AGENDA AND SUPPORTING PAPERS
FOR THE MEETING OF THE
GLOUCESTERSHIRE HOSPITALS
NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
TO BE HELD AT 5.30
IN THE LECTURE HALL,
REDWOOD EDUCATION CENTRE,
GLOUCESTERSHIRE ROYAL HOSPITAL
ON WEDNESDAY 17 APRIL 2019

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Alexandra House, Cheltenham General Hospital, Sandford Road,
Cheltenham, Gloucestershire, GL53 7AN

Dear Colleague 2 April 2019

The next meeting of the Council of Governors of the Gloucestershire Hospitals NHS Foundation Trust will be held on **Wednesday 17 April 2019**, in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital** commencing at 17.30

Yours sincerely

Peter Lachecki
Chair

AGENDA

			Approximate Timing
1.	Apologies		17.30
2.	Declarations of Interest		17.31
3.	Minutes of the meeting held on 19 December 2018 and 20 February 2019	**PAPER**	17.32
4.	Matters Arising	**PAPER**	17.35
	Items for Discussion		
5.	Chair's Update	**PAPER** (Peter Lachecki)	17.40
6.	Report of the Chief Executive	**PAPER** (Sarah Stansfield)	17.45
7.	New Trust Strategy Update	**PAPER** (Simon Lanceley)	18:00
8.	2019/20 Plan	**PAPER** (Simon Lanceley & Sarah Stansfield)	18:15
9.	Non-Executive Director Recruitment - Recent appointment *(to note)* - Further recruitment *(for approval)*	**PAPER** (Lukasz Bohdan)	18:25
10.	Reports from Board Committees		
	<u>People and Organisational Development Committee</u> - March Board Report - Chair's Report from the meeting held on 04 March 2019	**PAPER & PRESENTATION** (Alison Koeltgen & Alison Moon)	18:35
	<u>Audit and Assurance Committee</u> - Chair's Report from the meeting held on 19 March 2019	**PAPER** (Rob Graves)	18:45
	<u>Gloucestershire Managed Services Committee</u> - Chair's Report from the meeting held on 11 March 2019	**PAPER** (Mike Napier)	18:55

Quality and Performance Committee — **PAPER & PRESENTATION** (Steve Hams, Rachel DeCaux & Claire Feehily) — 19:05

- April Board Report
- Chair's Report from the meeting held on 27 March 2019

Finance Committee — **PAPER & PRESENTATION** (Sarah Stansfield & Keith Norton) — 19:15

- April Board Report
- Chair's Report from the meeting held on 28 March 2019

Items for Information — 19:25

11. Governors' Log — **PAPER** (Lukasz Bohdan)

12. Any Other Business

Close 19:30

Date of the next meeting

The next meeting of the Council of Governors will be held on **Wednesday 19 June 2019** in the Lecture Hall, Redwood Education Centre, Gloucester Royal Hospital commencing at 17.30

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."

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD IN THE LECTURE HALL, REDWOOD EDUCATION CENTRE, GLOUCESTERSHIRE ROYAL HOSPITAL ON WEDNESDAY 19 DECEMBER 2018 AT 17:30

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	Sandra Attwood	SA	Staff, Nursing and Midwifery
Governors	Liz Berragan	LBe	Public, Gloucester
	Geoff Cave	GCa	Public, Tewkesbury
	Graham Coughlin	GCo	Public, Gloucester
	Anne Davies	AD	Public, Cotswold
	Pat Eagle	PE	Public, Stroud
	Charlotte Glasspool	CG	Staff, Allied Health Professionals
	Andrew Gravells	AG	Stakeholder Appointed, County Council
	Colin Greaves	CG	Stakeholder Appointed, Clinical Commissioning Group
	Marguerite Harris	MHa	Public, Out of County
	Jenny Hincks	JH	Public, Cotswold
	Nigel Johnson	NJo	Staff, Other and Non-Clinical
	Alison Jones	AJ	Public, Forest of Dean
	Ann Lewis	AL	Public, Tewkesbury
	Tom Llewellyn	TL	Staff, Medical and Dental
	Jeremy Marchant	JeM	Public, Stroud
	Jacky Martel	JaM	Stakeholder Appointed, Carers Gloucestershire
	Sarah Mather	SM	Staff, Nursing and Midwifery
	Maggie Powell	MP	Stakeholder Appointed, Healthwatch
	Alan Thomas	AT	Public, Cheltenham (Lead Governor)
	Valerie Wood	VW	Public, Forest of Dean
IN ATTENDANCE			
Directors	Peter Lachecki	PL	Chair
	Deborah Lee	DL	Chief Executive
	Claire Feehily	CF	Non-Executive Director
	Rob Graves	RG	Non-Executive Director
	Keith Norton	KN	Non-Executive Director
	Alison Moon	AM	Non-Executive Director
	Lukasz Bohdan	LB	Director of Corporate Governance
	Sean Elyan	SE	Medical Director
	Steve Hams	SH	Director of Quality and Chief Nurse
	Natashia Judge	NJ	Corporate Governance Manager
	Felicity Taylor-Drewe	FTD	Director of Planned Care *(for item 115/18 only)*
	Emma Wood	EW	Deputy Chief Executive and Director of People and Organisational Development
APOLOGIES	Tim Callaghan	TC	Public, Cheltenham
	Mike Napier	MN	Non-Executive Director

PRESS/PUBLIC None

109/18 DECLARATIONS OF INTEREST **ACTION**

CF, RG, KN and AM declared an interest in the Non-Executive Director (NED) Expenses Policy item given that they are NEDs. PL also declared an interest as Trust Chair.

110/18 MINUTES OF THE MEETING HELD ON 17 DECEMBER 2018

RESOLVED: That minutes of the meeting held on 17 December be agreed as an accurate record subject to a minor amendment, i.e. on page 4 Valerie Wood would be changed to Alison Jones.

111/18 MATTERS ARISING

All matters arising were noted to be completed except for:

OCTOBER 2018 092/18 REPORT OF THE CHIEF EXECUTIVE - NEW GUIDANCE AROUND CHANGES TO FUNDING AND TARIFF
Further information and the impact of this will be relayed at the next Council meeting.
Ongoing: The work remains ongoing and further national guidance is awaited and expected in the new year. An update will provided as part of the 2019/20 Operational Plan.

This was noted to have a future target date of February 2019.

MP requested that the report/ suggested format for governors' walkabouts be re-circulated to governors. **NJ**

112/18 CHAIR'S UPDATE

PL presented the paper detailing his activities since the last Council of Governors meeting in October. He highlighted that he had had his appraisal on 15 October 2018 and feedback from this would return to the next Council meeting. **NJ** (for work plan)

113/18 REPORT OF THE CHIEF EXECUTIVE

DL presented her report and in addition briefed the Council on a recent incident highlighted by the media regarding a patient who fell from their wheelchair. Investigations were noted to be at a preliminary stage.

In response:

- JeM acknowledged a comment made by DL regarding the Trust's equipment being maintained by European suppliers. DL said that the Trust did have some diagnostic equipment with maintenance contracts with European suppliers but no material risks resulting from Brexit had been identified.
- NJo queried whether Brexit and exchange rates posed a risk to the Trust. DL answered that the Trust had not assessed any significant risks in this respect but appreciated there was a theoretical risk.
- AT asked about the Integrated Care System (ICS) meeting which received a presentation on best practice in relation to public engagement and consultation delivered by the Consultation Institute. DL said that key messages included beginning the process as early as possible, conducting a risk assessment, separating engagement and consultation and recognising the value of inviting open views and dialogue. PL added the importance of correct language and being proactive with interest groups. AT acknowledged the importance of early consultation and wondered how this would sit alongside the tight timescales. DL answered that the Trust would follow the timeline shared with governors mapped out by the Director of Strategy and Transformation.

- TL asked if the winter plan was performing as well as expected and reflected on the importance of contingencies. DL said that when the system was under pressure it often felt they had not gone far enough. However, the plan was fit for purpose and both the internal and external assurance found it to be robust. TL reflected on performance and questioned what would be considered a success. SH felt it was important to acknowledge the backdrop of increasing demand and that while there were periods of surge, how quickly the organisation recovered from these was a test of the plan's resilience. He said that performance was better than the previous year, and that the Trust planned to improve performance further next year. DL added that the Trust was in the top quartile for performance across England.
- AG asked if an influx of novovirus and flu cases would deteriorate performance. DL said that the current pattern of influenza did not suggest the country was heading for a pandemic however if there was a substantive outbreak of either, inevitably the Trust would reduce elective activity. AG queried how serious corridor waits were. DL answered that while suboptimal and not what the Trust aspired to, patient safety was not compromised. AJ concurred.

114/18 GASTROINTESTINAL AND COLORECTAL SURGERY

DL presented a report received by the county's Health and Care Overview Scrutiny Committee (HCOSC) on a pilot for reconfiguration in General Surgery. This was supported by a letter signed by 57 consultants.. The plan was noted to have 100% support from the consultant group within the two services regarding the centralisation of emergency care but there was contention from a small proportion regarding elective care. The proposals acknowledged this was an interim situation until both sites were reconfigured. DL said that the Trust would be proceeding with the pilot as it would support better care for patients.

AL expressed concern regarding what would happen should an emergency situation arise at CGH and suggested the Trust have staff available to address this to avoid patient travel to GRH. DL explained the Trust's surgical take and noted that at present when an opinion was needed and the surgeon was in theatre a prompt advice was not available. The proposed plan would mean that there will always be a senior decision maker available for advice, outside of theatre, and while there may be occasions that patients need to be transferred to GRH, this was the case now in certain situations. AL queried the length of the pilot and who would monitor this. DL said that the proposal was that this would begin in September 2019. NJ would circulate the HCOSC presentation. **NJ**

AT noted that HCOSC had been invited to set out any concerns in writing and asked if this had been received. DL answered that it had not, but a deadline had now been set for this.

115/18 REPORTS FROM BOARD COMMITTEES

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

- **NOVEMBER BOARD REPORT**
- **CHAIR'S REPORT FROM 11 OCTOBER 2018**
- **CHAIR'S REPORT FROM THE JOINT QUALITY AND PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE HELD ON 25 OCTOBER 2018**

EW presented the November Board report to the Council and provided a contemporary update on turnover, sickness, appraisal compliance and mandatory training.

AM reported the key messages from the October's People and Organisational Development Chair's report and the joint Quality and People and Organisation Development Chair's report.

In response;:

- AL noted that recruitment was an issue with significant vacancies in certain areas and she asked where the major issues were. EW answered that some areas/roles were difficult to recruit to, e.g. radiologists; this was a national issue. EW explained that since July there had been an increase in recruitment numbers, moving from 50 a month to 200. A number of working groups also investigate recruitment and retention. AM reinforced the importance on retention of staff and analysis of exit interviews.
- AG asked if governors could receive a summary on vacancies which remain unfulfilled after 3 months to gain a picture of where acute issues were. EW said that she would not recommend a time period of 3 months but would include areas which remain unfulfilled after 6 months. **EW**
- AT referred to the Friends and Family questions in annex 3 and asked if the Trust was concerned regarding the number of staff that would not recommend the Trust as somewhere to work. EW cautioned that the questions were added into the FTSU survey which only had 200 responses, and therefore it was important to consider carefully. DL felt this was at odds with the narrative across the organisation and highlighted that the staff survey results were imminent and would provide greater insight.

[SA and AG left the meeting. FTD jointed the meeting]

AUDIT AND ASSURANCE COMMITTEE

- **CHAIR'S REPORT 18 SEPTEMBER 2018**

RG reported the key messages from September's Audit and assurance Chair's report. No questions were raised in response.

GLOUCESTERSHIRE MANAGED SERVICES COMMITTEE

- **CHAIR'S REPORT FROM 10 SEPTEMBER 2018**
- **CHAIR'S REPORT FROM 9 OCTOBER 2018**

RG reported the key messages from September and October's Gloucestershire Managed Services (GMS) Chairs reports.

In response::

- AL asked if GMS had taken over the Central Sterile Services Department (CSSD) and whether this was now all based at GRH. DL answered that GMS covered the CSSD; the service was located on both sites. AL asked if this was working well. DL responded that an improvement plan was in place and that while the service wasn't without issues, it had generally improved. SH concurred and added that CSSD was reviewed by the Trust Decontamination Committee which reported to the Infection Control Committee, and subsequently to the Quality and Performance Committee. He described a recent Quality Summit focused in this area.
- NJo noted mention of service reconfiguration within one of the GMS Managing Director's reports. He asked if this related to Trust service reconfiguration or GMS. RG answered that this related to GMS who were reviewing aspects of their internal organisation and management structure.

- GCo asked about the recent pipe failure and whether this was due to a design fault. RG answered that this was due to poor workmanship at the time of installation.

QUALITY AND PERFORMANCE COMMITTEE

- **NOVEMBER BOARD REPORT**
- **CHAIR'S REPORT FROM 27 SEPTEMBER 2018**
- **CHAIR'S REPORT FROM 25 OCTOBER 2018**
- **PATIENT EXPERIENCE REPORT**

SH and FTD presented the November Board report to the Council and provided a contemporary update. SH added that the Trust had had no cases of Clostridium Difficile cases over the last month..

CF reported the key messages from the September and October Quality and Performance Chair's reports. She thanked the Executive Team for their high quality reporting throughout the year and thanked the governor observers for their questions.

SH presented the quarterly patient experience report, noting that this had been previously circulated to governors.

In response:

- JaM asked about performance within head and neck. FTD explained that the Trust had established that it was unacceptable for patients to wait over 7 days and therefore 80% of patients were now booked within this time frame. This is to compensate for restrictions around diagnostic capacity.
- CG said that one area had failed the Nursing Assessment and Accreditation System (NAAS) inspection twice and queried whether this was in hand. SH described the oversight and process which would now take place, and the performance appraisal process which would ensue after three breaches. He stressed that while supportive, the process focused on accountability and the standards that patients deserve.
- CG asked what qualified as half a breach. FTD explained that this was where a patient was allocated to the Trust but referred by another provide, who were jointly responsible.
- NJo queried if there would be further investment in Urology to address the performance issues. FTD explained that a business case was underway to invest in clinical colleagues to support diagnostic capacity, outpatients and elective care. She added that additional histopathology sessions had also been funded.

FINANCE COMMITTEE

- **NOVEMBER BOARD REPORT**
- **CHAIR'S REPORT FROM 26 SEPTEMBER 2018**
- **CHAIR'S REPORT FROM 31 OCTOBER 2018**

DL presented the November Board report to the Council and provided a contemporary updated highlighting the Trust's finances as at the end of month of month 8.

KN reported the key messages from the September and October Finance and Digital Chair's reports.

AT thanked DL and the Trust for their openness and transparency regarding the Trust's current forecast and associated concerns.

CG reflected that he had previously raised a concern regarding the pay award for GMS staff and felt the situation was disappointing. DL concurred, and shared that the Trust would have been eligible for funding had the Interserve staff not transfer to GMS.

[SH left the meeting]

116/18 THE ROLE OF THE FINANCE AND DIGITAL COMMITTEE

KN gave a presentation explaining the role of the Trust's Finance and Digital Committee. This covered the following points:

- His background and experience.
- The constitution of the Committee and main areas of oversight.
- Wider finance and digital governance.
- The membership of the Committee.
- Key areas of focus for 2018/19

AL asked how TrakCare had impacted the organisation digitally. KN answered that while TrakCare had proven a significant challenge, all organisations had projects which experienced challenges and felt it was important to recognise the impact and learn what should be done in future.

[SE left the meeting]

117/18 NON-EXECUTIVE DIRECTOR RECRUITMENT

LB presented a paper updating the Council on the Non-Executive Director (NED) recruitment process. He presented the Governance and Nominations Committee's Associate Non-Executive Director appointment recommendation.

AT praised the recruitment process and reflected that in future it would be ideal to get more governors involved.

RESOLVED: That the Council of Governors:

- Make the appointment of Mr Bilal Lala as Associate Non-Executive Director, as per the terms set out in the paper.
- Note progress to date and note that further interviews for NED and Associate NED roles will continue in early 2019.

118/18 NON-EXECUTIVE DIRECTORS EXPENSES POLICY

[CF, AM, RG and KN left the meeting for this agenda item and AT took over as Chair of the meeting]

LB presented the NED Expenses Policy to the Council for approval.

AT added that the Governance and Nominations Committee had endorsed the policy following robust conversation and acknowledged that this was in line with other organisations. LB noted that the governors expenses policy had been updated; this would be approved by the Trust.

JaM observed the reference to carers' expenses and felt that while sensible for this to apply to governors, it felt unusual for NEDs considering this was a remunerated role. The Council agreed this should be removed.

RESOLVED: That the Council of Governors approve the policy, subject to the removal of the section on carers' expenses.

[CF, AM, RG and KN returned to the meeting and PL resumed as Chair]

119/18 GOVERNORS' LOG

The Chief Executive presented the Governors' Log. In response::

- VW felt that her question regarding crutches and Zimmer frames had not been answered well. She felt greater visibility was needed to encourage recycling. CG said that the Clinical Commissioning Group was also investigating greater visibility around this; he would report back to the next Council meeting. NJ noted that she had shared VW's feedback with the Chief Operating Officer. **CG**
- JaM queried the Trust's approach to work experience within radiography. DL explained that the Trust undertook fairs to recruit individuals; however she explained that issues often arose around work experience as students needed to be 16 to comply with Health and Safety regulations.
- AT highlighted his question regarding the NHS website and guidance on Accident & Emergency services. He expressed his disappointment with the website. DL explained that a national resolution was being investigated but would not be in place until next year.
- AL highlighted her question regarding the use of partner instead of husband. DL stressed the importance of not reacting to one anecdote, and assured that staff were clear on how they should interact with relatives.

120/18 ANY OTHER BUSINESS

LB thanked governors for their hard work throughout the year and involvement in a number of projects from the refresh of the Trust Constitution to member engagement.

121/18 DATE OF NEXT MEETING

The next meeting of the Council of Governors will be held on **Wednesday 20 February 2019** in the **Lecture Hall, Sandford Education Centre, Cheltenham General Hospital** commencing at **17:30**.

122/18 PUBLIC BODIES (ADMISSION TO MEETINGS ACT) 1960

RESOLVED:- That under the provisions of Section 1(2) of the Public Bodes (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 20:00

Chair
20 February 2018

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD IN THE LECTURE HALL, SANDFORD EDUCATION CENTRE, CHELTENHAM GENERAL HOSPITAL ON WEDNESDAY 20 FEBRUARY 2019 AT 17:30

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	Sandra Attwood	SA	Staff, Nursing and Midwifery
Governors	Liz Berragan	LBe	Public, Gloucester
	Tim Callaghan	TC	Public, Cheltenham
	Anne Davies	AD	Public, Cotswold
	Charlotte Glasspool	CGl	Staff, Allied Health Professionals
	Andrew Gravells	AG	Stakeholder Appointed, County Council
	Colin Greaves	CGr	Stakeholder Appointed, Clinical Commissioning Group
	Jenny Hincks	JH	Public, Cotswold
	Nigel Johnson	NJo	Staff, Other and Non-Clinical
	Alison Jones	AJ	Public, Forest of Dean
	Ann Lewis	AL	Public, Tewkesbury
	Tom Llewellyn	TL	Staff, Medical and Dental
	Jeremy Marchant	JeM	Public, Stroud
	Jacky Martel	JaM	Stakeholder Appointed, Carers Gloucestershire
	Sarah Mather	SM	Staff, Nursing and Midwifery
	Maggie Powell	MP	Stakeholder Appointed, Healthwatch
	Alan Thomas	AT	Public, Cheltenham (Lead Governor)
	Valerie Wood	VW	Public, Forest of Dean
IN ATTENDANCE	Peter Lachecki	PL	Chair
Directors	Emma Wood	EW	Deputy Chief Executive and Director of People and Organisational Development
	Suzie Cro	SC	Deputy Director of Quality
	Dan Corfield	DC	Head of Business Development and Planning
	Sean Elyan	SE	Medical Director
	Claire Feehily	CF	Non-Executive Director
	Natashia Judge	NJ	Corporate Governance Manager
	Simon Lanceley	SL	Director of Strategy and Transformation
	Mike Napier	MN	Non-Executive Director
	Keith Norton	KN	Non-Executive Director
APOLOGIES	Deborah Lee	DL	Chief Executive
	Geoff Cave	GCa	Public, Tewkesbury
	Graham Coughlin	GCo	Public, Gloucester
	Pat Eagle	PE	Public, Stroud
	Rob Graves	RG	Non-Executive Director
	Marguerite Harris	MHa	Public, Out of County
	Alison Moon	AM	Non-Executive Director
	Lukasz Bohdan	AM	Director of Corporate Governance
PRESS/PUBLIC	None		

130/19 DECLARATIONS OF INTEREST **ACTION**

There were none.

131/19 QUALITY ACCOUNT AND GOVERNORS' INDICATOR

SC gave a presentation explaining the Trust's Quality Account and the governor's indicator, highlighting that NHS Improvement (NHSI) had strongly recommended that governors choose the Summary Hospital-level Mortality

Indicator (SHMI). SE explained SHMI, describing how this was recorded and how the Trust performed against that measure.

In response:

- CGr said that SHMI had been reviewed by the CCG over the years noting there had been some data issues. CGr further described the SHMI as a 'blunt tool'. SE acknowledged this, noting there had been some concern regarding the data feed. SE explained the national context for this, noting the improvement work undertaken. SE also highlighted that SHMI data was not current, and reflected the performance from 6-9 months before.
- CF noted a point made by SE that SHMI could be helpful in reviewing quality of patient discharge within the Trust. She asked what the best indicator was for assessing quality of discharge. SE said that he felt the Trust could improve its quality of discharge and that there were a number of indicators that could be reviewed at part of this, highlighting in particular the number of delayed transfers or care and the number of medically stable for discharge patients.
- PL stressed that the governor indicator should serve as an audited assurance tool as opposed to a mechanism for reviewing the performance of the Trust. AT concurred, adding that in the past auditors had always come back with issues related to timeliness and reliability of the indicator chosen. AT's concern was around next steps following the auditors' findings. AT encouraged governors to be conscious of this when making their decision.
- AT asked whether SE had confidence in SHMI data or whether he would anticipate auditors to unveil issues. SE responded that data was deposited nationally and this was analysed externally, therefore the Trust had no control or contribution. He suspected that auditors would find the Trust fulfilled all the relevant criteria.
- AL said that she was interested in discharge and accuracy of data around readmissions. SE explained that in 2013 recording of readmissions was suspended as nationally a definition for what constituted an emergency readmission could not be agreed.
- TL raised concerns that choosing SHMI could result in the conclusion that the Trust was good at recording a less than helpful indicator and felt it was important to consider how the governor indicator could improve patient care.
- AG asked whether SHMI was benchmarked and asked how the Trust performed against others. SE responded that the Trust benchmarked within the expected range, but posed that this could be because one or more components were not being recorded correctly.
- AT felt it was unusual that NHSI had strongly recommended governors choose a specific indicator, as opposed to addressing this separately.
- AG felt it may be sensible to choose one of the indicators within the Quality and Performance Report, which had consistently been rated red.

[The Council paused discussion on this item and agreed to continue with the agenda.
The Council re-opened the public meeting after the closed session and resumed discussion]

- The Council discussed indicators chosen in the previous years, including delayed transfers of care, inpatient falls per 1000 bed days and dementia and discussed the limitations of choosing these indicators again.
- SS and SC suggested the Council consider the Clostridium Difficile indicator (C.Diff) and whether this reporting was reliable considering the recent marked improvement in performance. The Council agreed. The Deputy Director of Quality would progress. **SC/SH**

132/19 FORECAST OUTTURN

SS gave a presentation on the Trust's current forecast position, the reasons behind the movement of the forecast outturn and the actions being taken in response. She explained that this had been previously reviewed at Finance and Digital Committee and the public Trust Board.

In response:

- AT thanked SS for explaining the forecast in a meeting held in public and acknowledged that there would be disappointment amongst the public. SS said that she hoped the Council was assured that the Trust understood the reasons for the deterioration and that some of these were outside of the Trusts control, and could be evidenced via the risks reported to the Board throughout the year. AT also assured the Council that significant reviews and challenge had been undertaken within Finance and Digital Committee.
- CF praised the simplification of such a complicated topic and asked that SS explain the concerns around cash. SS explained how a deficit needed to be funded, creating a cash pressure, and how the Trust had access to ongoing working capital distress borrowing. Different terms were noted to have been agreed with suppliers to avoid the need for supplier cash management.
- AG asked what the cost of borrowing was and SS answered that the amount borrowed accrued interest at 3.5% and that over the last 2 to 3 years distress borrowing stood at around £100m. AG asked how the deficit would be reduced over the next year. In response SS explained the control total offered by NHSI and the supporting £20m non-recurrent funding. Further detail would be provided to the next Council of Governors. AG felt the deficit was disappointing and PL acknowledged that while it was, the Trust's delivery of the Cost Improvement Programmes was commendable and above the national average, with the Trust's progress regularly acknowledged. **SS**

[JM joined the meeting]

133/19 NON-EXECUTIVE DIRECTOR/ ASSOCIATE NON-EXECUTIVE DIRECTOR RECRUITMENT

PL presented the paper to update the Council on the recruitment of non-executive directors (NEDs) and associate non-executive directors (Associate NEDs) and to present the Governance and Nominations Committee's recommendation for the Associate NED role.

AT emphasised his support of the appointment, noting that this was discussed at the Council's pre-meeting, and that the Council acknowledged the value the individual would bring to the Trust.

RESOLVED: That the Council of Governors:

- Make the appointment of Dr Marie-Annick Gournet as Associate Non-Executive Director, as per the terms set out in Appendix 1.
- Note progress to date and note that further interviews/recruitment for NED roles will continue.

134/19 CQC ANNOUNCEMENT

SE gave a presentation on the Trust's inspection rating following the recent Care Quality Commission (CQC) inspection . SE explained the overall Trust rating of 'Good' as well as the breakdown by domains, services and sites. The areas for improvement and 10 "Must Do" actions were also explained.

AL asked about the CQC's 'Responsive' domain and why the Trust was rated 'Requires Improvement' in this area. SE explained that this related to patient waiting times across the Trust.

AT congratulated the Trust on the achievement and felt this was testament to the leadership of the Trust and dedication of staff.

He also thanked SE for all of his work as Medical Director.

135/19 ANY OTHER BUSINESS

There was none.

136/19 DATE OF NEXT MEETING

The next meeting of the Council of Governors will be held on **Wednesday 17 April 2019** in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital** commencing at **17:30**.

137/19 PUBLIC BODIES (ADMISSION TO MEETINGS ACT) 1960

RESOLVED:- That under the provisions of Section 1(2) of the Public Bodes (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 18:57.

Chair
17 April 2019

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MATTERS ARISING – COUNCIL OF GOVERNORS

APRIL 2019

CURRENT TARGETS

Target Date	Month/Minute/Item	Action with	Issue	Action	Update
February 2019	December 2018 119/18 Governor's Log	**CG**	VW felt that her question regarding crutches and Zimmer frames had not been answered well. She felt greater visibility was needed to encourage recycling.	CG said that the Clinical Commissioning Group was also investigating greater visibility around this; he would report back to the next Council meeting.	*Ongoing:* *Verbal update to be provided.*
February 2019	October 2018 092/18 Report of the Chief Executive	**DL**	New guidance around changes to funding and tariff	Further information and the impact of this will be relayed at the next Council meeting.	*Completed:* *Final financial plan for 2019/20 provided as part of item 8.*
February 2019	December 2018 111/18 Matters Arising	**NJ**	MP requested that the report/ suggested format for governors' walkabouts be re-circulated to governors.		*Completed:* *Re-circulated.*
February 2019	December 2018 114/18 Gastrointestinal and Colorectal Surgery	**NJ**	NJ would circulate the Health and Care Overview Scrutiny Committee presentation.		*Completed:* *Circulated.*
February 2019	December 2018 115/18 Reports from Board committees – People and Organisational Development Committee	**EW**	AG asked if governors could receive a summary on vacancies which remain unfulfilled after 3 months to gain a picture of where acute issues were.	EW said that she would not recommend a time period of 3 months but would include areas which remain unfulfilled after 6 months.	*Completed:* Data now provided in the People & OD Committee report on hard to fill vacancies which will come to COG in both the report and slide deck.

April 2019	February 2019 131/19 Quality Account and Governors' Indicator	**SC/SH**	SS and SC suggested the Council consider the Clostridium Difficile indicator (C.Diff) and whether this reporting was reliable considering the recent marked improvement in performance. The Council agreed.	The Deputy Director of Quality would progress.	*<u>Completed:</u>* *Clostridium difficile (C.diff) and Summary Hospital Mortality Indicator (SHMI) are being audited as part of the Quality Account requirements.*
April 2019	February 2019 132/19 Forecast Outturn	**SS**	AG asked what the cost of borrowing was and SS answered that the amount borrowed accrued interest at 3.5% and that over the last 2 to 3 years distress borrowing stood at around £100m. AG asked how the deficit would be reduced over the next year. In response SS explained the control total offered by NHSI and the supporting £20m non-recurrent funding.	Further detail would be provided to the next Council of Governors.	*<u>Completed:</u>* *Final financial plan for 2019/20 provided as part of item 8.*

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS – APRIL 2019

CHAIR'S ACTIVITIES UPDATE

In order to present Governors with a snapshot of the wider perspective of Chair activities undertaken, a written summary is presented at every CoG meeting. This excludes regular meeting attendances at Board, CoG, Committees and 1:1s with Directors. Period from 4th January to the 1st April 2019.

Trust Activities

DATE	EVENT
16 1 19	Learning and Development Presentation of Certificates
18 1 19	100 Leaders meeting
21 1 19	Visit to Cheltenham General Hospital (CGH) Theatres
22 1 19	Non-Executive Director (NED) strategy session
29 1 19	Medical Director panel interviews
6 2 19	Attending Better Births event – Gloucestershire Royal Hospital (GRH)
7 2 19	Chief Operating Officer panel interviews
11 2 19	Consultant panel interviews – Emergency Department
12 2 19	Associate Non-executive Director interviews
27 2 19	NED appraisal and development review
1 3 19	Gloucestershire Managed Services Chair recruitment panel
5 3 19	Non-Executive Director interviews
7 3 19	NED appraisal and development review
12 3 19	Consultant panel interviews – acute paediatrics
13 3 19	Nutrition and Hydration Week event on wards
26 3 19	Organ Donation celebratory event (GRH)
27 3 19	Focus Charity supporter evening (CGH)
1 4 19	Visit to Stroud Maternity Unit

Gloucestershire Health Economy

DATE	EVENT
14 1 19	GCS/2gether Executive Director recruitment panels
15 1 19	Health and Care Overview and Scrutiny Committee
5 2 19	Chairing Research4Gloucestershire meeting
6 2 19	Interim Integrated Care System (ICS) Chair panel interview
20 2 19	Health and Care Overview and Scrutiny Committee
20 2 19	Meeting with Interim ICS Independent Chair – Nick Relph
26 2 19	Gloucestershire Strategic Forum
5 3 19	Health and Care Overview and Scrutiny Committee
6 3 19	Chairing Research4Gloucestershire meeting
20 3 19	Meeting with Vice Chancellor – University of Gloucestershire
26 3 19	ICS Board (formerly Gloucestershire Strategic Forum) meeting
1 4 19	Meeting with Chair – Age UK Gloucestershire

National Stakeholders + others

DATE	EVENT
28 2 19	South West Regional Chairs' meeting
19 3 19	NHS Providers' quarterly Chairs and CEOs meeting

Peter Lachecki
Trust Chair - 2nd April 2019

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

COUNCIL O F GOVERNORS - APRIL 2019

REPORT OF THE CHIEF EXECUTIVE

1. Our Trust

1.1 Finally, green shoots emerging that suggest we may be emerging from the winter months. Operational pressures are starting to ease and I am delighted that the Trust ended the operational year with 95% performance against the A&E four hour standard in our final weekend, which ensured delivery of another 90%+ month and quarter, and saw the Trust achieve 92.8% for the year. Given just two years ago the Trust was struggling to consistently deliver 80%, this is a huge turnaround in the waiting experience for our patients and testament to our staff and system partners.

1.2 We continue to make good progress in respect of the development of plans to realise our vision for two centres of excellence for planned and urgent care. 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. We believe strongly that when people have serious illness or injury, they should receive treatment in centres providing the highest quality specialist care, with the right expertise and facilities to maximise chances of survival and recovery. 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. A verbal update on the event will be provided at the Board. Meanwhile a wider programme of engagement/consultation is planned throughout the year which will help inform our thinking.

1.3 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. Not surprisingly, this has been a particularly challenging planning round, in large part driven by a lower than expected allocation to our local Clinical Commissioning Group (CCG) and the requirement for the system to eliminate its deficit in one year, all of which currently resides with GHFT. The consequences of this context are largely twofold; very limited investment in the system's priorities and a greater need than ever for transformation to reduce costs in the system as well as improve quality. All partners are committed to ensuring we continue to make the good progress we have achieved to date despite these challenges and make the very best use of the *Gloucestershire £.*

1.4 The Trust submitted its Operational Plan for 2019/20 on the 4th April which sets out the ambition and priorities for the year ahead. Of note, the Trust's original Control Total of a 'breakeven' plan has been revised by a further £1.5m to a £1.5m deficit plan. The submitted plan describes the intended progress against the current constitutional standards including the continued delivery of A&E waiting performance in excess of 90% and delivery of the full suite of cancer standards, including the elusive 62 day GP Referral to Treatment standard, from September 2019. In respect of the 18 week Referral To Treatment (RTT) standard, limited improvement in performance is assumed due to a lack of system resource to prioritise investment in this area but we will seize opportunities wherever we can to release capacity, to deliver non-recurrent activity which will in turn reduce backlogs and waiting times thus improving RTT performance against the current 92% standard.

1.5 Given this context, it's very good news that the Trust and CCG were successful in securing national transformation funds to support the NHS Long Term Plan's ambitions in respect of outpatient care and following a competitive tender, last week we secured the support of an external partner to help drive this work forward. The initial phase of work will concentrate on driving improvements within the Trust from referral to discharge and pilot a range of initiatives in four specialities with a view to adoption and spread of the most effective practices.

1.6 Phase two of the programme will concentrate on reducing demand for hospital outpatient care through both changes to pathways and the development of digital alternatives to face to face care.

1.7 A recurrent theme through my weekly message has been the importance the Trust Board places on diversity; the evidence is unequivocal, the more positively an organisation or community embraces diversity, the more successful it will be. With this context, I am delighted by the range of activities that the Trust has undertaken in the past month. Steve Hams, Director of Quality and Chief Nurse began preparation for the launch of the *rainbow badge* and in doing so garnered support from the Trust's charity; the badge signifies the inclusion of the LGBTQ+ community in all that we do and is importantly championing the role of 'allies' – those who do not share the 'characteristic' but who are passionate about ensuring an inclusive work place and patient care free form discrimination. Our Diversity Network also goes from strength to strength and has established three sub-groups to broaden the depth and breadth of their work and its April meeting, the Trust Leadership Team (TLT) agreed the four Equality Objectives for the period 2019-24; whilst final words are to be agreed they will focus on:

- Developing conversations with our communities to ensure the 'local voice' is heard within our service development, improvement and evaluation work
- Developing a 'person-centred' charter which clearly states our commitment to providing services that are non-discriminatory
- Strengthen the support to staff with a disability and improve the knowledge, competence and sensitivity, in relation to disability, of colleagues and line managers with the aim of narrowing the gap in the staff experience of this group, when compared to non-disabled staff
- Further develop the support and reporting mechanism for staff who experience or observe violence, bullying, harassment or aggression.

1.8 The Trust continues to enjoy significant support from its charitable partners. Last week we saw the Oncology Department open its doors to supporters, including donors, of the Focus Appeal. Staff from the charity, service and Board gave up their time to show donors what their generosity had achieved and also to talk about our priorities for the future. We are equally fortunate in the support we get from local partner Cobalt, who not only provide us with diagnostic care for our patients but they have now successfully raised funds to provide new state of the art mammography imaging equipment which has been sadly lacking in our local screening service. Finally, last week the LINC charity, working with Cheltenham Borough Council and volunteers, completed their work on an area of land in Sandford Park where they have created the most wonderful Sanctuary Garden – a place for peaceful contemplation or a welcome break from the day to day for patients, families, staff and wider community. The official opening is planned for 4pm 9th May 2019.

1.9 Finally, this month saw Rachael De Caux join the Trust and I'd like to take the opportunity to formally welcome Rachael to the Board; her talents, experience and diverse professional background is already adding value to the executive team and wider organisation.

2. National and Regional

2.1 Nationally, changes at the top of the NHS remain uncertain with the key role of Chief Operating Officer remaining unfilled; in the interim Ian Dalton continues in post. The two Chairs of NHSI and NHSE, Baroness Dido Harding and Lord David Prior, continue to set out their very clear expectations with regard to culture and behaviours throughout the NHS and this focus is very welcome.

2.2 Unsurprisingly, the NHS continues to prepare for a *No Deal Brexit and robust plans are in plan should the country leave without transition arrangements. Nationally the focus* remains on the supply chain and timely procurement, delivery and receipting of goods both clinical and non-clinical. Staff across the NHS, and beyond have been reminded of the heightened risks to cyber-security during this time and we have enhanced our communication to staff about the measures they can take to mitigate this risk.

3. Our System and Community

3.1 Work on the Gloucestershire response to the NHS Long Term Plan is now underway with larger than anticipated numbers of people attending the engagement events throughout the county; attendees have included patient, public and NHS staff. Particular thanks to the CCG who have organised and supported many of these events.

3.2 The Integrated Care System (ICS) Board met again last week and spent some time considering its major priorities for the coming year. Whilst there is more work to be done to confirm the final priorities, emerging clinical priorities are diabetes and respiratory care. These reflect both the scale of impact on health and social care which arises from these conditions as well as the opportunities for improving outcomes and reducing cost, based on our performance relative to others.

3.3 Finally, last month saw partners, patients and supporters from across the county join Steve Syer and his wife alongside members of the Trust's Organ Donation Committee come together to celebrate the 35th anniversary of Steve's heart transplant. Having been the 87th heart transplant patient, Steve is now the longest surviving recipient of a donor heart and was thrilled to receive a personal message from his surgeon Magdi Yacoub. Steve's wife Chris was at his side having played her own special part in Steve's life when she gave him a kidney a few years ago. Together, the couple have raised more than £2m to further the cause of organ donation and transplant.

3.4 Exciting times!

Deborah Lee
Chief Executive Officer

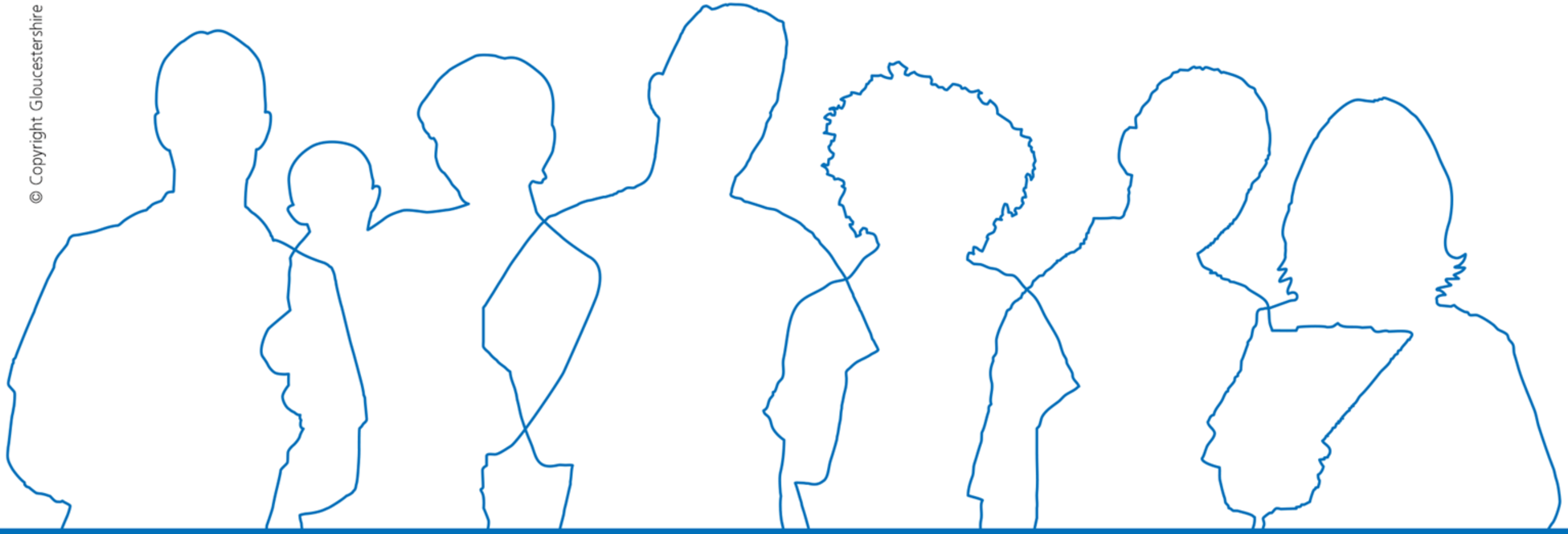
April 2019

Gloucestershire Hospitals
NHS Foundation Trust

Trust Strategy: 2019 to 2024

Council of Governors update April 2019

© Copyright Gloucestershire Hospitals NHS Foundation Trust



How we developed the new Strategy…

Gloucestershire Hospitals NHS Foundation Trust

Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19

Staff engagement [1]

Start: J2O Engagement Pack shared with Divisions

Specialties & services define outstanding for patients & staff…

Divisional outputs collated

SWOT , int. drivers, ext. drivers, market analysis…

Trust Board: 11/12

Trust Board: 10/1

- Divisional output
- SWOT
- Strategic themes
- Internal inputs
- External inputs

Trust Board: 7/2 Review progress

Trust Board: 11/04 Review approach and draft

Trust Board: 09/05 Sign off

External engagement:

- Integrated Care System (ICS) Operating Plan development
- Public Health - New Health & Wellbeing Strategy
- ICS Programme Development Group (PDG)

Staff engagement [2]

- Staff engagement sessions (Feb 19)
- Staff survey (March 19)
- Division, Specialty & Service Line review and feedback(April 19)

100 Leaders 18/01

Extended Leaders' Network 25/01

Governor engagement

Governor Strategy & Eng. Group 06/12

Council of Governors 20/02

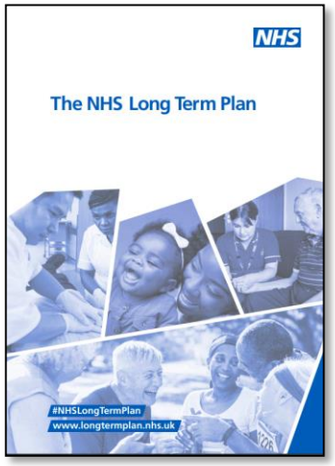
Governor Strategy & Eng. Group 07/03

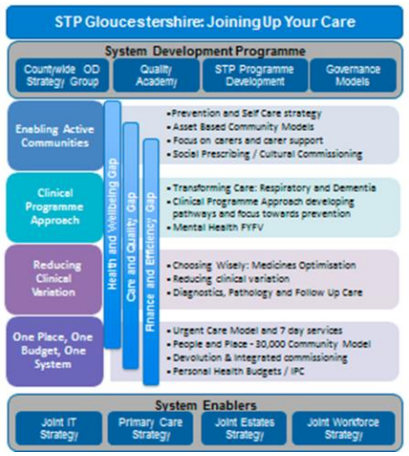
Council of Governors 17/04

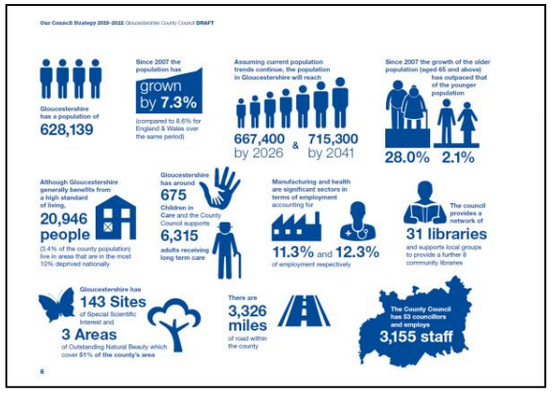
© Copyright Gloucestershire Hospitals NHS Foundation Trust

Internal & external inputs we used…

Gloucestershire Hospitals NHS Foundation Trust



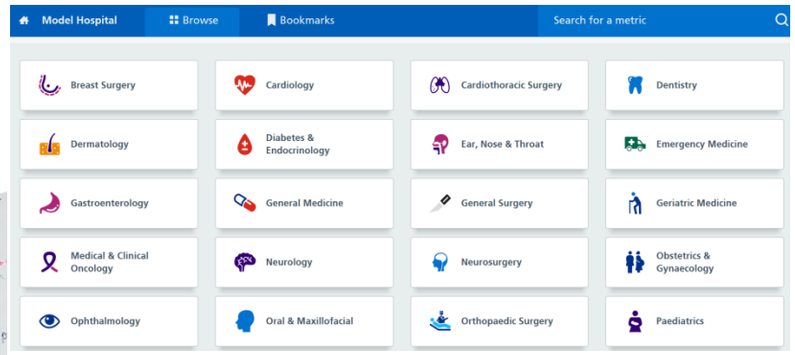




PESTLEC Analysis

- Political (DL)
- Economic (SS)
- Social (SH & EW)
- Technological (MH)
- Legal/regulatory (LB)
- Environmental/Ecological (CL)
- Competition (SL)

	Helpful to achieving objectives	**Harmful** to achieving objectives
Internal origin Attributes of the Trust	Strengths	Weaknesses
External origin Attributes of the Environment	Opportunities	Threats



© Copyright Gloucestershire Hospitals NHS Foundation Trust

Groups that helped shape the Strategy…

Gloucestershire Hospitals NHS Foundation Trust

100 Leaders

Extended Leadership Network

Council of Governors

Services & Specialties: defining J2O – Summer 2018

Governor Strategy & Engagement Group

Clinical & Corporate Divisions: defining J2O – Summer 2018

ICS Partners

Staff Survey – March 2019

New Consultant Group

Public Health

Staff engagement sessions – February 2019

Directors Operational Group (DOG)

Trust Leadership Team

Trust Board

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Governor Input

From Strategy & Engagement session on 6/12

Gloucestershire Hospitals
NHS Foundation Trust

*"GMS **engagement** was very good - learn from it…"*

*"**Open and transparent culture** to be proud of, it's not one characterised by 'fear'"*

*"Lots of **5 star ratings** on the NHS Choices website"*

*"Mortality and ED **performance** are things to be proud of"*

*"Made **key accomplishments** within constrained resources"*

*"Good **leadership** at the top, notably CEO and Execs"*

*"There remain aspects of **poor communication** to staff, patients and other providers of patients' care"*

*"Outpatients **communications** and **delays** are poor"*

*"Documents and strategies need to be **written in a meaningful way** to all, including patients and the public. Excellence can be interpretative so be clear"*

*"There remain **pockets of poor care"***

*"We need **listening** at, and by, all levels; the patient is part of their own care team"*

*"Is good **leadership cascaded** and apparent through strong line management?"*

*"**Engage with shared stakeholders** with other organisations to avoid bombarding them and creating engagement 'fatigue'"*

© Copyright Gloucestershire H

Key messages

Gloucestershire Hospitals NHS Foundation Trust

New strategy marks the end of a challenging period:

- Financial special measures
- Financial governance reviews
- PAS implementation issues
- Regulatory intervention

We are in control and able to define the scale and pace of our ambition in context

% of core services rated Good or Outstanding	**ICS - Providers all rated Good by CQC**
Changes in demographics, technology, pharma, prevention agendas, workforce challenges, estate requirements	
All 8 enabling strategies will be aligned, defined and signed off in 2019/20	**Planned and anticipated changes in (integrated) models of care**

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Key messages

Gloucestershire Hospitals NHS Foundation Trust

The strategy is a **live document** used to inform and prioritise operational and strategic decisions we make

It **will be updated** [at least annually] to reflect **change and progress**, for example, outcome of:

- *One Place public consultation – Winter 2019/20*
- *DoHSC & NHSE/I direction*
- *Other challenges that come our way…*

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire Hospitals
NHS Foundation Trust

Unchanged

Replaced with new purpose statement

Our vision: Best care for everyone

Our mission: Improving health by putting patients at the centre of excellent specialist health care

Our goals

This layer removed as we are not using or measuring progress

Our patients will

- Be safe in our care
- Be treate
- Be treate
- Want to recommend us to others

Our staff will

- Put patients first
- Recommend us as a place to work
- Feel confident and secure in raising concerns

Our services will

- Make best use of our two sites
- Promote health alongside treating illness
- Use technology to improve

Our organisation will

- Use our resources efficiently
- ources effectively
- he best performing trusts
- Be considered to be a good partner in the health and wider community

Our Strategic Objectives

Number of strategic objectives reduced from 21 to 14….

Our patients

By April 2019 we will

- Be rated
- Be rated outstanding in the domain of Caring by the CQC
- Meet all national access standards
- Have a hospital standardised mortality ratio of below 100
- Have more than 35% of our patients sending us a family friendly test response, and of those 93% would recommend us to their family and friends
- Have improved the experience in our outpatient departments, reducing complaints to less than 30 per month

Our staff

By April 2019 we will

- 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 staff survey)

Our services

By April 2019 we will

- treated in centres with the very best expertise and facilities to maximise their chances of survival and recovery
- To complete Trakcare recovery work to enable the Trust to resume national RTT reporting by December 2018
- Rolled out Getting it Right First Time Standards across the target specialities and be fully compliant in at least two clinical services
- Have staff in all clinical areas trained to support patients to make healthy choices

Our organisation

By April 2019 we will...

- proved 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
- The Trust will have a high quality research portfolio, which is visible to staff and patients, embedded alongside routine care, and achieves the annual High Level Objectives (HLO) defined by the National Institute Health Research (NIHR).

Gloucestershire Hospitals
NHS Foundation Trust

Trust Strategy - 2019 to 2024

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

Our vision: Best Care For Everyone

Our values: Caring | Listening | Improving

Enabling strategies:

- Clinical Strategy
- Quality Strategy
- People & OD Strategy
- Financial Strategy
- Estates Strategy
- Digital Strategy
- Communication & Engagement Strategy
- Research Strategy

© Copyright Gloucestershire Hospitals NHS Foundation Trust

New structure…

Gloucestershire Hospitals NHS Foundation Trust

Enabling strategies

- Clinical Strategy
- Quality Strategy
- People & OD Strategy
- Financial Strategy
- Estates Strategy
- Digital Strategy
- ***Communication & Engagement Strategy***
- Research Strategy

Year 1 & 2 strategic objectives…

Year 3 to 5 strategic objectives…

Underpinned by operational objectives and metrics…

Monitored By:

Board Assurance Framework (BAF)

Quality & Performance Report (QPR), Committees, Division & Service Line dashboards…

© Copyright Gloucestershire Hospitals NHS Foundation Trust

✓ = Lead Strategy ● = Enabling Strategy

Draft
Work in Progress

#	Strategic Objective	Lead & enabling strategies							
		Clinical	Quality	People & OD	Research	Comms & Engagement	Finance	Digital	Estates
1.	We have established Centres of Excellence for urgent and emergency care, obstetrics and paediatrics, planned care and oncology	✓	●	●	●	●	●	●	●
2.	We have worked with our Integrated Care System partners to design and implement integrated models of care across Gloucestershire	✓	●	●		●		●	
3.	We are rated *outstanding* by the Care Quality Commission	●	✓	●	●	●	●	●	●
4.	We have a workforce which meets the needs of the Trust, its partners, staff and patients; is future proofed and focuses on attraction, development and retention of talent.	●	●	✓	●				
5.	Our staff recognise the trust as an outstanding employer and want to work with us to deliver best care for everyone.	●	●	✓	●				
6.	Our staff are equipped and inspired to do things differently to deliver improved services to our community.	●	●	✓	●	●			
7.	We have a high quality research portfolio, which is visible to staff and patients, embedded alongside routine care, and is achieving the standards set by the National Institute for Health Research (NIHR).	●			✓			●	

✓ = Lead Strategy ● = Enabling Strategy

Draft
Work in Progress

#	Strategic Objective	Lead & enabling strategies							
		Clinical	Quality	People & OD	Research	Comms & Engagement	Finance	Digital	Estates
8.	We have defined the benefits University Hospital status can deliver for patients and staff and can demonstrate progress towards delivering those benefits	●	●	●	✓	●			●
9.	Public, patient and carers are involved in the co-design of new care pathways and services and help us to define, monitor and communicate measures of success	●			●	✓			
10.	We are rated *outstanding* by the Care Quality Commission for how we use our resources	●	●				✓	●	●
11.	We use accurate quality, workforce, performance and financial information to inform our operational and strategic decision making			●			✓	●	
12.	We have achieved Healthcare Information and Management Systems Society (HIMSS) Level 6 status due to our digital maturity and successful implementation of an electronic patient record, electronic prescribing, digital pathology and secure linkages with other partner systems.	●	●	●				✓	
13.	We have a Trust site development plan that is helping us to implement our clinical strategy	●					●	●	✓
14.	We are working with our Integrated Care System partners to improve the quality and optimise the use of public estate across Gloucestershire	●					●	●	✓

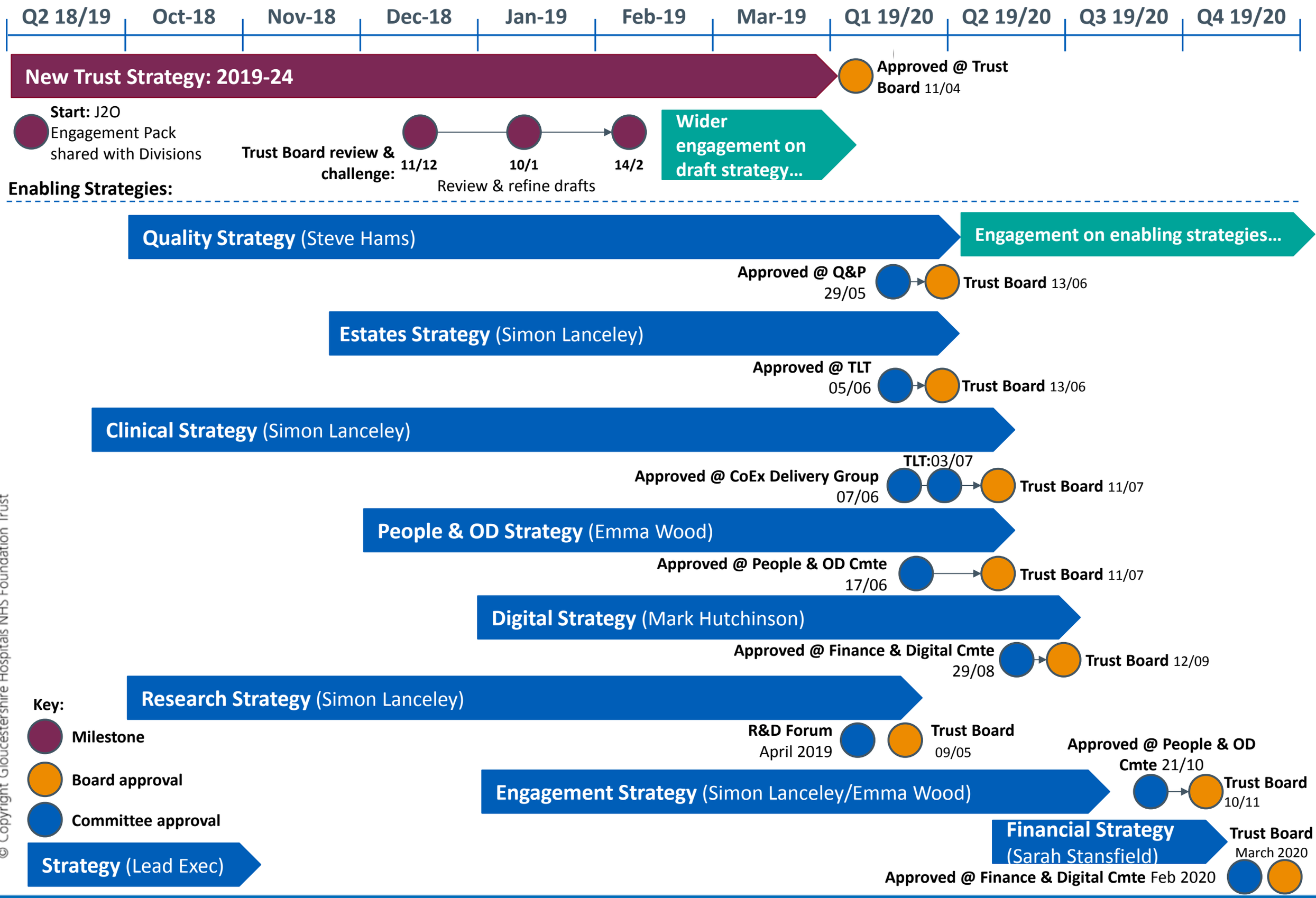
What next…

Gloucestershire Hospitals NHS Foundation Trust

What	When
Divisions, Specialties and Services, ICS Partners, Governors	By 30th April
Sign-off Trust Strategy at Trust Board	9th May
Communicate new Trust Strategy	June – July
Establish new Board Assurance Framework (BAF)	June onwards
Enabling strategies developed and signed off to agreed timescales & communicated	See plan
Deliver it all…	2019-24

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Enabling strategies sign off timeline…



© Copyright Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire Hospitals
NHS Foundation Trust

The ask of Divisions…

To use the slide pack to talk to teams about our new strategy, in particular:

Review & comment on:

- New purpose statement & existing vision statement
- New strategic structure - 8 enabling strategies
- New strategic objectives

Questions to ask divisional boards, specialty teams, professional groups:

1. Do the new strategic objectives mean something to you?
2. Do they reflect the scale and pace of ambition for divisions, specialties, teams?
3. Is anything missing?
4. Will patients, carers, partners understand them?
5. Can the objectives be translated into meaningful divisional, team and individual objectives?

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire Hospitals
NHS Foundation Trust

THANK YOU

…for your input, counsel and ongoing support

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire Hospitals
NHS Foundation Trust

APPENDICES

Enabling Strategies – summaries to date

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Clinical
Executive Lead: Simon Lanceley

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

1. We have established centres of excellence for urgent and emergency care, obstetrics and paediatrics, planned care and oncology
2. We have worked with our Integrated Care System partners to design and implement integrated models of care across Gloucestershire

Strategic intent:

We will be nationally recognised for delivering excellence in urgent and emergency care; obstetrics and paediatrics; planned and specialist care and oncology (delivered through the Gloucestershire Cancer Institute).

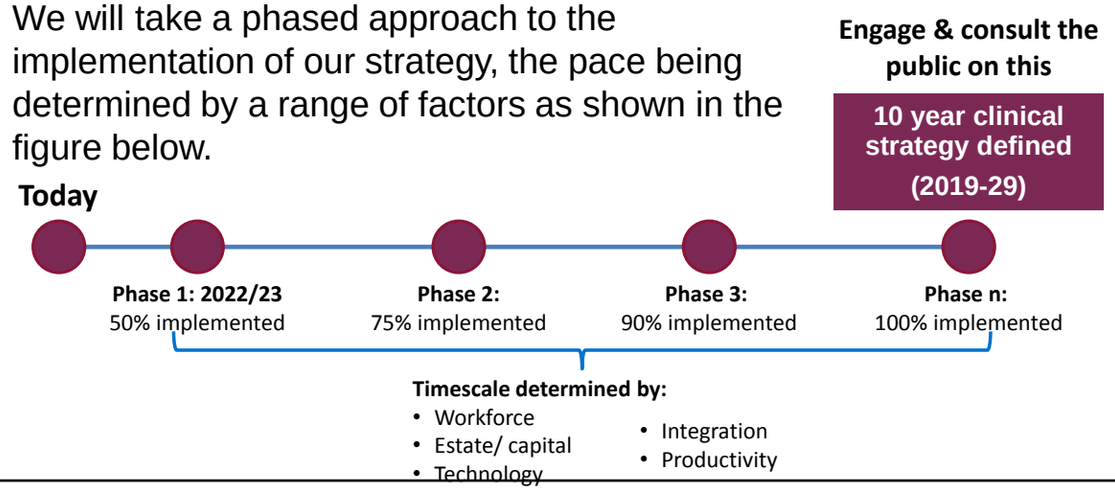
Cheltenham General Hospital (CGH)
Centre of Excellence for
Planned Care and Cancer

Gloucestershire Royal Hospital (GRH)
Centre of Excellence for
Emergency Care, Paediatrics and Obstetrics

A key principle of our clinical strategy is to separate the delivery of emergency and planned care wherever evidence shows this will improve: patient safety, quality and experience; staff training, development and experience; performance (e.g. waiting times); how we use our resources (e.g. beds, theatres).

The strategy describes how acute clinical services will be configured across our two acute sites and the county's community facilities as part of an integrated care system.

We will take a phased approach to the implementation of our strategy, the pace being determined by a range of factors as shown in the figure below.



Engagement feedback:

"Our reduced mortality, improved ED performance and national recognition for our reconfiguration work (GIRFT), are things to be proud of. We need to build on these"

" Excellence is subjective so be clear what you mean by centres of excellence"

"We are not working as an Integrated Care System to remove delays between health and social care that result in patients waiting in acute hospital beds "

"We need to define our 'beacon services' and develop these as centres of excellence so we become the acute provider of choice within Gloucestershire and in border areas"

" When the time is right we need to define and relaunch our private patient offer"

Key challenges – informed by SWOT, PESTLEC, Risk Registers

- 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.
- Securing local support , including MPs , Councillors and Health Care Overview & Scrutiny Committee (HCOSC).
- Increasing expectations of informed patients e.g. digital interaction.
- Ensuring parity of esteem between physical and mental health.
- Demand continuing to exceed capacity.
- Loss of market share to private providers, particularly daycase and short-stay activity.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Clinical
Executive Lead: Simon Lanceley

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

1. We have established Centres of Excellence for urgent and emergency care, obstetrics and paediatrics, planned care and oncology
2. We have worked with our Integrated Care System partners to design and implement integrated models of care across Gloucestershire

Operational Objectives:

- Reference Long Term Plan priorities.
- Establish and/or join clinical , diagnostic and support staff networks where this can be demonstrated to improve patient access, experience and outcomes and/or financial and workforce measures.
- We know where locating services at a community site would improve patient access, experience and outcomes and is working with partners to implement. (This could include developing a programme of satellite units e.g. Gloucestershire Cancer Institute at xxxxxx).
- We know our 'beacon services' (high performing for quality, experience, outcomes, staff, financial) and are using this to increase market share.
- Our clinical teams are active members of ICS Clinical Programme Groups (CPGs) leading to the implementation of integrated models of care.
- We have maintained a Hospital Standardised Mortality Ratio (HSMR) of below 100.
- We consistently deliver care in line with NHS Constitutional standards.
- We have implemented a new model for delivering 'outpatient' care across Gloucestershire that improves the utilisation of our clinical teams, patient experience and outcomes..

Operational Metrics:

As a Trust we will define excellence and publish our performance against the indicators we agree. It will be for others to judge whether our services are being provided through Centres of Excellence.

Some indicators of excellence will be established as Trust-wide themes, see table below, but specialties and services will be encouraged to work with patients and ICS partners to define their own indicators of excellence.

Indicator	What people will say and hear
National Standards Referral To Treatment , cancer, diagnostic, ED	*"All services at GHFT are delivered to national standards, even when the system is under pressure, it's just how things are done around here."*
Quality & Continuous Improvement	*"All our services have a group of staff that have graduated from our Quality & Safety Improvement Academy (QSIA) as either Silver or Gold improvement practitioners. These practitioners are empowered and work with patients, families and their colleagues to continuously improve quality, safety, efficiency and experience."*
Productivity	*"All services operate at a minimum of upper quartile performance. Some consistently operate at upper decile performance and are reference sites for the national Getting it Right First Time (GIRFT) programme"*
Research	*"Research is embedded in our day to day delivery of care. Any patient wishing to take part in a clinical trial is supported to do so. We are recognised for our approach to research meaning organisations choose to work with us on clinical and commercial trials"*
Workforce	*"People seek out opportunities to work in Gloucestershire as our approach to attracting, supporting and developing staff is renowned. When our people are ready for a new challenge, we identify and support them to take up opportunities within the ICS."*

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Quality
Executive Lead: Steve Hams

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

We are rated outstanding by the Care Quality Commission

STRUCTURE/APPROACH: Four themes

1. **Well led** - Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centered care.
2. **Improve experience** - People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally.
3. **Improve safety** - People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong
4. **Improve outcomes & effectiveness** - Outcomes for people who use services are consistently better than expected when compared with other similar services

Well led	Improve experience	Improve safety	Improve clinical effectiveness and outcomes
➢ Co-design and continually improve care with patients and staff ➢ Equitable service for all. ➢ Staff involve and treat people with compassion, dignity & respect. ➢ Services respond to people's needs and choices and enable them to be equal partners in their care.	➢ Co-design and continually improve safety with patients and staff ➢ People are protected from avoidable harm and abuse. ➢ When mistakes occur lessons will be learned. ➢ Align monitoring and measures so we streamline requests, reduce duplication and 'measure what matters'.	➢ People's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.	➢ Clear strategic intent for QI ➢ Putting the patient at the centre of QI ➢ Leadership for QI ➢ Building QI skills at all levels ➢ Building a culture of improvement ➢ Systems thinking ➢ Staff /patient engagement ➢ Co-ordinated programme reported within Quality Account

KEY CHALLENGES (SWOT, PESTLEC, R&I) ADDRESSED

- Quality and safety fundamentally addresses some of our organisational risks and the subsequent impact on patient outcomes and our capacity: Risks of Healthcare Associated Infections (HCAI), notably C.Diff.; harm from falls; pressure ulcers;
- Quality and safety underpin all our other enabling strategies, and will improve opportunities such as being the Provider and Employer of choice and therefore being able to bid for additional work and achieve financial sustainability
- Similarly quality and safety will help mitigate loss of services to other providers, and built in from start top end will mitigate risks to sustaining clinical services by making accreditation a by=product of our own internal standards.
- There is an intrinsic link between quality and cost – continuous quality improvement and reduction in variation will by definition make best use of our resources and make a positive impact on our risks related to cost improvement, income and expenditure, and subsequently access to capital and other funding.
- Continuous quality improvement is everyone's responsibility and opportunity, and should be part of our recruitment, retention and staff engagement.
- Quality is impact by, and conversely impacts, changing social factors and pubic expectations; with reference to PESTLEC in general, Quality underpins much of our response to all listed external factors.
- There is a groundswell from all engagement activities that health & wellbeing is a priority issue and need.

ENGAGEMENT FEEDBACK

"Promote prevention and health & wellbeing, for both physical and mental health."

"Data must drive quality."

"GSQIA is a key enabler"

"Safety and caring culture, and patient experience, distinct from 'quality of care'"

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Quality
Executive Lead: Steve Hams

Gloucestershire Hospitals NHS Foundation Trust

Operational Objectives	Operational Measures
Well Led ➢ We will put the patient at the centre of quality improvement ➢ We will build a culture of improvement, and skills at all levels, further embedding our QI approach ➢ We will engage with and involve staff and patients (with their families and carers) in designing and developing services ➢ We will ensure data is a critical part of our improvement, using it as evidence and making it count ➢ We will have a clear and transparent culture for staff to raise concerns (Freedom to Speak Up)	➢ We will achieve a CQC Rating of 'Outstanding' ➢ Silver QI projects in progress and completed ➢ Results of Speaking Up survey ➢ Patient Experience/Involvement Groups? ➢ Staff Survey results re: Bullying & Harassment
Improve Experience ➢ We will get the basics right first time, every time *(kindness, respect and compassion; privacy and dignity; involvement in decisions)* ➢ We will ensure a rounded and rigorous approach to learning and improvement using patient experience, QI methodologies, insight-based data and rapid process improvement techniques ➢ We will set clear priorities for patient experience and quality improvement that are aligned, and where the need for improvement is greatest	➢ Safe and proactive discharge CQUIN ➢ Cancer Patient Experience Survey ➢ Outpatients experience improvement ➢ Improving mental health care for our patients coming to our acute hospital ➢ Development of a real time survey programme
Improve Safety ➢ We will have a just and fair culture, open and transparent, welcoming feedback and complaints from patients and staff alike that show us where we need to improve. ➢ We will build a culture of continuous safety improvement ➢ We will have a clear and transparent culture for staff to raise concerns (Freedom to Speak Up) ➢ Setting clear priorities for safety improvement that are aligned and where the need for improvement is greatest	➢ CQC Never Events report ➢ Cancer 62 day performance ➢ Serious Incidents - lost to follow up ➢ Pressure ulcers ➢ Hospital falls prevention (CQUIN 2019/20) ➢ Serious medication errors ➢ Deteriorating patient and delivering time critical care – (to include Stroke care, VTE and sepsis
Improve outcomes and effectiveness ➢ We will ensure that care and treatment achieve good outcomes for patients, promotes a good quality of life, and is based on the best available evidence – we will strive to ensure outcomes are consistently better than expected when compared with other similar services ➢ We will develop innovative and efficient ways to deliver joined-up care (co-design with partners and patients) ➢ We will focus on clear priorities for quality improvement that are aligned and where the need for improvement is greatest	➢ Improve our learning into action systems ➢ Improve our care for patients with diabetes ➢ Improve our dementia diagnosis and post diagnostic support for our patients and their carers ➢ Improve Nursing Assessment and Accreditation Scheme (NAAS) ➢ Improving our infection prevention and control standards (reducing our Gram-negative blood stream infections by 50% by 2021) ➢ Roll out *Getting it Right First Time* standards ➢ Delivering the 10 standards for seven day services (esp. 2,8,5,6) ➢ Delivering Better Births ➢ Improving transition of care

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: People & OD
Executive Lead: Emma Wood

Gloucestershire Hospitals
NHS Foundation Trust

Strategic Objectives:

1. We have a workforce which meets the needs of the Trust, its partners, staff and patients; is future proofed and focuses on attraction, development and retention of talent [workforce sustainability].
2. Our staff recognise the trust as an outstanding employer and want to work with us to deliver best care for everyone [staff experience].
3. Our staff are equipped and inspired to do things differently to deliver improved services to our community [transformation].

STRUCTURE/APPROACH

Workforce Sustainability	Staff Experience	Transformation
➢ Recruitment ➢ Retention ➢ Role Development ➢ Career Pathways ➢ Talent Development ➢ Workforce Planning ➢ CIP	➢ Staff Engagement ➢ Behaviour ➢ Values ➢ Leadership ➢ Health and Wellbeing ➢ Equality, Diversity and Inclusion	➢ Service Delivery and Customer Service ➢ Education ➢ Professional Development ➢ ICS Integration ➢ University Hospital status ➢ One Place development ➢ HR Systems and Digital Infrastructure.

ENGAGEMENT FEEDBACK

"Provide staff with skills and development so they could leave, but treat them in such a way that they don't want to."

"More 'grow our own', succession planning and innovative roles, education and training, underpinned by real workforce planning will aid recruitment, and retain quality staff"

"Staff are responsible for their own health & wellbeing, but provide more mental health support, and recognition and role modelling."

"Efficient processes – recruitment, performance management, etc."

KEY CHALLENGES (SWOT, PESTLEC, R&I) ADDRESSED

- National (and global) shortage of key workers, notably clinical, and pipeline of skilled and experienced non-clinical management, requiring staff development and alternatives such as 'grow our own' and innovative new roles.
- Innovative roles and overall improvement in working conditions makes us more likely to retain younger staff to help us mitigate a generally ageing workforce.
- Demand exceeds our capacity, requiring the most efficient and productive workforce possible, also helping our service sustainability and likelihood of winning new business and/or increasing private services to generate income.
- Improved staff recommendation of the Trust as an employer will aid retention and recruitment, and our overall reputation.
- Digital maturity, with all its subsequent benefits for patient care, has a critical dependency on staff skill and confidence in systems that work for them
- A strong, invested workforce with a culture of improvement will help us see through imminent unknowns such as the impact of: Brexit; the adoption of artificial/augmented intelligence; ICS solutions in response to the LTP
- Sustainable substantive workforce is a key enabler to reducing the demand for expensive agency staff and the resulting impact on patient care and experience.
- A more sustainable and fully established workforce will mitigate risks related to staff health and wellbeing, and reduce our reliance on disproportionate goodwill.
- A sustained, developed and invested workforce will make a significant impact on our constitutional and performance standards, notably ED, cancer waits, RTT.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: People & OD
Executive Lead: Emma Wood

Gloucestershire Hospitals NHS Foundation Trust

Operational Objectives	Operational Measures
Workforce Sustainability ➢ Reduce vacancy factor and turnover, including reviewing and aligning LTP benchmarks and ambitions ➢ Improve retention to be in top quartile, measured by stability index in model hospital. ➢ Delivery of grow your own / succession planning schemes (identify most important as linked to sustainability, ICS and LTP) ➢ Development of new roles – deliver upon X number of new roles ➢ Improved attraction and pipeline of nurses and other hard to fill roles by X ➢ Developed workforce plan for 1-5 years and analysis of current and future gaps and actions to mitigate and success of these as measured above	➢ Appraisal ➢ Stat man ➢ Apprenticeship growth ➢ Staff in ADP ➢ Divisional responsibility for workforce plans as operational and 5 year plan(set out what these are to be measured at exec reviews)
Staff Experience ➢ Some overlap with sustainable workforce above (stability, turnover, vacancy factor) ➢ Staff survey improvements specifically under themes; employee engagement, EDI, Health & Wellbeing, Immediate Managers, morale, staff engagement ➢ Improvements in WRES and WDES by X ➢ In patient survey improvements in quality of care by X ➢ EDI objective outcomes as per EDS2 (not compiled yet) ➢ Reduction in reports of B&H from X to X (link to F2SU and People and OD team data) ➢ Delivery of the H&W business case benefits ➢ Delivery of corporate H&S objectives	➢ Complaints & grievances regarding bullying & harassment within division; improvement by X ➢ Local staff survey result improvements by Division and role by X (key areas per division) ➢ Absence rate ➢ Violence & Aggression reduction and training compliance ➢ Improved Health & Safety risk management – metrics such as risk assessment compliance, Datix, RIDDOR
Transformation ➢ Successful delivery of ICS integration pathways (quantify which ones) ➢ Uni hospital progress (as per programme delivery phases) ➢ Improved digitalisation – benefits realised from ER tracker to implement, RTI info/pulse survey use and triangulation of data to target areas of concern, self service ESR ➢ Role (lead) in apprenticeship hub model for ICS (depend on discussions at ICS) ➢ Improved quality of care indicators in staff survey by X	➢ Rostering & job planning improvements and compliance ➢ Temporary staffing compliance and reductions ➢ Safer staffing/live safe implementation ➢ Wider NAAS – more green and blue wards under expanded regime

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Finance
Executive Lead: Sarah Stansfield

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

1. **We are rated outstanding by the Care Quality Commission for how we use our resources**
2. **We use accurate quality, workforce, performance and financial information to inform our operational and strategic decision making**

STRUCTURE/APPROACH

Business Partnering	Patient-Level Costing	Financial Reporting	Improvement Plan
Support and challenge Divisions to deliver the best financial performance	Information that supports clinical and service decision-making	Easy to understand and provides real assurance	Deliver a Future Focussed Finance accredited department of which the trust can be proud #ghftcountmein

ENGAGEMENT FEEDBACK

"Easier access to finance and information systems and data, and improved financial literacy to get clinical engagement in finance"

"We need to make investments to get long-term benefits and gains, including achieving best practice tariffs – as long as the income comes back to the service"

"Managed services for equipment will reduce risk to services."

"Can finance cross boundaries and avoid working in silos?"

"Can we have a finance advisory service or helpline?"

KEY CHALLENGES (SWOT, PESTLEC, R&I) ADDRESSED

- We face a number of high-severity risks based on our financial vulnerability: access to PSF and FRF funding; generating capital; not being able to provide staff development and training; staff wellbeing; increased use of agency; regulatory intervention and fines.
- Our estate and equipment is at risk of becoming dilapidated and preventing delivery of truly outstanding services; a strong, sustainable financial position enables us to draw on a wider range of additional funding, as well as generating our own capital and investment funds. This applies to out digital maturity too.
- Lack of stable finances, including inability to invest in the estate, equipment, and staff development, undermines our ability to recruit and retain the best people and be an employer of choice.
- The above factors apply to our ability to take opportunities such as additional contracts and private patient work to generate additional income for reinvestment into our NHS services.
- There are external financial issues out of our control such as tariffs, pay changes, and wider economic impacts on public spending such as long-term austerity and Brexit, inflation and exchange rates. A strong financial foundation will help us mitigate these influences by being increasingly self-reliant.
- A weak financial position could also exacerbate risks presented by other external factors such as changing funding mechanisms and contracting, growing costs of social care, and the ability of supply chains to deliver.

LONG TERM PLAN

- 3.41 - Match-fund NHSE contribution to invest in children's palliative & EOL care
- 6.5 – Provider sector and all organisations in financial balance
- 6.17ii - Double volume of products bought through SCCL from 40% to 80%
- 6.17vi - £700m (national) saved in NHS administrative costs; all core transactional services (e.g. processing invoice payments) to be automated

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Finance
Executive Lead: Sarah Stansfield

Gloucestershire Hospitals NHS Foundation Trust

Operational Objectives	Operational Measures
Use of Resources assessment – *Good* rating (1-2 years)	
Use of Resources assessment – *Outstanding* rating (3-5 years)	
Sustainability of *Outstanding* Use of Resources and financial health	

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Research
Executive Lead: Simon Lanceley

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

1. We have a high quality research portfolio, which is visible to staff and patients, embedded alongside routine care, and is achieving the standards set by the National Institute for Health Research (NIHR).
2. We have defined the benefits University Hospital status can deliver for patients and staff and can demonstrate progress towards delivering those benefits

STRUCTURE/APPROACH

Increase Visibility	Celebrate Success	Workforce & Infrastructure Dev.	Widening Networks
➢ University hospital status ➢ Promote GHT as research-active, intern & extern. ➢ Info at induction and follow-up new staff with research exp'ce/ interest ➢ Promo materials ➢ Info to patients in appt letters ➢ Report outcomes & benefits of hosted studies, including to Trust Board. ➢ Comms updates via social media & other existing routes. ➢ Follow up findings from national IP survey research questions	➢ Highlight clear benefits to staff, patients and Trust from improvements in practice through implementation of interventions, especially where we have been a research site. ➢ Actively seek patient stories describing their research experiences ➢ Send personal "thank you" letters to patients and staff ➢ Highlight our areas of excellence	➢ Develop a stable environment for research to flourish ➢ Develop career structure for staff and/or research positions ➢ Collect info about new staff incl. previous research experience ➢ Increase training opportunities ➢ Research in job plans as part of SPA Over Core similar to audit, QI, teaching. ➢ Support services (HR, Finance. BI, Comms) to be resourced and keep pace ➢ Sponsorship of studies ➢ Research needs in Estates planning ➢ Resources to support IP mgmt & commercialisation ➢ Add GCP training to research active staff mandatory training	➢ Increase patient involvement in the design, delivery & evaluation of research ➢ Research 4 Gloucestershire joint appointments ➢ Promote collaborative working by widening links with Universities. ➢ Increase collaborative grants ➢ Tissue Bank business case ➢ Develop commercial links

KEY CHALLENGES (SWOT, PESTLEC, R&I) ADDRESSED

- University Hospital status, including Clinical Research Network continuing to focus on University Hospitals
- Enhance clinical practice and our reputation, improving our Provider and Employer of choice positions.
- Contributes to the prevention/population health agenda
- Helps to mitigate threats to clinical service sustainability by putting cutting edge research into front-line practice and attracting income.
- Reduces staff perceptions of change being imposed without their involvement
- Enhances engagement with patients and the public.
- Contribute to workforce development and innovative design, as well as retention

LONG TERM PLAN

- 3.113 – 3.120

ENGAGEMENT FEEDBACK

"Develop a University-accredited research training module"

"We need to make bold decisions that show we are serious about research, e.g. giving staff time, and support to submit research grants"

"We should link our research priority areas to our centres of excellence programme; research should lead to real change in practice"

"I feel we are missing a trick by not integrating research with our improvement academy…"

"Clinical and non-clinical staff should be able to do small pieces of meaningful research within their department, to and then contribute to research on a wider scale."

""Involve patients in research design and evaluation."

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Research
Executive Lead: Simon Lanceley

Gloucestershire Hospitals NHS Foundation Trust

Operational Objectives	Operational Measures
➢ The Trust has an implementation plan to deliver the benefits of becoming a University Hospital Trust, accepting there may be alternative routes to deliver those benefits	➢ Implementation plan constructed and signed-off.
➢ The Trust's commitment to research can be demonstrated through a range of decisions and priorities	➢ Research objectives in Divisional plans, financial planning.
➢ The Trust has prioritised it's research areas and these are linked to the Trust's clinical strategy – centres of excellence	➢ Research portfolio and roadmap mapped to clinical strategy. Centres of Excellence programme and Long Term Plan programme
➢ The Trust has increased the number of research grant applications and is achieving a success rate equal to its peers	➢ Number of research grants ➢ Peer benchmarking
➢ Research is being undertaken by a range of medical, clinical and non-clinical staff	➢ Research portfolio/register; staff objectives
➢ The Trust is contributing to a number of research studies that are live across Gloucestershire Integrated Care System	➢ Research portfolio/register/tracker; ICS progress reports
➢ The Trust knows where research trained staff are working and is supporting them to become and remain research active	➢ ESR/People & OD records
➢ Patients are involved in the design of research studies	➢ Terms of Reference for overview groups; audit and data collection
➢ The Trust has a research career development programme	➢ Development programme available through Trust intranet
➢ The Trust can demonstrate where research projects and studies delivered in Gloucestershire have led to improved clinical practice and patient outcomes	➢ Research portfolio/register/tracker; case studies and journal publications

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Digital
Executive Lead: Mark Hutchinson

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

We have achieved Healthcare Information and Management Systems Society (HIMSS) Level 6 status due to our digital maturity and successful implementation of an electronic patient record, electronic prescribing, digital pathology and secure linkages with other partner systems.

STRUCTURE/APPROACH

Digital Landscape	Digital Workforce	Digital Intelligence
Infrastructure, hardware and software to enable staff and patients make the best use of digital solutions: ➢ Electronic Patient record ➢ Electronic Prescribing ➢ Interface with Partner Systems	Staff need to work effectively, efficiently and confidently within our digital landscape. Collaborative working between leaders, IT staff and the general workforce to ensure digital is an integral part of everything we do.	Provide an insight-driven culture which embeds analysis, data and intelligence to improve decision making, outcomes and quality improvement. Faster, timely information about clinical care to not only look back, but plan for the future.

ENGAGEMENT FEEDBACK

"We need to develop a culture that has digital assumed."

"We need ability and agility to interface with partner systems."

"We need to support understanding of decision-making linked to primary care, community, mental health and social care records."

"Predictive analysis – a triangle of People, Processes and Systems."

"More ESR self-service, and optimise back office systems."

KEY CHALLENGES (SWOT, PESTLEC, R&I) ADDRESSED

- With Quality and Finance, Digital is one of the key strategies that enable the others, and the overall trust strategy and performance.
- Digital maturity will enable our Provider and Employer of Choice opportunities, and therefore underpin our ability to bid for additional work and mitigate risks to the sustainability of existing clinical services.
- A modern IT infrastructure and toolset will enable increased mobile and flexible working, enabling efficiency and productivity.
- A mature digital landscape and workforce will meet the evolving expectations of the public who are increasingly reliant on and familiar with digital solutions at their fingertips in all areas of modern life.
- Our contribution to Prevention and Population Health will manifest largely via digital apps that support self-care and provide information, especially to those with long term conditions; similarly it will enable a greater response rate and immediacy of feedback on our services and patient experience.
- As our services and organisation rely increasingly on digital solutions and communication, we are increasingly vulnerable to cyber security threats. A mature digital environment will put us in the best position to avoid and, if necessary, recover from such attacks
- .Digital maturity will pave the way for artificial and augmented intelligence systems that will support clinical and business decision-making, and more personalised care and genomics

LONG TERM PLAN

5.14 – 5.30

Local Health Care Record (LHCR) and Patient Health Record (PHR); including SCR and care plans. Mobile working in the community; improved Ambulance access to info. Digital leadership. Modernisation, Evidence-based practice. National systems provision and integration. Population health management systems. Cyber Security. Electronic prescribing. Electronic rostering to optimise staff deployment.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Digital
Executive Lead: Mark Hutchinson

Gloucestershire Hospitals NHS Foundation Trust

Operational Objectives	Operational Measures
Digital Landscape ➢ Infrastructure ➢ WiFi replacement, optic fibre replacement ➢ Hardware / Software ➢ Windows 10, email archiving, firewall replacement, PC refresh ➢ Digital Solutions ➢ EPR, OPMAS, TCLE, TrakCare upgrade, Imprivata, JUYI, MDT	
Digital Workforce ➢ Leaders & Decision-Making Process ➢ Digital / IM&T embed to transformation, leadership training ➢ Digital / IT staff ➢ In-house development programme, ICS skill sharing, 'grow our own' ➢ All staff ➢ Digital literacy/confidence/competence, self assessment, organisational development	
Digital Intelligence ➢ Data management ➢ Data warehouse, virtual data software ➢ Reporting / Audit ➢ Power BI, reporting catalogue, EPR audit opportunities ➢ Data Quality ➢ Data quality strategy, data quality delivery group	

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Communication & Engagement
Executive Lead: Simon Lanceley

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

1. **Public, patient, carers, relatives and staff are involved in the co-design of new care pathways and services and help us to define, monitor and communicate measures of success**

Strategic intent

When we communicate and engage with staff and external stakeholders it will be clear what we are communicating or how the request for involvement relates to the Trust and/ or Integrated Care System (ICS) strategy.

When we communicate and engage, the language, level of detail and materials will be tailored to the meet the needs of our different stakeholder groups. We will use a range of methods to engage with staff and stakeholders, recognising that different groups respond to different approaches and techniques.

We will work closely with communication and engagement teams within our Integrated Care System to re-inforce *One Gloucestershire*.

One of our key objectives is to ensure the voices of public, patients, carers, relatives and staff are heard and incorporated into service improvement and re-design projects as part of our journey to outstanding.

Key functions of communications and engagement:

Internal : Providing information to staff and members in a clear, visible and transparent way. Providing an opportunity for staff to design and prioritise key changes that support delivery of our strategic objectives.

External: Ensuring public, patients, carers and, relatives are involved in the design of service change and their voice is heard and incorporated into new ways of working and measures of success (patient user groups) . Building alliances with our partners to support delivery of Trust and system strategic priorities. To maintain and develop our external reputation and brand.

Engagement feedback:

"We need to involve patients and their families when we want to change how we provide care – it's their service, not ours"

" We communicate, a lot, but it's not always clear if or how different initiatives are connected"

"We need to communicate as one NHS, we get bombarded with information which creates engagement fatigue"

"When we engage it needs to be meaningful so that if we invest time we can see how our suggestions have been incorporated or we understand the reasons why not"

"We need to be a lead voice and set the pace of the Integrated Care System!"

Key challenges – informed by SWOT, PESTLEC, Risk Registers

- Public and patients see one NHS, but receive communication from multiple organisations which can be confusing
- We do not always include patients in our Task and Finish groups or change programmes which means their voice is not heard and/ or changes are not understood
- The risk that the ICS programme focusses on governance structures and organisational form, diverting effort from system improvement

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Estates
Executive Lead: Simon Lanceley

Gloucestershire Hospitals
NHS Foundation Trust

Strategic Objectives:

1. **We have a Trust Development Control Plan (DCP) that is supporting the implementation of our Trust strategy**
2. **We are working with our Integrated Care System partners to improve the quality and optimise the use of public estate across Gloucestershire**

Strategic intent

Our Estates Strategy and supporting Development Control Plan (DCP) will be used to prioritise back-log maintenance, small works and capital development to support the delivery of our strategic objectives and prioritised operational objectives of our enabling strategies.

Our Estates Strategy will be aligned with the Integrated Care System (ICS) vision and objectives for the use of public estate across Gloucestershire:

Vision: a flexible estate infrastructure, supporting the service ambitions and day to day working of Gloucestershire's Integrated Care System.

Objectives:

- Key strategic capital investment priorities have been delivered on time and on budget
- A right sized estate where organisations have identified their core assets, successfully disposed of surplus requirements and used this finance to deliver longer term financial sustainability and/ or reinvested in a clear forward maintenance and investment programme agreed between organisations;
- ICS estates teams and other relevant departments are working collectively and sharing expertise across most programmes;
- There are common operational policies for all sites covering both clinical and non-clinical areas, standardising work practices for the use of buildings between organisations, making it as easy as possible to do business across the Integrated Care System;
- There is a thorough understanding of assets and the utilisation of those assets to maximise efficiency of joined up care and support operational delivery;
- There is a clear strategy and programme between health and all local authorities maximising estates to impact on the wider determinants of health;
- The Gloucestershire health estates function is fully supporting sustainable development.

Engagement feedback:

"We need to make it easier for staff to work across site and across Gloucestershire"

"We have some really poor facilities that do not reflect the quality of care we are providing"

"Can we please provide more outdoor space for patients and staff"

"We have to improve the Tower entrance , it makes a really bad first impression"

Key challenges – informed by SWOT, PESTLEC, Risk Registers

- 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
- Risk of new regulatory approach to wholly owned subsidiaries restrict the benefit realisation of the GMS business case
- Introduction of stricter sustainability and environment standards
- Opportunities to secure capital from alternative routes.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Work in progress

Enabling Strategy: Estates
Executive Lead: Simon Lanceley

Gloucestershire Hospitals
NHS Foundation Trust

Strategic Objectives:

1. **We have a Trust Development Control Plan (DCP) that is supporting the implementation of our Trust strategy**
2. **We are working with our Integrated Care System partners to improve the quality and optimise the use of public estate across Gloucestershire**

Operational objectives:

- Staff understand the Trust's relationship with Gloucestershire Management Services (GMS) and know what to do if service level agreements are not being delivered and, how to progress a service improvement
- Staff are able to access hot-desk facilities at either site on a planned and unplanned basis
- Staff are able to work across partner sites with access to required systems and data
- Staff that work across the ICS have define hubs e.g. Community midwives
- Where estate is re-developed, it is designed to be flexible so it can be used for other services in the future
- The Trust's site development plan addresses know risks and poor estate e.g. Orchard Centre
- The Trust has a rolling estate refurbishment programme with defined, affordable timescales e.g. clinical areas are refurbished every 5 years

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Currently published on Trust website

Gloucestershire Hospitals NHS Foundation Trust

Plan for other Trust Strategies

#	'Strategic document' [1]	Date(s)	Change (agreed 04/12)	Action	Status	Exec Lead	Business Lead
1	Sustainable Procurement Strategy Policy	2015 - 2018	Strategic Procurement Policy	To be updated	*Live*	Sarah Stansfield	Edward Taylor
2	Communications Strategy	2013 - 2016	Communications Delivery Plan	Incorporate into new Communications & Engagement Strategy	*Expired*	Simon Lanceley	Craig MacFarlane
3	Nursing & Midwifery Strategy	2013 - 2015	Nursing & Midwifery Delivery Plan	Incorporate into People & OD Strategy	*Expired*	Emma Wood	Suzie Cro
4	Improving Patient & Carer Experience Strategy	2015 - 2017	Improving Patient & Carer Experience Delivery Plan	Incorporate into Quality Strategy	*Expired*	Steve Hams	Suzie Cro
5	Food and Drink Strategy	2015 - 2018	Food and Drink Policy	Incorporate into Quality Strategy	*Live*	Steve Hams	Cathy Boyce
6	Workforce Strategy	2016	People & OD Strategy		*Expired*	Emma Wood	Ali Koeltgen
7	Membership Strategy	2017 - 2020	Membership Policy	Incorporate into new Communications & Engagement Strategy	*Live*	Simon Lanceley	Lukasz Bohdan
8	Sustainability Strategy	2015 - 2020	Sustainability Policy	Incorporate into Estates Strategy	*Live*	tbc	tbc
9	Dementia Strategy	n/a	Dementia Policy	Incorporate into Quality Strategy	*Live*	Steve Hams	Suzie Cro
10	Patient Health & Wellbeing Strategy	2016	Patient Health & Wellbeing Delivery Plan	Incorporate into new Quality Strategy	*Expired*	Steve Hams	Suzie Cro
11	Staff Health & Wellbeing Strategy	2015	Staff Health & Wellbeing Delivery Plan	Incorporate into People & OD Strategy	*Expired*	Emma Wood	Cathy Boyce
12	Health & Wellbeing Community Strategy	2017	Health & Wellbeing Strategy	Incorporate into People & OD Strategy	*Expired*	Emma Wood	Cathy Boyce

Gloucestershire Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS – APRIL 2019
Lecture Hall, Redwood Education Centre commencing at 17:30

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; Sarah Stansfield, Director of Finance
Executive Summary

Purpose

To present to the Council the 2019/20 Operational Plan, formally submitted to NHS improvement on 4th April 2019 as required by the national timeline.

Key issues to note

- Operational Planning activities worked to a formal project plan constructed through the process which will be used as a template for future years.
- Engagement from operational leads significantly improved from last year despite recognised operational pressures.
- Completion was challenged, notably in the few days leading to submission, by the difficulties experienced in finalising the contract with our lead commissioner, impacting the position of final activity and growth figures, and contractual and financial positions.
- The submitted plan meets the financial control total offered to the Trust by NHS Improvement - £1.5m deficit for the 2019/20 financial year, planned including a 4% CIP of £22.4m.
- Divisional alignment with new 2019/20 strategic objectives will occur in May/June.

Conclusion, Implications and Future Action Required

- The Operational Plan document provides a compelling narrative regarding the improvements in 2018/19 that form the basis for the 2019/20, year one of our new strategic plan.
- Post-submission lessons learned will be conducted in May/June as proposed to, and agreed by, Audit and Assurance Committee, based on the 2018 audit of operational planning.
- The Trust lessons learned exercise will feed into an ICS-wide lessons learned exercise; this will need input from not just planning leads, but senior operational, finance and business intelligence stakeholders too.
- These lessons will be used to further improve next year's process, which will see a more marked shift towards system operational planning.
- A public version of the plan will be produced for publication in June/July

Recommendations

- The Council is asked to note the Operational Plan, and NOTE the considerable effort from a diverse group of stakeholders in both operational and corporate areas.

Impact Upon Strategic Objectives
The Trust's new strategic plan for 2019-24, and strategic objectives, are being formulated through April and will be presented to the Board in May. An early draft set of objectives were included in the submitted Operational Plan to provide indicative context, with a clear 'work in progress' marker. The public version of the plan will refer to finalised objectives.
Impact Upon Corporate Risks
Risks to delivery of the plan are included on page 7. Manifestation of many of these risks could impact upon existing registered risks relating to finances, cost improvement and activity, especially if income is compromised leading to shortages in cash, capital and/or growth funding (e.g. F2724, C2894COO, C2895COO, F2722, C2628COO, C1798COO, S2568Anaes)
Regulatory and/or Legal Implications
Submission satisfies regulatory compliance.
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)**
						03/04/19	
Outcome of discussion when presented to previous Committees/TLT							
Trust Board 11/04/19							

Gloucestershire Hospitals
NHS Foundation Trust

Operational Plan Document for 2019-20

4th April 2019

(Version 1.0)

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 plan, the Trust is confirming that:

- The Operational Plan is an accurate reflection 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.

Approved on behalf of the Board of Directors by:

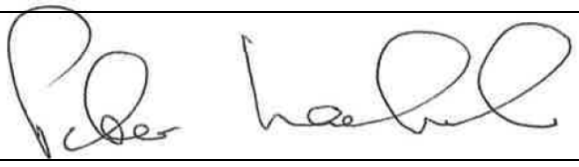
Chair: **Peter Lachecki**	Signature 
Chief Executive: **Deborah Lee**	Signature 
Director of Finance: **Sarah Stansfield**	Signature 

TABLE OF CONTENTS

Tables

Figures

1. Executive Summary

1.1. Introduction

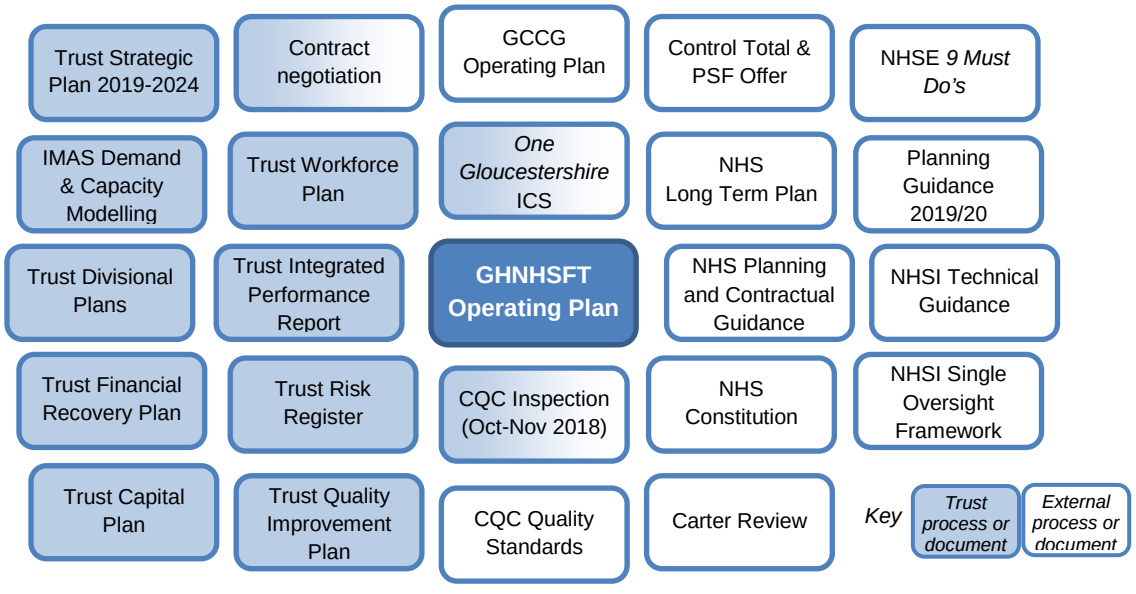
This document confirms the Trust's planning assumptions and priorities for 2019-20. It is the first operating plan to be issued as part of our new Strategic Plan (2019-24), and has been written during the development of the strategy. This plan also forms part of the first *One Gloucestershire* Integrated 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:	£29.1m

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, 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.

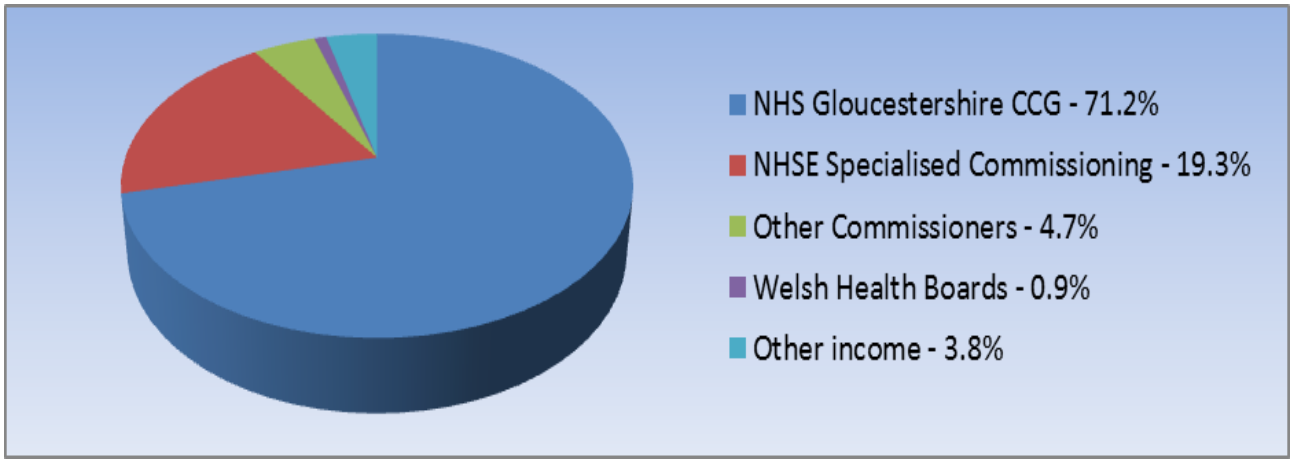
1.2. Operating Context

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 Objectives

Figure 3 - Our Vision, Purpose, Values and Objectives

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 Objectives

To achieve the best for our patients, their families and carers, our staff and our communities, we need cohesive priorities for the coming years. Focus on patients and our strategic objectives will ensure that this happens. If we achieve our objectives, we will move closer towards our Vision. Our 2019-24 strategic plan is in development; a summary of the timeline and approach can be found at Appendix 1, with an early draft set of objectives and supporting plan to be finalised in May 2019.

1.4. Summary of progress against 2018/19 objectives

As part of our annual planning process our objectives are prioritised from strategic (overarching organisational objectives) 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 objectives through our operational work in 2018/19, which will inform our priorities in 2019/20.

Table 1 - Progress towards 2018/19 strategic objectives

Our 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 at >90% sustained throughout the year placing us in the upper quartile of Trusts nationally ➢ RTT reporting recovery plan delivered January 2019 ➢ Hospital standardised mortality ratio below 100 achieved in 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. Two further Gold Coaching cohorts launched ➢ 'One stop shop' for staff health and wellbeing scoped and in development for launch May 2019

Our 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 Strategic Outline 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 November 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

- There will be growth in demand 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 may remain on block to reflect system priorities and incentives.

- 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 £1.5m deficit position, including Provider Sustainability Funding (PSF) and Financial Recovery Funding (FRF).
- Inflation for pay and non-pay expenditure budgets has been 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.
- Where contract settlements have been reached with Commissioners they 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 alternative 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), Recruitment and Retention Premiums for hard-to-recruit areas.	DQ&CN DP&OD
	The risk of reduced capacity or safety and quality of care due to failure or breakdown of estate, facilities and/or equipment.	Finance & Operational	Review criteria-driven prioritisation of capital funds; pursue lease/managed service options where appropriate and available.	DoF COO
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
External	The risk of demand exceeding agreed growth assumptions if we remain on block contract with commissioners, 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	Appropriate use of agency/locum cover; innovative role design, with ICS; continuous process improvement to optimise staff skill mix and deployment.	DP&OD
	The risk of Brexit – and uncertainty related to its timescales – creating unplanned supply chain and workforce shortages, and having a wider negative economic impact affecting public sector finances, for un unknown period of time	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.
- 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	2.0%
Planned Care	Elective admissions	1.4%
	Elective day cases	1.3%
	Outpatient attendances	2.7%*
	GP referrals	0.2%
Cancer	2 week wait referrals	11.9%
	62 day treatments	11.9%

**includes 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. The trajectory for improvements in ambulance handover delays are presented in Appendix 2.

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 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 - 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

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

strategy of finding more cancers. We aim to meet and exceed cancer performance standards as soon as possible in a sustainable way based on our planned improvements and action plans. though recognise this will be challenging. This recognition is reflected in our performance trajectories in Appendix, however good progress is already 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

With support from NHS England we have expanded our surgical capacity to remove a recognised backlog in urology. We plan to extend these surgical lists dependent on funding streams. This will be complemented by additional surgical capacity with expertise in robotic surgery, helping to bring 2 week wait performance within 0-7 days in line with optimal timed pathways.

We have established that some key demand and capacity issues in the diagnostic stage (Radiology, Pathology Reporting and Biopsy) of the 62-day cancer pathway are impacting our performance. In 2019/20 we will do the following to improve and address these issues:

Table 4 - Summary of 62-day cancer standard improvement initiatives

New Capacity	Risk Mitigations
➢ Further implementation of timed pathways with lung, colorectal and prostate. ➢ Upper GI timed pathway project ➢ Faster Diagnosis Standard project aiming to analyse the capacity required to meet the 28 day standard across the system ➢ Gynaecology pathway review with the aim of: o Gynaecology pathway changes to reduce demand and variation at start of the pathway o Hysteroscopy and surgical capacity ➢ Head and Neck pathway review - same day OPA/US in front end of the pathway ➢ MDT Coordinator team centralisation ➢ Infoflex system upgrade with web view (additional tracking functionality) ➢ Expansion of Cancer Services team re: operational management and pathway trackers	➢ New CT and MRI scanners ➢ Workforce strategy for hard to recruit and retain role e.g. radio-graphers/sonographers/radiologists ➢ Outsourcing scans/reporting where appropriate ➢ Further demand/capacity modelling to be completed to deliver 5-7 day case turn around with new capacity ➢ Diagnostic pathways re-design to ensure initial diagnostics completed prior to being seen by clinician ➢ Pilot and embed transperineal biopsies in order to reduce TRUS biopsies being performed

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 in Trauma & 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 NHS Long Term plan.

The Trust's *'Requires Improvement'* CQC rating in July 2017 showed that we needed to embed our quality improvement approach to build our safe, effective, caring, responsive and well-led practice into our processes, standards and systems. Our latest CQC rating of *'Good'* in February 2019 showed this has happened, and sets us on the path to *'Outstanding'*. 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 including 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.

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 updates including an Integrated Quality and Performance Report; this presents a comprehensive set of measures which align with the five CQC domains, including quality, workforce and finance.

Our Quality and Performance Committee of the Board is chaired by one of our Non-Executive Directors and is responsible for quality assurance, also providing assurance reports. The Committee reviews an extensive range of quality reports, audits and reviews (covering topics such as the Risk Register, Serious Incidents, Safer Staffing, safe care metrics, Quality Account updates, and *Getting It Right First Time* reviews).

Our Quality Delivery Group is chaired by the Director of 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.

The measures we are using to demonstrate and evidence the impact of the investment in quality improvement are the numbers of staff we have trained at each level. 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 and 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.

Examples of quality improvement initiatives to be included in our Quality Account 2019/20 Seven day services - Delivering 7-day services remains a quality priority for the Trust. We have carried out a robust self-assessment and we have developed an action plan for service gaps which is being monitored for delivery through the Planned Care Delivery Board and for assurance through our Quality and a Performance Committee. We will continue the improvement work in the next financial year and will report this publicly through our Quality Account.

Preventing healthcare associated Gram-negative bacterial bloodstream infection (BSIs) - Gram negative bloodstream infections are a healthcare safety issue and we aim to halve the incidence of infections by 2021. The ICS-wide action plan has been reviewed and will be further developed with our partners with a particular focus on reducing urinary catheter use and improving hydration in older adults. We have taken part in the successful urinary tract infections collaborative hosted by NHS Improvement and will continue to implement this work. We expect to implement our catheter reduction plan during summer 2019. The action plan delivery is being monitored by the Infection Control and Prevention Committee and for assurance through our Quality and Performance Committee. We will continue the improvement work in the next financial year and will report this through our Quality Account.

Implementation of National Early Warning Scoring version 2 (NEWS2) – We went live with the updated NEWS2 system in April 2018 with an implementation plan that focused on engaging staff;

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

as part of the Patient Safety Programme, 'NEWS 2' has now been audited. The priority areas for audit included complete observation recording, accurate NEWS2 score calculation, documentation of response to a concerning NEWS2 score and correct saturation scale use. The results of the audits have informed our 2019/20 improvement plan, to be reported through our Quality Account.

Learning from deaths - In March 2017, the National Quality Board published the first National Learning from Deaths Guidance 'A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care'. In response to this guidance, our Hospital Mortality Review Group has developed a 'Learning from Deaths' improvement programme and policy (which is published on our Trust website). In 2018-19 we presented quarterly progress reports to the Trust Board. We will continue our improvement work in this area and will report this in our Quality Account.

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 objectives for 2019/20. Detail regarding our Quality Priorities for 2019/20 can be found at Appendix 5. Our CQC reports continue to help us formulate and drive our quality improvement plan:

- Assurance Plan - ensure *Outstanding*, *Good* or *Requires Improvement* are at least maintained
- 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 as Good overall (see table below – this is our baseline to start 2019/20:

Table 5 - 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 6 - 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*

[4] Due to the proximity of publication, *Should Do* actions are being formulated at the time of writing

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. The QIA process, information requirements and metrics can be found at Appendix 6. QIAs are conducted in various functions 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 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.

[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/

4. Workforce Plan

4.1. Our Workforce Strategy

The Trust has a Workforce strategy which seeks to ensure that through the People and Organisational Development (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 7 - 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; focus on tackling bullying & harassment, and gaining true added value from appraisals ➢ 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: blogs, Involve, staff meetings, social media, and 'pulse surveys' to identify and measure items of interest.

Workforce Challenge	Impact on workforce	Initiatives in place
		➢ Freedom to Speak Up agenda (Freedom to Speak up Friday) ➢ Leadership and professional development opportunities ➢ Leadership Engagement Forums (100 Leaders, Extended Network, GM Forum) ➢ Development of informal change toolkit for managers and leaders. ➢ Working with clinical leaders to develop enhanced care pathways. ➢ Staff recognition: 'Going the Extra Mile' (GEM) awards, annual staff awards and divisional/local awards ➢ Talent Management (Accelerated Development Pool) ➢ Health and wellbeing hub launch; review of health & safety systems and practices. ➢ 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 8 - 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 apprentices.	
		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
		Design of initiatives to develop own talent in radiography	November 2019
		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 – weekly CEO blog, monthly 'Involve' Executive briefings, staff meetings, social media *Journey to Outstanding* (J2O) 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 Accelerated 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.	Apr-2019 Launched 2018/19, peer support network development throughout 2019/20
		Equality, Diversity and Inclusion EDS2 output-based equality of opportunity action plan: 1. Better health outcomes relative to community needs 2. Improved patient access and experience 3. A represented a supported workforce 4. Inclusive leadership Analysis of gender pay to design solutions to reduce gaps Preparation to improve the recoding of protected characteristics ahead of WDES	Published 2018/19, work ongoing throughout 2019/20 Analysis April 2019, action plan to follow Through 2019/20
		Quality Led Initiatives Quality summits following reports on patient care issues and Schwartz rounds Gloucestershire Safety and Quality Improvement Academy (GSQIA) 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 9 - Long Term Vacancies

Description of vacancy & 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 Bank and Agency usage. Increased pressure on existing workforce, impacting on staff experience & retention	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)

Description of vacancy & longevity	WTE Impact (Feb 19)	Impact on Service Delivery	Initiatives in place, with timescales
		Potential negative impact on the delivery of safe, quality care to patients.	Recruitment initiatives: Australia recruitment trip for RGNs March 2019. Refer a Friend scheme (live) UK recruitment fairs Ongoing Philippines pipeline (offered and awaiting IELTS)
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 Q1 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.
Vascular Surgeon/ Clinical Fellow	2.0	Existing team & some agency provide 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)	2.0	Impact reduced since apprenticeship pathway launched (graduates targeted and skills mix changed). Agency cover provided.	New apprenticeship pathway in place (implemented 2018), recruitment to remaining 2 roles was unsuccessful, however further efforts will be made to advertise these during 2019)

Description of vacancy & 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; 5 year workforce demographic profiled

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 (RSG), reporting to the People and OD Group which in turn reports into the People & OD Committee. RSG focuses 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 the *100 Leaders* and *Extended Leadership* networks 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') interventions, 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. Anticipated 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.

Armed Forced Covenant

The Armed Forces Covenant is a promise from the nation that those who serve or have served, and their families, are treated fairly and we have been recognised by the Armed Forces Covenant Employer Recognition Scheme with a Gold Award for our support of those who serve. We have many staff working in our hospitals who have previously been a member of the Armed Forces or has a partner who has been or is still in the Armed Forces and some of our staff also serve as Reservists. These individuals are best placed to understand the difficulties that this cohort of patients and their families encounter and have experience of the challenges that can be faced in accessing and receiving health care services.

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], summarised below:

Table 10 - Summary of Equality Delivery System 2 Outputs

Group	Current grading for baseline	Goal	
Patients	Developing: people from only some protected groups fare as well as people overall	1. Better health outcomes	5 outcomes
		2. Improved patient access and experience	4 outcomes
Staff	Developing: staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce	3. A representative and supported workforce	6 outcomes
		4. Inclusive leadership	3 outcomes

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 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

[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

- **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;
- **Recruitment:** joint initiatives to recruit for similar roles across ICS partners with a specific focus on improving BAME representation.

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 £1.5m deficit 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 £27.9m deficit, which after adjusting for the impact of donated assets is revised to £29.1m on a control total basis. This position includes £5.2m of PSF and a further £12.7m of non-recurrent or full-year effect adjustments – leading to a recurrent underlying position of a £47.0m deficit.
- The impact of inflationary pressures is planned at £13.3m.
- 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 £4.1m, comprising: investment in approved pressures of £2.7m and £1.4m to address intolerable quality and safety risks.
- Based on the latest guidance from the Royal Institute of Chartered Surveyors (RICS) the Trust is exposed to the risk of an increased depreciation charge of £4.1m (not included in this plan) as a result of previously extended asset lives.
- 2019/20 CIP schemes of £22.4m (4% of turnover), including the full year effect of prior year's schemes.
- Where contract settlements have been reached with the Trust's commissioners they are reflected in this plan. These settlements which are subject to final agreement with commissioners assume significant income uplifts, reflecting NHS growth funds in the national tariff, activity increases for growth, and appropriate payment for non-tariff funded services.

2019/20 income assumptions:

Patient care income reflects the following assumptions:

- Agreement of a contract value of £345.4m with Gloucestershire CCG, which reflects the impact of the planning national tariff, activity growth, and appropriate payment for non-tariff and other services.

- 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 2019/20 financial plan for submission in the NHSI template on 4th April 2019:

Table 11 - Financial Plan Summary

Income/ cost area	2018/19 FOT £000	2019/20 Plan £000
Income from patient care activities	457,513	488,235
Other Operating Income	74,473	84,395
Total Income	531,986	572,630
Pay	(353,359)	(369,522)
Non-Pay	(186,890)	(182,630)
Total Expenditure	(540,249)	(552,152)
EBITDA	(8,263)	20,478
EBITDA %	(1.6%)	3.6%
Non-operating Income	98	98
Non-operating Costs	(19,784)	(21,472)
Surplus/ (Deficit)	(27,949)	(896)
Impairment		
Donated Assets impact	(1,130)	(604)
Adjusted Surplus/(Deficit)	(29,079)	(1,500)

The table above identifies planned delivery of the £1.5m deficit 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 income and expenditure plan identified above; and a loan of £21.9m (including £10m confirmed in 2018/19) 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 £12.9m, which is critical to ensuring that the Trust can continue to maintain its current working capital position and meet creditor commitments.

Table 12 - Cash Flow Plan

Cash flow	£000
Operating surplus/(deficit)	10,086
Add back non-cash items	9,392
Movements in working capital	(19,990)
Net cash inflow from operating activities	(512)
Interest received	36
Land receipts	
Capital purchases	(25,003)
Net cash from investing activities	(24,967)
PDC Received	1,500
Capital Financing	21,934
Revenue Loans	8,321
Working capital loan	12,879
Loan repayments	(9,791)
Capital element of lease and PFI payments	(6,681)
Interest paid	(4,504)
PDC payable	(2,375)
Interest element of lease and PFI payments	(456)
Net cash inflow/(outflow) from financing	20,827
Net movement in cash	(4,652)
Opening cash balance	7,306
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, 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 has been provided where clearly demonstrated (e.g. contractual commitments, and drugs and consumable increases).
- For ***pay expenditure, non-pay expenditure and non-clinical income*** 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.

5.3. Efficiency Savings

The 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 £10.2m have been identified by Divisions. Divisions have proposed internal targets and work continues to identify further schemes to move towards delivery of the target.

The table below shows the current split of 2019/20 CIP scheme identification:

Table 13 - Status of 2019/20 CIP scheme identification (March 2019)

Type	Plan £m	Identified £m	Unidentified £m
Pay	10.71	4.61	6.10
Non-Pay	11.63	5.53	6.10
Other operating income	0.02	0.02	0.00
TOTAL	22.36	10.16	12.20

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

The 2019/20 capital plan 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 14 - 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	
Donated assets (including imaging equipment)	1,000
Total Expenditure	26,000
Funding	
Depreciation	10,392
Capital Repayments	(2,970)
PDC	1,500
Charitable funding	1,000
Internal cash reserves	
Finance Leases	(5,856)
Loan requirement	21,934
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 status and endorsement by NHS Digital will provide the trust support and funding to deliver 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.

Digital Landscape

We are moving at pace to be a Trust where the environment provides digital means of working. This includes having the infrastructure and hardware necessary to provide digital solutions, and readily available skilled staff to deploy and support digital solutions that improve patient care. Some of these key infrastructure/hardware 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 advanced clinical functionality in an Electronic Patient Record (EPR) system. This will allow clinicians to view patient information (including diagnostic results), capture clinical documentation, prescribe electronically and be supported in their decision making.

In addition to day-to-day patient care, an EPR enables us to securely share information with colleagues involved in a patient's care both within and outside the Trust where appropriate, e.g. 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*.

Digital Intelligence

We aim to provide an insight-driven culture which embeds analysis, data and intelligence to enhance 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.

Digital Workforce

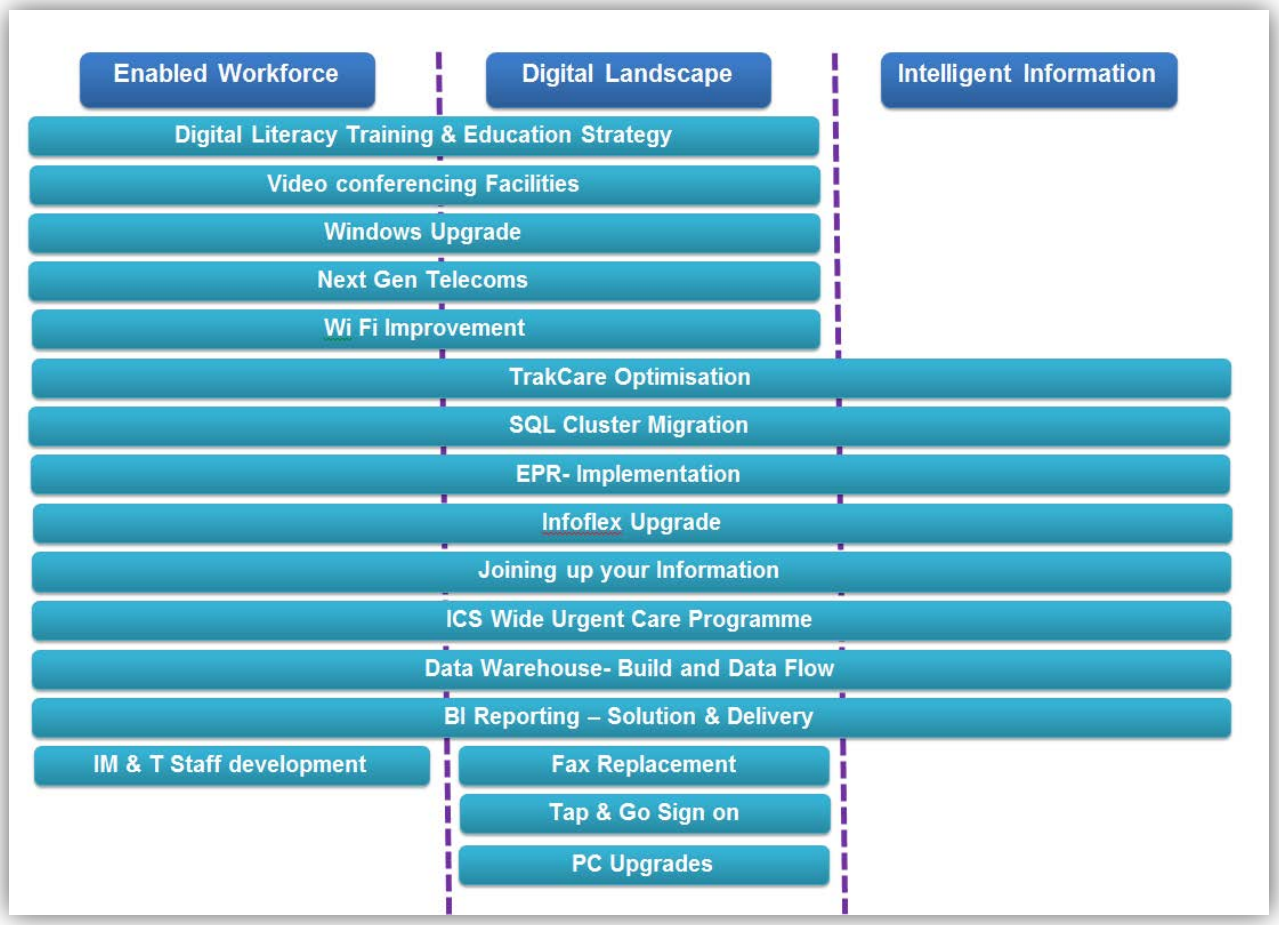
We are committed to developing staff digital literacy skills to ensure confidence and competence in using technology tools. From emails to accessing electronic pay slips to using a clinical system, digital ways of working will continue to develop across all departments and become integral over the next 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.

Within the Digital and IT workforce the Trust is also working to become an employer of choice and an organisation that individuals seek to work in. Alongside some of our exciting plans, ambitions

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

and projects, we are running an in-house development programme within our Business Intelligence service, utilising the ICS skill base to provide local training in an effort to both 'grow our own' experts, and provide staff with development opportunities that aid retention and working with NHS Digital and ICS colleagues to ensure we have a consistent and effective approach to Digital workforce planning. This also includes ensuring we have an approach to upskilling the leaders within our Trust to ensure that they understand the art of the digitally possible, and think digitally for all possible solutions.

Figure 4 - Our Digital Maturity Model



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 7) 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.

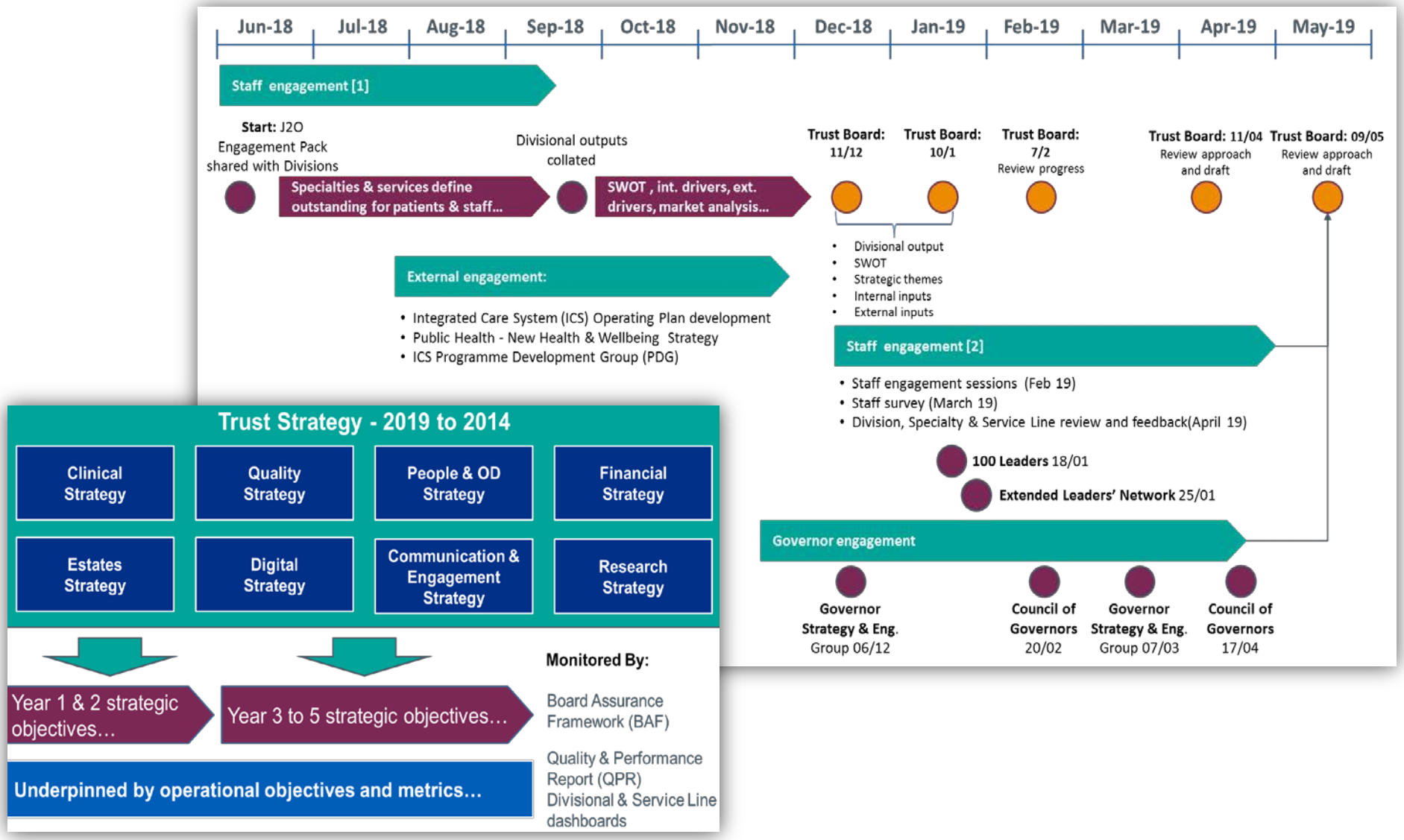
8.2. Elections

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 timeline and approach



Draft 2019-24 Strategic Objectives

✓ = Lead Strategy ● = Enabling Strategy

Draft – work in progress

Strategic Objective	Lead & enabling strategies							
	Clinical	Quality	People & OD	Research	Comms & Engagement	Finance	Digital	Estates
1. We have established Centres of Excellence for urgent and emergency care, obstetrics and paediatrics, planned care and oncology	✓	●	●	●	●	●	●	●
2. We have worked with our Integrated Care System partners to design and implement integrated models of care across Gloucestershire	✓	●	●		●		●	
3. We are rated *outstanding* by the Care Quality Commission	●	✓	●	●	●	●	●	●
4. We have a workforce which meets the needs of the Trust, its partners, staff and patients; is future proofed and focuses on attraction, development and retention of talent.	●	●	✓	●				
5. Our staff recognise the trust as an outstanding employer and want to work with us to deliver best care for everyone.	●	●	✓	●				
6. Our staff are equipped and inspired to do things differently to deliver improved services to our community.	●	●	✓	●	●			
7. We have a high quality research portfolio, which is visible to staff and patients, embedded alongside routine care, and is achieving the standards set by the National Institute for Health Research (NIHR).	●			✓			●	
8. We have defined the benefits University Hospital status can deliver for patients and staff and can demonstrate progress towards delivering those benefits	●	●	●	✓	●			●
9. Public, patient and carers are involved in the co-design of new care pathways and services and help us to define, monitor and communicate measures of success	●			●	✓			
10. We are rated *outstanding* by NHS Improvement for how we use our resources	●	●				✓	●	●
11. We use accurate quality, workforce, performance and financial information to inform our operational and strategic decision making			●			✓	●	
12. We have achieved Healthcare Information and Management Systems Society (HIMSS) Level 6 status due to our digital maturity and successful implementation of an electronic patient record, electronic prescribing, digital pathology and secure linkages with other partner systems.	●	●	●				✓	
13. We have a Trust site development plan that is helping us to implement our clinical strategy	●					●	●	✓
14. We are working with our Integrated Care System partners to improve the quality and optimise the use of public estate across Gloucestershire	●					●	●	✓

Appendix 2 – Operational Trajectories

Diagnostic test waiting times trajectory

Item	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. waiting <6 weeks	8,699	8,458	8,322	8,001	7,281	7,318	7,971	8,324	7,600	7,998	7,998	7,998
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
%	0.98%	0.98%	0.99%	0.99%	0.98%	0.99%	0.98%	0.99%	0.98%	0.98%	0.98%	0.98%

Referral To Treatment (RTT):

Item	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
18 week	73.0%	72.9%	72.8%	73.1%	73.5%	73.9%	74.2%	74.6%	75.0%	75.4%	75.8%	76.2%
No. >52 weeks	60	40	20	0	0	0	0	0	0	0	0	0

Ambulance Handovers to meet improvement plans:

Item	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Type 1,2,3 arrivals	3,814	4,171	4,026	4,130	4,026	4,071	4,278	4,353	4,663	4,522	4,156	4,365
Delays 15-30 min	1,441	1,583	1,528	1,571	1,533	1,554	1,635	1,664	1,785	1,730	1,587	1,669
Delays 30-60 min	52	50	48	46	43	40	40	40	40	40	40	40
Delays 60+ min	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times (2 Week Wait):

Item	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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 (2 Week Wait – Breast Symptoms):

Item	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. seen <2 weeks	215	207	234	238	182	187	253	229	221	218	218	218
Total no. seen	231	222	251	255	195	201	272	246	237	234	234	234
%	93.1%	93.2%	93.2%	93.3%	93.3%	93.0%	93.0%	93.1%	93.2%	93.2%	93.2%	93.2%

Cancer Waiting Times (31 Day First Treatment):

Item	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. treated <62 days	165	176	193	167	153	177	196	197	170	183	180	227
Total no. treated	135	145	159	138	129	151	167	167.5	145	156	153	193
%	81.8%	82.3%	82.4%	82.6%	84.3%	85.0%	84.9%	85.0%	85.0%	85.0%	85.0%	85.0%

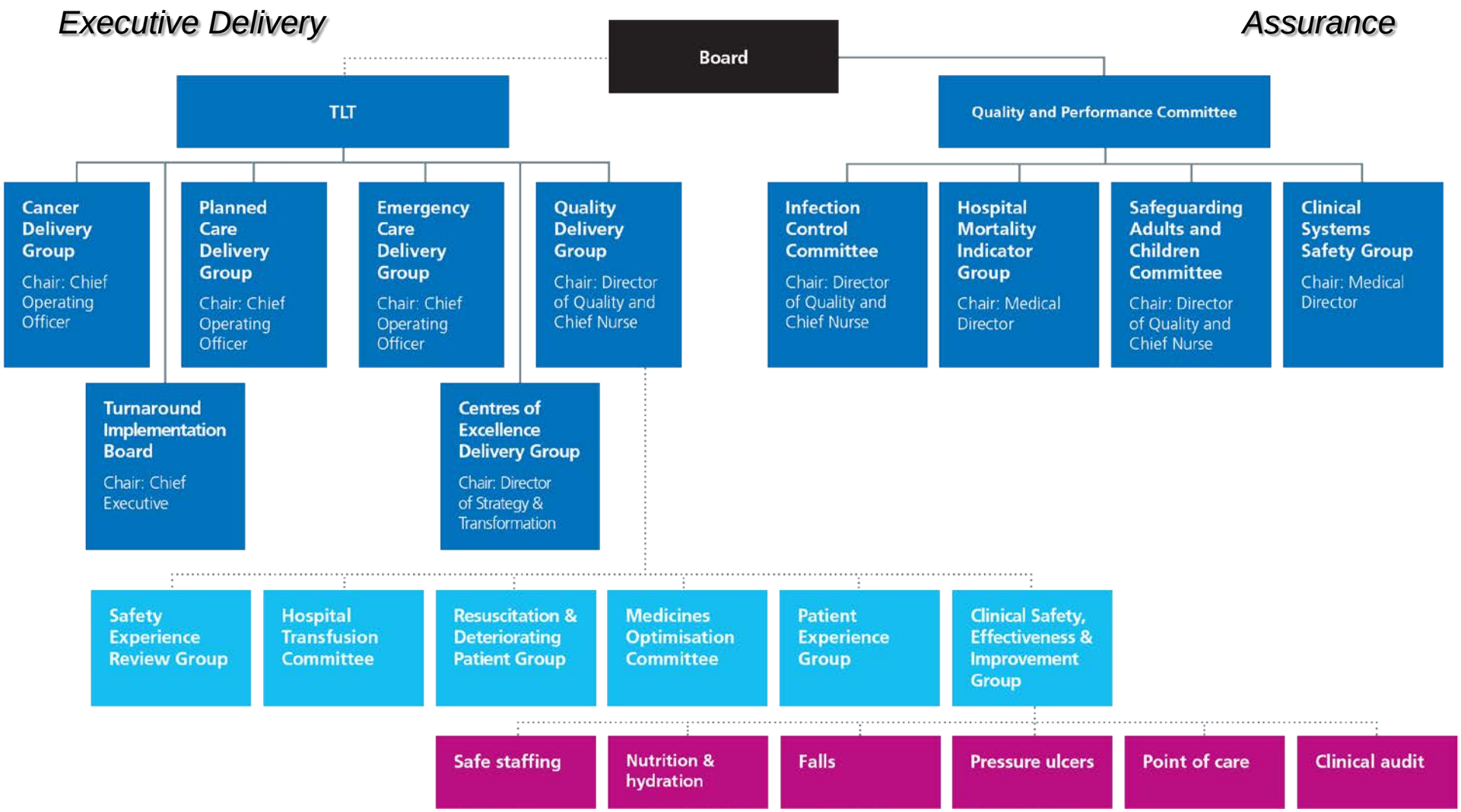
Cancer Waiting Times (62 Day Screening):

Item	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oc-19t	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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

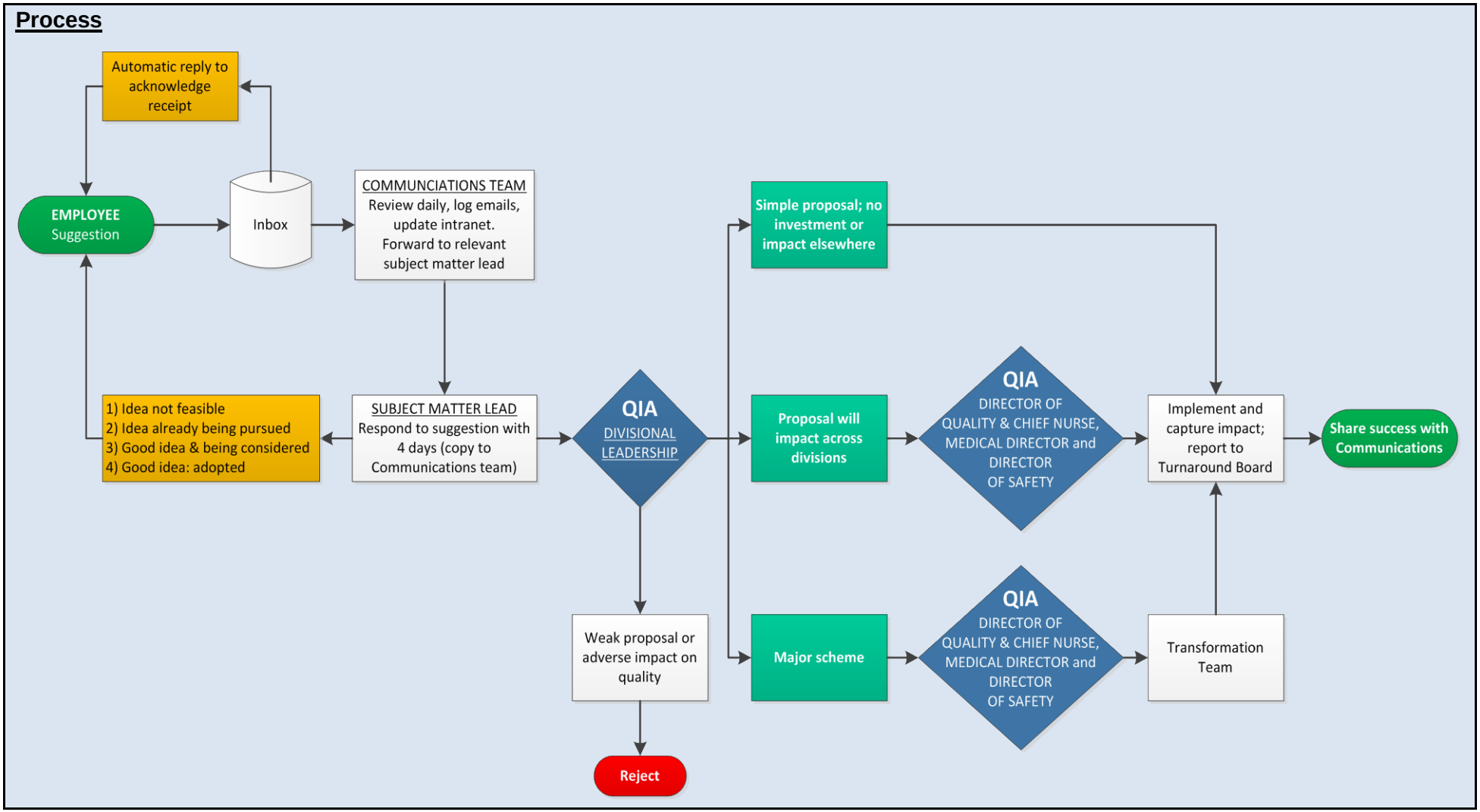
Priority quality indicator goals 2019/2020	Why we have chosen this indicator
Well Led	
Continuing and the development of quality improvement through the roll out of the new quality framework supported by Gloucestershire Safety and Quality Improvement Academy (GSQIA) and the Quality Team	To further embed 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	Why we have chosen this indicator
Diagnostics and Specialities Division	
Support and maintain our ISO standards	Patient, staff and commissioner assurance
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, Format and Metrics

Process



Format

- 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 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

Metrics

1. **What is the potential impact of the service development on patient experience and their outcomes?**
2. **What do patients and carers say about the current service and what does current outcomes?**

   Triangulate and use our positive and negative feedback from:
   - PALS and complaints, and Patient Opinion
   - Social media comments
   - National Survey Programme data and local surveys
   - Real time feedback,
   - Focus groups, and
   - Feedback about our service from Healthwatch

   Review our outcomes and clinical effectiveness data

3. **Are there NICE Guidance and/or Quality Standards associated with this business case/service change/redesign?**

   Which NICE Quality Standards are identified?
   If there is no relevant Quality Standard, has other accredited evidence been sourced? If yes, please state which.
   If there is no relevant accredited evidence, will good practice be defined by carrying out research?
   Are there protocols or guidelines written which specifies good practice?

4. **Are the planned changes or service re-design in line with the most up-to-date guidance ensuring the business case is evidence-based?**

   Has a baseline assessment against the recommendations/indicators been undertaken?
   Does the plan reflect the Quality Standard Indicators?
   Are there gaps? If there are gaps, how will these be addressed?

5. **What plans are in place for clinical audit or evaluation once changes have been imbedded into practice?**

   Audit against standards outlined in NICE guidance or professional standards.

   Health Outcomes for patients

   What are the expected health outcomes for patients?
   How will the success against your expected health outcomes be measured?
   How do these compare with other available treatment or care pathway alternatives?

6. **How will the patient experience and outcomes data of the new service be monitored?**

   How will feedback and outcomes data be collected? Who will be analysing it and when?

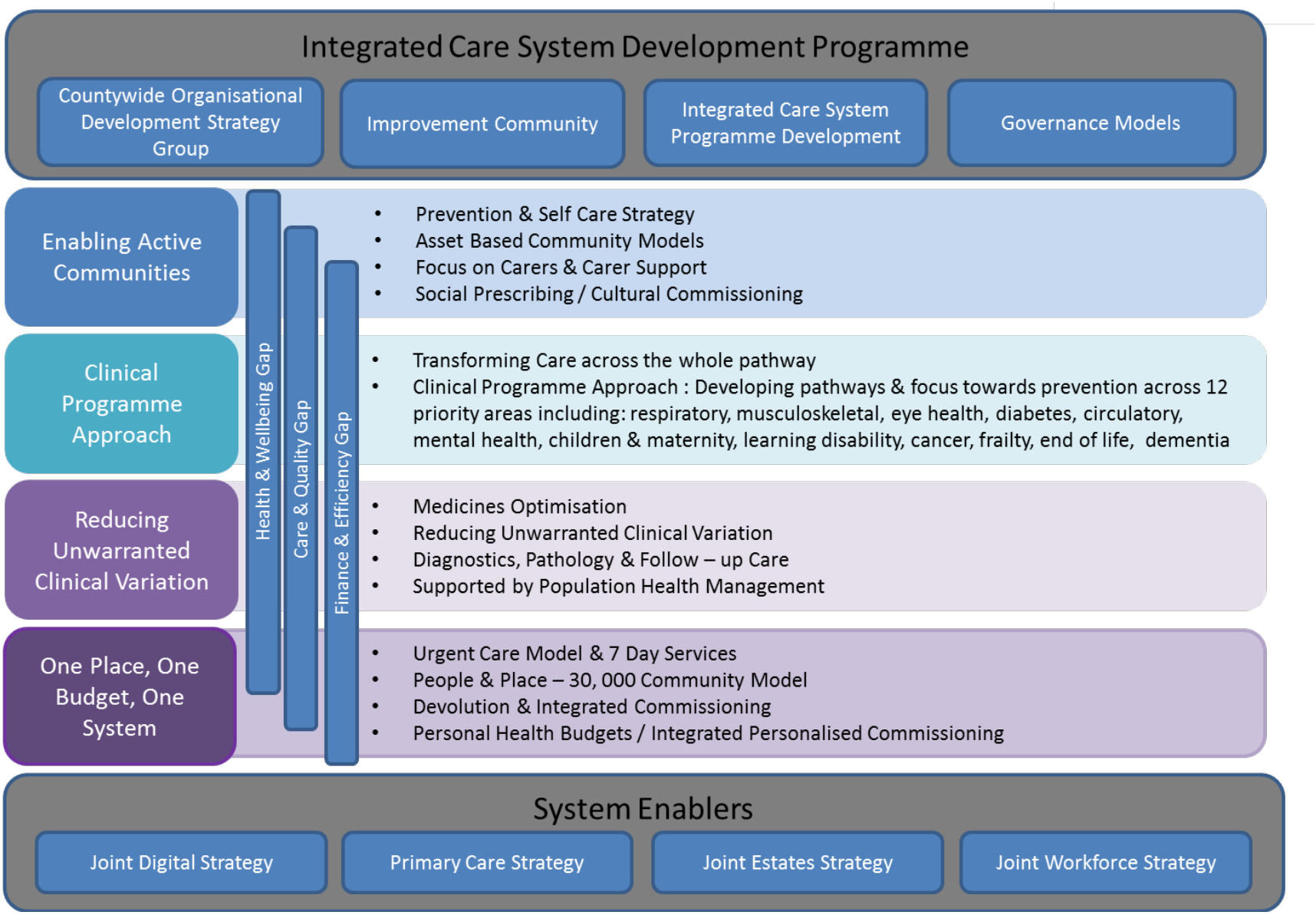
7. **Will patient choice be affected?**

   Will choice be reduced, increased or stay the same?
   Do the plans support the compassionate and personalised care agenda?

8. **What level of public support for this service development is anticipated?**

   Do you expect people to:
   - be supportive
   - be a little concerned or
   - contact their MP or the press as a result of their objections?

Appendix 7 – ICS Overview



GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS – APRIL 2019
Lecture Hall, Redwood Education Centre commencing at 17:30

Report Title
Non-Executive Director (NED) Recruitment
Sponsor and Author(s)
Author & Sponsor: Lukasz Bohdan, Director of Corporate Governance
Executive Summary

Purpose

To update the Council on the planned recruitment of two Non-Executive Directors and seek agreement for the proposed approach.

Background

- Gloucestershire Hospitals NHS Foundation Trust's Constitution specifies that the Trust should have seven non-executive Directors (in addition to the Chair).
- In 2018 the Trust reviewed the skill set of the Board members and agreed to bring in additional NED Board members with the skills in the areas of digital, information and data management; asset/property management, development and/or investment; and partnership working and integration of health and social care.
- As a result of a recruitment rounds in April 2018 and October 2019, we were successful in appointing a candidate with experience in property asset leadership (Mike Napier) and a candidate with experience in digital, information and data management and integration (see below)

Key Issues to note

- The Council should note that the required ¾ of Governors recently supported, by email vote, a candidate to the role NED.
- There remains one NED vacancy and, with Keith Norton not seeking re-appointment at the end of his first term, there will be a second vacancy as of end of April.
- Having considered the balance of skills on the Board, it is proposed to seek NED candidates with "experience of working in a board level or senior leadership role in a private or public sector setting. Candidates with commercial, business, operational and financial experience in large private industry/sectors are particularly encouraged to apply." It is expected that seeking a 'generic' NED skill set will allow us to attract a wider range of suitable candidates; a discussion can then be had at the shortlisting stage about the most appropriate skill sets to complement the existing ones – see attached Job Description and Person Specification.
- It is further proposed to include a statement in the advertisement (attached) that the Trust would like to "hear from people who represent the diversity and richness of the communities the Trust serves and who have diversity of thought that can benefit the Trust and challenge the way we do things to ensure our commitment to a culture of inclusivity and transparency is always maintained."
- The proposed approach will see the roles advertised through the NHS Jobs, social media (e.g. LinkedIn) as well as personal and professional networks, including the Diversity Network, existing NED and Governors networks, chambers of commerce, NHS Improvement/Cabinet Office etc. Application will be via a CV and cover letter to be submitted through the NHS Jobs. The assessment process will include a governor focus group and a panel interview; the panel will comprise of the Trust Chair, Lead Governor, a G&N members and an independent assessor. The Chief Executive will be in attendance.

Implications and next steps

- The Council is asked to approve the NED recruitment proposal following endorsement by the Governance and Nominations Committee.

Recommendations

The Council is asked to approve the NED recruitment proposal.

Impact Upon Strategic Objectives

Not directly applicable, however effective Non-Executive Directors' challenge is central to the effective operation of the Board and the Trust.

Impact Upon Corporate Risks

Not directly applicable, however effective non-executive directors' challenge is central to the effective operation of the Board and the Trust.

Regulatory and/or Legal Implications

By filling in Non-Executive Directors' vacancies, the Trust will ensure it operates in line with it Constitution.

Equality & Patient Impact

Not applicable.

Resource Implications

Finance	**x**	Information Management & Technology	
Human Resources	**x**	Buildings	
No change.			

Action/Decision Required

For Decision		For Assurance		For Approval	✓	For Information	

Non-Executive Director (x2)
Gloucestershire Hospitals NHS Foundation Trust

Location: Cheltenham/ Gloucester
Salary: £13,300 for a minimum of 4-5 days per month

Gloucestershire Hospitals NHS Foundation Trust is one of the largest hospital trusts in England, delivering services from two general hospitals in thriving Gloucester and beautiful regency Cheltenham. Gloucestershire has excellent transport links and stunning countryside, and was recently ranked in the top three places to live in the UK. Gloucestershire Hospitals has a £500m annual operating income, 960 beds, over 125,000 emergency attendances and nearly 800,000 outpatient appointments each year. We have over 8,000 members of staff who are committed to providing high quality acute elective and specialist services under our vision of 'Best Care For Everyone' to a diverse population of almost 620,000.

The Trust is entering an exciting period as it progresses ambitious plans, led by a largely new Board, for continuous improvement in clinical performance, financial stability and new ways to better deliver services to people who use our hospitals. Having just been rated 'Good' by the Care Quality Commission, we are continuing our 'Journey to Outstanding'.

About the role

The Non-Executive Directors (NEDs) are accountable to the Chair of the Trust who also chairs the Council of Governors. It is the Council of Governors, which has specific responsibility for the appointment of NEDs. The primary role of a NED is to contribute to the development of proposals for strategy; gain assurance that the Trust is working to meet its priorities; challenge and support efforts to do this; provide independent experience and perspective; and proactively contribute to the values-based culture of our organisation.

About you

We are seeking two experienced Non-Executive Directors to help us achieve our vision for the Trust.

As Non-Executive Board members reach the end of their terms of office we are looking to recruit outstanding individuals who are motivated to ensure their local community has the very best service in times of need. Ideal candidates are those with proven capability to support and challenge senior teams and preferably an Executive Team, and can contribute to the delivery of our vision and new strategy. All candidates must have professional experience at Board level or senior leadership roles, in either the private and/or public sector. We would actively encourage persons with commercial, operational, financial and business experience to apply.

We are interested to hear from people who represent the diversity and richness of the communities the Trust serves and who have diversity of thought that can benefit the Trust and challenge the way we do things to ensure our commitment to a culture of inclusivity and transparency is always maintained.

We are seeking individuals who can demonstrate not only a high level of competence but have character and integrity to help lead as a collaborative team in today's NHS.

Next steps

For further information see our website.

If you meet the criteria for the role and would like to discuss your application informally, please contact Lukasz Bohdan, Director of Corporate Governance on 0300 422 2932 or email lukasz.bohdan@nhs.net.

Previous applicants to the most recent NED recruitment process (advertised in 2018) need not apply and will be discounted. Any applicants who meet the criteria from this previous exercise will be contacted independently. If you are not contacted please assume your application has not been carried forward.

Closing date: midnight on Sunday 19 May 2019

Interview Date: week commencing 10 June 2019

Gloucestershire Hospitals
NHS Foundation Trust

Job Description: Non-Executive Director

Job Title:	Non-Executive Director
Responsible to:	Chair
Location:	Cheltenham General Hospital, Gloucestershire Royal Hospital and other Trust sites, as required

Main Purpose of the Job
Gloucestershire Hospitals NHS Foundation Trust is led by a Board, comprising both Executive and Non-Executive Directors. The Board is collectively responsible for the exercise of powers and for the performance of the organisation, including:

- promoting the success of the organisation;
- providing leadership to the organisation within a framework of prudent and effective controls;
- setting strategic direction, ensuring management capacity and capability and monitoring and managing performance.

Foundation Trusts have a Council of Governors which represents the interests of Members and the public and holds the Non-Executive Directors to account. The Board and Council have a corporate responsibility to uphold, safeguard and promote the organisation's values particularly relating to ethics, integrity and social responsibility.

The Board is accountable for ensuring that the Trust operates effectively, efficiently and economically. The Council of Governors is expected to ensure that the Trust responds to the needs and preferences of stakeholders and local communities and it is also involved in offering advice to the Board about strategic options.

The Non-Executive Directors are accountable to the Chair of the Trust who also chairs the Council of Governors. The Non-Executive Directors play a crucial role in bringing an independent perspective to the Trust, in addition to any specific knowledge or skills they may have. The Council of Governors of an NHS Foundation Trust has specific responsibility for the appointment of the Non-Executive Directors and the Chair and will participate in the annual evaluation of their performance.

All Directors, Executive and Non-Executive, have responsibility to constructively challenge in reaching decisions of the Board and to help develop proposals on priorities, risk mitigation, values, standards and strategy.

Main Responsibilities and Accountabilities of a Non-Executive Director

Strategy and Accountability

1. Assist in the setting of the Trust's strategic aims, ensuring that the necessary financial and human resources are in place.

2. Focusing on results and outcomes, hold the Chief Executive and Executive Team to account for the effective management and delivery against the Trust's Strategic Objectives.

3. Ensure that the Trust manages risk effectively and that all risks taken can be managed.

4. Ensure that services are run for the people using them, with particular attention to alignment to the Trust's Vision, Mission, Strategy and Values.

5. Promote safety and quality in all aspects of services and ensure that the Trust's Clinical Governance Strategy is adhered to.

6. Ensure the long-term sustainability of the Trust.

7. Analyse and contribute positively to the strategic development of long-term healthcare plans for the community.

8. Build and maintain close relations between the Foundation Trust's constituencies and stakeholder groups to promote the effective operation of the Trust's activities. Act as an ambassador for the Trust in engagement with stakeholders.

Compliance

9. Ensure that the Foundation Trust complies with its Terms of Authorisation, the Constitution and any other applicable legislation and regulations.

10. Ensure the Foundation Trust meets its commitment to patients and targets for treatment.

11. Maintain the financial viability of the Trust, using resources effectively, controlling and reporting on financial affairs in accordance with the requirements set out by NHS Improvement.

12. Ensure the Trust establishes and maintains the highest standards of clinical and environmental hygiene to assure robust infection control standards.

Specific Responsibilities of Non-Executive Directors

13. Prepare for, attend and contribute to the monthly Board of Directors meetings, bi-monthly Council of Governors meetings, and Board development activities.

14. Participate in those activities where it has been agreed that Non-Executive Directors involvement would bring an external and independent perspective e.g. appointments of senior staff.

15. Provide independent scrutiny, ensuring excellence in management is achieved.

16. Ensure effective stewardship through planning, strategy, control and value for money.

17. Work in conjunction with the Council of Governors to promote public sector values and the interests of Foundation Trust members through good corporate governance.

18. Attend the Annual Members' Meeting and where appropriate, provide leadership to other Board and Council committees as agreed with the Chair; Audit and Assurance Committee, Finance and Digital Committee, GMS Committee, People and Organisational Development Committee, Quality and Performance Committee and Remuneration Committee being the current Board committees.

19. Have an on-going dialogue with the Council of Governors on progress in delivery of the Trust's strategic objectives and high level financial and operational performance. To this end, participate in formal and informal Governors' meetings.

20. Participate in ward/departmental visits and occasional external stakeholder meetings.

21. Participate in the appointment of the Chief Executive, through the appropriate Committee, in consultation with the Council of Governors.

22. Determine the appropriate levels of remuneration for the Executive Directors.

23. Participate in an annual review and appraisal of own performance with the Chair and contribute to both the annual appraisal of the Chair and Executive Directors, and periodic reviews of the performance of the Board.

24. Support the Chair, Chief Executive and Executive Directors in the governance and stewardship of the Trust.

25. Provide advice and guidance on issues relevant to their own skills, expertise and experience.

26. Through own behaviours, model the Trust values in all interactions with internal and external stakeholders.

27. Work corporately with the Non-Executive Directors, Executive Directors and Governors of the Foundation Trust.

28. Bring their diversity of thought to the Board with the aim of improving services for all communities and staff

Key Terms and Conditions:

Term of office – Initial Term 3 years

Remuneration – £13,300 per annum.

Hours of work expected - 4-5 days/month

Allowances -	Mileage and expenses for formal Trust business
Location of work -	Any of the Trust sites
Notice period -	3 months

Time Commitment and Flexibility
The time requirement is a minimum of 4-5 days a month, with a mixture of set commitments and more flexible arrangements for ad hoc events, reading and preparation. The time commitment is split between the working day and evenings.

This job description is not intended to be exhaustive and it is likely that duties may be altered from time to time in the light of changing circumstances, in discussion with the post holder. This role profile is intended to provide a broad outline of the main responsibilities only. The post holder will need to be flexible in developing the role with initial and on-going discussions with the Chair.

This job description should be read alongside the supplementary information provided on NHS Jobs and the Trust's website.

Person Specification: Non-Executive Director

Part One – Eligibility, Background and Experience (please address these criteria in your covering letter)

- Eligible to be a member of the NHS Foundation Trust (please refer to Eligibility Criteria document).
- Have a genuine commitment to patients and to the promotion of excellent health care services.
- Meet the independence criteria for Non-Executive Directors* and meet the Fit and Proper Persons Requirement as defined in the Health and Social Care Act 2008 (Regulation of Regulated Activities) (Amendment) Regulations 2014.**
- Experience of working in a board level or senior leadership role in a private or public sector setting. Candidates with commercial, business, operational and financial experience in large private industry/sectors are particularly encouraged to apply.
- Experience of working in a collaborative team to design, develop, deliver and monitor organisational strategy and the delivery of priorities.
- Experience of shaping organisational culture which is inclusive and promotes caring, listening and improvement.
- Experience of holding senior management teams to account, support and encourage teams and, in turn, be accustomed to a high level of accountability.
- Experience of leading or managing significant cultural change.
- Sufficient time to fulfil the requirements of the post.

Part Two – Knowledge, Skills and Abilities (these criteria will be tested at interview)

- An understanding of healthcare issues and how large organisations operate within NHS.
- Proven leadership skills.
- Commitment to NHS values and principles and the aims of NHS Foundation Trusts.
- An understanding and acceptance of the legal duties, liabilities and responsibilities of NHS Non-Executive Directors.
- Excellent interpersonal skills. Able to work as part of a collaborative team, and as a unitary board to meet common goals, and willingness to utilise skills and experience for the good of the organisation.
- Good communication skills.

- Able to assess strategies and plans of action to achieve objectives.
- Astute, able to grasp relevant issues and understand the relationships between interested parties.
- Sound independent judgement, common sense and diplomacy.
- Creative thinker and willingness to share breadth of experience and knowledge.
- A commitment to good corporate governance.

Values
We will expect your values and behaviours to reflect the values of the Gloucestershire Hospitals NHS Foundation Trust – see https://www.gloshospitals.nhs.uk/about-us/our-trust/who-we-are-and-what-we-do/

NOTES

*** Independence criteria for Non-Executive Directors**

Please refer to the Foundation Trust Code of Governance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/327068/CodeofGovernanceJuly2014.pdf

Please note in particular the residency requirements before applying as applicants who do not meet these will be discounted regardless of experience and strengths.

****Fit and Proper Persons Requirement**

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 5 and Schedule 4 play a major part in ensuring the accountability of directors of NHS bodies and outline the requirements for robust recruitment and employment processes for board level appointments. As part of the assurance against the fit and proper person requirements for board members, you are required to address questions relating to topics including misconduct or mismanagement, bankruptcy and convictions.

Gloucestershire Hospitals
NHS Foundation Trust

NON-EXECUTIVE DIRECTOR AND ASSOCIATE NON-EXECUTIVE DIRECTOR

RECRUITMENT APRIL 2019

INDICATIVE TIMESCALES

	Deadline
Roles advertised	Monday 22 April 2019
Advert closes	Midnight on Sunday 19 May
Eligibility check by Director of Corporate Governance	20-21 May 2019
Shortlisting by the panel	22-29 May 2019
Assessments and interviews.	Week commencing 10 June 2019
Governors' Governance and Nominations (G&N) Committee endorses the recommendation of the panel	June 2019
Successful candidates offered role, subject to CoG approval of appointment	June 2019
Council of Governors, acting on G&N recommendations, to approve recommendations/appointments	June 2019
Pre-start checks	June 2019
Newly-appointed NEDs and Associate NED start	July 2019 onwards

If you have not heard from the Trust by 5th June 2019 please assume you have not been shortlisted on this occasion.

Previous applicants to the most recent NED recruitment process (advertised in 2018) need not apply and will be discounted. Any applicants who meet the criteria from this previous exercise will be contacted independently. If you are not contacted please assume your application has not been carried forward.

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

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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:

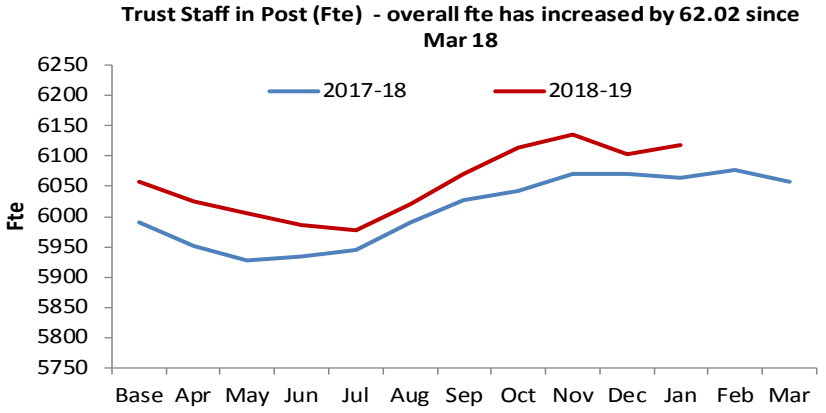
  - Staff in Post (achieving financial balance and workforce stability)
  - Vacancy levels
  - Turnover (retention and workforce stability)
  - Sickness (health and wellbeing)
  - Appraisal and Mandatory Training (deep dive)

  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%

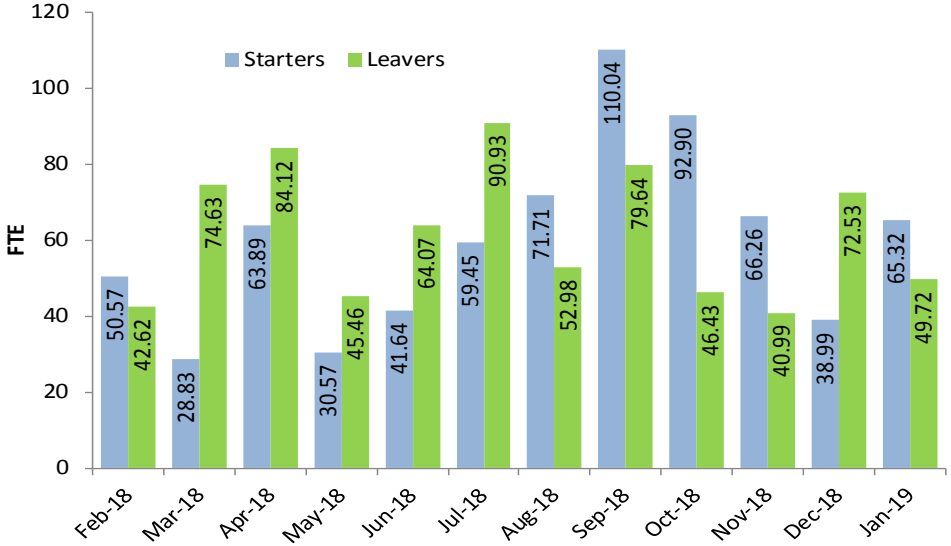
© Copyright Gloucestershire Hospitals NHS Foundation Trust

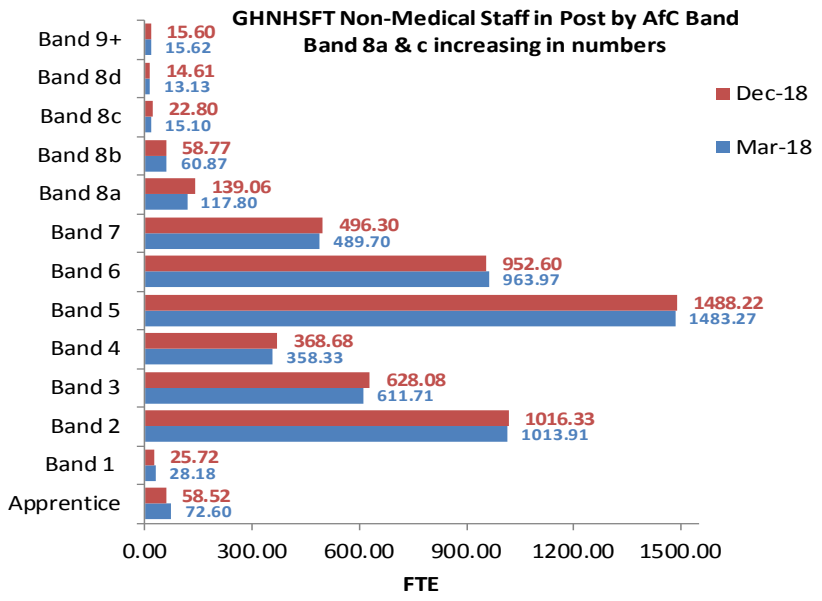


GHNHSFT Staff in post - change over financial year

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.

© Copyright Gloucestershire

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%**

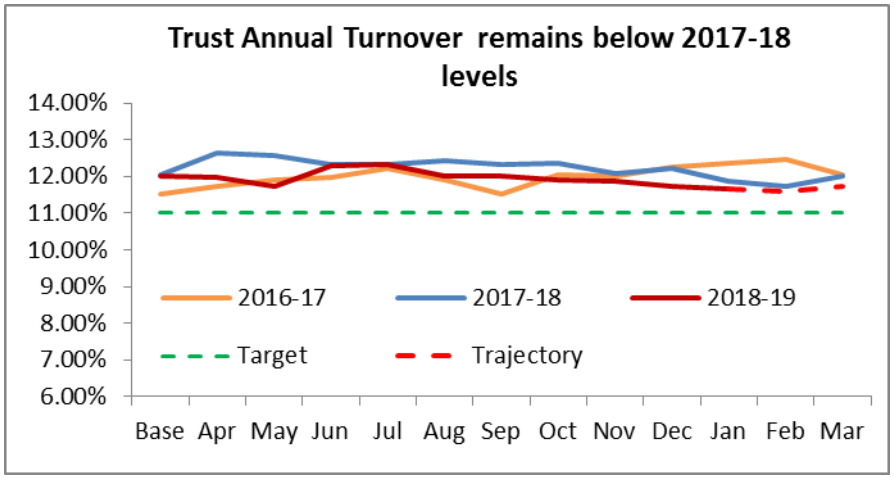
Non Registered Nursing	Non Recurrent Funded wte	Recurrent Funded wte	Contracted	Vacancies	VR%
Corporate Division		24.67	18.00	6.67	27.04%
Diagnostics & Specialty Division		73.43	67.11	6.32	8.61%
Medicine Division		343.81	270.28	73.53	21.39%
Surgery Division		298.95	261.62	37.33	12.49%
Womens & Children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

ospitals NHS Foundation Trust

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%

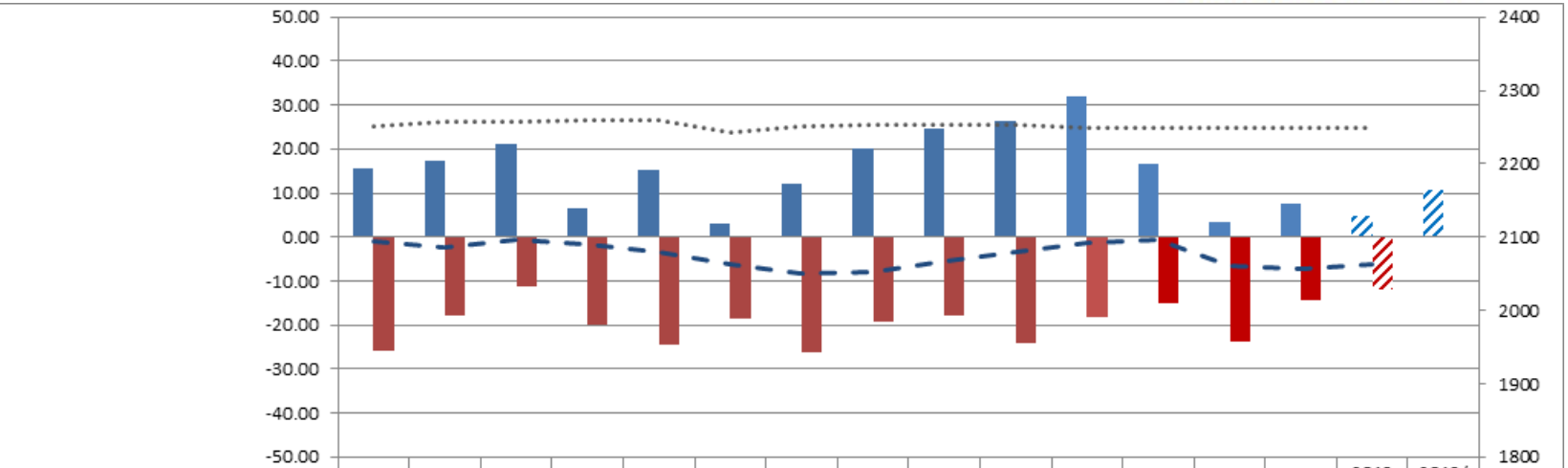
Significantly above upper target limit (>15%)
Between 11.01 & 14.99%
On target or below (11%)

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



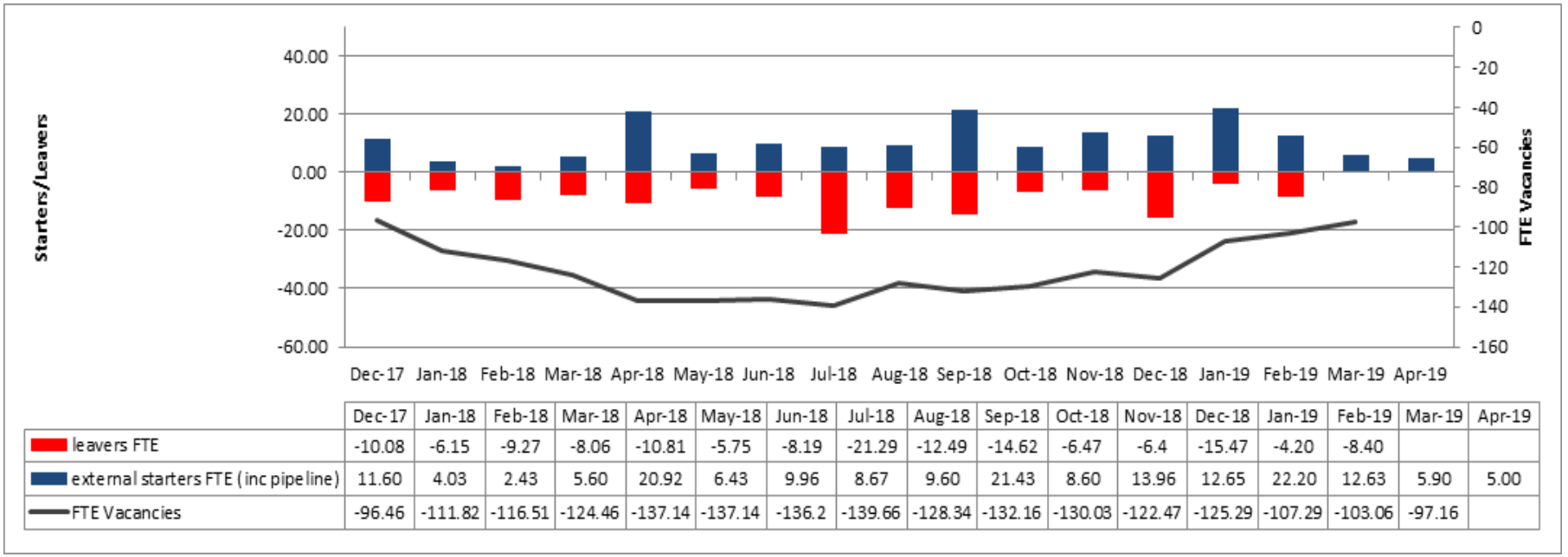
	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04	2018 / 05	2018 / 06	2018 / 07	2018 / 08	2018 / 09	2018 / 10	2018 /11	2018 / 12	2019 / 1	2019 / 2 in progr ess	2019/ 3 in progr ess
Confirmed Starters FTE	15.49	17.36	21.32	6.53	15.36	2.99	12.24	20.21	24.79	26.35	31.93	16.68	3.37	7.47	4.80	10.64
Leavers 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.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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	

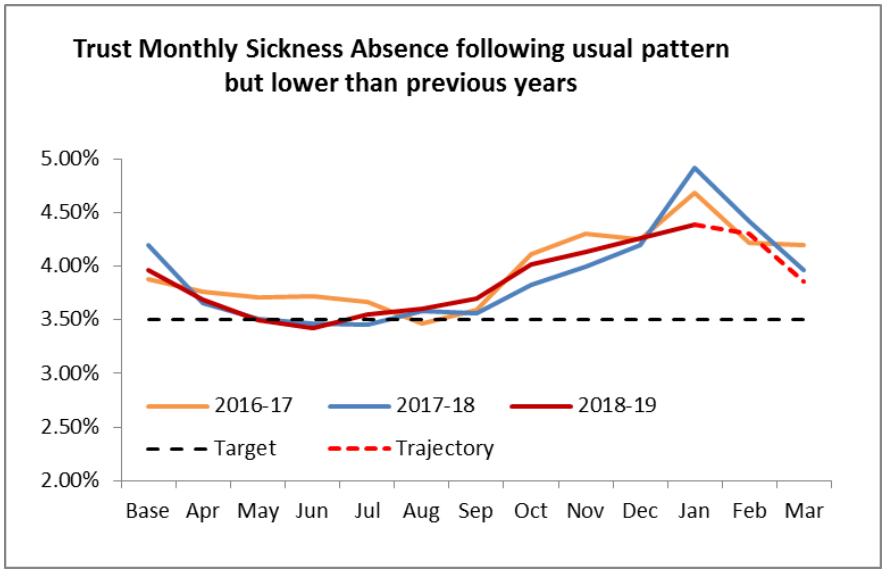
- The trajectory graph for starters/ leavers shows **actual confirmed starts** as external FTE, this does not include internal moves and just indicates the pipeline we have coming through. Bank HCA's are excluded from this graph**,** however represent significant recruitment activity.
- It should be 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.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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%

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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:

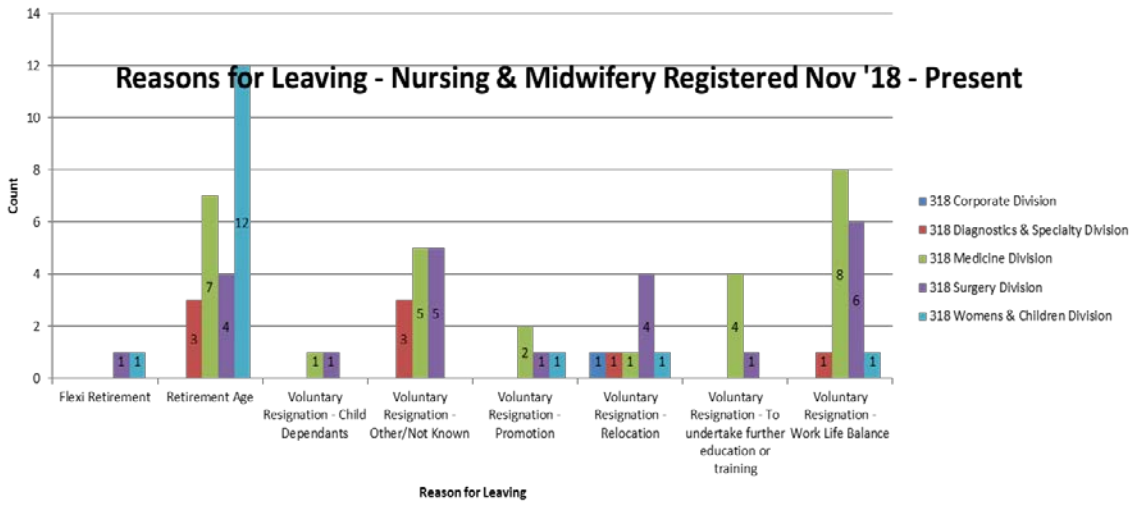
- Recruitment of an Onboarding Co-ordinator to link with new line manager (New starter commences employment March 2019)
- Review and automate the Exit Questionnaires (action complete)
- Review of Working Well contract (contract being re-scoped for April 2019, to coincide with HWB hub launch)
- Review 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.

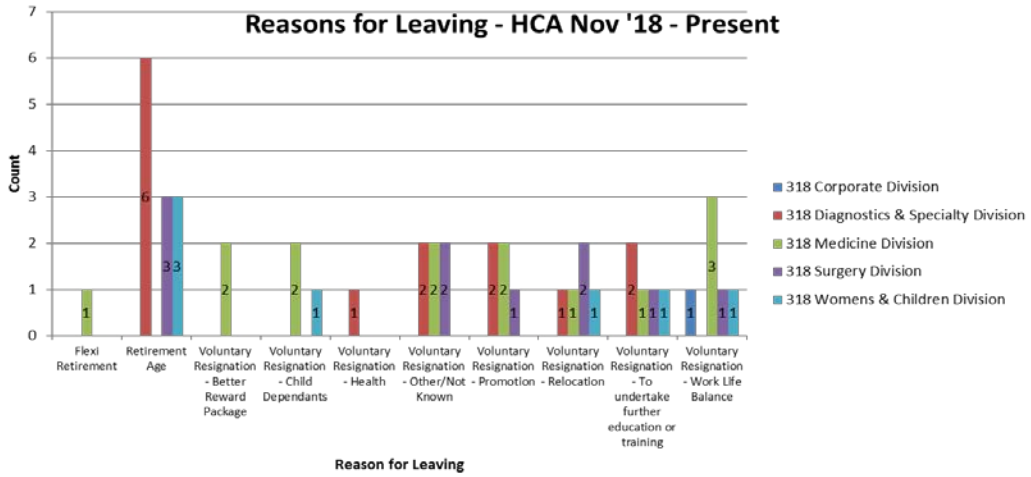
A full copy of the Nurse Retention Study is available for further information

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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:

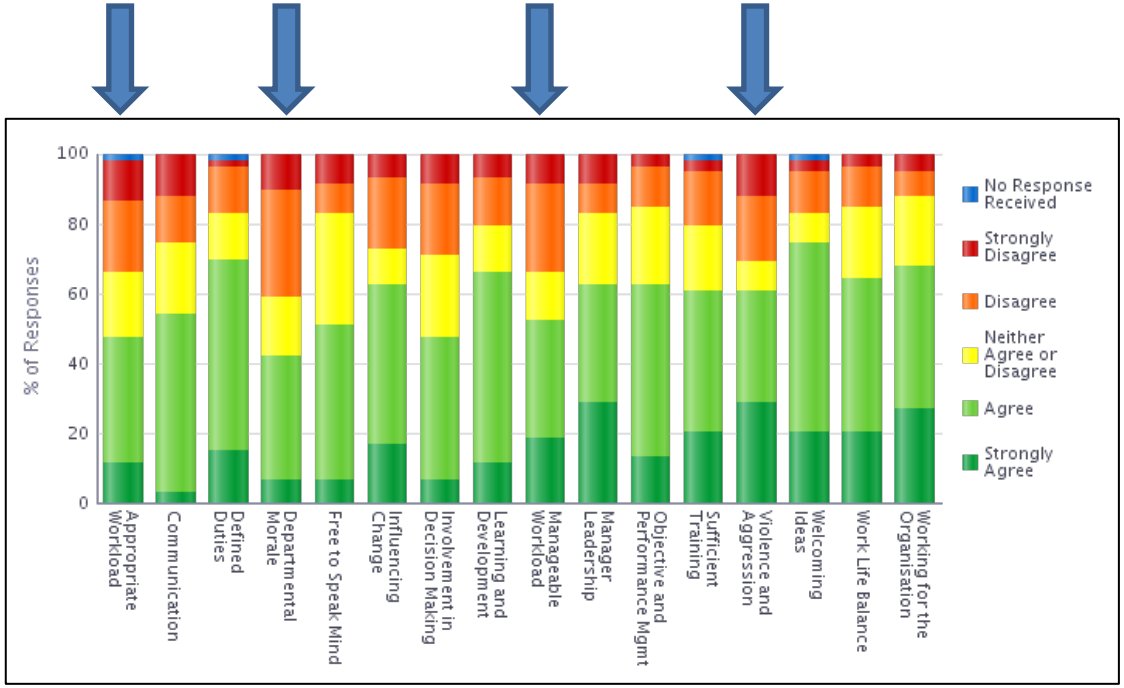
- The Staff and Patient Experience Group to engage with Divisions to drive up compliance with exit interviews and triangulate known reasons for leaving with other key data sources.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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.



© Copyright Gloucestershire Hospitals NHS Foundation Trust

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

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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).

© Copyright Gloucestershire Hospitals NHS Foundation Trust

REPORT TO TRUST BOARD – APRIL 2019

From Audit and Assurance Committee Chair – Rob Graves, Non-Executive Director

This report describes the business conducted at the Audit and Assurance Committee on 19 March 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
Counter Fraud	Report covered: - Activity update - Revised process for self-assessment sign off - Management change - Ongoing investigation update - Draft Plan for 2019/20	How effective are counter fraud induction sessions? What is the process for linking counter fraud investigation work to HR and professional body registration processes?	Feedback and referral activity indicates the sessions are valuable and have a positive impact .	To be reviewed by CEO, Director of People & OD and Chief Nurse.
Internal Audit	Progress report. Final reports for - Key Financial Systems - Infection Control reporting - Recommendation follow-up - Cyber Security - 2019/20 Plan GMS performance reporting audit complete but follow-up will be at next meeting.	Focus on Cyber Security which received a "Limited Assurance" assessment: - Are resources in place to deliver the actions in the agreed timescales as per the commitments in the management response? - What are the implications of the supplier move made by GCS/2gether?	The report which was undertaken at the direction of the Trust did not contain any surprises and provided assurance that the Trust's position is similar to other comparable Trusts.	Cyber security Assurance report to be provided to the Committee in November.

		- What issues are there with primary care support? - Could unsupported operational systems receive support earlier than planned with additional resource? Re the 19/20 plan: - Will the new risk covering property and medical device maintenance management require an audit? - Will ICS arrangements require inclusion in the audit programme?	Consideration will be given to the need and work scheduled if required.	
External Audit	Update on progress with the 18/19 plan – no issues raised to date. Q4 Health Audit briefing.	Have the delays in providing information been problematic? What are the ramifications of the new accounting standards relating to leases?	Overall responsiveness much improved over last year and no significant timing issues currently	Impact update will be provided at the Accounts "walk through" meeting in April

Emergency Planning Report	Comprehensive update on progress against the action plan for Emergency Planning and Business Continuity	What areas of concern remain?	BCM Plans all up to date. Overall BCN and EPR in a good place, keeping up to date is the ongoing challenge.	Security notably at GRH site is a particular challenge. Committee to review NHS England's external assurance report
Governance Documents	Revised Committee Terms of Reference adopted Annual Report Project Plan Trust Seal Report Risk Register Board Assurance Framework	How does Charitable Funds fit in this plan? Are the reports currently being received the most effective way of addressing the Committee's responsibility?		Plan to be extended to capture Charitable Funds requirements Report content and Terms of Reference to be reviewed to sharpen focus
Reports from the Finance Director	Losses & Compensations Single Tender Actions.	Are all TrakCare waivers independent of one another? Is there a process for measuring the effectiveness of "Health Sector Jobs"? What is the time period of the Datix contract and would we benefit with a longer licence and support agreement?	Yes.	Referred to People & OD Committee for review & assurance To be reviewed.
Gloucestershire Managed Services Update	Update on audit arrangements, accounting timetable, budgeting	Will the year end accounts walk through include GMS results?	Yes, but not via a separate review as these are integrated in the Group results Rev	

		Following the closure of the significant fraud case have all necessary processes been reviewed?	iew substantially complete	Follow up at next meeting

Rob Graves
Chair of Audit and Assurance Committee
April 2019

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

REPORT TO TRUST BOARD – APRIL 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 March 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	Review of estates and facilities risks remains an open action.	Circa 30 risks have been identified as having no owner following the establishment of GMS.		The Committee wishes to review the full list of estates and facilities risks with owners assigned and actions plans identified to control/mitigate the risks.
	Review of GMS terms and conditions of employment and the associated strategies for recruiting for key roles.	The ability to recruit estates and facilities talent was a key element of the GMS business case.		Report to be submitted to Committee in June.
	Benefits realisation review of GMS.	This was raised by the Trust's Audit and Assurance Committee.		To be addressed in the Annual Report to be written by GMS.
GMS Report	Maintenance of equipment and facilities.	Is the GMS maintenance regime effective?		Committee wishes to have a view on the numbers, types and severities of breakdowns and failures of equipment and facilities, and the speed of repair. These new data to be added to the GMS Report.

Hard Services Report	GMS are moving from a "run to fail" to a planned preventative approach.	How will this be achieved in the current environment of scarce capital?		An effective plan for reducing the maintenance backlog to be included in the GMS Business Plan for 2019/20.
Estates Committee Terms of Reference	The proposed ToR were presented to Committee, the aim being to change the role to more of an assurance committee in line with the others, while also widening the scope to cover strategic estates matters.	The relationship between this Committee and GMS remains unclear. There is the need to respect GMS independence from the Trust while also a need to ensure that GMS performance is managed by the Trust and assured by this Committee.		It was agreed that a separate workshop be held to discuss and agree the relationship between this Committee and GMS in order to update and agreed clear terms of reference.
Briefing on the Approach to meeting National Cleaning Standards		The Committee wishes to understand (a) the consequences of not meeting the national standards and (b) what changes are necessary for the Trust to meet the standards.		GMS to report back to Committee on the proposals to close the gap: to be presented in June.
Security Review	Various options to address perceived gaps in the current security arrangements were presented, with a preferred option	Concerns were raised as to the feasibility of the proposed option, and asked about other trusts adopting a similar approach and whether they had been successful.		Further work will be undertaken and an updated report to come to Committee in June.

Mike Napier
Chair of Gloucestershire Managed Services Committee
31 March 2019

REPORT TO TRUST BOARD – APRIL 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 March 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
Learning from Deaths Report	Quarterly report to December 2018. Comprehensive report that described progress with internal arrangements for reviews of deaths and engagement with families, together with themes arising from reviews to date. Areas emerging as needing improvement were: • Response to deteriorating patients • Communications between teams • Early senior review • Completion of documentation	The Cttee commended authors for progress with this reporting. • Could future reports make clear where circumstances of deaths have been recorded in Datix? • Suggested changes in details of reported material to strengthen Cttee's assurance • How closely integrated is Trust work on Serious Incidents and Learning from Deaths?	Agreed Agreed Room for improvement here, and plans to strengthen information flows and learning from cases of deteriorating patients, specifically, were described.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	Report highlighted areas of excellent care and very positive feedback. Plans to extend and deepen family engagement were reported. Report also confirmed Trust's progress with reporting of requisite mortality indicators.	• What is the forum for examining lessons that arise from the deaths of complex elderly patients? • Greater clarity requested about a specific case and in future reporting of whether or not deaths were avoidable.	Speciality Director and divisional oversight described, together with opportunities arising from Quality Improvement projects.	Specific case to be followed up and general point made clearer in future reporting.
Serious Incidents (SIs), including Quarterly Report on Learning	Regular report confirming that Trust is meeting contracted standards for investigating incidents. Further reporting confirmed proposed approach to strengthening how SIs are investigated and how the Trust delivers learning and change. There has been one never event since the last report: a case of wrong-site surgery.	In cases of deteriorating patients, where are the various aspects of incidents brought together and learning / improvements shared across divisions? How can the Cttee be assured that Divisions are adopting a consistent approach to their investigations? The importance of widespread competence and confidence with human factors training was emphasised.	Arrangements are currently being re-examined by Quality Delivery Group and the outcome will be reported to a future Q and P Cttee. Delivery plans are currently being examined, and forthcoming internal audit review will provide further evidence and insight. Reporting templates have recently been standardised. Trust has some expertise in this but the ambition is for more extended training.	Update on human factors training to be reported to Cttee in September.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	There have been two SIs declared: one case of delays in care to a deteriorating patient with sepsis; and delayed appointments in opthalmology causing permanent harm.	Re theatres improvement plan, do we have the correct balance between urgency and longer term improvements?	Exec felt that the current balance was the correct one, albeit that more work may be needed to confirm sources of assurance.	
CQC Must Do Action Plan	Report to provide assurance that CQC's 12 Must Do actions have been appropriately assigned and that progress is on target. The report included an improvement plan that had been submitted to CQC on 4 March 2019 in which all actions are planned to be completed within next 6 months. Plan to be monitored by Quality Delivery Group each month with quarterly updates to Q and P Cttee. The 'should do' action plan to be reported to Cttee in April 2019.	The Trust has failed historically to achieve the ED 60 minute target. What gives us confidence that required improvements are possible? What level of confidence is there that timescales are realistic and achievable?	Revised and improved arrangements were described, which are likely to take 1 month – 6 weeks to implement. There has been some revision to timescales and confidence is currently high.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Quality and Performance Report and Exception Reports from Delivery Groups A revised dashboard will be presented from April 2019.	**<u>Quality Delivery Group (QDG)</u>** Highlighted areas included: • Medical Division and Diabetes • Updating out of date policies • Dementia metrics under review • Violence and aggression • International dysphagia standardisation initiative (IDDSI)	Re out-of-date policies: Has the backlog been risk-assessed and prioritised? More generally, how can Cttee be certain that it is receiving the correct and relevant outputs from QDG, given the range and scale of its work? I	Yes The quality of exception reporting is good, however, it was agreed that minutes of each of the delivery groups will be included for future Q and P Cttees as a source of further assurance.	
Cancer Delivery Group (CDG)	Comprehensive report demonstrating performance and recovery / improvement intentions across each of the cancer standards. CDG had focussed particularly upon: • Delivery of 2 week standard (93.7% in February) • Plan in place to enable delivery of 62 day standard by March 2019 (Feb performance: 61.8%) • Urology continuing to impact adversely	Continued high quality reporting, enabling good discussion and insights and Cttee focus on those areas of specific challenge as well as areas of excellent performance. What is the progress with histopathology backlogs? What are the top 3 pieces of patient feedback about cancer care and how are they influencing the work of the Cancer Delivery Group?	Increased focus, new leadership and additional funding have been secured. Current feedback processes described. Scope for further improvement in integration of patient feedback in Delivery Groups acknowledged.	Additional analysis to confirm position in April reporting.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	• 104 day position improving but remains a significant concern (43 patients waiting) • NB good performance in regular delivery of national standards for screening (95-100% against national standard of 84.6%)	How is public being advised / supported re post-menopausal bleeding services and screening in light of current media coverage re national performance etc? What are the drivers of success of the Living With and Beyond performance and can they be shared more widely? (Trust reported 5th best nationally in terms of activity levels and care plans).	• Need for improved information and faster diagnosis • Content of letters to patients has been reviewed following feedback and revisions will be implemented soon. CCG examining primary care communications with public More analysis required but the support from Macmillan has made a significant contribution.	Update to April Cttee.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Planned Care Delivery Group	Comprehensive report indicating strong focus on waiting list oversight and progress towards resumption of RTT reporting within 2018-19. Specific highlights of report: • Continued focus on integrity of patient lists • Slower progress than planned on 52 week waits • Good progress with clinic typing which is now at satisfactory levels • Opthalmology and backlog of follow-up appointments, including CCG interest and intervention.	What are the sources of assurance available to the Cttee as to the level and completeness of clinical oversight of those patients waiting for appointments who are not within the 'do not breach' category? Could future reports include more assurance as to how such judgements are exercised? What are the Execs' top 3 concerns about the current position? Work in ENT commended. Are there similar clinical champions in other specialities?	Relevant clinical validation process described and arrangements for 'do not cancel' patients. Further exec review planned. Outcome to be reported to next Cttee. Recent work within ENT commended for its impact on improving accuracy of waiting list. Numbers due follow-ups from 2017; completeness of picture as to deterioration; problems in ENT and Opthalmology that are also being experienced nationally. Yes, good levels of ownership in each specialty.	Future reporting to include trajectory for complete clinical validation for patients awaiting a delayed follow up and plan to clear backlog. Further consideration at next Cttee.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
		Have we reached a point where we have stopped adding to the backlog problem with each new time period? Concern that Trust has not achieved the nationally set reduction in 52 week waits. What are the intentions and are they realistic and achievable? NB fines will be incurred for non-delivery of target.	Patient list validation processes were described and further scope remains to improve data and reporting. Revised trajectory with target date of end-June has been agreed.	52 week revised delivery plan to be reported to next Cttee.
Unplanned Care Delivery Group	Reporting on February's performance. 86.1 % on national ED 4 hour standard. Average of 418 attendances per day. 6.5% increase since Feb 2018. Failure to achieve 15 minute initial assessment (83.6%) or 60 minute time to treatment (32.4%). Currently 75 (average) Medically Stable for Discharge patients against target of 45. 34 daily average of Delayed Transfer of Care (DTOC) Static results in Friends and Family feedback.	Can we have visibility on performance of balancing measures as well as analysis of those exceeding 4 hour wait, corridor waits and consequential elective cancellations? What were the longest waits for patients? Are the improvement plans for mental health patients gaining traction?	19 hours (for a mental heath patient). Also two further patients with waits in excess of 10 hours. Still concerns with those patients who need a crisis response and acute bed. Pathway redesign taking place to include some	For inclusion in future reports and oversight by QDG Time series of patient wait times (to demonstrate distribution of all waits) to be included in future reporting to Cttee.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	During Feb. Trust in 'black escalation' on 21 days, compared to 4 days in Feb. 2018.	What is progress with acquiring county-wide bed management system?	designated space for such patients. Project progress described. Not yet close to acquisition / implementation.	
Additional performance discussion		Will C Diff limit be changing for 2019? Lack of progress during last year with patient summaries being sent to GPs within 24 hours. Changes required to dementia graphs.	Yes. Under review as part of examination of discharge arrangements. Agreed.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Governor questions		Comments were made as to the circumstances in which a patient would be 'pulled forward' a day for discharge. The terminology and circumstances were clarified. The issue of quoracy at the Infection Control Cttee was raised. It was acknowledged that there have been difficulties with this.		

Claire Feehily
Chair of Quality and Performance Committee
1 April 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – APRIL 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 Dr Sean Elyan, Medical Director
Executive Summary

Purpose

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

Friends and Family Test positive scores <93%
Changes are being made to the FFT set up and will need to be implemented by June 2019. We await the National guidance from NHS England. There is no change in the top themes that are being reported positive and negative. All ward managers have access to their own data and are able to create “You said” “We did” posters to show that they are taking improvement action in response to comments. The hope is that the new changes to the system will make this a more useable feedback mechanism so that improvements can be made in response to comments.

VTE metric
The task and finish group continue to trial changes to see how they can make improvements to the data recording in Trak. Difficulties with data quality on Trak led to the completion of monthly ward audits of VTE risk assessment compliance to provide a true picture of results for UNIFY upload.

Mortality Indicators
All the key mortality indicators were within the expected ranges. One of the Governor indicators to be reviewed by auditors for the Quality Account will be SHMI.

Dementia metrics
Retrospective audits are to commence within the Quality Team to look at current Trust position and notes have been requested since the change in clerking documentation was made. A report should be available to QDG for the next meeting. The problem within Trakcare is that the data has to be reported on 3 different pages and so this is not user friendly and so compliance with reporting digitally is not

robust.

CDiff

There were 5 cases of trust-apportioned C. difficile during February 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 have 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.

Performance

During February the Trust did not meet the national standards or Trust trajectories for; A&E 4 hour standard and the 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 February 2019, the trust performance against the 4hr A&E standard was 86.1%. 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 March 2019 data in April 2019. 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. The inpatient list has been deployed and will support the Task and Finish work through the review of pre-operative assessment, validation work on the list is ongoing.

Our performance against the cancer standard saw delivery in delivery for the 2 week standard in February at 93.7%, continued compliance is expected, subject to fluctuations in referral rates.

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. 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 January (un-validated) was 77.4%, with 46.5 breaches. This comprised of 23 urological reaches, 6.5 Lower GI breaches; 4.5 gynaecological; 4 Upper GI breaches). 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.

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 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)
				✓		✓	

Outcome of discussion when presented to previous Committees/TLT

TLT recommended to the Board endorsing the above changes to the TRR.

Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report

Reporting period February 2019

to be presented at March 2019 Quality and Performance Committee

Executive Summary

Delivery of agreed action plans remains critical to restore operational performance to the expected levels. During January 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 February and suspended reporting of the 18 week referral to treatment (RTT) standard continues.

The Trust did not meet the 4 hour standard in February 86.08% against the STP trajectory at 90% against a backdrop of significant attendances.

The Trust has met the diagnostics standard for February at 0.21%.

The Trust has met the standard for 2 week wait cancer at 93.7% in February, 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. 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 within the meeting.

Strengths

4 hour performance continues to perform well in comparison to other Trusts, despite 6% increased attendances (Feb 18 to Feb 19).

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

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.

Progress has been made in clinic typing and in a reduction of follow up patients, though the latter remains an identified operational risk.

Work continues with Trak optimisation and positive progress has been made in preparation for reporting RTT and with the Theatres programme.

Agreement has been reached through Outpatient Improvement Board (ICS) to support transformational work within outpatients, this will bring new rigor and challenge to this area and lead to improvements in services for our patients.

VTE Assessments
Patient receiving appropriate VTE risk assessments improved to 96.6% but has seen a slight decline this month and so the trend will be continued to be monitored.

Never Events
Trend - there have been no further never events reported this month.

Weaknesses

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

Dementia
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 recording of the dementia fair test question remain an issue because of how it is recorded within Trakcare.

Opportunities

Refreshed QPR report
Development still with the first new style report will be planned for April 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.

Significant progress with our Urology Cancer backlog and benefits for our patients to be treated.

Work to assess our preparedness for the new access standards, specifically the 28 day faster diagnosis standard for Cancer has been completed in readiness for April 2020 alongside this year's plan to implement an upgrade to the IT system supporting Cancer delivery.

We are taking length of stay forwards by implementing a work programme of additional services which will reduce admissions to wards, this will be reported into the Emergency Care Delivery Group.

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
During 2018/19 a number of additional services have been put in place within the Trust which centre on the introduction/piloting of assessment areas – the purpose of these areas is to take patients who are deemed 'fit to sit' and to provide assessment service to reduce direct admissions to the wards, improve the patient experience and improve flow within the organisation.
There have been on-going discussions with commissioner colleagues to reach agreement on how to record this activity and in line with national guidance a local solution has been reached. As patients within the assessment areas do not meet the NHS Data Dictionary of an admission we have taken the decision to categorise these as 'assessments' – to this end we have retrospectively adjusted reporting from April 2018.

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 in order to support the shared system aim to detect more cancer.

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

As last month, 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, with identified issues being worked through between the teams.
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												
		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
ED Total Time in Department – Under 4 Hours	Trajectory	80.00%	83.50%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	Actual	88.46%	86.94%	91.98%	91.58%	93.33%	91.34%	90.26%	89.01%	90.54%	91.59%	87.55%	84.46%	86.08%
Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	Trajectory	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	0.49%*	0.26%	0.56%	1.26%	0.52%	0.55%	1.27%	0.63%	0.03%	0.35%	0.20%	0.67%	0.21%
Cancer - Urgent Referrals Seen in Under 2 Weeks from GP	Trajectory	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.10%	93.00%	93.10%	93.00%	93.00%	93.00%	93.00%
	Actual	90.60%	90.50%	86.60%	86.30%	88.60%	90.40%	88.90%	82.80%	91.80%*	90.60%*	94.30%*	92.00%*	93.70%*
2 week wait Breast Symptomatic referrals	Trajectory	93.20%	93.30%	93.20%	93.30%	93.40%	93.40%	93.30%	93.20%	93.40%	93.40%	93.10%	93.00%	93.50%
	Actual	97.60%	94.50%	91.30%	91.90%	95.10%	96.00%	97.80%	98.90%	99.20%*	94.50%*	97.60%*	95.50%*	97.00%*
Cancer – 31 Day Diagnosis To Treatment (First Treatments)	Trajectory	96.10%	96.30%	96.10%	96.30%	96.10%	96.20%	96.30%	96.20%	96.20%	96.30%	96.20%	96.40%	96.20%
	Actual	97.60%	97.90%	96.70%	96.90%	97.10%	96.80%	96.90%	93.50%	93.20%*	94.00%*	93.80%*	92.30%*	91.00%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Drug)	Trajectory	100.00%	98.40%	98.50%	100.00%	98.80%	98.10%	100.00%	98.40%	98.00%	98.10%	100.00%	100.00%	100.00%
	Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.80%	100.00%*	100.00%*	100.00%*	100.00%*	100.00%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Radiotherapy)	Trajectory	94.10%	94.20%	95.50%	95.80%	94.60%	95.10%	94.60%	95.00%	94.30%	94.70%	94.50%	94.40%	94.20%
	Actual	100.00%	100.00%	100.00%	100.00%	100.00%	98.70%	100.00%	100.00%	98.60%*	98.60%*	98.60%*	100.00%*	98.90%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Surgery)	Trajectory	94.50%	94.10%	95.10%	95.00%	94.20%	95.90%	94.60%	95.30%	94.30%	95.00%	94.80%	94.30%	94.60%
	Actual	95.50%	98.00%	94.90%	96.60%	94.50%	96.00%	95.70%	94.30%	98.30%*	96.60%*	92.50%*	94.80%*	98.00%*
Cancer 62 Day Referral To Treatment (Screenings)	Trajectory	92.90%	90.50%	92.00%	94.70%	90.50%	90.00%	91.20%	92.10%	92.90%	92.90%	90.90%	92.90%	92.90%
	Actual	95.90%	95.90%	100.00%	94.10%	100.00%	100.00%	100.00%	85.50%	93.50%*	93.50%*	100.00%*	93.90%*	96.30%*
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	80.00%	94.10%	76.50%	100.00%	84.60%	53.30%	100.00%	75.00%	77.80%*	58.80%*	70.00%*	69.20%*	75.00%*
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	Trajectory	85.40%	85.20%	82.80%	84.40%	85.30%	79.70%	77.10%	81.70%	82.00%	83.70%	82.80%	80.90%	82.60%
	Actual	79.10%	78.10%	80.30%	79.90%	66.90%	74.70%	76.30%	69.00%	68.00%*	78.40%*	72.50%*	75.90%*	61.80%*

Summary Scorecard

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

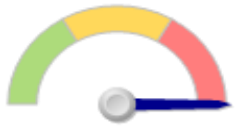
RAG Rating : Overall RAG rating for a domain is an average performance of lead indicators against national standards.
Where data is not available the lead indicator is treated as Red.

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

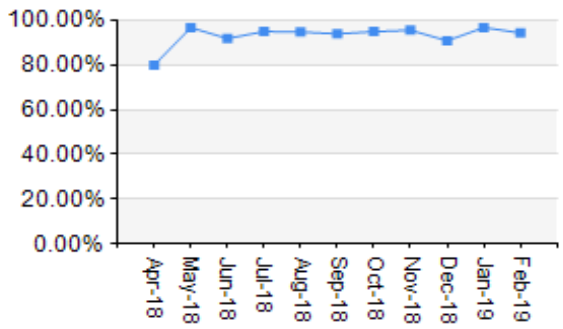
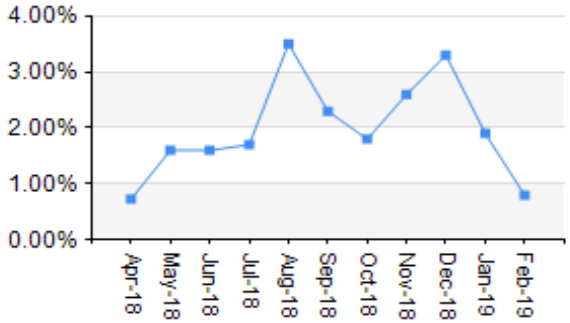
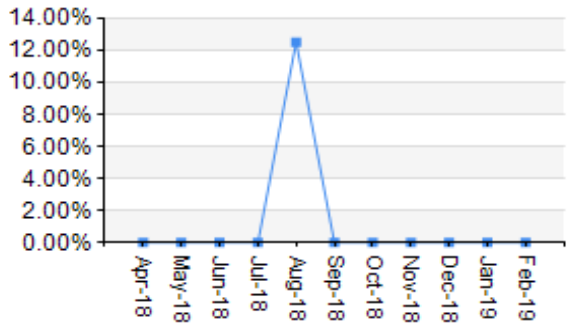
Category	Indicator	Standard 2017/18	Month		Standard 2018/19	Month											Quarter	Annual
			Feb-18	Mar-18		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q3	18/19
Quality	**Key Indicators - Quality**																	
	Friends & Family Test – ED % Positive	>=86%	82.7%	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% *	82.8% *	82.1%	83.1% *
	Friends & Family Test – Inpatients % Positive	>=95%	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% *	89.2% *	91.5%	91.2% *
	Friends & Family Test – Maternity % Positive	>=97%	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% *	93.5% *	99.4%	87.9% *
	Friends & Family Test – Outpatients % Positive	>=93%	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% *	92.5% *	92.8%	92.6% *
	Friends & Family Test – Total % Positive		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% *	90.7%	91.3%	91.1% *
	Infection Control – MRSA Bloodstream Cases – Cumulative Totals	0	0 *	0 *	0	1	1	1	2 *	3	5	5	5	5	5 *	5	5	5 *
	Mortality – Hospital Standardised Mortality Ratio (HSMR)	Dr Foster confidence level	95	96	Dr Foster confidence level	98.3	95.2	96	96.4	98.1	99.8	100.8	99.1					99.1 *
	Mortality – Hospital Standardised Mortality Ratio (HSMR) – Weekend	Dr Foster confidence level	97.7	98.4	Dr Foster confidence level	101.1	97.3	97.1	97.9	96.6	98.4	101.7	101.4					101.4 *
	Mortality – Summary Hospital Mortality Indicator (SHMI) – National Data	Dr Foster confidence level		107.2	Dr Foster confidence level			103.3			102.6							102.6 *
	MSA – Number of Breaches of Mixed Sex Accommodation	0	7	6	R>=20 A11-19 G<=10	8	8	20	5	6	0	7	2	6	2	1	15	65 *
	Readmissions – Emergency re-admissions within 30 days following an elective or emergency spell	Q1<6% Q2<5.8% Q3<5.6% Q4<5.4%	7.9% *	7.2% *	R>8.75% A8.25-8.75% G<8.25%	7.1% *	6.9% *	7.2% *	7.2% *	7.2% *	6.7% *	7.1% *	6.1% *	7.1% *	6.7% *		6.8% *	6.9% *
	VTE Prevention – % of Adult Inpatients who have Received a VTE Risk Assessment	>95%	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% *	94.2% *	93.7% *	93.0% *
	Detailed Indicators - Quality																	
	Dementia Screening – % of patients who have been screened for Dementia (within 72 hours)	>=90%	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%	0.8% *	2.6%	2.0% *
	Dementia Screening – % 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%	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% *	0.0%	2.9% *
	Dementia Screening – % of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)	>=90%	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%	0.0% *	26.1%	27.7% *
	ED Checklist – ED Safety checklist compliance CGH	R<50% A50-79% G>=80%	83% *	82% *	R<50% A50-79% G>=80%	82% *	89% *	84% *	88% *	90% *	89% *	90% *	93% *	93% *	92%	91% *		
	ED Checklist – ED Safety checklist compliance GRH	R<50% A50-79% G>=80%	81% *	81% *	R<50% A50-79% G>=80%	85% *	73% *	73% *	75% *	85% *	90% *	90% *	91%	93% *	90%	83% *	87%	
	Emergency Department – ED: % of time to initial assessment – Under 15 minutes	>=99%	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% *	83.6%	87.9%	88.2% *
	Emergency Department – ED: % of time to start of treatment – Under 60 minutes	>=90%	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% *	32.4%	34.4%	33.6% *
	Infection Control – C.Diff Cases – Cumulative Totals	18/19 = 36	49	56	R>3 G<=3	5	14	16	23	29	32	36	40	41	47 *	52	41	52 *
	Infection Control – Ecoli – Cumulative Totals		240 *	258 *	TBC	17	32	56	79 *	107	139	164	168	171	39 *	41	171	41 *
	Infection Control – Klebsiella – Cumulative Totals				TBC	6	12	13	22 *	29	39	46	49	51	25 *	28	51	28 *
	Infection Control – MSSA Cases – Cumulative Totals	No target	93 *	100 *	TBC	9	18	28	41	49	63	72	76	2 *	25 *	30	8 *	30 *
	Infection Control – Pseudomonas – Cumulative Totals				TBC	2	3	6	14 *	17	20	23	24	24	11 *	12	24	12 *
	Maternity – Percentage of Spontaneous Vaginal Deliveries		63.4% *	61.8% *	TBC	57.5% *	61.4% *	60.0% *	64.3% *		63.1% *	59.2% *	59.4% *	59.3% *	57.9% *	55.7% *	59.2% *	60.2% *
	Maternity – Percentage of Women Seen by Midwife by 12 Weeks	>90%	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% *	90.4% *	90.9% *	89.8% *

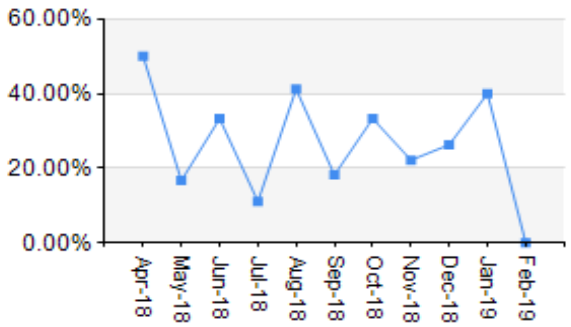
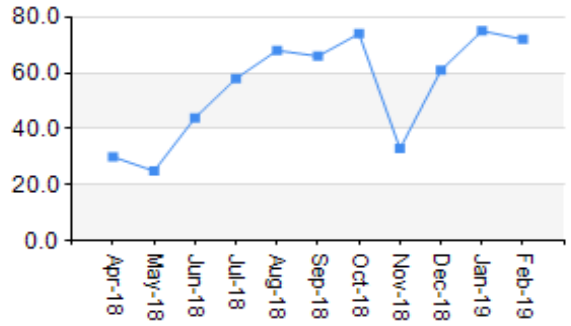
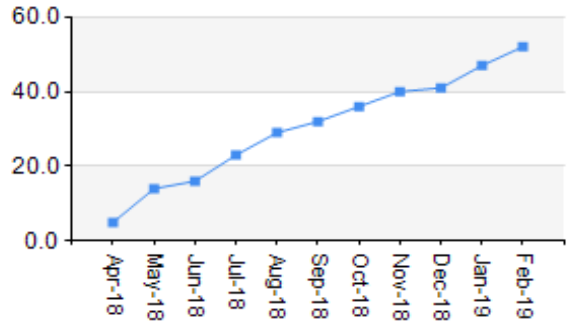
Category		Indicator	Standard 2017/18	Month		Standard 2018/19	Month										Quarter	Annual
				Feb-18	Mar-18		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q3	18/19
	Medicines	Rate of Medication Incidents per 1,000 Beddays	Current mean	3.5 *	3.6 *	Current mean	3.6 *	4.6 *	4.4 *	4.3 *	4 *	3.8 *	4.3 *	4.6 *	3.8 *	3.2 *	3.6 *		
	Patient Safety Incidents	Number of falls per 1,000 bed days	Current mean	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 *	7.1 *		
		Number of falls resulting in harm (moderate/severe)		10 *	8 *	TBC	10 *	8 *	7 *	11 *	6 *	9 *	8 *	6 *	8 *	8 *	2 *		8 *
		Number of Patient Safety Incidents - severe harm (major/death)		1 *	1 *	TBC	2 *	1 *	1 *	1 *	1 *	2 *	1 *	0 *	1 *	0 *	3 *		1 *
		Number of Patient Safety Incidents Reported		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 *	1,277 *		
		Pressure Ulcers – Category 2	R=1% G<1%	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% *	0.91% *		
		Pressure Ulcers – Category 3	R=0.3 G<0.3%	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% *	0.26% *		
		Pressure Ulcers – Category 4	R=0.2% G<0.2%	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% *	0.00% *		
	Research	Research Accruals	17/18 = >1100	61 *	64 *	TBC	64 *	136 *	406 *	149 *	147 *	121 *	199 *	96 *	84 *	71 *	81 *	379 *	19 *
	RIDDOR	Number of RIDDOR	Current mean	1 *	1 *	Current mean	4 *	0 *	1 *	2 *	2 *	5 *	4 *	1 *	4 *	1 *	3 *		
	Safe nurse staffing	Care Hours per Patient Day total		7	7	TBC	7	7	8	7	7	7	7	7	7 *	7 *	7 *	7 *	7 *
	Safety Thermometer	Safety Thermometer – Harm Free	R<88% A89%-91% G>92%	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% *	94.1% *		
		Safety Thermometer – New Harm Free	R<93% A94%-95% G>96%	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% *	97.7% *		
	Sepsis Identification and Treatment	% of patients screened in ED for Sepsis	>90%	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%	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 *	1 *	0	1 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *		1 *
		Number of Serious Incidents Reported		10 *	2 *	0	3 *	10 *	5 *	0 *	4 *	4 *	2 *	1 *	1 *	3 *	0 *		
		Percentage of Serious Incident Investigations Completed Within Contract Timescale		100% *	100% *	>80%	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *		
		Serious Incidents - 72 Hour Report completed within contract timescale		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% *	100.0% *		
	Staff Safety Incidents	Rate of Incidents Arising from Clinical Sharps per 1,000 Staff	Current mean	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 *	1.6 *		
		Rate of Physically Violent and Aggressive Incidents Occurring per 1,000 Staff	Current mean	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 *	3 *		
	Stroke Care	High Risk TIA Patients Starting Treatment Within 24 Hours	>=60%	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%	72.0%	47.9%	61.2% *
		Stroke Care: Percentage of patients Receiving Brain Imaging Within 1 Hour	>=50%	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%	32.7%	31.0%	38.0% *
		Stroke Care: Percentage of patients Spending 90%+ Time on Stroke Unit	>=80%	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%	88.7%		87.3%	91.7% *
	Trauma & Orthopaedics	% of fracture neck of Femur patients treated within 36 Hours		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% *	85.6% *	70.9% *	76.0% *
		Fracture Neck of Femur – Time To Treatment 90th Percentile (Hours)		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 *	41.1 *	50.3 *	31 *
		Fracture Neck of Femur Patients Seeing Orthogeriatrician Within 72 Hours		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% *	100.0% *	99.5% *	99.0% *
Operational Performance	**Key Indicators - Operational Performance**																		
	Cancer	Cancer 62 Day Referral To Treatment (Screenings)	>=90%	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% *	93.9% *	96.3% *	95.9% *	95.6% *
		Cancer 62 Day Referral To Treatment (Upgrades)	>=90%	80.0%	94.1%	>=90%	76.5%	100.0%	84.6%	53.3%	100.0%	75.0%	77.8% *	58.8% *	70.0% *	69.2% *	75.0% *	67.4% *	69.3% *
		Cancer 62 Day Referral To Treatment (Urgent GP Referral)	>=85%	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% *	72.5% *	75.9% *	61.8% *	72.6% *	74.2% *
	Diagnostics	% waiting for Diagnostics 6 Week Wait and over (15 Key Tests)	<1%	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%	0.21%	0.20% *	0.60% *
	Emergency Department	ED Total Time in Department – Under 4 Hours	>=95%	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%	86.08%	90.02%	89.84% *
	RTT	Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	>=92%			>=92%													

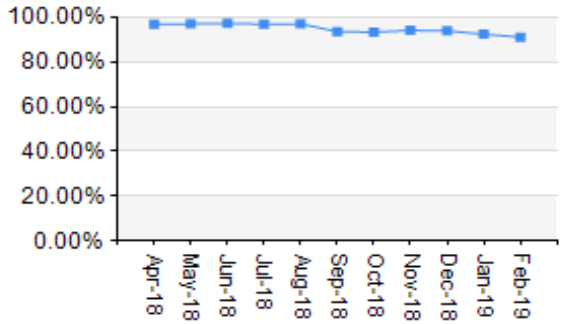
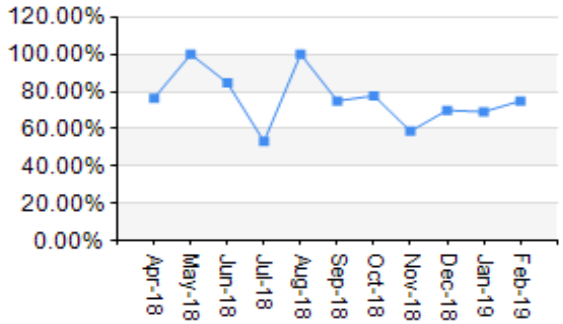
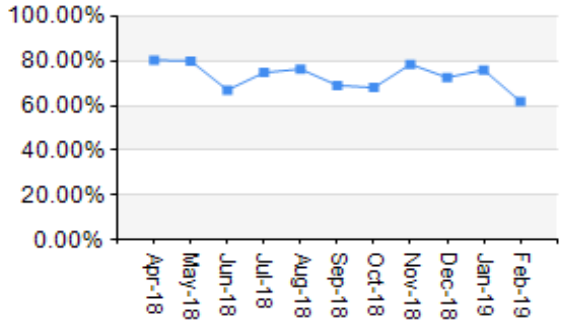
Category		Indicator	Standard 2017/18	Month		Standard 2018/19	Month											Quarter	Annual
				Feb-18	Mar-18		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q3	18/19
	Detailed Indicators - Operational Performance																		
	Cancer	2 week wait Breast Symptomatic referrals	>=93%	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% *	97.0% *	97.2% *	96.0% *
		Cancer – 31 Day Diagnosis To Treatment (First Treatments)	>=96%	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% *	93.8% *	92.3% *	91.0% *	93.8% *	95.4% *
		Cancer – 31 Day Diagnosis To Treatment (Subsequent – Drug)	>=98%	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% *	100.0% *	100.0% *	100.0% *	99.9% *
		Cancer – 31 Day Diagnosis To Treatment (Subsequent – Radiotherapy)	>=94%	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% *	98.9% *	98.6% *	99.5% *
		Cancer – 31 Day Diagnosis To Treatment (Subsequent – Surgery)	>=94%	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% *	94.8% *	98.0% *	96.2% *	95.6% *
		Cancer - Urgent Referrals Seen in Under 2 Weeks from GP	>=93%	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% *	93.7% *	92.1% *	89.9% *
		Number of patients waiting over 104 days with a TCI date	0	4	6	0	9	12	6	8	22	26	7	13	8	8	8	8	127 *
		Number of Patients waiting over 104 days without a TCI date	0	14	17	TBC	18	18	22	28	24	30	39	37	27	42	37	27	322 *
	Diagnostics	The number of planned / Surveillance Endoscopy Patients Waiting at Month End		106	123	TBC	188	223	260	311	407	576	630 *	680 *	686 *	639 *	600 *	686 *	600 *
	Discharge	Number of patients delayed at the end of each month	<14	23	34	TBC	37	27	36	47	44	41	44 *	40 *	34 *	29 *	24 *	34 *	24 *
		Patient discharge summaries sent to GP within 24 hours			46.5% *	R<75% A75-87% G>=88%	50.1% *	50.2% *	51.7% *	52.6% *	49.7% *	51.9% *	51.7% *	49.2% *	47.4% *	52.3% *		49.4% *	50.7% *
	Emergency Department	Ambulance Handovers – Over 30 Minutes	< previous year	44	49	< previous year	30	25	44	58	68	66	74	33	61 *	75 *	72	168 *	606 *
		Ambulance Handovers – Over 60 Minutes	< previous year	3	3	< previous year	1	3	1	0	2	2	2	1	1 *	0 *	0	4 *	13 *
		ED: % total time in department - Under 4 Hours CGH	>=95%	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%	95.50%	96.51%	96.40% *
		ED: % total Time in Department – Under 4 Hours GRH	>=95%	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%	81.60%	86.89%	86.60% *
		ED: Number of patients experiencing a 12 Hour Trolley wait (>12hours from decision to admit to admission)	0	1	0	0	0	0	0	0	0	0	0	0	0 *	0	0	0	0 *
	Length of Stay	Average Length of Stay (Spell)		5.04 *	4.99 *	TBC	5.18 *	4.73 *	4.71 *	4.64 *	4.95 *	4.79 *	4.88 *	4.98 *	4.66 *	4.96 *	5.18 *	4.84 *	4.87 *
	Operational Efficiency	Length of Stay for General and Acute Elective Spells (Occupied Bed Days)	<=3.4	2.99 *	3.03 *	R>4.5 A3.5-4.5 G<=3.4	2.82 *	2.78 *	2.52 *	2.61 *	3 *	2.75 *	2.47 *	2.84 *	2.89 *	2.6 *	2.7 *	2.73 *	2.72 *
		Length of Stay for General and Acute Non-Elective (Occupied Bed Days) Spells	Q1/Q2<5.4 Q3/Q4<5.8	5.53 *	5.46 *	TBC	5.72 *	5.27 *	5.34 *	5.17 *	5.4 *	5.3 *	5.48 *	5.54 *	5.06 *	5.45 *	5.81 *	5.36 *	5.41 *
		Number of LMCs Not Re–admitted Within 28 Days	0	25 *	21 *	0	12 *	23 *											
		Number of Patients Stable for Discharge	<40	65	67	TBC	67	66	71	71	75	80	75	76	69 *	74 *	72 *	69 *	72 *
		Number of stranded patients with a length of stay of greater than 7 days		464	482	TBC	384	395	369	373	382	376 *	374 *	382 *	374 *	399 *	412 *	374 *	412 *
	RTT	Referral To Treatment Ongoing Pathways Over 52 Weeks (Number)	0	63	95 *	0	95	92	98	113	125	105	103	105	97	89	97	97	97 *
	SUS	Percentage of Records Submitted Nationally with Valid GP Code	>=99%	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%	100.0% *
		Percentage of Records Submitted Nationally with Valid NHS Number	>=99%	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%	99.8% *
Finance	**Key Indicators - Finance**																		
	Finance	YTD Performance against Financial Recovery Plan		-10.8 *	-18.4 *	TBC	.05	.07	.09	.18 *	.2	.2	.2	.4	.04	-3	-6.6		
	Detailed Indicators - Finance																		
	Finance	Agency – Performance Against NHSI Set Agency Ceiling		3 *	3 *	TBC	2	2	2	2	2	3	3	3	3	3	3		
		Capital Service		4 *	4 *	TBC	4	4	4	4	4	4	4	4	4	4	4		
		Cost Improvement Year to Date Variance		-7,085	10,475	TBC	-51	121	1,116	2,365	2,342	2,975	2,994	2,013 *	1,593	0	-1,784		
		Liquidity		4 *	4 *	TBC	4	4	4	4	4	4	4	4	4	4	4		
		NHSI Financial Risk Rating	3	4 *	4 *	3	4	4	4	4	4	4	4	4	4	3	4		
		Total PayBill Spend		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	29.9		

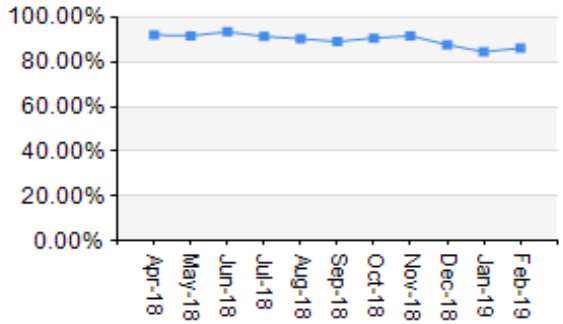
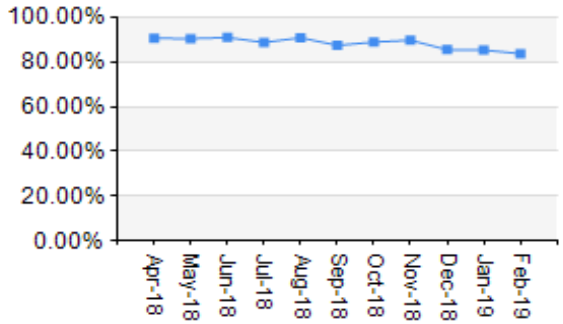
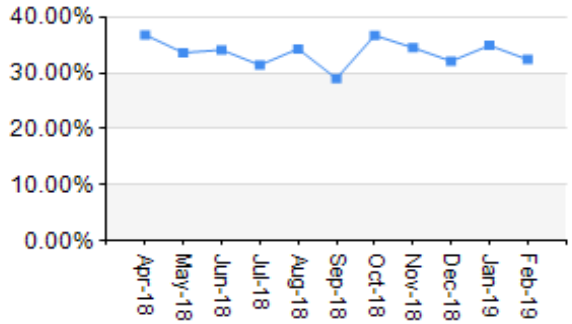
Category		Indicator	Standard 2017/18	Month		Standard 2018/19	Month										Quarter	Annual
				Feb-18	Mar-18		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q3	18/19
Leadership and Development	**Key Indicators - Leadership and Development**																	
	Workforce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

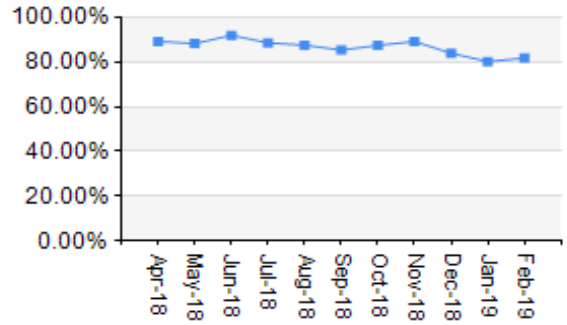
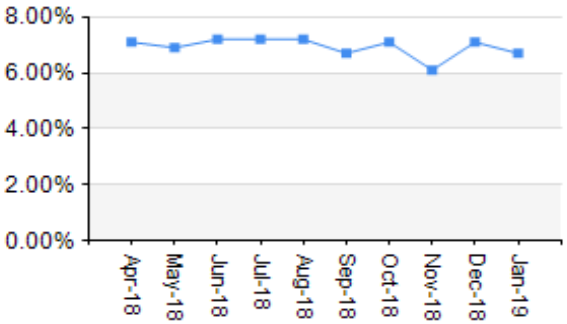
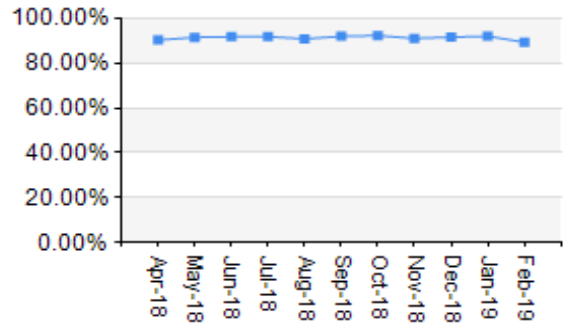
Exception Report

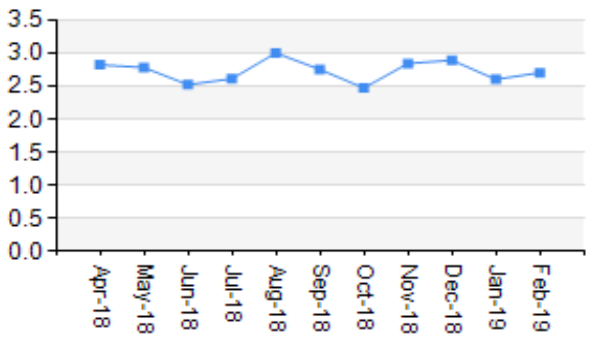
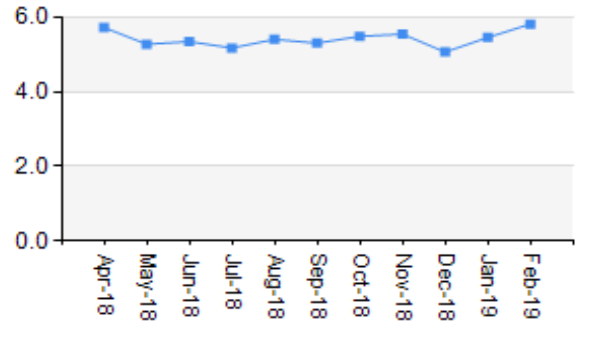
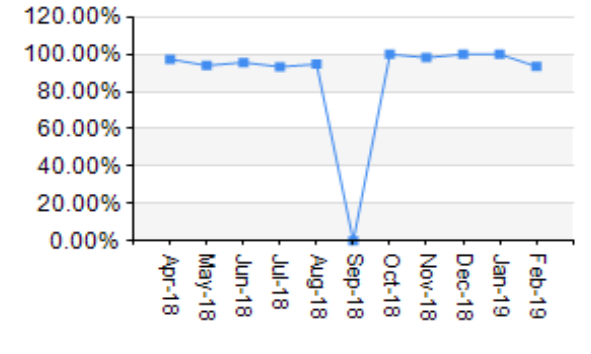
Metric Name & Standard	Trend Chart	Exception Notes	Owner
% of Adult Inpatients who have Received a VTE Risk Assessment **Standard: R<=95% A96% G>97%**		Clinical audit continues to check performance for VTE. A newVTE committee is being launched too maintain improvement.	Director of Safety
% of patients who have been screened for Dementia (within 72 hours) **Standard: R<70% A70-89% G>=90%**		Audit work being progressed. Issue remains and plan as in previous reports.	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%**		Recovery plan still in development audit work in place.	Deputy Chief Nurse

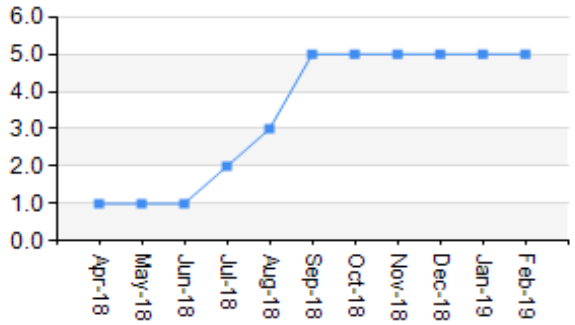
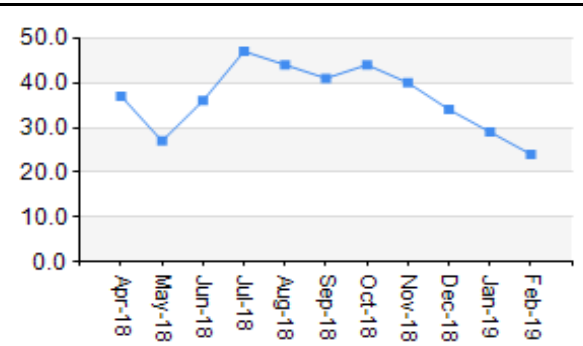
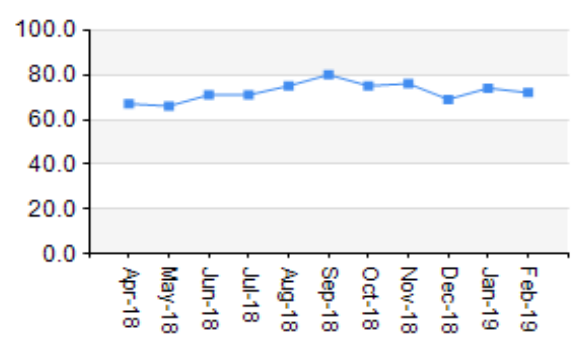
Metric Name & Standard	Trend Chart	Exception Notes	Owner
% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours) **Standard: R<70% A70-89% G>=90%**		Recovery plan still in development audit work in place	Deputy Chief Nurse
Ambulance Handovers – Over 30 Minutes **Standard: < previous year**		The increase in ambulance handover delays are directly correlated to the changes in the triage process.	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 February 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 have 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.	Associate Chief Nurse and Deputy Director of Infection Prevention and Control

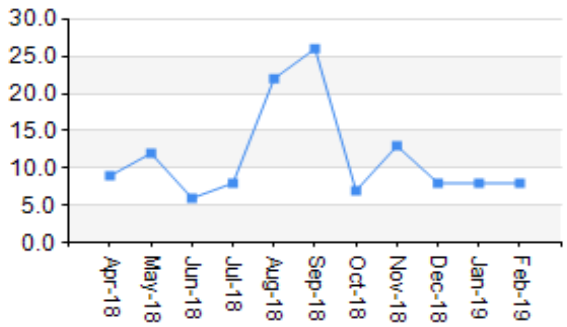
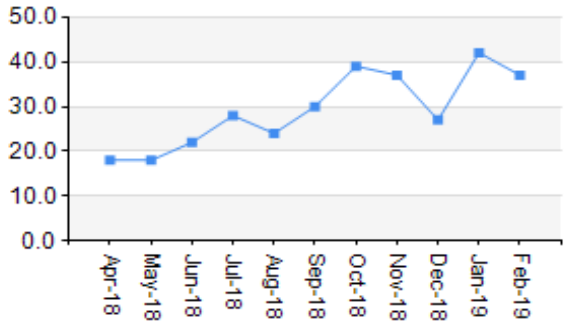
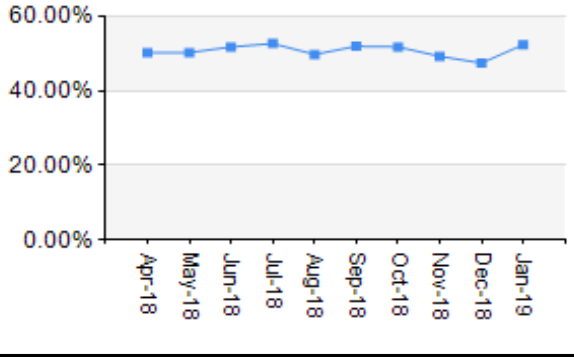
Metric Name & Standard	Trend Chart	Exception Notes	Owner
Cancer – 31 Day Diagnosis To Treatment (First Treatments) **Standard: R<94% A94-95% G>=96%**		Performance - 90.3% Target - 96% National performance - 97.1% Urology performance declined with 17 breaches - 75.7% Gynae - 8 breaches (74.2%) Skin - 1 breach	Director of Planned Care and Deputy Chief Operating Officer
Cancer 62 Day Referral To Treatment (Upgrades) **Standard: >=90%**		Performance - 60% Internal target - 90% National performance - 85.9% 5 treatments 2 breaches 2 x gynae 1 - change in treatment decision - surgery to chemorad 1 - elective surgical capacity	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%**		Feb performance - 61.8% (unvalidated) Exc uro performance - 78.8% Target - 85% National performance - 81% Performance will improve with projected 35 skin treatments yet to be added Urology - 23 breaches (45.2%) Gynae - 9 breaches (40%) Lower GI - 5.5 breaches (71.8%) Upper GI - 3.5 breaches (76.7%)	Director of Planned Care and Deputy Chief Operating Officer

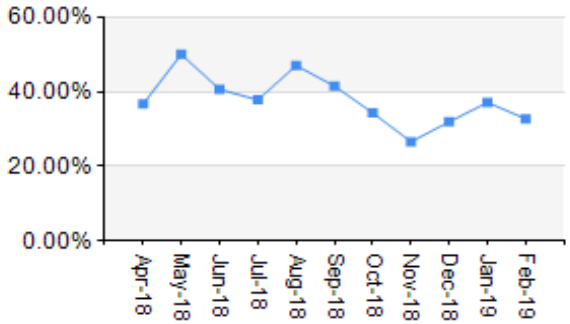
Metric Name & Standard	Trend Chart	Exception Notes	Owner
ED Total Time in Department – Under 4 Hours **Standard: R<90% A90-94% G>=95%**		ED performance in February 2019 was 86.08% (95.5% CGH / 81.60% GRH) with a 6.2% increase in attendances. Compared to Feb 18 performance dipped by 2.4%. AMIA is still being maximised to reduce admissions and keep ED under 50 patients in addition to the SAU. Surges in attendances remain an issue with record surges per hour experienced in February.	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%**		Triage performance was 83.6% in Feb 19. Changes have been made to improve the quality of triage which has seen a predicted decrease in this metric.	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%**		This metric continues to remain between 30 and 35%. There has been renewed focus on chasing plans at 2 hours but this has not impacted the 60 minute metric. Emergency dept rotas are continually monitored and adjusted to ensure optimum cover across both sites.	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%**		ED performance in February 2019 was 81.60% in GRH. Compared to Feb 18 performance dipped by 3.7%. AMIA is still being maximised to reduce admissions and keep ED under 50 patients in addition to the SAU. Surges in attendances remain an issue with record surges per hour experienced in February.	Director of Unscheduled Care and Deputy Chief Operating Officer
Emergency re-admissions within 30 days following an elective or emergency spell **Standard: R>8.75% A8.25-8.75% G<8.25%**		During 2018/19 a number of additional services have been put in place within the Trust which centre on the introduction/piloting of assessment areas – the purpose of these areas is to take patients who are deemed 'fit to sit' and to provide assessment service to reduce direct admissions to the wards, improve the patient experience and improve flow within the organisation. There have been ongoing discussions with commissioner colleagues to reach agreement on how to record this activity and in line with national guidance a local solution has been reached. As patients within the assessment areas do not meet the NHS Data Dictionary of an admission we have taken the decision to categorise these as 'assessments' – to this end we have retrospectively adjusted reporting from April 2018.	Deputy Medical Director
Inpatients % Positive **Standard: R<93% A93-95% G>=96%**		We continue to support staff monitoring their FFT comments. Improvements are being made in response to feedback.	Deputy Director of Quality

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Length of Stay for General and Acute Elective Spells (Occupied Bed Days) **Standard: R>4.5 A3.5-4.5 G<=3.4**		During 2018/19 a number of additional services have been put in place within the Trust which centre on the introduction/piloting of assessment areas – the purpose of these areas is to take patients who are deemed 'fit to sit' and to provide assessment service to reduce direct admissions to the wards, improve the patient experience and improve flow within the organisation. There have been ongoing discussions with commissioner colleagues to reach agreement on how to record this activity and in line with national guidance a local solution has been reached. As patients within the assessment areas do not meet the NHS Data Dictionary of an admission we have taken the decision to categorise these as 'assessments' – to this end we have retrospectively adjusted reporting from April 2018.	Deputy Chief Operating Officer
Length of Stay for General and Acute Non-Elective (Occupied Bed Days) Spells **Standard: TBC**		During 2018/19 a number of additional services have been put in place within the Trust which centre on the introduction/piloting of assessment areas – the purpose of these areas is to take patients who are deemed 'fit to sit' and to provide assessment service to reduce direct admissions to the wards, improve the patient experience and improve flow within the organisation. There have been ongoing discussions with commissioner colleagues to reach agreement on how to record this activity and in line with national guidance a local solution has been reached. As patients within the assessment areas do not meet the NHS Data Dictionary of an admission we have taken the decision to categorise these as 'assessments' – to this end we have retrospectively adjusted reporting from April 2018.	Deputy Chief Operating Officer
Maternity % Positive **Standard: R<94% A94-96% G>=97%**		The maternity team continue to view feedback. They currently have 16 QU projects and this feedback will be reviewed by the teams.	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 to end of February.	Associate Chief Nurse and Deputy Director of Infection Prevention and Control
Number of patients delayed at the end of each month **Standard: TBC**		This number has risen slightly to previous month due to higher acuity of patients needing specific requirements. Choice policy being used outside of its criteria. Simple discharges not as fluid over the month and complex delays have all led to month end delays	Director of Unscheduled Care and Deputy Chief Operating Officer
Number of Patients Stable for Discharge **Standard: TBC**		Number of patients stable for discharged has stayed the same as the previous month. Despite conscious efforts with system partners on a day to day review basis delays have occurred with patients not remaining medically fit, delays with community placements. Choice policy being used and reduced placements re DTA beds and POC.	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**		Cancer Category Total Head & neck 2 Lower GI 2 Urological 17 Grand Total 21	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 Haematological 1 Lower GI 8 Other 1 Upper GI 1 Urological 13 Grand Total 24	Director of Planned Care and Deputy Chief Operating Officer
Patient discharge summaries sent to GP within 24 hours **Standard: R<75% A75-87% G>=88%**		Changes made to inclusion criteria. We now reporting % discharged with 24 hours as opposed to % discharged within one working day. QI project underway in a specific area to try to address the underlying issues.	Medical Director

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Stroke Care: Percentage of patients Receiving Brain Imaging Within 1 Hour **Standard: R<45% A45-49% G>=50%**		34.5% of patients scanned within one hour within February, compared with a revised 39% position for January 2019. The majority of breaches, when analysed, show that there was either no Stroke Specialist Nurse (SSP) in the dept (due to leave or after shift end) or the SSP was not alerted to the stroke patient in ED in a timely manner to prevent the breach. The service have, via Emergency are Delivery Group, presented data on breach analysis for this metric within ED by time of day admitted and compared with surges in ED attendances. Additionally, a data analysis has been completed to review whether patients are being delayed after scan has been requested to actual time into scanner in Radiology. Results of the data analysis demonstrate that breaches occur later in the evening just as surge begins at 6pm. There is no delay once the request has been made for the scan, therefore focussed recovery attention will be on time between initial triage and scan request being made. To that end, the service have had funding granted (0.6 WTE) to create an additional 1 WTE Stroke Specialist Nurse role (currently out to advert March 2019) with the opportunity to appoint to a second Stroke Specialist Nurse on the day if more than one candidate is appointable. This will take the team from 3 WTE to 5 WTE and will support a seven day rota until 10pm with the aim to get to a 24/7 rota by the end of the year, if a sixth SSP can be recruited. They will be based predominantly in the Emergency Dept., to directly take pre-alerts from SWAST and to then support earlier pick up and patient management.	Director of Unscheduled Care and Deputy Chief Operating Officer

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

REPORT TO TRUST BOARD – APRIL 2019

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

This report describes the business conducted at the Finance Committee held 28 March 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 £6.6m adverse to budget, but £0.4m favourable to the forecast position (this is a timing issue and not indicative of an improved forecast). Income settlements with commissioners have minimised the risk to income for 2018/19. Cashflow has improved due to increased borrowing and BPPC performance has improved in February.	Has anything occurred that presents material risk to the year end forecast? Does the income position address previously loss-making services – as highlighted in the drivers of the deficit analysis?	Continued pressure in non-elective and some higher than expected agency use had put some pressure on the forecast but it was expected that this would be managed within the expected envelope. A number of services remain in a deficit operating position – this will be further addressed through efficiency measures and the 2019/20 contract settlement – it will not be possible to address all of these recurrently in year	

Capital Programme Update	Confirmation that the £10m requested borrowing has been approved for action to spend in the 2019/20 financial year. Year-end forecast for capital maintained at previous levels.	Does imaging equipment constitute a particular risk? How will the options appraisal for future funding be taken forward?	The proposed managed equipment service will look to address this risk but will unlikely take effect in the coming financial year. Agreed to house the forward work in the Estates Committee.	
Cost Improvement Programme (CIP) Update	At Month 11 the trust has delivered £24.6m of CIP YTD against the YTD NHS Improvement target of £26.4m. The Month 11 position is consistent with the projection as at Month 8, therefore the FOT has been held. A gap remains in identification of 2019/20 schemes in excess of £10m.	What is being done to bridge the 2019/20 gap?	Weekly deep dives with divisions will continue, supported by additional deliver resources. The Trust continues to use Model Hospital and external benchmarking to identify further opportunities.	Further work to be done on 2019/20 – to be reported to next Committee

Financial Planning and Budget Setting	The plan presents an overall income and expenditure breakeven position, after national funding of PSF (£8.5m), FRF (£7.3m) and MRET (£4m), which is contingent on acceptance of a breakeven control total issued by NHSI. In year receipt of PSF and FRF is contingent on financial delivery on a quarterly basis. There is currently risk of non-delivery of the plan reflecting the status of CIP (£12.2m currently unidentified), and the position on income settlements with commissioners, with a gap on assumptions of between £6m and £7m.	Is there an associated cashflow?	Yes, a detailed forward cashflow accompanies the I&E plan – this will be included in the NHSI planning submission and reported to Committee next month.	
EPR Business Case and Procurement	Final Business case discussed and approved.			

Keith Norton
Chair of Finance and Digital Committee
28 March 2019

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

Report Title
Financial Performance Report – Month 11 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 Group financial performance, incorporating the Trust and Gloucestershire Managed Services, for the period ended 28th February 2019.

Key issues to note

- The Group is reporting an actual income and expenditure deficit of £25.4m for the year to date at February 2019. This is an adverse variance of £6.6m to plan and £0.4m favourable to forecast.

- Key highlights of the M11 position:
  - Commissioner income is showing a favourable variance to budget of £2.9m.
  - Other NHS patient related income (including AfC funding) is £0.6m adverse to plan.
  - Private and paying patients' income is £0.5m adverse to plan.
  - Other operating income (including Hosted Services) is favourable by £0.4m.
  - Pay expenditure is showing an adverse variance of £3.3m.
  - Non-pay expenditure is showing an adverse variance of £8.3m.
  - Non-operating costs are showing a favourable variance of £2.8m.

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 March.

Gloucestershire Hospitals NHS
NHS Foundation Trust

Report to the Trust Board

Financial Performance Report
Month Ended 28th February 2019

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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 11 reporting.

The financial position as at the end of February 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 February the Group's consolidated position shows a year to date deficit of £25.4m. This is £6.6m adverse against plan, and £0.4m favourable to forecast. The Group's forecast remains a deficit of £29.1m.

Statement of Comprehensive Income (Trust and GMS)

	TRUST POSITION			GMS POSITION			GROUP POSITION *		
Month 11 Cumulative Financial Position	**Budget £000s**	**Actuals £000s**	**Variance £000s**	**Budget £000s**	**Actuals £000s**	**Variance £000s**	**Budget £000s**	**Actuals £000s**	**Variance £000s**
SLA & Commissioning Income	406,585	409,527	2,942	0	0	0	406,585	409,527	2,942
PP, Overseas and RTA Income	5,232	4,745	(487)	0	0	0	5,232	4,745	(487)
Other Income from Patient Activities	4,966	4,408	(558)	0	0	0	4,966	4,408	(558)
Operating Income	62,800	62,979	179	40,756	40,827	72	66,522	66,959	437
Total Income	**479,583**	**481,659**	**2,076**	**40,756**	**40,827**	**72**	**483,305**	**485,639**	**2,334**
Pay	302,844	305,514	(2,669)	15,431	16,038	(607)	317,953	321,229	(3,276)
Non-Pay	177,140	184,719	(7,579)	23,398	23,955	(557)	163,827	172,149	(8,322)
Total Expenditure	**479,985**	**490,233**	**(10,249)**	**38,830**	**39,993**	**(1,163)**	**481,781**	**493,378**	**(11,598)**
EBITDA	**(401)**	**(8,574)**	**(8,172)**	**1,926**	**834**	**(1,092)**	**1,525**	**(7,739)**	**(9,264)**
EBITDA %age	**(0.1%)**	**(1.8%)**	**(1.7%)**	**4.7%**	**2.0%**	**(2.7%)**	**0.3%**	**(1.6%)**	**(1.9%)**
Non-Operating Costs	18,929	17,194	1,735	1,926	834	1,092	20,855	18,028	2,826
Surplus/(Deficit)	**(19,330)**	**(25,768)**	**(6,437)**	**0**	**0**	**0**	**(19,330)**	**(25,768)**	**(6,437)**
Excluding Donated Assets	549	339	(210)	0	0	0	549	339	(210)
Control Total Surplus/(Deficit)	**(18,781)**	**(25,428)**	**(6,647)**	**0**	**0**	**0**	**(18,781)**	**(25,428)**	**(6,647)**

* Group Position excludes £37.2m of intergroup transactions including dividends

© Copyright Gloucestershire Hospitals NHS Foundation Trust

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 February, the Group's consolidated position shows an in month deficit of £4.7m which is £3.7m adverse to plan.

The year to date deficit of £25.4m is an adverse variance of £6.6m against plan.

Month 11 Financial Position	Annual Budget £000s	M11 Budget £000s	M11 Actuals £000s	M11 Variance £000s	M11 Cumulative Budget £000s	M11 Cumulative Actuals £000s	M11 Cumulative Variance £000s
SLA & Commissioning Income	444,587	36,388	36,666	277	406,585	409,527	2,942
PP, Overseas and RTA Income	5,710	480	441	(39)	5,232	4,745	(487)
Other Income from Patient Activities	5,418	453	(127)	(581)	4,966	4,408	(558)
Operating Income	74,297	6,278	5,445	(833)	66,522	66,959	437
Total Income	**530,012**	**43,600**	**42,424**	**(1,176)**	**483,305**	**485,639**	**2,334**
Pay	346,478	28,770	30,418	(1,648)	317,953	321,229	(3,276)
Non-Pay	178,702	14,023	15,251	(1,228)	163,827	172,149	(8,322)
Total Expenditure	**525,180**	**42,794**	**45,669**	**(2,875)**	**481,781**	**493,378**	**(11,598)**
EBITDA	**4,832**	**806**	**(3,244)**	**(4,051)**	**1,525**	**(7,739)**	**(9,264)**
EBITDA %age	**0.9%**	**1.8%**	**(7.6%)**	**(9.5%)**	**0.3%**	**(1.6%)**	**(1.9%)**
Non-Operating Costs	22,751	1,896	1,498	398	20,855	18,028	2,826
Surplus/(Deficit)	**(17,919)**	**(1,090)**	**(4,743)**	**(3,653)**	**(19,330)**	**(25,768)**	**(6,437)**
Excluding Donated Assets	(902)	49	31	(18)	549	339	(210)
Control Total Surplus/(Deficit)	**(18,821)**	**(1,041)**	**(4,712)**	**(3,671)**	**(18,781)**	**(25,428)**	**(6,647)**

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Detailed Income & Expenditure

Gloucestershire Hospitals NHS
NHS Foundation Trust

Month 11 Financial Position	M11 Budget £000s	M11 Actuals £000s	M11 Variance £000s	M11 Cumulative Budget £000s	M11 Cumulative Actuals £000s	M11 Cumulative Variance £000s
SLA & Commissioning Income	36,388	36,666	277	406,585	409,527	2,942
PP, Overseas and RTA Income	480	441	(39)	5,232	4,745	(487)
Other Income from Patient Activities	453	(127)	(581)	4,966	4,408	(558)
Operating Income	6,278	5,445	(833)	66,522	66,959	437
Total Income	**43,600**	**42,424**	**(1,176)**	**483,305**	**485,639**	**2,334**
Pay						
Substantive	26,786	27,743	(957)	295,079	295,875	(796)
Bank	940	1,035	(95)	10,340	10,986	(646)
Agency	1,044	1,640	(596)	12,535	14,369	(1,834)
Total Pay	**28,770**	**30,418**	**(1,648)**	**317,953**	**321,229**	**(3,276)**
Non Pay						
Drugs	5,438	4,647	791	61,272	62,764	(1,492)
Clinical Supplies	3,112	3,774	(662)	35,049	36,759	(1,710)
Other Non-Pay	5,474	6,830	(1,356)	67,506	72,626	(5,120)
Total Non Pay	**14,023**	**15,251**	**(1,228)**	**163,827**	**172,149**	**(8,322)**
Total Expenditure	**42,794**	**45,669**	**(2,875)**	**481,781**	**493,378**	**(11,598)**
EBITDA	**806**	**(3,244)**	**(4,051)**	**1,525**	**(7,739)**	**(9,264)**
EBITDA %age	**1.8%**	**(7.6%)**	**(9.5%)**	**0.3%**	**(1.6%)**	**(1.9%)**
Non-Operating Costs	1,896	1,498	398	20,855	18,028	2,826
Surplus/(Deficit)	**(1,090)**	**(4,743)**	**(3,653)**	**(19,330)**	**(25,768)**	**(6,437)**
Excluding Donated Assets	49	31	(18)	549	339	(210)
Surplus/(Deficit)	**(1,041)**	**(4,712)**	**(3,671)**	**(18,781)**	**(25,428)**	**(6,647)**

Non-Pay – expenditure is showing a £8.3m overspend year to date. Of the £1.2m overspend in month, £1.4m is on Other Non-Pay which relates to unidentified CIPs (£0.6m), Outsourced Clinical Services (£0.1m) most of which is Gastro & Gynae matched by income and a stock adjustment within Surgery (£0.4m).

SLA & Commissioning Income – is £2.9m favourable against plan. This reflects over performance on commissioning contracts.

PP / Overseas / RTA Income – performance has deteriorated slightly with a £0.5m year to date adverse variance. Oncology private patients (£0.2m) and RTA cost recovery (£0.3m) make up the adverse variance.

Other Patient Income – is £0.6m adverse in month. This is reflected in the cumulative position by £0.8m in respect of the clawback of Agenda for Change funding in respect of GMS.

Other Operating Income – The £0.8m in month under performance reflects lower than planned income relating to PSF (£0.9m) offset by higher Hosted Service income which is matched by spend (£0.1m).

Pay – expenditure is showing a £3.3m overspend year to date reflecting an overspend on all staff contract categories. The in month variance of £1.6m adverse is mainly driven by a provision relating to a contingent liability (£0.5m) currently noted in the Trust's accounts, undelivered Pay CIPs (£0.9m), largely Surgery (£0.3m), Medicine (£0.2m) and Diagnostic & Specialist (£0.1m). Other significant in month overspends include qualified nursing agency in Medicine (£0.2m).

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Cost Improvement Programme

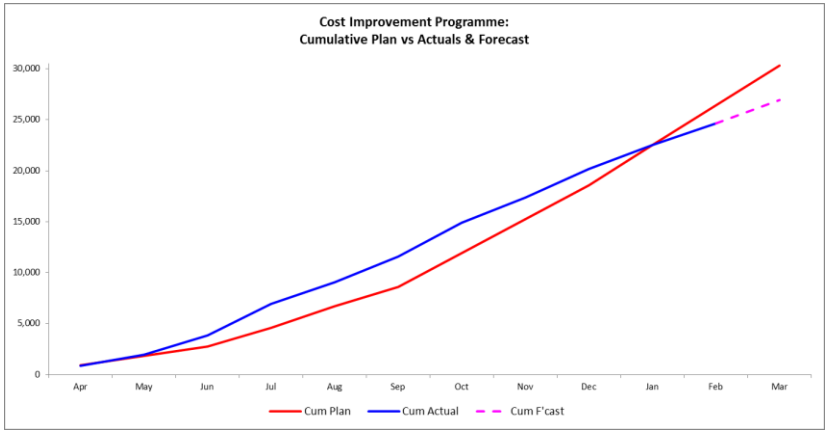
Gloucestershire Hospitals NHS
NHS Foundation Trust

1. At Month 11 the trust has delivered £24.6m of CIP YTD against the YTD NHS Improvement target of £26.4m.
The YTD delivery splits into £19m recurrent and £5.6m 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 £2.1m of CIP against an in-month NHSI target of £3.9m.

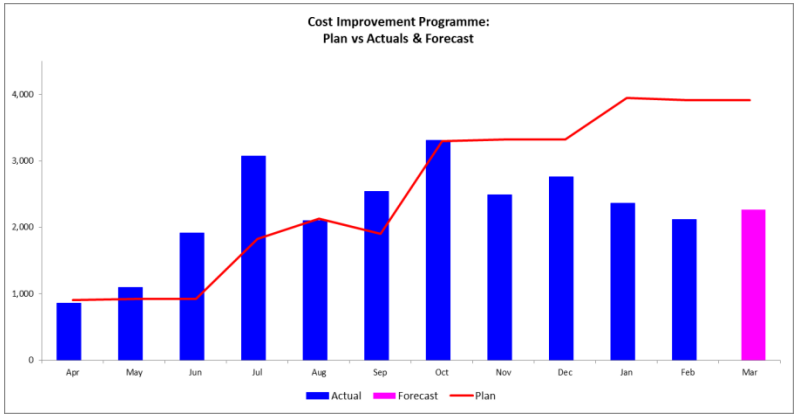
2. At Month 11, the Divisional year end forecast figures indicate delivery of £26.9m against the Trust's target of £30.3m. This is a decrease against M10 FOT of £67k. This is due to a decrease in Trauma and Orthopaedic activity due to cancelled elective work.

3. The cumulative FOT indicates that GHFT has started reporting a negative variance (see graph to the right). This is consistent with previous projections.

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



© Copyright Gloucestershire Hospitals NHS Foundation Trust

Balance Sheet (1)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Trust Financial Position	Opening Balance 31st March 2018 £000	GROUP Balance as at M11 £000	B/S movements from 31st March 2018 £000
Non-Current Assests			
Intangible Assets	9,130	10,347	1,217
Property, Plant and Equipment	251,010	251,501	491
Trade and Other Receivables	4,463	4,347	(116)
Investment in GMS		0	
Total Non-Current Assets	**264,603**	**266,195**	**1,592**
Current Assets			
Inventories	7,131	7,204	73
Trade and Other Receivables	19,276	32,865	13,589
Cash and Cash Equivalents	5,447	3,002	(2,445)
Total Current Assets	**31,854**	**43,071**	**11,217**
Current Liabilities			
Trade and Other Payables	(47,510)	(58,387)	(10,877)
Other Liabilities	(3,284)	(4,302)	(1,018)
Borrowings	(4,703)	(11,899)	(7,196)
Provisions	(160)	(160)	0
Total Current Liabilities	**(55,657)**	**(74,748)**	**(19,091)**
Net Current Assets	**(23,803)**	**(31,677)**	**(7,874)**
Non-Current Liabilities			
Other Liabilities	(7,235)	(6,891)	344
Borrowings	(111,219)	(129,748)	(18,529)
Provisions	(1,472)	(1,472)	0
Total Non-Current Liabilities	**(119,926)**	**(138,111)**	**(18,185)**
Total Assets Employed	**120,874**	**96,407**	**(24,467)**
Financed by Taxpayers Equity			
Public Dividend Capital	168,768	170,068	1,300
Equity			
Reserves	43,530	43,530	0
Retained Earnings	(91,424)	(117,191)	(25,767)
Total Taxpayers' Equity	**120,874**	**96,407**	**(24,467)**

The table shows the M11 balance sheet and movements from the 2017/18 closing balance sheet, supporting narrative is on the following page.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Balance Sheet (2)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Commentary below reflects the Month 11 balance sheet position against the 2017/18 outturn

Current Assets

- Inventories have decreased slightly in month giving a year to date movement of £0.1m
- Trade receivables are £13.6m above the closing March 2018 level.
- Cash has reduced by £2.4m 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 £19.1m, reflecting an increase in creditors/accruals, and borrowings repayable within a year.

Non-Current Liabilities

- Borrowings have increased by £18.5m, reflecting the income and expenditure deficit.

Retained Earnings

- The retained earnings reduction of £25.8m reflects the impact of the in year deficit.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Better Payment Practice Code (BPPC)

Gloucestershire Hospitals NHS
NHS Foundation Trust

	Cumulative for Financial Year		Current Month February	
	Number	£'000	Number	£'000
Total Bills Paid Within period	103,330	212,698	8,480	17,783
Total Bill paid within Target	77,957	167,484	7,092	15,769
Percentage of Bills paid within target	75%	79%	84%	89%

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. The higher than average BPPC performance in February reflects the draw down of borrowings.

Liabilities – Borrowings

Analysis of Borrowing	As at 28th February 2019 £000
<12 months	
Loans from ITFF	3,317
Distress Funding	6,697
Obligations under finance leases	1,782
Obligations under PFI contracts	103
Balance Outstanding	**11,899**
>12 months	
Loans from ITFF	22,593
Capital Loan	4,500
Distress Funding	82,974
Obligations under finance leases	1,243
Obligations under PFI contracts	18,438
Balance Outstanding	**129,748**
Total Balance Outstanding	**141,647**

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 £27.2m of additional in-year borrowing from the DoH.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Cashflow : February

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)**	**(3,959)**	**(1,300)**	**(18,505)**
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**	**(3,089)**	**(1,930)**	**(9,559)**
Working capital movements:													
(Inc.)/dec. in inventories	0	71	0	0	0	(330)	33	155	(333)	146	185	0	(73)
(Inc.)/dec. in trade and other receivables	(4,596)	(2,610)	(546)	2,310	(963)	3,647	(3,619)	(615)	(2,064)	1,425	(2,211)	(346)	(10,188)
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)	7,261	1,920	12,797
Inc./(dec.) in other financial liabilities	(437)	904	0	0	0	(1,552)	(245)	(35)	2,431	(52)	4	0	1,018
Net cash in/(out) from working capital	**2,123**	**(478)**	**888**	**1,297**	**259**	**1,759**	**(5,485)**	**(1,545)**	**5,620**	**(7,697)**	**5,239**	**1,495**	**3,475**
Capital investment:													
Capital expenditure	(158)	(207)	(459)	(459)	(1,883)	(159)	(1,155)	(2,295)	(253)	(596)	(7,573)	(2,472)	(17,669)
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)**	**(7,573)**	**(2,472)**	**(17,669)**
Funding and debt:													
PDC Received	0	0	0	0	0	0	0	0	1,300	0	0	1,700	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**	**1,681**	**2,559**	**20,960**
Net cash in/(out)	**1,104**	**(2,906)**	**(364)**	**32**	**519**	**2,258**	**(3,959)**	**1,763**	**6,629**	**(3,779)**	**(3,742)**	**(348)**	**(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**	**3,002**	**5,447**
Closing	**6,551**	**3,645**	**3,281**	**3,313**	**3,832**	**6,090**	**2,131**	**3,894**	**10,523**	**6,744**	**3,002**	**2,654**	**2,654**

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

Cashflow Key movements:

Current Assets – The increase in trade and other receivables since month 10 has reduced cash.

Current Liabilities – The increase in trade and other payables since month 10 has increased cash.

The Cash Position – reflects the Group position. The Trust has drawn down loan support of £27.2m.

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.

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Introduction and Overview

This report provides an overview of the progress of the capital programme to date and year end forecast for 2018/19. Adverse and favourable movements are highlighted along with the risks and opportunities in delivering the programme.

Capital Programme Expenditure Summary position at 28th February 2019

Capital Summary	Internal YTD Plan	YTD Spend	YTD Var	18/19 Full Year Plan	FOT 18/19 Spend	Forecast Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Health & Safety Projects	3,729.2	2,679.7	-1,049.5	4,475.0	3,239.2	-1,235.8
Environmental Works	175.0	139.7	-35.3	200.0	176.5	-23.5
Estates Unallocated Allowances	108.0	-18.5	-126.5	125.0	-11.4	-136.4
Non Health & Safety Projects	1,057.5	1,063.0	5.5	1,154.0	1,186.5	32.5
Committed Schemes	2,251.7	2,310.6	58.9	2,679.0	2,549.4	-129.6
Service Reconfiguration	1,017.5	204.2	-813.3	1,221.0	207.9	-1,013.1
Major Equipment Replacement	1,164.7	9.6	-1,155.1	4,588.0	3,203.5	-1,384.5
IM&T	5,293.4	2,783.3	-2,510.1	6,100.0	4,276.8	-1,823.2
MEF	1,711.4	439.7	-1,271.7	2,000.0	550.0	-1,450.0
Other Schemes	0.0	631.6	631.6	1,300.0	1,213.9	-86.1
Contingency	0.0	0.0	0.0	200.0	0.0	-200.0
Strategic Development	1,460.0	446.2	-1,013.8	1,975.0	525.0	-1,450.0
Overspend/(Underspend)	**17,968.4**	**10,689.0**	**-7,279.4**	**26,017.0**	**17,117.3**	**-8,899.7**

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

The forecast underspend of £8.9m against plan reflects the outcome of the capital financing application. The Trust has received confirmation that the £10m application will be received in 2019/20, with expenditure included in the 2019/20 capital plan.

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.
- Detailed planning and phased implementation of the £920K 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 (£0.1m).

© Copyright Gloucestershire Hospitals NHS Foundation Trust

Recommendations

The Board is asked to note:

- The Trust is reporting an actual income and expenditure deficit on a control total basis of £25.4m for the year to date at February 2019. This is an adverse variance of £6.6m to plan and a favourable variance to forecast of £0.4m.
- The Trust continues to forecast an income and expenditure deficit of £29.1m.

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

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

Date: **April 2019**

© Copyright Gloucestershire Hospitals NHS Foundation Trust

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS – APRIL 2019

GOVERNORS' LOG

Included below are submissions received via the Governors' Log for the period since the CoG meeting on 19 December 2018.

A document explaining the Governor's Log as well as the standard operating procedure are included as appendices for information.

Ref: 39/18	**Governor:** Alison Jones	**Lead:** Simon Lanceley
Submitted: 14/11/18	**Deadline:** 18/12/18	**Responded:** 03/01/19
Theme: HCOSC Paper on Temporary Change to the Radiology Service in Gloucestershire		**Status:** Closed

Question:

1. I estimate that 35-40 patients per week will be displaced by the reductions in service provision at Lydney and Dilke. How will they be accommodated by redesigning the service, without overloading the remaining days and existing staff? The report acknowledges increased activity at remaining sites and states measures will be taken to limit impact on patients but how has impact on staff been considered?

2. It is interesting to note the disparity, in Trust statistics, between Radiologist and Radiographer vacancies. Have reasons for this been investigated?

3. It seems that GCS are within their rights to seek supplementary cover from a private provider. Is this likely to happen in the interim or permanently?

4. I would like to note that several Community sites are manned single-handedly and therefore are often closed for lunch breaks. This makes the total service hours offered less than stated in the Tables provided in the paper.

5. With regard to longer term recruitment, could access to senior schools be explored so that pupils may be encouraged to consider radiography as a profession earlier in their educational journey?

Answer:

1. The reduction at Lydney is anticipated to impact on approximately 3 MIU patients and up to 20 GP direct access patients (based on average daily attendance numbers). We anticipate the majority of patients will be able to be seen at the Dilke, the latest information on waiting times (up to 6th December 2018) does not demonstrate an increase (under 2 weeks at both sites).

   Impact on Community Radiographers has been considered alongside input from GCS regarding other staffing groups at community hospitals. The challenge of maintaining the community service whilst addressing safety concerns at the acute sites has also taken into account the impact on all Radiographers in the county.

2. This is under investigation and forms part of the trusts Radiology transformation programme and ICS Radiology work streams. The general trends in feedback include location (large parts of our workforce commute from Bristol), enhanced pay for staff within other in county providers (Private and charitable), reduction in the number of students being trained.

3. They are but this is not their preferred option as they are aware of the risk to our own workforce from a competitor. This option will remain under review pending success of the different recruitment and retention strategies.

4. Agreed, although we have been consistent by showing current and future provision without lunch breaks.

5. We have recruitment open days where we invite students and members of the public to visit the department. We organise talks and tour of department with input from Radiographers and Radiologists.

   We are also planning to participate in Healthcare scientist open event in March which is specifically targeted at school children.

Ref: 40/18	**Governor:** Alan Thomas	**Lead:** Business Intelligence Team
Submitted: 20/11/18	**Deadline:** 18/12/18	**Responded:** 19/01/19
Theme: Children and Young People A&E attendance with a recorded diagnosis of a psychiatric condition		**Status:** Closed

Question:

In the light of a recent article in 'The Independent' - https://www.independent.co.uk/life-style/mental-health-young-people-a-and-e-department-of-health-and-social-care-figures-a8600596.html - a question on attendance in A&E by children and young person's presenting with a 'recorded diagnosis of a psychiatric condition'. I am sure it isn't easy to give accurate numbers, but some indication, please of whether these numbers are growing in the way suggested by the newspaper article.

Answer:

Total attendances (purple line) have been steadily increasing since the start of 2015, but the figure is very variable – while not dramatic, the trend shows an increase of just under 40/month to just over 50/month over 3 years.

ed_paeds_mental_health.xlsx

(embedded document available on request from the Corporate Governance Manager)

Ref: 41/18	**Governor:** Anne Davies	**Lead:** Emma Wood
Submitted: 20/11/18	**Deadline:** 18/12/18	**Responded:** 4/12/18
Theme: Patient Partners		**Status:** Closed

Question:

Is it Trust policy to stop patients and staff using the terms husband and wife? I ask this because I heard yesterday of a lady who was asked when in the hospital to stop referring to her husband and to call him her partner.

Answer:

It is not policy for Trust staff not to use the term husband or wife as many of our patients and colleagues do refer to their spouses in these terms. Our advice to staff is that they should check how people wish to refer to their loved ones and respect these wishes and amend their language accordingly. Our staff try to make no assumptions about the status or nature of relationships and should be guided by the people they are interacting with. Staff may ask at the start of an interaction who is with the patient and how should they be addressed or make an assumption which they would then be guided to change as in the incident mentioned.

Ref: 42/18	**Governor:** Alan Thomas	**Lead:** Sean Elyan
Submitted: 16/12/18	**Deadline:** 17/01/19	**Responded:** 18/01/19
Theme: Surgical Implantation of Devices		**Status:** Closed

Question:

As some know, I am very interested in the issues surrounding the surgical implantation of devices into patients, particularly new technologies. There are many issues surrounding this topic. A recent BBC article (https://www.bbc.co.uk/news/health-46337937) concentrated on regulation and potential harm. What procedures does the Trust employ to ensure (as far as is possible) that potential harm to patients from such implantation is minimised?

Answer:

There is a Trust policy in place for the introduction of new procedures and devices and this protocol is attached (see attachment 1). This outlines the standards expected by the Trust of manufacturers and suppliers of medical devices and consumables. As part of this policy, there are also strict standards of practice to be adhered to by both company representatives and theatre staff around any existing and new equipment (see attachments 2 and 3).

In addition, there has recently been introduced a reviewed Company Representative Policy for Theatres and New Procedures (see attachment 4) which ensures that any changes / additions to the equipment library or consumables are overseen and agreed through a strict speciality and divisional governance structure.


Attachment 1 - COMPANY REPS Nove


Attachment 2 - CSR1 - Company Reps.pdf


Attachment 3 - CSR1 - Company Reps.pdf


Attachment 4 - Introduction of new ir

(embedded documents available on request from the Corporate Governance Manager)

Ref: 43/18	**Governor:** Nigel Johnson	**Lead:** Sean Elyan
Submitted: 17/12/18	**Deadline:** 17/01/19	**Responded:** 17/01/19
Theme: Staff Retention		**Status:** Closed

Question:

When staff provide notice that they are leaving the Trust, are there any attempts by the respective departments to offer incentives for staff to say?

When I talk of incentives I don't simply imply a pay rise but would/ there be a conversation around personal development, working conditions etc as a way of retaining that member of staff.

Answer:

Upon receiving a resignation letter, managers are expected to meet with the individual to ascertain reasons for leaving and possible incentives to stay. The exit interview process is triggered once a manager completes the Leavers Form which is then sent to Payroll.

The exit process is as follows (has been live since around Nov '18):

1. Payroll send a weekly list of Leavers to HR Admin based on the Leaver Forms received
2. HR Admin then send a questionnaire, with an additional exit interview option, to all Leavers who have handed in their notice that week
3. Leavers feedback and data is populated on to ESR

Reasons for leaving, and incentives to stay, are captured within the questionnaire as well as the optional exit interview. For reporting reasons the majority of the questions are quantitative, with the additional comments sections providing an opportunity for free text.

Ref: 01/19	**Governor:** Nigel Johnson	**Lead:** Steve Hams
Submitted: 03/01/19	**Deadline:** 17/01/19	**Responded:** 23/01/19
Theme: Catholic Chaplain		**Status:** Closed

Question:

I notice that from September 2018, Gloucestershire Hospitals no longer employ a Catholic Chaplain. I understand that on admission to hospital, a patient (or his/her carers) inform the admission staff that they are Catholic. The hospital will not ask for this information.

Two questions:

- Why was a decision made not to employ a Catholic Chaplain?
- Are there provisions in place to make sure that patients can make known that they are Catholic?

Answer:

Our Roman Catholic Chaplain, Fr. Frank Wainwright, was transferred by the diocese to a parish in Somerset at short notice. The RC church, nationally, is chronically short of priests, and they are no longer able to provide a priest to fill our chaplaincy requirement. Although we could appoint a lay chaplain, around two thirds of the urgent calls on Frank's time were to 'End of Life' situations and for rites which a lay person could not perform.

The church-based priests in Cheltenham and Gloucester are now organised as two teams, each holding a mobile phone which is circulated amongst them. Our switchboard and chaplains are therefore readily able to contact a priest when an urgent need arises. Our monitoring of call-out levels suggests that provision for patients in these circumstances is being maintained: patients and their families should not have noticed this change.

More routine visiting through the week has always been performed by our ecumenical team, which has a high RC membership, especially in Cheltenham. Although we do not work along denominational lines, RC volunteers are always willing to make specifically RC visits when they are on duty. Arrangements for bringing Holy Communion on Sundays were never reliant on our RC chaplain, and have continued as before.

It would not have been our choice to have no RC chaplain on the team, but under the circumstances we are confident that RC patients are at no disadvantage because of these changes. We will continue to review our provision, and seek to enhance it as opportunities arise.

Ref: 02/19	**Governor:** Alan Thomas	**Lead:** Neil Jackson
Submitted: 07/02/19	**Deadline:** 21/02/19	**Responded:** 13/03/19
Theme: GMS - Complaints, People Data and Management Structure		**Status:** Closed

Question:

1. How are complaints that relate to GMS handled and responded to? Is there some form of differentiation between this sort of complaint and those that relate to the wider Trust?

2. What are current sickness rates, annual appraisal rates and mandatory training rates in GMS. Are rates comparable or better/worse than for the Trust as a whole?

3. Given an assumption that the GMS management structure may be up for re-structuring over the next year or so, what are the chances of redundancies within GMS and who takes ultimate decisions on this? Is it GMS or the Trust?

Answer:

1. GMS receive complaints in two ways, either directly through correspondence to the GMS management from for example service users, public etc or through the Trust complaints systems. All complaints (and compliments) are managed through the Trust's corporate team and as with other services, investigations are draft responses are undertaken by GMS.

   The GMS Board receives monthly reporting on both complaints (and compliments) to identify areas of concern, and any learning or actions applied.

2. The GMS Board receive monthly reporting on sickness absence, annual appraisal and mandatory training rates.

   The January 2019 GMS Board reporting showed:

   - Annual sickness absence rate of 4.10% (an improvement from pre-GMS rates of around 4.8%)
   - Annual Appraisal rate of 81% (an improving trend from October 2018)
   - Mandatory training rate of 75% (an improving trend since November 2018)

   The reasons behind previously reporting drops in appraisal and mandatory training rates were discussed at the GMS Board along with an agreed set of targeted improvement actions which are now in place and taking effect. The significant fall in mandatory training reflected the decision to require some staff groups to undertake additional refresher training as part of the GMS transition plan.

   Trust figures for the period Jan 2019
   Annual sickness rates of 4.39%
   Appraisal rate of 79%
   Mandatory training rate of 89%

   Estates and facilities services typically carry significantly higher sickness rates than clinical services and 4.1% benchmarks positively.

3. The GMS Board are responsible for ensuring that any staffing structure in place meets the requirements for delivering efficient and effective GMS services. Any proposal to change the staffing structure would be agreed by the GMS Board and under a matter reserved for the Trust Board, any proposed structure that could adversely affect services provided to a client or have significant impact on the staffing structure e.g. redundancies, is then required to be approved by the Trust Board. In practice, GMS would develop a proposal and conversations would be had between GMS and the Trust to discuss the proposal and understand impact and, where required, the Trust would have the ultimate approval.

   The risk of redundancies associated with the proposed restructure has not yet been assessed as the final structure has yet to be agreed by the GMS Board but draft proposals indicate it is likely to be minimal.

Ref: 03/19	**Governor:** Alan Thomas	**Lead:** Deborah Lee
Submitted: 19/03/19	**Deadline:** 02/04/19	**Responded:** 20/03/19
Theme: Consultant Pension Allowance Limits		**Status:** Closed

Question:

The Financial Times (and other media) recently reported that the NHS has 'paid' almost £35m in tax charges for staff who breached pension savings limits. Additionally, a recent survey by the BMA suggested that 60% of NHS consultants who responded were retiring early, with many citing the penalties incurred by breaching pension allowance limits as the chief driver.

Is the Trust 'helping' consultants in its employ to deal with this issue, and are any consultants retiring for pension allowance reasons?

Answer:

Whilst we do not have formal recorded evidence, we have seen an increasing number of consultants declining to take up additional sessions, such as weekend waiting list initiatives, and most have cited the impact on pension allowances as the reason; a number are also citing the pension impact as a contributor to their decision to retire. The Local Negotiating Committee (LNC) which represents the voice of consultants in respect of Terms & Conditions, has been lobbying for some time for the Trust to address this issue. The Trust has recently developed a Pension Alternative Policy which allows any staff who are subject to the impact of pension allowances (both annual and lifetime) to opt out of the NHS Pension Scheme and receive the employers pension contribution (net of the Trust's administration costs) as gross salary. This policy is currently going through the approval cycles with a view to implantation in the next financial year.

Ref: 04/19	**Governor:** Andrew Gravells	**Lead:** Deborah Lee
Submitted: 02/04/19	**Deadline:** 16/04/19	**Responded:** 02/04/19
Theme: Gloucestershire Managed Services, Site Security and the Trust Deficit		**Status:** Closed

Question:

1- Is Gloucestershire Managed Services still on track to achieve the million savings it was forecast to make?

2- What is the status of the review of Site security? PCSOs are to be asked to help with site security?

3- Could Finance please share a schedule showing how they plan to reduce the £29M deficit during the new financial year.

Answer:

With regards question 1 and 3: the financial plan will be discussed at Council of Governors in two weeks' time. The work plan also includes a presentation of the first year of GMS to Governors.

With regards question 2: a number of proposals were presented to the GMS Committee for strengthening site security, one of which included the use of PCSOs. None of the options presented were accepted and further work was requested which will be brought back to GMS Committee.

Natashia Judge
Corporate Governance Manager
April 2019

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Governor's Log of Communications Explained

The Governors' Log of Communications was established as a means of improving communications between Governors and the Trust. It provides a central resource for recording questions from Governors and the corresponding responses. A summary report of communications registered on the log is produced on a regular basis and presented for review at the Council of Governors.

The log is not intended to replace the established methods for face to face communication with Governors and members of the Board – these are set out in more detail overleaf.

Questions Appropriate for the Log

There are no hard and fast rules for what questions are appropriate for the log, however, the following are intended as a guide. Of note, the governor role is not operational and governors should not use the log to request detailed operational information which, whilst potentially of interest to individual governors, is not consistent with the function of governors. Where questions are not deemed appropriate for the log, attempts will always be made to answer individual governor's questions providing this does not incur significant executive time but they will not be posted on the log.

The log should be used in the following ways:

- Clarification of anything raised at Board or at Council of Governors or other meetings where an answer could be given at the time or a supplementary question following discussion of a topic at a Governors' meeting.

- Governors are encouraged to give some context around their question and, where possible, the reason for asking the question.

- Governors are encouraged to consider why they are asking the question and most importantly, what they intend to do with any answer provided. How will this help me fulfil my role as a Governor?

- Questions should typically be likely to be of interest to the wider governor group. How will the wider group use this question and answer?

- Questions should not pertain to a Governor's personal experience of care, unless that experience gives rise to a wider, more strategic issue

- The log is not intended to address complex issues that would be more appropriately handled through the Council meeting or Governor working groups. Such issues should be flagged to the Lead Governor as possible future agenda items.

- Questions which are likely to be addressed in a forthcoming meeting should be held over until the meeting has occurred

Further Information & Engagement Channels

There are a number of different routes through which the Board and wider organisation engages with Governors and where Governors are afforded an opportunity to ask their questions. Governors should utilise these communication channels before putting forward a question for the log. These are as follows:

- **Public Board**
  Governors are invited and encouraged to attend Public Board. These are meetings held in public that are open to members of the public and press. Protocol allows governors to ask questions related to the business transacted without the need for prior written submission. Papers are available for all to read via the Trust Website.

- **Board Committees**
  Those these are private meetings, a named (and nominated) Governor attends which affords Governors an opportunity to observe NEDs in action, hear the business of the Trust and where Governors are formally invited to reflect back to the Committee there views and any questions on the business transacted. This includes an opportunity to request Committee papers are made available to the Council.

- **Council of Governors**
  A formal meeting of the Governors to which the members of the Board are invited to be in attendance and/or present items, held in public six times a year. A range of standing items such as Finance, Quality & Performance and Workforce are discussed and these are supported by the respective reports which have gone to the most recent Public Board. There is wide opportunity for discussion and questions. In addition to standing items, there are topical items each month reflecting the Trust's priorities and Governors interests / issues.

- **Governor Working Groups**
  The Trust currently runs two Governor Working Groups. Governors' Quality and Performance Group looks at issues relating to quality of care and service performance. Governors' Strategy and Engagement Group focuses upon strategic matters and our engagement activities. All governors are welcome to attend either or both of these meetings and each has a nominated lead Governor who is invited to shape the agenda based on the issues concerning or of interest to the Council of Governors. These meetings are each held quarterly and are not held in public.

- **Lead Governor Meetings**
  The Lead Governor runs regular Governor only meetings which provide an opportunity for Governors to discuss any issue of relevance, agree priorities and also ask questions of named Governors who are attending Board Committees. These are held in private and typically before the main Council of Governor Meetings for convenience. These meetings can also provide an opportunity to find out whether any queries have been asked previously in any forum, and for help from other governors in formulating or directing queries to the most appropriate place.

- **Patient Advice and Liaison Service and the Complaints Team**
  Any concerns or complaints about the care given to an individual from governors or members of the public should always go to the PALS team or complaints team.

Governors' Log Standard Operating Procedure

Background

The Governors' Log of Communications is being established as a means of improving communications between Governors and the Executive Team. It provides a central resource for recording questions from Governors and the corresponding responses from Executives. A summary report of communications registered on the log will be produced on a regular basis and presented for review at relevant meetings. The log is not intended to address complex issues that would be more appropriately handled through the Council meeting or Governor working groups.

Standard Process

In summary, the process for administering the Governors' Log is as follows:

1. Governors email their question to the Trust Secretariat; the question may have been self-generated or have come via a constituent member. Governor to advise of the 'Origin' of the query when submitted to them to enable query to be documented and reported.
2. Trust Secretariat checks that the question has not been previously raised and responded to. If the question has already been asked the Governor will be informed and the question closed.
3. Trust Secretariat to check appropriateness of question e.g. to ensure it does not breach Information Governance or Data Protection requirements or whether it should be directed to another route such as Patient Advice and Liaison Service (PALS) or Complaints Team. The Trust Secretariat will then register the question on the Governors' Log accordingly and inform the Governor.
4. The Trust Secretariat summarises the question as required and agrees the final question for addition to the log, with the relevant Governor.
5. Trust Secretariat emails Executive Lead who has responsibility for providing response.
6. A return of response from the Executive Lead is required within a maximum of 10 days. The Trust Secretariat updates the Governors' Log with the information provided. If the 10-day standard cannot be achieved, a reason for the delay will be recorded on the Log.
7. The Trust Secretariat emails the originating Governor with detail of the response.
8. The Trust Secretariat will send an e-mail to Governors and the Board when the Log is updated. New entries to the log will be presented at each Council of Governors Meeting for comment/information.
9. If the response provided is determined to be adequate by the Governor the query is closed on the Log. If further or supplementary questions are asked, the Log is updated to reflect this and the process from Point 3 above is repeated.

Monitoring & Escalation Process for the Governors' Log

The procedure for ensuring timely response is as follows:

- Question submitted and added to the log:10 working day deadline applied
- Further reminder sent at 10 working days and delayed response escalated to the Chief Executive Officer

Intended benefits of the Governors' Log

The Governors' Log is a practical mechanism for supporting a good two-way communication flow between Governors, on behalf of their Constituents, and Executives. It can run continually throughout the year, and enables queries to be addressed in real-time, without the need for a formal or scheduled meeting.

In addition, the Governors' Log facilitates a transparent process that demonstrates Governors fulfilling their duty of accountability to their local community.

It is on this basis that the responsibility of the Executive team to provide comprehensive and timely responses to the Governors queries is required.

The Governors' Log should be viewed by the Trust as a tool for enabling accountability, and for supporting staff, patient and public engagement.

ITEM 12

ANY OTHER BUSINESS

DISCUSSION