and controls were in place to mitigate the impact on the Trust operations in case of the no-deal Brexit.

PL asked whether the Trust had considered planning beyond the guidelines, particularly from a pragmatic operational perspective, and whether extra due diligence had been undertaken. SS answered that the most immediate risk was to the supply chain, and acknowledged that while the Trust had taken a substantial amount of assurance from the guidance issued, the Trust had, and would also continue, to do analysis on the high risk elements of the supply chain. PL asked whether the lack of Midazolam was related to Brexit. SE answered that this was unrelated, and was simply a production issue.

RESOLVED: That the Board receive assurance that the Trust has considered and complied with the no-deal Brexit preparations guidelines, that the risks are understood, to the extent described above, and controls are in place to mitigate the impact on the Trust operations in case of the no-deal Brexit.

054/19 GOVERNORS' QUESTIONS

The following points were raised by the Lead Governor, AT:

- Governors praised the Trust for their CQC 'Good' rating and felt this reflected the quality of leadership.
- AT was pleased to see mention of governors in the CQC's report. AT stressed the importance of Trust supporting the governors with member engagement, in particular in relation to work around Centres of Excellence and reconfiguration of services.
- The Trust's financial position and the procurement of an Electronic Patient Record (EPR) system were highlighted as areas of interest to governors.
- AT asked whether the Trust was part of the One South West Local Health and Care Record. MH confirmed that the Trust was part of the scheme and explained that the focus was more on sharing information with Bristol trusts. The Trust was seeking additional funding in order to greater contribute through a new EPR.
- AT observed that some risks on the Trust Risk Register were rated red, but controls were marked complete. He queried what happened to a risk once it has been entered onto the register and graded in respect of it being eventually closed. DL explained the concept of 'target risk scores' and how these were incorporated into the risk assessment framework so that actions were linked to target risk scores i.e. actions resulted in a reduced rating and/or closure of a risk. AT thanked DL for the explanation.

055/19 STAFF QUESTIONS

There were none.

056/19 PUBLIC QUESTIONS

There were none.

057/19 ANY OTHER BUSINESS

PL noted that this was SE's last Board Meeting. The Board thanked SE for all his work as Medical Director drawing attention to his qualities of wisdom, humour and compassion.

058/19 DATE OF NEXT MEETING

The next **Public** meeting of the **Main Board** will take place at 12:30 **Thursday 14 March 2019** in **Lecture Hall, Sandford Education Centre, Cheltenham General Hospital**

058/19 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 15:00

Chair
14 March 2019

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

TRUST BOARD – MARCH 2019

MATTERS ARISING

CURRENT TARGETS

Target Date	Month/Minute/Item	Action with	Issue	Action	Update
March 2019	February 2019 046/19 Board Assurance Framework	**LB**	Research Strategic Objective.	Assignment of SO 4.6 to the Quality and Performance Committee as the oversight committee to be discussed.	*Completed:* *Agreed not to assign ownership to the Quality and Performance Committee. Ownership of future research strategic objectives to be assigned as part of the new Board Assurance Framework development.*
March 2019	February 2019 047/19 Trust Risk Register	**SS/CL**	MN referred to the new risk F2522 noting that the risk was phrased as an issue with available capital, whereas he saw the risk more so as failure of equipment, with one of the mitigations available being capital.	Wording to be amended and allocation of risk expanded.	*Completed:* *Revised risk reviewed by Trust Leadership Team and included within updated Trust Risk Register.*
March 2019	February 2019 048/19 Quality and Performance Report	**SH/CW**	AM praised the improvements in Clostridium Difficile, but queried the July 2018 figure of 40 and the distribution of cases.	CW would investigate through the Quality and Performance Committee.	*Completed:* *The July 2018 figure for Clostridium Difficile has been corrected, this was a data input error rather than a performance change.*
March 2019	February 2019 048/19 Quality and Performance Report	**NJ**	DL requested the Quality and Performance Committee review whether they had the correct level of oversight on the 52 week wait recovery plan and undertake a deep dive.		*Completed:* *Discussed at Quality and Performance Committee and agreed that this would be progressed by the Cancer Delivery Group.*

March 2019	February 2019 048/19 Guardian Report on Safe Working Hours for Doctors and Dentists in Training	**EW**	DL requested the People and Organisation Development Committee review whether the Trust was doing enough to address the workforce issues in acute medicine considering the level of exception reports.	Director of People and OD to progress through Committee.	*<u>Completed to Board:</u>* *The April P&OD committee will be taking an agenda item on sustainable workforce. This paper will review the areas which are hard to fill and provide a trajectory of the analysis completed for the annual operational plan and 5 year plan which will indicate future issues based on the data and demographics available. The paper will also provide assurance on the actions which will be taken to mitigate these. This paper will include acute medicine. The dashboard also highlights the hard to fill roles and actions which will be further reviewed to ensure the actions deliver improvements at April's committee. In addition in determining if the workforce issues were greater than vacancies and demand the F2SU guardian will liaise with the Safe Guardian to triangulate information. Proactive work continues with the Deanery to ensure an adequate supply of trainees. Sustainable workforce and F2SU are regular agenda items for the committee.*

March 2019	February 2019 052/19 Revised Governance Documents	**LB**	PL felt further discussions were needed as to the role of the GMS/Estates Committee forward. He proposed that the Board approve the Scheme of Delegation document with the exception of the GMS/Estates Committee section. Similarly, the Estates Committee Terms of Reference would need to be agreed at a future meeting.		*<u>Completed:</u>* *Item on the agenda.*
March 2019	February 2019 052/19 Revised Governance Documents	**LB**	DL queried the role of Quality and Performance Committee with regard to the Research programme oversight.	The Board agreed that the Terms of Reference should not include that provision.	*<u>Completed</u>:* *Terms of Reference amended. To be presented to march Committee for adoption.*
March 2019	February 2019 052/19 Revised Governance Documents	**Execs**	DL felt that the name of the Turnaround Implementation Board (TIB) needed changing as the TIB role had moved beyond the original purpose.	Executives would agree a new name.	*<u>Completed to Board:</u>* *TIB is chaired by the Chief Operating Officer and consideration will be given to the name once new COO has arrived.*

<u>FUTURE TARGETS:</u>

April 2019	February 2019 052/19 Revised Governance Documents	**LB**	AM asked whether the Trust had a common approach to assessing effectiveness of Board committees.	LB said that the Audit and Assurance Committee completed a formal self-assessment annually; common approach will be developed by the end of the financial year.	*<u>Ongoing</u>:* *Draft self-assessment questionnaire developed. Approach to be discussed by the Chair and Director of Corporate Governance on 13 January.*

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

TRUST BOARD - MARCH 2019

REPORT OF THE CHIEF EXECUTIVE

1. Our Trust

1.1 Despite spring looming, operational pressures continue in the recent vein with a record number of Accident and Emergency (A&E) attendances recorded in the first week of March, and both of our hospitals running at capacity. Positively, our teams have worked incredibly hard to ensure that patients are safe and well care for; cancelled operations continue to be kept to an absolute minimum with no urgent patients having their care postponed. Despite these pressures, we have also reverted Ward 2a to its intended use as our spinal unit, and therefore spinal surgery has been resumed after the planned winter pause.

1.2 Planning for the proposed Urgent and Emergency Care Summit referenced in my report of last month is now underway and scheduled to take place in April. The event will involve senior leaders from across the health and social care system and is being shaped around a number of key questions:

- Interpreting the key insights from the data
  What is it telling us about how the system is working and the choices our patients and practitioners are making?
- Understanding the growth in activity
  Where is it coming from and manifesting? Where do we differ most when compared to high performing systems? What do these insights tell us about where we should focus our efforts to bring about the biggest impact, in the shortest timeframe?
- Driving rapid, high impact action
  What is the small number of high impact actions and initiatives that we want to sign up to as system leaders and how will we resource them, monitor delivery and ensure success?

1.3 The 'feel good factor' flowing from our recent Care Quality Commission (CQC) rating continues to pervade the Trust and sights have now firmly turned to the next step of our journey towards an *outstanding* rating at the next inspection. The Executive team, working closely with Divisional colleagues, have developed and submitted (to the CQC) the required action plan which describes the Trust's response to the 12 "must do" recommendations included in the report; these are statutory requirements of the Trust and work is well underway to ensure these issues are addressed promptly. Oversight of the action plan will be through the Trust's Quality Delivery Group (QDG), reporting through to the Board via the Quality & Performance Committee. However, the insights that have the most to contribute to our *Journey to Outstanding* are those described in the report as the "should do" actions; these typically set out best practice observed elsewhere and teams across the Trust are seizing these insights and developing their local response. Again, oversight of progress against these equally important recommendations will be to the QDG.

1.4 Sticking with our *Journey To Outstanding,* not unusually these days my weekly message to staff is peppered with accolades and awards which our staff have received for the tremendous work they are doing to improve the quality of care for our patients and their families. This month we heard that the work Andrew Seaton, Director of Safety, and Suzie Cro, Head of Patient Experience, have been doing to bring together the teams who are responsible for investigating all matter of things from complaints, to serious incidents, to Duty of Candour through to inquests and clinical negligence claims, has been shortlisted for a national award. The impetus for the change to ways of working was a recognition that many of the patients and families who are touched by these different types of investigation are one and the same and the contact with multiple teams and processes, at a time of often heightened anxiety, distress and grief, is often a further stress which should be avoided in as much as is possible. This new way of working not only ensures that scarce investigatory skills are targeted in the right way but it provides families with a single point of contact and a more streamlined, simpler and quicker way to get their vitally important questions answered. The team will get a chance to bring their submission to life when they present to a panel of national experts next month – good luck to them.

1.5 On the 15th March, we will hold our regular Gloucestershire Safety and Quality Improvement Academy Graduation and Awards Ceremony. Once again the range and quality of projects led by staff is phenomenal; this cohort's entries include a huge variety of projects undertaken by both clinical and non-clinical staff. Projects range from work undertaken by a junior member of staff in Gloucestershire Managed Services (GMS) to look at how we might reduce the amount of patient property lost as patients transit around our hospitals to a project aimed at improving compliance with all important guidelines for the administration of intravenous drugs. This gives a flavour of the huge diversity of work supported by the Academy. Staff, Board members and governors are encouraged to join the ceremony which is taking place between 9.30am and 12.30am at Redwood Education Centre, Gloucestershire Royal Hospital.

1.6 Another important, but perhaps less well known about, quality improvement programme is the national Point of Care Foundation's *Sweeney Programme* which again with support from the Patient Experience Improvement Team, has been embraced by the Trust. Founder, and GP, Dr Kieran Sweeney lighted upon the fact that despite being a caring and compassionate healthcare professional, it was only when he became a patient himself did he truly understand the value of stepping into the patients shoes and seeing care through their eyes. Using tried and tested tools and experiential techniques, the programme helps staff get as close to experiencing the patient's journey as possible. The programme's driving principle is that staff can only truly consider what matters most to the patient, and then change their actions accordingly, if they are given the space, time, and resources to understand the patient's perspective. The programme affords staff this opportunity whilst equipping them with tools to bring about quality improvement. This month, staff member Nathalie Forster, Sister of Ward 4a, was awarded the status of *Sweeney Star* by the Foundation for the work she has done to improve the discharge experience of patients and families. As ever, the team is now looking at how these insights and improvements can be scaled and spread to other wards in the Trust.

1.7 We continue to make good progress in respect of the development of plans to realise our vision of two Centres of Excellence for planned and urgent care. Led by Simon Lanceley, Director of Strategy & Transformation teams across the Trust are working up the future models of care for their services in the wider context of our aim to further separate planned and emergency care where the evidence supports this will deliver better care for patients and support our efforts to recruit and retain the very best staff. A pivotal event is planned for the 5th April which will bring together stakeholders from across the system, including governors and other patient representatives to engage in work to *co-design* these new models of care.

1.8 The time of the year means that planning and contracting dominate much of the activities of the Trust's leadership team alongside business as usual. In the next few weeks we will finalise our operational plan for 2019/20 and in doing so we will set out our priorities for the coming year, settle contracts with our commissioners and agree budgets with our divisions all of which will enable us to quickly mobilise our delivery plans for the important year ahead.

1.9 This month saw the start of Professor Mark Pietroni as Medical Director and Executive Director for Safety and I'd like to take the opportunity to formally welcome Mark to the Board. We shall also be taking time out at this month's Board to say goodbye to Caroline Landon, Chief Operating Officer as she moves on to pastures new in the States of Jersey; it is a long time since I can recollect a colleague who has brought so much to an organisation, in such a short space of time and I for one, shall be attributed our change of fortunes in respect of A&E waiting time standards to Caroline and her leadership. Finally, on comings and goings, I am delighted to announce that we have attracted another high calibre manager to the Trust into the post of Director of Unscheduled Care & Deputy Chief Operating Office. Alison McGirr joins us from Moorfields Trust where she holds the position of Divisional Director. Alison, a nurse by background, has significant experience in the field of urgent and emergency care and 'wowed' the panel and focus groups with her passion, energy and competence, at interview. Alison joins us in early June.

2. National and Regional

2.1 Nationally, changes at the top of the NHS caught many by surprise with the recent announcement that Simon Stevens, Chief Executive of NHS England is to assume responsibility for NHS Improvement, as well as NHS England. The relatively recently arrived Ian Dalton, is stepping down from his role as CEO of NHSI and a newly created role of Chief Operating Officer, specifically responsible for the regulatory dimensions of the former NHSI role, is to be created; multiple names are being banded around in respect of this role but it remains very much a "watch this space" moment. From a personal perspective, closer alignment of these two organisations at the very top, given the recent steps to align at a regional level, appears a positive step in the long run. In the short term, we may be exposed to a further period of uncertainty as new structures bed in. Regional arrangements remain unchanged, for now.

2.2 Work on the Gloucestershire response to the NHS Long Term Plan is now underway and kicked off publicly with a presentation to members of the Gloucestershire Health & Care Overview and Scrutiny Committee on the 5th March. The presentation appeared to be well received and Members shared helpful insights which will inform our local response. Public engagement events are now planned throughout the county to ensure a strong local flavour to a national plan. Work to develop our Trust strategy for the next five year period (2019-2024) continues and we are now in the middle of a consultation exercise with staff to get their views in the emerging priorities and strategic objectives; this Long Term plan provides an important context for our own thinking.

2.3 Unsurprisingly, the focus and pace on plans to prepare for a *No Deal Brexit* is increasing and the Trust is engaged in all local and regional preparations; the Board will consider the latest state of readiness in its meetings this month. At the time of writing, there are no specific and significant risks facing Gloucestershire above those of concern to the whole NHS and these remain largely in the arena of supply chain matters and the timely procurement, delivery and receipting of goods both clinical and non-clinical.

3. Our System and Community

3.1 I am pleased to announce that Nick Relph has been appointed into the role as Interim Chair of the Gloucestershire Integrated Care System (ICS). Nick brings a wealth of experience as a senior NHS leader, working around health and care systems, as well as time within the acute provider setting and as such is ideally placed to support the system on the next steps of our ICS journey. Nick has set out his priorities for the coming year and is galvanising the system to introduce even more pace and focus to our collective efforts to improve the health and care for local people through integrated service provision.

3.2 Very positively, and under the auspice of the ICS, the system has secured national funding to enable us to focus and expedite our efforts to improve outpatient service provision. The focus of the work, which will be supported by an external partner, will be to not only improve the efficiency, productivity and experience for patients and staff in outpatient services throughout the county but to help us develop a strategy and associated plans to achieve the NHS Long Term Plan goal of delivering 30% of current outpatient activity through non-face to face care models; this secondary goal chimes very well with our ambition in respect of digital healthcare.

Deborah Lee
Chief Executive Officer
March 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MARCH 2019
Lecture Hall, Sandford Education Centre commencing at 12:30

Report Title
Trust Risk Register
Sponsor and Author(s)
Author: Mary Barnes, Risk Co-ordinator Sponsor: Lukasz Bohdan, Director of Corporate Governance

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 12+ for safety and 15+ other domains to the Trust Leadership Team (TLT) for consideration of inclusion on the Trust Risk Register. Risks assessed as having the consequence score of 5 need to be considered for inclusion in this process as per Risk Register Procedure.
- 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.

Changes in the reporting period

The Trust Leadership Team met on 6 March 2019 and agreed the following **four** changes to the Trust Risk Register, the first having been requested for review by the Finance and Digital Committee at its February meeting.

One risk has been **closed**:

- **F2522** Risk that available capital is insufficient to support requirements associated with buildings maintenance, equipment renewal and backlog maintenance resulting in major operational impacts and increased costs.

  This risk has been replaced with two risks (C2894COO and C2895COO, see below), both of which meet the criteria for inclusion on the Trust Risk Register and, consequently, the Trust Leadership Team agreed to add them to the Trust Risk Register.

Three risks in total have been approved by TLT for addition to the Trust Risk Register:

- **C2894COO** Risk that the Trust cannot access sufficient in-year capital, to respond to unforeseen operational capital priorities with resulting impact on business and service continuity. Environmental score of 4x4 =16. Executive Lead: Chief Operating Officer.

- **C2895COO** Risk that the Trust's future capital funding is insufficient to make the required progress on estate maintenance / repair / refurbishment and equipment replacement with the resulting impact on strategy, business and service continuity. Environmental score of 4x4 =16. Executive Lead: Chief Operating Officer.

- **S2775CC** The risk to patient safety of respiratory or/and cardiovascular instability and even death in the event of either an electrical or mechanical failure or as a result of needing to change over to a different mechanical ventilator. Safety score of 5x1=5. Executive Lead: Medical Director

A fourth risk was identified for inclusion in the Trust risk register relating to the age and vulnerability of ventilation systems in the CGH theatre suite but further work was requested and this will appear in next month's register although actions to eliminate the risk have already been agreed.

No risks have been **downgraded** in this reporting period however TLT requested a review of risk S2275 in the belief that this risk has diminished and also that the risk may be better represented as risks to junior doctors per se and not just Surgery in light of the concerns arising from the Guardian of Safe Working Practice for Junior Doctors, in some medical specialties.

No risks have been **upgraded** in this period.

All risks with the consequence score of 5 have been escalated to the Trust Leadership Team.

The full Trust Risk Register with 14 risks is attached (Appendix 1).

Conclusions

The 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

Ongoing compliance with and continuous improvement to the risk management processes.

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	**x**	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 and/or TLT							
Audit & Assurance Committee	**Finance and digital Committee**	**GMS Committee**	**People and OD Committee**	**Quality & Performance Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
						6th March 2019	
Outcome of discussion when presented to previous Committees/TLT							
TLT recommended the Board endorsing the above changes to the TRR							

Appendix 1 **Trust Risk Register** **March 2019 Board**

Ref	Inherent Risk	Controls in place	Action / Mitigation	How would you assess the status of the controls?	Consequence	Likelihood	Risk rating	Division	Highest Scoring Domain	Executive Lead Title	Title of Assurance / Monitoring Committee
F2724	Risk that the Trust does not achieve the required cost improvement resulting in failure to deliver the Financial Recovery Plan for FY19	1. PMO in place to record and monitor the FY19 programme 2. Finance Business Partners to assist budget holders 3. Fortnightly CIP Deep Dives 4. Monthly monitoring and reporting of performance against target 5. Monthly Turnaround Implementation Board 6. Monthly Finance and Digital Committee scrutiny 7. Quarterly executive reviews 8. NHSI monitoring through monthly Finance reporting	1. Identification of further opportunities from the Model Hospital, Carter Review etc. 2. Identification of further schemes at fortnightly CIP Deep Dives	Complete	Catastrophic (5)	Likely - Weekly (4)	20	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Finance	Director of Finance	Finance and Digital Committee
C2894COO	Risk that the Trust cannot access sufficient in-year capital, to respond to unforeseen operational capital priorities with resulting impact on business and service continuity	1. Board approved, risk assessed capital plan including backlog maintenance 2. MEF and Capital Control Group 3. Capital funding issue and maintenance backlog escalated to NHSI 4. All opportunities to apply for capital made 5. Finance and Digital Committee oversight 6. GMS Committee and Board oversight	1. Prioritisation of capital managed through the intolerable risks process for 2019/20 2. Ongoing escalation to NHSI and system	Partially complete	Major (4)	Likely - Weekly (4)	16	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Environmental	Chief Operating Officer	GMS Committee
C2895COO	Risk that the Trust's future capital funding is insufficient to make the required progress on estate maintenance / repair / refurbishment and equipment replacement with the resulting impact on business and service continuity	1. Board approved, risk assessed capital plan including backlog maintenance 2. MEF and Capital Control Group 3. Capital funding issue and maintenance backlog escalated to NHSI 4. All opportunities to apply for capital made 5. Finance and Digital Committee oversight 6. GMS Committee and Board oversight	1. Prioritisation of capital managed through the intolerable risks process for 2019/20 2. Ongoing escalation to NHSI and system	Partially complete	Major (4)	Likely - Weekly (4)	16	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Environmental	Chief Operating Officer	GMS Committee
F2722	Risk that the Trust's expenditure exceeds the budgets set resulting in failure to deliver the Financial Recovery Plan for FY19	1.Monthly monitoring, forecasting and reporting of performance against budget by finance business partners 2. Monthly executive reviews 3. Performance management framework 4. Quarterly Executive Reviews 5. Purchase and procurement SOPs to ensure control 6. Executive ownership of some expenditure items, which form part of the budget such as nurse agency, with escalation to CCG to fund additional pressures	1. Budget setting for 19/20 underway with review of expenditure to ensure budget is set to match demand and activity forecasts	Complete	Major (4)	Likely - Weekly (4)	16	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Finance	Director of Finance	Finance and Digital Committee
S2275	The risk of workforce issues with staff well-being arising from an on-going lack of staff able to deliver the emergency general surgery rota due to reducing staffing numbers and vacancies.	1. Guardian of Safe Working Hours. 2. Junior doctors support 3. Staff support services available to staff 4. Mental health first aid services available to trainees in ED	1. Agency/locum cover for on call rota 2. Nursing staff clerking patients 3. Prioritisation of workload 4. Existing junior doctors covering gaps where possible 5. Consultants acting down 6. Ongoing recruitment for substantive and locum surgeons for rota including international opportunities 8. Health and well being hub will offer greater emotional well being services	Partially complete	Major (4)	Likely - Weekly (4)	16	Surgical	Workforce	Medical Director	Trust Leadership Team, People and OD Committee

Appendix 1 **Trust Risk Register** **March 2019 Board**

Ref	Inherent Risk	Controls in place	Action / Mitigation	How would you assess the status of the controls?	Consequence	Likelihood	Risk rating	Division	Highest Scoring Domain	Executive Lead Title	Title of Assurance / Monitoring Committee
F2335	The risk of agency spend in clinical and non-clinical areas exceeding planned levels due to ongoing high vacancy levels, with resulting impact of delivery of FY19 CIP programme	1. Challenge to agency requests via VCP 2. Agency Programme Board receiving detailed plans from nursing medical workforce and operations working groups 3. Finance agency report review on a 6 monthly basis 4. Turnaround Implementation Board 5. Quarterly Executive Reviews	1. Convert locum/agency posts to substantive 2. Promote higher utilisation of internal nurse and medical bank 3. Implementation of Health Roster for roster and Bank management 4. Implementation of Master Vendor Agreement for Nursing Agency - improving the control of medical agency spend and authorisation 5. Finalise job planning 6. Ongoing recruitment processes including international recruitment 7. Creation of new medical roles such as Associate specialists 8. Creation of a health and wellbeing hub aimed at reducing absence and reliance on costly temporary solutions	Partially complete	Major (4)	Likely - Weekly (4)	16	Corporate, Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Finance	Chief Nurse	Finance and Digital Committee, People and OD Committee
C2628COO	The risk of regulatory intervention (including fines) and poor patient experience resulting from the non-delivery of appointments within 18 weeks within the NHS Constitutional standards.	The standard is not being met and reporting is planned for March 2019 (February data). This risk is aligned with the recovery of Trak. Controls in place from an operational perspective are: 1.The daily review of existing patient tracking list 2. Additional resource to support central and divisional validation of the patient tracking list. 3.Review of all patients at 45 weeks for action e.g. removal from list (DNA / Duplicates) or 1st OPA, investigations or TCI. 4. A delivery plan for the delivery to standard across specialities is in place 5. Additional PTLs - inpatient PTL to support management of this issue	1.RTT and TrakCare plans monitored through the delivery and assurance structures	Partially complete	Major (4)	Likely - Weekly (4)	16	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Statutory	Chief Operating Officer	Quality and Performance Committee
C1798COO	The risk of delayed follow up care due to outpatient capacity constraints all specialities. (Orthodontics; ENT; Urology; Oral Surgery; Diabetic Medicine; Paediatric Urology; Endocrinology; Cardiology; Paediatric Surgery; Neurology; Colorectal and GI Surgery) Risk to both quality of care through patient experience impact (15) and safety risk associated with delays to treatment (4).	1. Speciality-specific review administratively of patients (i.e. clearance of duplicates) (administrative validation) 2. Speciality-specific clinical review of patients 3. Utilisation of existing capacity to support long waiting follow up patients 4.Weekly review at Check and Challenge meeting with each service line 5. Specialities to have seen (review or outpatient) all patients overdue a follow up in 2016 by the end of March 2019. 6.Do Not Breach DNB (or DNC) functionality within the report for clinical colleagues to use with 'urgent' patients. 7. Use of telephone follow up for patients - where clinically appropriate	1. Revise systems for reviewing patients waiting over time 2. Assurance from specialities through the delivery and assurance structures to complete the follow-up plan 3. Additional provision for capacity in key specialities to support f/u clearance of backlog	Partially complete	Moderate (3)	Almost certain - Daily (5)	15	Medical, Surgical	Quality	Chief Operating Officer	Quality and Performance Committee
C2667NIC	The risk of poor patient experience and/or outcomes as a result of hospital acquired C.Diff infection.	1. Strengthened infection control team. 2. Deputy Director of Infection control in post 3. New cleaning regime introduced	1. Delivery of the detailed action plan, developed and reviewed by the Infection Control Committee. The plan focusses on reducing potential contamination, improving management of patients with C.Diff, staff education and awareness, buildings and the environment and antimicrobial stewardship	Partially complete	Major (4)	Possible - Monthly (3)	12	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Director of Quality and Chief Nurse	Infection Control Committee, Quality and Performance Committee

Appendix 1 **Trust Risk Register** **March 2019 Board**

Ref	Inherent Risk	Controls in place	Action / Mitigation	How would you assess the status of the controls?	Consequence	Likelihood	Risk rating	Division	Highest Scoring Domain	Executive Lead Title	Title of Assurance / Monitoring Committee
C2669N	The risk of harm to patients as a results of falls	1. Patient Falls Policy 2. Falls Care Plan 3. Post falls protocol 4. Equipment to support falls prevention and post falls management 5. Acute Specialist Falls Nurse in post 6.Falls link persons on wards 7. Falls monitored and reported at the Health and Safety Committee and the Quality and Performance Committee	1. Falls training 2. HCA specialist training 3. #Little things matter campaign 4. Discussion with matrons on 2 wards to trial process	Partially complete	Major (4)	Possible - Monthly (3)	12	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Chief Nurse/ Quality Lead	Quality and Performance Committee, Trust Leadership Team
C1945NTVN	The risk of moderate to severe harm due to insufficient pressure ulcer prevention controls	1. Evidence-based working practices including, but not limited to: nursing pathway, documentation and training including assessment of MUST score, Waterlow (risk) score, Anderson score (in ED), SSKIN bundle (assessment of at risk patients and prevention management), care rounding and first hour priorities. 2. Tissue Viability Nurse team cover both sites in Mon-Fri providing advice and training. 3. Nutritional assistants on several wards where patients are at higher risk (COTE and T&O) and dietician review available for all at risk of poor nutrition. 4. Pressure relieving equipment in place Trust wide throughout the patients journey - from ED to DWA once assessment suggests patient's skin may be at risk.	1. Create a rolling action plan to reduce pressure ulcers 2. Amend RCSA for pressure ulcers to obtain learning and facilitate sharing across divisions 3. Sharing of learning from incidents via matrons meetings, governance and quality meetings, Trust wide pressure ulcer group, ward dashboards and metric reporting. 4. NHS collaborative work in 2018 to support evidence based care provision and idea sharing	Partially complete	Moderate (3)	Likely - Weekly (4)	12	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Director of Quality and Chief Nurse	Quality and Performance Committee
S2568Anaes	The risk to patient safety of failure of anaesthetic equipment during an operation with currently very few spares to provide a reliable back up.	1. Prioritisation of operations 2. Maintenance by own medical engineering service	1. Application to MEF 2. Loan request	Partially complete	Catastrophic (5)	Rare - Less than annually (1)	5	Surgical	Safety	Medical Director	Divisional Board, Medical Devices Committee, Quality and Performance Committee
GMS2378Est	Risk of electrocuting personnel due to the deterioration of existing aluminium cables supplying electrical circuits throughout the Tower block basement	1. Electrical contractor to provide quote for complete rewire of aluminium cables. Checked every five yearly under the five yearly installation check.	1. Carry out rewire of Aluminium Cables - Tower Block (due 1/04/2019)	Complete	Catastrophic (5)	Rare - Less than annually (1)	5	Gloucestershire Managed Services	Safety	Chief Operating Officer	GMS Committee
S2775CC	The risk to patient safety of respiratory or/and cardiovascular instability and even death in the event of either an electrical or mechanical failure or as a result of needing to change over to a different mechanical ventilator	1. Alarmed ventilators 2. All staff trained to hand-ventilate and portable ventilators available on both sites and in theatres	1. Replacement ventilators for DCC have been purchased and ordered via procurement. 6 machines of the 8 required. The 6 machines are due to arrive at the Trust on or before the 25th March 2019. 2. 2 further machines have been approved via MEF for the Capital programme of 19/20	Partially complete	Catastrophic (5)	Rare - Less than annually (1)	5	Surgical	Safety	Medical Director	Quality and Performance Committee

REPORT TO TRUST BOARD – MARCH 2019

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

This report describes the business conducted at the Quality and Performance Committee on 27 February 2019, indicating the NED challenges, the assurances received, and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Infection Control Performance (IC)	Regular report summarising IC performance to end of January 2019. Comprehensive report that is improving with each cycle. MRSA: 5 cases (Annual objective: 0). Recent significant improvement especially re intravenous drug users. CDI: 47 cases (Annual objective: max of 36) Update for C. difficile action plan; briefing re latest position re Surgical Site Infection (SSI) reporting and improvement intentions.	Discussion included progress with monitoring of SSI infection rates and how national benchmarking data may be used in the future. • How up to date and complete is the SSI action plan esp. in terms of improved guidance to patients? • Update on incidence of flu, esp. within care homes?	Plan has been updated since Committee report prepared. CCG and GP initiatives to support private care homes' vaccination programmes described.	Currently SSI not being reported within national system, pending improvements. Update in future Committee reporting

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
CQC Action Plan	Draft of action plan and early position presented to indicate that all actions are assigned to an Exec Director.	What are the reflections on how to approach oversight and completion of actions based on previous experience?	Trust should take early initiative in completing actions. Divisional and Delivery Group engagement with plan described.	Full report to March Committee.
Quality and Performance Report and Exception Reports from Delivery Groups Briefing received on progress with reviewing dashboard from April 2019 reporting.	**<u>Quality Delivery Group (QDG)</u>** Improving report confirming clear oversight of quality related issues and good evidence of divisional engagement and reporting. Highlighted areas included: • Medical Division and Diabetes • Surgical Division and Theatres Never Event Improvement Plan progress. • All divisions' handling of medicines • Updating out of date policies • Revised arrangements for tracking Patient Safety Alerts. • Clear evidence of QDG focus on red metrics on performance dashboard	• Apparently stalled progress with Theatres Improvement Plan, esp. on cultural dimensions? • Is planned timing of Trust's response to Gosport Report acceptable? • Risks arising from delays in updating outdated Trust policies and likelihood of achieving March 2019 deadline for reviews? • What are the limitations with data	• Divisional monthly oversight and confidence in improvements described; cultural and behavioural elements receiving further focus as more difficult to shift. • Yes • End March confirmed as a realistic deadline; corporate and divisional risk assessment and prioritisation of policy backlog described. • Planned new coordination role	• Risk register treatment to be checked and confirmed.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	and on follow up on improvement plans.	collection and sepsis standards?	described and introduction of CEQUIN from April 2019 confirmed.	
Cancer Delivery Group (CDG)	Comprehensive report demonstrating performance and recovery / improvement intentions across each of the cancer standards. CDG had focused particularly on: • 62 day performance. Some areas of exceptionally strong performance eg breast, skin and lung. • High levels of demand on 2 week pathway (more referrals in January since recording began in 2013). NB 92% performance in January. • Update re 104 day waits. Positive progress but 53 patients still outstanding.	Extensive discussion included: • Further analysis required of 104 day waits attributable to clinical reasons; • Scrutiny re recovery plans for each tumour site to determine confidence levels for delivery within planned timescales; • What is causing late referrals from Hereford? • Relationship between contract negotiations for 2019/20 and current patterns of demand / recovery intentions.	High quality of reporting, analysis and tumour site detail of itself is a source of significant assurance to the Committee. • To be discussed at CEOs meeting in early March. • Contract negotiation process described and approach to activity forecasting.	Both the 104 day breach breakdown and wider recovery and delivery assumptions to be subjects of further focus at next CDG

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
		• What actions have been taken in response to CT scanner failure?	• Cobalt capacity as an alternative.	
Planned Care Delivery Group	Comprehensive report indicating strong focus on waiting list oversight and progress towards resumption of RTT reporting within 2018-19.	• Can we be assured that in our efforts to address 52 week breaches, patients with greater clinical need but shorter waits are not being disadvantaged? • Could Delivery Group extend its understanding and scrutiny of risks inherent where patients' follow-up appointments exceed their plans (excluding Do Not Breach cases)? • Can the Committee better understand this risk by specialty and condition where appropriate and how clinical oversight of cases is exercised?	• System of prioritising and categorising cases as urgent were described, together with ways in which GPs can escalate.	Future reporting enhancements accepted, together with a further look at relevant risk scoring.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Unplanned Care Delivery Group	Reporting on January's performance. 84.5% on national ED 4 hour standard. Average of 418 attendances per day. Failure to achieve 15 minute initial assessment (85.2%) or 60 minute time to treatment (34.9%). Currently 77 (average) Medically Stable for Discharge patients against target of 45.	Discussion focused on: • Closer understanding of continuing reasons for failure to achieve 60 minute time to treatment; • Responsiveness of wider system esp. re focus on sufficiency of capacity to enable discharge of medically stable patients, • Of all the improvements that have been secured, which are thought to have been most effective? • Can we have visibility on performance of	• Arrangements for ensuring sickest patients are prioritized were described. • System oversight arrangements and responsiveness were discussed. • Early work by new Deputy Chief Nurse to review and extend ward ownership of discharge arrangements. • Feedback from national improvement team's visit is being considered. • Opportunities for improving weekend discharge arrangements. • Impact of assessment units; increased number of matrons in ED; improved integration with Wards; improved support to staff.	For inclusion in future reports and oversight by QDG

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
		balancing measures as well as analysis of those exceeding 4 hour wait, corridor waits and consequential elective cancellations?		
Safer Staffing	First sight of a new style of reporting with enhanced data analysis and presentation. Good evidence of improving Nursing Assessment and Accreditation Scheme (NAAS) scoring.	Discussion about the circumstances in which a ward can "turn green" on NAAS score even though there might still be areas of concern.		

Claire Feehily
Chair of Quality and Performance Committee
1 March 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MARCH 2019
Lecture Hall, Sandford Education Centre commencing at 12:30

Report Title
Quality and Performance Report
Sponsor and Author(s)
Authors: Felicity Taylor Drewe, Director of Planned Care, Deputy Chief Operating Officer Suzi Cro, Deputy Director of Quality Sponsor: Caroline Landon, Chief Operating Officer Steve Hams, Executive Director of Quality and Chief Nurse Mark Pietroni, Medical Director
Executive Summary

Purpose

This report summarises the key highlights and exceptions in Trust performance for the January 2019 reporting period.

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 across Quality and Performance.

Quality Delivery Report

The Quality Delivery Group (QDG) continues to monitor the performance of the quality metrics with the Divisions providing exception reports. The delivery of any action plans to deliver improvement are also reviewed within this forum, high level metrics are also highlighted below.

VTE metric
Difficulties with data quality on Trak led to the completion of monthly ward audits of VTE risk assessment (RA) compliance to provide a true picture of results for UNIFY upload.

Dementia metrics
Clerking information has been standardised to include these assessments and audits are to commence.

Friends and Family Test positive scores <93%
All ward managers have been contacted and advised again how they can review their own data.

Mortality Indicators
All the key mortality indicators were within the expected ranges. Pre hospital care for patients with sepsis requires more investigation.

Sepsis metrics
There are current limitations around the data collection for assurance of performance around sepsis standards and a new methodology was proposed from April 2019 onwards. This will be:-
-Prospective data collection undertaken locally by specialties using the data collection spreadsheet(s).
-Data to be reviewed at a local level and then returned at the end of the month to the quality improvement team for collation into a Trust wide result.
-Divisions to identify Sepsis lead to co-ordinate the collection and feedback to Clinical Audit.

The Trust has not been notified whether Sepsis will be a CQUiN for 19/20 to date

CDiff
There were 5 cases of trust-apportioned C. difficile during January 2019. Investigations of individual cases have focused on antimicrobials and environmental cleanliness as a leading risk factor, this case rate is above the expected limits for the month. All cases are reviewed internally and presented to the CCG. The trust has a comprehensive action plan to bring about improvements. Additionally in February education on expectations of cleaning, cleaning technique and the correct use of wipes was also provided to staff trust wide (ward based activities). Also, further assurance monitoring and review of cleaning standards are being undertaken jointly by the Lead Nurse for IPC and GMS facilities manager every fortnight. (additional note that July's cumulative C.Diff cases has been corrected from 40 to 23.)

Performance

During January, the Trust did not meet the national standards or Trust trajectories for; A&E 4 hour standard, 2 week wait and 62 day cancer standard and the Trust has suspended reporting on the 18 week referral to treatment (RTT) standard. There remains significant focus and effort from operational teams to support performance recovery and sustained delivery.

In January 2018, the trust performance against the 4hr A&E standard was 84.46% with an average of 418 attendances per day. Attendances year to date are 6% above last year's levels.

In respect of RTT, we have started reporting the RTT position in shadow form internally and have planned to re-report by March 2019 (February data). 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 whilst we are seeing our longest waiting patients and until full data cleansing exercise is completed and our patient tracking list is accurate. An inpatient list has now been issued to operational teams to test to support the correct chronological booking of our elective work. In addition, our theatre utilisation has significantly improved, again supporting the effective use of our existing capacity to treat our patients.

Our performance against the cancer standard saw a slight decline in delivery for the 2 week standard in January at 92%, due to an impact in patient choice. Full delivery from February onwards and continued compliance is expected.

The existing Cancer Delivery Plan which identifies specific actions by tumour site to deliver recovery has been developed and reviewed on a fortnightly basis. One tumour site (urology) continues to demonstrably impact the aggregate position with significant number of 62day breaches and this has continued into the December position. Positively the Trust is planning to address the backlog to enable delivery of 62 day by March 2019 and has also in month received a further amount of additional funding to support this recovery.

Cancer 62 day Referral to Treatment (GP referral) performance for December (un-validated) was 72.2%, it is recognised that this is not a stable position as we treat the urology backlog throughout the spring.

As last month, we are addressing our longest waiting patients and reviewing the opportunities for how we can support a reduction in the 104 patient cohort. We are working to reduce our long waiters with our tertiary centres, with particular issues from Hereford being addressed.

The Cancer trajectory and delivery plan has set out the delivery of this national standard across each tumour site this is monitored fortnightly alongside a weekly patient level challenge meeting to support the management of every patient over 40 days. We continue to review our timescales for both initial booking at 7 days, on a 2 week wait pathway and also the opportunity to bring forward the decision to treat period from 'first seen' to improve patient care and experience.

Conclusions

Cancer delivery, with a particular focus on Urology recovery and backlog clearance during January through to March continue, and sustaining A&E performance is the priority for the operational teams to continue the positive performance improvement, this is delivered through transformational change to patient pathways now robust operating models are developed.

Quality delivery (with the exception of those areas previously discussed) remain stable, further work is being completed to identify a refreshed quality and performance dashboard to widen our understanding of quality and performance delivery.
Work to review the statutory returns and key indicators is being led through our information team to support our recovery programme through Trak Recovery, a number of these are outlined in the supporting QPR documentation.

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 one national waiting time standards ensures the Trust remains under scrutiny by local commissioners and regulators.

Regulatory and/or Legal Implications

The Trust has been removed from 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	
No change.			

Action/Decision Required

For Decision		For Assurance	✓	For Approval		For Information	✓

Date the paper was previously presented to Committees and/or TLT

Audit and Assurance Committee	Finance and Digital Committee	GMS Committee	People and OD Committee	Quality and Performance Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
				✓		✓	

Outcome of discussion when presented to previous Committees/TLT

QUALITY AND PERFORMANCE COMMITTEE – February 2019
Room F7, Redwood Education Centre, Gloucestershire Royal Hospital

Report Title
Quality and Performance Report
Sponsor and Author(s)
Authors: Felicity Taylor Drewe, Director of Planned Care, Deputy Chief Operating Officer Suzi Cro, Deputy Director of Quality Sponsor: Caroline Landon, Chief Operating Officer Steve Hams, Executive Director of Quality and Chief Nurse Dr Sean Elyan, Medical Director
Executive Summary

Purpose

This report summarises the key highlights and exceptions in Trust performance for the January 2019 reporting period.

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 across Quality and Performance.

Quality Delivery Report

The Quality Delivery Group (QDG) continues to monitor the performance of the quality metrics with the Divisions providing exception reports. The delivery of any action plans to deliver improvement are also reviewed within this forum, high level metrics are also highlighted below.

VTE metric
Difficulties with data quality on Trak led to the completion of monthly ward audits of VTE risk assessment (RA) compliance to provide a true picture of results for UNIFY upload.

Dementia metrics
Clerking information has been standardised to include these assessments and audits are to commence.

Friends and Family Test positive scores <93%
All ward managers have been contacted and advised again how they can review their own data.

Mortality Indicators
All the key mortality indicators were within the expected ranges. Pre hospital care for patients with sepsis requires more investigation.

Sepsis metrics
There are current limitations around the data collection for assurance of performance around sepsis standards and a new methodology was proposed from April 2019 onwards. This will be:-
-Prospective data collection undertaken locally by specialties using the data collection spreadsheet(s).
-Data to be reviewed at a local level and then returned at the end of the month to the quality improvement team for collation into a Trust wide result.
-Divisions to identify Sepsis lead to co-ordinate the collection and feedback to Clinical Audit.

The Trust has not been notified whether Sepsis will be a CQUiN for 19/20 to date

CDiff
There were 5 cases of trust-apportioned C. difficile during January 2019. Investigations of individual cases have focused on antimicrobials and environmental cleanliness as a leading risk factor, this case rate is above the expected limits for the month. All cases are reviewed internally and presented to the CCG. The trust has a comprehensive action plan to bring about improvements. Additionally in February education on expectations of cleaning, cleaning technique and the correct use of wipes was also provided to staff trust wide (ward based activities). Also, further assurance monitoring and review of cleaning standards are being undertaken jointly by the Lead Nurse for IPC and GMS facilities manager every fortnight. (additional note that July's cumulative C.Diff cases has been corrected from 40 to 23.)

Performance

During January, the Trust did not meet the national standards or Trust trajectories for; A&E 4 hour standard, 2 week wait and 62 day cancer standard and the Trust has suspended reporting on the 18 week referral to treatment (RTT) standard. There remains significant focus and effort from operational teams to support performance recovery and sustained delivery.

In January 2018, the trust performance against the 4hr A&E standard was 84.46% with an average of 418 attendances per day. Attendances year to date are 6% above last year's levels.

In respect of RTT, we have started reporting the RTT position in shadow form internally and have planned to re-report by March 2019 (February data). 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 whilst we are seeing our longest waiting patients and until full data cleansing exercise is completed and our patient tracking list is accurate. An inpatient list has now been issued to operational teams to test to support the correct chronological booking of our elective work. In addition, our theatre utilisation has significantly improved, again supporting the effective use of our existing capacity to treat our patients.

Our performance against the cancer standard saw a slight decline in delivery for the 2 week standard in January at 92%, due to an impact in patient choice. Full delivery from February onwards and continued compliance is expected.

The existing Cancer Delivery Plan which identifies specific actions by tumour site to deliver recovery has been developed and reviewed on a fortnightly basis. One tumour site (urology) continues to demonstrably impact the aggregate position with significant number of 62day breaches and this has continued into the December position. Positively the Trust is planning to address the backlog to enable delivery of 62 day by March 2019 and has also in month received a further amount of additional funding to support this recovery.

Cancer 62 day Referral to Treatment (GP referral) performance for December (un-validated) was 72.2%, it is recognised that this is not a stable position as we treat the urology backlog throughout the spring.

As last month, we are addressing our longest waiting patients and reviewing the opportunities for how we can support a reduction in the 104 patient cohort. We are working to reduce our long waiters with our tertiary centres, with particular issues from Hereford being addressed.

The Cancer trajectory and delivery plan has set out the delivery of this national standard across each tumour site this is monitored fortnightly alongside a weekly patient level challenge meeting to support the management of every patient over 40 days. We continue to review our timescales for both initial booking at 7 days, on a 2 week wait pathway and also the opportunity to bring forward

the decision to treat period from 'first seen' to improve patient care and experience.

Conclusions

Cancer delivery, with a particular focus on Urology recovery and backlog clearance during January through to March continue, and sustaining A&E performance is the priority for the operational teams to continue the positive performance improvement, this is delivered through transformational change to patient pathways now robust operating models are developed.

Quality delivery (with the exception of those areas previously discussed) remain stable, further work is being completed to identify a refreshed quality and performance dashboard to widen our understanding of quality and performance delivery.
Work to review the statutory returns and key indicators is being led through our information team to support our recovery programme through Trak Recovery, a number of these are outlined in the supporting QPR documentation.

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 one national waiting time standards ensures the Trust remains under scrutiny by local commissioners and regulators.

Regulatory and/or Legal Implications

The Trust has been removed from 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	
No change.			

Action/Decision Required

For Decision		For Assurance	✓	For Approval		For Information	✓

Date the paper was presented to previous Committees

Quality & Performance Committee	Finance Committee	Audit & Assurance Committee	Workforce Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
✓					✓	

Outcome of discussion when presented to previous Committees

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report

Reporting period January 2019

to be presented at February 2019 Quality and Performance Committee

Executive Summary

Delivery of agreed action plans remains critical to restore operational performance to the expected levels. During December the Trust did not meet the national standards or Trust trajectories for 62 day cancer standard and the 4 hour standard in month performance for January and suspended reporting of the 18 week referral to treatment (RTT) standard continues.

The Trust did not meet the 4 hour standard in January 84.46% against the STP trajectory at 90% against a backdrop of significant attendances. The Trust has met the 4 hour standard for Quarter Three performance of 90%.

The Trust has met the diagnostics standard for December at 0.67%.

The Trust has not met the standard for 2 week wait cancer at 92.0% in January, this is as yet un-validated performance at the time of the report.

The key areas of focus remain for delivery of Cancer quality and performance against speciality level trajectories. The Cancer Delivery plan is reviewed monthly and each tumour site has specific identified actions with an associated allocation in breach improvement numbers. The Cancer Patient List for every patient over day 28 is reviewed weekly by the Director of Planned Care & Trust Cancer Manager.

Cancer performance remains a significant concern relating to the 62 day pathway, specifically with latter urology remaining the speciality with the greatest under-delivery.

For elective care, the levels of validation across the RTT incompletes, Inpatient and Outpatient Patient Tracking List (PTL) is significant. Plans are on-track to deliver RTT re-reporting for March 2019 (February data). Significant work is underway to reduce our longest waiting patients of over 52 weeks.

The Quality Delivery Group (QDG) continues to monitor the performance of the quality metrics with the Divisions providing exception reports. The delivery of any action plans to deliver improvement are also reviewed here.

Strengths

4 hour performance continues to perform well in comparison to other Trusts, despite average attendances of 418 per day.

The national standard for % of patients seen within 6 weeks for Diagnostic tests continues to be met.

Operational oversight of outpatient cancellations, which is now back to pre-trak cancellation levels. Outcome recording and clinic typing through the development of a suite of Business Intelligence reports has been helpful to support operational colleagues. The next stage is to take this through to weekly email issuing, this is now being manually undertaken. There are still data quality errors with reports across operational areas, resulting in a large degree of validation and / or manual counting and review. This remains business as usual and will be monitored through the Planned Care Delivery Group.

ED checklist
The ED safety checklist now has sustained improved performance across both the sites at >90%.

VTE Assessments
Patient receiving appropriate VTE risk assessments has now improved to 96.6%.

Never Events
There have again been no further never events reported this month.

Weaknesses

A number of indicators requiring review due to data quality issues.

Dementia

The recording of the dementia fair test question remain an issue because of how it is recorded within Trakcare. Changes to the clerking documentation have been made and manual audits have been recommenced in order for the data to be reviewed across the Trust.

The provision of Discharge Summaries - performance is still below acceptable standards for our Trust and the primary care community.

Cancer performance is subject to degrees of performance variability of sustainable delivery based on increases in referral rates.

Cancelled operations, this is currently not being reported to NHSI as a partial return can only be completed. This is being reviewed within the Business Intelligence team, specific work to strengthen both the reporting and line of governance to Planned Care Delivery Group is underway. This will be supported by the final production of a Planned Care Dashboard.

Opportunities

Refreshed QPR report
This is currently in development with the planning shared with committee and the first new style report will be prepared for April 2019.

Divisional Reports
The Divisions have requested a specific report that breaks down all the QPR metrics into Divisional reports this is planned to support the refreshed QPR that will be presented to Committee in April / May 2019.

Friends and Family Test
Our FFT data remains in a static position. Wards continue to complete "You said" "We did" posters to demonstrate how they have responded to the data. NHS England have also made a decision that the system needs an overhaul and will be making changes to the question which will go live in April 2019.

Risks & Threats

The risks and threats for remain as last month and whilst there are mitigations in place they are detailed as follows:

30 day readmissions
Performance of the emergency re-admission within 30 days following an elective or emergency spell remains at red and so a deep dive into the current issues is being carried out and will be presented to the Quality and Performance Committee.
Review of national data suggests target needs to be realigned. Two potential areas are being reviewed unfortunately this has to be done by reviewing individual case notes.Case notes have been identified and requested.

Cancer performance remains a significant risk for the Trust. The Trust is continuing to work with the Clinical Commissioning Group on a joint project that is working with Primary Care to address the quality of referrals received into the two week wait team and to audit the patient information leaflets. Patient choice levels are being benchmarked (and case stories provided) as the Trust needs to ensure we are offering reasonable notice of appointments. Patient choice for January has already impacted the 2ww pathways. The issue of patient choice has been raised with the LMC and working in partnership with the CCG. Referrals that are appropriate for a suspected cancer service where our capacity meets demand is crucial to delivery. The changes to the 'letter format' for patients has commenced in January as reported at last committee.

As ever in unscheduled and elective care, unplanned increases in activity remain a risk either daily or weekly, alongside our sustainable workforce.

As we move forward with re-reporting a review of the RTT reporting scripts and internal PTLs are identifying errors, this requires time and support for validation of these lists.
The validation volumes for the PTL (new and follow up patients) and incorrect processes remain a risk, as does any change to the existing PTLs or change in practice, aligned with the recovery pace for Trak Recovery.
Significant validation has been undertaken on the Outpatient Waiting List and a draft Inpatient Waiting List from both the central and speciality teams, the latter inpatient PTL has now been issued.
Work on 4 specific Data Quality indicators between operational and business intelligence teams is critical to continued delivery of both reporting and visibility of patients dated correctly on PTLs. Operational colleagues are represented at the Governance structure relating to the Trak Deep Dive Recovery programme. This will remain a risk for 2018, with the appropriate mitigations in place to support operational delivery. Progress to reporting RTT continues to be positive within month and as yet no identified issues with reporting as planned.

Progress has been made in addressing our longest waiting follow up patients, but risk to patient experience in long delays remain. Specific specialities with extraneous waits have been identified and clear plans to provide additional activity and / or utilise existing capacity are underway. Further details are provided within the exception report.

Performance Against STP Trajectories

*** = unvalidated data**

The following table shows the monthly performance of the Trust's STP indicators.

RAG Rating: The STP indicators are assessed against the monthly trajectories agreed with NHS Improvement.

Indicator		Month												
		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
ED Total Time in Department – Under 4 Hours	Trajectory	80.00%	80.00%	83.50%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	Actual	89.73%	88.46%	86.94%	91.98%	91.58%	93.33%	91.34%	90.26%	89.01%	90.54%	91.59%	87.55%	84.46%
Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	Trajectory	84.00%	85.20%	86.30%										
	Actual													
% waiting for Diagnostics 6 Week Wait and over (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%	1.00%
	Actual	0.64%	0.49%*	0.26%	0.56%	1.26%	0.52%	0.55%	1.27%	0.63%	0.03%	0.35%	0.20%	0.67%
Cancer - Urgent Referrals Seen in Under 2 Weeks from GP	Trajectory	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.10%	93.00%	93.10%	93.00%	93.00%	93.00%
	Actual	86.40%	90.60%	90.50%	86.60%	86.30%	88.60%	90.40%	88.90%	82.80%	91.80%*	90.60%*	94.30%*	92.00%*
2 week wait Breast Symptomatic referrals	Trajectory	93.20%	93.20%	93.30%	93.20%	93.30%	93.40%	93.40%	93.30%	93.20%	93.40%	93.40%	93.10%	93.00%
	Actual	92.40%	97.60%	94.50%	91.30%	91.90%	95.10%	96.00%	97.80%	98.90%	99.20%*	94.50%*	97.60%*	95.50%*
Cancer – 31 Day Diagnosis To Treatment (First Treatments)	Trajectory	96.30%	96.10%	96.30%	96.10%	96.30%	96.10%	96.20%	96.30%	96.20%	96.20%	96.30%	96.20%	96.40%
	Actual	96.00%	97.60%	97.90%	96.70%	96.90%	97.10%	96.80%	96.90%	93.50%	93.20%*	94.00%*	93.70%*	92.00%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Drug)	Trajectory	100.00%	100.00%	98.40%	98.50%	100.00%	98.80%	98.10%	100.00%	98.40%	98.00%	98.10%	100.00%	100.00%
	Actual	98.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.80%	100.00%*	100.00%*	100.00%*	98.90%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Radiotherapy)	Trajectory	94.40%	94.10%	94.20%	95.50%	95.80%	94.60%	95.10%	94.60%	95.00%	94.30%	94.70%	94.50%	94.40%
	Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.70%	100.00%	100.00%	98.60%*	98.60%*	98.60%*	100.00%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Surgery)	Trajectory	94.10%	94.50%	94.10%	95.10%	95.00%	94.20%	95.90%	94.60%	95.30%	94.30%	95.00%	94.80%	94.30%
	Actual	93.00%	95.50%	98.00%	94.90%	96.60%	94.50%	96.00%	95.70%	94.30%	98.30%*	96.60%*	92.50%*	98.10%*
Cancer 62 Day Referral To Treatment (Screenings)	Trajectory	92.90%	92.90%	90.50%	92.00%	94.70%	90.50%	90.00%	91.20%	92.10%	92.90%	92.90%	90.90%	92.90%
	Actual	98.00%	95.90%	95.90%	100.00%	94.10%	100.00%	100.00%	100.00%	85.50%	93.50%*	93.50%*	100.00%*	97.80%*
Cancer 62 Day Referral To Treatment (Upgrades)	Trajectory	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Actual	0.00%	80.00%	94.10%	76.50%	100.00%	84.60%	53.30%	100.00%	75.00%	77.80%*	58.80%*	66.70%*	66.70%*
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	Trajectory	85.40%	85.40%	85.20%	82.80%	84.40%	85.30%	79.70%	77.10%	81.70%	82.00%	83.70%	82.80%	80.90%
	Actual	69.70%	79.10%	78.10%	80.30%	79.90%	66.90%	74.70%	76.30%	69.00%	68.00%*	78.40%*	72.20%*	74.20%*

Summary Scorecard

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

RAG Rating : Overall RAG rating for a domain is an average performance of lead indicators against national standards.
Where data is not available the lead indicator is treated as Red.

QUALITY

% of Adult Inpatients who have Received a VTE Risk Assessment	C.Diff Cases – Cumulative Totals
Emergency re-admissions within 30 days following an elective or emergency spell	Hospital Standardised Mortality Ratio (HSMR)
Hospital Standardised Mortality Ratio (HSMR) – Weekend	MRSA Bloodstream Cases – Cumulative Totals
Number of Breaches of Mixed Sex Accommodation	Safety Thermometer – New Harm Free
Total % Positive	

OPERATIONAL PERFORMANCE

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

FINANCE

Cost Improvement Year to Date Variance
NHSI Financial Risk Rating
YTD Performance against Financial Recovery Plan

LEADERSHIP AND DEVELOPMENT

% Sickness Rate
% Turnover
Trust total % mandatory training compliance
Trust total % overall appraisal completion

Trust Scorecard

* = unvalidated data

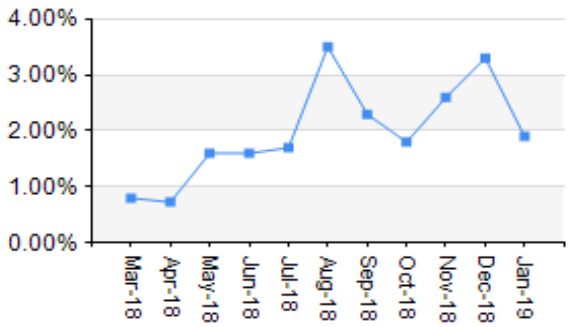
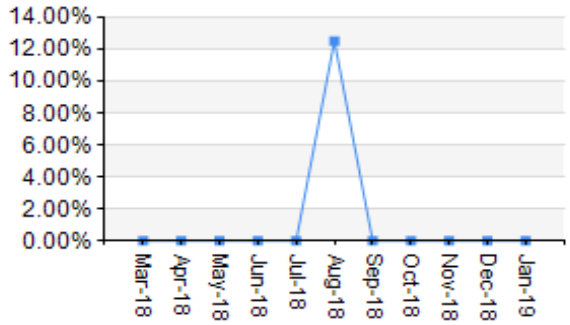
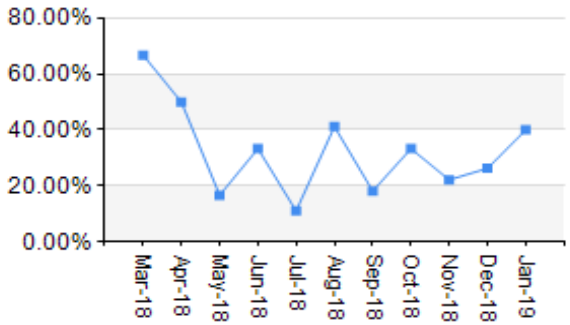
Category		Indicator	Standard 2017/18	Month			Standard 2018/19	Month										Quarter	Annual
				Jan-18	Feb-18	Mar-18		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 Q3	18/19
Quality	Key Indicators - Quality																		
	Friends & Family Test	ED % Positive	>=86%	85.6%	82.7%	83.7% *	R<81% A81-83% G>=84%	83.1%	83.2%	84.6%	83.6%	82.0%	85.9%	82.7%	82.7%	81.0% *	82.7% *	82.1%	83.2% *
		Inpatients % Positive	>=95%	91.5%	92.0%	89.7% *	R<93% A93-95% G>=96%	90.2%	91.4%	91.7%	91.7%	90.7%	91.9%	92.2%	90.9%	91.5% *	91.9% *	91.5%	91.4% *
		Maternity % Positive	>=97%	100.0%	88.9%	93.6% *	R<94% A94-96% G>=97%	97.4%	94.0%	95.6%	93.3%	94.7%	0.0%	100.0%	98.2%	100.0% *	100.0% *	99.4%	87.3% *
		Outpatients % Positive	>=93%	93.3%	93.1%	92.3% *	R<91% A91-93% G>=94%	92.0%	92.3%	92.3%	93.3%	91.9%	92.3%	93.0%	92.5%	92.9% *	93.4% *	92.8%	92.6% *
		Total % Positive		92.2%	91.9%	90.9%	R<90% A90-92% G>=93%	90.6%	91.2%	91.3%	91.6%	90.3%	91.6%	91.8%	91.2%	90.9% *	91.9% *	91.3%	91.2% *
	Infection Control	MRSA Bloodstream Cases – Cumulative Totals	0	0 *	0 *	0 *	0	1	1	1	2 *	3	5	5	5	5	5 *	5	5 *
	Mortality	Hospital Standardised Mortality Ratio (HSMR)	Dr Foster confidence level	93.1	95	96	Dr Foster confidence level	98.3	95.2	96	96.4	98.1	99.8	100.8					100.8 *
		Hospital Standardised Mortality Ratio (HSMR) – Weekend	Dr Foster confidence level	95	97.7	98.4	Dr Foster confidence level	101.1	97.3	97.1	97.9	96.6	98.4	101.7					101.7 *
		Summary Hospital Mortality Indicator (SHMI) – National Data	Dr Foster confidence level			107.2	Dr Foster confidence level			103.3									103.3 *
	MSA	Number of Breaches of Mixed Sex Accommodation	0	5	7	6	R>=20 A11-19 G<=10	8	8	20	5	6	0	7	2	6	2	15	64 *
	Readmissions	Emergency re-admissions within 30 days following an elective or emergency spell	Q1<6% Q2<5.8% Q3<5.6% Q4<5.4%	6.3% *	7.9% *	7.2% *	R>6.8% G<6.8%	7.4% *	7.1% *	7.5% *	7.5% *	7.9% *	7.6% *	7.8% *	7.1% *	8.3% *		7.7% *	7.6% *
	VTE Prevention	% of Adult Inpatients who have Received a VTE Risk Assessment	>95%	78.5% *	76.8% *	79.3% *	R<=95% A96% G>97%	79.9% *	96.6% *	91.7% *	94.8% *	94.6% *	93.8% *	94.8% *	95.4% *	90.7% *	96.6% *	93.7% *	92.9% *
	Detailed Indicators - Quality																		
	Dementia Screening	% of patients who have been screened for Dementia (within 72 hours)	>=90%	0.7% *	0.7%	0.8%	R<70% A70-89% G>=90%	0.7%	1.6%	1.6%	1.7%	3.5%	2.3%	1.8%	2.6%	3.3%	1.9%	2.6%	2.1% *
		% of patients who have received a dementia diagnostic assessment with positive or inconclusive results that were then referred for further diagnostic advice/FU (within 72 hours)	>=90%	50.0% *	0.0%	0.0%	R<70% A70-89% G>=90%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.9% *
		% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)	>=90%	100.0% *	33.3%	66.7%	R<70% A70-89% G>=90%	50.0%	16.7%	33.3%	11.1%	41.2%	18.2%	33.3%	22.2%	26.3%	40.0%	26.1%	28.9% *
	ED Checklist	ED Safety checklist compliance CGH	R<50% A50-79% G>=80%	86% *	83% *	82% *	R<50% A50-79% G>=80%	82% *	89% *	84% *	88% *	90% *	89% *	90% *	93% *	93% *	92%		
		ED Safety checklist compliance GRH	R<50% A50-79% G>=80%	72% *	81% *	81% *	R<50% A50-79% G>=80%	85% *	73% *	73% *	75% *	85% *	90% *	90% *	91%	93% *	90%	87%	
	Emergency Department	ED: % of time to initial assessment – Under 15 minutes	>=99%	91.9%	88.2%	89.5%	R<92% A92-94% G>=95%	90.5%	90.3%	90.8%	88.6%	90.7%	87.3%	88.8%	89.6%	85.4%	85.2% *	87.9%	88.7% *
		ED: % of time to start of treatment – Under 60 minutes	>=90%	43.3%	32.7%	35.2%	R<87% A87-89% G>=90%	36.8%	33.6%	34.1%	31.4%	34.3%	29.0%	36.7%	34.5%	32.1%	34.9% *	34.4%	33.7% *
	Infection Control	C.Diff Cases – Cumulative Totals	18/19 = 36	45	49	56	R>3 G<=3	5	14	16	23	29	32	36	40	41	47 *	41	41 *
		Ecoli – Cumulative Totals		222 *	240 *	258 *	TBC	17	32	56	79 *	107	139	164	168	171	39 *	171	171 *
		Klebsiella – Cumulative Totals					TBC	6	12	13	22 *	29	39	46	49	51	25 *	51	51 *
		MSSA Cases – Cumulative Totals	No target	89 *	93 *	100 *	TBC	9	18	28	41	49	63	72	76	2 *	25 *	8 *	76 *
		Pseudomonas – Cumulative Totals					TBC	2	3	6	14 *	17	20	23	24	24	11 *	24	24 *
	Maternity	Percentage of Spontaneous Vaginal Deliveries		57.0% *	63.4% *	61.8% *	TBC	57.5% *	61.4% *	60.0% *	64.3% *		63.1% *	59.2% *	59.4% *	59.3% *	57.9% *	59.2% *	61.3% *
		Percentage of Women Seen by Midwife by 12 Weeks	>90%	88.7% *	88.8% *	90.9% *	>90%	92.0% *	87.4% *	90.1% *	89.4% *	87.0% *	90.4% *	90.1% *	91.8% *	90.2% *	90.5% *	90.9% *	89.8% *

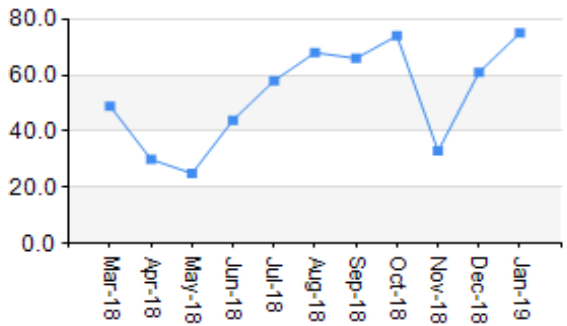
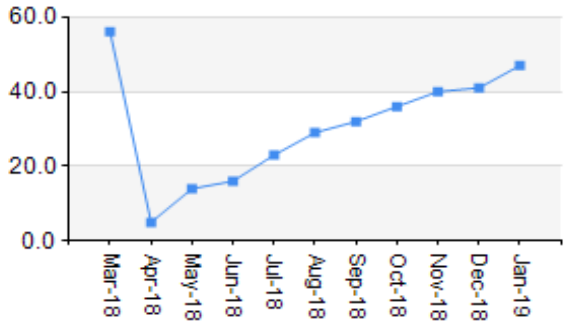
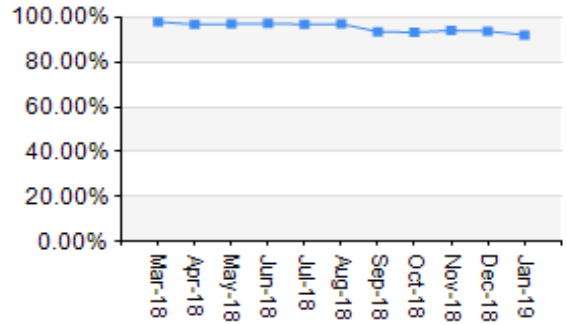
Category		Indicator	Standard 2017/18	Month			Standard 2018/19	Month										Quarter	Annual
				Jan-18	Feb-18	Mar-18		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 Q3	18/19
	Medicines	Rate of Medication Incidents per 1,000 Beddays	Current mean	4.1 *	3.5 *	3.6 *	Current mean	3.6 *	4.6 *	4.4 *	4.3 *	4 *	3.8 *	4.3 *	4.6 *	3.8 *	3.2 *		
	Patient Safety Incidents	Number of falls per 1,000 bed days	Current mean	7.8 *	7.3 *	7.7 *	TBC	8.3 *	7.6 *	8.3 *	6.9 *	6.3 *	7.5 *	7.3 *	6.8 *	7.2 *	6.8 *		
		Number of falls resulting in harm (moderate/severe)		18 *	10 *	8 *	TBC	10 *	8 *	7 *	11 *	6 *	9 *	8 *	6 *	8 *	8 *		8 *
		Number of Patient Safety Incidents - severe harm (major/death)		3 *	1 *	1 *	TBC	2 *	1 *	1 *	1 *	1 *	2 *	1 *	0 *	1 *	0 *		1 *
		Number of Patient Safety Incidents Reported		1,260 *	1,139 *	1,229 *	TBC	1,192 *	1,210 *	1,199 *	1,206 *	1,142 *	1,202 *	1,228 *	1,249 *	1,153 *	1,408 *		
		Pressure Ulcers – Category 2	R=1% G<1%	1.30% *	1.63% *	0.48% *	R=1% G<1%	0.39% *	0.39% *	0.90% *	0.25% *	0.57% *	0.68% *	0.13% *	0.27% *	0.93% *	0.52% *		
		Pressure Ulcers – Category 3	R=0.3 G<0.3%	0.47% *	0.63% *	0.24% *	R=0.3 G<0.3%	0.00% *	0.00% *	0.00% *	0.13% *	0.14% *	0.00% *	0.00% *	0.27% *	0.13% *	0.00% *		
		Pressure Ulcers – Category 4	R=0.2% G<0.2%	0.00% *	0.00% *	0.00% *	R=0.2% G<0.2%	0.00% *	0.00% *	0.00% *	0.00% *	0.14% *	0.00% *	0.00% *	0.00% *	0.00% *	0.13% *		
	Research	Research Accruals	17/18 = >1100	80 *	61 *	112 *	TBC	42 *	54 *	16 *									19 *
	RIDDOR	Number of RIDDOR	Current mean	1 *	1 *	1 *	Current mean	4 *	0 *	1 *	2 *	2 *	5 *	4 *	1 *	4 *	1 *		
	Safe nurse staffing	Care Hours per Patient Day total		7	7	7	TBC	7	7	8	7	7	7	7	7	7 *	7 *	7 *	7 *
	Safety Thermometer	Safety Thermometer – Harm Free	R<88% A89%-91% G>92%	90.1% *	91.8% *	91.5% *	R<88% A89-91% G>92%	92.8% *	93.8% *		92.2% *	94.2% *	93.4% *	94.2% *	93.1% *	94.3% *	94.1% *		
		Safety Thermometer – New Harm Free	R<93% A94%-95% G>96%	96.0% *	96.4% *	97.6% *	R<93% A94-95% G>96%	98.0% *	97.8% *		98.4% *	97.7% *	98.6% *	98.5% *	97.9% *	97.3% *	97.3% *		
	Sepsis Identification and Treatment	% of patients screened in ED for Sepsis	>90%	98.0% *	98.0% *	100.0% *	R<50% A50-89% G>=90%	98.0% *	98.0% *	100.0% *	98.0% *	98.0% *	98.0% *	100.0% *	98.0% *	100.0% *			
		% of patients who were administered IVABs with 1 hour of arriving to ED	>50%	89.0% *	84.0% *	78.0% *	R<50% A50-89% G>=90%	82.0% *	88.0% *	88.0% *	72.0% *	79.0% *	79.0% *	82.0% *	86.0% *	83.0% *			
	Serious Incidents	Number of Never Events reported	0	0 *	0 *	1 *	0	1 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *		1 *
		Number of Serious Incidents Reported		3 *	10 *	2 *	0	3 *	10 *	5 *	0 *	4 *	4 *	2 *	1 *	1 *	3 *		
		Percentage of Serious Incident Investigations Completed Within Contract Timescale		100% *	100% *	100% *	>80%	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% *	G>90%	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	2.6 *	2.4 *	2.8 *	Current mean	1.4 *	2.8 *	1.7 *	2.5 *	2.3 *	2.2 *	3.9 *	3 *	1.3 *	1.3 *		
		Rate of Physically Violent and Aggressive Incidents Occurring per 1,000 Staff	Current mean	1.4 *	2.6 *	2.8 *	Current mean	4 *	2.8 *	2.5 *	3.3 *	2.1 *	2.9 *	2.8 *	1.6 *	2.3 *	2.7 *		
	Stroke Care	High Risk TIA Patients Starting Treatment Within 24 Hours	>=60%	67.7%	60.0%	76.0%	>=60%	69.4%	73.5%	69.6%	58.6%	70.8%	51.5%	42.6%	48.3%	61.1%	68.8%	47.9%	60.3% *
		Stroke Care: Percentage of patients Receiving Brain Imaging Within 1 Hour	>=50%	46.2%	38.2%	41.0%	R<45% A45-49% G>=50%	36.7%	50.0%	40.6%	37.8%	47.0%	41.5%	34.3%	26.6%	31.9%	37.1%	31.0%	38.4% *
		Stroke Care: Percentage of patients Spending 90%+ Time on Stroke Unit	>=80%	91.8%	94.4%	73.5%	R<70% A70-79% G>=80%	90.4%	95.1%	95.6%	94.1%	97.2%	93.4%	80.7%	87.7%	91.9%		87.3%	92.0% *
	Trauma & Orthopaedics	% of fracture neck of Femur patients treated within 36 Hours		73.9% *	83.8% *	64.4% *	R<80% A80-89% G>=90%	72.2% *	79.4% *	68.3% *	74.2% *	88.7% *	85.5% *	67.7% *	70.1% *	75.0% *	83.9% *	70.9% *	76.0% *
		Fracture Neck of Femur – Time To Treatment 90th Percentile (Hours)		45.7 *	42.3 *	64.4 *	TBC	48.1 *	42.3 *	49.8 *	51.8 *	38.4 *	38.6 *	52.2 *	60.3 *	43.9 *	42.5 *	50.3 *	31 *
		Fracture Neck of Femur Patients Seeing Orthogeriatrician Within 72 Hours		98.5% *	100.0% *	98.4% *	TBC	94.4% *	91.2% *	93.7% *	100.0% *	98.4% *	90.9% *	100.0% *	98.5% *	100.0% *	100.0% *	99.5% *	99.0% *
Operational Performance	**Key Indicators - Operational Performance**																		
	Cancer	Cancer 62 Day Referral To Treatment (Screenings)	>=90%	98.0%	95.9%	95.9%	R<85% A85-89% G>=90%	100.0%	94.1%	100.0%	100.0%	100.0%	85.5%	93.5% *	93.5% *	100.0% *	97.8% *	95.9% *	95.4% *
		Cancer 62 Day Referral To Treatment (Upgrades)	>=90%	0.0%	80.0%	94.1%	>=90%	76.5%	100.0%	84.6%	53.3%	100.0%	75.0%	77.8% *	58.8% *	66.7% *	66.7% *	66.0% *	71.3% *
		Cancer 62 Day Referral To Treatment (Urgent GP Referral)	>=85%	69.7%	79.1%	78.1%	R<80% A80-84% G>=85%	80.3%	79.9%	66.9%	74.7%	76.3%	69.0%	68.0% *	78.4% *	72.2% *	74.2% *	72.6% *	73.7% *
	Diagnostics	% waiting for Diagnostics 6 Week Wait and over (15 Key Tests)	<1%	0.64%	0.49% *	0.26%	R>2% A1.01-2% G<=1%	0.56%	1.26%	0.52%	0.55%	1.27%	0.63%	0.03%	0.35%	0.20%	0.67%	0.20%	0.67% *
	Emergency Department	ED Total Time in Department – Under 4 Hours	>=95%	89.73%	88.46%	86.94%	R<90% A90-94% G>=95%	91.98%	91.58%	93.33%	91.34%	90.26%	89.01%	90.54%	91.59%	87.55%	84.46%	90.02%	90.19% *
	RTT	Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	>=92%				>=92%												

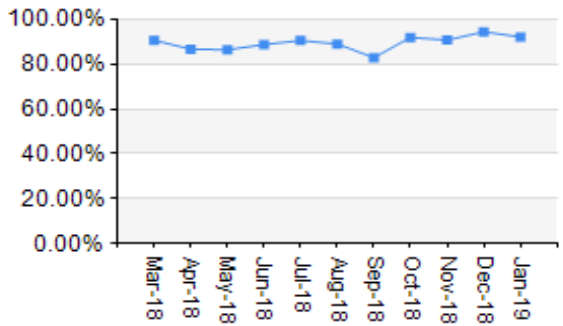
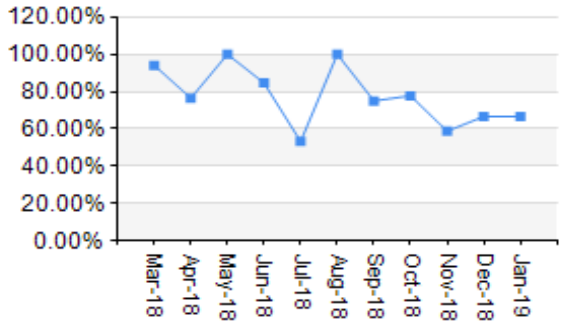
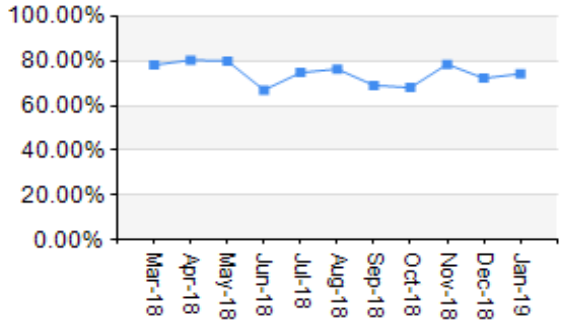
Category		Indicator	Standard 2017/18	Month			Standard 2018/19	Month										Quarter	Annual
				Jan-18	Feb-18	Mar-18		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 Q3	18/19
	Detailed Indicators - Operational Performance																		
	Cancer	2 week wait Breast Symptomatic referrals	>=93%	92.4%	97.6%	94.5%	R<90% A90-92% G>=93%	91.3%	91.9%	95.1%	96.0%	97.8%	98.9%	99.2% *	94.5% *	97.6% *	95.5% *	97.2% *	95.7% *
		Cancer – 31 Day Diagnosis To Treatment (First Treatments)	>=96%	96.0%	97.6%	97.9%	R<94% A94-95% G>=96%	96.7%	96.9%	97.1%	96.8%	96.9%	93.5%	93.2% *	94.0% *	93.7% *	92.0% *	93.6% *	96.0% *
		Cancer – 31 Day Diagnosis To Treatment (Subsequent – Drug)	>=98%	98.9%	100.0%	100.0%	R<96% A96-97% G>=98%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0% *	100.0% *	100.0% *	98.9% *	100.0% *	99.8% *
		Cancer – 31 Day Diagnosis To Treatment (Subsequent – Radiotherapy)	>=94%	100.0%	100.0%	100.0%	R<92% A92-93% G>=94%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	98.6% *	98.6% *	98.6% *	100.0% *	98.6% *	99.6% *
		Cancer – 31 Day Diagnosis To Treatment (Subsequent – Surgery)	>=94%	93.0%	95.5%	98.0%	R<92% A92-93% G>=94%	94.9%	96.6%	94.5%	96.0%	95.7%	94.3%	98.3% *	96.6% *	92.5% *	98.1% *	96.2% *	96.0% *
		Cancer - Urgent Referrals Seen in Under 2 Weeks from GP	>=93%	86.4%	90.6%	90.5%	R<90% A90-92% G>=93%	86.6%	86.3%	88.6%	90.4%	88.9%	82.8%	91.8% *	90.6% *	94.3% *	92.0% *	92.2% *	87.9% *
		Number of patients waiting over 104 days with a TCI date	0	10	4	6	0	9	12	6	8	22	26	7	13	8	8	8	13 *
		Number of Patients waiting over 104 days without a TCI date	0	19	14	17	TBC	18	18	22	28	24	30	39	37	27	42	27	37 *
	Diagnostics	The number of planned / Surveillance Endoscopy Patients Waiting at Month End		239 *	106	123	TBC	188	223	260	311	407	576	630 *	680 *	686 *	639 *	686 *	686 *
	Discharge	Number of patients delayed at the end of each month	<14	22	23	34	TBC	37	27	36	47	44	41	44 *	40 *	34 *	29 *	34 *	29 *
		Patient discharge summaries sent to GP within 24 hours					R<75% A75-87% G>=88%	50.1% *	50.2% *	51.7% *	52.6% *	49.7% *	51.9% *	51.7% *	49.2% *	47.4% *		49.5% *	50.5% *
	Emergency Department	Ambulance Handovers – Over 30 Minutes	< previous year	45	44	49	< previous year	30	25	44	58	68	66	74	33	61 *	75 *	168 *	534 *
		Ambulance Handovers – Over 60 Minutes	< previous year	2	3	3	< previous year	1	3	1	0	2	2	2	1	1 *	0 *	4 *	13 *
		ED: % total time in department - Under 4 Hours CGH	>=95%	93.60%	95.10%	96.50%	R<90% A90-94% G>=95%	97.80%	98.10%	96.30%	96.90%	96.00%	96.40%	96.90%	96.94% *	95.47%	93.70%	96.51%	96.50% *
		ED: % total Time in Department – Under 4 Hours GRH	>=95%	87.90%	85.30%	82.30%	R<90% A90-94% G>=95%	89.10%	88.10%	91.80%	88.40%	87.40%	85.20%	87.30%	89.06% *	83.82%	80.10%	86.89%	87.00% *
		ED: Number of patients experiencing a 12 Hour Trolley wait (>12hours from decision to admit to admission)	0	0	1	0	0	0	0	0	0	0	0	0	0	0 *	0	0	0 *
	Length of Stay	Average Length of Stay (Spell)		5.1 *	5.04 *	4.99 *	TBC	5.14 *	4.65 *	4.57 *	4.52 *	4.61 *	4.46 *	4.54 *	4.55 *	4.21 *	4.34 *	4.43 *	4.55 *
	Operational Efficiency	Length of Stay for General and Acute Elective Spells (Occupied Bed Days)	<=3.4	2.91 *	2.99 *	3.03 *	R>4.5 A3.5-4.5 G<=3.4	2.82 *	2.78 *	2.52 *	2.72 *	3.01 *	2.73 *	2.47 *	2.81 *	2.89 *	2.57 *	2.72 *	2.73 *
		Length of Stay for General and Acute Non-Elective (Occupied Bed Days) Spells	Q1/Q2<5.4 Q3/Q4<5.8	5.56 *	5.53 *	5.46 *	TBC	5.68 *	5.16 *	5.15 *	4.98 *	4.96 *	4.85 *	5.01 *	4.96 *	4.47 *	4.66 *	4.81 *	4.97 *
		Number of LMCs Not Re–admitted Within 28 Days	0	12 *	25 *	21 *	0	12 *	23 *										
		Number of Patients Stable for Discharge	<40	55	65	67	TBC	67	66	71	71	75	80	75	76	69 *	74 *	69 *	74 *
		Number of stranded patients with a length of stay of greater than 7 days		472	464	482	TBC	384	395	369	373	382	376 *	374 *	382 *	374 *	399 *	374 *	399 *
	RTT	Referral To Treatment Ongoing Pathways Over 52 Weeks (Number)	0	50 *	63	95 *	0	95	92	98	113	125	105	103	105	97	89	97	89 *
	SUS	Percentage of Records Submitted Nationally with Valid GP Code	>=99%	100.0%	100.0%	100.0%	>=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% *
		Percentage of Records Submitted Nationally with Valid NHS Number	>=99%	99.8%	99.8%	99.8%	>=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% *
Finance	**Key Indicators - Finance**																		
	Finance	YTD Performance against Financial Recovery Plan		-6.5 *	-10.8 *	-18.4 *	TBC	.05	.07	.09	.18 *	.2	.2	.2	.4	.04	-3		
	Detailed Indicators - Finance																		
	Finance	Agency – Performance Against NHSI Set Agency Ceiling		3 *	3 *	3 *	TBC	2	2	2	2	2	3	3	3	3	3		
		Capital Service		4 *	4 *	4 *	TBC	4	4	4	4	4	4	4	4	4	4		
		Cost Improvement Year to Date Variance		-4,423	-7,085	10,475	TBC	-51	121	1,116	2,365	2,342	2,975	2,994	2,013 *	1,593	0		
		Liquidity		4 *	4 *	4 *	TBC	4	4	4	4	4	4	4	4	4	4		
		NHSI Financial Risk Rating	3	4 *	4 *	4 *	3	4	4	4	4	4	4	4	4	4	3		
		Total PayBill Spend		28.1 *	28.5 *	28.5 *	TBC	28.4	28.5	28.05	28.5	30.5	27.5	29.5	29.03	29.7	29.4		

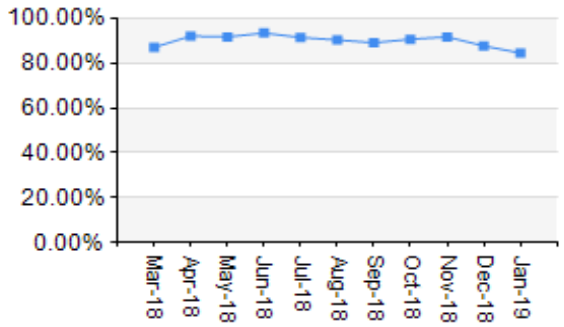
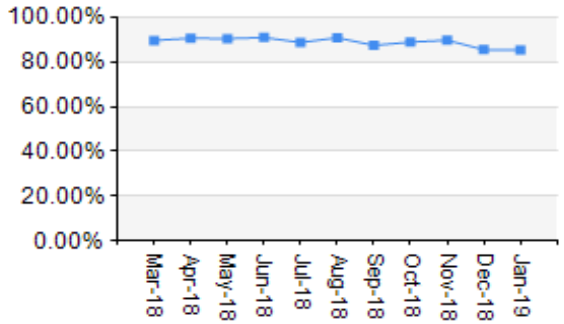
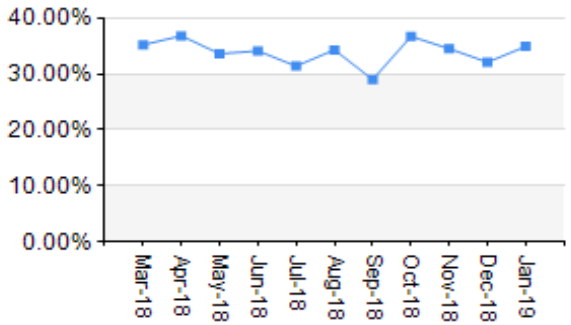
Category		Indicator	Standard 2017/18	Month			Standard 2018/19	Month										Quarter	Annual
				Jan-18	Feb-18	Mar-18		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 Q3	18/19
Leadership and Development	Key Indicators - Leadership and Development																		
	Workforce Expenditure and Efficiency	% Sickness Rate	G<3.6% R>4%	3.9%	4.0%	3.9%	R>4% A3.6-4% G<=3.5%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9% *	3.9%	3.9% *
		% Turnover	G<11% R>15%	11.6%	11.4%	12.1%	TBC	12.0%	11.8%	12.3%	12.3%	12.0%	12.1%	11.9%	11.6%	11.7%	11.7% *	11.6%	12.3% *
	Detailed Indicators - Leadership and Development																		
	Appraisal and Mandatory Training	Trust total % mandatory training compliance	>=90%	73%	79%		R<70% A70-89% G>=90%			87%	87%	88%	90%	91% *	91% *	91% *	89%	90%	89% *
		Trust total % overall appraisal completion	G>=90% R<70%	83.0%	83.0%	82.0%	R<70% A70-89% G>=90%			74.0%	74.0%	75.0% *	79.0%	80.0% *	79.0% *	79.0% *	79.0%	79.5%	79.0% *

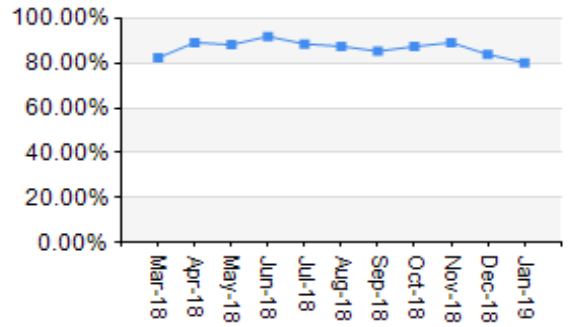
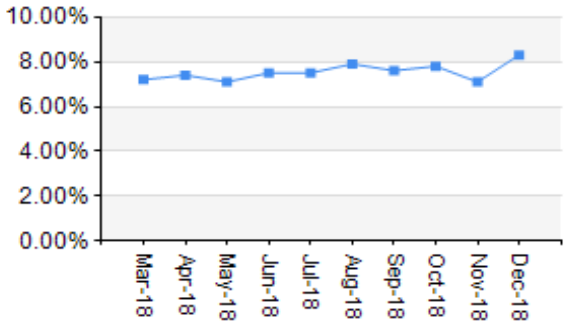
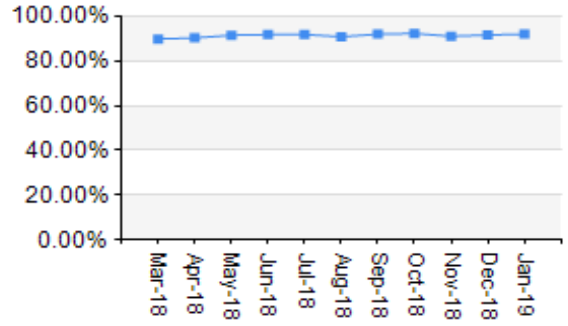
Exception Report

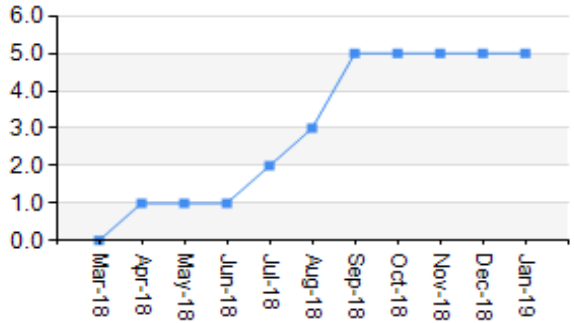
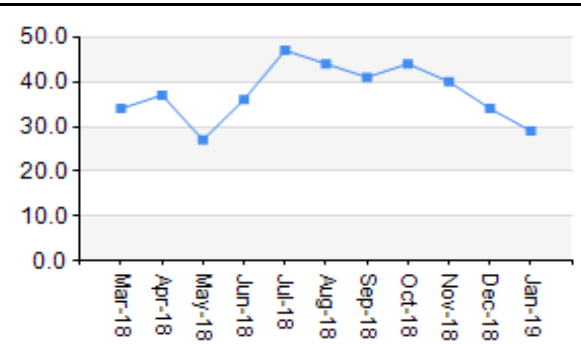
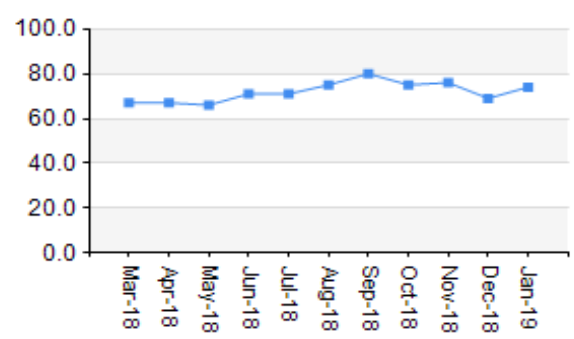
Metric Name & Standard	Trend Chart	Exception Notes	Owner
% of patients who have been screened for Dementia (within 72 hours) **Standard: R<70% A70-89% G>=90%**		Manual audit in place.Longer term solution being progressed	Deputy Chief Nurse
% of patients who have received a dementia diagnostic assessment with positive or inconclusive results that were then referred for further diagnostic advice/FU (within 72 hours) **Standard: R<70% A70-89% G>=90%**		Manual audit in place.Longer term solution being progressed	Deputy Chief Nurse
% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours) **Standard: R<70% A70-89% G>=90%**		Manual audit in place.Longer term solution being progressed	Deputy Chief Nurse

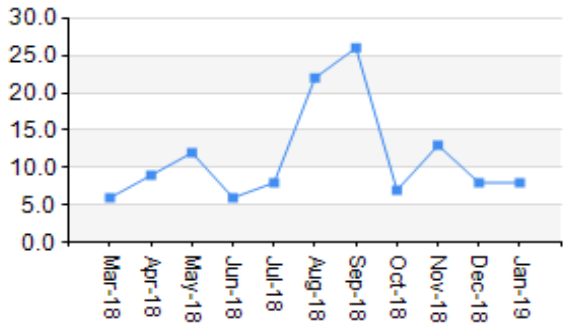
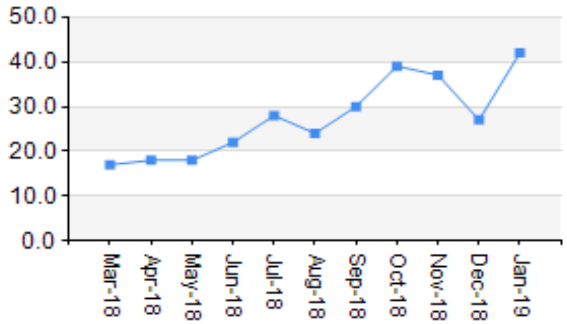
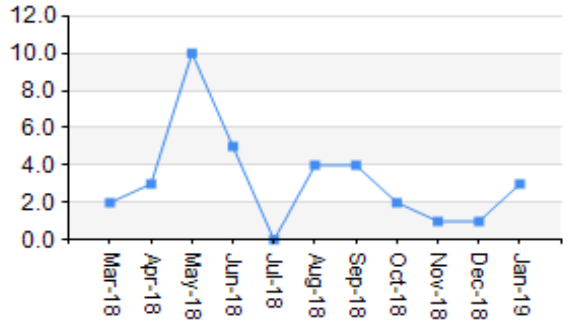
Metric Name & Standard	Trend Chart	Exception Notes	Owner
Ambulance Handovers – Over 30 Minutes **Standard: < previous year**		Increase in delays due to increased attendances and increased acuity. Increased in conveyance from 111 and SWAST.	Director of Unscheduled Care and Deputy Chief Operating Officer
C.Diff Cases – Cumulative Totals **Standard: R>3 G<=3**		There were 5 cases of trust-apportioned C. difficile during January 2019. Investigations of individual cases have focused on antimicrobials and environmental cleanliness as a leading risk factor, this case rate is above the expected limits for the month. All cases are reviewed internally and presented to the CCG. The trust has a comprehensive action plan to bring about improvements. Additionally in February education on expectations of cleaning, cleaning technique and the correct use of wipes was also provided to staff trust wide (ward based activities). Also, further assurance monitoring and review of cleaning standards are being undertaken jointly by the Lead Nurse for IPC and GMS facilities manager every fortnight. Note that July's cumulative C.Diff cases has been corrected from 40 to 23.	Associate Chief Nurse and Deputy Director of Infection Prevention and Control
Cancer – 31 Day Diagnosis To Treatment (First Treatments) **Standard: R<94% A94-95% G>=96%**		Performance - 94.2% Target - 96% National performance - 96.6% Breaches occurred in Skin and urology Process/booking issues identified in OMF/Skin booking regarding 31 day target.	Director of Planned Care and Deputy Chief Operating Officer

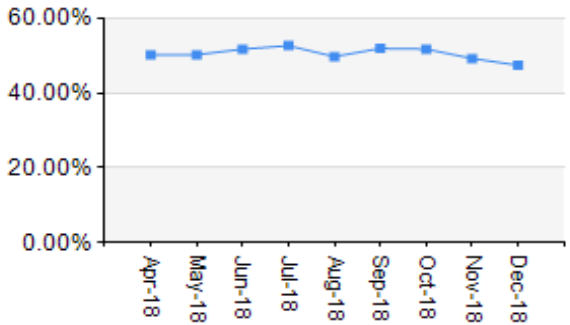
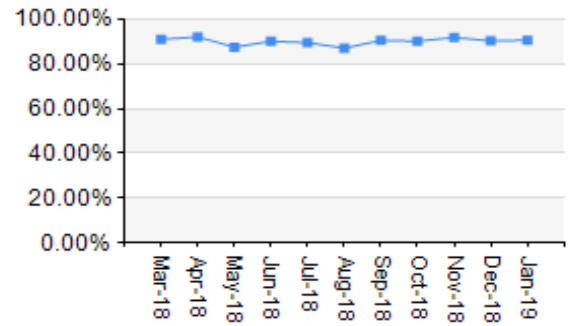
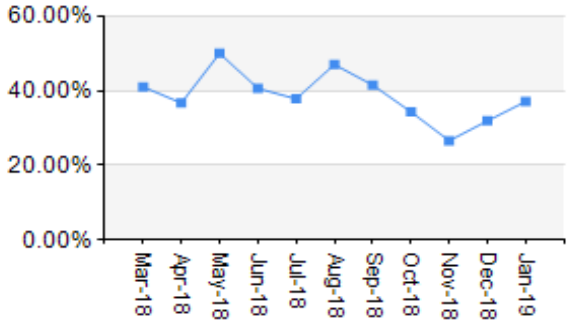
Metric Name & Standard	Trend Chart	Exception Notes	Owner
Cancer - Urgent Referrals Seen in Under 2 Weeks from GP **Standard: R<90% A90-92% G>=93%**		2ww performance Jan - 91.9% Target - 93% National performance - 92.5% 1869 - 152 breaches 95 patient choice breaches mainly from Skin and LGI rolling over from festive period Received the most 2ww referrals in January since data began in 2013 (well over 85th Percentile)	Director of Planned Care and Deputy Chief Operating Officer
Cancer 62 Day Referral To Treatment (Upgrades) **Standard: >=90%**		Performance - 63.2% Target - N/A National performance - 85.8% 9.5 tx 3.5 breaches Skin 1 - complex patient with condition needing two specialties input Uro 1 - Clinic cancellation LGI 1 - Late upgrade (day 43) from Hereford Gynae 0.5 - Late upgrade from Worcs (day 84)	Director of Planned Care and Deputy Chief Operating Officer
Cancer 62 Day Referral To Treatment (Urgent GP Referral) **Standard: R<80% A80-84% G>=85%**		Dec performance 76.7% (un-validated) Target 85% National performance 88.1% Exc urology performance - 83.3% (un-validated) Urology - 21 breaches UGI - 4.5 breaches LGI - 4 breaches Gynae - 3.5 breaches Haem - 3 breaches	Director of Planned Care and Deputy Chief Operating Officer

Metric Name & Standard	Trend Chart	Exception Notes	Owner
ED Total Time in Department – Under 4 Hours **Standard: R<90% A90-94% G>=95%**		Increased attendances of 5.9% and increased acuity (over half categorised as major illness) in January has shown increased pressure for the ED depts leading to decreased 4 hour performance.	Director of Unscheduled Care and Deputy Chief Operating Officer
ED: % of time to initial assessment – Under 15 minutes **Standard: R<92% A92-94% G>=95%**		Increase in the more urgent ED triage categories has put pressure on the triage/streaming service line.	Director of Unscheduled Care and Deputy Chief Operating Officer
ED: % of time to start of treatment – Under 60 minutes **Standard: R<87% A87-89% G>=90%**		On-going issue. Recent recruitment of 3 new Consultant posts will help with senior cover.	Director of Unscheduled Care and Deputy Chief Operating Officer

Metric Name & Standard	Trend Chart	Exception Notes	Owner
ED: % total Time in Department – Under 4 Hours GRH **Standard: R<90% A90-94% G>=95%**		Increased attendances of 5.9% and increased acuity (over half categorised as major illness) has shown increased pressure for the ED depts leading to decreased 4 hour performance. Increased in conveyance from 111 and SWAST and rapid response conversion to acute currently sitting at 24% and should be 20%.	Director of Unscheduled Care and Deputy Chief Operating Officer
Emergency re-admissions within 30 days following an elective or emergency spell **Standard: R>6.8% G<6.8%**		Review of national data suggests target needs to be realigned. Two potential areas are being reviewed unfortunately this has to be done by reviewing individual case notes.Case notes have been identified and requested.	Deputy Medical Director
Inpatients % Positive **Standard: R<93% A93-95% G>=96%**		Encouraging staff to log on and read the FFT feedback is important. We have been showing staff how to develop "you said" "we did" posters to display on their wards. Also we have been encouraging staff to listen to the voice recorded messages.	Deputy Director of Quality

Metric Name & Standard	Trend Chart	Exception Notes	Owner
MRSA Bloodstream Cases – Cumulative Totals **Standard: 0**		During September 2018 the trust had two cases of trust-apportioned MRSA bacteraemia in a patient with a known history of MRSA, thought to be a possible blood culture contaminant and another in a patient with a surgical site infection (associated with another trust). These cases were reviewed by the IPC team and the clinical team. There have been no further cases.	Associate Chief Nurse and Deputy Director of Infection Prevention and Control
Number of patients delayed at the end of each month **Standard: TBC**		Slight improvement but medically fit list remains high as does the DTOC list. Increased community beds offered with CCG opening a further 10 to help with demand.	Director of Unscheduled Care and Deputy Chief Operating Officer
Number of Patients Stable for Discharge **Standard: TBC**		Medically fit list remains high as does DTOC due to complex needs.	Director of Unscheduled Care and Deputy Chief Operating Officer

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Number of patients waiting over 104 days with a TCI date **Standard: 0**		19 104's with TCI Gynaecological 1 Lower GI 1 Lung 1 Skin 1 Urological 15 Grand Total 19	Director of Planned Care and Deputy Chief Operating Officer
Number of Patients waiting over 104 days without a TCI date **Standard: TBC**		Cancer Category Total Brain/CNS 1 Gynaecological 3 Lower GI 10 Other 1 Upper GI 1 Urological 21 Grand Total 37	Director of Planned Care and Deputy Chief Operating Officer
Number of Serious Incidents Reported **Standard: 0**		Three SUIs is within normal variation for the Trust and is more a reflection of a positive and opening reporting culture, considering this to me be red on a performance dashboard works against this culture. The incidents have all been reported to the Board and will undergo a full investigation. There is no connection between the three incidents, any links or potential risks would be discussed at SERG once the investigations have been completed and reported through to the Quality Delivery Group and taken through the Divisional risk process. It can be anticipated that through the year the range of SUIs will be 0-6 looking at longitudinal data.	Director of Safety

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Patient discharge summaries sent to GP within 24 hours **Standard: R<75% A75-87% G>=88%**		Review of appropriate need for discharge summaries e.g. assessment areas. On going reporting of specialities performance to SDs. Two chief registrars are reviewing processes for potential improvement. This metric has replaced 'Patient discharge summaries sent to GP within 1 working day'.	Medical Director
Percentage of Women Seen by Midwife by 12 Weeks **Standard: >90%**		Please note that the figures for this metric has been updated from April 2018. We have recently discovered that InterSystems were wiping data in one of the fields we use to calculate it (changing a date to 'NULL' following an ultrasound) for a reasonable amount of the bookings). The data team have put a fix in the data warehouse to get around it until they fix it at source. However, it does mean that we have been under-reporting all year, which is why we have now updated the figures for the year.	Divisional Chief Nurse and Director of Midwifery
Stroke Care: Percentage of patients Receiving Brain Imaging Within 1 Hour **Standard: R<45% A45-49% G>=50%**		Performance continues to improve on previous three months (now 37.1% when compared to 31.9% in December 2018). This pathway element relies heavily on the pre-alert consistency from SWAST to ED and ED staff requesting CT within the 60 minute timeframe. This metric is improving but can be better; the newly appointed matron for ED in GRH will be instrumental in identifying the improvement steps necessary within ED at GRH to facilitate improvement to the required standard.	Director of Unscheduled Care and Deputy Chief Operating Officer

REPORT TO TRUST BOARD – MARCH 2019

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

This report describes the business conducted at the Finance Committee held 28 February 2019, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Financial Performance Report	Year to date position is £3.0m adverse to budget, but £1.4m favourable to the forecast position (this is a timing issue and not indicative of an improved forecast). Cashflow has improved due to increased borrowing and working capital management is no longer active.	What period is covered by the cash draw down? Is there any material risk to the year-end outturn?	Cash draw down covers the period until the end of March. The regime requires monthly drawdowns thereafter. No material risks highlighted to the forecast but a small potential issue with premium staffing costs of the February half term.	
Capital Programme Update	No emergency borrowing confirmed or received.	Is there a process for emergency items to be escalated and processed?	Capital control group have oversight of the issues and escalations via the Director of Finance.	Clarity on the national decision timeline.

Cost Improvement Programme (CIP) Update	CIP break even against plan as of month10, forecast £27m for the year. CIP achievement in excess of £55m in the last 2 years.	How is the Trust mitigating the current £8.4m gap in next year's programme?	Resourcing structure reviewed and resource redeployed to support CIP delivery.	
Financial Planning and Budget Setting	Financial plan remains in development around a break even control total.	How will the divisional budget sign off process work to ensure ownership of budgets?	Sign off will be sought from individual budget owners by the end of April to confirm deliverability of the budgeted position.	Sign off compliance to be reported in April.
EPR Business Case and Procurement	Business case principles and detail discussed along with procurement approach.			
Paperless Board	Adoption of new Board paper app and the principle of a paperless board were proposed.	Does this have the full support of the executives? Can we find a way to help those Governors without IT skills to access the information?	Yes. This is being worked on.	

Keith Norton
Chair of Finance and Digital Committee
28 February 2019.

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MARCH 2019
Lecture Hall, Sandford Education Centre commencing at 12:30

Report Title
Financial Performance Report – M10 2018/19
Sponsor and Author(s)
Author: Jonathan Shuter, Director of Operational Finance Sponsor: Sarah Stansfield, Director of Finance
Executive Summary

Purpose

To provide assurance to the Board with regard to the Trust's financial performance for the period ended 31st January 2019.

Key issues to note

- The Trust is reporting an actual income and expenditure deficit of £20.7m for the year to date at January 2019. This is an adverse variance of £3m to plan and £1.4m favourable to forecast, reflecting the receipt of A&E Provider Sustainability Funding.

- The Trust continues to actively manage cash and the drawdown of loan support.

- Key highlights of the M10 position:
  - Commissioner income is showing a favourable variance to budget of £2.7m.
  - Other NHS patient related income (including AfC funding) is in line with plan.
  - Private and paying patients' income is £0.4m adverse to plan.
  - Other operating income (including Hosted Services) is favourable by £1.3m.
  - Pay expenditure is showing an adverse variance of £1.6m.
  - Non-pay expenditure is showing an adverse variance of £7.1m.
  - Non-operating costs are showing a favourable variance of £2.4m.

Conclusion, Implications and Future Action Required

- The Board is asked to note the contents of the report.

Recommendations
The Board is asked to note the contents of the report.
Impact Upon Strategic Objectives
Not applicable.
Impact Upon Corporate Risks
Not applicable.

Regulatory and/or Legal Implications
Not applicable.
Equality & Patient Impact
Not applicable.

Resource Implications			
Finance	**X**	Information Management & Technology	
Human Resources		Buildings	

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

Date the paper was previously presented to Committees and/or TLT							
Audit and Assurance Committee	**Finance and Digital Committee**	**GMS Committee**	**People and OD Committee**	**Quality and Performance Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
	✓						

Outcome of discussion when presented to previous Committees/TLT
The position was previously reported to Finance & Digital Committee in February.

Gloucestershire Hospitals NHS
NHS Foundation Trust

Report to the Trust Board

Financial Performance Report
Month Ended 31st January 2019

LISTENING | HELPING | EXCELLING | IMPROVING | UNITING | CARING | BEST CARE FOR EVERYONE

Introduction and Overview

Gloucestershire Hospitals NHS
NHS Foundation Trust

In April the Board approved budget for the 2018/19 financial year was a deficit of £29.7m on a control total basis (after removing the impact of donated asset income and depreciation). The Board approved a revised control total of £18.8m (including PSF) on 12th June 2018. This has been reflected in Month 10 reporting.

The financial position as at the end of January 2019 reflects the Group position including Gloucestershire Hospitals NHS Foundation Trust and the newly formed Gloucestershire Managed Services Limited, the Trust's wholly-owned subsidiary company. The Group position in this report excludes the Hospital Charity.

In January the Group's consolidated position shows a year to date deficit of £20.7m. This is £3.0m adverse against plan, and £1.4m favourable to forecast reflecting the receipt of A&E PSF of £0.7m and favourable variances in Divisions of £0.7m, which largely reflect the timing of expenditure. The Group's forecast has been improved to a deficit of £29.1m, reflecting the receipt of the £0.7m PSF as it relates to A&E performance for Q3.

Statement of Comprehensive Income (Trust and GMS)

	TRUST POSITION			GMS POSITION			GROUP POSITION *		
Month 10 Cumulative Financial Position	Budget £000s	Actuals £000s	Variance £000s	Budget £000s	Actuals £000s	Variance £000s	Budget £000s	Actuals £000s	Variance £000s
SLA & Commissioning Income	370,196	372,862	2,665	0	0	0	370,196	372,862	2,665
PP, Overseas and RTA Income	4,752	4,304	(448)	0	0	0	4,752	4,304	(448)
Other Income from Patient Activities	4,512	4,535	23	0	0	0	4,512	4,535	23
Operating Income	56,860	58,199	1,339	37,051	37,173	122	60,244	61,514	1,270
Total Income	**436,322**	**439,900**	**3,578**	**37,051**	**37,173**	**122**	**439,705**	**443,215**	**3,509**
Pay	275,448	276,626	(1,179)	14,029	14,478	(450)	289,183	290,812	(1,628)
Non-Pay	161,907	168,585	(6,679)	21,271	21,878	(606)	149,804	156,898	(7,094)
Total Expenditure	**437,354**	**445,212**	**(7,857)**	**35,300**	**36,356**	**(1,056)**	**438,987**	**447,710**	**(8,722)**
EBITDA	**(1,033)**	**(5,312)**	**(4,279)**	**1,751**	**817**	**(934)**	**718**	**(4,495)**	**(5,213)**
EBITDA %age	**(0.2%)**	**(1.2%)**	**(1.0%)**	**4.7%**	**2.2%**	**(2.5%)**	**0.2%**	**(1.0%)**	**(1.2%)**
Non-Operating Costs	17,208	15,713	1,495	1,751	817	934	18,959	16,530	2,429
Surplus/(Deficit)	**(18,241)**	**(21,025)**	**(2,784)**	**0**	**0**	**0**	**(18,241)**	**(21,025)**	**(2,784)**
Excluding Donated Assets	500	308	(192)	0	0	0	500	308	(192)
Control Total Surplus/(Deficit)	**(17,741)**	**(20,717)**	**(2,976)**	**0**	**0**	**0**	**(17,741)**	**(20,717)**	**(2,976)**

* Group Position excludes £34.2m of intergroup transactions including dividends

Group Statement of Comprehensive Income

Gloucestershire Hospitals NHS
NHS Foundation Trust

The table below shows both the in-month position and the cumulative position for the Group.

In January, the Group's consolidated position shows an in month deficit of £1.4m which is £2.3m adverse to plan.

The year to date deficit of £20.7m is an adverse variance of £3.0m against plan.

Month 10 Financial Position	Annual Budget £000s	M10 Budget £000s	M10 Actuals £000s	M10 Variance £000s	M10 Cumulative Budget £000s	M10 Cumulative Actuals £000s	M10 Cumulative Variance £000s
SLA & Commissioning Income	444,587	38,390	37,795	(595)	370,196	372,862	2,665
PP, Overseas and RTA Income	5,710	477	444	(34)	4,752	4,304	(448)
Other Income from Patient Activities	5,418	452	1,036	584	4,512	4,535	23
Operating Income	74,297	5,790	5,942	152	60,244	61,514	1,270
Total Income	**530,012**	**45,111**	**45,218**	**107**	**439,705**	**443,215**	**3,509**
Pay	346,478	27,868	29,008	(1,139)	289,183	290,812	(1,628)
Non-Pay	178,702	14,487	15,895	(1,408)	149,804	156,898	(7,094)
Total Expenditure	**525,180**	**42,355**	**44,902**	**(2,547)**	**438,987**	**447,710**	**(8,722)**
EBITDA	**4,832**	**2,755**	**315**	**(2,440)**	**718**	**(4,495)**	**(5,213)**
EBITDA %age	**0.9%**	**6.1%**	**0.7%**	**(5.4%)**	**0.2%**	**(1.0%)**	**(1.2%)**
Non-Operating Costs	22,751	1,896	1,728	168	18,959	16,530	2,429
Surplus/(Deficit)	**(17,919)**	**859**	**(1,413)**	**(2,273)**	**(18,241)**	**(21,025)**	**(2,784)**
Excluding Donated Assets	(902)	50	31	(19)	500	308	(192)
Control Total Surplus/(Deficit)	**(18,821)**	**909**	**(1,382)**	**(2,292)**	**(17,741)**	**(20,717)**	**(2,976)**

Detailed Income & Expenditure

Gloucestershire Hospitals NHS
NHS Foundation Trust

Month 10 Financial Position	M10 Budget £000s	M10 Actuals £000s	M10 Variance £000s	M10 Cumulative Budget £000s	M10 Cumulative Actuals £000s	M10 Cumulative Variance £000s
SLA & Commissioning Income	38,390	37,795	(595)	370,196	372,862	2,665
PP, Overseas and RTA Income	477	444	(34)	4,752	4,304	(448)
Other Income from Patient Activities	452	1,036	584	4,512	4,535	23
Operating Income	5,790	5,942	152	60,244	61,514	1,270
Total Income	**45,111**	**45,218**	**107**	**439,705**	**443,215**	**3,509**
Pay						
Substantive	25,884	26,780	(896)	268,293	268,133	160
Bank	940	1,120	(180)	9,400	9,951	(551)
Agency	1,044	1,108	(63)	11,490	12,728	(1,238)
Total Pay	**27,868**	**29,008**	**(1,139)**	**289,183**	**290,812**	**(1,628)**
Non Pay						
Drugs	5,690	5,824	(134)	55,834	58,117	(2,282)
Clinical Supplies	3,039	3,115	(76)	31,937	32,985	(1,048)
Other Non-Pay	5,757	6,956	(1,199)	62,033	65,796	(3,764)
Total Non Pay	**14,487**	**15,895**	**(1,408)**	**149,804**	**156,898**	**(7,094)**
Total Expenditure	**42,355**	**44,902**	**(2,547)**	**438,987**	**447,710**	**(8,722)**
EBITDA	**2,755**	**315**	**(2,440)**	**718**	**(4,495)**	**(5,213)**
EBITDA %age	**6.1%**	**0.7%**	**(5.4%)**	**0.2%**	**(1.0%)**	**(1.2%)**
Non-Operating Costs	1,896	1,728	168	18,959	16,530	2,429
Surplus/(Deficit)	**859**	**(1,413)**	**(2,273)**	**(18,241)**	**(21,025)**	**(2,784)**
Excluding Donated Assets	50	31	(19)	500	308	(192)
Surplus/(Deficit)	**909**	**(1,382)**	**(2,292)**	**(17,741)**	**(20,717)**	**(2,976)**

Non-Pay – expenditure is showing a £7.1m overspend year to date. Of the £1.4m overspend in month, £1.2m is on Other Non-Pay which relates to unidentified CIPs (£0.6m), Outsourced Clinical Services (£0.2m) most of which is Ophthalmology matched by income, and use of external Consultancy (£0.1m). Both Drugs (£0.1m) and Clinical Supplies (£0.1m) are adverse in month.

SLA & Commissioning Income – is £2.7m favourable against plan. This predominantly reflects under performance against Specialised Services (£0.7m), Worcestershire and Hereford (£0.5m), offset by over performance on GCCG (£0.5m as a result of the year end agreement), Welsh Commissioners (£0.9m) and Other Commissioners (£2.3m).

PP / Overseas / RTA Income – performance has deteriorated slightly with a £0.4m year to date adverse variance. Oncology private patients (£0.1m) and RTA cost recovery (£0.3m) make up the adverse variance.

Other Patient Income – is £0.6m favourable in month which relates to Frailty income. This is offset in the cumulative position by £0.6m in respect of the clawback of Agenda for Change funding in respect of GMS.

Other Operating Income – The in month over performance reflects higher than planned income for Education & Staff Recharges (£0.3m), partly offset by lower income in GMS.

Pay – expenditure is showing a £1.6m overspend year to date reflecting an overspend on temporary staffing partially offset by a small underspend on substantive staff. The in month variance of £1.1m adverse is mainly driven by undelivered Pay CIPs (£0.9m), largely Surgery (£0.3m), Medicine (£0.2m) and Diagnostic & Specialist (£0.1m). Other significant in month overspends include medical agency in Medicine (£0.1m).

Cost Improvement Programme

Gloucestershire Hospitals NHS
NHS Foundation Trust

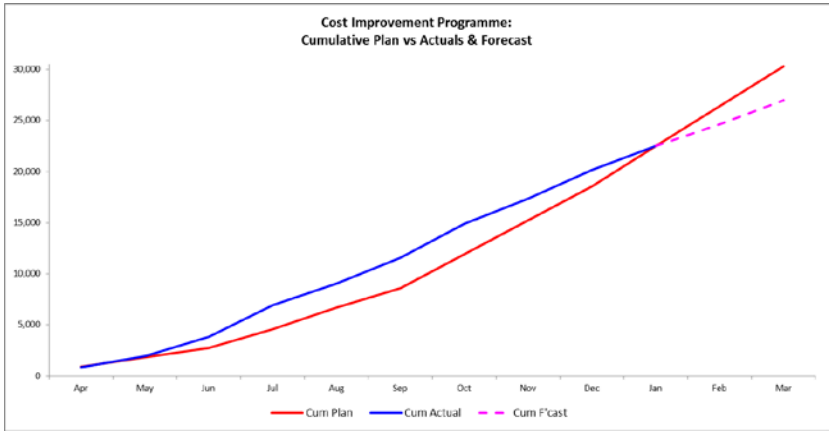
1. At Month 10 the trust has delivered £22.5m of CIP YTD against the YTD NHS Improvement target of £22.5m.
The YTD delivery splits into £17.4m recurrent and £5.1m of non-recurrent schemes. This translates into a split of 77% of recurrent delivery versus 23% of non-recurrent delivery.
Within the month, the Trust has delivered £2.4m of CIP against an in-month NHSI target of £3.9m.

2. At Month 10, the Divisional year end forecast figures indicate delivery of £27m against the Trust's target of £30.3m. This is a decrease against the M9 FOT of £0.1m, reflecting a reduction in the CHP Energy scheme.

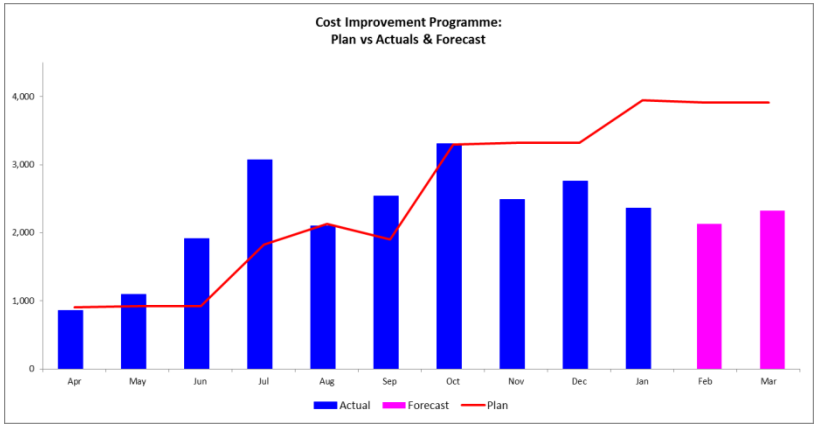
3. The cumulative FOT indicates that GHFT will be reporting a negative variance going forward (see graph to the right). This is consistent with the projection at Month 8.

4. Work continues with the Divisions to scope and progress planning for the 2019/20 Cost Improvement Programme. The agreed CIP target for 2019/20 is £22.4m (4%). Currently there are £14.5m of identified opportunities.

The graph below highlights the cumulative actuals versus the cumulative NHSI cost improvement plan



The graph below highlights the in-month actuals versus the in-month NHSI cost improvement plan



Balance Sheet (1)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Trust Financial Position	Opening Balance 31st March 2018 £000	GROUP Balance as at M10 £000	B/S movements from 31st March 2018 £000
Non-Current Assests			
Intangible Assets	9,130	10,151	1,021
Property, Plant and Equipment	251,010	250,013	(997)
Trade and Other Receivables	4,463	4,358	(105)
Total Non-Current Assets	**264,603**	**264,522**	**(81)**
Current Assets			
Inventories	7,131	7,389	258
Trade and Other Receivables	19,276	26,963	7,687
Cash and Cash Equivalents	5,447	6,744	1,297
Total Current Assets	**31,854**	**41,096**	**9,242**
Current Liabilities			
Trade and Other Payables	(47,510)	(52,501)	(4,991)
Other Liabilities	(3,284)	(4,298)	(1,014)
Borrowings	(4,703)	(11,257)	(6,554)
Provisions	(160)	(160)	0
Total Current Liabilities	**(55,657)**	**(68,216)**	**(12,559)**
Net Current Assets	**(23,803)**	**(27,120)**	**(3,317)**
Non-Current Liabilities			
Other Liabilities	(7,235)	(6,922)	313
Borrowings	(111,219)	(127,859)	(16,640)
Provisions	(1,472)	(1,472)	0
Total Non-Current Liabilities	**(119,926)**	**(136,253)**	**(16,327)**
Total Assets Employed	**120,874**	**101,149**	**(19,725)**
Financed by Taxpayers Equity			
Public Dividend Capital	168,768	170,068	1,300
Equity			
Reserves	43,530	43,530	0
Retained Earnings	(91,424)	(112,449)	(21,025)
Total Taxpayers' Equity	**120,874**	**101,149**	**(19,725)**

The table shows the M10 balance sheet and movements from the 2017/18 closing balance sheet, supporting narrative is on the following page.

Balance Sheet (2)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Commentary below reflects the Month 10 balance sheet position against the 2017/18 outturn

Current Assets

- Inventories show an increase of £0.3m
- Trade receivables are £7.7m above the closing March 2018 level.
- Cash has increased by £1.3m since the year-end, reflecting the deficit income and expenditure position, offset by borrowing and the movement in working balances.

Current Liabilities

- Current liabilities have increased by £12.6m, reflecting an increase in creditors/accruals, and borrowings repayable within a year.

Non-Current Liabilities

- Borrowings have increased by £16.6m, reflecting the income and expenditure deficit.

Retained Earnings

- The retained earnings reduction of £21m reflects the impact of the in year deficit.

Better Payment Practice Code (BPPC)

Gloucestershire Hospitals NHS
NHS Foundation Trust

	Cumulative for Financial Year		Current Month January	
	Number	£'000	Number	£'000
Total Bills Paid Within period	94,850	194,914	11,986	25,189
Total Bill paid within Target	70,865	151,715	7,947	17,181
Percentage of Bills paid within target	75%	78%	66%	68%

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 the Trust are not compliant with 30 day terms across all suppliers.

Liabilities – Borrowings

Analysis of Borrowing	As at 31st January 2019 £000
<12 months	
Loans from ITFF	3,317
Distress Funding	6,055
Obligations under finance leases	1,782
Obligations under PFI contracts	103
Balance Outstanding	**11,257**
>12 months	
Loans from ITFF	22,593
Capital Loan	4,500
Distress Funding	80,795
Obligations under finance leases	1,516
Obligations under PFI contracts	18,455
Balance Outstanding	**127,859**
Total Balance Outstanding	**139,116**

The Trust has two major loans outstanding with the Independent Trust Financing Facility (ITFF).

The first loan was to facilitate improvements related to backlog maintenance and the second was for the build of the Hereford Radiotherapy Unit. These are included within the balance sheet within both current liabilities (for those amounts due within 12 months) and non-current liabilities (for balances due in over 12 months).

There are also borrowing obligations under finance leases and the PFI contracts.

The position reflects £24.9m of additional in-year borrowing.

Cashflow : January

Gloucestershire Hospitals NHS
NHS Foundation Trust

Cashflow Analysis	Apr-18 £000s	May-18 £000s	Jun-18 £000s	Jul-18 £000s	Aug-18 £000s	Sep-18 £000s	Oct-18 £000s	Nov-18 £000s	Dec-18 £000s	Jan-19 £000s	Feb-19 £000s	Mar-19 £000s	Plan Year ending 31.3.19 £000s
Surplus (Deficit) from Operations	**(4,831)**	**(2,512)**	**(1,213)**	**(1,126)**	**(2,148)**	**(272)**	**638**	**1,219**	**(2,605)**	**(396)**	**(3,043)**	**(2,351)**	**(18,640)**
Adjust for non-cash items:													
Depreciation	912	912	912	912	912	912	625	869	870	870	870	870	10,446
Other operating non-cash	0	0	0	0	0	0	0	0	0	0	0	(1,500)	(1,500)
Operating Cash flows before working capital	**(3,919)**	**(1,600)**	**(301)**	**(214)**	**(1,236)**	**640**	**1,263**	**2,088**	**(1,735)**	**474**	**(2,173)**	**(2,981)**	**(9,694)**
Working capital movements:													
(Inc.)/dec. in inventories	0	71	0	0	0	(330)	33	155	(333)	146	0	0	(258)
(Inc.)/dec. in trade and other receivables	(4,596)	(2,610)	(546)	2,310	(963)	3,647	(3,619)	(615)	(2,064)	1,425	(1,870)	2,753	(6,748)
Inc./(dec.) in current provisions	0	0	0	0	0	0	0	0	0	0	0	(79)	(79)
Inc./(dec.) in trade and other payables	7,156	1,157	1,434	(1,013)	1,222	(6)	(1,654)	(1,050)	5,586	(9,216)	(48)	1,920	5,488
Inc./(dec.) in other financial liabilities	(437)	904	0	0	0	(1,552)	(245)	(35)	2,431	(52)	0	0	1,014
Net cash in/(out) from working capital	**2,123**	**(478)**	**888**	**1,297**	**259**	**1,759**	**(5,485)**	**(1,545)**	**5,620**	**(7,697)**	**(1,918)**	**4,594**	**(583)**
Capital investment:													
Capital expenditure	(158)	(207)	(459)	(459)	(1,883)	(159)	(1,155)	(2,295)	(253)	(596)	(3,380)	(2,472)	(13,476)
Capital receipts	0	0	0	0	0	0	0	0	0	0	0	0	0
Net cash in/(out) from investment	**(158)**	**(207)**	**(459)**	**(459)**	**(1,883)**	**(159)**	**(1,155)**	**(2,295)**	**(253)**	**(596)**	**(3,380)**	**(2,472)**	**(13,476)**
Funding and debt:													
PDC Received	0	0	0	0	0	0	0	0	1,300	0	1,700	0	3,000
Interest Received	3	13	2	2	5	30	12	2	3	3	3	3	81
Interest Paid	(29)	(218)	(78)	(178)	(87)	(1,255)	(91)	(223)	(76)	(179)	(85)	(1,836)	(4,335)
DH loans - received	3,500	0	0	0	4,044	4,465	1,915	4,152	2,186	4,632	2,346	5,299	32,539
DH loans - repaid	0	0	0	0	(167)	(1,317)	0	0	0	0	(167)	(1,318)	(2,969)
Finance lease capital	(148)	(148)	(148)	(148)	(148)	(148)	(149)	(149)	(149)	(149)	(149)	(149)	(1,782)
Interest element of Finance Leases	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(13)	(13)	(13)	(13)	(150)
PFI capital element	(95)	(95)	(95)	(95)	(95)	(95)	(95)	(94)	(94)	(94)	(94)	(94)	(1,135)
Interest element of PFI	(161)	(161)	(161)	(161)	(161)	(161)	(161)	(160)	(160)	(160)	(160)	(160)	(1,927)
PDC Dividend paid	0	0	0	0	0	(1,489)	0	0	0	0	0	(873)	(2,362)
Net cash in/(out) from financing	**3,058**	**(621)**	**(492)**	**(592)**	**3,379**	**18**	**1,418**	**3,515**	**2,997**	**4,040**	**3,381**	**859**	**20,960**
Net cash in/(out)	**1,104**	**(2,906)**	**(364)**	**32**	**519**	**2,258**	**(3,959)**	**1,763**	**6,629**	**(3,779)**	**(4,090)**	**0**	**(2,793)**
Cash at Bank - Opening	**5,447**	**6,551**	**3,645**	**3,281**	**3,313**	**3,832**	**6,090**	**2,131**	**3,894**	**10,523**	**6,744**	**2,654**	**5,447**
Closing	**6,551**	**3,645**	**3,281**	**3,313**	**3,832**	**6,090**	**2,131**	**3,894**	**10,523**	**6,744**	**2,654**	**2,654**	**2,654**

The cash flow for January 2019 is shown in the table:

Cashflow Key movements:

Current Assets – The decrease in trade and other receivables since month 9 has increased cash.

Current Liabilities – The decrease in trade and other payables since month 9 has reduced cash.

The Cash Position – reflects the Group position. The Trust has drawn down loan support of £24.9m.

Cash Flow Forecast – The Trust continues to review the cash flow forecast to the end of the financial year, to reflect the latest capital and I&E forecasts.

Capital Expenditure Update

The table below provides an overview of the progress of the Capital Programme to date and year end forecast for 2018/19.

Capital Programme Expenditure Summary position at 31st January 2019.

Capital Summary	Internal YTD Plan £000's	YTD Spend £000's	YTD Var £000's	18/19 Full Year Plan £000's	FOT 18/19 Spend £000's	Forecast Variance £000's
Health & Safety Projects	2,983.3	1,669.3	-1,314.0	4,475.0	2,732.9	-1,742.1
Environmental Works	146.0	107.6	-38.4	200.0	120.9	-79.1
Estates Unallocated Allowances	90.0	-12.7	-102.7	125.0	-11.4	-136.4
Non Health & Safety Projects	960.0	970.1	10.1	1,154.0	1,259.1	105.1
Committed Schemes	1,825.9	1,536.7	-289.2	2,679.0	2,676.4	-2.6
Service Reconfiguration	814.0	205.2	-608.8	1,221.0	209.0	-1,012.0
Major Equipment Replacement	931.7	34.0	-897.7	4,588.0	3,222.0	-1,366.0
IM&T	4,488.0	2,375.5	-2,112.5	6,100.0	3,803.5	-2,296.5
MEF	1,426.2	453.4	-972.8	2,000.0	550.0	-1,450.0
Other Schemes	0.0	76.7	76.7	1,300.0	1,307.6	7.6
Contingency	0.0	0.0	0.0	200.0	0.0	-200.0
Strategic Development	971.0	305.5	-665.5	1,975.0	786.5	-1,188.5
Overspend/(Underspend)	**14,636.2**	**7,721.5**	**-6,914.7**	**26,017.0**	**16,656.4**	**-9,360.6**

The table summarises (at a high level) the capital plan expenditure (not cash flow), spend to date and year end position.

The Trust is still awaiting the outcome of the capital financing application, and therefore the forecast currently assumes that additional funding will not be received in 2018/19. This position reflects spend against schemes with the highest priority in terms of health and safety and contractual commitments.

Points to note:

- Work continues within the Women's Centre, to replace the carbon steel piping. H&S budgets have been reprioritised to accommodate this replacement work.
- IM&T schemes have been finalised however a halt has been placed on further capital commitments until the outcome of the capital financing application is known.
- Detailed planning and phased implementation of the £0.9m streaming improvements works is underway.
- The Trust has committed to funding the enabling works for the new Linac (£0.5m) and the Infoflex business case (£0.15m).
- The enabling works for Victoria Warehouse and Pullman Court are included in the forecast position (£0.1m)

Recommendations

The Board is asked to note:

- The Trust is reporting an actual income and expenditure deficit on a control total basis of £20.7m for the year to date at January 2019. This is an adverse variance of £3m to plan and a favourable variance to forecast of £1.4m, reflecting A&E PSF and the timing of expenditure.

- The Trust is forecasting an income and expenditure deficit of £29.1m, an improvement of £0.7m, reflecting the receipt of the A&E PSF.

Author: **Jonathan Shuter, Director of Operational Finance**

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

Date: **March 2019**

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MARCH 2019
Lecture Hall, Sandford Education Centre commencing at 12:30

Report Title
SmartCare Progress Report
Sponsor and Author(s)
Author: Leah Parry, Digital Transformation Lead Sponsor: Mark Hutchinson, Executive Chief Digital and Information Officer
Executive Summary
Purpose To provide assurance to the Board with regard to the update of the Trak Recovery programme. Key issues to note • Reduction in Data Quality (DQ) Issues • Positive Progress with Return to Referral to Treatment (RTT) Plan • Positive Engagement with NHS England (NHSE) and NHS Improvement (NHSI)
Recommendations
The Board is asked to NOTE the report.
Impact Upon Strategic Objectives
Improved ability to delivery care
Impact Upon Corporate Risks
Positive Impact
Regulatory and/or Legal Implications
N/A
Equality & Patient Impact
N/A

Resource Implications			
Finance		Information Management & Technology	x
Human Resources		Buildings	

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

Date the paper was previously presented to Committees and/or TLT							
Audit and Assurance Committee	**Finance and Digital Committee**	**GMS Committee**	**People and OD Committee**	**Quality and Performance Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
	28/02/2019					06/03/2018	
Outcome of discussion when presented to previous Committees/TLT							
Noted, supported							

TRAKCARE RECOVERY- RETURN TO RTT PROGRESS REPORT

TRUST BOARD – MARCH 2019

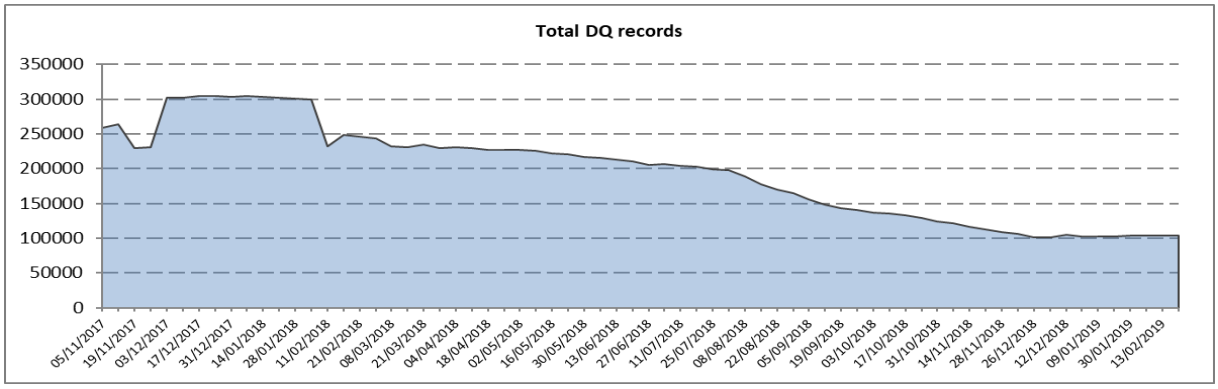
1. Purpose

This report provides an update on the progress of the recovery programme following the implementation of TrakCare in December 2016. Following a rise in DQ issues last month the team are pleased to report that this position has mostly been recovered with the overall DQ issues back down to 103, 729 as of 13th February.

2. Data Quality

Pattern of Overall DQ Issues since 16/1

16/01/2019	23/01/2019	30/01/2019	06/02/2019	13/02/2019
102573	103254	103703	104123	103729



Validation Highlights

Vol		Data Quality Report:	No
2	1.	Elective Planned Waiting List Entry on an Open RTT Pathway	88
182	2.	Open Waiting List Entries with a Blank RTT Pathway ID	2839
612	2c.	Open Waiting List Entries with a Blank RTT Pathway ID - From Outcomes (Closed pathways) *NB known system Issue, will remain until 2018 Upgrade*	1680
85	3.	Open Waiting List Entries on a Closed RTT Pathway	11656
-6	4.	Planned Elective OR Return Outpatient Waiting List Entries with No Recall Date	1573
14	5.	Open Waiting List Entries with past activity and No Future Activity Booked	6161
-8	6.	DNA Discharges	152
-18	7.	Planned Elective Waiting List Entries with No Previous Elective Admission	4153
-71	8.	Open Inpatient Waiting List Entries with cancellations that should be closed	137
12	9.	Open Outpatient Waiting List Entries that should be closed due to a Cancellation Reason	873
-25	10a.	Open Return Outpatient Waiting List Entries where the Last Activity is Inpatients - (Exact Match)	1165

Validation Highlights

-55	10b.	Open Return Outpatient Waiting List Entries where the Last Activity is Inpatients - (Potential Match)	2628
-700	11.	Open RTT Pathways where the last activity was cancelled or the patient was removed from waiting list	190
232	12.	Total Duplicate RTT Pathways	3472
-769	13.	Total Duplicate Waiting List Entries	32603
100	13.1	Open new OPWL with any past Waiting List Entry Type against the same pathway with same or different Treatment Function	3198
-2	14.	Open Waiting List Entries which have multiple booked appointments or TCI's	507
0	15.	Deceased Patients with Open Waiting List Entries or on an Open RTT Pathway	13
69	16.	New Outpatient Waiting Lists with no clinician assigned	8011
-21	17.	Waiting List Entries that have a vetting outcome of rejected	400
-3	18.	Inpatient Waiting Lists with a blank waiting list admission type	12
27	19.	Outpatient Outcome of "Refer to different Department/Consultant- for same condition" but no new referral details added	1744
1	20.	Open Waiting Lists with a blank waiting list type	15
29	21.	Open Waiting Lists where the activity has been booked on a previous episode	15043
67	22.	Open Waiting Lists with DQ issues that have ERS appointments	14166

NB Red denotes an increase of more than 50 issues a week.

3. Validation

The Validation team are commited to ensuring we get back to a stable RTT position. To do so the team are focused on a number of priorities:

- Validation of 0-18 weeks, review of all patients to be completed by the end of March
- Validation/ review of all records removed from waiting list by third party Validation party
- Embed and establishment of the validation of the 5 DQ issues key to RTT as business as usual within the validation team. The validation team and BI continue to work closely together to develop and operationalise the reports required to maintain the ongoing validation of these cohorts.

4. Return to RTT reporting

4.1 Reporting Process

Shadow report cycle three has been completed and has been successful. Given timescales and agreements another end to end cycle will be run to accommodate the changes to the logic based on primary waiting list entries. Following this cycle conversations with NHS Improvement are ongoing but positively support a return to reporting the March 18/19 data.

5. Return to RTT Plan

Task Name	Start	Finish	RAG	Owner
Interim Recruitment for Validation Tool Manager	24/09/2018	05/10/2018		SH
Completion of Validation Guide for DQ3	24/09/2018	22/10/2018		AT
ongoing DQ2 Validation to sit in Trak Support team	24/09/2018	02/11/2018		TT/SH
DQ7 Specialty Validation	04/11/2018	28/11/2018		FTD
DQ 2 Validation by Populo- 5approx. 30,000	24/09/2018	24/12/2018		ZP
RTT End to End Process Refine	28/09/2018	11/10/2018		SH/RB
Agree Return to RTT Plan at Smartcare Board	01/10/2018	01/10/2018		LP
Validation Tool Build	08/10/2018	14/11/2018		jj/SH
BI and Kayleigh to review and amend summary report	10/10/2018	02/11/2018		JG/KW/JA
Assessment of completeness	15/10/2018	02/11/2018		CMcA
Final Review of RTT Scripts	05/11/2018	05/11/2018		LP/RB/SH
TLT Update	07/11/2018	07/11/2018		FTD
SmartCare Board Update	03/12/2018	03/12/2018		LP
Shadow Report Process Attempt 1	03/12/2018	19/12/2018		SH/RB
Review SRPA 1	19/12/2018	31/12/2018		SH/RB
DQ3 Validation by Populo- 23,000	24/12/2018	04/03/2019		ZP
Shadow Report Attempt 2	02/01/2019	17/01/2019		SH/RB
SmartCare Board Update	14/01/2019	14/01/2019		LP
SRAP 2 Sign Off	18/01/2019	19/01/2019		SH/FTD/CL
Review SRPA 2	19/01/2019	31/01/2019		RTT Group
Shadow Report Attempt 3	01/02/2019	15/02/2019		SH/RB
SRAP 3 Sign Off	18/02/2019	19/02/2019		SH/FTD/CL
Review SRPA 3	19/02/2019	28/02/2019		RTT Subgroup
Update to SmartCare board	04/03/2019	04/03/2019		LP
Shadow Report Attempt 4	01/03/2019	19/03/2019		SH/RB
Review SRA 4	19/03/2019	25/03/2019		SH/RB
Update to SmartCare board	01/04/2019	01/04/2019		LP
RTT Submission no 1 validation	01/04/2019	15/04/2019		TBS
Submission Review and Sign off	16/04/2019	16/04/2019		FTD/SH/CL/DL/MH
RTT Submission no 1	17/04/2019	17/04/2019		SH

6. Risks

- The number of data quality issues being created has still not been decreased to the desired level with several key areas of work still ongoing. There is a work plan to address the areas that have been identified as increasing and it is recognised that the number of issues need to be addressed to ensure that the return to re-reporting is sustained. It should be noted that this is the primary risk of the successful outcome of this work.

- Risk that RTT cannot be sustainably reported as a result of lower then required investment in the Trak Recovery team budget resulting in failure to measure and/or deliver performance. This has been raised as an intolerable risk.

7. Next Phase

- Discussions are ongoing as to the transition from TrakCare Recovery to a more Optimisation focus, this will include a review of the current work programme and outstanding priorities.
- Shadow attempt four of RTT cycle and production of RTT % position
- Continued efforts to stop the creation of new data quality issues, full update in all work streams at next board
- Further discussion with regulators re: Return to RTT reporting

Author:	Leah Carey, Digital Transformation Lead,
Presenting/ Co Author:	Sarah Hammond, Associate CIO; Head of BI, Felicity Taylor- Drewe, Deputy COO/ Director of Planned Care, Mark Hutchinson, Executive Chief Digital Information Officer
Date:	06.03.2019

RTT Reporting Timetable: Appendix 1

Data month to be submitted	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
Data extract	31st Jan	28th Feb	31st Mar	30th TApr	31st May	30th Jun	30th Jun	31st Aug	30th Sep	31st Oct	30th Nov	31st Dec
Validation starts 1st Working day	1st Feb	1st Mar	1st Apr	1st May	3rd Jun	1st Jul	1st Aug	2nd Sep	1st Oct	1st Nov	2nd Dec	2nd Jan
Trak updates to data stopped (BI) 10th working day	14TH Feb	14th Mar	12th Apr	15th May	14th Jun	12th Jul	14th Aug	13th Sep	14th Oct	15th Nov	13th Dec	15th Jan
Validation Ends 11th Working Day	15TH Feb	15th Mar	15th Apr	16th May	17th Jun	15th Jul	15th Aug	16th Sep	15th Oct	18th Nov	16th Dec	16th Jan
Review by Access Manager (KW)	15TH Feb	15th Mar	15th Apr	16th May	17th Jun	15th Jul	15th Aug	16th Sep	15th Oct	18th Nov	16th Dec	16th Jan
Close the extract to prevent further updates (BI)	15TH Feb	15th Mar	15th Apr	16th May	17th Jun	15th Jul	15th Aug	16th Sep	15th Oct	18th Nov	16th Dec	16th Jan
Review by Operations (RB) 12th Working Day	18th Feb	18th Mar	16th Apr	17th May	18th Jun	16th Jul	16th Aug	17th Aug	16th Oct	19th Nov	17th Dec	17th Jan
Sign off -Deputy (cc COO / CEO) 12th working day	18th Feb	18th Mar	16th Apr	17th May	18th Jun	16th Jul	16th Aug	17th Aug	16th Oct	19th Nov	17th Dec	17th Jan
DQ check 12th Working day	18th Feb	18th Mar	16th Apr	17th May	18th Jun	16th Jul	16th Aug	17th Aug	16th Oct	19th Nov	17th Dec	17th Jan
Submission (BI) 13th working day	19th Feb	19th Mar	17th Apr	20th May	19th Jun	17th Jul	19th Aug	18th Aug	17th Oct	20th Nov	18th Dec	20th Jan

REPORT TO TRUST BOARD – MARCH 2019

From People & OD Committee Chair – Alison Moon, Non-Executive Director

This report describes the business conducted at the People and Organisational Development (OD) Committee on 4 March 2019 indicating the Non-Executive Director (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
Health and Safety Executive brief covering three areas, including Improvement Notice actions, falls and the contraction of salmonella within the Pathology Lab (GRH)	Detailed brief covering three specific Health and Safety areas. 1 Update on Improvement Notice action plan 2 Fall 3 Laboratory issue	When will the Trust replace SHARPS identified as having a safer option and will this happen within the time frame of the improvement notice? When will all SHARP risk assessments be completed and what are the residual issues for the Trust ? Most of the recommendations for the laboratory issue involve individual behaviours. What support is in place to hold people to account to follow SOPs and guidance?	Good level of assurance received about the leadership and focus on completing the respective action plans, Risk assessments are an iterative process and ongoing. Work in place with procurement team and materials management to ensure scrutiny of orders and compliance of supply. Support described for individuals and expectations of standards shared.	Follow up and overview of completion of actions to be provided at April committee.
Freedom to speak up Guardian update	Quarter 3 report received. Significant increase in workload noted.	Confidence of actions being taken to address bullying and harassment?	Review of line management and support required.	

	Key themes: Bullying and harassment Winter pressures Lack of consultation Two anonymous case studies were provided with overview of how these were resolved and priorities for next quarter shared.		Implement the action plan from the Freedom to speak up audit report which provided an insight into management understanding of issues and will seek to improve leadership skills. Review of HR policy relating to bullying and harassment Review of winter arrangements to improve 19-20 planning.	
Gender pay gap report	Sharing of initial raw information as provided by national office. Information not yet analysed so conclusions and any recommendations yet to be identified.	Unable to challenge until the data has been validated and reviewed.		Report to future Committee with full results, analysis and any recommendations.
Staff survey results and action plans	2018 survey results shared. Response rate 46% (down from 47% in 2017) Benchmarks against national average and outstanding trusts provided. Overall trend suggests improvement, divisions and staff group specific breakdown shows variation and areas to progress.	Any areas highlighted which came as a surprise? Any gaps in existing workstreams?	Survey results will be going through internal governance groups including Trust Leadership Team to develop both local, divisional and overall Trust action plans New staff engagement lead appointed, attended committee as part of induction, dedicated focus in improving staff experience.	To be revisited by the Committee with wider action plan.

	Noted committee seeing the data before executive delivery meetings due to timings. Results were not surprising but encouraging. Two main areas to improve – bullying and harassment and health and wellbeing.			
Equality of opportunity action plan 18/19	Update on progress against 11 objectives agreed at start of 18/19. Seven objectives completed, Three in progress and on track for achievement One delayed and proposed to carry forward to 19/20.	Discussion around delayed objective (BAME panellist available to sit on all interview panels)		19/20 objectives being developed. More work needed on delayed objective to ensure a meaningful and systematic approach across the Trust.
Violence and Aggression deep dive	Report included - Recommendations following investigation into Violence and Aggression, received by Trust Leadership Team in March 2018. - Roles and responsibilities - Training and impact - Responding to incidents - Debriefing and support - Security services - Governance, linked to staff survey and escalated issues	Committee noted the positive impact of training to 'hot spot' areas. Difference between offer and uptake discussed including the correlation of high risk areas and take up of training? How are areas supported to prioritise this?	Policy being updated in response to violence and aggression calls. Steering group to refresh leadership and membership, ensuring local ownership. Service Level Agreement drafted for security support/response. Fresh energy apparent to make improvements.	Five areas highlighted which need operational escalation. Governance and reporting arrangements for assurance needs agreeing and updating. Clarity on assurance routes needed.

Dashboard	Wide number of indicators, including trend data, benchmarking against average and CQC outstanding trusts. Highest 20 divisional/ ward/ department areas in Trust for sickness/turnover rates provided. First report received report on hard to fill posts.	Exit interviews captured has deteriorated in the last quarter to 28%, why are these not being completed? How can the local knowledge be captured so it is held centrally for analysis on a Trust level? How do we know that actions noted to improve hard to fill vacancies are working?	Good level of data and analysis developing well. Several work streams ongoing to improve staff experience focussed on what we do know staff tell us on leaving.	Focus on retention and assurance of systems in place and local ownership to maximise retention of staff, including but not exclusively exit intelligence. More detail, risk stratification and assurance of work on hard to fill posts requested in future dashboards.

Alison Moon
Chair of People and Organisational Development Committee
7 March 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MARCH 2019
Lecture Hall, Sandford Education Centre commencing at 12:30

Report Title
People and Organisational Development Report
Sponsor and Author(s)
Author: Emma Wood, Director of People & OD and Deputy CEO Sponsor: Emma Wood, Director of People & OD and Deputy CEO
Executive Summary

Purpose

The purpose of this presentation is to provide an overview to the People and OD Committee of the key performance indicators which link to our strategic priorities:

- Staff in Post (achieving financial balance and workforce stability)
- Vacancy levels
- Turnover (retention and workforce stability)
- Sickness (health and wellbeing)
- Appraisal and Mandatory Training

This report is designed to provide assurance that sufficient controls exist to monitor performance against key workforce priorities. Where improvements are required, these actions are fed into the appropriate workstreams, monitored by the People and OD Delivery Group.

Key issues to note

- Numbers of staff in post have increased over the past 12 months. Majority increases are shown across: Additional Clinical Services, Admin and Clerical, Medical and Dental and Healthcare Scientists.
- December saw a greater proportion of leavers compared to starters; this is an exception to the general trend over the past 6 months (normal trend shows more starters than leavers).
- Vacancy figures remain relatively stable. The report shows more detail across key pressure areas: Registered Nurses and Non Registered Nursing staff (HCA's) and highlights the hard to recruit roles within both the Medical and Surgical Division.
- The activity trajectory's for Nurse and HCA recruitment are shown within the report. We continue to feel significant pressure within these areas despite focus on recruitment. Staff turnover within these staff groups means we show limited improvement to the vacancy factor.
- The dashboard highlights the Trust turnover rates and benchmarks against similar sized Trusts, including those with an Outstanding CQC rating. At 11.14% (overall turnover) and 16.91% (staff nurse turnover) we benchmark favourably against Frimley Health (14.04% Overall, 25.41% Staff Nurse) yet show slightly higher turnover than West Sussex (11.39% Overall, 15.86 Staff Nurse).
- The report contains summary details of a recent internal Nurse Retention study, with an overview of actions underway.

- Exit interview questionnaire compliance is at 28%. Despite HR Advisory efforts to increase this compliance through automation of the process (every leaver receives an electronic survey to complete and an invitation to book an exit interview) we are not seeing any improvement to uptake. Managers are also asked to seek an exit interview as part of the leaver process when collecting smart cards, ID and other Trust items.
- The report contains a breakdown of responses to standard exit interview questions, indicating potential trends associated with Departmental Morale and Workload (appropriateness and manageability). With a number of people highlighting Violence and Aggression as a concern.
- The report contains a breakdown of our key recruitment challenges and hard to fill posts as identified through our recent workforce planning round.
- Annual sickness absence rates are at 3.89% and reflect seasonal trends over the winter months. The Trust sickness rates remain lower than the national average for Large Acute Trusts - 4.34% Sep 18 (GHFT were 3.75% from same report)
- Long term (over 28 days) sickness accounts for just under half of absence taken (48%). In episodes Long term sickness accounts for 4.2%
- Further discussion will take place regarding the triangulation of People data with the NAAS accreditation, given a number of areas we have highlighted as having high levels of turnover and sickness have successfully achieved green NAAS status. (i.e. 2A, 3B, 9B, Avening)
- Appraisal summary report**:** 79% against a 90% target.
- Mandatory Training: 89% against a 90% target.

Conclusion, Implications and Future Action Required

The Trust continues to benchmark well against key metrics such as sickness and turnover. Appraisal compliance has reduced by 1% but is expected to increase in the new financial year as pay progression is linked to appraisal.

Corporately the People and OD and Nurse Directorate functions are leading a number of initiatives which will impact positively upon staff retention and align to the objectives within the Board Assurance Framework. Focus on improving the availability of exit information and delivering upon local retention programmes remains the priority.

Corporate retention initiatives are largely co-ordinated through the Staff and Patient Experience Group, however a number of our strategic priority workstreams such as the Health and Wellbeing Hub, sustainable role development and staff improvement initiatives associated with our Journey to Outstanding, will contribute to improved retention and staff experience.

The Staff and Patient Experience Group will continue to focus on triangulation of key data and work with divisions to identify mechanisms to improve local retention. Work will be progressed to develop the Well led section of the NAAS to explore some of the key people measures relating to our strategic objectives.

Recommendations

The Board is asked to note the trends illustrated in the Workforce Dashboard and measures detailed within to improve performance.

Impact Upon Strategic Objectives

The dashboard provides information which impact upon:

- Have an Engagement Score in the Staff Survey of at Least 3.9
- Have a Staff Turnover Rate of Less Than 11%
- Have a Minimum of 65% of Staff Recommending GHT as a Place to Work through the Staff Survey
- To Be Recognised as Taking Positive Action on Health and Wellbeing by 95% of Our Staff (Responding ‘Definitely’ Or ‘To Some Extent’ in the Staff Survey

Impact Upon Corporate Risks
The dashboard assists to mitigate People and OD risks specifically: • The risk of continued poor levels of staff engagement and poor staff experience impacting negatively on retention, recruitment and patient experience. • The risk of being unable to match recruitment needs with suitably qualified clinical staff impacting on the delivery of the Trusts strategic objectives.
Regulatory and/or Legal Implications
There are no specific regulatory or legal implications arising from this report.
Equality & Patient Impact
Unavailability of staff could impact upon patient care where the staff to patient ratios are impacted as a consequence of sickness or vacancy factor.

Resource Implications			
Finance	**x**	Information Management & Technology	
Human Resources	x	Buildings	

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

Date the paper was previously presented to Committees and/or TLT							
Audit and Assurance Committee	**Finance and Digital Committee**	**GMS Committee**	**People and OD Committee**	**Quality and Performance Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
			4 March 2019				

Outcome of discussion when presented to previous Committees/TLT

The Committee reviewed all metrics and recognised that nurse turnover (whilst benchmarking well with comparators) was at such a rate that the efforts of the recruitment team were largely neutralised and weren't reducing the vacancy factor. The committee were disappointed that the new exit process had not improved the volume of information presented. Non-Executive Directors requested assurance from divisions that exit interviews were conducted. This was provided, but it was suggested that the feedback loop to People and OD/ HR Advisers was poor. The committee recognised that the People and OD function and Nursing division were delivering upon many solutions and initiatives which would improve turnover, but greater compliance with the exit interview process would provide assurance and confirmation that these were the most appropriate.

It was agreed to review the process once more to ensure it is simple enough for staff and managers to comply with and a trajectory of improvement was set by the Chief Nurse and communicated to Divisional Nurse leads (10% in next month).

Compliance will continue to be measured at executive review meetings. In addition as the People and OD strategy is developed organisational objectives and operational objectives will be designed to measure and understand divisional performance against key people measures.

The additional information on hard to fill roles was welcomed and assurance requested that the actions will deliver improvements and the greatest risks would be mitigated. The analysis of demographics relating to roles and anticipated changes forecasted as part of the operational and 5 year plan were discussed and will be shared at the next committee meeting as part of our sustainable workforce agenda.

Gloucestershire Hospitals NHS
NHS Foundation Trust

Workforce Information Dashboard

People and OD Committee, March 2019

Alison Koeltgen, Deputy Director of People & OD

Gloucestershire Hospitals NHS
NHS Foundation Trust

Introduction and Overview

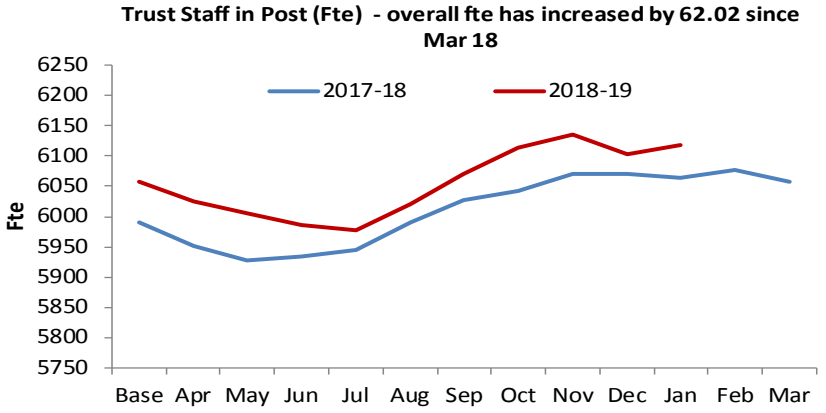
- The purpose of this presentation is to provide an overview to the People and OD Committee of the key performance indicators which link to our strategic priorities:

  - Staff in Post (achieving financial balance and workforce stability)
  - Vacancy levels
  - Turnover (retention and workforce stability)
  - Sickness (health and wellbeing)
  - Appraisal and Mandatory Training (deep dive)

  This report is designed to provide assurance that sufficient controls exist to monitor performance against key workforce priorities. Where improvements are required, these actions are fed into the appropriate workstreams, monitored by the People and OD Delivery Group.

Performance summary:

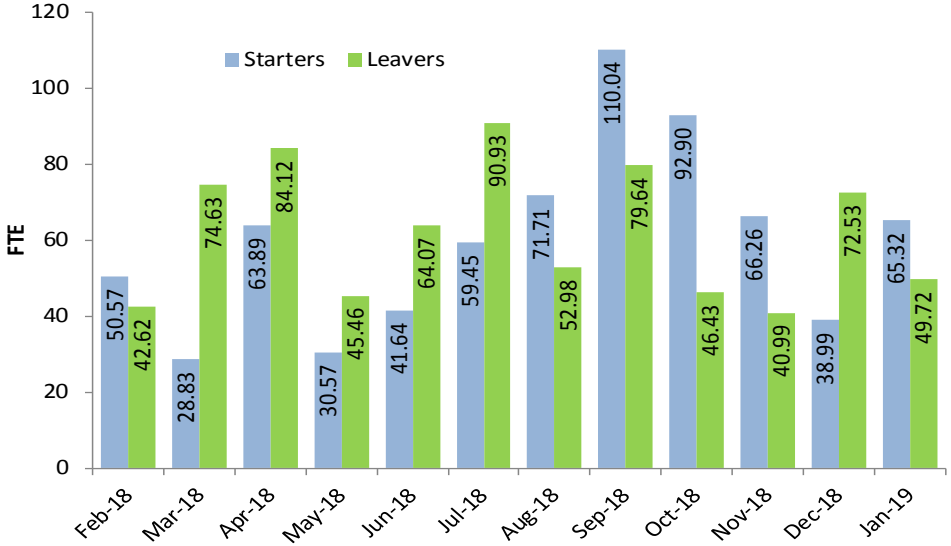
	VACANCY RATE	SICKNESS (Jan)	TURNOVER	APPRAISALS	MANDATORY TRAINING
Performance (in month)	7.26%	4.39%	n/a – rolling annual figure	79%	89%
Rolling Annual performance	n/a	3.89%	11.67%	n/a	n/a
Target	Not identified	3.50%	11%	90%	90%
Movement since last report	↓ 0.24	↑ 0.13	↓0.13%	↓1%	↓1%

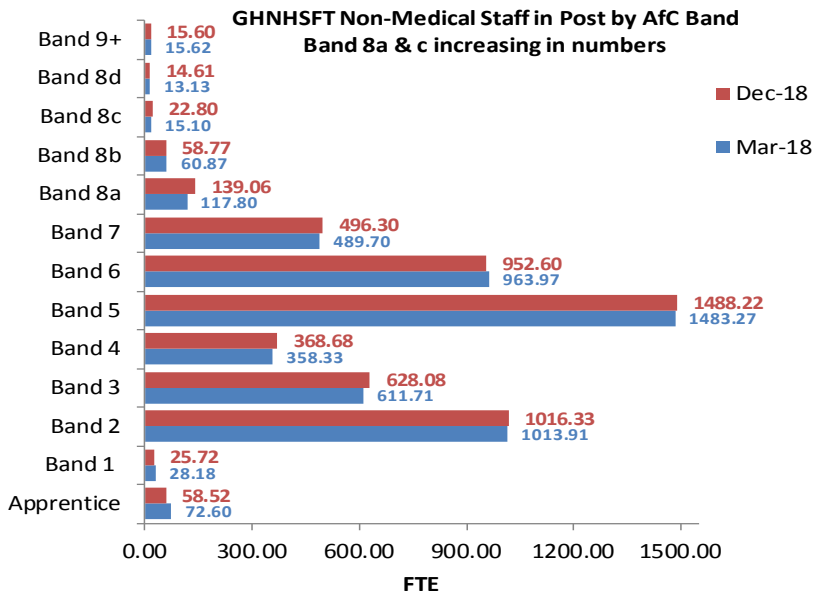


GHNHSFT Staff in post - change over financial year

FTE in Post	Mar-18	Jan-19	Increase/ decrease
Add Prof Scientific and Technic	238.61	237.08	-1.53
Additional Clinical Services	1093.07	1,114.01	20.94
Administrative and Clerical	1329.02	1,348.82	19.80
Allied Health Professionals	341.75	350.42	8.67
Estates and Ancillary	29.49	29.57	0.08
Healthcare Scientists	209.59	223.04	13.45
Medical and Dental	819.94	834.67	14.73
Nursing and Midwifery Registered	1995.62	1,981.50	-14.12
Total	**6057.09**	**6119.11**	62.02

Figures exclude Hosted GP Trainees & GMS





Key Issues:

- Numbers of staff in post show an increase, in the main, with Additional Clinical Services and Admin and Clerical posts showing the bigger increases of c20 staff in post.
- Bands 8a and 8c show an increase in numbers over the past 6 months
- December saw a greater proportion of leavers compared to starters, which is an exception to the general trend over the past 6 months of more starters than leavers.

Vacancy levels – Jan 2019

Gloucestershire Hospitals NHS
NHS Foundation Trust

Staff Group	Non Recurrent Funded wte	Recurrent Funded wte	Contracted	Vacancies	VR%
Add Prof Sci Tech	4.52	332.01	314.71	21.82	6.48%
Additional Clinical Services	2.90	1,268.41	1,115.75	155.56	12.24%
Administration & Clerical	23.78	1,320.04	1,302.74	41.08	3.06%
Allied Health Professionals	0.60	363.54	359.30	4.84	1.33%
Ancillary (Non GMS)		34.17	29.58	4.59	13.43%
Healthcare Scientist	0.80	152.56	149.81	3.55	2.31%
Medical & Dental	1.86	843.20	798.12	46.94	5.55%
Nursing & Midwifery	10.58	2,179.91	1,988.48	202.01	9.22%
Misc (research)	0.61	28.00	32.01	- 3.40	-11.88%
Grand Total	**45.65**	**6,521.84**	**6,090.50**	**476.99**	**7.26%**

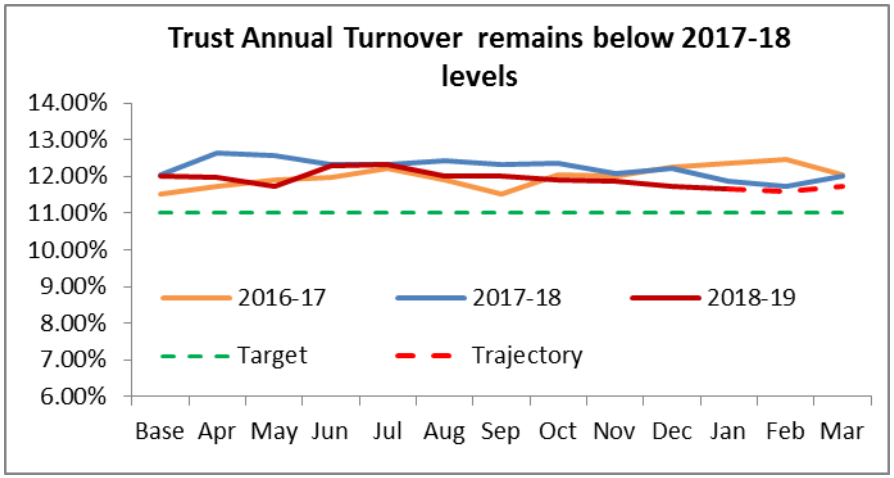
Reg Nursing & Midwifery	Non Recurrent Funded wte	Recurrent Funded wte	Contracted	Vacancies	VR%
Corporate Division	9.38	81.76	91.70	- 0.56	-0.61%
Diagnostics & Specialty Division		178.85	164.86	13.99	7.82%
Medicine Division	1.20	677.54	598.83	79.91	11.77%
Surgery Division		798.98	709.78	89.20	11.16%
Womens & Children Division		442.78	423.31	19.47	4.40%
Grand Total	**10.58**	**2,179.91**	**1,988.48**	**202.01**	**9.22%**

Non Registered Nursing	Non Recurrent Funded wte	Recurrent Funded wte	Contracted	Vacancies	VR%
Corporate Division		24.67	18.00	6.67	27.04%
Diagnostics & Specialty Division		73.43	67.11	6.32	8.61%
Medicine Division		343.81	270.28	73.53	21.39%
Surgery Division		298.95	261.62	37.33	12.49%
Womens & Children Division	-	91.68	93.52	- 1.84	-2.01%
Grand Total	**-**	**832.54**	**710.53**	**122.01**	**14.66%**

Highlights:

- key factors which should be considered when interpreting this high level data:
  - Data is, at this point in time, presented at a very high-level - therefore will not always highlight departmental level variance associated with bandings and / or local capacity and demand issues. For example, AHP's appear to be working over establishment – however we are aware of the shortage in radiography.
  - The figures presented this month show a more in depth look into Non Reg Nursing (HCA) and Nursing pressures, particularly highlighting pressures within Medicine and Surgery.

Retention



Benchmarking: NHS iView uses a different methodology for calculating Turnover, However it can be used for comparison between Trusts/ Groups of Trusts

NHS iView 12 months to November 2018				Staff Nurse
GHNHSFT	11.14%	Nursing & Midwifery	10.07%	16.91%
All Large Acute	13.76%	Nursing & Midwifery	14.44%	21.54%
North Bristol	13.99%	Nursing & Midwifery	15.86%	20.42%
Worcester Acute	11.35%	Nursing & Midwifery	10.89%	17.19%
Sandwell	15.11%	Nursing & Midwifery	11.55%	23.13%
Frimley Health	14.04%	Nursing & Midwifery	14.19%	25.41%
Western Sussex	11.39%	Nursing & Midwifery	9.84%	15.86%

Worcestershire Acute who employ a similar number of nurses /staff nurses to this Trust have previously had a lower turnover rate. This situation has now reversed. Frimley & Western Sussex are similar size Large Acute Foundation Trusts with 'Outstanding' CQC reports

These are the areas (with 20 or more staff) with the highest turnover rates in the Trust					
Jan to Dec 2018	% Turnover	FTE In Post Start	FTE In Post End	Leavers	Movement since previous month
Woodmancote CGH GOAM 73441	33.03	36.35	29.04	10.80	↗
Ward 2a T&O Trauma & Spinal Unit 70	31.85	26.05	30.47	9.00	↘
Alstone Ward - Orthopaedic 35341	28.98	25.45	22.19	6.90	↘
Audiology - GRH 23522	27.55	25.38	25.44	7.00	↗
Ward 7b CAPD Renal 74322	27.31	25.80	22.53	6.60	↗
Prescott Ward 34541	26.37	31.44	30.45	8.16	↗
Ward 8b Thoracic/Respiratory 78722	25.90	25.92	29.79	7.21	↗
Avening Ward (Resp) 34141	24.99	31.31	25.89	7.15	↗
Ward 2b ENT Spec Surgery 73122	23.85	24.76	20.41	5.39	↗
Ward 3b T&O Trauma 74422	22.91	34.63	32.19	7.65	↘
Ward 9b Acute GOAM 41522	22.19	29.40	30.69	6.67	↘
Oncology Admin 12841	22.05	37.50	45.05	9.10	↘
Ward 6a Stroke 34822	21.48	25.76	28.25	5.80	↘

Current Performance			Movement since last Month		
12 months to 31st January 2019	**Actual**	**KPI**			**Previous**
	%TO	**%TO**			**Month**
Trust Total	11.67%	11.00%	↘	decrease	11.76%
Corporate	12.15%	11.00%	↘	decrease	12.30%
Diagnostics & Specialty	10.99%	11.00%	↘	decrease	11.11%
Medicine	14.22%	11.00%	↗	increase	14.15%
Surgery	11.79%	11.00%	↘	decrease	11.92%
Womens & Children	7.62%	11.00%	↘	decrease	7.77%
Add Prof Scientific and Technic	10.57%	11.00%	→	stable	10.57%
Additional Clinical Services	15.27%	11.00%	↘	decrease	15.73%
Administrative and Clerical	12.42%	11.00%	↘	decrease	12.53%
Allied Health Professionals	14.72%	11.00%	↗	increase	13.04%
Estates and Ancillary	3.66%	11.00%	↘	decrease	3.72%
Healthcare Scientists	10.46%	11.00%	↘	decrease	11.67%
Medical and Dental	3.52%	11.00%	↘	decrease	3.71%
Nursing and Midwifery Registered	10.84%	11.00%	→	stable	10.88%
Staff Nurses	14.45%	11.00%	↗	increase	14.02%

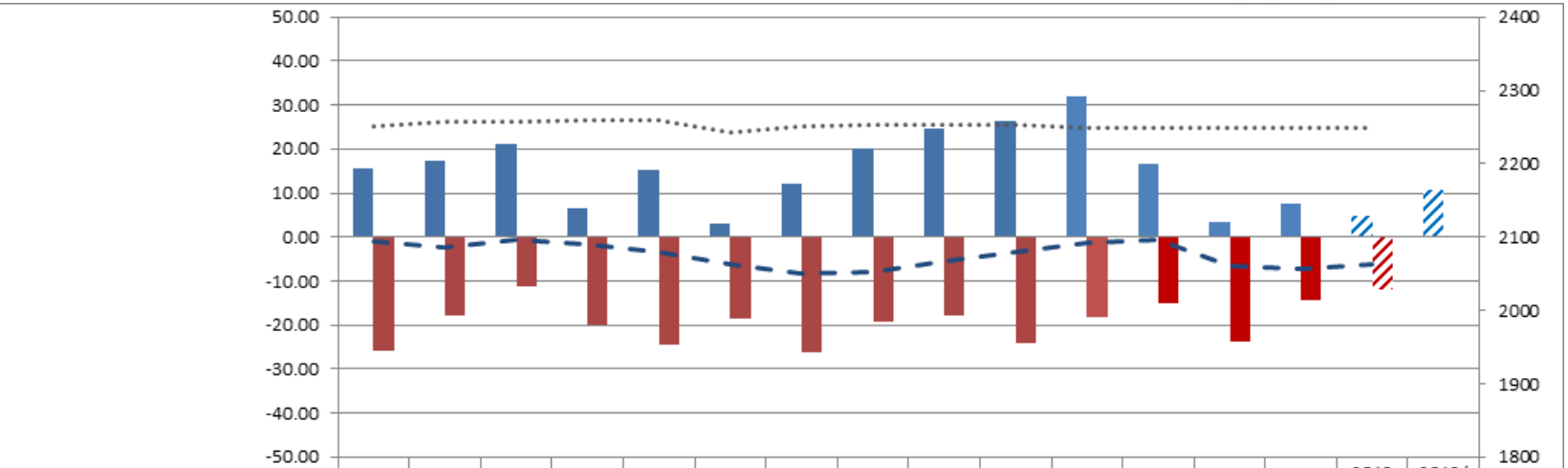
Significantly above upper target limit (>15%)
Between 11.01 & 14.99%
On target or below (11%)

Key Issues:

- Turnover is measured using the total leavers(fte) as a percentage of the average fte for the reporting period. The Trust target is 11% with the red threshold above 15% and below 6%. NB Turnover now reported as fte based - in line with QPR reporting
- When benchmarked against similar sized Trusts, with an Outstanding CQC rating, our Trust shows a lower rate of overall Turnover and we are not an outlier when we compare Nurse turnover numbers.
- Sickness absence and turnover remains part of the Divisional Executive review process, with divisional leadership teams being held to account for increasing or exceptional sickness absence patterns (T&O/ Surgery alert in both sickness and turnover)
- Further debate needs to now take place regarding triangulation with our Ward NAAS accreditation , as a number of areas we have highlighted as having high levels of turnover and sickness have successfully achieved green NAAS status. (i.e. 2A, 3B, 9B, Avening)

Nurse Recruitment Trajectory

Gloucestershire Hospitals NHS
NHS Foundation Trust

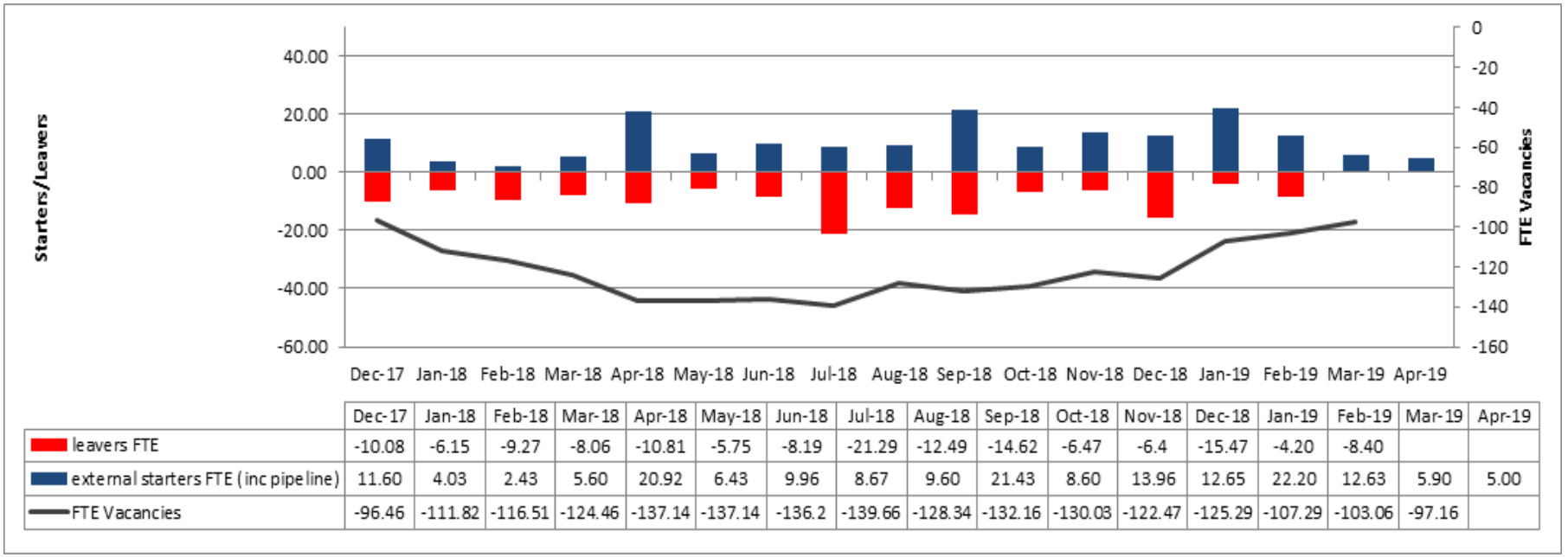


	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04	2018 / 05	2018 / 06	2018 / 07	2018 / 08	2018 / 09	2018 / 10	2018 /11	2018 / 12	2019 / 1	2019 / 2 in progr ess	2019/ 3 in progr ess
Confirmed Starters FTE	15.49	17.36	21.32	6.53	15.36	2.99	12.24	20.21	24.79	26.35	31.93	16.68	3.37	7.47	4.80	10.64
Leavers FTE	-25.77	-18.03	-11.20	-19.80	-24.37	-18.65	-26.25	-19.16	-17.86	-24.16	-18.11	-15.13	-23.68	-14.47	-12.00	
Establishment	2251.2	2257.1	2256.4	2259.7	2259.7	2242.7	2251.3	2252.5	2253.4	2253.4	2249.8	2249.8	2249.8	2249.7	2249.8	
FTE in Post (last day of Month)	2,093.	2,086.	2,096.	2,089.	2,079.	2,062.	2,050.	2,052.	2,066.	2,080.	2,092.	2,096.	2,061.	2,057.	2,063.	

- The trajectory graph for starters/ leavers shows **actual confirmed starts** as external FTE, this does not include internal moves and just indicates the pipeline we have coming through.
- Figures include ODPs and Nurses awaiting PIN
- Figures continue to reflect the pressure in balancing recruitment activity against turnover and sustained pressure in maintaining establishment levels.
- It should be noted that the increased volume of bank and substantive staff creates challenges throughout the on boarding pathway – specifically around clinical induction/ manual handling training capacity. This can impact on our ability to remain compliant with the Core Skills Training Framework and Care Certificate. There are a number of practical solutions in place to support this, however this remains a key area of focus.

HCA Recruitment Trajectory

Gloucestershire Hospitals NHS
NHS Foundation Trust



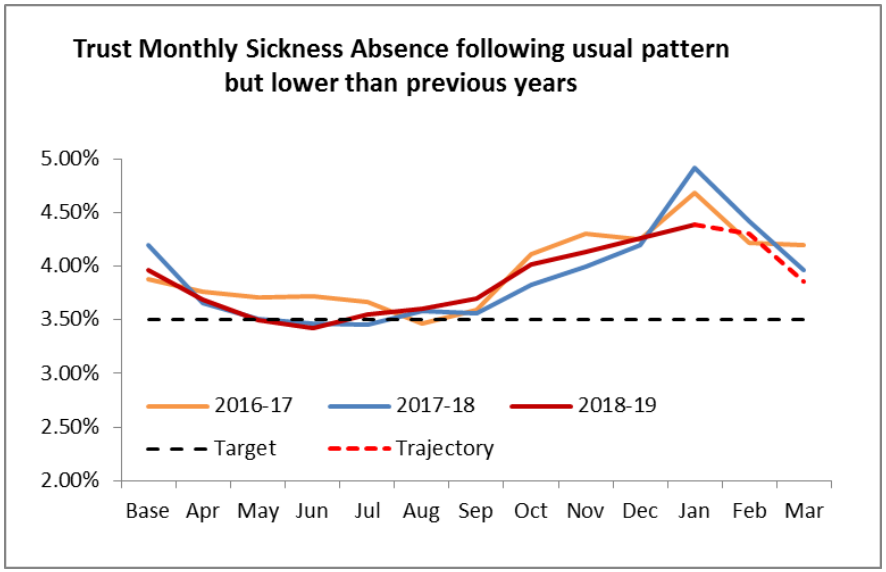
	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
leavers FTE	-10.08	-6.15	-9.27	-8.06	-10.81	-5.75	-8.19	-21.29	-12.49	-14.62	-6.47	-6.4	-15.47	-4.20	-8.40		
external starters FTE (inc pipeline)	11.60	4.03	2.43	5.60	20.92	6.43	9.96	8.67	9.60	21.43	8.60	13.96	12.65	22.20	12.63	5.90	5.00
FTE Vacancies	-96.46	-111.82	-116.51	-124.46	-137.14	-137.14	-136.2	-139.66	-128.34	-132.16	-130.03	-122.47	-125.29	-107.29	-103.06	-97.16	

- The trajectory graph for starters/ leavers shows **actual confirmed starts** as external FTE, this does not include internal moves and just indicates the pipeline we have coming through. Bank HCA's are excluded from this graph**,** however represent significant recruitment activity.
- It should be noted that the increased volume of bank and substantive staff creates challenges throughout the onboarding pathway – specifically around clinical induction/ manual handling training capacity. This can impact on our ability to remain compliant with the Core Skills Training Framework and Care Certificate. There are a number of practical solutions in place to support this, however this remains a key area of focus.
- Figures continue to reflect the pressure in balancing recruitment activity against turnover , whilst showing a gradual improvement to the vacancy position over the past few months.

Sickness Absence

	%SA	Heads	Movement since previous month	% of Sickness Absence that is Long Term
Ward 2a T&O Trauma & Spinal Unit 70122	10.99%	37	↘	*63.9%*
Trauma Ortho Fracture Clinic 43941	*8.85%*	*27*	↗	*66.7%*
GRH Head & Neck Theatre - Pay Only 74	*10.03%*	*41*	↗	*67.3%*
Ward Clerks - 7 Day Services 71293	8.03%	69	↘	*61.5%*
Site Management 13793	8.37%	25	↗	*57.1%*
Orthopaedic OPD 77022	7.87%	29	↗	*71.5%*
Day Surgery Ward 72022	8.90%	38	↗	*43.0%*
Womens Health Admin 79222	8.42%	25	↗	*62.6%*
Ophthalmology OPD 44241	7.69%	24	↗	*58.9%*
Pathology General - Drivers 21693	7.36%	33	↗	*76.1%*
Ward 9a Gynaecology 41622	*8.65%*	*23*	↗	*61.8%*
Phlebotomy Services Trustwide 21441	7.28%	53	↗	*60.2%*

These are the areas (with 20 or more fte) with the highest rates of sickness in the Trust



Description	Current Performance			Maternity Absence	Total Absence	Sickness Absence by month						Movement Dec to Jan
	12 months to Jan 19 (Annual)	Sickness % Abs	KPI % Abs			Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
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 threshold 0.5% above this figure.	**Trust Total**	3.89%	3.50%	2.74%	6.63%	3.60%	3.70%	4.02%	4.13%	4.26%	4.39%	increase
	Corporate	4.26%	3.50%	1.58%	5.84%	3.51%	3.91%	4.18%	4.17%	4.29%	4.04%	stable
	Diagnostics & Specialty	3.78%	3.50%	2.43%	6.21%	3.24%	3.61%	4.30%	4.37%	4.70%	4.65%	stable
	Medicine	3.48%	3.50%	3.35%	6.83%	3.05%	2.68%	3.02%	3.39%	3.59%	4.24%	increase
	Surgery	4.05%	3.50%	2.82%	6.87%	4.32%	4.37%	4.66%	4.39%	4.26%	4.26%	decrease
	Womens & Children	4.08%	3.50%	3.41%	7.49%	3.76%	3.99%	3.71%	4.32%	4.54%	4.92%	increase
	Add Prof Scientific and Technic	3.26%	3.50%	1.90%	5.16%	3.62%	4.29%	4.36%	2.89%	3.44%	2.56%	decrease
	Additional Clinical Services	4.90%	3.50%	3.02%	7.92%	4.52%	4.99%	5.19%	5.50%	5.70%	5.98%	increase
	Administrative and Clerical	4.02%	3.50%	1.43%	5.45%	3.46%	3.55%	4.34%	4.17%	4.51%	4.52%	decrease
	Allied Health Professionals	2.80%	3.50%	3.53%	6.33%	2.26%	1.88%	2.97%	3.38%	3.87%	3.43%	increase
	Estates and Ancillary	7.37%	3.50%	0.00%	7.37%	9.12%	8.48%	12.62%	9.35%	5.70%	5.68%	decrease
	Healthcare Scientists	2.88%	3.50%	1.60%	4.48%	2.49%	3.22%	3.13%	3.13%	2.91%	3.23%	stable
	Medical and Dental	1.67%	3.50%	2.31%	3.98%	1.43%	1.86%	1.84%	1.63%	1.67%	2.15%	decrease
	Nursing and Midwifery Registered	4.50%	3.50%	3.75%	8.25%	4.37%	4.13%	4.24%	4.65%	4.67%	4.88%	increase

Highlights:

- Annual sickness absence of 3.89% still remains lower than the national average for Large Acute Trusts - 4.34% Sep 18 (GHFT 3.75% from same report)
- Long term (over 28 days) sickness accounts for just under half of absence taken (48%). In episodes LT accounts for 4.2%

Nurse Retention Study (Dec 2018)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Purpose of the Study

- Disproportionate amount of Nurses aged between 20 – 35 years of age, with between 1 – 3 years' service, were identified as leaving the Trust. The study sought to understand the reasons behind this trend and what actions we could take to reduce this turnover.

Methodology

- Questionnaires
- Interview / Focus Group

Results/ Issues Highlighted

- It was clear that this group felt Nursing was a career rather than job.
- Overwhelming percentage of participants expressed a desire to specialise as part of their career aspiration.
- The majority of respondents cited better career prospects as the primary reason that would tempt them to leave the organisation.
- Lack of contact from Line Managers during the Recruitment process
- Insufficient local induction
- Staff shortages leading to an increased workload and less time to be released for training sessions
- Poor work/ life balance due to shift patterns and over-reliance on agency staff

Recommendations/ Actions

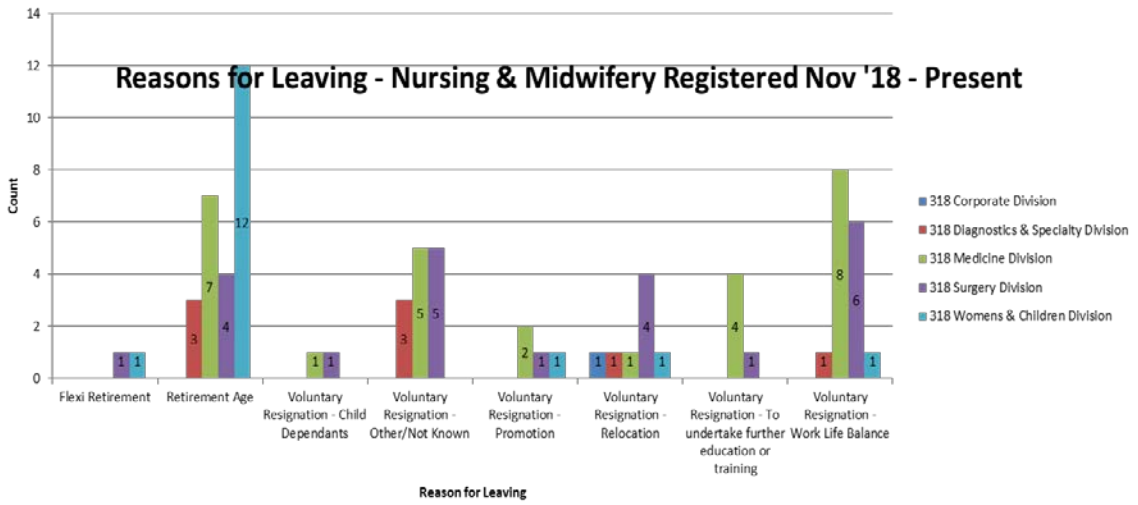
In addition to the vast array of professional development support we have in place for Nurses, there were a number of clear areas identified for action/ exploration:

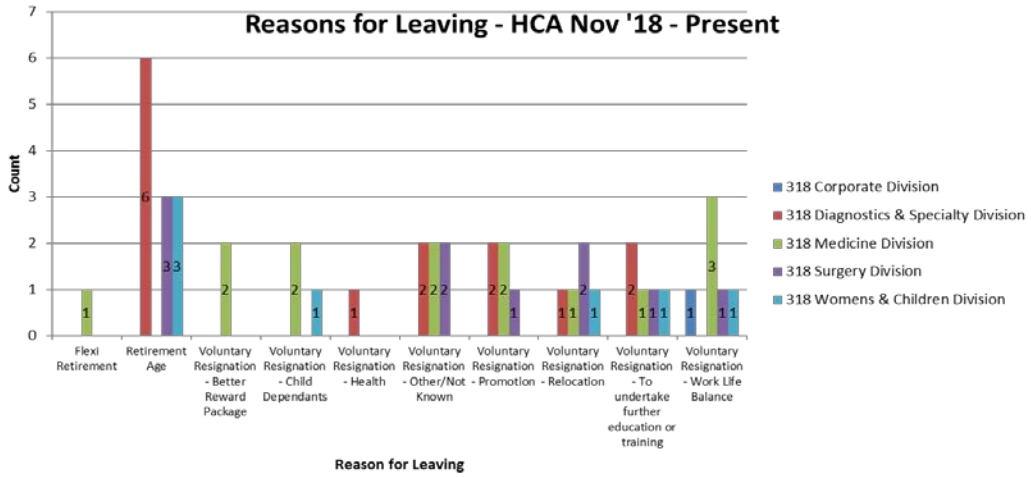
- Recruitment of an Onboarding Co-ordinator to link with new line manager (New starter commences employment March 2019)
- Review and automate the Exit Questionnaires (action complete)
- Review of Working Well contract (contract being re-scoped for April 2019, to coincide with HWB hub launch)
- Review of Shift pattern length (fed into staff and patient experience group for further discussion)
- Review of flexible working policy and arrangements (Policy review group)
- Review of Job Advert content (ongoing work with Recruitment Steering Group)
- Identification of 'best practice' departments for local induction (i.e. Oncology) – shared via Staff and Patient Experience Group.

A full copy of the Nurse Retention Study is available for further information

Exit Interview (Questionnaire) Data 1/2

Gloucestershire Hospitals NHS
NHS Foundation Trust





Exit interview questionnaire take up currently sits at 28%. Despite our efforts to increase this compliance through automation of the process (every leaver receives an electronic survey to complete and an invitation to book an exit interview) we are not seeing any improvement to uptake.

From the 114 **Nursing, Midwifery and Additional Clinical Services employees** who left the Trust (21st Nov – 21 Feb) only 16 completed the electronic exit questionnaire they were sent. Over 50% of total respondents replied in February, hopefully this is an upward trajectory as we raise awareness of the importance of this data, however the take up remains inadequate.

In addition to the electronic exit questionnaires, face to face interviews are available (and offered to staff) – however uptake is infrequent and sporadic.

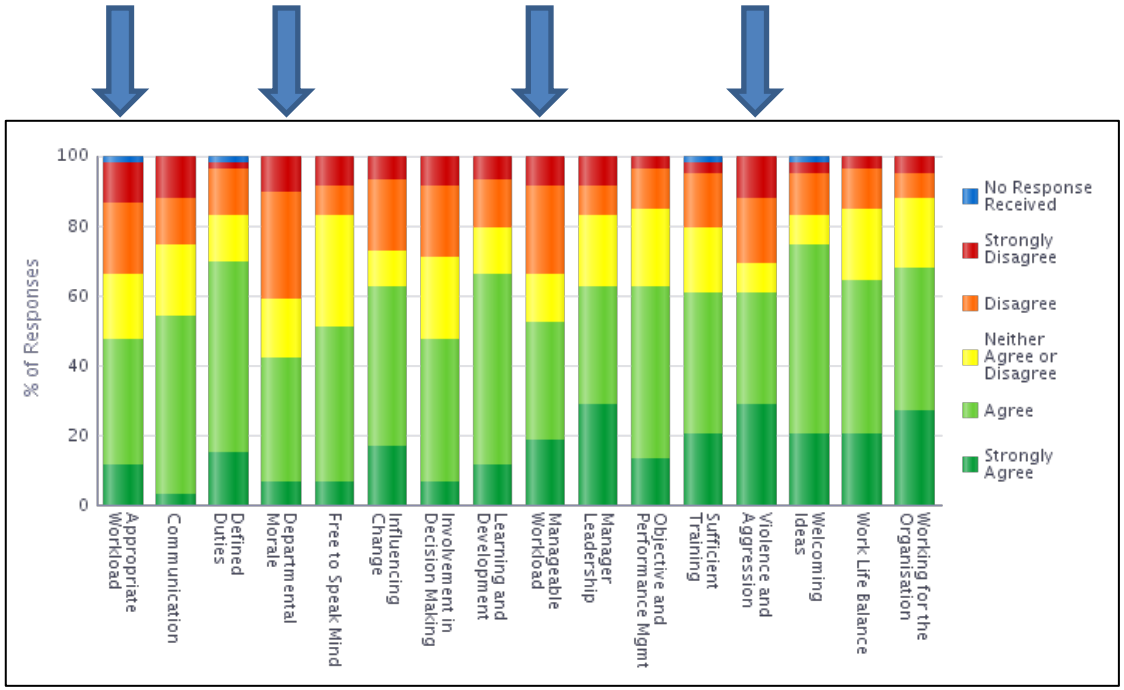
ACTION:

- The Staff and Patient Experience Group to engage with Divisions to drive up compliance with exit interviews and triangulate known reasons for leaving with other key data sources.

Exit Interview (Questionnaire) Data 2/2

Gloucestershire Hospitals NHS
NHS Foundation Trust

Where exit interviews are completed, the questions are focussed around key themes. Responses for <u>all staff</u> indicate a trend in concerns relating to Departmental Morale and Workload (appropriateness and manageability). With a number of people highlighting Violence and Aggression as a concern.



Hard to Fill Posts & Approach (Feb 2019)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Long Term Vacancy (over 6 months)	WTE	Impact on service delivery	Initiatives in place
RGN (Band 5)	c200	Increased pressure on existing workforce, impact on staff experience and retention. Impact on patient experience	Multiple recruitment and retention initiatives in place. Increased bank and agency usage. Daily, dynamic risk assessment of safe staffing numbers (Exec level)
Doctors in Training	42	(inc 16 Deanery gaps) Rota pressure, decreased cover.	Physicians Associates in place: further recruitment planned spring/ summer 2019. Advanced Clinical Practitioners: Business case due March 2019 Associate Specialist role: Scoping introduction of Trust contract which may support consultant gaps in the future.
Consultant Posts	10	Current Gaps: Care of the Elderly ,Gastro, Acute , Diabetes, Oncology , Microbiology	Several active recruitment campaigns, including social media. Increase locum covered in place + additional hours
Radiographers	13	Reduced support to community services. Impact on staff morale and sickness.	Pay incentive for overtime agreed January 2019 . Currently exploring 'Grow your own' initiatives to include: Assistant Practitioners (Band 4), 2 year training programme to convert to Band 6. (Timescales yet to be identified). Overseas Recruitment (Australia).
Cytology	3	Increased overtime	National changes to programme mean we do not intend to fill.
Band 7 Cardiac Physiologists	5	Mitigated by additional hours and agency cover	Skill mix review underway
Trust Surgeon/ Clinical Fellow (vascular) + Vascular Scientists	2 (CF) 2 (Sc)	Partial agency cover in place. Existing team providing cover.	Review of skill mix and alternative professional roles to commence post April 2019.
Audiologists	2	Impact reduced since introduction of apprenticeship pathway and skill mix review	Continue to actively target graduates with refreshed advertising campaign during 2019.
GMS – Elec/ Mech Technical	4	Impact mitigated via contractor cover	Development of alternative pay framework to enable industry benchmarked reward package. RRP in place for TUPE transferred staff.
GMS - Chef	1	Internal cover & agency support	Development of alternative pay framework to enable industry benchmarked reward package.

Mandatory Training

Gloucestershire Hospitals NHS
NHS Foundation Trust

Mandatory Training	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Jan 19	Movement Nov	
	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Corporate excl Bank	76%	81%	85%			88%	88%	89%	90%	91%	91%	88%	↙	decrease
Diagnostics	74%	83%	88%			90%	90%	91%	93%	93%	94%	94%	→	stable
Medicine	73%	78%	81%			85%	85%	86%	88%	89%	89%	89%	→	stable
Surgery	77%	82%	85%			87%	87%	88%	90%	90%	91%	90%	↘	decrease
Women & Children	75%	80%	83%			84%	85%	89%	91%	91%	91%	90%	↘	decrease
Trust	73%	79%	82%			87%	87%	88%	90%	91%	91%	89%	↘	decrease

Highlights:
Reduced to 89%

Reminders sent to staff
Reports sent to Trust managers/budget holders
Face to face workshops provided

Appraisal Compliance

Gloucestershire Hospitals NHS
NHS Foundation Trust

Appraisals	Jan-18	Feb-18	Mar-18	Apr/May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Jan-19	Movement Nov - Jan	
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Corporate	82%	83%	80%		72%	72%	74%	78%	84%	86%	84%	↘	decrease
Diagnostics	84%	85%	83%		74%	74%	74%	81%	84%	81%	80%	↘	decrease
Medicine	79%	78%	76%		71%	72%	73%	75%	75%	76%	75%	↘	decrease
Surgery	81%	82%	82%		78%	76%	76%	79%	78%	76%	78%	↗	increase
Women & Children	85%	84%	84%		76%	76%	78%	79%	79%	79%	80%	↗	increase
Trust	83%	83%	82%		74%	74%	75%	79%	80%	79%	79%	→	stable

Appraisal Highlights:
January summary report: 79% against a 90% target.

Actions in the last month:
- Monthly reporting and email reminders continue to be sent
- Managers and employees reminded that appraisal is a mandatory part of the agenda for change pay step requirements.

StatMan Training

Notes

Compliance Rate is number of subject completions meeting requirement divided by total number of completions required.
Staff 'On Leave' (maternity leave, career break etc) or 'Hire < 2 months' are excluded, and Locum Medical Staff (from 30 Nov 2018).

Breakdown by Training Competency	
CSTF Statutory and Mandatory Training Competencies	
318|LOCAL|Conflict Resolution|	1* 85%
318|LOCAL|Equality, Diversity and Human Rights|	98%
318|LOCAL|Fire Safety|	93%
318|LOCAL|Health, Safety and Welfare|	93%
318|LOCAL|Infection Prevention and Control|	87%
318|LOCAL|Information Governance|	87%
318|LOCAL|Moving and Handling Level 1|	86%
318|LOCAL|Moving and Handling Level 2 (2yr)|	83%
318|LOCAL|Resuscitation Level 2 Adult Basic Life Support (2yr)|	87%
318|LOCAL|Safeguarding Adults Level 2|	88%
318|LOCAL|Safeguarding Children Level 2|	91%
NHS|CSTF|Preventing Radicalisation - Levels 1 & 2 (Basic Prevent Awareness) - 3 Years|	92%
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	92%
NHS|CSTF|Safeguarding Children (Version 2) - Level 1 - 3 Years|	92%
CSTF Statutory and Mandatory Training Competencies - All	**90%**
Other Essential Training Competencies	
318|LOCAL|Blood Transfusion|	86%
318|LOCAL|Code of Confidentiality|	90%
318|LOCAL|Deprivation of Liberty Safeguards Level 1|	90%
318|LOCAL|Medicines Management|	81%
318|LOCAL|Mental Capacity Act Level 1|	90%
318|LOCAL|Prescribing|	2* 61%
Other Essential Training Competencies - All	**87%**
Breakdown by Staff Group	
Add Prof Scientific and Technic	93%
Additional Clinical Services	85%
Administrative and Clerical	94%
Allied Health Professionals	96%
Estates and Ancillary	92%
Healthcare Scientists	93%
Medical and Dental	84%
Nursing and Midwifery Registered	90%

1* Compliance in CRT is up from 81% in November and work continues to develop an eLearning package for staff in low risk/low incident areas.

2* Prescribing ….has decreased in recent months from 66% Nov, with no obvious reason. A more detailed breakdown report has been requested to investigate the reason behind this.

One meeting held to discuss the options for delivering StatMan training to medical trainees. A second meeting to be held in March to make a decision which option to adopt: option 1: remain with the Regional Deanery package Dynamic for 1 more year. This is well-known by trainees and achieves a high compliance rate, but doesn't align to ESR and meet the requirements of the core skills training framework which GHT signed up to. Option 2 is to adopt the national Doctors in Training induction package plus eLearning packages accessed by GHT eLearning (aligns to CSTF).

REPORT TO TRUST BOARD – MARCH 2019

From Gloucestershire Managed Services (GMS) Committee Chair – Mike Napier, Non-Executive Director

This report describes the business conducted at the GMS Committee held 11 February 2019, 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	Update on Project Wrap-Up actions.	Open actions need to be tracked.		To be included in the GMS monthly report until closed.
GMS Report	Operational performance metrics are all generally on track, and the remediation areas (Catering, Central Sterile Services Department, Cleaning) are moving to "business as usual".	Committee would like to see more information on equipment breakdowns and facility failures.		The monthly report will in future provide metrics on numbers of breakdowns, failures and other Estates/Facilities issues, with a report for each "major" (to be defined) incident.
Risk and Governance	Item deferred to March.	This remains an area of concern for the Committee as it has been an open action for some months.	GMS have their own risk register for those risks that may impact their business. However, there is a need to see a register of Estates risks for the Trust itself.	To be presented to the March Committee.

GMS Budget Setting	Budget setting plans for GMS 2019/20 budget are in place, and fully aligned with the Trust.	How does the GMS Board pursue procurement Cost Improvement Programme (CIP) opportunities within GMS?	GMS have their own CIP targets, which include procurement.	GMS to review what is reported from the Project Management Office (PMO) and to provide assurance to the Committee that GMS CIP opportunities are actively managed by the GMS Board.

Mike Napier
Chair of Gloucestershire Managed Services Committee
13 February 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MARCH 2019
Lecture Hall, Sandford Education Centre commencing at 12:30

Report Title
Operational Plan 2019-20
Sponsor and Author(s)
Author: Dan Corfield, Head of Business Development and Planning Sponsor: Simon Lanceley, Director of Strategy and Transformation
Executive Summary

Purpose

To provide assurance to the Board with regard to the Trust's performance on completing the 2019/20 Operational Plan, and seek approval of the version to date subject to highlighted work required prior to submission on 4th April 2019

Key issues to note

- Operational Planning activities are largely complete, working to a formal project plan constructed through the process which will be used as a template for future years.
- Engagement from operational leads has been significantly improved from last year despite significant operational pressures exacerbated by planned and unplanned absences.
- Outstanding risks are related to finalisation of agreed activity and growth figures with commissioners, and final contractual and financial positions.
- Alignment with new strategic objectives will be constructed after this Board meeting due to timing.
- ICS planning leads are meeting regularly to ensure alignment of operational plan.

Conclusion, Implications and Future Action Required

- The Operational Plan narrative is largely ready for submission, subject to finalisation of finances and activity levels with our commissioners.
- Failure to complete operational planning will breach our responsibilities as set by NHS Improvement, and bring negative scrutiny at a time when the Trust needs to capitalise on recent improvements and recognition.
- Lessons learned will be conducted in May, as recommended by the 2018 audit of operational planning, and used to further improve next year's process.

Recommendations
The Board is asked to NOTE the report and accompanying Operational Plan narrative, and APPROVE its contents for submission subject to satisfactory completion of the highlighted exceptions and planned work over the next three weeks.
Impact Upon Strategic Objectives
New Strategic Objectives are being formulated through late-March, and the Operational Plan narrative will be updated to show alignment to them in the submitted version.

Impact Upon Corporate Risks
Not directly applicable, except if we fail to complete plan in accordance with published deadlines.
Regulatory and/or Legal Implications
Not directly applicable, except where failure to submit plans breaches NHS Improvement regulations or our Monitor Licence.
Equality & Patient Impact
Not directly applicable.

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

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

Date the paper was previously presented to Committees and/or TLT							
Audit and Assurance Committee	**Finance and Digital Committee**	**GMS Committee**	**People and OD Committee**	**Quality and Performance Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
						03/03/19	
Outcome of discussion when presented to previous Committees/TLT							
No significant exceptions. Intolerable Risks and Cost pressures were finalised during TLT.							

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

TRUST BOARD - MARCH 2019

ANNUAL OPERATIONAL PLAN 2019/20

1 Purpose of Report

1.1 This paper will briefly outline the progress to date of the Trust's annual Operational Plan, and final steps towards completion for submission on 4th April 2019.

2 Background and Context

2.1 2019 sees the end of the current Trust Strategic Plan and objectives. Therefore the 2019/20 Operational Plan will be the first of the new strategic plan under development.

2.2 Last year the Trust's Operational Plan was submitted on time in April, and to scope, with further revisions and clarifications as requested by NHS Improvement through to June 2018.

2.3 The Trust commissioned an internal audit into the operational planning process in Q2 2018-19; this report was made available in late October. This audit was welcomed as being highly constructive and supportive of existing changes to the approach. This will manifest more clearly following this year's planning round as Risks, Issues and Lessons Learned are recorded more robustly and reviewed post-submission in May 2019.

3 Planning – progress to date

3.1 Initial activity plans were submitted on schedule on 14th January, and the Draft Plan (technical/data and narrative) was submitted on schedule on Tuesday 12th February

3.2 Consistency of completion of activity planning is much improved from last year, despite residual impact of TrakCare issues, in no small part due to the leadership in Business Intelligence.

3.3 Divisional plans will continue to develop through March following completion of activity, workforce and financial planning

3.4 Alignment of organisation and Divisional operational plans to our new strategic objectives will be finalised when they near completion through March.

3.5 There is a much greater emphasis this year on system-wide planning. The ICS will be submitting a system plan which will consist of an overarching narrative with individual organisational plans as appendices. Next year onwards, a single ICS Operational Plan will need to be submitted; however we will need to determine in the meantime whether our Trust stakeholders will continue to require an individual organisation plan separately.

3.6 Council of Governors was updated via presentation on 20th February 2019; the only notable query/challenge was around Brexit as a risk to our Operational Plan. Response and assurance was provided by the Director of People and OD and Deputy Chief Executive and other Board members in attendance; narrative and Risks table to be conclusively reviewed accordingly by Executives between the Trust Board meeting and submission date.

3.7 Due to the timings of Trust governance in March the Board will need to approve a version of the Operational Plan 3 weeks before submission and therefore unfinished, but will have an accompanying action plan to provide assurance of completion with individual executive sign-off required for final version in April.

4 Operational Plan Status

Content complete Requires Exec proof-read and sign-off	On schedule Minor content still required but planned	On schedule; Significant content still required but planned	Significant content required and low/no engagement from Lead

NB highlighted text in the accompanying plan version is subject to final confirmation.

Section		Lead	Status
1.	**Background and Context**	**SL**	
1.1	Introduction and Background	DC	Drafted for exec proofing & sign-off
1.2	Operating Context	DC	Drafted for exec proofing & sign-off
1.3	Our Vision, Purpose, Values and Goals	DC	Dependency remains on Q4 strategic planning outputs
1.4	Summary of progress against 2018/19 Objectives	DC	Drafted for exec proofing & sign-off
1.6	Key planning assumptions	DC & SMEs	In progress; Finance assumptions particularly (including contractual positions) will develop through to final submission in April.
1.7	Key risks to the delivery of the plan	DC	In progress; Executive review required, notably regarding whether to include Brexit specifically as a Risk.
2.	**Activity Plan**	**CL**	
2.1	Demand and Capacity Plans, and expected growth	FTD/ HL/ SH	Outstanding content: • Finalised D&C and growth plans • Finalised planning Assumptions • Commissioner contractual positions • Expected/agreed uplifts
2.2	Delivery/recovery of operational milestones	BI, FTD, HL, JC	Confirmation/amendment to draft trajectories required (c.f. 2.1)
3.	**Quality Plan**	**SH**	
3.1	Leadership, QI & governance	SC	Drafted for exec proofing & sign-off
3.2	Quality Improvement Plan	SC	Drafted for exec proofing & sign-off
3.3	Quality Impact Assessments	SC	Drafted for exec proofing & sign-off
4.	**Workforce Plan**	**EW**	
4.1	Workforce Strategy and Planning Methodology	AK	Drafted for exec proofing & sign-off
4.2	Workforce Challenges	AK	Drafted for exec proofing & sign-off
4.3	Workforce R&I and Mitigations	AK	Complete subject to final review of M12 projected numbers
4.4	Long Term Vacancies	AK	Complete subject to final review of M12 projected numbers
4.5	Workforce Engagement and Transformation with the ICS	AK	Drafted for exec proofing & sign-off
4.6	Equality, Diversity and Inclusion	AK	Drafted for exec proofing & sign-off
5.	**Financial Plan**	**SS**	
5.1	Financial Forecasts and Modelling	JS/TN	To be amended following finalisation of contracts and in-year accounting;
5.2	Efficiency Savings	JB	
5.3	Capital Planning	SC	
6.	**Digital Plan**	**MH**	

Section		Lead	Status
5.1	1 page overview and priorities	DC	Approved draft version will stand for final version
7.	**ICS**	**SL**	
6.1	Overview	DC	Complete - provided by ICS subject to CEO approval
7.	**Membership and Elections**	**LB**	
7.1	Membership	NJ	Approved draft version will stand for final version
7.2	Elections	NJ	Approved draft version will stand for final version

5 Timescales

5.1 Due to the timings of this Board meeting and the final submission date nearly three weeks later, final sign-off of relevant content changes under section 4 is proposed to be delegated to Finance and Digital Committee (28/03/2019).

5.2 Target completion of the final Operational Plan narrative and triangulated technical submission is 2nd April for Executive approval, with submission on 4th April allowing a couple of days contingency.

5.3 ICS Operational Plan submission is 11th April.

6 Recommendation

Board is asked to **NOTE** the progress outlined and the efforts made by colleagues during a difficult operational period, and **APPROVE** the Operational Plan version to date, subject to the associated actions as outlined under section 4 of this paper and sign-off by Finance and Digital Committee 28/03/2019

Author: **Dan Corfield**, **Head of Business Development and Planning**

Presenting Director: **Simon Lanceley, Director of Strategy and Transformation**

Date 14/03/2019

Gloucestershire Hospitals NHS
NHS Foundation Trust

Operational Plan Document for 2019-20

4th April 2019

(Version 0.9)

Operational Plan for year ending 31 March 2020

This document completed by (and NHS Improvement queries to be directed to):

Name	Daniel Corfield
Job Title	Head of Business Development and Planning
Email	dan.corfield@nhs.net
Telephone	0300 422 3263
Date	4th April 2019

In submitting this Draft plan, the Trust is confirming that:

- The Operational Plan is an accurate reflection (relative to its draft status) of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the emergent strategic plan;
- The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and
- All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission, and are subject to change in the final version.

Approved on behalf of the Board of Directors by:

Chair: **Peter Lachecki**	Signature
Chief Executive: **Deborah Lee**	Signature
Director of Finance: **Sarah Stansfield**	Signature

TABLE OF CONTENTS

Tables

Figures

1. Executive Summary

1.1. Introduction

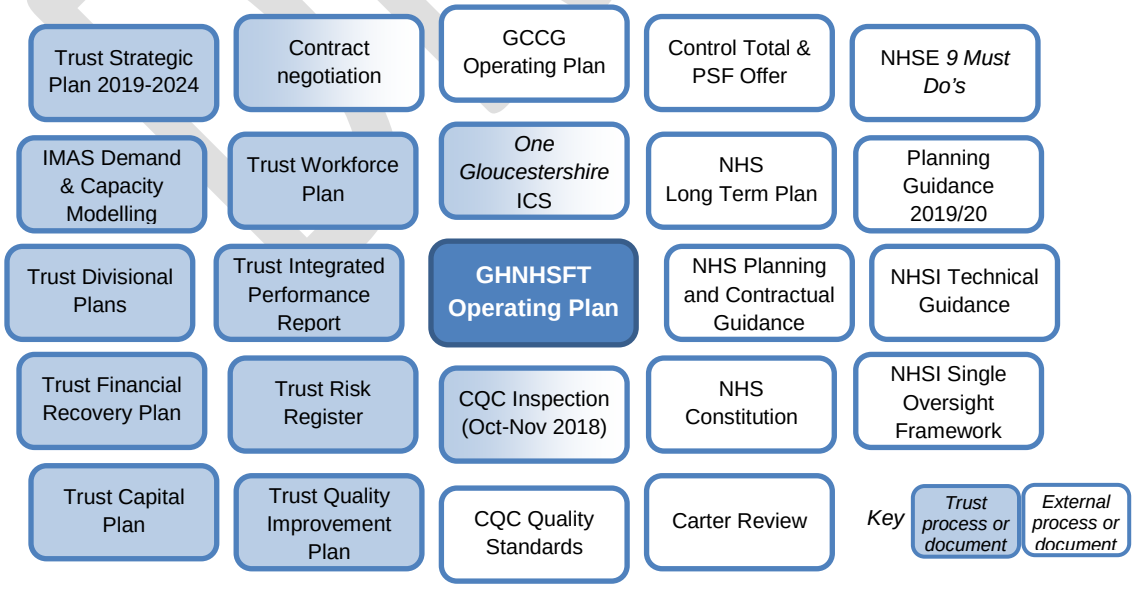
This document confirms the Trust's planning assumptions and priorities for 2019-20. It is the first operating plan to be issued as part of our new Strategic Plan (2019-24), and has been written during the development of the strategy. This plan also forms part of the first *One Gloucestershire* Integrated Care System (ICS) Operating Plan.

Gloucestershire Hospitals NHS Foundation Trust is one of the largest hospital trusts in the country and provides high quality acute, elective and specialist health care for a population of more than 635,000 people. Our population is expected to rise to 662,100 by 2035, of which 23.8% will be over 65 and of this group 59.1% will be living with one or more limiting long term conditions[1]. Our hospitals are district general hospitals with a great tradition of providing high quality services; some specialist departments are concentrated at either Cheltenham General Hospital or Gloucestershire Royal Hospital, so that we can make the best use of our expertise and specialist equipment. In February 2019 we were rated as 'Good' by the CQC, meeting our two-year strategic objective and improving from our last CQC report.

Trust Overview	
Local population:	612,000
Employees (av.):	7,800
District General Hospitals:	2
Inpatient wards	44
Adult Inpatient beds:	902
Day Case beds:	126
Children's beds:	39
Escalation capacity:	58
Operational (2017/18)	
ED attendances:	141,326
Inpatient admissions:	155,844
Outpatient appointments:	696,128
Babies born:	9,317
Financial	
2017/18 revenue:	£498.1m
2017/18 reported deficit:	£33.0m
2018/19 planned deficit:	£18.8m
2018/19 forecast deficit:	£29.8m

This Operating Plan articulates our national and local challenges and states how we will respond to them by continuing our improvement journey and working with our partners across the Gloucestershire health and social care system. It is based on clear and reasonable assumptions, and is informed and shaped by a range of national guidance, local strategies and best practice:

Figure 1 - Inputs to the Operating Plan



[1] http://www.pansi.org.uk and http://www.poppi.org.uk

We recognise the challenges we face, both those within our control and those outside it. In the last year we have made significant progress against our financial recovery plan resulting in our exit from Special Measures, and take confidence from improvements recommended by both our own internal standards and drive for excellence, and recommendations from our CQC domain ratings. We have identified a number of key risks that could impact our delivery of this plan, and the actions we will take to manage and mitigate these risks.

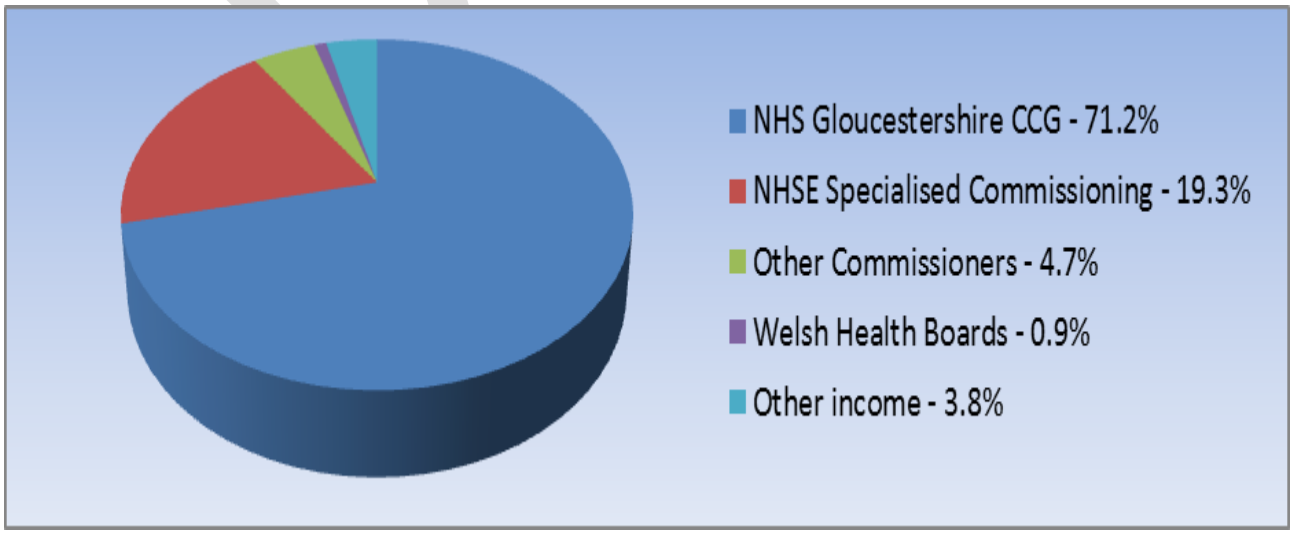
1.2. Operating Context

National – The settlement announced in June 2018 promised NHS England's revenue funding would grow by an average of 3.4% per year average over five years, delivering a real terms increase of £20.5 billion by 2023/24, moving closer to the NHS long-term average funding trend of 3.7% per year since 1948. The extra spending will need to deal with current pressures and unavoidable demographic change and other costs, as well as new priorities. The NHS Long Term plan, published in January 2019, sets out five key 'tests' against this funding increase:

- The NHS (including providers) will return to financial balance;
- The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care;
- The NHS will reduce the growth in demand for care through better integration and prevention;
- The NHS will reduce variation across the health system, improving providers' financial and operational performance;
- The NHS will make better use of capital investment and its existing assets to drive transformation

Local - The Trust operates within the Gloucestershire health and social care system alongside partner organisations including Gloucestershire Clinical Commissioning Group (GCCG), Gloucestershire Care Services NHS Trust (community services), 2Gether NHS Foundation Trust (mental health services) – these latter two organisations are due to merge in 2019 – South West Ambulance Trust (SWAST), approximately 80 GP surgeries, and Gloucestershire County Council. Collectively these partner organisations form the *One Gloucestershire* ICS. This operating plan is consistent with the *One Gloucestershire* ICS and the anticipated impact and benefits of the ICS plan have been incorporated into our planning assumptions and contracts with commissioners. Our lead commissioner is GCCG and we also provide services to a wide range of other customers:

Figure 2 - Our customers



In 2016 the Trust was placed into Financial Special Measures by our regulator, NHS Improvement (NHSI) due to depletion in our cash reserves and issues regarding historic financial reporting; in response to this we developed a plan to recover our financial position and sustainability. In November 2018 we came out of special measures due to the improved governance of our financial management. Despite this, and delivery of significant cost improvements over the last three years, we are still operating with a legacy financial deficit. High quality care and financial stewardship go hand in hand, and our operational, transformational and cost improvement work continues to drive our financial recovery.

1.3. Our Vision, Purpose, Values and Goals

Figure 3 - Our Vision, Purpose, Values and Goals

Our Vision

Best Care for Everyone

Our Purpose

To improve the health, wellbeing and experience of the people we serve by delivering outstanding care every day

Our Values

Our Values underpin everything we do. They describe, in single words, the way we expect our staff to behave towards our patients and their families and carers, and also towards each other. After listening to patients and staff the Trust identified the following core values:

Caring Listening Excelling

Our Goals and Objectives

To achieve the best for our patients, their families, our staff and our communities, we need cohesive priorities for the coming years. Focus on patients and our strategic goals and objectives will ensure that this happens. If we achieve our objectives, we will move closer towards our Vision. Our goals and objectives are being refreshed under our new 5 year strategic plan, and will be available when published early in Q1 2019/20

1.4. Summary of progress against 2018/19 objectives

As part of our annual planning process our objectives are prioritised from strategic (overarching organisational goals) and operational (service-based factors) perspectives.

Detailed operational plans underpin each objective to ensure we deliver what is required by our patients, commissioners and regulator, within realistic and achievable timescales.

Our Strategic Objectives for 2019-24 can be found at Appendix 1. Following is a brief summary of the progress we made towards our goals and objectives through our operational work in 2018/19, which will inform our priorities in 2019/20.

Table 1 - Progress towards 2018/19 strategic goals

Our Goals and Strategic Objectives	Progress 2018/19
Our Patients will… ➢ Be safe in our care ➢ Be treated with care and compassion ➢ Be treated promptly with no delays ➢ Want to recommend us to others **By April 2019 we will…** ➢ Be rated good overall by the CQC ➢ Be rated outstanding in the domain of Caring by the CQC ➢ Meet all national access standards ➢ Have a hospital standardised mortality ratio of below 100 ➢ Have more than 35% of our patients sending us a family friendly test response, and of these 93% would recommend us to their family and friends ➢ Have improved the experience in our outpatients departments, reducing complaints to less than 30 per month	➢ CQC overall rating 'Good' announced February 2019 ➢ CQC 'Caring' domain all rated as 'Good' with 'Outstanding' Critical Care ➢ A&E 4-hour wait standard – sustained position in Segment 2. Performance trajectory sustained Q1-3, Q4 data not available until after submission of plan ➢ RTT reporting recovery plan delivered January 2019 ➢ Hospital standardised mortality ratio below 100 achieved 2018 and maintained ➢ Diagnostics 6 week standard met – to be sustained to continue meeting national standards ➢ Focused work continues to identify themes and trends in outpatient complaints, for action in the Outpatients programme plan and operational management
Our Staff will… ➢ Put patients first ➢ Feel valued and involved ➢ Want to improve ➢ Recommend us as a place to work ➢ Feel confident and secure in raising concerns **By April 2019 we will…** ➢ Have an Engagement Score in the Staff Survey of at least 3.9 ➢ Have a staff turnover rate of less than 11% ➢ Have a minimum of 65% of our staff recommending us as a place to work through the staff survey ➢ Have trained a further 900 bronze, 70 silver and 45 gold quality improvement coaches ➢ Be recognised as taking positive action on health and wellbeing, by 95% of our staff responding *Definitely* or *To some extent* in the staff survey	➢ New talent management system launched ➢ Nurse Associate, advanced clinical practice and apprentice roles implemented/further rolled out ➢ Finance and HR establishment records being reconciled ➢ GSQIA programme – further regular cohorts of Bronze training and Silver programmes, exceeding stated objective. 2 new Gold Coaching cohorts launched ➢ 'One stop shop' for staff health and wellbeing scoped and in development

Our Goals and Strategic Objectives	Progress 2018/19
Our Services will… ➢ Make best use of our two sites ➢ Be organised to deliver centres of excellence for our population ➢ Promote health alongside treating illness ➢ Use technology to improve **By April 2019 we will…** ➢ Have implemented a model for urgent care that ensures people are treated in centres with the very best expertise and facilities to maximise their chances of survival and recovery ➢ Have systems in place to allow clinicians to request and review tests and prescribe electronically ➢ Rolled our *Getting It Right First Time (GIRFT)* standards across target specialties and be fully compliant in at least two clinical services ➢ Have staff in all clinical areas trained to support patients make healthy choices	➢ New Clinical Model Outline Strategic Case developed ➢ New cancer centre of excellence health planning completed ➢ Allocated £39.5m strategic site development funding; planning in progress ➢ TrakCare governance further strengthened; CDIO appointed to Board, TrakCare Recovery progressing as planned; RTT reporting reinstated ➢ Reconfiguration of Gastroenterology services as part of winter planning ➢ Several hundred staff trained to support patients making healthy choices; training programme to continue, and initiative to link to wider system opportunities
Our Organisation will… ➢ Use our resources efficiently ➢ Use our resources effectively ➢ Be one of the best performing trusts ➢ Be considered to be a good partner in the health and wider community **By April 2019 we will…** ➢ Show an improved financial position ➢ Be among the top 25% of trusts for efficiency ➢ Have worked with partners in the Sustainability and Transformation Partnership to create integrated teams for respiratory, musculoskeletal conditions and leg ulcers ➢ Be no longer subject to regulatory action ➢ Be in segment 2 (targeted support) of the NHSI Single Oversight Framework	➢ Exited Financial Special Measures regulatory action in late 2018 ➢ Cost Improvement Programme (CIP) schemes being delivered; monitored through regular Division 'deep dives' with executives and PMO to increase and sustain pace ➢ Delivery of financial recovery against trajectory not favourable despite significant CIP ➢ Range of investment projects approved through new process to drive further quality and financial improvements ➢ Integration of respiratory teams commenced September 2018 and will continue through 2019/20. New MSK model progressing

1.5. Key planning assumptions

Activity assumptions

- Demand in growth due to population changes and requirements from commissioners.
- The use of ad hoc capacity to sustain services and deliver improvement across all specialties is included in our capacity planning assumptions.
- Variable activity plans are based on new national tariffs as per January 2019 planning guidance; some contracts will remain on block.

- Activity plans are aligned to workforce plans; any additional non-recurring costs to deliver services (for example where demand is higher than anticipated) are assumed to be covered by the resulting increases in income, subject to any block contracts.

Quality assumptions

- Our *Quality Impact Assessment* (QIA) process and governance will continue to provide assurance regarding any impact on patient care of financial recovery and service changes.
- Our Quality Improvement Plan will drive our continued long-term strategic objectives towards Outstanding CQC ratings
- We will continue to develop the skills and culture of continuous quality improvement
- Our approach to quality and its governance, and the Board Assurance Framework, will provide triangulation of finance, workforce and quality indicators to improve the quality of care.

Workforce assumptions

- Our Recruitment Services, in partnership with operational managers, will continue to efficiently and effectively provide a pipeline of new staff.
- Our overall staff turnover will be maintained at no more than 11%, retaining a focus on safe staffing both in terms of numbers and skill mix.
- Appraisal rates will increase to and be maintained at 90% or more, building on the first part-year implementation of our new talent recognition and development programme. Our approach to pay progression has been amended to help drive meaningful appraisal completion and compliance.
- Vacancy rates will reduce as appropriate, as indicated by improving annual staff survey results and reduced agency costs. Recruitment campaigns will target the reduction of vacancies in shortage occupation areas, and we will focus on the further recruitment of Trainee Nurse Associates, Clinical Nurse Fellows and Registered General Nurses.
- Reductions in funded posts will be achieved through turnover and deploying staff to vacancies, also helping to minimise our reliance and expenditure on agency staff.
- We will continue to lead and actively participate in the development of new types of roles, collaborating closely with our ICS partners, in anticipation of changing models of healthcare, and to address known national workforce gaps as recognised in the NHS Long Term Plan.
- We will continue to optimise our opportunities for apprenticeships.

Finance assumptions

- The 2019/20 control total set by NHSI for the Trust is a break-even position, including Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF).
- Inflation for pay and non-pay expenditure budgets will be applied in line with planning assumptions, including a provisional pay award for medical staff subject to confirmation. Non-pay inflation includes provision for increases in drug and other non-pay costs.
- Operational cost pressures include: funding to address intolerable risks, investment in non-pay pressures, full year effect of 2018/19 appointments, impact of revised impact of CEAs, and removal of non-recurrent income/expenditure from the previous year.
- There are increases to national tariffs as notified in 2019/20 planning guidance; this will offset the reduced value of Commissioning for Quality and Innovation (CQUIN) schemes and include adjustments for the 2018 NHS pay settlement.
- Contract settlement assumptions with the Trust's main commissioners are reflected in this plan.

1.6. Key risks to the delivery of this plan

Risk		Domain	Mitigating/managing actions	Responsible Executives
Internal	The risk of delayed follow-up care due to outpatient capacity constraints in a number of specialties	Operational	Administrative validation of patient lists. Utilise any remaining capacity to reduce long-waits. Use telephone follow-up where appropriate.	COO
	The risk of not achieving our planned Cost Improvement Programme resulting in a variance from our planned income and expenditure position	Finance	Executive reviews and regular 'deep dives'. Dedicated PMO monitoring and reporting performance against target. Income recovery.	COO DoF
	The risk of not meeting our performance trajectories and the associated impact on patient experience.	Operational	Ongoing monitoring of performance, and planned preventative measures. Process improvement and efficiency, and resource services as required maintaining service levels.	COO
	The risk of excessively high agency spend in non-clinical professions due to high vacancy levels, and impact on care quality and staff experience.	Finance & Quality	Expand Bank staffing. Improve staff rostering. Ongoing recruitment (incl. overseas), focused Recruitment and Retention Premiums for hard-to-recruit areas.	DQ&CN DP&OD
External / Internal	The risk of misalignment between Trust income expectations and commissioner affordability, and/or agreement regarding activity, impacting baseline deficit position.	Finance	Constructive negotiations with commissioners. Full clarity of available data to support position.	DoF
	The risk of not agreeing a control total with NHS Improvement, restricting our access to PSF and FRF	Finance	Discussion and negotiation with NHS Improvement to agree a more realistic control total.	DoF
External	The risk of demand exceeding agreed growth assumptions if we remain on block contract with our lead commissioner, restricting additional income despite increased cost.	Operational	Constructive negotiations with commissioners. Ongoing Demand and Capacity monitoring and iterative modelling.	COO
	The risk that ICS solutions have a greater impact than anticipated in year and result in a loss of income above the planned level	Finance	Recognising the benefits of reduced activity alongside ongoing robust contract management. Reallocate resources to more contributory services.	COO DoF
	The risk of not delivering service quality due to workforce shortages in certain staff groups and types.	Workforce	Recruitment and appropriate use of agency/locum cover. Innovative role design, including associate nurses, and advanced clinical practitioners. Continuous process improvement to optimise staff skill mix and deployment.	DP&OD
	The risk of Brexit creating unplanned supply chain and workforce shortages, and having a wider negative economic impact affecting public sector finances	Finance Operational	Workforce impact projected to be negligible. Maintain excellent communication regarding national stockpiles, and maintain Trust continuity plans accordingly.	All Executives

2. Activity Plan

2.1. Demand and Capacity Plans, and expected growth

We have applied a robust capacity & demand planning process, based on:

- Use of the *IMAS Advanced Flow Capacity and Demand* tool at service line level.
- 7 months of 2018/19 data, profiled out to a full year estimate in agreement with our commissioners. This is adjusted for seasonal variations and lessons from previous years' winter and system resilience planning, and accounts for projections for known business or service developments.
- Taking into account gaps in our data coding and quality; in 2019/20 we will conclude improvement in this area to make our data significantly more reliable as we complete our TrakCare recovery programme.
- The level of growth at least aligning itself to the growth in the local population and also reflecting those areas where demand is increasing above this level.

Table 2 - Demographic growth 2019/20

Demographic	Growth
Birth (aged 0)	0.2%
Paeds (aged 0-19)	0.8%
Working Age (aged 19 - 65)	-0.2%
Retirement (aged 66-79)	1.5%
Older People (aged 80+)	2.0%
ALL AGES	0.7%

Planning Assumptions

Unscheduled/Non-Elective Care

- There will be underlying growth in the number of A&E attendances
- There will be growth in the number of non-elective admissions
- There will be growth in the number of Emergency assessments
- Delayed Transfers of Care will reduce through system wide plans.

Planned Care

- There will be growth in demand from population changes and commissioner requirements.
- Divisions have reviewed both workforce and previous years' activity and, adjusting for known variations, have provided plans that we are confident reflect our capacity to care for patients and meet demand for our services.
- The use of ad hoc capacity to sustain services and deliver improvement is included in our capacity planning assumptions, as are productivity improvements.
- Activity plans are aligned to workforce plans; any additional non-recurring costs to deliver services (for example where demand is higher than anticipated) are assumed to be covered by the resulting increases in income, dependent on block contracts. This does not extend to the non-recurrent amount that relates to any backlog.
- Our TrakCare Recovery plan continues to be implemented; our updated demand and capacity plans depend on this, and we continue to advise NHS Improvement accordingly.
- Some clinical services are funded, where appropriate, using 2017/18 re-based tariffs relative to the cost of running those services, as agreed with our lead commissioner.
- All other variable activity plans are based on the latest published mandatory PbR tariffs.
- Subject to final agreement with our commissioners in March, our contracts are all variable Payment By Results, with the exception of Maternity.
- We will ensure our DNA rates benchmark positively against our comparative trusts, relevant to the respective specialty.
- The activity plans submitted based on these assumptions will deliver the recovery trajectories against the key national standards

Expected Growth

Growth for 2019/20 is assessed to be achievable within existing capacity.

Ongoing modelling and analysis of capacity will be undertaken through the year to ensure we have sufficient capacity for variation in activity rather than just planning on averages. Based on activity trends, projections and discussions with commissioners, our anticipated growth rates used as assumptions for planning purposes are in the table to the right.

Table 3 – Anticipated growth rate figures

Area		Anticipated Growth
Unscheduled Care	A&E attendances	5.3%
	Non-elective admissions	0.78%
	Emergency assessments	5.0%
Planned Care	Elective admissions	1.7%*
	Elective day cases	4.4%*
	Outpatient attendances	4.5%*
	GP referrals	0.2%
Cancer	2 week wait referrals	11.9%
	62 day treatments	11.9%

**excludes non-recurrent activity*

2.2. Delivery and Recovery of Key Operational Milestones

Unscheduled Care

Our trajectory for the four hour A&E waiting time standard during 2019/20 has been agreed with Gloucestershire CCG and NHS Improvement to be 90% for each quarter, continuing our improved and sustained performance during 2018/19

Planned Care

Trajectory data for the following narrative can be found in Appendix 2.

The Trust will submit a response for the number of patients waiting at Q1 as required. We confirm that the number of patients on an incomplete pathway will be no higher in the corresponding period through to March 2020, subject to continued TrakCare Recovery and appropriate Commissioner investment in elective provision. We will conduct a programme of improvement in our operating theatres; pre-operative assessment and theatres efficiency programmes will be key work streams, using the current baseline (acute hospital sites only):

- 88% of sessions used that were available
- 86.5% utilisation of the sessions that we used
- i.e. overall 76% efficiency

Further, our Theatres team will investigate better use of the theatre estate, including the feasibility of further longer session days and weekend working to identify opportunities to use our theatres on days and at times that they are currently unused. This will require an in-depth analysis of any impact on job planning and equipment. Revised shift patterns could provide staff with an improved work-life balance (e.g. childcare). We have no plans to use the independent sector. We will review this position contingent on meeting key performance targets, in discussion with our commissioners.

Diagnostics

In 2019/20 we are planning for 7.6% growth in our Diagnostic testing. The NHS is proposing to bring together clinical expertise into hub and spoke 'pathology networks'[2] to deliver high quality diagnostics in a more efficient way. Gloucestershire will join the 'South 3' network with Bristol and Weston Trusts; core services will still take place in our own hospital laboratories, with some samples being analysed quickly and expertly in advanced centres. Whilst the Trust made a strategic decision in December 2018 to not bid to become one of the up to nine national

[2] https://improvement.nhs.uk/resources/pathology-networks/

laboratories providing primary HPV screening, we will continue to offer a mitigation service for as long as possible and will support successful bidders to safely transition services.

Cancer

Good progress is being made on improving our cancer pathways. There were a number of improvements that were highlighted in last year's plan that have now been delivered:

- 'One-stop diagnostic clinics' for dermatological cancers (where clinically appropriate)
- Gynecological cancer exclusion clinics
- New cancer reporting suite with automated Patient Tracking Lists for 2 week wait (2ww) and 62 day referral to treatment waits, showing daily performance and breach reports, new Faster Diagnosis Standard reports, making us compliant in advance of national deadlines.
- Optimum Timed pathways (*Straight to Colonoscopy* and *Straight to Lung CT*) in collaboration with our regional Cancer Alliance and commissioning colleagues
- New Cancer Access Policy which will be renewed when Cancer Wait Times Data Monitoring Guidance v10 is published
- Devised and delivered all aspects of the tertiary referral improvement plan ensuring more patients are referred early (<day 38) to tertiary treatment centres
- Recruited Cancer Pathway Trackers and Data Validator to improve MDT teams' ability to cope with influx of 2ww referrals and onward diagnostics

There will be growth in the number of cancer referrals; in 2018/19 demand increased by 11.9% and we anticipate this will not reduce due to NICE guidance changes and the national strategy of finding more cancers. We aim to deliver and sustain all cancer performance targets in 2019/20. Increased demand will be met by improved efficiencies and balancing with routine referrals. We will work in partnership with primary care to reduce increases in demand that have not led to a greater detection in cancer. The Trust's *Cancer Delivery Plan* includes a trajectory for recovering and sustainably delivering the national cancer waiting time standards. The plan consists of a set of actions attributed to specialties to reduce breaches. Headline actions for 2019/20 are:

- Upgrading clinical systems to ensure we can track patients efficiently with multiple data uploads each work day, PTLs able to deal with live data entry, focused tracking through worklists, and system solutions to deliver *Living With and Beyond Cancer*.
- Centralised Cancer MDT team to improve continuity, staff retention and efficiency
- Pathology Rapid Improvement Event to improve pathway reporting elements
- Renew and improve video conferencing equipment to ensure MDTs have functionality to connect across sites and external health partners
- Implementation of single MDT for lung cancer service and specific lung cancer clinics
- Continue to improve colorectal and prostate pathways in line with the national Timed Pathways workstream
- Deliver elements of the draft Timed Upper GI pathway for patients who have suspected cancer following gastroscopy
- Continue working with commissioning colleagues to improve 2ww referral quality and reduce patient choice-related breaches

Effective Capacity and Demand Planning

This plan assumes reductions in both admissions and length of stay in support of the Trust's aim to reduce bed occupancy; the Trust's bed base in 2019/20 will remain 902 with the ability to flex into a further 58 beds at times of peak operational pressure (numbers exclude children's day case beds).

Recognising the significant operational benefits from optimizing our resources, considerable work has been done to ensure that the supply of beds, theatres and other capacity is commensurate

with the operational requirements of the Trust and will therefore enable us to respond to demand (including seasonal variations) and deliver access standards and other operational priorities. Access to theatres is assumed to be increased as a continued result of the successful work driven by the Getting It Right First Time (GIRFT) programme and the aforementioned theatres efficiency programme; a theatres maintenance programme will run in conjunction to ensure that our estate is line with our requirements.

Outpatient capacity remains commensurate with planned activity but the outpatient transformation programme is expected to release further capacity which will contribute to waiting time reductions and/or cost reduction.

Managing unplanned change in demand, and our winter plan

Our plans assume that there will be no additional funding for winter pressures in 2019/20. Any seasonal fluctuations in activity are built into our workforce plans for the year. In 2019/20, as an Integrated Care System, we will be consulting with partners and the public on our preferred clinical model for unplanned care (urgent and emergency) and planned care across Gloucestershire. This will include our preferred future configuration of acute care services across Gloucestershire Royal and Cheltenham General Hospitals. The consultation will introduce the *Urgent Treatment Centres* and *Centres of Excellence* concepts, and how they could work together to improve patient access and experience and provide a more consistent and sustainable clinical service model.

The Centres of Excellence concept forms part of the Trust's long term clinical strategy and will be informed by the ambition and priorities of the NHS Long Term Plan and our own experience of designing and implementing successful service reconfigurations, some of which are currently in pilot stage – Trauma and Orthopaedics, and Gastroenterology.

Last year we invested in a range of fixed-term initiatives to help us accommodate the additional pressures that winter brings the NHS, primarily to ensure we could temporarily increase our capacity. We also identified further emergency beds should we encounter an internal major incident. In 2019/20 we will review the impact of these and other initiatives to determine which should be planned earlier for this winter in collaboration with system partners in the One Gloucestershire ICS.

3. Quality Plan

3.1. Leadership and quality improvement approach and governance systems

Quality standards for patient services are clearly set out in the NHS Constitution and in the CQC quality and safety standards. They continue to define our expectations for the services we provide. We provide services and treat patients under a single shared view of quality – this means that we share the National Quality Board's 'Shared Commitment to Quality' as agreed by the Department of Health, Public Health England, NHS England, NHS Improvement, the Care Quality Commission, and the National Institute of Care Excellence. We confirm that our quality priorities are consistent with the One Gloucestershire Integrated Care System (ICS) and the newly published NHS Long Term plan.

Quality continues to drive our strategy and day-to-day work and is reflected in our vision, *Best Care for Everyone*. In 2019/20 we will publish our refreshed strategic priorities and in May 2019 we will publish our *Enabling Quality Improvement Strategy* detailing our planned 'Journey To Outstanding' (search Twitter for *#J2O*). The strategy puts the needs of patients and service users, their families and carers first, as well as supporting the Trust priorities and the requirements of national and local plans. The Trust's 'requires improvement' CQC rating in July 2017 showed us that we needed to fully embed our quality improvement approach within our organisation to embed our safe, effective, caring, responsive and well-led practice into our processes, standards and systems.

Our Executive Director of Quality and Chief Nurse is the lead responsible for quality improvement in the Trust and works collaboratively with our Medical Director. This board-level clinical leadership for quality ensures robust assurance and challenge about the quality of our services continues to be strategically embedded.

Our Quality Governance System

In 2018/19 we further developed our governance systems to provide greater clarity of the day-to-day delivery of quality in all our operational work. Our quality governance structure can be found in Appendix 3. Quality outcomes are monitored through the Trust Board Assurance Framework, with a 'Ward to Board' approach of measurement, summarised through Divisions and Corporate Committees and with key measures and those key measures being reported by exception to the Board. In addition each month our Board receives a range of papers including an Integrated Quality and Performance Report; this presents a comprehensive range of measures which align with the five CQC domains, including quality, workforce and finance. The Chair of the Quality and Performance Committee provide assurance reports as well.

Our Quality and Performance Committee (sub board) committee is chaired by one of our Non-Executive Directors and is responsible for quality assurance. Our Committee reviews an extensive range of quality reports, audits and reviews (covering topics such as the Board risk register, Serious Incidents, Safer Staffing, safe care metrics, Quality Account updates, GIRFT reviews).

Our Quality Delivery Group is chaired by the Director for Quality and Chief Nurse. The Group is operationally focused on the delivery of quality across all services and reports by exception directly to the Trust Leadership Team chaired by the Chief Executive and the Quality and Performance Committee. The Quality Delivery Group's value is that Corporate and Divisional Teams can come together and share intelligence, agree action and monitor overall assurance on quality. The Group has a role in reviewing quality plans, metrics and indicators, and working with other committees to assess and manage risks and quality issues. If a concern regarding quality is raised through any other part of our governance structure, part of the Quality Delivery Group's remit is to consider the financial and other resource implications of all options, including 'do nothing'.

Our Quality Improvement Approach

Key to our approach to quality improvement is the Gloucestershire Safety and Quality Improvement Academy (GSQIA). The Academy provides structured training on quality improvement methods, techniques and models at Bronze, Silver and Gold Level. Most importantly all attendees are required at Silver Level to use their new skills in an improvement project in their day to day work as part of their learning and at Gold Level to coach at least 3-4 Silver projects.

To date nearly 2,000 (26%) of our staff have gone through one of the training programmes; our approach embeds continuous quality improvement within our culture. The GSQIA training programme structure is available to view online[3]. Since the introduction of the QI training in the Academy we have now taken further steps to develop our Quality Model (supported by Gold QI Coaches) within the corporate teams and within the Divisions at speciality level. The Quality Model approach enables speciality departments to define improvements and standards based on what they see as 'what is important to you' as local experts. Departments create improvement plans based on their data, supported by Gold QI coaches, and potentially other supporting corporate roles. Divisional and Trust committees' roles monitor the effectiveness of the specialty plans through appropriate check and challenge, but fundamentally trust the speciality department to direct their quality management.

Services ask key questions and are expected to meet national quality standards, notably:

- What is important to our service today and tomorrow?
- What do we need to monitor?
- How are we learning?
- What do we need to improve?

The specialty will continuously monitor key quality indicators that they have identified, manage quality risks and concerns and have a relevant improvement programme. The importance of embedding improvement, rather than just providing assurance against standards, is essential to make sure that changes to meet targets are truly better for our patients rather than simply finding a way to meet targets. Our Quality Framework Model can be found in Appendix 4.

3.2. Quality Improvement Plan

Through reviewing our top risks on our risk register, local finance, patient activity, workforce, quality data and the current national priorities we are currently consulting our staff and our patients on our quality goals for 2019/20. CQC have recently inspected; we are awaiting the publication of the report and we will also respond to any regulatory requirements in final version of this Operational Plan. Detail regarding our Quality Priorities for 2019/20 can be found at Appendix 5. Our CQC visits and reports continue to help us formulate and drive our quality improvement plan, as follows:

- Assurance Plan (overarching) – ensure those rated as *Outstanding*, *Good* or *Requires Improvement* at least maintain these ratings.
- Proactive Plan – to take us to Outstanding, and will link integrally to the Gloucestershire Safety and Quality Improvement Academy.
- Responsive Plan – Must Do and Should Do actions from our last CQC inspection that rated the Trust is Good overall (see table below – this is our baseline to start 2019/20:

[3] https://www.gloshospitals.nhs.uk/documents/1751/QI_Professional_Development_Pathway.pdf

Table 4 - Quality Improvement Plan - Must Do

Core Service	Findings	Actions	Executive Lead(s)
Urgent & Emergency Care	1	6	Medical Director
Medical Care	6	25	Director of Quality & Chief Nurse; Director of Corporate Governance; Chief Operating Officer; Director of Strategy & Transformation
Medical Care/Surgery	1	4	Director of Quality & Chief Nurse
Surgery	4	21	Director of Quality & Chief Nurse; Medical Director

Table 5 - Quality Improvement Plan – Should Do

Core Service	Findings[4]	Responsible Lead(s)
Urgent & Emergency Care	12	Chief Operating Officer
Medical Care	9	Chief of Service for Medicine; Divisional Chief Nurse for Medicine; Deputy Chief Nurse; Director of Operations & Deputy Chief Operating Officer
Surgery	14	Associate Chief Nurse & Deputy Director of Infection Prevention & Control; Divisional Chief Nurse for Surgery; Director of Safety; Director of Operations & Deputy Chief Operating Officer
Outpatients	5	Matrons; Director of Operations & Deputy Chief Operating Officer

3.3. Quality Impact Assessment Process and Oversight

Quality Impact Assessments (QIAs) are a critical part of how we manage change. Developing into a formal process from the findings of the *Report of the Mid Staffordshire NHS Foundation Trust Enquiry*[5] (the 'Francis Report'), QIAs are essential in ensuring cost reduction and efficiency happen with full regard for service quality and patient safety. An essential part of how we work, and fully endorsed by our Board, QIAs focus on input from clinicians and other colleagues who conduct the work that might be affected by a proposed change to understand the impact thoroughly. QIAs are conducted in various processes around the Trust, most notably:

Cost Improvement Programme (CIP)

As proposed by the National Quality Board[6] our CIP governance is led by an executive director and ensures that:

- Patient care comes first.
- Quality is everyone's business and we speak up about concerns without hesitation.
- We listen carefully to what patients and our staff tell us about the quality of care, and we ensure we see these concerns first hand.
- We share what we are told and what we learn with others, and seek advice if we're not sure what decision to make.
- We behave in accordance with our own values[7] and the NHS Constitution.

Significant Service Changes and Good Ideas

The Trust needs to continually improve for a wide range of reasons including: responding to the increasing patient numbers and changes in demographics, advances in medical science, new patient pathways and treatment, ideas from staff about process improvements, or simply

[4] Due to the proximity of publication, *Should Do* actions are being formulated at the time of writing
[5] https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry
[6] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212819/How-to-Quality-Impact-Assess-Provider-Cost-Improvement-Plans-.pdf
[7] http://www.gloshospitals.nhs.uk/en/About-Us/About-the-Trust/Our-Values/

deterioration in our physical buildings and equipment over time. Whenever an improvement is proposed there can be a range of direct and indirect impacts on other services or processes, both for our own organisation and our partners.

Similarly, to make the most of opportunities to improve care and reduce costs, we have a process that encourages all staff to come forward with proposals that can be assessed for their ability to deliver improvement, and checked for any unintended adverse impacts on the quality of care we provide. Conducting robust QIAs in both large and small-scale change eliminates or minimises the negative impacts or risks, creating real benefits for patients and staff. We do this by listening and talking to all interested stakeholders who support or are dependent upon our changing services, and work with them to model how our proposed changes affect their processes.

QIA process and format

Following is the information required by the process (Appendix 6) and accompanying form:

- Scheme name and overview (brief description)
- Project Owner and Lead
- Cross-divisional impact and approval (formal sign-off by divisions) with conditions, if any.
- Quality indicators, with appropriate benchmark, monitoring frequency, data collection method and which lead/governance function this reports to.
- Risk assessment of the following domains:
    - Patient or Staff Safety
    - Clinical Effectiveness
    - Care
    - Responsiveness
    - Mitigation for each risk expressed
- Sign-off by clinical leadership at appropriate organisational level:
    - Service Line - Specialty Director, Matron or Clinical Lead
    - Division – Chief of Service or Divisional Nursing Director
    - Executive – Medical Director
- Comments from Director of Safety and Deputy Director of Quality

All schemes, regardless of financial value, have to be agreed by Divisional Triumvirate (Tri) with involvement of their HR Business Partner and signed off by their Finance Business Partner. All schemes are then formally assessed and signed off by the Medical Director and Nursing Director with additional input by the Director of Safety in virtual QIA sessions. In addition, the CIP office uses a scorecard to make sure that the CIP plans are feasible and deliverable using the following categories:

- Project Initiation Document (PID) sign off
- Clear & realistic timeframes
- Financial scoping
- Risk assessment & QIA
- Evidence of engagement with stakeholders
- Availability of resource to deliver the scheme

All new schemes and (potential) issues with existing schemes are reported and escalated to the Turnaround Implementation Board, chaired by the Chief Executive. Additionally, all Divisional Operations Directors report the progress, concerns, risks and issues with their CIP schemes weekly during CIP ‘Deep Dives’ with the Director of Finance, Chief Operating Officer and CIP Director of Programme Management, HR Business Partners and Finance Business Partners.

4. Workforce Plan

4.1. Our Workforce Strategy

The Trust has a Workforce strategy which seeks to ensure that through the People and OD agenda patients receive the best possible care. It sets out our ambition to deliver the right sized and skilled workforce through effective recruitment, retention and education. Our approach to workforce saw a significant shift in 2018/19, with development of more robust transactional recruitment services and our transformational People and OD services. This included the introduction of a specialist HR Business Partner Role, focussing on sustainable workforce initiatives and the growth of new roles, whilst linking our workforce planning methodology to strategic programmes of transformation.

4.2. Our Workforce Challenges

Table 6 - Workforce Challenges

Workforce Challenge	Impact on workforce	Initiatives in place
Retention, where it falls outside of benchmarked norms (i.e. Additional Clinical Services >15%)	Additional pressure in areas with hard to fill vacancies.	➢ Onboarding co-ordinator joining February 2019 to support new employee experience. ➢ Periodic staff experience surveys during first 12 months in post. ➢ Quarterly HCA Conference –scheduled for Spring 2019 ➢ Drop in Career Clinics and Promotion of alternative career pathways including: Trainee Nurse Associate role. ➢ Core skills support for HCA's (English and Maths) ➢ Review of HCA Terms and Conditions (ongoing – review as potential cost pressure for 2019) ➢ Trust wide review and implementation of the Health and Wellbeing Hub. ➢ Further exploratory review of Nursing Career pathways e.g. Specialist Nurses ➢ Staff and Patient Experience Improvement Group
Recruitment to hard to fill posts	Pressure on existing workforce, impacting on staff experience and retention	➢ Recruitment Steering Group working on a wide range of initiatives including: ➢ Social Media campaigns ➢ Targeted BAME recruitment ➢ Refreshed marketing material ➢ Overseas campaigns ➢ Streamlining onboarding processes and reducing 'time to hire'. ➢ Production of trajectories and vacancy forecasts ➢ 'Grow our own' initiatives and apprenticeship pathways. ➢ Increased recruitment to Trust Bank to ensure safe, flexible and competent workforce
Staff Engagement *Cont'd...*	The risk of continued poor levels of staff engagement and poor staff experience impacting negatively on retention, recruitment and patient experience	➢ Triangulation of Staff and Patient Experience information to identify 'hotspots', through the Staff and Patient Experience Improvement Group. ➢ Implementation of a range of staff engagement, health and wellbeing actions relating to staff experience. ➢ Staff Engagement Activity such as: Blog, involve, staff meetings, social media ➢ Freedom to Speak Up agenda (Freedom to Speak up Friday) ➢ Leadership and professional development opportunities ➢ Leadership Engagement Forums (100 Leaders, Extended

Workforce Challenge	Impact on workforce	Initiatives in place
		Network, GM Forum) ➢ Development of informal change toolkit for managers and leaders. ➢ Working with clinical leaders to develop enhanced care pathways. ➢ Staff recognition: GEM awards, staff awards and divisional/local awards ➢ Talent Management (Advance Development Pool) ➢ Health and wellbeing hub launch ➢ Health and Wellbeing Campaigns including: Junior Dr mental health programme and the Health and Wellbeing Charter. ➢ Equality of Opportunity Plan

4.3. Our Workforce Risks, Issues and Mitigations

Table 7 - Workforce Risks, Issues and Mitigations

Description of workforce risk	Impact of risk	Risk response strategy	Timescales and progress to date
The risk of being unable to match recruitment needs with suitably qualified clinical staff (including: AHP's, Nursing and Medical), impacting on the delivery of the Trusts strategic objectives.	High	Recruitment and Retention Group; leading on initiatives such as : overseas recruitment, new innovative branding/ recruitment imagery and social media presence	
		Maturation of talent development system (July 2018)	Ongoing programme of work
		Overseas Nurse Recruitment Workstream/ Pipeline (Non EU)	Australia recruitment event booked Mar-2019. Recruitment pipeline and timescales will be determined post-visit
		Alternative Role Development Implementation of new roles and the extension of relationships with education partners to create and support these; e.g.: Nurse Associates, Higher apprentice	
		Development of ACP business case	In progress – ACP Business Case due Mar-2019 for Trust approvals process and implementation 2019/20
		Implementation of Chief Nurse Fellow role	CNF's implemented Dec-2018; further cohort(s) 2019/20
		Scoping potential trial of Associate Specialist role on the Acute floor	Timescales yet to be agreed
		Revised Workforce Planning Process aligned with Business Planning cycle and linked to central workforce planning for the ICS	In place and continuing to develop through 2019/20

Description of workforce risk	Impact of risk	Risk response strategy	Timescales and progress to date
The risk of continued poor levels of staff engagement and poor staff experience impacting negatively on retention, recruitment and patient experience.	High	Triangulation of Staff and Patient Experience information Development of Staff and Patient Experience Improvement Group to implement a range of staff engagement, health and wellbeing actions and begin triangulation of data relating to staff experience. Development of a dedicated role to analyse and review trends across staff and patient data to aid problem solving. Work in progress to triangulate staff and patient data to identify 'hotspots' where engagement could improve and intervention is required. The Staff and Patient Experience Improvement Group are overseeing key work such as: The Violence and Aggression focus group and the HCA retention plan (Launched August 2018, work continuing throughout 2019/20)	Ongoing through 2019/20
		Engagement Activities Monthly Diversity Network coffee socials and bimonthly meetings Promotion of Freedom to Speak Up Friday and FTSU week, develop the role of FTSU ambassador Ongoing engagement events – Blog, involve, staff meetings, social media Journey to outstanding programme to motivate staff to agree divisional and departmental ambitions	Ongoing through 2019/20
		Leadership Development and Engagement Following establishment of GM/AGM Forum and Operational Matrons Group, develop these groups New Extended Leadership Network aimed at mid-level managers (Network met in August and November 2018, and February 2019) Development of informal change toolkit for managers and leaders. Working with clinical leaders to develop enhanced care pathways.	Ongoing through 2019/20 Ongoing through 2019/20 Draft toolkit completed Jan-2019 , roll out to managers Feb-Mar 2019 for implementation through 2019/20 Ongoing through 2019/20
		Professional Development and Staff Recognition Career pathway developments – such as the nurse 10 year career plan and AHP development. Education programmes for CPD, leadership, professional practice 'Keep me' and itchy feet conversations, Nurse Rotation Scheme GEM awards, staff awards and divisional/local awards New talent management and succession planning with new appraisal process focused on staff development. First Advanced Development Pool launched November 2018	Ongoing through 2019/20 Ongoing through 2019/20 Ongoing through 2019/20 Ongoing through 2019/20 Ongoing through 2019/20

Cont'd…

Description of workforce risk	Impact of risk	Risk response strategy	Timescales and progress to date
The risk of continued poor levels of staff engagement and poor staff experience impacting negatively on retention, recruitment and patient experience.	High	Focus on Staff Health and Wellbeing Health and wellbeing hub launch Health and Wellbeing Campaigns including: Junior Dr mental health programme and the Health and Wellbeing Charter. Equality, Diversity and Inclusion Equality of opportunity plan	Apr-2019 Launched 2018/19, peer support network development throughout 2019/20 Published 2018/19, work ongoing throughout 2019/20
		Quality Led Initiatives Quality summits following reports on patient care issues and Schwartz rounds Gloucestershire Safety and Quality Improvement Academy Nurse accreditation scheme	 In place; ongoing through 2019/20 In place; ongoing through 2019/20 In place; ongoing through 2019/20
Risk of staff in critical posts (i.e. Consultants) reducing additional PA's or Waiting List Initiatives as a result of the reduced Annual Allowance threshold	Low	Encourage employees to seek independent financial advice. Assess likely risk areas/hotspots with support of clinical leads	Providing NHS Pension workshops to support understanding of the issue, individual Total Reward Statements and earnings (however not providing any financial advice). Development of a Pension Recycle Policy (launch Apr-2019) to provide an alternative remuneration solution

4.4. Our Long-Term Vacancies

Table 8 - Long Term Vacancies

Description of long-term vacancy and longevity	WTE Impact (Feb 19)	Impact on Service Delivery	Initiatives in place, with timescales
Registered Nursing Posts (Band 5, >12 months) *Cont'd…*	136.25 (10.8%)	Increased Agency and Bank Usage. Increased pressure on existing workforce, impacting on staff experience and retention Potential negative impact on the delivery of safe, quality care to patients.	Increased recruitment to Trust Bank to ensure safe, flexible and competent workforce. New pay incentives reviewed October 2018; to review Quarterly. Daily, dynamic review of safer staffing numbers with Executive leadership and site/ activity management input. Development of alternative workforce roles (i.e. Nurse Associate) Recruitment initiatives: Australia recruitment trip for RGNs March 2019. Refer a Friend scheme (live) UK recruitment fairs Ongoing Philippines pipeline (offered and awaiting IELTS)

Description of long-term vacancy and longevity	WTE Impact (Feb 19)	Impact on Service Delivery	Initiatives in place, with timescales
Doctor in Training Gaps (various gaps – some short term and maternity cover)	42.0 (incl. 16 Deanery)	Impact mitigated through additional working and temporary cover	Physicians Associates in place: further recruitment planned spring/ summer 2019. Advanced Clinical Practitioners: Business case due March 2019 Associate Specialist role: Scoping the option of introducing a trust contract which may support consultant gaps in the future. This work will be considered by our Local Negotiating Committee as it develops (timescales to be identified). Review of scope of SAS roles (timescale tbc)
<u>Consultant Posts</u> Care of the Elderly Gastro Acute Diabetes Oncology Microbiologist	 2.0 1.0 4.0 1.0 1.0 1.0	Impact mitigated through additional working and temporary cover	Active recruitment campaigns Locum and Agency cover Internal support (i.e. additional PA's). Social Media campaigns
Radiographers (>12 months)	13.0	Reduced support to community services. Impact on staff morale and sickness absence.	Reduced staffing in community hospitals (approved by HOSC) . Pay incentive for overtime agreed January 2019. Currently exploring 'Grow your own' initiatives to include: Assistant Practitioners (Band 4), 2 year training programme to convert to Band 6. (Timescales yet to be identified). Overseas Recruitment (Australia).
Cytology (B4/B5 Cytoscreener/BMS) (>12 months)	3.0	National changes to programme means we do not intend to fill these vacancies. Ad-hoc overtime when demand is high	Service change means action plan to fill vacancies is not necessary/ appropriate.
Band 7 Cardiac Physiologists (>12 months)	5.0	Partial agency cover in place. Existing team providing cover.	Review of skill mix and alternative professional roles is underway.
Trust Surgeon/ Clinical Fellow (Vascular)	2.0	Partial agency cover in place. Existing team providing cover.	Review of skill mix and alternative professional roles will commence post April 2019.
Vascular Scientists	2.0	Partial agency cover in place.	Review of skill mix and alternative professional roles will commence post April 2019.
Band 5 Audiologist (>12 months) *Cont'd…*	2.0	Impact reduced since apprenticeship pathway was launched (graduates targeted and skills mix changed). Agency cover provided.	New apprenticeship pathway now in place(implemented in 2018), recruitment to remaining 2 roles was unsuccessful, however further efforts will be made to advertise these during 2019)

Description of long-term vacancy and longevity	WTE Impact (Feb 19)	Impact on Service Delivery	Initiatives in place, with timescales
Paediatric Nursing (not same vacancy, turnover is 16.5%)	9.5	Agency cover where appropriate.	Recruitment of overseas Nurses (in pipeline for 2019) Development of specialist Paediatric roles, supporting improved retention. Developing Paediatric Nurse specialist to provide enhanced support to Emergency Department. Nurse
Gloucestershire Managed Services (Wholly Owned Subsidiary) Electrical/ Mechanical Technician Roles	4.0	Cover via technical contractors and internal resource.	Wholly owned subsidiary company established April 2018. Development of alternative pay framework and benefits providing flexible reward package to compete with local market place. Recruitment and Retention incentive payments in place for existing (transferred staff).
Gloucestershire Managed Services (Wholly Owned Subsidiary) Chef	1.0	Internal cover and ad hoc agency support	Wholly owned subsidiary company established April 2018. Development of alternative pay framework and benefits providing flexible reward package to compete with local market place.

4.5. Workforce planning, engagement and collaborative working

Workforce planning is an essential element of our Business Planning Cycle, incorporating the Trust vision of Best Care For Everyone and forming an integral part of our Journey to Outstanding. In 2018/19 we revised our workforce planning template, to enable divisions to plot clear baseline workforce numbers from which to project workforce trends aligned to known patterns of demand and capacity. The revised workforce planning template forms part of the operational plan and supports Divisions to:

- Understand and assess the appropriate deployment of sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively.
- Maintain a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times
- Ensure that workforce design reflects current legislation and guidance where it is available.

There are a number of factors for consideration as part of the process of aligning workforce to demand and capacity, including:

- Type, acuity, dependency, etc. of service using evidence based tools
- Activity levels, including seasonal and other known variation demands
- Patients outcome measures
- Service changes and transformation, including ICS initiatives and reconfiguration of patient pathways
- Contract/commissioning factors/constraints
- Workforce supply issues and known impact, and subsequent newly developed roles (such as ACP's and Physicians' Associates)
- Bank/agency usage and controls
- Safe staffing levels and staff outcome measures

When considering the ratio of staff to patients and/or acuity, any alteration/deviation from recognised and agreed ratios can only be approved by the Medical Director/Trust Chief Nurse as

appropriate. This is managed dynamically, on a daily basis, to ensure that any impact to service delivery and quality is fully assessed.

Our Divisional workforce plans include a focus on staff Engagement, Development and Health and Wellbeing and align to the overarching Trust work streams, linkage in development initiatives such as talent management through our new Accelerated Development Programme (ADP) and the introduction of a new Health and Wellbeing Hub for our workforce.

Effective Deployment of Workforce and Temporary Staffing

We have recently implemented the HealthRoster system which will enable more effective deployment of all nursing and midwifery staff. Medical staff are managed through a robust process of annual job planning to ensure that the greatest level of efficiency is achieved. Progress is audited through sub-committees of the Trust Board: The Finance and Digital Committee and the Quality and Performance Committee.

The Trust ensures that staffing levels and people metrics are well scrutinised to ensure that the Trust delivers the services required. The Board and Committees also scrutinise the effectiveness of its workforce to provide quality care and monitor measures such as turnover and sickness. Action plans are put in place where staffing levels cause concern and are monitored through the People and OD Committee.

Vacancy Control Process

The Trust follows a strict vacancy control processes. Vacancies are considered at divisional level first for approval with new posts being presented to a Vacancy Control Panel (VCP) for executive approval. In order to expedite requests to recruit and minimise potential impact to services, vacancies filled on a 'like for like' basis, with financial approval or posts related to approved business cases are approved directly by the Executive Director of People. All VCP's are considered alongside a quality impact assessment and a number of posts are excluded from the process such as: Band 5 Nurses, HCA's Midwives, Radiographers and Doctors in training.

Sustainable Workforce Solutions

The Trust has embedded a Recruitment Strategy Group, focusing on hard to fill posts and continues to develop medical staffing and AHP opportunities with clinical leads to attract and retain the best talent. Current education opportunities offer a variety of development pathways outside of statutory and mandatory training, which assist in the retention of all staff. Our workforce sustainability agenda focusses on new roles such as Advanced Clinical Practitioners, Nurse Associates, Associate Specialist roles, and other alternatives to hard to fill vacancies. The Trust has commenced a review on filling medical workforce gaps by reviewing the level of autonomy of SAS Doctors and introducing new roles to fill rota gaps – this is well advanced in some areas such as paediatrics and neonatal care.

In response to particular challenges in the recruitment of technical estates and facilities staff, the Trust has established a Wholly Owned Subsidiary and is exploiting the flexibilities this model affords us to attract staff into these hard to recruit posts.

The Trust values staff and looks to support them with absence due to sickness, linking engaged staff to good patient outcomes. The HR Advisory centre assists managers in sickness management and the Trust offers a variety of health and wellbeing services aimed at keeping staff fit and healthy. To ensure staff engagement the Trust invests in staff listening events and forums. These include the Chief Executive's Blog, Involve (monthly staff meetings), Outline (staff magazine), Executive Safety & Patient Experience walkabouts and a 100 leaders network to name a few.

Retention Activity

Analysis of Nurse leavers within the last year shows increased turnover for those staff with less than 5 years' service, in the 21-35 age demographic. We also observe more leavers across medicine and surgery in contrast to the other divisions.

Whilst our turnover is below the UK average it is still important to retain our talent and to maximise our retention of qualified staff, as a result, we have looked at a number of strategies and schemes to support our retention. Our newly formed (2018) Staff and Patient Experience group is focussing on building capacity to triangulate this data with other key performance indicators and are responsible for the review of specific action plans – such as the 'Healthcare Assistant retention action plan'. The group is also considering generation specific requirements in terms of how we can best support staff and what is attractive to each staff group. This includes the review of Terms and Conditions, implementing Pre-Exit ('Itchy Feet') intervention, Transfer and rotational opportunities and 'Keep Me' conversations. We are currently exploring a review of the exit process; potentially to include resignation to Chief Nurse/ Lead professional and increased exit interviews to support intervention where possible. Feedback we have received indicates professional development and career opportunities are important to our staff so we have developed clear, accessible pathways with peer support and supervision with our Professional Development and Education Team.

Health and Wellbeing

From April 2019 the Trust will launch a new Health and wellbeing service for staff. This will provide 'one stop shop' and signposting service for our staff and students, to ensure our workforce (and potential workforce) are able to access immediate support to support attendance at work and personal health and wellbeing to include: counselling support, musculoskeletal pathways, occupational health referrals, debt advice, etc. Forecast benefits include: reduced absence and turnover, increased staff engagement and improved staff experience. There will be cash-releasing benefits from reduced absence and associated backfill costs.

4.6. Equality, Diversity and Inclusion

The principles of equality, diversity and inclusion are fundamental to the successful delivery of patient care and underpin our vision of 'Best Care for Everyone'. Equally applicable to our staff and volunteers as they are our service users, these are key enablers for an engaged, productive and safe workforce. The Trust is committed to demonstrating compliance with, and ultimately becoming an exemplar of, the requirements laid out in The Public Sector Equality Duty[8] and The Equality Delivery System[9] (EDS2) – not just due to legal obligations, but more importantly because of the long-term benefits for patients and staff, and because it is simply the right thing to do. Our Executive and Non-Executive Board members have taken individual leads for protected characteristics.

In order to champion awareness and provide mentorship, supporting inclusion and equality of opportunity, during 2018/19 the Trust published an Equality of Opportunity Plan[10]. We have a Diversity Network which is open for all staff to join. Our network collaborates with the Trust to eliminate unlawful discrimination experienced by staff. It also provides a signposting and support function where issues can be discussed in a safe and confidential environment. Throughout the year the network celebrates the diversity of our Trust by promoting and participating in local and

[8] https://www.gov.uk/guidance/equality-act-2010-guidance
[9] https://www.england.nhs.uk/about/equality/equality-hub/eds/
[10] https://www.gloshospitals.nhs.uk/documents/5864/Equality_of_Opportunity_Plan_2018-19_v3.pdf

national events which recognise and champion characteristics which can be more vulnerable to discrimination. The Trust revisited Equality and Diversity objectives in Q4 2018/19 for the next strategic planning period, and engaged with staff to ascertain their priorities.

Summary of system-wide workforce plans

The system-wide Local Workforce action board oversee a programme of work to support our transformational programme. The Gloucestershire workforce strategy is underpinned by both workforce and organisational development steering groups. There are a wide range of initiatives that have been funded during 2018/19 and the forward programme for 19/20 is currently being developed (further detail to be provided in April submission). The areas of focus during 2018/19 have been as follows, many of these are likely to continue into 2019/20.

- **Integrating roles and teams:** Integrated Supervision for Specialist and Advancing Practice and Changing Roles to support bringing health and social care specialists together from across the different organisations.
- **Multi-professional roles and teams:** a number of initiatives aimed at broadened the skills of the clinical workforce to work in professional diverse teams including the development of an approved educational framework to support the development of new roles and services to deliver the Gloucestershire's clinical priorities and pathways. Supporting advancing clinical practice through the provision of a 2 year Masters level modules.
- **Mental Health:** supporting the delivery of mental health crisis care within the urgent & emergency care pathway
- **Maternity pathway:** directly upskill frontline perinatal team clinicians in psychological interventions and approaches.
- **Self-care and prevention:** better conversations training to widen the pool of our staff community who can support our enabling activity communities programme working with people on improving their health and staying well.
- **Leadership development:** we have system-wide leadership development and quality improvement programmes which support and develop our staff to work with a system-focus and quality improvement approach we will continue to roll-out this approach during 2019/20 with a widening scope for the leadership programme to encompass organisations who influence wider determinants of health including the police and the VCSE community.
- **Workforce planning:** support for increased workforce planning across system partners

Planning for the withdrawal of the United Kingdom (UK) from the European Union (Brexit)

The Trust currently employees circa 300 staff from the EU, less than 4% of our entire workforce (excluding GMS, our subsidiary company). The number of EU recruits to our hard to fill vacancies, such as registered nurses, is negligible with pipelines from areas such as Spain and Portugal failing to produce candidates for the past four years. There is no evidence to suggest that our current workforce will leave the UK, especially given the assurance of their right to remain.

5. Financial Plan

5.1. Background and context

For the 2018/19 financial year the Trust accepted a control total of £18.8m deficit, including £8.1m of Provider Sustainability Funding (PSF). This was a challenging control total entered into post two years of significant financial recovery work.

The Trust negotiated a mixture of variable and block contracts with Gloucestershire CCG and Specialised commissioners which, whilst restricting some anticipated increases to income as part of our cost improvement plan, enabled us to continue progress with our financial recovery plan on a solid foundation.

In November 2018, after significant progress in the areas of both financial governance and CIP delivery in successive years, the Trust exited the Financial Special Measures regime. We continue to have an underlying deficit position still to address. For 2019/20 our financial recovery continues to be driven through operational and transformational cost improvement, to ensure we maintain and continuously improve quality and performance, during recovery and beyond.

5.2. Financial Forecasts and Modelling

Planning Assumptions

For the 2019/20 financial year the Trust is planning for a break-even financial position (in line with the control total offered to it by NHS Improvement) based on the following key assumptions:

- A forecast 2018/19 outturn of a £28.7m deficit, which after adjusting for the impact of donated asset charges is revised to £29.8m on a control total basis. This position includes £4.5m of PSF and a further £10.3m of non-recurrent or full-year effect adjustments – leading to a recurrent underlying position of £44.6m deficit.
- The impact of inflationary pressures is planned at £17.5m. As medical pay awards have yet to be agreed, a 2% pay award planning assumption has been made pending confirmation of the actual award.
- As per planning guidance, pay expenditure excludes the impact of the increase in employer pension costs.
- Non-pay inflation includes provision for increases in drug and other non-pay costs.
- Total operating cost pressures of £5m, comprising: investment in non-pay pressures and £2m to address intolerable quality and safety risks, which are subject to approval.
- New 2019/20 CIP schemes of £22.4m (4% of turnover), including the full year effect of prior year's schemes.
- Contract settlement assumptions with the Trust's main commissioners are reflected in this plan; Gloucestershire CCG, Specialised Commissioning and South Worcestershire CCG These settlements which are subject to agreement with commissioners assume significant income uplifts, reflecting NHS growth funds in the national tariff, activity increases for growth and RTT backlog, and appropriate payment for non-tariff funded services.

2018/19 income assumptions:

Patient care income reflects the following assumptions:

- Agreement of a contract value of £372.9m with Gloucestershire CCG, which reflects the impact of the planning national tariff, activity growth including RTT recovery, and appropriate payment for non-tariff services. This position remains subject to the annual planning and contract negotiation round.

- Agreement of a contract value of £93.7m with Specialised Commissioning (NHS England). This position remains subject to the annual planning and contract negotiation round.
- Other operating income includes the following as notified within the Trust's control total, PSF (£8.5m), Marginal Rate Emergency Threshold (MRET) funding (£4m) and income from the newly established Financial Recovery Fund (FRF) (£7.3m).

Financial Summary

The table below summarises the draft 2019/20 financial plan for submission in the NHSI template on 12th February 2019:

Table 9 - Financial Plan Summary

Income/ cost area	2018/19 FOT £000	2019/20 Plan £000
Income from patient care activities	457,513	501,671
Other Operating Income	73,748	89,914
Total Income	531,261	591,585
Pay	(353,359)	(373,351)
Non-Pay	(186,716)	(195,091)
Total Expenditure	(540,075)	(568,442)
EBITDA	(8,814)	23,143
EBITDA %	(1.7%)	3.9%
Non-operating Income	98	98
Non-operating Costs	(19,957)	(22,611)
Surplus/ (Deficit)	(28,674)	630
Impairment		
Donated Assets impact	(1,130)	(630)
Adjusted Surplus/(Deficit)	(29,804)	0

The table above identifies planned delivery of the 2019/20 breakeven control total set by NHSI for the Trust. This plan is contingent on a significant uplift in income from the Trust's lead commissioner and a 4% CIP (2.4% in excess of the national planning assumption of 1.1% in tariff plus an additional 0.5% contained within control total offers).

Cash Flow Plan

The table below shows the cash flow plan based on the breakeven income and expenditure plan identified above; and a loan of £20.6m to fund the 2019/20 capital programme. The cash flow assumes that the Trust will receive borrowing to repay previous capital and revenue debt of £9.8m, and working capital debt of £4.4m, which is critical to ensuring that the Trust can continue to maintain its current working capital position and meet creditor commitments.

Table 10 - Cash Flow Plan

Cash flow	£000
Operating surplus/(deficit)	11,428
Add back non-cash items	10,715
Movements in working capital	(5,019)
Net cash inflow from operating activities	17,123
Interest received	36
Land receipts	
Capital purchases	(25,003)
Net cash from investing activities	(24,967)
PDC Received	1,500
Capital Financing	27,432
Working capital loan	4,426
Loan repayments	(9,791)
Capital element of lease and PFI payments	(6,681)
Interest paid	(5,844)
PDC payable	(2,742)
Interest element of lease and PFI payments	(456)
Net cash inflow/(outflow) from financing	7,844
Net movement in cash	0
Opening cash balance	2,654
Closing cash balance	2,654

Income Plan 2019/20

For commissioned services the starting point for the income plan is the 2018/19 forecast outturn activity, adjusted for counting and coding changes as they are agreed with our commissioners, including maternity and non-Payment by Results tariff changes. The income plan is then adjusted for estimated growth in demand based on historical trends and RTT recovery, specific business cases, and risks identified in securing contract settlement.

Expenditure Plan 2018/19

Budget setting meetings with Clinical Divisions and Corporate Directorates have been undertaken based on the following key principles:

- Inflation for pay and non-pay expenditure budgets is applied in line with detailed planning assumptions. Non-pay inflation will generally not be provided unless clearly demonstrated including (e.g. contractual commitments, and drugs and consumable increases).
- For ***pay expenditure, non-pay expenditure and non-clinical income*** initial budgets for 2019/20 are based on forecast expenditure for 2018/19 as signed off by Divisions.

The baseline is then adjusted to take account of:

- Non-recurrent income and expenditure items, including non-recurrent delivery of expenditure CIPs in 2018/19.

- The income and expenditure impact of 2018/19 service developments that may only have had a partial impact on the forecast outturn position or that were approved to commence in 2019/20. The uplift reflects the 2019/20 full or part-year effect as appropriate.
- The income and expenditure impact of 2018/19 service disinvestments similarly has a full or part-year effect applied as appropriate.

Following approval of the Trust's income and expenditure plan, 2019/20 Divisional and Directorate budgets will be approved by the Executive Team, with budget holders being notified and signing off their budgets by 31st March 2019.

5.3. Efficiency Savings

The provisional Cost Improvement Programme plan for 2019/20 is £22.4m. The 4% savings target is made up of the 1.1% national tariff requirement, 0.5% requirement for Trusts in deficit, and an additional 2.4% applied by the Trust as a response to local pressures. Currently savings of £7.7m have been identified by Divisions, including £1.9m of FYE of 2018/19 schemes. Divisions have proposed internal targets and work continues to identify further schemes to move towards delivery of the target.

The table below shows the anticipated split of 2019/20 CIP scheme identification, which will be confirmed in the Trust's final approved plan:

Table 11 - Status of 2019/20 CIP scheme identification (February 2019)

Type	£m
Pay	12.9
Non Pay	8.7
Non Pay : Drugs	0.8
TOTAL	22.4

We continue to find opportunities to improve efficiency across all service lines, including regular review against the 'Model Hospital'[11] and the 'Carter Review'

We are also committed to continuing the *Getting It Right First Time* (*GIRFT*) programme, building on our success in the last two years, and as featured in the NHS Long Term Plan (p.75) with our Trauma and Orthopaedics service line. We also anticipate significant improvements from our ongoing work with ICS partners as this develops through 2019/20, and PMO reviews of other surgical service lines are already underway.

5.4. Agency rules

The Trust has continued to operate above the overall annual NHSI cap for agency expenditure; this is in part due to market forces and our geographical position that constrains the availability of agency staff, thereby imposing a cost premium to ensure we attract staff to work for us instead of surrounding metropolitan centres. We face a challenging recruitment market, and focus on achieving increased levels of compliance with the NHSI capped rates continues to be a priority. We have created a new internal bank (search Twitter for *#FlexibleOurs*) which attracts staff to work unfilled shifts and reduces reliance on agency. This is a challenging target and we have made significant progress towards the cap reducing spend in absolute terms from £21.8m (2016/17) to £16.7m (2017/18). The initiatives outlined support further reduction in spend and drive towards compliance with NHSI agency caps.

[11] https://improvement.nhs.uk/resources/model-hospital/

5.5. Capital Planning

In 2018/19 the Trust has not received confirmation of its requests to receive £10m of capital funding, presenting ongoing issues with backlog maintenance and preventative equipment replacement. The 2019/20 capital plan therefore reflects critical capital expenditure that is required to ensure the effective operational running of the Trust, and is based on a risk prioritisation process using the following themes:

- Ongoing and committed schemes from 2018/19
- Priority Health & Safety schemes
- Essential backlog maintenance
- Essential equipment replacement

The levels of funding provision for each theme takes account of historical spend, but are based on assessed requirements. Health & Safety risks take highest priority, then significant risk of failure, before schemes that support guaranteed savings or additional income. This approach ensures prioritisation of our quality agenda and plan. Existing contractual commitments are also prioritised to ensure delivery of existing contract liabilities.

Table 12 - Capital Plan summary

Application of Funds 2019/20	£000
Expenditure	
Buildings & environment	17,700
Medical Equipment (including MEF)	3,000
IM&T	4,300
Other	0
Donated assets (including imaging equipment)	1,000
Total Expenditure	26,000
Funding	
Depreciation	11,715
Capital Repayments	(2,970)
PDC	1,500
Charitable funding	1,000
Internal cash reserves	0
Finance Leases	(5,856)
Loan requirement	20,611
Total Funding	26,000

6. Digital plan

Led by our Chief Executive and our highly experienced Executive Chief Digital Information Officer, we have committed to creating a culture that embraces digital technology. The strategy that will span 2019-24 is a bold and dynamic statement of our ambition to deliver digitally-enabled best care for everyone. To support the delivery of our strategy we intend to apply for *Global Digital Exemplar* (GDE)[12] fast follower status during 2019/20. This will seek endorsement by NHS Digital of our roadmap to high digital maturity. The improvement in digital maturity over the next year will be delivered through the priorities within the digital strategy described below and in Appendix 7.

Digital Landscape

We are moving at pace to be a Trust where the environment is able to deliver and provide digital means of working. This includes having the infrastructure and hardware necessary to provide digital solutions, and having readily available skilled staff to support and deliver digital solutions that improve patient care. Some of the key improvements planned for 2019/20 (subject to funding) are: upgrade of our Wi-Fi, replacement of Fax machines, implementation of video-conferencing, and upgrading some of our core clinical information systems

Following the implementation of our Patient Administration System (PAS) *TrakCare* in 2016, we returned to reporting our RTT position in March 2019, and we will continue to improve and optimise *TrakCare* through 2019/20. The next - and most exciting - stage of our digital development is the implementation of an Electronic Patient Record (EPR) system that will allow clinicians to view patient information, capture clinical documentation, prescribe medicines and be supported in their decision making. In addition to day-to-day patient care, an EPR enables us to securely share information with appropriate colleagues involved in a patient's care, for example our ICS partners. An EPR will enable and enhance the benefits of transformation projects and new models of care such as the delivery of *Centres of Excellence* and Urgent Treatment Centres.

Intelligent Information

We aim to provide an insight-driven culture which embeds analysis, data and intelligence to improve decision making, outcomes and quality improvement. This includes a major overhaul of the way our data is managed through a single data warehouse, ensuring we report consistently and proactively as needed by operational teams and external stakeholders. There is a significant amount of work planned for 2019/20 that will enable this including both hardware and software upgrades and replacements, and a redesign of our underlying data structure.

Skilled, Confident & Competent Workforce

We are committed to developing staff digital literacy skills to ensure digital confidence and competence in using the technology tools. From emails to accessing electronic pay slips to using a clinical system, digital ways of working will continue to develop across all departments and become integral over the next five years. This will involve collaborative working between our digital specialists, HR team and line managers, to ensure that digital literacy is assessed and reviewed as needed within colleagues' personal development conversations, to identify staff that require support and those that may be gifted and talented in the digital arena.

To help make this happen, and to tackle some of the recruitment challenges faced in the digital field, we are running and in-house development programme within our Business Intelligence service, utilising the ICS skill base to provide local training an effort to both 'grow our own' experts and provide staff with development opportunities that aid retention.

[12] https://www.england.nhs.uk/digitaltechnology/connecteddigitalsystems/exemplars/

7. The *One Gloucestershire* Integrated Care System (ICS)

Or ICS is building on strong and positive partnerships to ensure that we make the best use of local resources with and for the benefit of our population. 2018/19 was the first year of all organisations working more closely together as a shadow ICS and we have made good progress on the journey towards a full ICS as laid out in our system operational plan. During 2019/20 we will consolidate our ICS ensuring that our partnership results in us going further and faster with integrating care.

The ICS vision is *"to improve health and wellbeing, we believe that by all working better together, in a more joined up way, and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to local people"*. The ICS's four priority transformational programmes and four enabling programmes (Appendix 8) remain our focus and we believe they will set a good foundation for our delivery against the first five years of the NHS Long-Term Plan. The Gloucestershire Strategic Forum has reviewed ICS priorities for 2019/20, and emphasised:

- **Improving mental health:** including improving dementia care and a renewed focus on mental health and wellbeing, and support for regular users of health and care services.
- **Urgent & Emergency Care:** the One Place programme remains central to delivering our new model of care within Gloucestershire
- **Focus on proactive care in partnership with local communities:** including building capacity in primary, community and VCSE care, reducing demand for acute services and improving end of life care
- **Improve population health:** rapid delivery of place-based integrated working through Integrated Locality Partnerships and a focus on wellbeing, prevention and self-care. Increasingly we will influence the wider determinants of health including loneliness and isolation whilst also improving or use and application of population health management.
- Focus on **enabling conditions** including: a culture that fosters engagement and co-creation; existing enabling programmes of workforce, estates and digital; maturing the system approach to allocation of resources to ensure investments are used to create greatest improvement; effective governance that facilitates shared decision making

All partner organisations are essential to delivering these priorities; we are governed through distributed leadership so that all partners are represented across the scope of the system, including within programme leadership and senior responsible owner roles. Gloucestershire Hospitals is Senior Responsible Owner for the Clinical Programme Approach, and provides programme leadership for the Centres of Excellence.

Critical milestones

Our system operational plan gives full details on the governance structure and priorities at programme level. The most critical milestones for 2019/20 are detailed below.

Clinical Programme Approach: the clinical programmes have expanded to encompass 13 pathways and the transformation approach is being to bear fruit within the system. Some of the top level milestones in 2019/20 will be.

- **Pathway integration** across a number of pathways including musculoskeletal, diabetes and respiratory - implementation throughout 2019/20
- **Peri-natal mental health** services will continue to develop, including the introduction of a new specialist mental health team and expansion of the community support offer.
- **Children's and Young People Mental Health Trailblazer** - four Mental Health Support Teams (MHSTs) to develop models of early intervention on mild to moderate mental health

issues; beginning May 2019 and will be fully embedded from November 2019. We have been selected to trial a four-week waiting time for referral to treatment for specialist children and young people's mental health services by Spring 2020.

- Increased focus on cross-cutting requirements of vulnerable groups, **including Learning Disabilities**, and how we increase support in these areas, the scoping of this work will take place in Quarter 1 of 2019/20.

Reducing Unwarranted Clinical Variation: whilst continuing to deliver on our successful medicines optimisation work the progress around diagnostic and outpatient optimisation will be accelerated supported by improved benchmarking and analytics.

Urgent & Emergency Care: The One Place and Centres of Excellence Programmes are working on our central priority of increasing out of hospital and same day emergency care. They will also ensuring our system can be organised to deliver better health outcomes and more efficient care pathways for our population, through a fully integrated urgent care system and the delivery of 'centres of excellence' for elective care. It is anticipated that

- Public engagement will take place between now and Summer 2019
- A citizen's jury approach will be used to facilitate the decision making process
- Public consultation anticipated in Autumn 2019 moving towards implementation in 2020/21.
- Continuing focus on delivery of Clinical Assessment Services and Urgent Treatment Centre test and learn sites for impact as early as possible and for winter 2019/20.
- Risk stratification and support of regular users of services will begin to deliver with a pilot in two localities in the first six months of the year followed by evaluation and potential roll-out.

Place based primary care & community partnerships: our system has 100% coverage of primary care networks. This year we will build on this to ensure that the Integrated Locality Partnership (ILP) model is in place for our whole population by summer 2019. Place based prioritisation supported by population health analytics will be a priority for the end of 2019/20. The ILPs will be supported by specialists in managing complex frail patients, and those with complex long term conditions creating a "channel shift" from hospital based to community based care. The merger of two of the main community-based partners, Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust in autumn 2019 is a critical milestone for our system as we more closely align our objectives particularly around our integrated locality teams.

Enablers: good progress is being made by these programmes and they will have increased priority in 2019/20. Our digital programme went live with the joint care record in 2018/19 and this will be further expanded during 2019/20 with primary care and acute trust information becoming available. Our first full population health management cycle will be complete by April 2019 and embedding this further into our business as usual will take place through the year to maximise opportunities for prevention, supported self-management and enhanced community activation.

Efficiency: Overall the ICS transformation schemes are aimed at ensuring sustainability for our system with an emphasis on sustainable, high quality models of care and shifting care out of hospitals wherever possible. We are committed to an open book approach to financial and activity planning and have moved to a model of full involvement from all partners in prioritising investments and agreeing areas of efficiency. As we move our partnership forwards we will increase the responsibility on the system to deliver against the first year of our 5 year plan towards achieving the NHS Long-Term plan. Gloucestershire Hospitals NHS Foundation Trust is committed to fully contributing to further development and delivery of system-wide transformational programmes to ensure that we can deliver on our commitments to our population and contribute towards improving health and well-being across our county.

8. Membership and Elections

8.1. Membership

At the end of 2017/18 the Trust's public membership stood at 10,928, a slight increase from 2016-17. Our current strategy focuses on meaningful engagement with existing members as a priority over recruitment of new members. Members have had the opportunity to:

- Review patient information through the regular patient experience report shared with the Council of Governors
- Deliver patient stories to Board
- Attend three seminars
- Become more involved in staff training
- Become patient advisors on Research and Development become a Governor including attending a Prospective Governor evening
- Attend the Annual Members Meeting
- Become Patient Assessors for Patient Led Assessments of the Care Environment (PLACE)
- Continue to be involved in the Leading Together project
- Participate in a survey on NHS funded patient transport
- Workshops and training provided by the National Institute for Health Research

Our **Membership Strategy** was developed and agreed by the Council of Governors in June 2017, with Governors retaining ownership of the strategy. Objectives for 2017-2020 are:

To build and maintain membership numbers	To effectively engage and communicate with members
➢ Maintain an accurate membership database ➢ Successfully recruit and retain membership numbers, including planned targeted membership drives. ➢ Take steps to ensure that our membership is representative of the diversity of the population that we serve. ➢ Establish a connection and a relationship between the Trust and the membership by communicating our strategic objectives clearly. ➢ Develop and support potential Governors.	➢ Promote the work of the Trust and the Governors. ➢ Identify opportunities for two-way communication between members and Governors, ensuring the views of members are heard, understood and acted upon. ➢ Ensure that a wide range of communication media and methods are explored to aid effectiveness ➢ Offer *gold*, *silver* or *bronze* membership so that members can choose how much they wish to be involved.

8.2. Elections

Elections were held in 2018 to fill vacancies in six of the seven public constituencies where the Governors' terms of office came to an end. Five of those Governors were eligible for re-election; two stood and were duly elected. There were elections in four staff constituencies with five vacancies to fill. Two were eligible for re-election and one was duly elected. A new Governor was appointed by Gloucestershire County Council. For the 2017-18 elections an open evening was held for potential Governors to provide an opportunity to hear about the work of the Trust, the role of Governors and to meet existing Governors and Board members in an informal setting. This event was well attended and lead to an increase in the total number of Governors seeking election. There are no planned elections during 2018-19

New Governors are encouraged to attend various inductions, and are offered two half-day Development Sessions per year to provide training on specific topics, such as the statutory role of holding Non-Executive Directors to account for the performance of the Board.

Appendices

Appendix 1 – 2019-24 Strategic Objectives

To be added prior to final submission

Appendix 2 – Operational Trajectories

Diagnostic test waiting times trajectory

Item	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. waiting >6 weeks	8,698	8,457	8,321	8,001	7,280	7,318	7,970	8,323	7,599	7,997	7,997	7,997
Total no. waiting	8,785	8,542	8,405	8,081	7,353	7,391	8,050	8,407	7,675	8,077	8,077	8,077
%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%

Cancer Waiting Times (2 Week Wait):

Item	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. seen <2 weeks	1,933	2,224	2,083	2,049	1,944	1,985	2,057	2,097	1,908	2,031	2,031	2,031
Total no. seen	2,078	2,391	2,239	2,203	2,090	2,134	2,211	2,254	2,051	2,183	2,183	2,183
%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Cancer Waiting Times (31 Day First Treatment):

Item	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. treated <31 days	347	355	353	359	381	341	365	342	307	350	350	350
Total no. treated	361	369	367	373	396	355	380	356	319	364	364	364
%	96.1%	96.2%	96.2%	96.2%	96.2%	96.1%	96.1%	96.1%	96.2%	96.2%	96.2%	96.2%

Cancer Waiting Times (31 Day Surgery):

Item	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. treated <31 days	63	63	61	55	51	39	63	62	43	55	55	55
Total no. treated	67	66	64	58	54	41	66	65	45	58	58	58
%	94.0%	95.5%	95.3%	94.8%	94.4%	95.1%	95.5%	95.4%	95.6%	94.8%	94.8%	94.8%

Cancer Waiting Times (31 Day Drugs):

Item	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. treated <31 days	101	113	111	89	102	98	97	98	86	99	99	99
Total no. treated	103	115	113	90	104	100	98	100	87	101	101	101
%	98.1%	98.3%	98.2%	98.9%	98.1%	98.0%	99.0%	98.0%	98.9%	98.0%	98.0%	98.0%

Cancer Waiting Times (31 Day Radiotherapy):

Item	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. treated <31 days	75	85	73	83	63	78	77	78	77	77	77	77
Total no. treated	79	90	77	88	67	82	81	82	81	81	81	81
%	94.9%	94.4%	94.8%	94.3%	94.0%	95.1%	95.1%	95.1%	95.1%	95.1%	95.1%	95.1%

Cancer Waiting Times (62 Day GP Referral):

Item	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. treated <62 days	160	172	187	180	187	159	199	170	161	175	175	175
Total no. treated	188	202	219	211	220	186	233	199	189	205	205	205
%	85.1%	85.1%	85.4%	85.3%	85.0%	85.5%	85.4%	85.4%	85.2%	85.4%	85.4%	85.4%

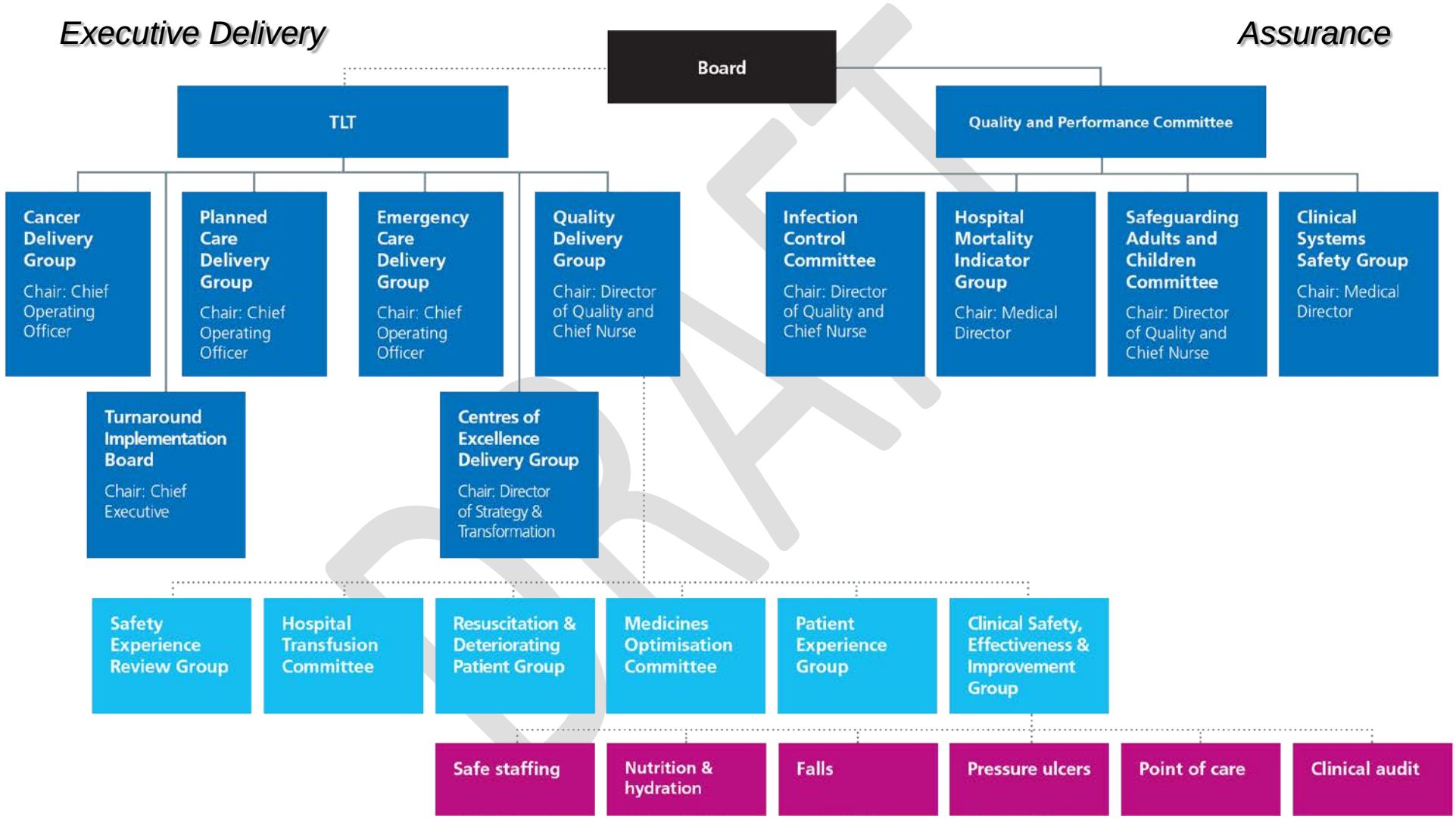
Cancer Waiting Times (62 Day Screening):

Item	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. treated <62 days	28	20	22	20	32	44	32	32	36	29	29	29
Total no. treated	31	22	24	22	35	48	35	35	39	32	32	32
%	90.3%	90.9%	91.7%	90.9%	91.4%	91.7%	91.4%	91.4%	92.3%	90.6%	90.6%	90.6%

Cancer Waiting Times (62 Day Upgrade):

Item	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. treated <62 days	9	8	7	8	4	7	5	9	11	8	8	8
Total no. treated	9	8	7	8	4	7	5	10	12	8	8	8
%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	91.7%	100.0%	100.0%	100.0%

Appendix 3 – Quality Governance Structure



Appendix 4 – Quality Framework Model

What do we need to improve?

GSQIA – Inspiring, coaching, facilitating – Expert capability- Gold

Patient involvement/co-design/shadowing

Improvement Plan – Improvement monitoring

Celebrating, Engaging, Networking

Things we should always monitor

Locally identified measures (SPC/Variation)

National indicators (SPC/Variation)

National Clinical Audit/Surveys data

NCEPOD/NICE Guidance key metrics

Specialty level

What is important for our patients and staff?

Assurance

Proactive

Reactive

Are we safe today?

Real time safety/Quality – Day to day management

Escalation Plans/policy

Staffing –Professional standards-Nursing metrics

Risk assessment

Effective learning

Competent Investigation – Duty of Candour-5Cs-claims/Inquests

Lessons learnt – Error proofing – Human Factors, Effective staff feedback – Patient Feedback

Trend analysis – Local level action -Risk register

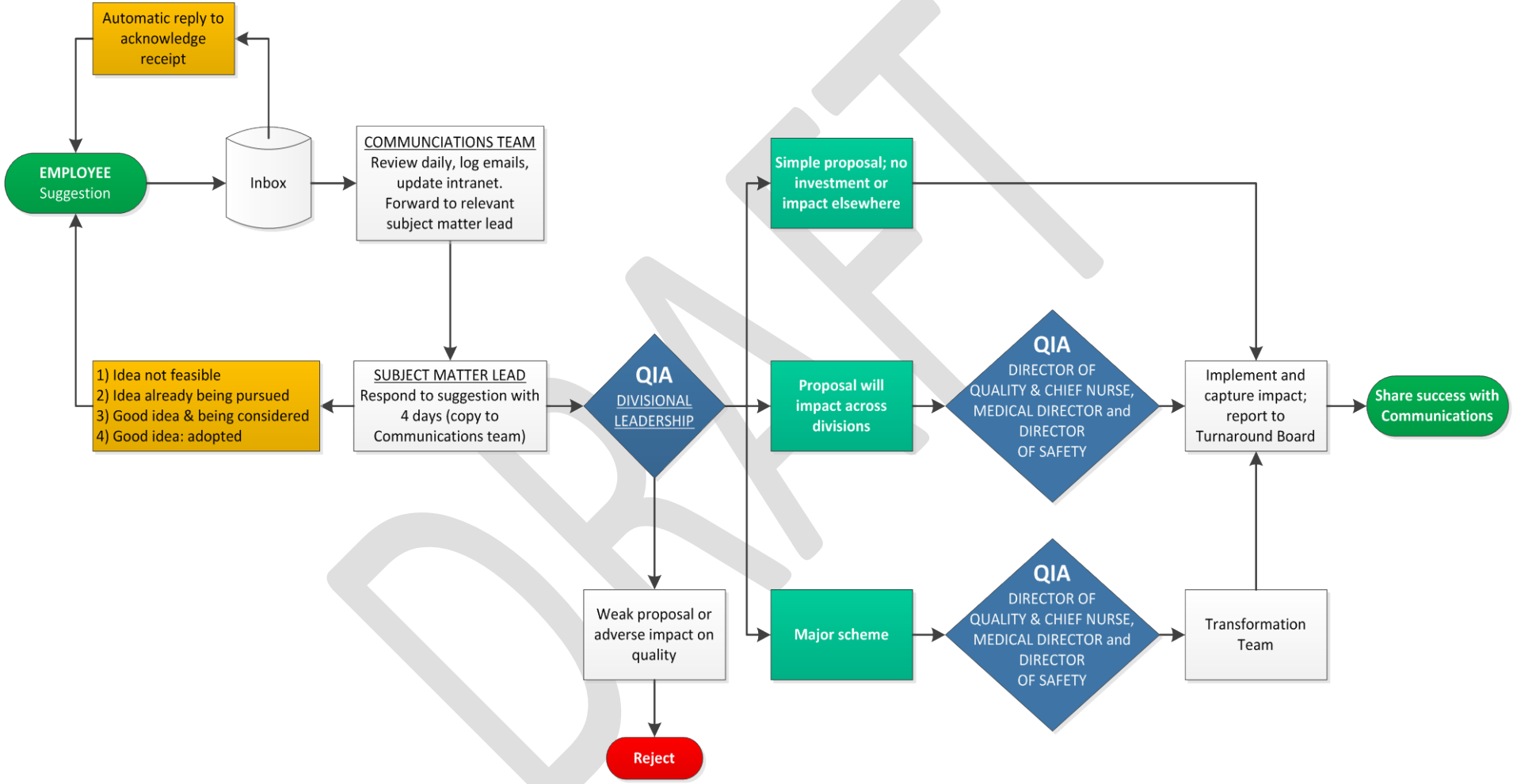
Appendix 5 – 2019/20 Quality Priorities

Priority quality indicator goals 2019/2020	Why we have chosen this indicator
Well Led	
Continuing and the development of quality improvement through the roll out of the new quality framework supported by Gloucestershire Safety and Quality Improvement Academy (GSQIA) and the Quality Team	To further embed our QI approach to enable us to be rated as a good and then outstanding organisation by CQC. CQC were impressed with our overall QI approach.
EXPERIENCE (Enhancing the way staff and patient feedback is used to influence care and service development)	
Bullying and harassment (Freedom to Speak Up)	Staff have recommended this as an area. This is an area that staff have indicated that they would like us to improve and after our consultation for our speaking up strategy and our results of our speaking up survey.
Safe and proactive discharge (Inpatient survey)	Our national inpatient survey indicates this as an area of improvement and our local data supports this.
Cancer patient experience improvement (Cancer Survey)	In order to achieve an Outstanding rating for Cancer Services we want to co-ordinate our improvement work to where it is most needed.
Outpatients experience improvement	Our local data supports that this is an area for improvement.
Improving mental health care for our patients coming to our acute hospital	Our CQC feedback from our most recent inspection advises us that we can make improvements in this area. Our local data and The Long Term Plan supports that this is an area for improvement.
Real Time Surveys	Our staff would like access to more real time patient experience data.
SAFETY	
Enhance our safety culture within the organisation	National driver with the consultation for the national patient safety strategy and also the CQC Never Events report.
Staff experience improvement – Violence and aggression	Our staff tell us that this is an area where they would like to see an improvement.
Improving the learning from our investigation into our serious medication errors	Our local data supports this as an area of focus.
CLINICAL EFFECTIVENESS / RESPONSIVENESS	
Improving our learning into action systems – including learning from national investigation reports as well as learning from our own local investigations (learning from deaths, complaints, Duty of Candour, serious incidents and legal claims).	National driver after Gosport Independent Panel findings. Our staff tells us that this is an area where they would like to see an improvement.

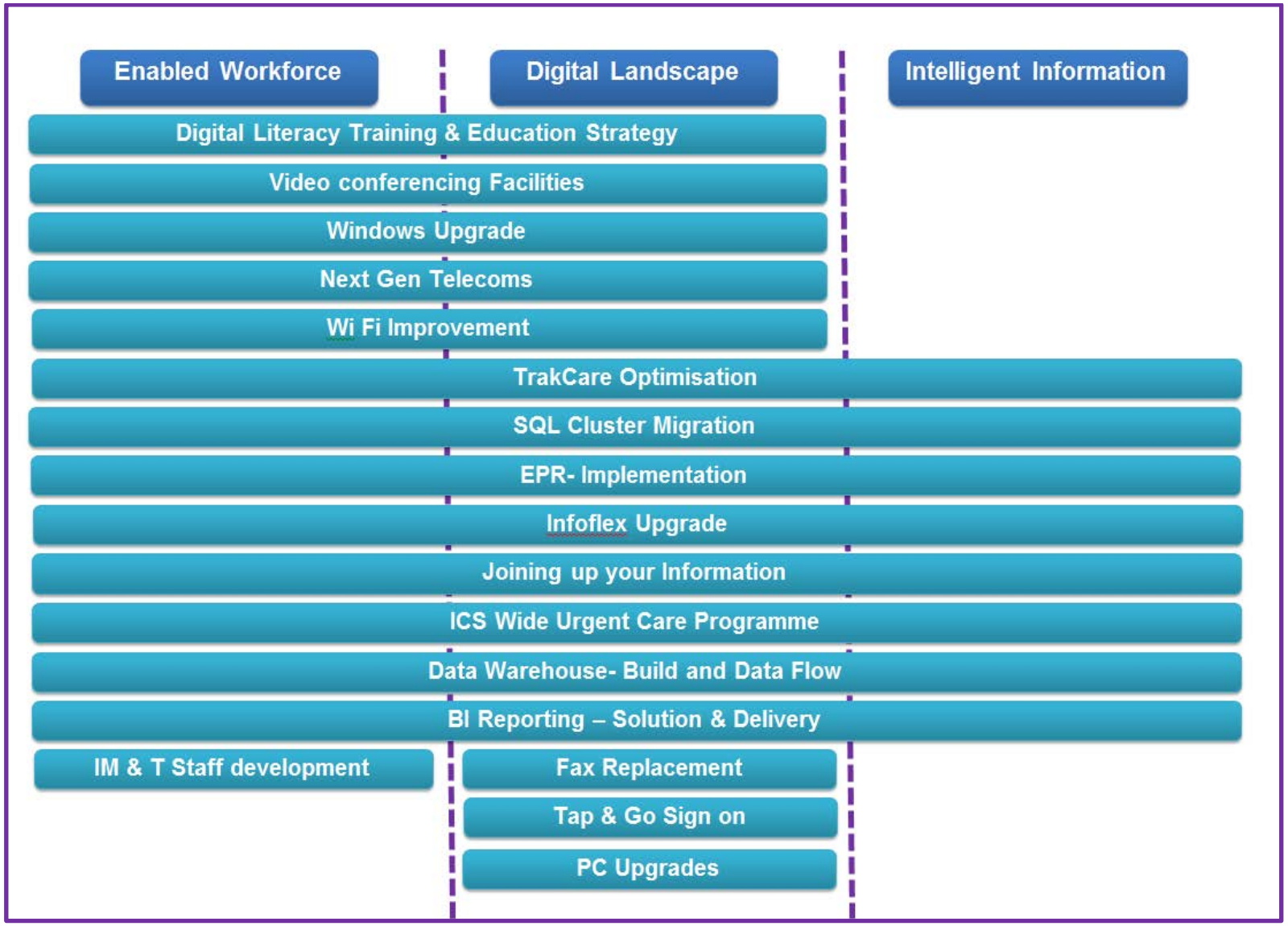
Priority quality indicator goals 2019/2020	Why we have chosen this indicator
CLINICAL EFFECTIVENESS / RESPONSIVENESS	
Preventing patients from deteriorating and delivering time critical care – (to include Stroke care, VTE and sepsis	National drivers – Long Term Plan. Local data supports that we need to fully embed our NEWS2 system and that the recognition, response and that we appropriately respond to our patients.
Improving our care for patients with diabetes	National Driver – Long Term Plan. Our local data supports that this is an area that we should focus on improvements.
Improving our dementia diagnosis and post diagnostic support for our patients and their carers	National drivers – Long Term Plan. Our local data supports that this is an area that we should focus on improvements.
Improve our nursing standards with Model Ward and continuation of Nursing Assessment and Accreditation Scheme (NAAS	Local data supports this as an area for improvement especially with the desire to be rated good and then outstanding by CQC.
Improving our infection prevention and control standards (reducing our Gram-negative blood stream infections by 50% by 2021)	National driver
Rolling out of Getting it Right First Time standards in targeted standards	National driver
Delivering the 10 standards for seven day services (especially 2, 8, 5, 6)	National driver; Board Assurance Framework; this should include the date by which we expect to achieve compliance and how links are being made between seven-day hospital services and improvements to patient flow, length of stay and patient outcomes

Divisional indicators	
Diagnostics and Specialities Division	
Support and maintain our ISO standards	
Medicine	
Emergency readmissions (SHMI)	Local data supports this as an area for improvement
Surgical Division	
Reducing length of stay	National driver
Surgical site infections	Local data supports this as an area for improvement
Women and Children's	
Delivery of Better Births	National Driver
Implementing an ACES based approach in Maternity and Neonates	Local data supports this as an area for development.
Improving the pathway for young people in emotional distress/exhibiting self harming behaviours	National driver and local data supports this as an area for improvement

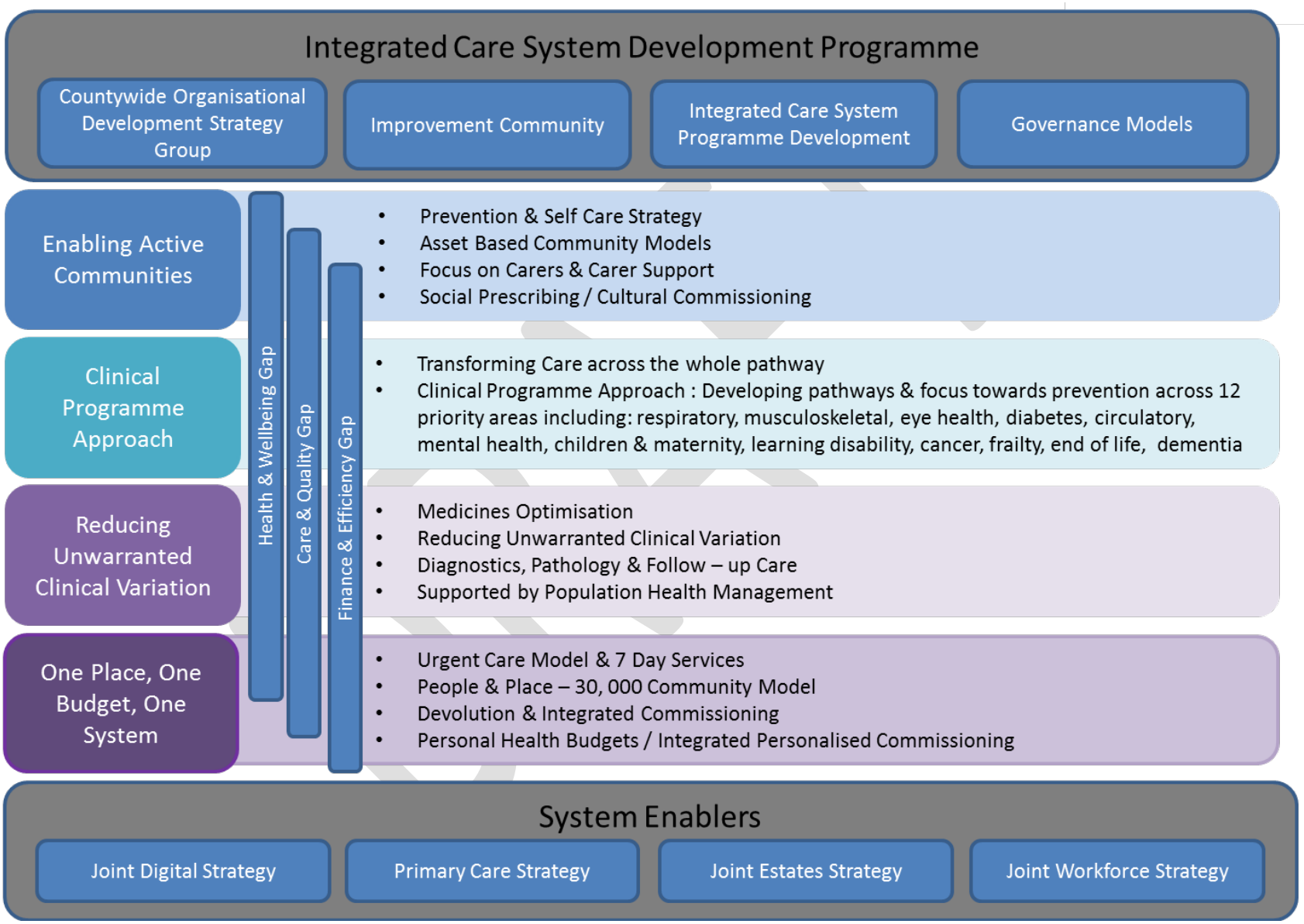
Appendix 6 – Our *Quality Impact Assessment* (QIA) Process



Appendix 7 – Digital Plan summary



Appendix 8 – ICS Overview



ITEM 13

GOVERNOR QUESTIONS

Peter Lachecki
Chair

ITEM 14

STAFF QUESTIONS

Peter Lachecki
Chair

ITEM 15

PUBLIC QUESTIONS

Peter Lachecki
Chair

Gloucestershire Hospitals
NHS Foundation Trust

PROCEDURE FOR PUBLIC QUESTIONS AT BOARD MEETINGS

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

- As a patient or visitor to the hospital by completing a comment card which is available on wards and departments
- By contacting the Patient and Liaison Service (PALS) who offer confidential, impartial help, advice or support to any aspect of a patient's care. The team aim to help resolve issues and concerns speedily by liaising with appropriate staff on your behalf. PALS can be contacted by phone on 0800 019 3282; by text on 07827 281 266; by e-mail 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 second Thursday 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 12:30.

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 Corporate Governance Team 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 Corporate Governance Team, Alexandra House, Cheltenham General Hospital, Sandford Road, Cheltenham, GL53 7AN or by e-mail to ghn-tr.corporategovernance@nhs.net

No more than 3 written questions may be submitted by each questioner.

Gloucestershire Hospitals
NHS Foundation Trust

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 the Corporate Governance Team on 0300 422 2932 or e-mail ghn-tr.corporategovernance@nhs.net

ITEM 16

ANY OTHER BUSINESS

DISCUSSION