AGENDA AND SUPPORTING PAPERS FOR THE MEETING OF THE GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST MAIN BOARD TO BE HELD AT 12:30 IN THE LECTURE HALL, REDWOOD EDUCATION CENTRE, GLOUCESTERSIRE ROYAL HOSPITAL ON THURSDAY 9 MAY 2019

(PLEASE NOTE: Date and venue for this meeting.

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

The next meeting of the Gloucestershire Hospitals NHS Foundation Trust Main Board will be held on **Thursday 9 May 2019** in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital** commencing at 12:30

(PLEASE NOTE DATE AND VENUE FOR THIS MEETING)

Peter Lachecki
Chair

29 April 2019

AGENDA

				Approximate Timings
1.	Welcome and Apologies			12:30
2.	Declarations of Interest			
3.	Patient Story			12:30
4.	Minutes of the meeting held on 11 April 2019	**PAPER**	**For approval**	13:00
5.	Matters Arising	**PAPER**	**For assurance**	
6.	Chief Executive's Report	**PAPER** (Deborah Lee)	**For information**	13:05
7.	Trust Strategy	**PAPER** (Simon Lanceley)	**For approval**	13:15
8.	Trust Risk Register	**PAPER** (Lukasz Bohdan)	**For assurance**	13:45
9.	Quality and Performance:			13:50
	- Assurance Report of the Chair of the Quality and Performance Committee - meeting held on 24 April 2019	**PAPER** (Claire Feehily)	**For assurance**	
	- Quality and Performance Report	**PAPER** (Steve Hams, Rachael De Caux, Mark Pietroni)	**For assurance**	
	- Guardian Report on Safe Working Hours for Doctors and Dentists in Training – Quarterly and Annual Report	**PAPER** (Mark Pietroni)	**For assurance**	
10.	Finance and Digital:			14:05
	- Assurance Report of the Chair of the Finance Committee - meeting held on 25 April 2019	**PAPER** (Rob Graves)	**For assurance**	
	- Financial Performance Report	**PAPER** (Sarah Stansfield)	**For assurance**	
	- Information and Digital Update	**VERBAL** (Mark Hutchinson)	**For assurance**	
11.	People and Organisational Development:			14:20
	- Assurance Report of the Chair of the People and Organisational Development Committee - meeting held on 15 April 2019	**PAPER** (Alison Moon)	**For assurance**	

	- People and Organisational Development Report	**PAPER** (Emma Wood)	**For assurance**	
	- Equality Delivery System (EDS2) Report and new Equality Objectives 2019-23	**PAPER** (Emma Wood)	**For assurance**	
	- Gender Pay Gap Annual Report	**PAPER** (Emma Wood)	**For assurance**	
12.	Audit and Assurance Committee			14:40
	- Assurance Report of the Chair of the Audit and Assurance Committee - meeting held on 23 April 2019	**PAPER** (Rob Graves)	**For assurance**	
	- Board Assurance Framework	**PAPER** (Lukasz Bohdan)	**For assurance**	
13.	Research Report	**PAPER** (Simon Lanceley)	**For information**	14:50
14.	Minutes of the meeting of the Council of Governors held on 19 December 2018 and 20 February 2019	**PAPER** (Peter Lachecki)	**For information**	15:00
	Governor Questions			
15.	Governors' Questions – A period of 10 minutes will be permitted for Governors to ask questions			15:05
	Staff Questions			
16.	A period of 10 minutes will be provided to respond to questions submitted by members of staff			15:15
	Public Questions			
17.	A period of 10 minutes will be provided for members of the public to ask questions submitted in accordance with the Board's procedure.			15:25
18.	New Risks Identified	**VERBAL** (All)		
19.	Items for the Next Meeting	**VERBAL** (All)		
20.	Any Other Business			
	Close			**15:40**

COMPLETED PAPERS FOR THE BOARD ARE TO BE SENT TO THE CORPORATE GOVERNANCE TEAM NO LATER THAN 17:00 ON TUESDAY 29 APRIL 2019

Date of the next meeting: The next meeting of the Main Board will take place on **Thursday 13 June 2019** in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital** at **12:30**

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

Board Members

Peter Lachecki, Chair

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

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN THE LECTURE HALL, SANDFORD EDUCATION CENTRE, CHELTENHAM GENERAL HOSPITAL ON THURSDAY 11 APRIL 2019 AT 12:30

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

PRESENT	Peter Lachecki	PL	Chair
	Lukasz Bohdan	LB	Director of Corporate Governance
	Rachael De Caux	RD	Chief Operating Officer
	Steve Hams	SH	Director of Quality and Chief Nurse
	Simon Lanceley	SL	Director of Strategy and Transformation
	Mark Pietroni	MP	Medical Director
	Sarah Stansfield	SS	Director of Finance
	Emma Wood	EW	Director of People and Organisational Development and Deputy Chief Executive
	Claire Feehily	CF	Non-Executive Director
	Rob Graves	RG	Non-Executive Director
	Alison Moon	AM	Non-Executive Director
	Mike Napier	MN	Non-Executive Director
	Keith Norton	KN	Non-Executive Director
APOLOGIES	Deborah Lee	DL	Chief Executive
	Mark Hutchinson	MH	Chief Digital and Information Officer
IN ATTENDANCE	Rob Chapple	RC	Patient *(for item 105/19)*
	Liz Bruce	LBr	Divisional Chief Nurse for Surgery *(for item 105/19)*
	Suzie Cro	SC	Deputy Director of Quality *(for item 105/19)*
	Marie-Annick Gournet	MAG	Associate Non-Executive Director
	Natashia Judge	NJ	Corporate Governance Manager
	Bilal Lala	BL	Associate Non-Executive Director
	Craig Macfarlane	CM	Head of Communications and Marketing

PUBLIC & PRESS Two governors, six members of staff and two members of the public.

The Chair welcomed all to the meeting.

104/19 DECLARATIONS OF INTEREST **ACTIONS**

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

105/19 PATIENT STORY

SC introduced RC who described his experience as a patient of the Trust, reflecting on the importance of kindness, genuine patient engagement and a positive attitude amongst hospital staff, in particular the difference this makes amongst health care assistants (HCAs).

PL thanked RC for sharing his story, noting that it was well articulated and included facts, humour, and observational thoughts. In response:

- CF asked RC how responsive staff were during his stay to his needs and requests. RC answered that he did not wish to be a nuisance to staff, but felt that had he raised issues they would have been acted upon. CF thanked RC for his honesty, and felt this highlighted how the Trust could be sensitive to patients considering they have a tendency to

not raise issues with staff while undergoing care. RC reflected that if staff were able to create personal relationships then – personal needs would be more likely to be reported and requested.

- SH felt RC's story brought to light the issues raised through the inpatient survey and asked whether the Trust could film RC telling his story. RC agreed. **SH**
- EW thanked RC for his focus on the importance of behaviour, care and empathy, noting that while the Trust often recruited considering experience and academic standards, the value of individuals with empathy and the ability to learn was crucial.
- KN asked RC whether he thought kindness was a trait that individuals had or whether it could be taught. RC answered that he felt individuals needed to be interested in people to provide good care.
- LBr explained that as Divisional Chief Nurse for surgery, she valued RC's feedback, particularly around HCAs, and that this would inform improvement work moving forward.
- AM said that the People and Organisational Development Committee had been investigating HCA retention and the importance of retaining the right staff, as if staff felt valued then patients would also. She reflected on the sullen staff mentioned by RC and how the Trust could support staff to do the right thing to address any negative attitudes.
- MP felt RC's story was an important reminder of the privilege it is to be a doctor. LB praised the importance placed on compassionate care, understanding, empathising and interacting with patients. PL reflected on the importance of not making patients feeling invisible.

106/19 MINUTES OF THE MEETING HELD ON 14 MARCH 2019

RESOLVED: That the minutes of the Board meeting held on 14 March 2019 be agreed as a correct record and signed by the Chair subject to restructure of a sentence within the governor comments section.

107/19 MATTERS ARISING

FEBRUARY 2019 052/19 REVISED GOVERNANCE DOCUMENTS - PL FELT FURTHER DISCUSSIONS WERE NEEDED AS TO THE ROLE OF THE GMS/ESTATES COMMITTEE

LB proposed that the Board approve the Scheme of Delegation document with the exception of the GMS/Estates Committee section. Similarly, the Estates Committee Terms of Reference would need to be agreed at a future meeting.
Ongoing: Discussions on the role and the remit of the Committee continue. Item to remain open and updated governance documents to return to Board in April.

LB said that a Gloucestershire Managed Services (GMS) workshop was due to take place, where the Terms of Reference would be agreed. This item would therefore return to Board in May.

FEBRUARY 2019 052/19 REVISED GOVERNANCE DOCUMENTS - AM ASKED WHETHER THE TRUST HAD A COMMON APPROACH TO ASSESSING EFFECTIVENESS OF BOARD COMMITTEES

LB said that the Audit and Assurance Committee completed a formal self-assessment annually; common approach will be developed by the end of the financial year. LB added that a template had been agreed which built on the format previously at Audit and Assurance Committee. LB would be writing to all Committee Chairs and inviting members and attendees to complete the questionnaire.

Ongoing: Questionnaire shared with Committee Chairs. Survey version of the questionnaire being developed.

LB said that feedback had been received from Committee chairs on the questionnaire and this would now be progressed as an electronic survey in order to compare results.

MARCH 2019 086/19 PEOPLE AND ORGANISATIONAL DEVELOPMENT REPORT - PL ASKED IF THERE WERE ANY OTHER WAYS TO GAIN INSIGHT ON WHY STAFF LEFT THE ORGANISATION. EW EXPLAINED THAT IN THE PAST THE TRUST HAD HELD "ITCHY FEET SESSIONS" FOR STAFF CONSIDERING LEAVING IN ORDER TO ESTABLISH THE REASONS AND ADDRESS THE ISSUES IDENTIFIED IN THOSE SESSIONS. EW ADDED THAT EMAILS WERE SENT TO STAFF MEMBERS WHO WERE LEAVING AND LINE MANAGERS WERE ASKED TO COMPLETE EXIT INTERVIEW QUESTIONNAIRES. THE BOARD DISCUSSED THE IMPORTANCE OF OWNERSHIP OF THE PROCESS AMONGST LINE MANAGERS
People and OD Committee to give further thought as to how we could increase the number of staff providing information in respect of their reasons for leaving.
Completed: People and OD Committee due to meet on April 15th. The committee receives regular updates on leaver information and the People and OD team continue to look for ways to improve exit interview processes to ensure that reasons for leaving are recorded centrally.

PL asked whether there were other ways outside of exit interviews to understand why staff left the organisation. EW would pursue as part of the People and OD Committee. **EW**

108/19 CHIEF EXECUTIVE'S REPORT

EW presented the Chief Executive's report to the Board, updating that since the time of writing progress had been made in terms of contract negotiations, with the Trust achieving a contract settlement with Gloucestershire Clinical Commissioning Group (CCG). In response:

- AM noted the good performance against the 4 hour Accident and Emergency (A&E) standard and the impact this would have for patients. She also said that she had attended a recent FOCUS event and reflected on how wonderful it was to see how donations had improved services. She asked about the Long Term Plan Transformation funds and when Phase 2 would begin as this would represent significant transformation. SL answered that Phase 1 would run over a period of 10 weeks followed by a period of review, and then phase 2 would follow over a longer term. SL would discuss as part of a future strategy session.
- MN also praised the good performance against the 4 hour A&E standard, acknowledging the increased number of patients the Trust was seeing in comparison to those anticipated. MP felt that while the Trust needed to do better, it had significantly improved on previous years, despite attendances increasing from between 7-10%. He explained that admission numbers had remained static due to work undertaken around ambulatory services, and while there were many good news stories not every patient had a good experience within the Emergency Department. RD reflected on the importance of sustainability of performance.

- RG recollected a previous conversation around analysis of the geographic origin of patients attending the ED in order to identify any particular hot spots. MP answered that this had been undertaken and showed a greater number of attendances than anticipated from patients based in Gloucester and Cheltenham, suspected to be around ease of access to the hospital. He explained that the increase in attendances were walk in/ moderately unwell patients and were not acutely unwell. PL added that RG may be mentioning a summit DL referred to, due to be held in May, which would pursue insight work in to why people are more likely to attend A&E. This was discussed at the last ICS Board and was being taken forward by the CCG.
- PL asked SS how the Trust would oversee Trust preparations for exit of the European Union. SS answered that this would be reviewed through the Audit and Assurance Committee moving forward.
- PL thanked Ian Mean, Director of Business West in Gloucestershire,for his energetic support of the Trust's Organ donation Committee.

109/19 CHAIR'S REPORT

PL presented the report detailing his activities between the 4 January and 1 April 2019.

110/19 TRUST RISK REGISTER

LB presented the Trust Risk Register, noting that following the last meeting of the Trust Leadership Team (TLT):

- No risks had been approved for addition to the Trust Risk Register.
- No risks had been downgraded within the reporting period.
- No risks had been upgraded within the reporting period.
- One risk had been closed:
  C2894COO Risk that patients and staff are exposed to unforeseen service interruptions arising from failure of core equipment and/or buildings, as a consequence of the Trust's inability to access emergency capital. Closed as risk has now been mitigated.
- One risk had the wording changed:
  C2895COO Previous wording: 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.
  Revised wording: Risk that patients and staff are exposed to poor quality care or service interruptions arising from failure to make required progress on estate maintenance, repair and refurbishment of core equipment and/or buildings to prevent cumulative degradation, as a consequence of the Trust's inability to generate and borrow capital.

MN thanked LB and colleagues for the revision of the risk around access to capital and service interruptions.

EW observed that the cover sheet for the report indicated that there were no regulatory or legal implications, but given that one risk related to meeting constitutional standards this should be amended. EW also noted that the cover sheet indicated that there was no equality or patient impact, but that a number of risks related to care/service delivery.

LB would consider how to ensure that implications are correctly captured in all Board/Committee papers. **LB**

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

111/19 QUALITY AND PERFORMANCE:

ASSURANCE REPORT OF THE CHAIR OF THE QUALITY AND PERFORMANCE COMMITTEE - MEETING HELD ON 27 MARCH 2019

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

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

QUALITY AND PERFORMANCE REPORT

RD, SH and MP presented the Quality and Performance report, noting that a review of metrics to measure had concluded and the Board would begin to see a new set. SH highlighted that the Trust was in the final stages of commencing a new auditing system around dementia screening and that the final number of Clostridium Difficile (C.Diff) cases for the year was 56. MP added that work was underway to bring together learning from different mortality processes. RD reflected on the impact the new 28 day diagnostic standard would have and that the Trust would begin formally reporting Referral to Treatment (RTT) at May Board. RD also highlighted that the Trust would be refreshing its actions to address patient's length of stay.

In response:

- PL reflected on the importance of triangulating learning across the Trust.
- AM asked whether the new Quality and Performance Dashboard would address some of the changes in constitutional standards. SH would ensure these were part of the refreshed dashboard. **SH**
- CF described coverage within the press which implied that figures reported nationally in relation to A&E may not be correct and was assured that the Trust had set in motion the questions regarding its position and found no issues.
- PL observed the C.Diff figures, noting that an improvement plan had been underway for some time and queried whether the action plan would deliver ongoing improvement. SH responded that while more could be done around antimicrobial prescribing the level of improvement had been quite considerable.
- RG considered the enabling factors which support improvement, and felt that reporting did not always detail these. SH responded that this was largely due to the presentation of the report, and that some organisations had narrative and data side by side: an approach that the Trust would be moving to as part of the next phase of the refreshed dashboard. SH would consider how this could be articulated within the current format in the meantime. **SH**
- KN asked whether the Trust had listed all actions taken to support improvement. PL responded that this would be included within the Annual Report and that much of this had been detailed with the CQC headline presentation.

- AM praised the leadership that SH bought into the organisation around infection control and C.Diff and noted that the change in guidance around C.Diff would impact the Trust's reporting figures. SH assured that this was being investigated by the Associate Chief Nurse and Deputy Director and Prevention Control.

RESOLVED: That the Board receive the report as assurance that Executives understand the performance issues and are taking corrective actions where necessary.

LEARNING FROM DEATHS

MP presented the Learning from Deaths Report, noting that this was reviewed on a quarterly basis by the Quality and Performance Committee.

In response:

- EW observed that the cover sheet for the paper described no impact on equality or patients. EW also noted that the paper referenced the embedding of Structured Judgement Reviews (SJR) with an increase from 17.7% to 26%, and queried what a realistic percentage to aim for was. MP answered that there was no national guidance, and that the Trust's benchmark was simply to appropriately review all deaths which was undertaken via a number of different processes. MP explained that SJR numbers were increasing as teams were finding the process much more useful.
- EW asked whether there was a reason for using different processes for different deaths. MP answered that there were a variety of factors, including that there were national triggers for SJR's and associated deaths which needed to be taken through the process. Other deaths, such as planned deaths, were taken through a different process in order to examine different factors. He reinforced that it was important that all processes linked together to ensure quality of care.
- EW asked what the follow up process was when suboptimal care was identified. MP answered that this was the same process followed when moderate harm related to incidents was identified, and this was a process driven within divisions supported by the relevant Quality and Risk Manager. MP detailed that work was underway around a new quality framework to ensure learning is shared across divisions.
- PL asked if across the health economy there was more work that needed to be done to address the differential age of death for learning disability patients. MP answered that more work was needed, and that this also applied to mental health patients, reflecting on the contributing factors across the health system. He answered that the Leader Review process would begin the process of addressing this inequality. PL asked whether the Trust was progressing this in any way, and MP answered that there were processes within the hospital which sought to address the issue, including agreeing care plans in advance and adding alerts on health records. SH added that the Trust was now receiving feedback from the Leader Review via a newsletter as well as a high level review. He also said that the Trust's Learning Disability nurses were highlighted by the CQC as doing excellent work.

RESOLVED: That the Board note the fifth Learning from Deaths Quarterly Report for assurance and information.

112/19 FINANCIAL PERFORMANCE

ASSURANCE REPORT OF THE CHAIR OF THE FINANCE COMMITTEE - MEETING HELD ON 28 MARCH 2019

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

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

FINANCIAL PERFORMANCE REPORT

SS presented the Financial Performance Report to provide an overview of the financial performance of the Trust as at the end of Month 11, highlighting that this was reflective of contract settlements at that point.

PL noted that budget setting was rigorously reviewed at Finance and Digital Committee and asked whether budgets were in place across the Trust. SS responded that the budget setting process was following the planned trajectory with all budgets discussed with divisions as part of their construction and were due to be signed off by the end of April. SH commented that the budget setting process had been considerably better than previous years, and other executive directors agreed.

AM praised Cost Improvement Programme (CIP) performance, and asked whether there had been any Quality Impact Assessments (QIA) SH and MP had been asked to sign off which they had rejected on the basis of quality. SH responded that he had rejected a few in the past and referenced a QIA put forward to reduce staffing in Nursing and Midwifery. He emphasised the importance of reviewing schemes 9-12 months later to ensure there had been no detrimental impact.

RESOLVED: That the report be received as a source of assurance that Executives understand the financial performance issues and are taking corrective actions where necessary.

113/19 AUDIT AND ASSURANCE COMMITTEE

ASSURANCE REPORT OF THE CHAIR OF THE AUDIT AND ASSURANCE COMMITTEE - MEETING HELD ON 19 MARCH 2019

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

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

ANNUAL TRUST SEAL REPORT

LB presented the report updating the Board on the documents the Trust Seal had been applied to since the last report in September 2018.

RESOLVED: That the report be noted.

114/19 GLOUCESTERSHIRE MANAGED SERVICES (GMS)

ASSURANCE REPORT OF THE CHAIR OF THE GMS COMMITTEE MEETING HELD ON 11 MARCH 2019

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

In response:

- PL asked whether MN felt that issues relating to security were being progressed with the correct level of import. RD explained that this was due to be discussed between herself, MN and the Managing Director of GMS.
- KN asked MN whether the GMS maintenance regime was effective. MN answered that this was yet to be seen.
- AM observed that the Chair's report did not include any assurance, only future actions. MN confirmed that this was both a completion error but also partially correct in that many reports were not presented from an assurance view point and KN commented that this reflected the journey ahead for GMS.

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

115/19 2019/20 PLAN

SL presented the 2019/20 Operational Plan to the Board, following its submission to NHSI on 4 April 2019 as required by the national timeline.

MN commended the Strategy and Finance teams for their work on the plan. He noted that a local Member of Parliament had highlighted their involvement in the Trust's receipt of £10m capital funding and asked whether the individual would be supporting the Trust moving forward. PL answered that DL would undoubtedly be maintaining communication with him.

CF asked whether the Quality and Performance Committee could receive information on how the 2019/20 Plan would impact performance and recovery assumptions. SS answered that she would take granular analysis of contract settlements through both Finance and Digital Committee and Quality and Performance Committee. **SS**

RESOLVED: That the Board note the Operational Plan for 2019/20.

116/19 GOVERNORS' QUESTIONS

The following points were raised by AD, the Cotswold District Council area Governor:

- AD said that she had attended a Centres of Excellence workshop at Cheltenham Racecourse and was encouraged to hear of progress in relation to deteriorating patients and Learning from Deaths.
- AD expressed concern about estates-and facilities related risks and the need to resolve ownership of these. MN and LB explained that the issue had now been resolved.
- AD also queried whether the Trust had learnt from other Trusts with wholly owned subsidiary companies, such as Gateshead. PL answered that the Trust had engaged with a number of Trusts, including Gateshead. LB added that he had written to the Chief Executive of NHS Providers to suggest the establishment of subsidiary companies

network; this suggestion was being implemented. PL outlined that the June Council of Governors would receive an update on GMS.

117/19 STAFF QUESTIONS

There were none.

118/19 PUBLIC QUESTIONS

There were none.

119/19 NEW RISKS IDENTIFIED

CF queried whether the lack of assurance reflected in the GMS Committee Chair's report was adequately reflected on the Trust Risk Register. MN answered that risks around GMS service quality and provision existed but did not score high enough for the Trust Risk Register. MN added that the revised risk around the availability of capital with the associated operational impact adequately covered concerns around equipment failure.

120/19 ITEMS FOR THE NEXT MEETING

GMS Committee Terms of Reference would be reviewed in May. **NJ**

121/19 ANY OTHER BUSINESS

RG thanked the Corporate Governance Team for the successful implementation of Admin Control software supporting the Board and committee meetings.

PL noted that this was KN's last Board Meeting. The Board thanked KN for all his work as Non-Executive Director.

122/19 DATE OF NEXT MEETING

The next **Public** meeting of the **Trust Board** will take place at 12:30 on **Thursday 9 May 2019** in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital**

123/19 EXCLUSION OF THE PUBLIC

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

The meeting ended at 14:45

Chair
9 May 2019

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

TRUST BOARD – MAY 2019

MATTERS ARISING

CURRENT TARGETS

Target Date	Month/Minute/Item	Action with	Issue	Action	Update
March 2019	February 2019 052/19 Revised Governance Documents	**LB**	PL felt further discussions were needed as to the role of the GMS/Estates Committee forward.	LB proposed that the Board approve the Scheme of Delegation document with the exception of the GMS/Estates Committee section. Similarly, the Estates Committee Terms of Reference would need to be agreed at a future meeting.	*Ongoing:* *Updated governance documents to return to Board in June.*
May 2019	April 2019 115/19 2019/20 Plan	**SS**	CF asked whether the Quality and Performance Committee could receive information on how the 2019/20 Plan would impact performance and recovery assumptions.	SS answered that she would take granular analysis of contract settlements through both Finance and Digital Committee and Quality and Performance Committee	*Ongoing:* *This will be presented to May finance Committee*
April 2019	February 2019 052/19 Revised Governance Documents	**LB**	AM asked whether the Trust had a common approach to assessing effectiveness of Board committees.	LB said that the Audit and Assurance Committee completed a formal self-assessment annually; common approach will be developed by the end of the financial year. LB added that a template had been agreed which built on the format previously at Audit and Assurance Committee. LB would be writing to all Committee Chairs and inviting members and attendees to complete the questionnaire.	*Completed:* *Survey to be circulated electronically 08/05/190*

April 2019	March 2019 086/19 People and Organisational Development Report	**EW**	PL asked if there were any other ways to gain insight on why staff left the organisation. EW explained that in the past the Trust had held "Itchy Feet Sessions" for staff considering leaving in order to establish the reasons and address the issues identified in those sessions. EW added that emails were sent to staff members who were leaving and line managers were asked to complete exit interview questionnaires. The Board discussed the importance of ownership of the process amongst line managers.	People and OD Committee to give further thought as to how we could increase the number of staff providing information in respect of their reasons for leaving. PL asked whether there were other ways outside of exit interviews to understand why staff left the organisation. EW would pursue as part of the People and OD Committee.	*<u>Completed:</u>* *The Trust has lots of data sources and ways to measure staff feedback which relates to decisions to leave the Trust these include staff survey, family and friends tests, grievances, freedom to speak up trends, Involve sessions, union engagement informally with People and OD and formally (LNC, JSSC), People and OD and Quality Delivery Group meetings, executive J2O visits, working groups created on retention matters such as HCAs, staff engagement meetings by divisions by senior leaders (walkabouts, team meetings..). Information from these forums and others are shared at the Staff and Patient Experience and Improvement group where trends are considered and work streams commissioned under the governance of the People and OD Delivery Group and from an assurance perspective People and OD Committee.*

May 2019	April 2019 105/19 Patient Story	**SH**	SH felt RC's story brought to light the issues raised through the inpatient survey and asked whether the Trust could film RC telling his story. RC agreed.	SH to progress.	*Completed:* *The Divisional Chief Nurse for Surgery has made arrangements for RC's story to be filmed. This will be used as part of our wider work on patient experience improvement and learning from feedback.*
May 2019	April 2019 110/19 Trust Risk Register	**LB**	LB would consider how to ensure that implications are correctly captured in all Board/Committee papers.		*Completed:* *Head of Corporate Governance will work alongside authors to ensure accurate completion of cover sheets.*
May 2019	April 2019 111/19 Quality and Performance Report	**SH**	AM asked whether the new Quality and Performance Dashboard would address some of the changes in constitutional standards.	SH would ensure these were part of the refreshed dashboard.	*Completed:* *The new Quality and Performance dashboard would include the changes in constitutional standards.*
May 2019	April 2019 111/19 Quality and Performance Report	**SH**	RG considered the enabling factors which support improvement, and felt that reporting did not always detail these. SH responded that this was largely due to the presentation of the report, and that some organisations had narrative and data side by side: an approach that the Trust would be moving to as part of the next phase of the refreshed dashboard.	SH would consider how this could be articulated within the current format in the meantime.	*Completed:* *The new Quality and Performance dashboard would allow dual reporting of both performance and narrative set alongside each other. The new dashboard will allow us to benchmark with other organisations.*

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

TRUST BOARD - MAY 2019

REPORT OF THE CHIEF EXECUTIVE

1. Our Trust

1.1 Some warmer weather has been welcomed by all, although the often associated fall in demand for urgent and emergency care hasn't (yet) followed. However, despite a busy April the Trust did achieve the 90% A&E performance trajectory and notably, was in the upper quarter of performers nationally. Delivery of the Two Week Wait Cancer Standard was also maintained for the latest reported month of March, although again some very significant increases in referral activity mean this standard is unlikely to be achieved for the month of April, when figures are published. The Trust is working closely with colleagues in primary care to explore ways to manage the increase in referrals for suspected cancer.

1.2 Despite a very busy operational environment, I am repeatedly struck by how much 'fun' staff from across the Trust manage to have whilst taking their professional roles incredibly seriously. For example, last week staff from our Infection Prevention and Control team were out and about in wards and departments promoting the appropriate use of gloves and I honestly wouldn't have believed that such a campaign could have been such fun with numerous wards adapting some of the best known love songs and yes, you guessed it managing to perform and turn them into 'glove' songs. If you haven't caught up with one of our talented orthopaedic nurses Sarah Price performing these songs on *Twitter,* you really must.

1.3 This week our Diversity Network will be celebrating *Deaf Awareness Week* with a range of activities aimed at promoting the impact of impaired hearing and most importantly, promoting ways in which we can all make the lives of those who are hearing impaired, easier by following some simple tips for better communication. For my own part, I was invited to have bilateral ear moulds made in order to experience life as a deaf person working in the NHS, which was too big an opportunity to let pass by; I look forward to updating you on my experiences at the Board meeting.

1.4 Work on the *Centres of Excellence* is gathering pace and the Trust hosted a very successful engagement event at Cheltenham Race Course on the 5th April which brought together large numbers of clinicians from primary and secondary care, alongside a number of patient and lay representatives. The Trust remains on track to present its business case to the Board in June which will be an important part of the wider *One System Pre-consultation Business Case.* Plans to commence public involvement in the summer remain on track with the aim of commencing public consultation in December. System partners have engaged the Consultation Institute to advise us on 'best practice' with respect to our involvement, engagement and consultation plans.

1.5 In mid-April, the Trust was served with the threat of Judicial Review following concerns expressed by a local lobby group that the Trust's proposals to pilot changes to general surgery should have been subject to public consultation. The changes, which are designed to address the growing concerns about the quality and sustainability of the current service, have been widely communicated and presented to the County's Health and Care Overview and Scrutiny Committee (HCOSC) and were intended to follow the path of other pilots, enabling the Trust to evaluate the changes. The Trust has carefully considered the challenge and reluctantly concluded that it will set aside the intention to implement the proposed pilot scheme. The Trust remains wholly committed to ensuring that residents throughout Gloucestershire have access to high quality surgical services, which meet the national standards laid out and, equally, that local people are involved

in decisions about local services. Our resolve to address the original drivers for this proposal remain as strong as ever and all general surgeons accept that the current model of service is not sustainable and must change. We will therefore continue the work to look at options for the future of general surgical services, working with local people, in preparation for the planned public engagement and consultation later this year.

1.6 The Trust submitted its Operational Plan for 2019/20 on the 4th April which set out the ambition and priorities for the year ahead. The Plan has been reviewed by NHS Improvement and the plan categorised as 'low risk' (in the context of relative risk!). All providers and systems are required to submit a final plan which reflects feedback from regulators and this must be achieved by the 15th May 2019. The only material change to the Trust's submission will be a revised trajectory for the Trust's Referral To Treatment Time (RTT) which will reflect improved performance by the year-end over the original plan to the tune of 1.9%; this reflects a better than expected level of performance following the recommencement of RTT reporting last month.

1.7 On the 17th April, the Trust held the official opening of new accommodation for the junior doctors and medical students based at Gloucestershire Royal. It is vital that this important group of staff are supported to maintain their health and wellbeing and an important aspect of that is having a welcoming (and safe) space in which to take their breaks. The new doctors mess has moved from the former rather hidden away location on the

1.8 On the 27th April, the Trust's 100 Leaders' Forum was treated to an hour long presentation, followed by a candid 'question and answer' session with former Gloucestershire Hospitals' colorectal surgeon, and now national Director of Safety, Aidan Fowler. Aidan gave a compelling and passionate account of the work he led in Wales under the auspices of the country's 1*000 Lives* campaign and set out his vision for the NHS under his leadership. I think the take home message for all those present was "you cannot blame your way to safety"; very much the approach the Trust has adopted in recent times and the evolving culture recognised by the Care Quality Commission during their recent inspection of our services.

1.9 On the 30th April, the Trust formally announced our future plans in respect of our endeavours to embrace digital healthcare and, in particular, the development of an electronic patient record (EPR). The return to Referral To Treatment Time reporting signals the end of our TrakCare 'recovery' period and with this goal in sight, the Board has spent the last few months evaluating the options open to the organisation in respect of our future approach to the original vision of the SmartCare Programme. Very positively, what was clear throughout these discussions is that the Board's resolve to embrace digital healthcare and deliver an electronic patient record (EPR) is as firm as ever. With the learning of recent times at the forefront of the Board's deliberations, the Board concluded that whilst TrakCare will be our Patient Administration System, it cannot meet our needs and ambition in respect of the clinical dimensions of a comprehensive electronic patient record. Inevitably, this resulted in the Board concluding that it needed to explore an alternative to TrakCare for the clinical elements of a care record and with this context, the Board set out eight requirements of any future system which included:

- A system that is working successfully in a digitally advanced NHS Trust of the size and complexity of Gloucestershire Hospitals
- The system must be able to be part of a solution that gives the end user access to a single patient record, as was originally intended
- The solution must be able to be locally configured to ensure that where a bespoke dimension is needed, it can be easily delivered.

These, and the five other requirements, quickly led us to conclude that retaining TrakCare as our PAS but seeking a second system to provide the clinical functionality would best meet our aspirations. Following an appraisal of the numerous options on the market, only one solution met the eight important criteria and the Trust Board approved the Business Case at its March meeting, which subsequently resulted in the award of a contract to Allscripts, for their EPR called *Sunrise Clinical Manager.* Sunrise will provide a 'clinical wrap' to our existing Patient Administration System, TrakCare by providing clinical functionality such as ordering and viewing of diagnostic images and pathology tests, electronic prescribing, clinical documentation and the like. As *Sunrise* is live in a number of other hospitals, we will have access to 'blueprints' from these organisations which will significantly increase the pace at which we can mobilise this next phase and perhaps most importantly, see it in use in a busy complex environment.

Next steps, very wisely, are about planning the approach to deployment of *Sunrise* before Allscripts come on board in July and we will spend the next two months in this space; there will be two absolutely vital components to this. Firstly, ensuring that we learn from the TrakCare experience (in every sense) and secondly that we agree with all of you how staff are engaged in the programme and ultimately in the deployment of the new system – this is a people project first and foremost, not an IT project. So, in summary, exciting times ahead and a phenomenal opportunity to not only get back on track (forgive the inevitable pun) but to accelerate our digital journey beyond anything we originally envisioned.

1.10 Finally, we have navigated all of this with the support of InterSystems, the supplier of TrakCare who will remain a vital partner in our digital future and have worked extremely closely and constructively with the Trust to achieve this outcome that I would describe as the all elusive win:win.

1.11 Looking ahead, there are a number of important initiatives and events taking place in the Trust:

- The week of the 6th May is national Operating Department Practitioner week when we will join others to celebrate the contribution of this important staff member, who role is often less well understood than for example, the nurse or surgeon. However, without these ODPs, theatres would not run as they do.
- As mentioned earlier in my report, sharing the limelight week of the 6th is *Deaf Awareness.* Drop in sessions will run from 7th to 10th May in GRH Atrium and CGH West Block Outpatients. On the 10th May, there will be an education and celebration event from 1pm to 2pm in the Redwood Education Centre – come along to any or all of it!
- On the 6th May, our Macmillan Specialist Skin Nurses will be hosting a *Sun Awareness* session at the Macmillan Information Hub at Gloucestershire Royal; following the success of last year's event at the Cheltenham Lido, a second session will run there on the 12th June.
- 10th May is *Nurses Day* and we shall be taking time out in the afternoon to celebrate all that is good about nursing. After VERY careful consideration, Chief Nurse, Steve Hams has decided not to repeat last year's *chocolate hot line* which, whilst hugely successful with the majority, did turn into something of a military operation when demand exceeded supply late in the afternoon….
- The LINC charity, working with Cheltenham Borough Council and volunteers, will be celebrating the official opening of the wonderful *Sanctuary Garden;* an area of land in Sandford Park where they have created the most wonderful 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, straight after the Board meeting – join me on the 99 Bus for the trip across!
- On the 15th May, the Chief Executive of UK Sepsis Trust will be spending time in the Trust hearing about what we have achieved and aspire to achieve in relation to sepsis care. The Trust has made huge strides in recent years but identifying and caring for the deteriorating patient is one of this year's Trust-

wide Quality Objectives, so his visit is both timely and very welcome. He will be the keynote speaker at an event organised to involve as many staff as possible in this important topic.

- Phew – such a lot going on!

2 Our System and Community

2.1 The Integrated Care System (ICS) continues to shape and influence all matters health and care related on the patch. On particular focus at the moment is the governance arrangements that need to be established between the different partner organisations. It's a very complex picture with the ICS not a formal entity but rather a 'coalition of the willing' and as such, the statutory responsibility for decision making being retained by the member organisations. A crucial part of the delivery architecture – primary care – is also changing under new contractual arrangements which will see the creation of Primary Care Networks (PCNs), clusters of existing GP practices who will come together (on a geographical) basis to provide services to a larger population than their own practice. From April 2020, these PCNs will be mandated to deliver five national services specifications addressing the areas of structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. A remaining two will start by 2021 in the areas of cardiovascular disease case-finding and locally agreed action to tackle inequalities.

3 National and Regional

3.1 Limited news on the regional and national front; no doubt a reflection of the recent political focus on other matters and the ongoing impact of the reorganisation of NHS England and NHS Improvement. However, I am delighted that this month Elizabeth O'Mahony will take up her post as South West Regional Director, for NHS Improvement & NHS England. Elizabeth O'Mahony, a former finance director in the South West Strategic Health Authority, joins the region from her national role as Finance Director for NHSI.

Deborah Lee
Chief Executive Officer

2nd May 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

Report Title
Trust Strategy 2019 - 2024
Sponsor and Author(s)
Authors: Simon Lanceley, Director of Strategy & Transformation & Dan Corfield, Head of Business Development & Planning Sponsor: Simon Lanceley, Director of Strategy & Transformation
Executive Summary
Purpose To define the Trust's five year strategic plan for the period 2019 to 2024. Key issues to note • Board has seen previous iterations of the material • Board has been involved in defining and shaping the new strategy • This is the final draft for comment and approval • Sections 5 & 6 are key sections we are seeking feedback on please. Implications and Future Action Required Seeking Board approval of new strategic objectives and comments on the supporting narrative that can be incorporated into the final published version.
Recommendations
To approve the strategic objectives.
Impact Upon Strategic Objectives
Defines new objectives for 2019 to 2024.
Impact Upon Corporate Risks
Trust risk register was a key input to the design of the new strategy.
Regulatory and/or Legal Implications
The Trust is required to publish and demonstrate progress against its strategic plan.
Equality & Patient Impact
The strategy defines how we will improve patient outcomes and experience; our objectives are designed to deliver the Best Care for Everyone.

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

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							
Comments and feedback have been incorporated as part of the strategy iteration.							

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Strategic Plan
2019 - 2024

Version: draft v05

Gloucestershire Hospitals
NHS Foundation Trust

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Approved on behalf of the Board of Directors by:

Peter Lacheki
Chair

Deborah Lee
Chief Executive

In submitting this plan, the Trust is confirming that:

- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic 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 Strategic 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;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submissions; and
- The Strategic Plan is consistent with the strategic direction of the Gloucestershire Integrated Care System and The NHS Long Term Plan.

Table of Contents

1. Executive Summary

Gloucestershire Hospitals NHS Foundation Trust

This five year strategic plan defines the context in which we operate and the challenges we expect to face. It describes the framework we will use to deliver our vision, *Best Care for Everyone*, and the strategic objectives we have prioritised so that we achieve that vision by April 2024.

This strategy marks the end of a period of uncertainty, including regulatory intervention, governance concerns and performance and technology challenges, and is the start of a period where we will build on recent successes, such as our Care Quality Commission (CQC), rating of Good, to take control by defining the scale and pace of our ambition and priorities; we call this our 'Journey to Outstanding'.

The journey will include significant and exciting change, for example:

- launching our new clinical strategy built around centres of excellence,
- designing and implementing integrated models of health and social care,
- more focus on looking after each other's physical and emotional wellbeing,
- a new approach to using digital technology to help us deliver the best care for everyone,
- utilising the Gloucestershire Safety and Quality Improvement Academy (GSQIA) to get more of our services to Outstanding,
- a renewed focus on research,
- investment in our estate,
- a medium term model that gets us to financial sustainability.

This strategy is ambitious but realistic. It has been developed though an internal and external engagement programme that started in June 2018, when we asked teams to define what *outstanding care* means to them and their patients, and finished at our 100 Leaders event in April 2019 where the final short-list of strategy objectives were refined.

Teams and individuals should be able to recognise how and where they have influenced the narrative, framework and objectives of this strategy.

Fig 1. Example engagement outputs

The basis of the eight enabling strategies that form our strategic framework have also been shaped by our engagement approach and these enabling strategies will all be defined, approved and live by April 2020.

This strategy will be used by our decision making groups, leaders, teams and individuals to inform and prioritise operational and strategic decision making. The hope is that a well-worn, well annotated copy will be present and visible in all clinical and support function areas.

2. Our Purpose, Vision & Values

Gloucestershire Hospitals NHS Foundation Trust

Our Purpose : To improve the health, wellbeing and experience of the people we serve by delivering outstanding care every day.
We exist to treat illness and injury as traditional forms of healthcare but also to improve the physical and emotional wellbeing of our patients and each other. This includes ensuring we not only care for them clinically, but also ensure their experience of our service is the best it can be. We strive to see the 'whole patient', not just the ailment or condition presented to us. Compassion and kindness are critical to patient experience. *Outstanding* is the term used by the Care Quality Commission, whose assessments of our care describes the experience and outcomes patients should have with us, and is therefore is the term we also use to describe our care.

Our Vision: Best Care For Everyone
We have retained our vision statement as staff told us it is meaningful and memorable. Achieving 'best' means it becomes the new norm, so needs continuously redefining to set ourselves new challenges. It is also inclusive as we not only care for our patients but for their families and carers, and each other.

Our Values: Caring, Listening, Improving
Our values run through our purpose and vision. They are not the 'what' of our work, but the 'how' and are the words we want our patients and staff to use to describe their experience with us. Our engagement programme told us we need to simplify our values so they are easier to understand, adopt and recognise day to day, so we will focus on three core values:

- **Caring** - Patients said: "Show me that you care about me as an individual. Talk to me, not about me. Look at me when you talk to me."
- **Listening** - Patients said "Please acknowledge me, even if you can't help me right now. Show me that you know that I'm here."
- **Improving** - Patients said: "I expect you to know what you're doing and be good at it."

We will co-design and embed a refined set of behaviours to reflect these core values and will use these to shape our culture as we progress towards outstanding. We will recognise where colleagues deliver care to the standard we expect and hold each other to account where this is not happening, mindful that standard we see and walk past is the standard we set.

Fig 2. Purpose, vision & values

3. Context & Challenges: National

Gloucestershire Hospitals NHS Foundation Trust

Introduction

We used a range of internal and external inputs (fig3), to define the national, regional and local context and identify future challenges so that this strategy ensures we are able to plan and respond accordingly.

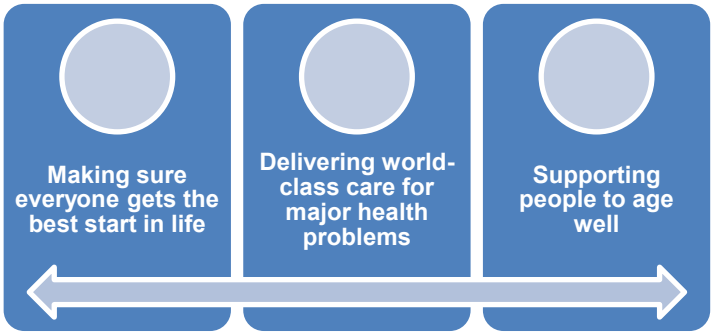
Fig 3. Inputs that informed our strategy

National Context

The NHS Long Term Plan was published in February 2019, recognising both the ongoing successes of the NHS in its first 70 years, and the pressures, challenges and opportunities ahead. The Long Term Plan presents an ambition to accelerate the redesign of patient care based on three key factors:

- Secure and improved funding averaging 3.4% a year over the next five years, compared with 2.2% over the previous five years.
- A wide consensus about the changes needed, confirmed by patient groups, professional bodies and frontline NHS leaders and staff.
- Work generated by the NHS Five Year Forward View is beginning to bear fruit, providing practical experience of how to bring about the changes set out in the Long Term Plan - almost everything in the Plan is already being implemented successfully somewhere in the NHS.

Fig 4. The NHS Long Term Plan: Structure



The Long Term Plan tackles the three major life stages (fig 4) and sets out broad action areas to overcome the challenges the NHS faces such as staff shortages and growing demand for services:

- Doing things differently - a new service model for the 21st century
- Preventing illness and tackling health inequalities
- Further progress on care quality and outcomes
- Backing our workforce
- Making better use of data and digital technology
- Getting the most out of taxpayers' investment in the NHS.

3. Context & Challenges: Regional

Gloucestershire Hospitals NHS Foundation Trust

The Gloucestershire health economy, and our Trust, operates within the **South West Region** of the NHS, however our geographical location means we have close working relationships with parts of the Midlands and the Welsh Health Boards.

By 2025 the population of the South West region is estimated to rise by 5.6% above 2017 levels, largely in the over-65 year old group (+16.5%) with resulting demands on healthcare services of long-term conditions.

The NHS is bringing together clinical expertise into hub and spoke '**Pathology Networks**' to deliver high quality diagnostics in a more efficient way. This is a response to the level of unwarranted variation in pay and non-pay costs of providing pathology services across the country, primarily linked to the adoption of best practice and innovative ways of working through advanced roles that can be difficult to replicate across every Trust but easier to implement in fewer, centralised hubs.

We are developing 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. We are working closely with our partner Trusts to design the best model for our regional Pathology Network that ensures the most efficient and effective service and turnaround times.

We work actively with the West of England **Academic Health Science Network** (AHSN), driving the development and adoption of new innovations and enabling patients to play an increasing role in their own care. Funding for AHSNs has been extended for at least the first four years of this strategic period, and we will work in close partnership to support innovation and improve patient safety through evidence-based improvement and the involvement of our patients and the public.

Our involvement with the **100,000 Genomes** project, and the planned expansion and mainstreaming of genomic medicine in the NHS over the next 5 and 10 year periods, aligns us with the current **West of England Genomic Medicine Centre** and the genomics laboratory in North Bristol Trust. Some of our senior doctors hold regional positions for the regional genomics medicine service and we have influenced both the original 100,000 Genomes Project and its mainstreaming successor work.

Over the next five years we will continue to work closely with the **South West Clinical Senate** and the **South West Clinical Network** teams to reduce unwarranted variation in health and well being services, encourage innovation in how services are provided now and in the future, and influence clinical advice and leadership to support decision making and strategic planning.

3. Context & Challenges: Local

Gloucestershire Hospitals NHS Foundation Trust

One Gloucestershire

In 2016, NHS organisations and local councils came together to form 44 *Sustainability and Transformation Partnerships* (STPs) covering the whole of England, and set out their proposals to improve health and care for patients. Some of these STPs evolved over the following two years to form ***Integrated Care Systems* (ICS)** in which the system partners take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. All STPs will become ICSs during the next few years.

The *One Gloucestershire* ICS was a wave two 'early adopter' area. Our ICS is characterised by its relative simplicity – one clinical commissioning group, one community care provider and one mental health service provider (these two organisations will become one Trust in the first year of this strategic period), one county council, one ambulance service provider, and 74 GP practices grouped into Primary Care Networks and Integrated Locality Partnerships.

Our Trust is the provider of acute healthcare services in the *Once Gloucestershire ICS*. The majority of these services are provided from our two main hospital sites in Gloucester and Cheltenham, with further maternity services provided in Stroud. We also provide services within the county's seven community hospitals, and to a number of other commissioners outside the county.

The benefits of an ICS are a focus on improving the health and wellbeing of the population through reducing barriers between our organisations that could delay patient care, reducing administrative overheads, and ensuring we get the most value out of every 'Gloucestershire £'.

Naturally this involves a pace of change that we need to maintain in addition to our everyday operational priorities; as the ICS develops we will adapt our organisational form to ensure the system, patients, and partners benefit from the value a high performing acute Trust brings to a partnership.

A key challenge we face, as presented in the NHS Long Term Plan, is the drive to move more care out of acute hospital settings and into the community or patients' own homes where appropriate. Detailed planning and risk management between all members of the ICS will be critical to ensuring the long-term sustainability of our services, and we believe there are significant opportunities for our buildings, staff and resources.

This strategy has been developed with full consideration to the challenges these crucial changes will bring. Our most significant transformational work around new models of care and integrated pathways, are being conducted in full partnership with the rest of the ICS.

Gloucestershire 2050

The public sector organisations in the county are collaborating on a wide scale 'conversation' conducted in 2018 to explore ideas and shape the long-term future with all stakeholders, particularly younger people, to understand how we can plan for and tackle the priority issues arising from our changing demographic. Its key findings are important for Gloucestershire health services and our Trust and include:

- Limited job opportunities
- Net migration of younger people out of county
- Loss of skills
- Loss of investment to cities
- Limitations of infrastructure, transport and internet connectivity
- High cost of housing.

3. Context & Challenges: Market Analysis

Gloucestershire Hospitals NHS Foundation Trust

Demand

Change in demand is determined by two primary factors – population and demographic change, and commissioning intentions (i.e. the services purchased by commissioners to address the healthcare priorities for the population). By 2025 the Gloucestershire population will increase by 5.9% compared to 2017; the vast majority of this increase is in the over-65 year old population (+19%), with associated demands on healthcare services of long-term conditions.

Overall we are a net 'importer' of patient referrals and patient choice. This is in part a consequence of our role as the main provider of specialist cancer services for Gloucestershire, South Worcestershire and Herefordshire. Pathways are relatively stable but we have recently secured at seat at the West Midlands Cancer Alliance to we are able to influence possible pathway changes – we form part of the Somerset , Wiltshire, Avon & Gloucestershire (SWAG) Cancer Alliance.

Our provision of private patient services has reduced over the last ten years. This is a consequence of both a reduction in the fee paying market and the need in recent years to prioritise beds, previously ring-fenced for private patients, for NHS use. This was compounded by our recent financial challenges reducing available capital for investment.

Income and market share

The main income sources for our Trust are as follows (2018-19):

NHS Gloucestershire:	71.2%
NHS England Specialised Commissioning:	19.3%
Other Commissioners (e.g. Worcestershire, Herefordshire, Wiltshire)	4.7%
Welsh Health Boards:	0.9%
Other income (e.g. research, private patients)	3.8%

We continue to be the market leader for the provision of acute health services in Gloucestershire. 84.9% of Gloucestershire CCG's spend on acute care is with us. The projected trend over the next five years is that this will continue, with a marginal transfer of some activity and income to other providers; conversely we anticipate repatriating some activity from other areas and providers into the Trust. The market share trend is expected overall to remain relatively static.

Our competitors

Our positioning as the only major provider of NHS acute care in Gloucestershire means that we have very little competition for the non-elective services we offer.

In recent years a wider range of 'specialised services' have moved from local to national commissioning directly by NHS England and we have participated providing these services where appropriate, mindful of not destabilising our existing core services.

A small transfer of NHS choice activity to commercial providers, including elective orthopaedic activity, has continued as a way of managing demand and helping our efforts to meet some access targets.

The independent and third sector in Gloucestershire is providing increasing levels of NHS-funded treatment, although the level of provision (as a proportion of commissioning spend) remains small.

We face some notable threats from commercial providers, as detailed on the next page.

3. Context & Challenges: Market Analysis

Gloucestershire Hospitals NHS Foundation Trust

Market Opportunities 2019-21

In response to national policy to enhance plurality of provision alongside capacity constraints in some services, we have lost market share to local independent sector providers – most notably in the areas of urology ambulatory care and aspects of elective orthopaedic provision. As an output of the national Getting It Right First Time (GIRFT) programme we are is actively mobilising plans to repatriate this work with a view to increasing our market share in the first year of this strategy once backlogs and residual capacity constraints are addressed.

As we develop our consultant and service base in cardiology, there are new opportunities to repatriate patient flows from Birmingham and Bristol, most notably in the areas of interventional cardiology and devices. New consultant appointments and a business case to develop 24/7 primary percutaneous angioplasty will support this ambition. These developments are especially important for patients and families, many of whom travel considerable distance for this care currently.

Similarly an improvement in our interventional facilities and capacity present the opportunity to stop sending patients to tertiary centres (with 6 month waits) for electrophysiology studies and ablation. This development would also enable us to work towards establishing a seven days a week urgent pacemaker implant service, reducing length of stay and improving inpatient flow while reducing morbidity and mortality associated with temporary pacing wire use.

Our proximity to Wales presents opportunities to further expand our range of offered services to patients across the border.

We also have key opportunities in reinvigorating our private patient. analysis shows that there is demand for these services that is either unmet, or met by services that we could either host or provide directly without compromising our core NHS services; indeed increasing our private capacity would lead to increased income to invest in all services. Likely clinical areas would initially be: fertility services, ophthalmology, maxillo-facial surgery, audiology, cancer treatment and pain management

Market Threats 2019-21

We are facing a number of market threats, some of which have the potential to impact on the future sustainability of services.

We face the threat presented of some sub-specialty contracts being awarded to commercial providers, migrating lower-cost, income-generating work out of the Trust whilst we have retained the complex and high-cost/low-margin elements that are potentially unsustainable without the 'balancing' financial effect of the more routine procedures. This has already occurred in the field of cataract surgery.

We also face threats relating to haematology & oncology and cancer surgery, stemming from alliances that Herefordshire and Worcestershire Acute Trusts are forging with other providers in their STP area, and wider Midlands networks, which undermine flows from these areas to our trust, where population mass is required to maintain accreditation and/or cancer unit status.

We are working closely with our commissioners in the rest of the ICS to plan for the long-term sustainability of services; and our proposed Gloucestershire Cancer Institute and close work with the regional cancer alliance will tackle the latter threat.

3. Context & Challenges: Local

Gloucestershire Hospitals NHS Foundation Trust

Summarised below is a summary of the final position against the strategic objectives for the last period of our previous strategy.
We made significant progress, despite some challenging circumstances, and take confidence from the progress we made and success we delivered as we transition to our new strategic plan.

Our Patients

- CQC overall rating 'Good' February 2019
- A&E 4-hour wait standard – NHS Improvement target achieved; upper quartile of Trusts nationally,
- RTT reporting recovery plan delivered on schedule
- Hospital standardised mortality ratio below 100
- Diagnostics 6 week standard met

Our Staff

- New talent management system launched
- Innovative clinical and apprentice roles in place
- Quality Improvement academy trained hundreds of staff and implemented dozens of improvement projects
- 'One stop shop' for staff health and wellbeing scoped and in development for launch May 2019

Our Services

- New 'Centres of Excellence' clinical model developed
- Allocated £39.5m estates development funding
- Digital and business intelligence support teams strengthened
- Reconfiguration of Gastroenterology services as part of winter planning
- Hundreds of staff trained to support making healthy choices

Our Organisation

- Exited financial regulatory action in November 2018
- Cost Improvement Programme delivered industry-leading results year on year; however delivery of financial recovery against trajectory not complete
- Range of investment projects approved to drive further quality and financial improvements
- Integration of respiratory teams commenced; new MSK model progressing

3. Context & Challenges: Local

Gloucestershire Hospitals NHS Foundation Trust

To better understand the context in which we operate we used a simple Strengths, Weaknesses, Opportunities and Threats (SWOT) assessment with a range of groups as part of our engagement programme, and this is summarised below. We linked our strengths to our opportunities and our weaknesses to our threats and used this to inform our strategic objectives.

Fig 5. SWOT analysis (summary)

Strengths

Patient care is our priority, we do it well and are recognised for it locally, nationally and internationally. Our good reputation is growing.

Culture, leadership and engagement have renewed vigour, energy and vision. We are resilient, open to conversations, and we are responsive to risks and concerns.

Our staff are our greatest strength; we overwhelmingly have shared values and purpose, and go the extra mile whenever possible. Staff are proud of the services they give to patients and each other.

Improvement is evident in our track record of service delivery in response to real needs, notably emergency care performance, reduced mortality, and productivity and cost improvement.

Risk is managed well and used as a driver for improvement. We listen and respond to staff, patient and public concerns and make the right decisions at every opportunity, and learn from our mistakes.

Transformation is at the heart of our daily work – we seek ways to improve quality in all we do and we have a track record of delivering projects that improve patient care and our use of resources.

Working in partnership with local, regional and national organisations, NHS or otherwise, is increasingly core to what we do, and we seek to influence best practice through our successes

Training, education and research are things we have a strong reputation for, and we recognise the need to increase these as the foundation for continuously improving patient care.

Weaknesses

Staff management is as consistent as it should be; some staff are not treated as they deserve to be, and some poor performance is not tackled.

Workforce gaps exist in some services, creating pressures both in terms of frontline patient care, and support services to our clinicians.

Our IT systems and data are not yet providing improved insight on which to base better decision-making; we still rely too much on paper.

Patient 'flow' through some of our services can be inconsistent; too many patients who could be safely discharged stay with us longer than necessary.

Variation in some clinical practice undermines consistent performance and patient experience, impacting morale and our improvements.

Inefficiency across our hospitals still exists in some services, and we have some excessive **waiting times** leading to poor patient experience.

Communication with staff and patients can be difficult in an organisation of our size, complexity and diversity. Despite best efforts we don't always get it right.

Staff ownership of, and involvement in, change to their services is inconsistent, impacting on their morale, increasing risk to improvements, and risks impacting patient experience.

Financial deficit has created a lack of capital investment, and ageing buildings, equipment, IT, and medical and diagnostic equipment. We have cost huge costs but there is more to do.

3. Context & Challenges: Local

Gloucestershire Hospitals NHS Foundation Trust

Fig 5. SWOT analysis (summary)

Opportunities

Recruitment and retention of the best staff by ensuring we create roles that people want to do that help solve our workforce gaps, and we keep investing in and developing all our staff.

More patients could choose our services if we reduce waiting times and how long they have to stay with us, improve their experience while they are with us, and communicate clearly with them.

University Hospital status could enhance patient care and outcomes through the positive impact of research, education and training and enable us to deliver more specialist services.

'Integrated Care Provider' role in Gloucestershire would enable us to reduce barriers and improve how patients move between us and other providers, and within our own services.

Expand our services to new clinical specialties and/or locations by assessing and improving our productivity and performance, and accurately model what we can achieve to make realistic bids.

Private Patient services could improve our income and good reputation, increasing the amount we have available to invest in our NHS services and improving our long-term financial stability.

Working in community locations can be reviewed to understand where services are not working efficiently, and where we could provide excellent services outside our two main hospitals.

Efficiency, productivity and financial health can all be improved by innovative use of the resources we already have, improved digital and IT systems (e.g. telecare)

Population health can be a crucial part of what we do by promoting healthy lifestyle and choices for patients and staff alike, and ensuring we prevent ill-health whenever possible.

Threats

Growth in demand could exceed capacity to provide services in a timely fashion, creating risks to care, staff morale and financial sustainability.

Recruitment and retention in various staff groups including doctors, nurses and professional support services.

Loss of market share to other Trusts or new private providers due to attractive reward packages and work patterns; some contracts move simple procedures to providers with shorter waiting times while we continue providing higher-cost complex procedures.

Adverse impacts of NHS structural changes; the drive towards out-of-hospital care could leave us with liabilities and risks. Pace of change to deliver projects could conflict with operational capacity and priorities.

Sustainability of clinical services (including screening programmes) due to lack of capital, increasing stringency & subsequent resource demands of accreditations (e.g. labs), pathology networks.

Financial issues out of our control could worsen sustainability, such as outdated tariffs, increased outsourcing costs, inability to access greater purchasing power through regional arrangements.

Lack of commissioning of some of the work we do due to historical reasons, combined some lack of locally agreed tariffs, means that some services have no income.

External regulations could change or be applied stringently

Brexit implications relatively unknown despite planning; adverse national economy likely to hit public funds; workforce pipeline may be further constrained; disruption to supply chains and innovation routes.

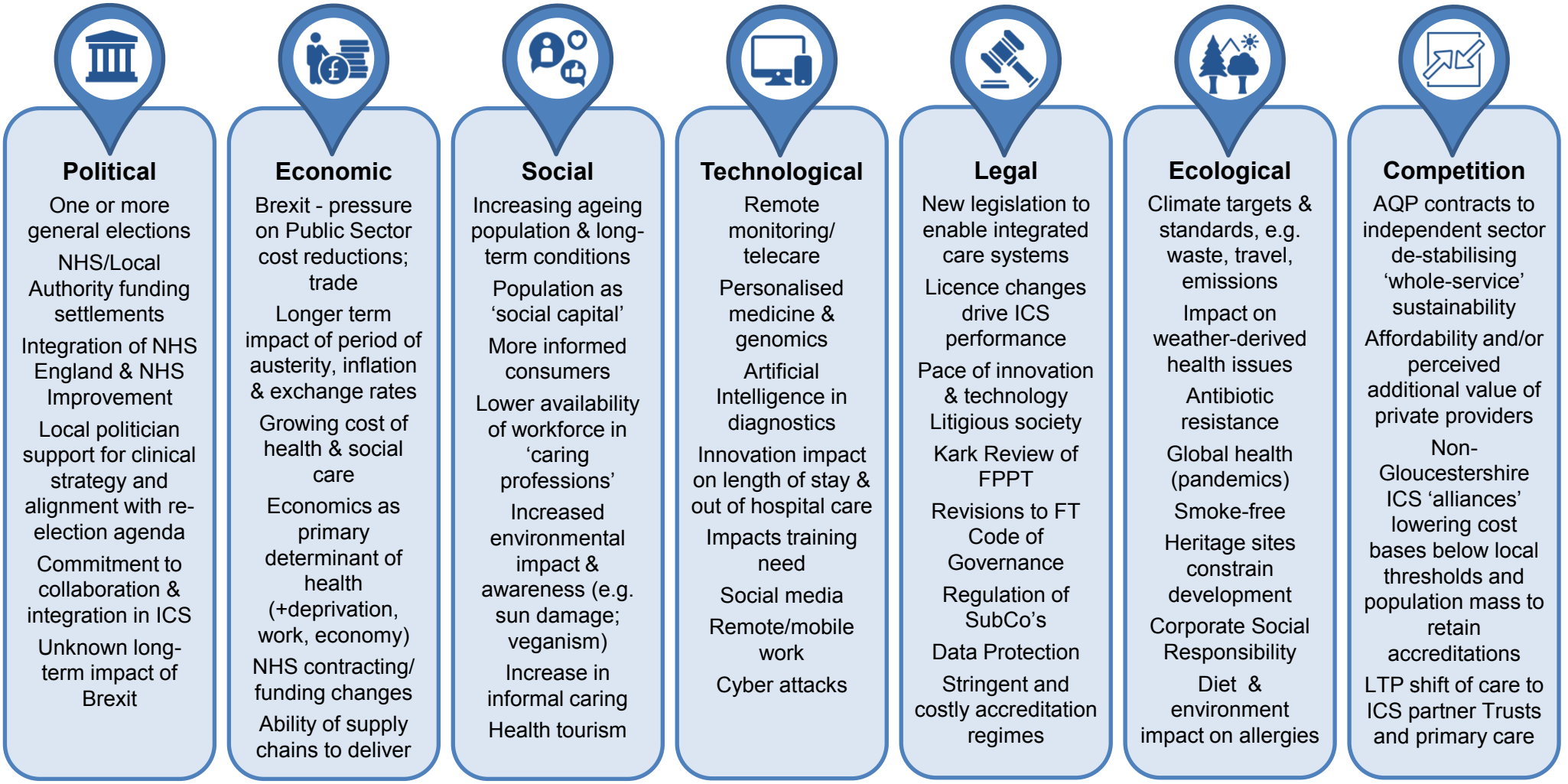
Politicisation of healthcare, both national and local, diverts support for 'right' decisions.

3. Context & Challenges: Local

Gloucestershire Hospitals NHS Foundation Trust

To better understand the wider external context in which we operate we used the PESTLEC analysis model . A summary of the external factors we used to inform our strategy is shown below.

Fig 6. PESTLEC analysis (summary)



4. How We Developed Our New Strategy

Gloucestershire Hospitals NHS Foundation Trust

Approach

The approach we took to develop this strategy started in June 2018 and is shown in fig 7. We started our engagement programme by asking staff three questions:

1. *What will providing an outstanding service mean for your patients (or customers if you are a support function)?*
2. *What will working in an outstanding service look and feel like to you?*
3. *What support do you need to get there – what does the Journey to Outstanding programme need to provide?*

The output from this engagement formed the basis of our new strategy which was supplemented by a number of methodologies (SWOT, PESTLEC, market analysis, benchmarking), and a range of national, regional and local publications.

We used the engagement groups shown in fig 8 to present, test and iterate our thinking and assumptions. We used a range of thought-provoking questions (Appendix 3), to help us understand the priorities and collective level of ambition of staff and stakeholders. We created a long list of objectives based on eight emergent enabling strategies, SWOT and PESTLEC analyses, and hundreds of votes and qualitative feedback.

The long list became a short list of 14 strategic objectives which addressed the context and challenges our analyses presented. These were issued to staff, governors, and Board for final feedback, resulting in 12 ambitious, compelling, realistic and achievable strategic objectives.

Fig 7. Strategy development timeline

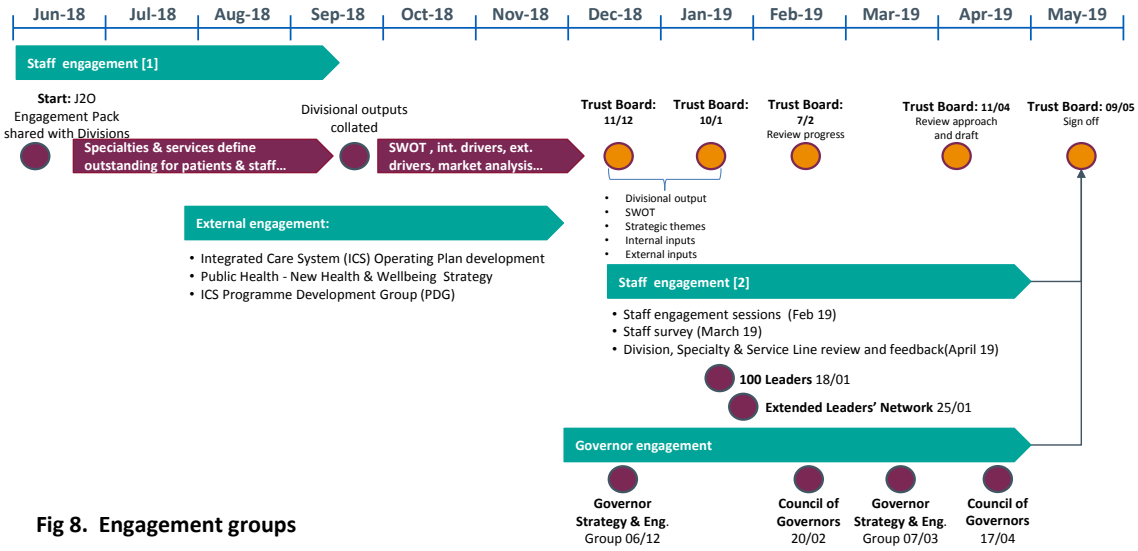


Fig 8. Engagement groups

5. Our Response to the Context & Challenges

Gloucestershire Hospitals NHS Foundation Trust

Strategic Intent

Our strategic intent is to provide **outstanding care through two thriving but distinct hospital sites** and, as a lead provider within an Integrated Care System (ICS), through a range of community facilities and integrated models of care.

We want to be a Hospitals Trust **patients, families and carers recommend and staff are proud to be part of**.

We will be **a collaboratively ICS partner** to ensure patients, families, carers , staff and other stakeholders benefit from the value a high performing, high energy acute Trust can bring to this partnership.

We have **no plans to merge with other organisations** but we recognise that as the ICS develops, partners may need to adapt their organisational form to ensure opportunities to improve patient experience and outcomes, staff experience and value for money do not get delayed. For example by ensuring the timescale and flexibility of our decision making processes align.

We will continue to provide acute and specialist care for residents of Gloucestershire and adjacent regions; Herefordshire, South Worcestershire, Wiltshire, and where it is the right thing to do for patients, and this can be supported by a strong clinical and financial business case, **we will work with commissioners, providers and clinical networks in these regions to secure and extend our clinical service offer**.

We want the quality of care we provide to be rated ***Outstanding*** **by the Care Quality Commission (CQC)** and our use of resources to be rated ***Outstanding*** **by NHS Improvement**.

We believe becoming an accredited **University Hospital Trust** will increase our capacity and capability to deliver Best Care for Everyone and are committed to exploring the best way to achieve this.

Strategic Framework: Our Eight Enabling Strategies

Our strategy will be delivered through eight enabling strategies as shown below. By April 2020 all enabling strategies will have been defined and approved by Trust Board (see Appendix 1 for timeline).

Fig 9. Strategic framework

A summary of the eight enabling strategies is provided below. See Appendix 2 for a more detailed description of each, including the outputs from the engagement programme that have informed this approach.

Clinical Strategy

Our new Clinical Strategy will be designed around Centres of Excellence that enable a greater separation between emergency and planned care. Our work in this area has already been recognised nationally[1] and we want to build on this so that we are recognised for delivering excellence across urgent and emergency care, obstetrics and paediatrics, planned and specialist care and oncology. We want this recognition to come from patients and their families and carers, staff, partners, regulators, professional bodies and benchmarking organisations.

1. The NHS long Term Plan (2018), NHSE, p.75

Our Response to the Context & Challenges

Gloucestershire Hospitals NHS Foundation Trust

Quality Strategy

Quality standards described in the NHS Constitution, Care Quality Commission (CQC) quality and safety standards and the National Quality Board's 'Shared Commitment to Quality' will inform the Quality Strategy that will get us from a CQC rating of *Good'* (February 2019), to Outstanding by April 2021. The strategy will describe our 'Journey To Outstanding' and will put the needs of patients and service users, their families and carers first.

The Gloucestershire Safety and Quality Improvement Academy (GSQIA) will be a key enabler to us achieving our Quality Strategy and drive the implementation of a new Quality Model, that will ensure staff are equipped and inspired to improve services .

We will continue to expand the way we use data to drive quality and our Digital Strategy will be another key enabler to improving quality.

Our Quality Strategy will be designed around four key programmes:

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

People & Organisation Development (OD) Strategy

Collectively we, 'our staff', will determine whether we are successful in delivering this strategy. Our People & OD Strategy will ensure we have the right number of staff with the required skills to be successful, through effective recruitment, retention, education, recognition & reward.

Our People & OD Strategy will be designed around three key programmes:

- **Workforce sustainability** - We will attract, develop and retain staff that are best in their field, the ambition described in our Clinical, Quality, Digital and Research Strategies will help us here. We will ensure we anticipate and close capacity and capability gaps and provide career pathways that build and retain the knowledge, skills and experience we need.
- **Staff experience** - Our engagement programme told us we need to simplify our values so they are easier to understand, adopt and recognise day to day so will focus on three core values; Caring, Listening and Improving. We will define and embed a new set of behaviours that reflect these values and will use these to shape our culture as we progress towards outstanding. We will be an outstanding employer and we will support colleagues to maintain and sustain emotional and physical health and wellbeing. The principles of equality, diversity and inclusion will continue to underpin our vision of Best Care for Everyone and we remain committed to becoming an exemplar of the requirements defined in The Public Sector Equality Duty and The Equality Delivery System (EDS2).
- **Transformation** - Our staff will be equipped and inspired to do things differently to deliver Best Care for Everyone. We will provide an education and development programme that ensures individuals and teams have the skills and confidence to collectively achieve our strategic objectives.

5. Our Response to the Context & Challenges

Gloucestershire Hospitals NHS Foundation Trust

Transformation (cont.) - We will provide an outstanding HR business partner function that provides advice and expertise to the quality and timescales required. We will explore whether becoming an accredited University Hospital Trust would increase our capacity and capability to deliver Best Care for Everyone and collectively our People & OD and Research teams will define the best way to achieve this.

Financial Strategy

Our Financial Strategy will ensure we become a financially sustainable organisation that provides efficient and effective services supported by an outstanding finance team that is recognised nationally and supports the Trust to deliver this strategy.

We will be a financially literate organisation with all staff who have a budgetary responsibility receiving training to enable them to make the best decisions for their patients and teams.

We will use national productivity programmes and tools, for example Getting It Right First Time (GIRFT), Model Hospital, Carter Review to identify unwarranted variation and efficiency improvements and support our clinical teams and support functions across the Integrated Care System (ICS) to implement opportunities.

We will work with ICS partners and other stakeholders to explore alternative routes to capital and investment that will enables us to provide an infrastructure that matches our ambition to deliver Best Care for Everyone through centres of excellence.

Our financial strategy will be designed around four programmes:

- A **medium term financial plan** that outlines the route to sustainability.
- **Outstanding business partnering** to support and challenge divisions to deliver the best financial performance
- **Financial reporting** that provides assurance and is easy to understand, including **Patient Level Information Costing (PLICs)** to support clinical and service decision making
- **A finance department improvement plan** (#ghftcountmein), which will deliver a Future Focussed Finance accredited department of which the trust can be proud.

Estates Strategy

Our Estates Strategy is a key enabler to the delivery of our Clinical Strategy. Our Estates Strategy will describe how we need to respond to planned and anticipated changes in activity, efficiency, models of care, ways of working and demographics.

We will work with our Integrated Care System (ICS) partners to ensure estates development plans and decisions are taken as a system to optimise the way we use public estate across Gloucestershire to deliver organisation and ICS objectives.

We will explore the concept of moving to one public sector estate so that staff can move between sites as required to deliver the right care at the right place at the right time as part of an integrated health and social care system. This concept could be extended to include academic facilities as part of our Research strategy and University Hospital aspiration.

We will use our new Estates Strategy to describe how we plan to maintain and develop our estate to address backlog maintenance, operational risk and a need to invest so that we can deliver Best Care For Everyone in an environment that reflects our centres of excellence concept.

5. Our Response to the Context & Challenges

Gloucestershire Hospitals NHS Foundation Trust

Estates (cont.)

We recognise the pace at which we can invest in our estate is not always in our control, due to the availability of capital and we will explore alternative routes to securing capital investment through a range of models, for example Managed Equipment Service (MES), joint ventures and shared use with integrated care partners.

We will deliver our £39.5M Strategic Site Development Programme to improve acute care facilities at Gloucester Royal and day surgery and theatre capacity at Cheltenham General and ensure we achieve the return on investment we have committed to.

Digital Strategy

Our Digital Strategy will be a key enabling component of our Trust strategy and will be a bold and dynamic statement of our ambition to deliver digitally-enabled Best Care for Everyone. We are committed to creating a culture that embraces digital technology.

We will apply for *Global Digital Exemplar* (GDE) fast follower status as with this NHS Digital endorsement comes support and funding that will enable us to achieve high digital maturity.

Our Digital Strategy will be built around three key programmes:

- **Digital Landscape** - We will provide infrastructure and hardware necessary to provide digital solutions that improve patient care and readily available skilled support staff. We will continue to optimise the use of *TrakCare* and continue our digital development with the implementation of an Electronic Patient Record (EPR), that will enable and enhance our ability to implement new models of care and more efficiency and safer ways of working.
- **Digital Intelligence** - We will provide an insight-driven culture which embeds analysis, data and intelligence to enhance decision making, outcomes and quality improvement. We will report consistently and proactively as needed by operational teams and external stakeholders.
- **Digital Workforce** - We will develop our digital literacy skills to ensure confidence and competence in using technology tools. We want to become an employer of choice for people with Digital and IT skills. We will continue our in-house development programme within our Business Intelligence service to provide local training in an effort to both 'grow our own' experts, and provide staff with development opportunities that aid retention and ensure we have a consistent and effective approach to digital workforce planning.

Communications & Engagement Strategy

Our engagement programme told us that this is an areas we need to improve, particular how and when we involve patients, families and carers in the process of exploring and designing new ways of working, and as a result it is a key part of our new strategic.

Our new Communications and Engagement Strategy will ensure that when we communicating or asking for engagement it is clear how the message or request relates to our strategic priorities.

We will adapt our language to meet the needs of our different stakeholder groups and use a range of methods to engage, recognising that different groups respond to different approaches and techniques.

We will work closely with communication and engagement colleagues from other health and social care organisations to re-inforce the concept of *One Gloucestershire*.

5. Our Response to the Context & Challenges

Gloucestershire Hospitals NHS Foundation Trust

Research Strategy

Our Research Strategy will ensure we are able to build on our existing good practice and extend our research portfolio so that more patients benefit from improved experience and outcomes and we all benefit from improving recruitment and retention evidenced in research-active hospitals and specialties.

We will continue to support the development of the Research 4 Gloucestershire initiative to develop an integrated approach to research across Gloucestershire, particularly given the opportunities we can offer to commercial and non-commercial studies as an Integrated Care system.

We are committed to exploring whether becoming an accredited University Hospital Trust would increase our capacity and capability to deliver Best Care for Everyone and collectively our People & OD and Research teams will define the best way to achieve this. If in order to meet accreditation criteria we need to enhance our clinical and/ or educational research capacity and capability, we will produce a compelling business case to prioritise investment.

Our Research Strategy will be designed around four key programmes:

- **Increasing visibility & awareness** – improving how we communicate our research activity to patients, staff, ICS partners, National Institute for Health Research (NIHR) and commercial partners.
- **Celebrating success** - demonstrate how research is improving patient care, outcomes and experience and staff experience, recruitment and retention.
- **Increasing equity of access** - improving access to trials for patients with the aim that every patient can access a trial or be offered one.
- **Growing our collaborations** – increasing the number and variety of organisations we work with.

6. Our Strategic Objectives: 2019 to 2024

Gloucestershire Hospitals NHS Foundation Trust

Our new strategic objectives for 2019 to 2024 are shown below. The objectives have been derived from a process of combining national, regional and local context and how we plan to respond, our SWOT and PESTLEC analysis and the messages we heard from our engagement programme. They have been tested and iterated with staff who confirm they articulate the scale and pace of our collective ambition.

#	Strategic Objective	Lead Strategy	Delivery timescale	
			By April 2021	By April 2024
1	We have established centres of excellence for urgent and emergency care, obstetrics and paediatrics, planned care and oncology.	Clinical		●
2	We work within a successful Integrated Care System to design and implement integrated models of care.	Clinical	●	
3	We are rated outstanding by the Care Quality Commission.	Quality	●	
4	We have a caring workforce which meets the needs of its patients, colleagues and partners; is future proofed and focuses on attraction, development and retention of talent	People & OD		●
5	Colleagues will be equipped and inspired to do things differently to deliver best care for everyone	People & OD	●	
6	Colleagues will recognise the Trust as an outstanding employer, driven by its values and ambition to deliver best care for everyone.	People & OD	●	
7	We are rated outstanding by NHS Improvement for our use of resources.	Finance		●
8	We work within a successful Integrated Care System to improve the quality and optimise the use of our estate and can demonstrate how this is supporting the implementation of our clinical strategy.	Estates	●	
9	We are digitally mature due to the successful implementation of an electronic patient record, electronic prescribing, digital pathology and secure linkages with other partner systems.	Digital		●
10	We work with public, patients, carers and partners to co-design new models of care and to define, monitor and communicate measures of success.	Communcition & Engagement	●	
11	We have a high quality research portfolio, which is visible to staff and patients, embedded alongside the care we deliver, and is achieving the standards set by the National Institute for Health Research (NIHR).	Research	●	
12	We have defined and delivered the benefits University Hospital status can provide for patients and staff.	Research		●

7. How We Will Implement This Strategy

Gloucestershire Hospitals NHS Foundation Trust

2019 to 2024 Strategic Objectives → **Progress reporting** → **Board Assurance Framework (BAF)**

Enabling Strategies:

Clinical Strategy

Programmes:
- Centres of Excellence
- Integrated health & social care
- Upper quartile performance

Quality Strategy

Programmes:
- Well led
- Improve experience
- Improve safety
- Improve outcomes & effectiveness

People & OD Strategy

Programmes:
- Workforce sustainability
- Staff experience
- Transformation

Financial Strategy

Programmes:
- Medium term financial plan
- Outstanding business partnering
- PLICS & financial reporting
- Finance department improvement plan

Estates Strategy

Programmes:
- Site development plan
- Strategic Site Development Programme
- Alternative routes to capital

Digital Strategy

Programmes:
- Digital Landscape
- Digital Intelligence
- Digital Workforce

Communication & Engagement Strategy

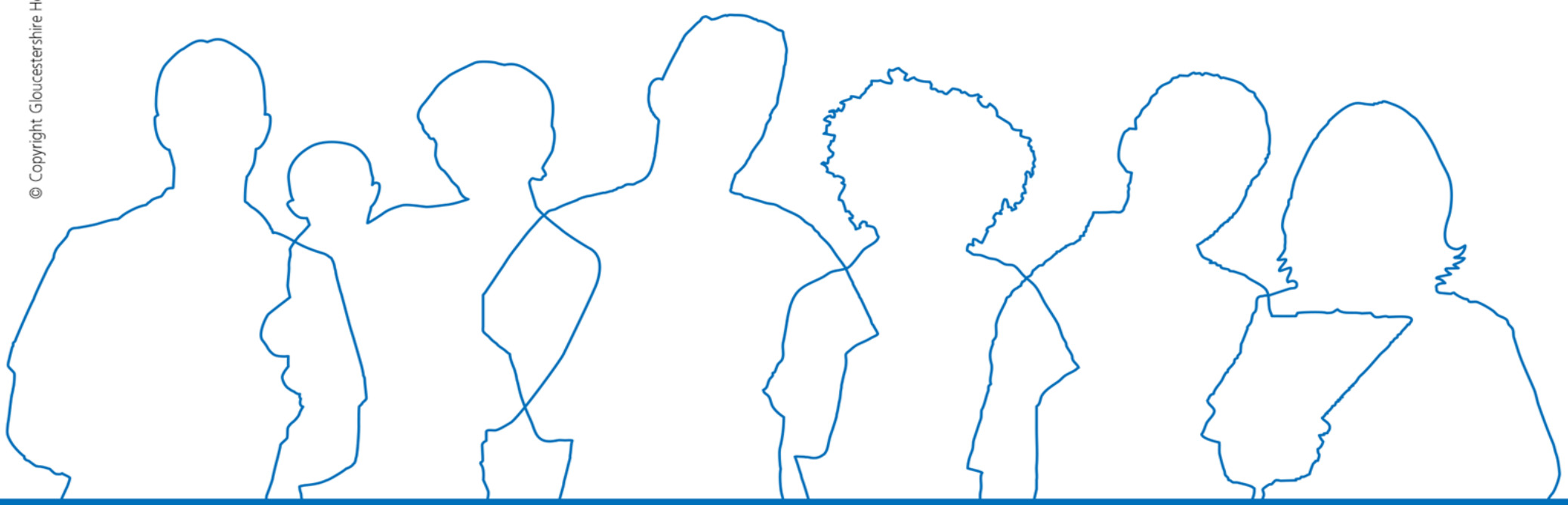
Programmes:
- Co-design
- Engagement model
- One Gloucestershire

Research Strategy

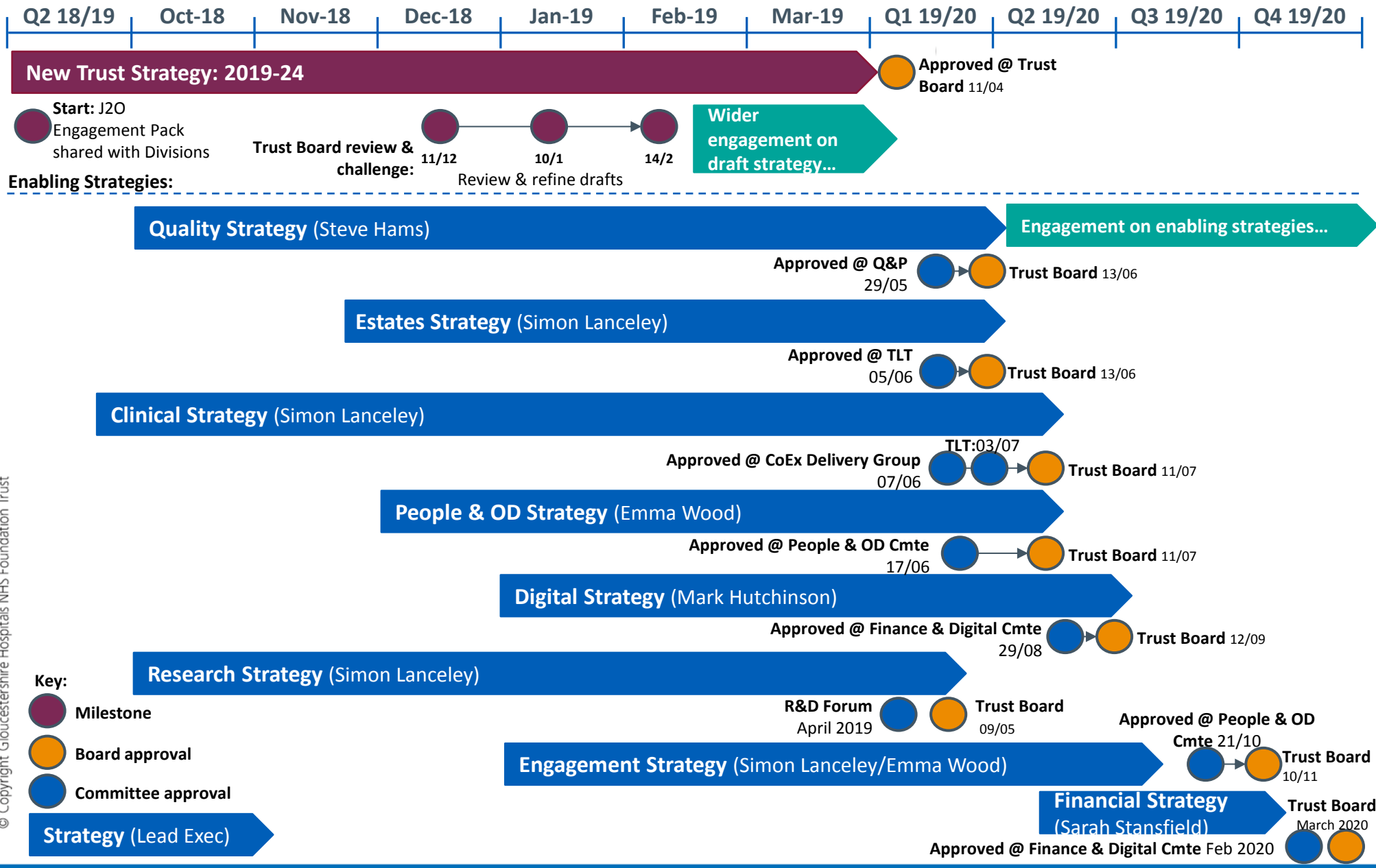
Programmes:
- Increasing visibility & awareness
- Celebrating success
- Increasing equity of access
- Growing our collaborations

Enabling Strategy Operational Objectives & Metrics → **Progress reporting** → **Quality & Performance Report (QPR) -** Committees, TLT, Divisions…

8. Appendix



Appendix 1: Enabling strategies approval timeline



Gloucestershire Hospitals
NHS Foundation Trust

Appendix 2: Enabling Strategies

2-page summaries

Work in progress

Enabling Strategy: Clinical
Executive Lead: Simon Lanceley

NHS
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 work within a successful Integrated Care System to design and implement integrated models of care

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).

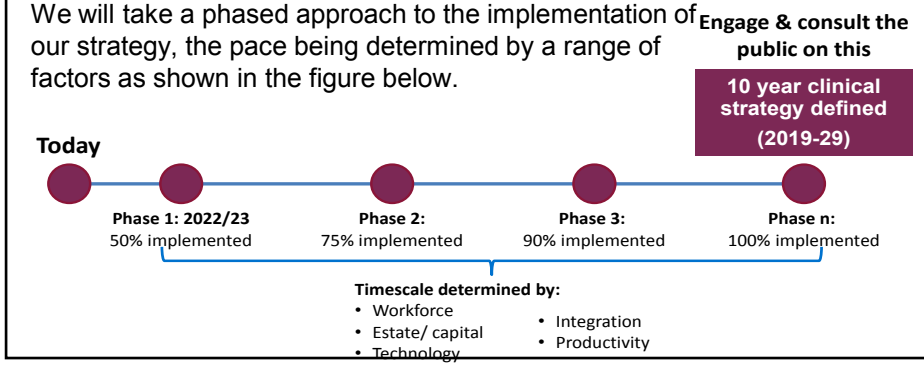
Cheltenham General Hospital (CGH)
Centre of Excellence for
Planned Care and Cancer

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.

Work in progress

Enabling Strategy: Clinical
Executive Lead: Simon Lanceley

NHS
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 work within a successful Integrated Care System to design and implement integrated models of care**

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."*

Work in progress

Enabling Strategy: Quality
Executive Lead: Steve Hams

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

3. 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'"

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

Work in progress

Enabling Strategy: People & OD
Executive Lead: Emma Wood

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

5. We have a caring workforce which meets the needs of its patients, colleagues and partners; is future proofed and focuses on attraction, development and retention of talent.

6. Colleagues will be equipped and inspired to do things differently to deliver best care for everyone

7. Colleagues recognise the Trust as an outstanding employer, driven by its values and ambition to deliver best care for everyone

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.

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

Work in progress

Enabling Strategy: Finance
Executive Lead: Sarah Stansfield

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

4. We are rated outstanding by NHS improvement for how we use our resources

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

Work in progress

Enabling Strategy: Estates
Executive Lead: Simon Lanceley

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

12. We work within a successful Integrated Care System to improve the quality and optimise the use of our estate, and can demonstrate how this is supporting the implementation of our clinical strategy

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.

Work in progress

Enabling Strategy: Estates
Executive Lead: Simon Lanceley

Gloucestershire Hospitals
NHS Foundation Trust

Strategic Objectives:

12. We work within a successful Integrated Care System to improve the quality and optimise the use of our estate, and can demonstrate how this is supporting the implementation of our clinical strategy

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

Work in progress

Enabling Strategy: Digital
Executive Lead: Mark Hutchinson

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

11. We are digitally mature due to the 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.

Work in progress

Enabling Strategy: Digital
Executive Lead: Mark Hutchinson

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

11. We are digitally mature due to the successful implementation of an electronic patient record, electronic prescribing, digital pathology and secure linkages with other partner systems.

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	

Work in progress

Enabling Strategy: Communication & Engagement
Executive Lead: Simon Lanceley

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

10. We work with public, patients, carers and partners to co-design new models of care and 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

Work in progress

Enabling Strategy: Research
Executive Lead: Simon Lanceley

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

8. We have a high quality research portfolio, which is visible to staff and patients, embedded alongside the care we deliver, and is achieving the standards set by the National Institute for Health Research (NIHR).

9. We have defined and delivered the benefits University Hospital status can provide for patients and staff

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."

Work in progress

Enabling Strategy: Research
Executive Lead: Simon Lanceley

Gloucestershire Hospitals NHS Foundation Trust

Strategic Objectives:

8. We have a high quality research portfolio, which is visible to staff and patients, embedded alongside the care we deliver, and is achieving the standards set by the National Institute for Health Research (NIHR).

9. We have defined and delivered the benefits University Hospital status can provide for patients and staff

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

Appendix 3: Thought-provoking questions

4. How We Developed Our New Strategy

Gloucestershire Hospitals NHS Foundation Trust

Identifying priorities and the scale of our ambition
Examples of the thought-provoking questions we used with our engagement groups to help us understand the priorities and collective level of ambition of our staff and stakeholders:

Clinical
- What benefits must our emerging **Centres of Excellence programme** deliver for patients and staff?
- What should our role be in **delivering integrated health and social care**?
- What is our role in promoting and supporting **population health** across Gloucestershire?

Quality
- What role can we play in ensuring **parity of esteem** across physical & mental health
- What do we want our culture of **improving & learning** to look and feel like for patients and staff?
- Where are our opportunities to **reduce variation** (GIRFT)?
- How can we continue to build on the success of the **Gloucestershire Quality & Safety Improvement Academy** (GSQIA)

People & Organisation Development
- How do we make this an organisation and system **people want to work in**?
- How can we ensure **people with protected characteristics feel safe and valued**?
- What standards do we want to set for **supporting and encouraging professional development**?

Financial
- How aspirational should we be in terms of **performance** – upper quartile, upper decile?
- What are the barriers that prevent us from **living within our means**?
- What do we want our **culture of efficiency** to look and feel like for patients and staff?

Estates
- How can we ensure our **Estates Strategy reflects our ambition** but remains realistic?
- What principles should we set for **locating services on/ off-site**?
- If you could focus on **improving one area of our facilities service** what would it be?

Digital
- What does **outstanding digital healthcare** look and feel like to you and your patients?
- How can we **better use data** to predict activity changes and inform decision making
- If you could focus on one area to **improve our digital offer** to patients, what would it be?

Communications & Engagement
- What does **outstanding staff engagement** look and feel like?
- What do we want to **patients and stakeholder** to say about how we have involved them?
- How should we **define and measure effective engagement**?

Research
- Should we prioritise achieving **University Hospital status**? What benefits would it bring to patients and staff?
- What is our **aspiration for research** across Gloucestershire?
- What statement/ change do we need to make to demonstrate **research is a priority** for this organisation?

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

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

Purpose

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

Key issues to note

- The Trust Risk Register enables the Board to have oversight, and be assured of the active management, of the key risks within the organisation which have the potential to affect patient safety, care quality, workforce, finance, business, reputation or statutory matters.
- Divisions are required on a monthly basis to submit reports indicating any changes to existing high risks and any new 12+ for safety and 15+ other domains to the Trust Leadership Team (TLT) for consideration of inclusion on the Trust Risk Register.
- New risks are required to be reviewed and reassessed by the appropriate Executive Director prior to submission to TLT to ensure that the risk does not change when considered in a corporate context.

Changes in the reporting period

The Trust Leadership Team met on 1 May 2019 and agreed the following changes:

One risk has been **downgraded** in this reporting period (and, as a consequence, removed from the Trust Risk Register.

GMS2378Est -'Risk of loss of local power to Tower Block basement due to the deterioration of existing aluminium cables supplying electrical circuits'.

This has been downgraded by from a consequence of 5 x likelihood of rare (1) to consequence Minor (2) x likelihood Rare (1) = 2 for Safety.

Reason for change: A review led by Deputy Director of Estates and Capital Development found that the risk consequence was over scored; the implication was that a failure of the aluminium cabling in the basement could affect the whole Tower Block. This isn't the case, a failure would only affect the local area, predominately lighting circuits and is being patch repaired as issues occur.

The highest scoring domain is now Business scoring consequence Moderate (3) x likelihood Unlikely (2) = 6.

The regraded risks no longer meet the criteria for inclusion on the TRR. This change has been agreed by the Executive Owner (Chief Operating Officer) and approved by the TLT.

No risks have been approved by TLT for addition to the Trust Risk Register:

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

No risks have had the wording changed.

The full Trust Risk Register with 12 risks is attached (Appendix 1).

Conclusions

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

Implications and Future Action Required

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

Recommendations
To receive the report as assurance that the Executive is actively controlling and pro-actively mitigating risks so far as is possible and approve the changes to the Trust Risk Register as set out.
Impact Upon Strategic Objectives
Supports delivery of a wide range of objectives relating to safe, high quality care and good governance
Impact Upon Corporate Risks
The Trust Risk Register is included in the report.
Regulatory and/or Legal Implications
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 (Risk C2628COO)
Equality & Patient Impact
Potential impact on patient care, as described under individual risks on the register.

Resource Implications

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

Action/Decision Required

For Decision		For Assurance	√	For Approval		For Information	

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

Audit & Assurance Committee	Finance and digital Committee	GMS Committee	People and OD Committee	Quality & Performance Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
						1 May 2019	

Outcome of discussion when presented to previous Committees/TLT

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

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

Ref	Inherent Risk	Controls in place	Action / Mitigation	How would you assess the status of the controls?	Consequence	Likelihood	Risk rating	Division	Highest Scoring Domain	Executive Lead Title	Title of Assurance / Monitoring Committee	Review Date
F2724	Risk that the Trust does not achieve the required cost improvement resulting in failure to deliver the Financial Recovery Plan for FY19	1. PMO in place to record and monitor the FY19 programme 2. Finance Business Partners to assist budget holders 3. Fortnightly CIP Deep Dives 4. Monthly monitoring and reporting of performance against target 5. Monthly Turnaround Implementation Board 6. Monthly Finance and Digital Committee scrutiny 7. Quarterly executive reviews 8. NHSI monitoring through monthly Finance reporting	1. Identification of further opportunities from the Model Hospital, Carter Review etc. 2. Identification of further schemes at fortnightly CIP Deep Dives	Complete	Catastrophic (5)	Likely - Weekly (4)	20	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Finance	Director of Finance	Finance and Digital Committee	30/04/2019
C2895COO	Risk that patients and staff are exposed to poor quality care or service interruptions arising from failure to make required progress on estate maintenance, repair and refurbishment of core equipment and/or buildings to prevent cumulative degradation, as a consequence of the Trust's inability to generate and borrow capital..	1. Board approved, risk assessed capital plan including backlog maintenance 2. MEF and Capital Control Group 3. Capital funding issue and maintenance backlog escalated to NHSI 4. All opportunities to apply for capital made 5. Finance and Digital Committee oversight 6. GMS Committee and Board oversight	1. Prioritisation of capital managed through the intolerable risks process for 2019/20 2. Ongoing escalation to NHSI and system	Partially complete	Major (4)	Likely - Weekly (4)	16	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Environmental	Chief Operating Officer	GMS Committee	14/05/2019
F2722	Risk that the Trust's expenditure exceeds the budgets set resulting in failure to deliver the Financial Recovery Plan for FY19	1.Monthly monitoring, forecasting and reporting of performance against budget by finance business partners 2. Monthly executive reviews 3. Performance management framework 4. Quarterly Executive Reviews 5. Purchase and procurement SOPs to ensure control 6. Executive ownership of some expenditure items, which form part of the budget such as nurse agency, with escalation to CCG to fund additional pressures	1. Budget setting for 19/20 underway with review of expenditure to ensure budget is set to match demand and activity forecasts	Complete	Major (4)	Likely - Weekly (4)	16	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Finance	Director of Finance	Finance and Digital Committee	30/04/2019
S2275	The risk of workforce issues with staff well-being arising from an on-going lack of staff able to deliver the emergency general surgery rota due to reducing staffing numbers and vacancies.	1. Guardian of Safe Working Hours. 2. Junior doctors support 3. Staff support services available to staff 4. Mental health first aid services available to trainees in ED	1. Agency/locum cover for on call rota 2. Nursing staff clerking patients 3. Prioritisation of workload 4. Existing junior doctors covering gaps where possible 5. Consultants acting down 6. Ongoing recruitment for substantive and locum surgeons for rota including international opportunities 8. Health and well being hub will offer greater emotional well being services	Partially complete	Major (4)	Likely - Weekly (4)	16	Surgical	Workforce	Medical Director	Trust Leadership Team, People and OD Committee	07/06/2019

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

Ref	Inherent Risk	Controls in place	Action / Mitigation	How would you assess the status of the controls?	Consequence	Likelihood	Risk rating	Division	Highest Scoring Domain	Executive Lead Title	Title of Assurance / Monitoring Committee	Review Date
F2335	The risk of agency spend in clinical and non-clinical areas exceeding planned levels due to ongoing high vacancy levels, with resulting impact of delivery of FY19 CIP programme	1. Challenge to agency requests via VCP 2. Agency Programme Board receiving detailed plans from nursing medical workforce and operations working groups 3. Finance agency report review on a 6 monthly basis 4. Turnaround Implementation Board 5. Quarterly Executive Reviews	1. Convert locum/agency posts to substantive 2. Promote higher utilisation of internal nurse and medical bank 3. Implementation of Health Roster for roster and Bank management 4. Implementation of Master Vendor Agreement for Nursing Agency - improving the control of medical agency spend and authorisation 5. Finalise job planning 6. Ongoing recruitment processes including international recruitment 7. Creation of new medical roles such as Associate specialists 8. Creation of a health and wellbeing hub aimed at reducing absence and reliance on costly temporary solutions	Partially complete	Major (4)	Likely - Weekly (4)	16	Corporate, Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Finance	Chief Nurse	Finance and Digital Committee, People and OD Committee	31/05/2019
C2628COO	The risk of regulatory intervention (including fines) and poor patient experience resulting from the non-delivery of appointments within 18 weeks within the NHS Constitutional standards.	The standard is not being met and reporting is planned for March 2019 (February data). This risk is aligned with the recovery of Trak. Controls in place from an operational perspective are: 1.The daily review of existing patient tracking list 2. Additional resource to support central and divisional validation of the patient tracking list. 3.Review of all patients at 45 weeks for action e.g. removal from list (DNA / Duplicates) or 1st OPA, investigations or TCI. 4. A delivery plan for the delivery to standard across specialities is in place 5. Additional PTLs - inpatient PTL to support management of this issue	1.RTT and TrakCare plans monitored through the delivery and assurance structures	Partially complete	Major (4)	Likely - Weekly (4)	16	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Statutory	Chief Operating Officer	Quality and Performance Committee	14/05/2019
C1798COO	The risk of delayed follow up care due to outpatient capacity constraints all specialities. (Orthodontics; ENT; Urology; Oral Surgery; Diabetic Medicine; Paediatric Urology; Endocrinology; Cardiology; Paediatric Surgery; Neurology; Colorectal and GI Surgery) Risk to both quality of care through patient experience impact (15) and safety risk associated with delays to treatment (4).	1. Speciality-specific review administratively of patients (i.e. clearance of duplicates) (administrative validation) 2. Speciality-specific clinical review of patients 3. Utilisation of existing capacity to support long waiting follow up patients 4.Weekly review at Check and Challenge meeting with each service line 5. Specialities to have seen (review or outpatient) all patients overdue a follow up in 2016 by the end of March 2019. 6.Do Not Breach DNB (or DNC) functionality within the report for clinical colleagues to use with 'urgent' patients. 7. Use of telephone follow up for patients - where clinically appropriate	1. Revise systems for reviewing patients waiting over time 2. Assurance from specialities through the delivery and assurance structures to complete the follow-up plan 3. Additional provision for capacity in key specialities to support f/u clearance of backlog	Partially complete	Moderate (3)	Almost certain - Daily (5)	15	Medical, Surgical	Quality	Chief Operating Officer	Quality and Performance Committee	13/05/2019

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

Ref	Inherent Risk	Controls in place	Action / Mitigation	How would you assess the status of the controls?	Consequence	Likelihood	Risk rating	Division	Highest Scoring Domain	Executive Lead Title	Title of Assurance / Monitoring Committee	Review Date
C2667NIC	The risk of poor patient experience and/or outcomes as a result of hospital acquired C.Diff infection.	1. Strengthened infection control team. 2. Deputy Director of Infection control in post 3. New cleaning regime introduced	1. Delivery of the detailed action plan, developed and reviewed by the Infection Control Committee. The plan focusses on reducing potential contamination, improving management of patients with C.Diff, staff education and awareness, buildings and the environment and antimicrobial stewardship	Partially complete	Major (4)	Possible - Monthly (3)	12	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Director of Quality and Chief Nurse	Infection Control Committee, Quality and Performance Committee	30/04/2019
C2669N	The risk of harm to patients as a results of falls	1. Patient Falls Policy 2. Falls Care Plan 3. Post falls protocol 4. Equipment to support falls prevention and post falls management 5. Acute Specialist Falls Nurse in post 6.Falls link persons on wards 7. Falls monitored and reported at the Health and Safety Committee and the Quality and Performance Committee	1. Falls training 2. HCA specialist training 3. #Little things matter campaign 4. Discussion with matrons on 2 wards to trial process	Partially complete	Major (4)	Possible - Monthly (3)	12	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Chief Nurse/ Quality Lead	Quality and Performance Committee, Trust Leadership Team	26/04/2019
C1945NTVN	The risk of moderate to severe harm due to insufficient pressure ulcer prevention controls	1. Evidence-based working practices including, but not limited to: nursing pathway, documentation and training including assessment of MUST score, Waterlow (risk) score, Anderson score (in ED), SSKIN bundle (assessment of at risk patients and prevention management), care rounding and first hour priorities. 2. Tissue Viability Nurse team cover both sites in Mon-Fri providing advice and training. 3. Nutritional assistants on several wards where patients are at higher risk (COTE and T&O) and dietician review available for all at risk of poor nutrition. 4. Pressure relieving equipment in place Trust wide throughout the patients journey - from ED to DWA once assessment suggests patient's skin may be at risk.	1. Create a rolling action plan to reduce pressure ulcers 2. Amend RCSA for pressure ulcers to obtain learning and facilitate sharing across divisions 3. Sharing of learning from incidents via matrons meetings, governance and quality meetings, Trust wide pressure ulcer group, ward dashboards and metric reporting. 4. NHS collaborative work in 2018 to support evidence based care provision and idea sharing	Partially complete	Moderate (3)	Likely - Weekly (4)	12	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Director of Quality and Chief Nurse	Quality and Performance Committee	30/04/2019
S2568Anaes	The risk to patient safety of failure of anaesthetic equipment during an operation with currently very few spares to provide a reliable back up.	1. Prioritisation of operations 2. Maintenance by own medical engineering service	1. Application to MEF 2. Loan request	Partially complete	Catastrophic (5)	Rare - Less than annually (1)	5	Surgical	Safety	Medical Director	Divisional Board, Medical Devices Committee, Quality and Performance Committee	30/04/2019
S2775CC	The risk to patient safety of respiratory or/and cardiovascular instability and even death in the event of either an electrical or mechanical failure or as a result of needing to change over to a different mechanical ventilator	1. Alarmed ventilators 2. All staff trained to hand-ventilate and portable ventilators available on both sites and in theatres	1. Replacement ventilators for DCC have been purchased and ordered via procurement. 6 machines of the 8 required. The 6 machines are due to arrive at the Trust on or before the 25th March 2019. 2. 2 further machines have been approved via MEF for the Capital programme of 19/20	Partially complete	Catastrophic (5)	Rare - Less than annually (1)	5	Surgical	Safety	Medical Director	Quality and Performance Committee	22/06/2019

REPORT TO MAIN BOARD – MAY 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 24 April 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
CQC Should Do Action Plan	Report to provide assurance that CQC's 12 Must Do actions and 40 Should Do actions have been appropriately assigned, that progress is on target, and that leadership and oversight are in place. The Must Do actions were reported to the Cttee in March 2019. The plan to address the Should Do actions was received. It will be monitored through respective delivery groups and divisional boards.	• Are there any risks to achieving the Should Dos within reported timescales? • Will ward progress also be included in future NAAS programme (Nursing Assessment and Accreditation System)?	• High level of confidence in plans and team ownership was described. • Ward actions to be included on wards' quality dashboards. • Oversight also to be exercised via quality audits. • Currently being considered by Quality Delivery Group and nursing leadership. • Further reporting of Must do and Should Do progress to Cttee in July.	• Some concerns about consistent compliance across whole organisation eg of checking fridge temperatures.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Serious Incidents (SIs)	Regular report confirming that Trust met contracted standards for investigating incidents in this reporting period. There has been one never event since the last report: a case of wrong-site injection to an eye. There have been two SIs declared: the first involved a delay to a diagnosis of incarcerated inguinal hernia leading to death. The second concerned a patient who developed Flu A whilst on a cohort Flu ward and who subsequently died. The Cttee also received reports of cases that had been reviewed and closed at the Safety and Experience Review Group (SERG), which exercises oversight of these incidents.	There was a discussion of the material accompanying these cases and assurance taken as to how wider lessons are considered. Commenting on the reported results of a completed investigation, further detail was requested by a Cttee member to demonstrate that the case had been considered in sufficient depth.	In the case of the incident arising from delayed diagnosis, the Medical Director is reviewing this and some other recent cases. They involve circumstances in which patients have been referred between Surgery and Medicine after an Emergency admission. The Emergency Care Delivery Group will review the outcome. Format and detail change agreed for future reporting.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Quality and Performance Report and Exception Reports from Delivery Groups	**<u>Quality Delivery Group (QDG)</u>** Comprehensive report with specific focus that included: • A quality summit that has taken place about deteriorating patients and intentions to produce an improvement workstream • Plans to take inpatient survey results through the quality summit approach • Backlog in revising all out-of-date policies and fact that March 2019 deadline for this has been missed	• Should risk register assessments and scoring around deteriorating patients be changed in light of outcome of quality summit? • Concerns expressed at lack of completion of policy review. Discussions planned with divisions re accountability. To be further reported to Cttee. • Discussion of inpatient survey results, whether they were a surprise and how patient engagement improvement activity could be targeted to secure an improvement in these survey scores, eg by reference to best practice elsewhere.	• This will be reconsidered in light of all evidence gained through the summit • Albeit that there is a time delay (these results relate to 2018 survey activity), yes, survey results were disappointing. The intention to proceed via a quality summit has the aim of extending organisation-wide engagement with the need for improvement.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Cancer Delivery Group (CDG)	Particular focus in reporting on: • Delivery of the 2 week standard in March at 95.1%; 93.6% for Q4 and 90% for 2018/19 as a whole. This was the best performance since 2015/16. • The 62 day standard was 73.4% with 59.5 breaches, 36 of high were urological. Lower GI met the standard for the first time since Nov 2016. • Revised "plan on a page" received for 62 day recovery. • 43 patients have been waiting more than 104 days, of which 31 are urological. • Continued focus on treating Urology backlog, with additional funding received to support recovery. • Lung met the 62 day standard for the whole year (86.2%).	• Has anything taken place in Q1 of 19/20 to reduce confidence in likelihood of revised plan being delivered with its delivery target of Sept 2019? • What are the variables that need to be tracked and what are the sources of assurance that they can be responded to swiftly? • What further action can be taken to speed up addressing Urology backlog so?	• Possible risk to plan is increased referral rates. • In May each pathway is to the further reviewed with external support • Opportunities being taken to compare across South West region • Additional histopathology funding has been secured • Additional Urology consultant in place from autumn • Weekend working is helping	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Planned Care Delivery Group	Particular focus in reporting on: • RTT was reported in March, reflecting a sustained and major effort • Continued validation and scrutiny of patient lists and tackling if data quality concerns • Focus being maintained on tackling >52 week waits. 95 in month. • Progress with dealing with outstanding follow-ups from 2015. Most from 2016 are ENT with plans in place to address •	• Are all data issues and sources of error regarding 52 week waits now known and resolved? • What are the circumstances in which patients who should not be cancelled are cancelled? • How will implications of funding availability arising from contract settlement be made clear?	• There are four specific known areas of data quality concern impacting on RTT reporting. All are currently being addressed. There has been close and effective focus from Business Intelligence on Opthalmology and Dermatology. • This only happens in exceptional circumstances. The Booking Office is notified so that patients are prioritised for appointments • Exercise underway to present implications of contract settlement for an operational plan, including a description of the secured level of investment for clearing the follow-up backlog • By end of Q1 operational plan to be reported to the Cttee	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
		• How does National Utilisation Comparison inform improvement programme?	to include operational trajectories for follow up backlog reduction • Such data is included for benchmarking purposes	
Unplanned Care Delivery Group	Key highlights within reporting: • ED performance at 87.1% (compared to 86.7% in March 2018) • 7% growth in demand across the year • Challenges with 60 minute standard • Improved ambulance handover performance (only 1 >60 minute delay) • Concern re time to CT scan for stroke patients • New reporting on patients waiting in corridor (36 patients / day in month)	• The significant downward trend re stroke patients suggests it requires exception reporting to monitor performance. What are the intentions to address the issues? • Are there yet any impacts evident from changes made to improve 1 hour target performance? • There was a discussion about patients who had been waiting in excess of four hours. Revised data requirements were agreed so that	• Full review of job planning, leadership, engagement and ownership planned. Appointment of general manager from May. Local GIRFT review in early June • Impacts expected from May	• Further detail within reporting from next Cttee to demonstrate prioritisation within 60 minute analysis • Review of stroke to Cttee in early June

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
		future reports could include assurance as to how this group had been supported and risk assessed. • Sepsis performance has been on amber for some time. What are the intentions here.	• Planned focus on improving performance, including conference in May.	• Report to May Cttee.
Additional performance discussion	The Cttee received a first look at a revised performance dashboard and had an opportunity to provide feedback re presentation and data to be included. The ambition is for an integrated dashboard that can be reported on at a variety of levels in a consistent way (eg at Board, divisional and ward levels).			
Other items	The Cttee valued the opportunity to have an early look at the draft Quality Strategy and to discuss content, presentation and planned engagement and communication with the wider organisation. There was an extended discussion around Safer Staffing, staffing skill mixes, budget			

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	availability and levels in advance of the annual report, which will be brought to the May Cttee. An early draft of the Quality Account was received and assurance taken as to good progress and engagement with the various stakeholders being in hand.			

Claire Feehily
Chair of Quality and Performance Committee
1 May 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood 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: Racheal DeCaux, Chief Operating Officer Steve Hams, Executive Director of Quality and Chief Nurse

Executive Summary

Purpose

This report summarises the key highlights and exceptions in Trust performance for the March 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%

The Friends and Family Test is a Net Promoter Score (NPS). This survey tool enables us to gauge our current service user experience and is an important feedback tool that supports the fundamental principle that people who use our services should have the opportunity to provide feedback on their experience. Listening to the views of our patients helps identify what is working well and what can be improved We are awaiting the new guidance from NHS England to find out the changes that will need to be made to the new system which should be available at the end of April. In this month approx. 1800 people provided feedback on their inpatient experience. Our score is stable at 91% with very little variation over the last 2 years. This is below the national average score but as each Trust uses different methodologies it is very difficult to make comparisons. As the question asked is non specific (ie why did you score us in the way that you did) it is difficult to use as a measure within improvement work.

Mortality Indicators

All the key mortality indicators were within the expected ranges.

VTE metric

The first step in preventing death and disability from VTE is to identify those at risk so that preventative treatments (prophylaxis) can be given. This indicator quantifies the numbers of adult hospital admissions who are being risk assessed for VTE to identify those who should be given appropriate prophylaxis based on guidance from the National Institute for Health and Care Excellence (NICE). The VTE risk assessment is a former national CQUIN indicator and is a National

Quality Requirement in the NHS Standard Contract for 2018/19. The threshold rate nationally is that 95% of adult inpatients being risk assessed for VTE on admission each month. 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.

Dementia metrics

Reporting problems continue for this indicator as the electronic PAS system is not set up for easy data entry by clinicians. Changes have been made to the clinical clerking proforma and retrospective audits are to commence.

CDiff

There were 4 cases of trust-apportioned C. difficile during March 2019. Investigations of individual cases have focused on antimicrobials and environmental cleanliness as a leading risk factor. The monitoring of this indicator lies with the Infection Prevention and Control Committee as all cases are reviewed internally and then presented externally to the CCG. The trust has a comprehensive action plan to bring about improvements.

Performance

During March 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 referral to treatment (RTT) standard. There remains significant focus and effort from operational teams to support performance recovery and sustained delivery.

In March 2019, the trust performance against the 4hr A&E standard was 87.1%, including GCS performance was 90.07%. Attendances year to date are 9% above last year's levels.

In respect of RTT, we are reporting 79.75% for March 2019. Operational teams continue to monitor and manage the long waiting patients on the Referral to Treatment pathways. As reported previously to the Board we will continue to see 52 week breaches, teams are working hard to address the key specialties in this regard, further information is provided within the exception report.

Our performance against the cancer standard saw delivery in delivery for the 2 week standard in March at 95.1%, (un-validated) 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 February was 66.2% (un-validated) with 59.5 breaches. This comprised of 36 urological breaches, 9 gynaecological, 5.5 Lower GI breaches; 4.5 Upper GI breaches). It is recognised that this is not a stable position as we continue to treat the urology backlog throughout the spring. We have commenced a full pathway review with external support for every tumour site (excluding Urology).

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.
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							

Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report

Reporting period March 2019

to be presented at April 2019 Quality and Performance Committee

Executive Summary

Delivery of agreed action plans remains critical to restore operational performance to the expected levels. During March the Trust did not meet the national standards or Trust trajectories for 62 day cancer standard and the 4 hour standard.

The Trust performance for the 4 hour standard in March was 87.13% against the STP trajectory at 90% against a backdrop of significant attendances. The STP met the delivery of 90% for the system in March.

The Trust has met the diagnostics standard for March at 0.45%.

The Trust has met the standard for 2 week wait cancer at 95.0% in March, 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.

For elective care, the levels of validation across the RTT incompletes, Inpatient and Outpatient Patient Tracking List (PTL) is significant. Significant work is underway to reduce our longest waiting patients of over 52 weeks. The Trust has commenced re-reporting in April (March data) and this will be presented next month.

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. There are improvement plans in place for any indicators that have consistently scored in the “red” target area.

Strengths

4 hour performance continues to perform well in comparison to other Trusts, despite 9% increased attendances (March 18 to March 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 future reports will update across the wider range of initiatives as we commence re-reporting of RTT.

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 95.2% for quarter 4 2018/19.

Weaknesses

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

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

Opportunities

Refreshed QPR report is presented in draft format to the committee with the final version still planned for April 2019.

Friends and Family Test
There will be opportunities to improve the FFT patient feedback system when the new guidance is published in April 2019.

Cancer
Continued 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. A workshop with all Clinical Leads is being planned for the summer.

Risks & Threats

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

Never Events
There was 1 Never Event reported this month and this is currently being investigated.

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 of RTT 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.
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 2019, with the appropriate mitigations in place to support operational delivery.
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												
		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
ED: % total time in department – Under 4 hours	Trajectory	83.50%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	Actual	86.94%	91.98%	91.58%	93.33%	91.34%	90.26%	89.01%	90.54%	91.59%	87.55%	84.46%	86.08%	87.13%
Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	Trajectory	86.30%												
	Actual													79.75%*
% 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	0.26%	0.56%	1.26%	0.52%	0.55%	1.27%	0.63%	0.03%	0.35%	0.20%	0.67%	0.21%	0.45%
Cancer – Urgent referrals seen in under 2 weeks from GP	Trajectory	93.00%	93.00%	93.00%	93.00%	93.00%	93.10%	93.00%	93.10%	93.00%	93.00%	93.00%	93.00%	93.00%
	Actual	90.50%	86.60%	86.30%	88.60%	90.40%	88.90%	82.80%	91.80%*	90.60%*	94.30%*	92.00%*	93.80%*	95.00%*
2 week wait Breast Symptomatic referrals	Trajectory	93.30%	93.20%	93.30%	93.40%	93.40%	93.30%	93.20%	93.40%	93.40%	93.10%	93.00%	93.50%	93.10%
	Actual	94.50%	91.30%	91.90%	95.10%	96.00%	97.80%	98.90%	99.20%*	94.50%*	97.60%*	95.50%*	97.00%*	95.60%*
Cancer – 31 Day Diagnosis To Treatment (First Treatments)	Trajectory	96.30%	96.10%	96.30%	96.10%	96.20%	96.30%	96.20%	96.20%	96.30%	96.20%	96.40%	96.20%	96.40%
	Actual	97.90%	96.70%	96.90%	97.10%	96.80%	96.90%	93.50%	93.20%*	94.00%*	93.80%*	92.30%*	91.00%*	92.50%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Drug)	Trajectory	98.40%	98.50%	100.00%	98.80%	98.10%	100.00%	98.40%	98.00%	98.10%	100.00%	100.00%	100.00%	98.40%
	Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.80%	100.00%*	100.00%*	100.00%*	100.00%*	100.00%*	100.00%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Radiotherapy)	Trajectory	94.20%	95.50%	95.80%	94.60%	95.10%	94.60%	95.00%	94.30%	94.70%	94.50%	94.40%	94.20%	94.40%
	Actual	100.00%	100.00%	100.00%	100.00%	98.70%	100.00%	100.00%	98.60%*	98.60%*	98.60%*	100.00%*	98.90%*	98.50%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Surgery)	Trajectory	94.10%	95.10%	95.00%	94.20%	95.90%	94.60%	95.30%	94.30%	95.00%	94.80%	94.30%	94.60%	94.20%
	Actual	98.00%	94.90%	96.60%	94.50%	96.00%	95.70%	94.30%	98.30%*	96.60%*	92.50%*	94.80%*	96.40%*	95.70%*
Cancer 62 Day Referral To Treatment (Screenings)	Trajectory	90.50%	92.00%	94.70%	90.50%	90.00%	91.20%	92.10%	92.90%	92.90%	90.90%	92.90%	92.90%	90.90%
	Actual	95.90%	100.00%	94.10%	100.00%	100.00%	100.00%	85.50%	93.50%*	93.50%*	100.00%*	93.90%*	96.30%*	100.00%*
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	94.10%	76.50%	100.00%	84.60%	53.30%	100.00%	75.00%	77.80%*	58.80%*	70.00%*	69.20%*	60.00%*	76.20%*
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	Trajectory	85.20%	82.80%	84.40%	85.30%	79.70%	77.10%	81.70%	82.00%	83.70%	82.80%	80.90%	82.60%	85.40%
	Actual	78.10%	80.30%	79.90%	66.90%	74.70%	76.30%	69.00%	68.00%*	78.40%*	72.50%*	75.90%*	64.60%*	74.40%*

Summary Scorecard

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

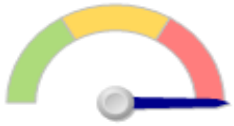
RAG Rating : Overall RAG rating for a domain is an average performance of lead indicators against national standards.
Where data is not available the lead indicator is treated as Red.

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 – % of new harms
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

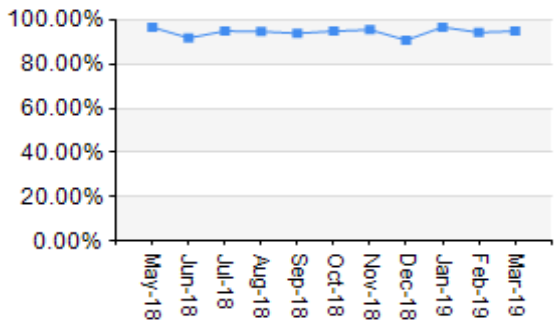
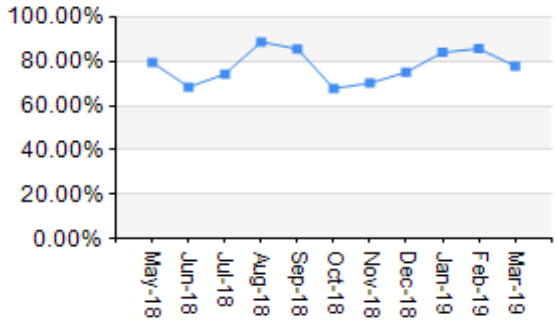
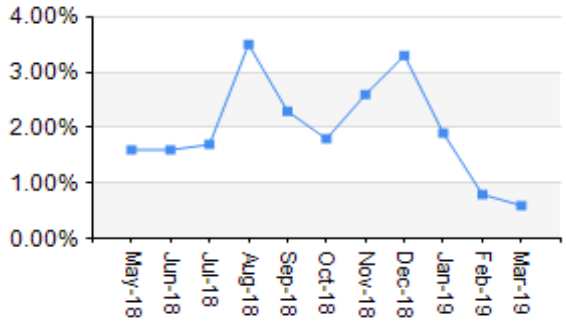
Category	Indicator	Standard 2017/18	Month Mar-18	Standard 2018/19	Month Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Quarter 18/19 Q4	Annual 18/19
Quality	**Key Indicators - Quality**																	
	Friends & Family Test – ED % Positive	>=86%	83.7% *	R<81% A81-83% G>=84%	83.1%	83.2%	84.6%	83.6%	82.0%	85.9%	82.7%	82.7%	81.0% *	82.7% *	82.8% *	82.7% *	82.7% *	83.1% *
	Friends & Family Test – Inpatients % Positive	>=95%	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% *	90.9% *	91.2% *
	Friends & Family Test – Maternity % Positive	>=97%	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% *	97.5% *	97.0% *	96.7% *
	Friends & Family Test – Outpatients % Positive	>=93%	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% *	93.1% *	93.0% *	92.6% *
	Friends & Family Test – Total % Positive		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%	91.4%	91.3% *	91.2%
	Infection Control – MRSA Bloodstream Cases – Cumulative Totals	0	0 *	0	1	1	1	2 *	3	5	5	5	5	5 *	5	6	6	6
	Mortality – Hospital Standardised Mortality Ratio (HSMR)	Dr Foster confidence level	96	Dr Foster confidence level	98.3	95.2	96	96.4	98.1	99.8	100.8	99.1	97.7					97.7 *
	Mortality – Hospital Standardised Mortality Ratio (HSMR) – Weekend	Dr Foster confidence level	98.4	Dr Foster confidence level	101.1	97.3	97.1	97.9	96.6	98.4	101.7	101.4	99.3					99.3 *
	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	6	R>=20 A11-19 G<=10	8	8	20	5	6	0	7	2	6	2	1	3	6	68 *
	Readmissions – Emergency re-admissions within 30 days following an elective or emergency spell	Q1<6% Q2<5.8% Q3<5.6% Q4<5.4%	7.2% *	R>8.75% A8.25-8.75% G<8.25%	7.1% *	6.9% *	7.2% *	7.2% *	7.2% *	6.8% *	7.1% *	6.1% *	7.1% *	6.7% *	6.9% *			6.9% *
	VTE Prevention – % of Adult Inpatients who have Received a VTE Risk Assessment	>95%	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% *	94.8% *	95.2% *	93.2% *
	Detailed Indicators - Quality																	
	Dementia Screening – % of patients who have been screened for Dementia (within 72 hours)	>=90%	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% *	0.6%	1.2%	1.9% *
	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%	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%	0.0%	2.8% *
	Dementia Screening – % of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)	>=90%	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% *	33.3%	30.4%	27.9% *
	ED Checklist – ED Safety checklist compliance CGH	R<50% A50-79% G>=80%	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% *	R<50% A50-79% G>=80%	85% *	73% *	73% *	75% *	85% *	90% *	90% *	91%	93% *	90%	83% *			
	Emergency Department – ED: % of time to initial assessment – Under 15 minutes	>=99%	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%	78.4%	82.3%	87.4%
	Emergency Department – ED: % of time to start of treatment – Under 60 minutes	>=90%	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%	32.6%	33.3%	33.5%
	Infection Control – C.Diff Cases – Cumulative Totals	18/19 = 36	56	R>3 G<=3	5	14	16	23	29	32	36	40	41	47 *	52	56	56	56
	Infection Control – Ecoli – Cumulative Totals		258 *	TBC	17	32	56	79 *	107	139	164	168	171	210	251	295	295	295
	Infection Control – Klebsiella – Cumulative Totals			TBC	6	12	13	22 *	29	39	46	49	51	76	104	135	135	135
	Infection Control – MSSA Cases – Cumulative Totals	No target	100 *	TBC	9	18	28	41	49	63	72	76	78	103	133	164	164	164
	Infection Control – Pseudomonas – Cumulative Totals			TBC	2	3	6	14 *	17	20	23	24	24	35	47	59	59	59
	Maternity – Percentage of Spontaneous Vaginal Deliveries		61.8% *	TBC	57.5% *	61.4% *	60.0% *	64.3% *		63.1% *	59.2% *	59.4% *	59.3% *	57.9% *	55.7% *	55.8% *	56.7% *	60.0% *
	Maternity – Percentage of Women Seen by Midwife by 12 Weeks	>90%	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% *	91.6% *	90.6% *	89.8% *
	Medicines – Rate of Medication Incidents per 1,000 Beddays	Current mean	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 *	3.8 *		

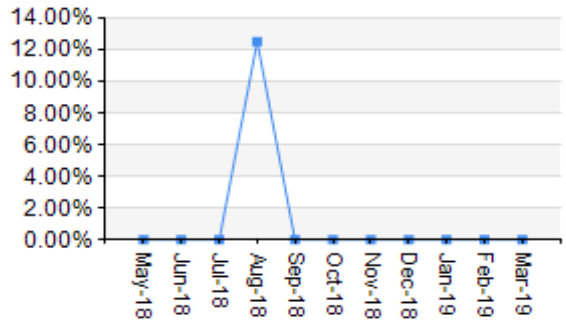
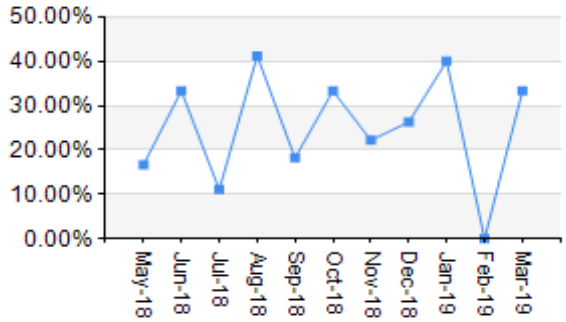
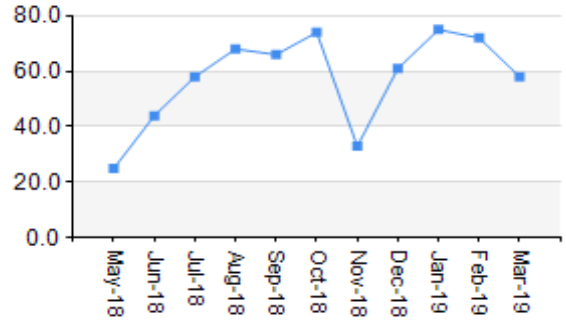
Category	Indicator	Standard 2017/18	Month Mar-18	Standard 2018/19	Month Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Quarter 18/19 Q4	Annual 18/19
Patient Safety Incidents	Pressure Ulcers – Category 2	R=1% G<1%	0.48% *	R=1% G<1%	0.39% *	0.39% *	0.90% *	0.25% *	0.57% *	0.68% *	0.13% *	0.27% *	0.93% *	0.52% *	0.91% *	0.42% *		
	Pressure Ulcers – Category 3	R=0.3 G<0.3%	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% *	0.14% *		
	Pressure Ulcers – Category 4	R=0.2% G<0.2%	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% *	0.00% *		
	Number of falls per 1,000 bed days	Current mean	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 *	6 *		
	Number of falls resulting in harm (moderate/severe)		8 *	TBC	10 *	8 *	7 *	11 *	6 *	9 *	8 *	6 *	8 *	8 *	2 *	0 *		8 *
	Number of Patient Safety Incidents - severe harm (major/death)		1 *	TBC	2 *	1 *	1 *	1 *	1 *	2 *	1 *	0 *	1 *	0 *	3 *	7 *		1 *
	Number of Patient Safety Incidents Reported		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 *	1,291 *		
Research	Research Accruals	17/18 = >1100	64 *	TBC	64 *	136 *	406 *	149 *	147 *	121 *	199 *	96 *	84 *	71 *	81 *	91 *	267 *	1,621 *
RIDDOR	Number of RIDDOR	Current mean	1 *	Current mean	4 *	0 *	1 *	2 *	2 *	5 *	4 *	1 *	4 *	1 *	3 *	3 *		
Safe nurse staffing	Care Hours per Patient Day total		7	TBC	7	7	8	7	7	7	7	7	7 *	7 *	7 *	8 *	7 *	7 *
Safety Thermometer	Safety thermometer – % of new harms	R<93% A94%-95% G>96%	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% *	97.2% *		
	Safety Thermometer – Harm Free	R<88% A89%-91% G>92%	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% *	92.0% *		
Sepsis Identification and Treatment	% of patients screened in ED for Sepsis	>90%	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%	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	1 *	0	1 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	1 *		
	Number of Serious Incidents Reported		2 *	0	3 *	10 *	5 *	0 *	4 *	4 *	2 *	1 *	1 *	3 *	0 *	3 *		
	Percentage of Serious Incident Investigations Completed Within Contract Timescale		100% *	>80%	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *		
	Serious Incidents - 72 Hour Report completed within contract timescale		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% *	100.0% *		
Staff Safety Incidents	Rate of Incidents Arising from Clinical Sharps per 1,000 Staff	Current mean	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 *	2.3 *		
	Rate of Physically Violent and Aggressive Incidents Occurring per 1,000 Staff	Current mean	2.8 *	Current mean	4 *	2.8 *	2.5 *	3.3 *	2.1 *	2.9 *	2.8 *	1.6 *	2.3 *	2.7 *	3 *	3.9 *		
Stroke Care	High Risk TIA Patients Starting Treatment Within 24 Hours	>=60%	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%	65.7%	68.5%	61.6% *
	Stroke Care: Percentage of patients Receiving Brain Imaging Within 1 Hour	>=50%	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%	22.4%	31.7%	36.9% *
	Stroke Care: Percentage of patients Spending 90%+ Time on Stroke Unit	>=80%	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%	70.7% *			89.7% *
Trauma & Orthopaedics	% of fracture neck of Femur patients treated within 36 Hours		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% *	77.8% *	82.6% *	76.0% *
	Fracture Neck of Femur – Time To Treatment 90th Percentile (Hours)		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 *	45.1 *	43.9 *	31 *
	Fracture Neck of Femur Patients Seeing Orthogeriatrician Within 72 Hours		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% *	100.0% *	100.0% *	99.0% *
Operational Performance	Key Indicators - Operational Performance																	
Cancer	Cancer 62 Day Referral To Treatment (Screenings)	>=90%	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% *	100.0% *	98.1% *	96.5% *
	Cancer 62 Day Referral To Treatment (Upgrades)	>=90%	94.1%	>=90%	76.5%	100.0%	84.6%	53.3%	100.0%	75.0%	77.8% *	58.8% *	70.0% *	69.2% *	60.0% *	76.2% *	68.9% *	68.9% *
	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	>=85%	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% *	64.6% *	74.4% *	72.9% *	74.8% *
Diagnostics	% waiting for Diagnostics 6 Week Wait and over (15 Key Tests)	<1%	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%	0.45%	0.45%	0.45%
Emergency Department	ED: % total time in department – Under 4 hours	>=95%	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%	87.13%	85.89%	89.60%
RTT	Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	>=92%		>=92%												79.75%	79.75%	79.75% *

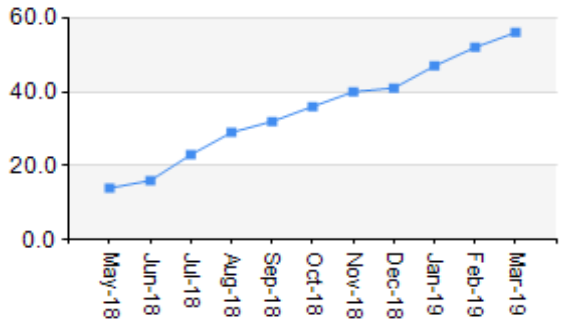
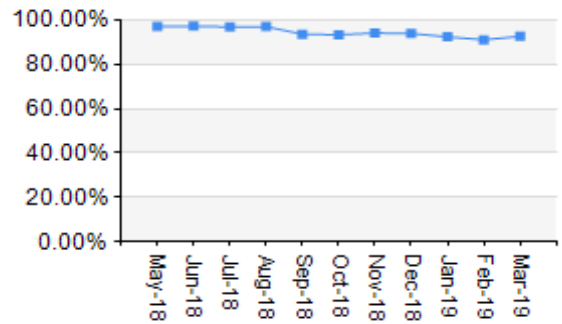
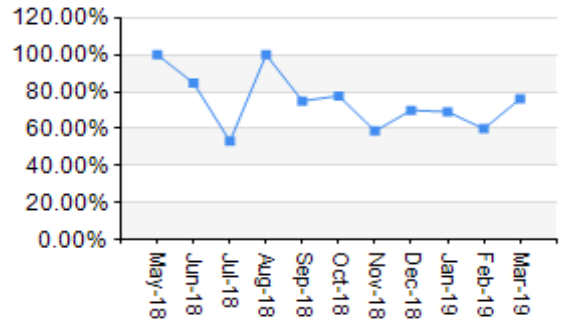
Category		Indicator	Standard 2017/18	Month Mar-18	Standard 2018/19	Month Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Quarter 18/19 Q4	Annual 18/19
	Detailed Indicators - Operational Performance																		
	Cancer	2 week wait Breast Symptomatic referrals	>=93%	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% *	95.6% *	96.0% *	95.8% *
		Cancer – 31 Day Diagnosis To Treatment (First Treatments)	>=96%	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% *	92.5% *	92.3% *	94.6% *
		Cancer – 31 Day Diagnosis To Treatment (Subsequent – Drug)	>=98%	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% *	100.0% *	99.9% *
		Cancer – 31 Day Diagnosis To Treatment (Subsequent – Radiotherapy)	>=94%	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% *	98.5% *	99.2% *	99.3% *
		Cancer – 31 Day Diagnosis To Treatment (Subsequent – Surgery)	>=94%	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% *	96.4% *	95.7% *	95.1% *	95.3% *
		Cancer – Urgent referrals seen in under 2 weeks from GP	>=93%	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% *	93.8% *	95.0% *	93.6% *	90.0% *
		Number of patients waiting over 104 days with a TCI date	0	6	0	9	12	6	8	22	26	7	13	8	8	8	14	30	141 *
		Number of Patients waiting over 104 days without a TCI date	0	17	TBC	18	18	22	28	24	30	39	37	27	42	37	25	104	347 *
	Diagnostics	The number of planned / Surveillance Endoscopy Patients Waiting at Month End		123	TBC	188	223	260	311	407	576	630 *	680 *	686 *	639 *	600 *	726 *	726 *	726 *
	Discharge	Number of patients delayed at the end of each month	<14	34	TBC	37	27	36	47	44	41	44 *	40 *	34 *	29 *	24 *	43	32 *	37 *
		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% *	52.4% *	49.9% *			50.6% *
	Emergency Department	Ambulance Handovers – Over 30 Minutes	< previous year	49	< previous year	30	25	44	58	68	66	74	33	61 *	75 *	72	58 *	205 *	664 *
		Ambulance Handovers – Over 60 Minutes	< previous year	3	< previous year	1	3	1	0	2	2	2	1	1 *	0 *	0	1 *	1 *	14 *
		ED: % total time in department – Under 4 hours CGH	>=95%	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%	96.10%	95.10%	96.40%
		ED: % total Time in Department – Under 4 Hours GRH	>=95%	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%	82.80%	81.50%	86.20%
		ED: Number of patients experiencing a 12 Hour Trolley wait (>12hours from decision to admit to admission)	0	0	0	0	0	0	0	0	0	0	0	0 *	0	0	0	0	0
	Length of Stay	Average Length of Stay (Spell)		4.99 *	TBC	5.18 *	4.73 *	4.71 *	4.64 *	4.95 *	4.8 *	4.88 *	4.96 *	4.66 *	4.96 *	5.17 *	4.81 *	4.97 *	4.87 *
	Operational Efficiency	Length of Stay for General and Acute Elective Spells (Occupied Bed Days)	<=3.4	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 *	2.68 *	2.59 *	2.62 *	2.71 *
		Length of Stay for General and Acute Non-Elective (Occupied Bed Days) Spells	Q1/Q2<5.4 Q3/Q4<5.8	5.46 *	TBC	5.72 *	5.27 *	5.34 *	5.17 *	5.4 *	5.31 *	5.48 *	5.53 *	5.06 *	5.45 *	5.81 *	5.41 *	5.54 *	5.41 *
		Number of LMCs Not Re–admitted Within 28 Days	0	21 *	0	12 *	23 *												
		Number of Patients Stable for Discharge	<40	67	TBC	67	66	71	71	75	80	75	76	69 *	74 *	72 *	77 *	74 *	73 *
		Number of stranded patients with a length of stay of greater than 7 days		482	TBC	384	395	369	373	382	376 *	374 *	382 *	374 *	399 *	412 *	397 *	402 *	384 *
	RTT	Referral To Treatment Ongoing Pathways Over 52 Weeks (Number)	0	95 *	0	95	92	98	113	125	105	103	105	97	89	97	95	95	95 *
	SUS	Percentage of Records Submitted Nationally with Valid GP Code	>=99%	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% *	100.0% *
		Percentage of Records Submitted Nationally with Valid NHS Number	>=99%	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% *	99.8% *
Finance	**Key Indicators - Finance**																		
	Finance	YTD Performance against Financial Recovery Plan		-18.4 *	TBC	.05	.07	.09	.18 *	.2	.2	.2	.4	.04	-3	-6.6	-14.1		
	Detailed Indicators - Finance																		
	Finance	Agency – Performance Against NHSI Set Agency Ceiling		3 *	TBC	2	2	2	2	2	3	3	3	3	3	3	3		
		Capital Service		4 *	TBC	4	4	4	4	4	4	4	4	4	4	4	4		
		Cost Improvement Year to Date Variance		10,475	TBC	-51	121	1,116	2,365	2,342	2,975	2,994	2,013 *	1,593	0	-1,784	-3,378		
		Liquidity		4 *	TBC	4	4	4	4	4	4	4	4	4	4	4	4		
		NHSI Financial Risk Rating	3	4 *	3	4	4	4	4	4	4	4	4	4	3	4	4		
		Total PayBill Spend		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	33.3		

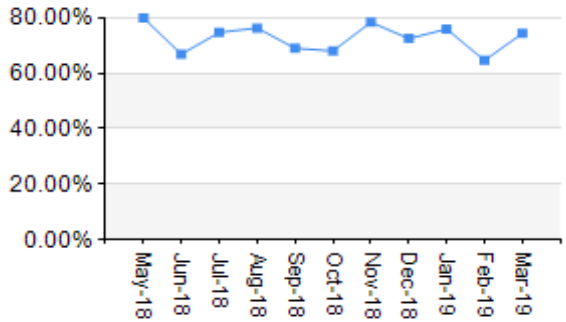
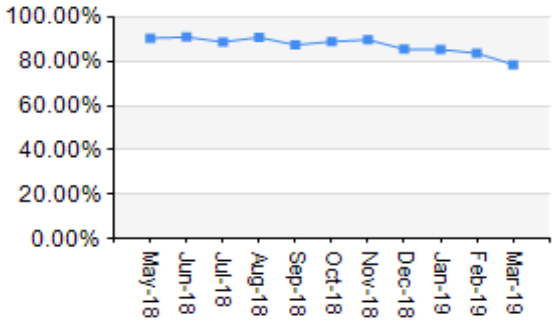
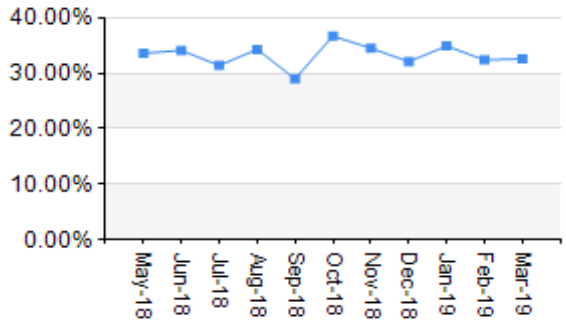
Category		Indicator	Standard 2017/18	Month	Standard 2018/19	Month												Quarter	Annual
				Mar-18		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Q4	18/19
Leadership and Development	Key Indicators - Leadership and Development																		
	Workforce Expenditure and Efficiency	% Sickness Rate	G<3.6% R>4%	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%	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% *	11.9% *		12.3% *
	Detailed Indicators - Leadership and Development																		
	Appraisal and Mandatory Training	Trust total % mandatory training compliance	>=90%		R<70% A70-89% G>=90%			87%	87%	88%	90%	91% *	91% *	91% *	89%	89%	91% *		89% *
		Trust total % overall appraisal completion	G>=90% R<70%	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%	81.0% *		79.0% *

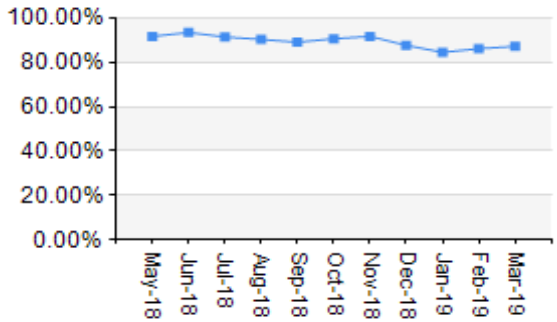
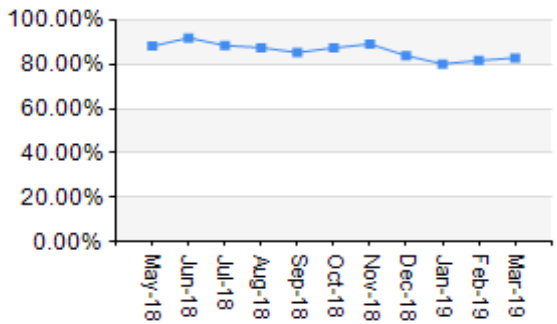
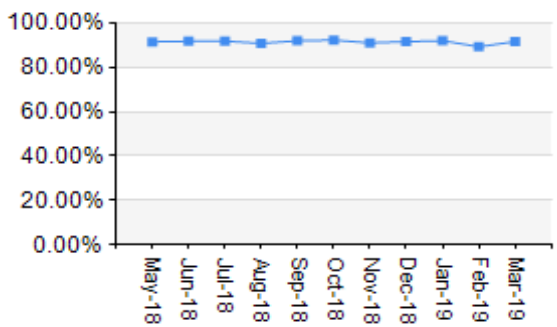
Exception Report

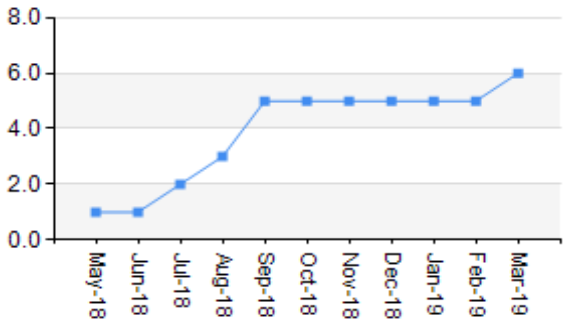
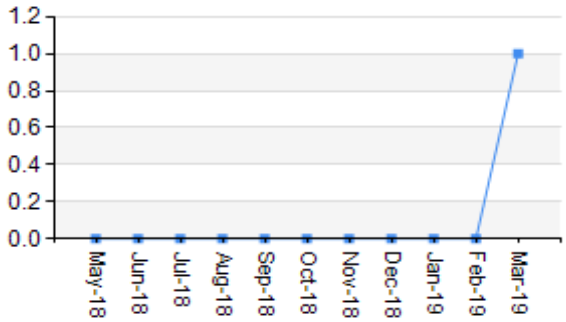
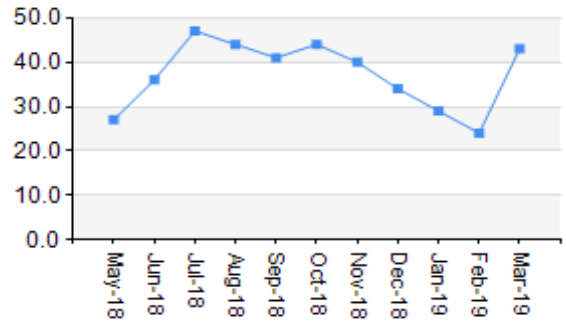
Metric Name & Standard	Trend Chart	Exception Notes	Owner
% of Adult Inpatients who have Received a VTE Risk Assessment **Standard: R<=95% A96% G>97%**		A new VTE committee has been formed to review the VTE performance against the new NICE guidance	Director of Safety
% of fracture neck of Femur patients treated within 36 Hours **Standard: R<80% A80-89% G>=90%**		Work on the action plan continues.	Director of Operations - Surgery
% of patients who have been screened for Dementia (within 72 hours) **Standard: R<70% A70-89% G>=90%**		Clinical pathway Audit plan in place. EPR solution not in place yet for uploading to Unify	Deputy Chief Nurse

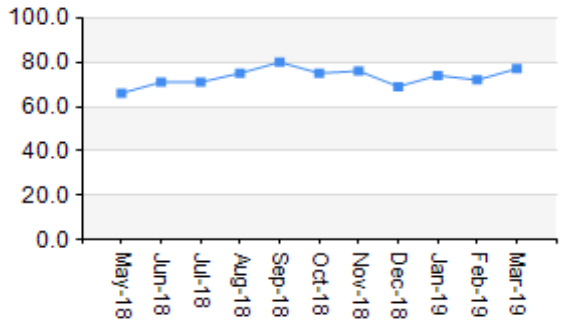
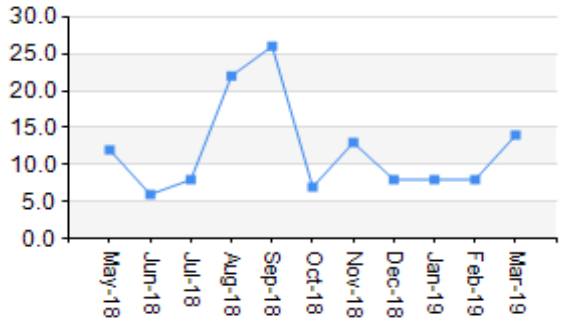
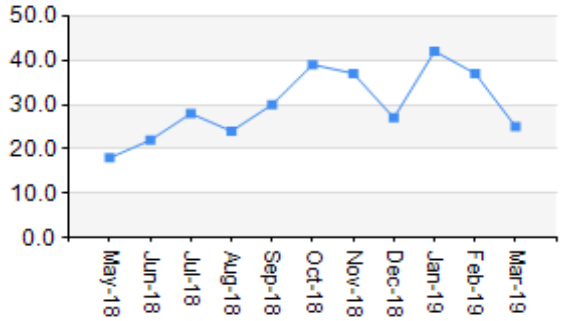
Metric Name & Standard	Trend Chart	Exception Notes	Owner
% of patients who have received a dementia diagnostic assessment with positive or inconclusive results that were then referred for further diagnostic advice/FU (within 72 hours) **Standard: R<70% A70-89% G>=90%**		Clinical pathway Audit plan in place. EPR solution not in place yet for uploading to Unify	Deputy Chief Nurse
% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours) **Standard: R<70% A70-89% G>=90%**		Clinical pathway Audit plan in place. EPR solution not in place yet for uploading to Unify	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. Work is being undertaken to adapt ED response to the predicted surges that occurred during March.	Director of Unscheduled Care and Deputy Chief Operating Officer

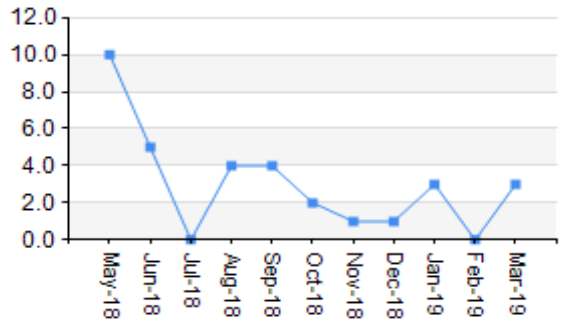
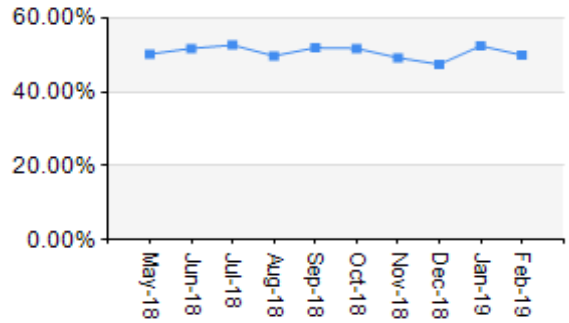
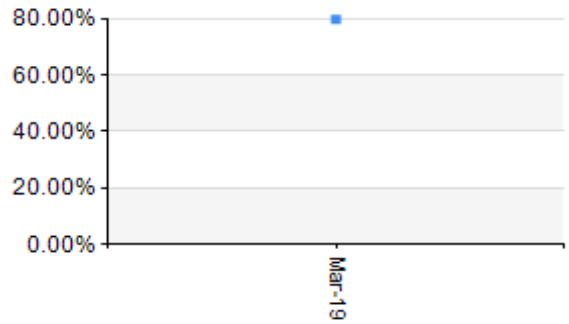
Metric Name & Standard	Trend Chart	Exception Notes	Owner
C.Diff Cases – Cumulative Totals **Standard: R>3 G<=3**		There were 4 cases of trust-apportioned C. difficile during March 2019. Investigations of individual cases have focused on antimicrobials and environmental cleanliness as a leading risk factor, 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
Cancer – 31 Day Diagnosis To Treatment (First Treatments) **Standard: R<94% A94-95% G>=96%**		Performance - 92.2% Standard 96% National performance - 97.1% Breaches occurred in Urology, H&N, Skin and Gynae Raised level of 31 day breaches. 31 day performance included in Check and Challenge. Mitigating actions in Skin/H&N related to OMF pathways.	Director of Planned Care and Deputy Chief Operating Officer
Cancer 62 Day Referral To Treatment (Upgrades) **Standard: >=90%**		Performance - 76.2% Standard - n/a National performance - 85.9% 2.5 breaches 1 x lung - treatment delayed for medical reasons 1 x skin - Admin delay (reconciliation) and patient choice 0.5 x Urology - referred from Hereford day 150	Director of Planned Care and Deputy Chief Operating Officer

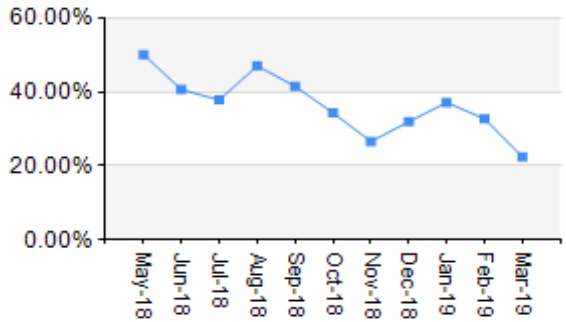
Metric Name & Standard	Trend Chart	Exception Notes	Owner
Cancer 62 Day Referral To Treatment (Urgent GP Referral) **Standard: R<80% A80-84% G>=85%**		Performance 74.3% Standard 85% National performance - 81% Urology 28 Gynae 6 Lung 3.5 LGI 3 (although currently meeting standard Performance exc Urology - 86.7%	Director of Planned 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 78.44% in March 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. 9% increase in activity in March impacted this performance metric.	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 **Standard: R<90% A90-94% G>=95%**		ED performance in March 2019 was 87.13% (96.13% CGH / 82.82% GRH) with a 9% increase in attendances. Compared to March 18 performance this year was better. 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 continuing into March.	Director of Unscheduled Care and Deputy Chief Operating Officer
ED: % total Time in Department – Under 4 Hours GRH **Standard: R<90% A90-94% G>=95%**		ED performance in March 2019 was 82.82% in GRH. Compared to March 18 performance was better by 0.5%. 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 and have continued into March. Work continues around utilisation of alternative pathways to ED with Cynapsis. Modelling continues with urgent care centres and continued work with system partners around primary care support in ED.	Director of Unscheduled Care and Deputy Chief Operating Officer
Inpatients % Positive **Standard: R<93% A93-95% G>=96%**		The Friends and Family Test is a Net Promoter Score (NPS). This survey tool enables us to gauge our current service user experience and is an important feedback tool that supports the fundamental principle that people who use our services should have the opportunity to provide feedback on their experience. In this month approx. 1800 people provided feedback on their inpatient experience. Listening to the views of our patients helps identify what is working well, what can be improved. Our score is stable at 91% with very little variation.	Deputy Director of Quality

Metric Name & Standard	Trend Chart	Exception Notes	Owner
MRSA Bloodstream Cases – Cumulative Totals **Standard: 0**		During March 2019 there was an MRSA bacteraemia within Surgery due to a urinary source. This was the sixth case during the year. There were issues with antimicrobial prescribing in the latest case, the patient was admitted with sepsis but not given antibiotics that would cover MRSA and blood cultures were not collected in ED. An action plan has been requested.	Associate Chief Nurse and Deputy Director of Infection Prevention and Control
Number of Never Events reported **Standard: 0**		The two never events reported will undergo full RCA investigations	Director of Safety
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

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Number of Patients Stable for Discharge **Standard: TBC**		Number of patients stable for discharge 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 and delays with community placements. Choice policy being used and reduced placements re DTA beds and POC. Community bed support has increased during March.	Director of Unscheduled Care and Deputy Chief Operating Officer
Number of patients waiting over 104 days with a TCI date **Standard: 0**		Cancer Category Total Urological 13 Lower GI 1 Grand Total 14	Director of Planned Care and Deputy Chief Operating Officer
Number of Patients waiting over 104 days without a TCI date **Standard: TBC**		Count of MRN Cancer Category Total Urological 12 Lower GI 5 Haematological 2 Gynaecological 1 Skin 1 Grand Total 21	Director of Planned Care and Deputy Chief Operating Officer

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Number of Serious Incidents Reported **Standard: 0**		All serious incidents are investigated and create their own action plan	Director of Safety
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
Referral To Treatment Ongoing Pathways Under 18 Weeks (%) **Standard: >=92%**		First time reporting RTT, trajectory set for 19/20, full details provided in delivery plan.	Deputy Chief Operating Officer

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%**		22.7% average patients scanned within the 60 minute timeframe was achieved in March 2019. This his a reduction in performance on previous month (February = average of 34.5%). Average delay time between arrival in department and time of CT scan was 2hours 40 - 3hrs 30 delayed. Breach reasons demonstrate again a clear link between time of arrival and delayed alert to the Stroke Specialist Nurses during core working hours (delay on average of 60 minutes to alert Stroke Specialist Nurse that a ?Stroke had arrived in the department, which alone would then mean no one is prioritising the CT scan and losing valuable time). Other key link is patients arriving out of core hours covered by Stroke Specialist Nurse team which means that a member of the Stroke team are not aware of the patient until the next morning. The March 2019 figures for average wait time to CT scan was skewed by a particularly complex patient admitted first in CGH and then transferred over to GRH once Stroke was the probable diagnosis. That patient waited 20hrs 23 minutes to scan which is a clear outlier.	Director of Unscheduled Care and Deputy Chief Operating Officer

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

Report Title
Quality and Performance Report 2019/20 Draft
Sponsor and Author(s)
Authors: Felicity Taylor Drewe, Director of Planned Care Sponsor: Steve Hams, Executive Director of Quality and Chief Nurse
Executive Summary
Purpose This report is to present the new version of the Quality Performance Report for 2019/20. The draft report has been presented to the Quality and Performance Committee for information and review, it is based on the principles that were previously described in the Committee. The Committee had previously reviewed the information that described all the changes to the existing measures; removal of measures and the development of new measures. Within the draft version presented to the Committee there remain some data points that we are not able to complete these will be resolved for the May Committee report.
Recommendations
The Trust Board is requested to receive the Report as a draft version for final publication in May 2019.
Impact Upon Strategic Objectives
Impact Upon Corporate Risks
Regulatory and/or Legal Implications
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. The new report is based on good practice and will provide an integrated quality and performance report.
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							

Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report

DRAFT NEW VERSION FOR 2019/20 - VERSION 1

Reporting period March 2019

to be presented at April 2019 Quality and Performance Committee

Contents

Executive Summary (mock up based on March 2019's QPR)

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		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
ED: % total time in department – Under 4 hours	Trajectory	83.50%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	Actual	86.94%	91.98%	91.58%	93.33%	91.34%	90.26%	89.01%	90.54%	91.59%	87.55%	84.46%	86.08%	87.13%
Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	Trajectory	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	0.26%	0.56%	1.26%	0.52%	0.55%	1.27%	0.63%	0.03%	0.35%	0.20%	0.67%	0.21%	0.45%*
Cancer – Urgent referrals seen in under 2 weeks from GP	Trajectory	93.00%	93.00%	93.00%	93.00%	93.00%	93.10%	93.00%	93.10%	93.00%	93.00%	93.00%	93.00%	93.00%
	Actual	90.50%	86.60%	86.30%	88.60%	90.40%	88.90%	82.80%	91.80%*	90.60%*	94.30%*	92.00%*	93.80%*	95.00%*
2 week wait Breast Symptomatic referrals	Trajectory	93.30%	93.20%	93.30%	93.40%	93.40%	93.30%	93.20%	93.40%	93.40%	93.10%	93.00%	93.50%	93.10%
	Actual	94.50%	91.30%	91.90%	95.10%	96.00%	97.80%	98.90%	99.20%*	94.50%*	97.60%*	95.50%*	97.00%*	95.60%*
Cancer – 31 Day Diagnosis To Treatment (First Treatments)	Trajectory	96.30%	96.10%	96.30%	96.10%	96.20%	96.30%	96.20%	96.20%	96.30%	96.20%	96.40%	96.20%	96.40%
	Actual	97.90%	96.70%	96.90%	97.10%	96.80%	96.90%	93.50%	93.20%*	94.00%*	93.80%*	92.30%*	91.00%*	92.50%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Drug)	Trajectory	98.40%	98.50%	100.00%	98.80%	98.10%	100.00%	98.40%	98.00%	98.10%	100.00%	100.00%	100.00%	98.40%
	Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.80%	100.00%*	100.00%*	100.00%*	100.00%*	100.00%*	100.00%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Radiotherapy)	Trajectory	94.20%	95.50%	95.80%	94.60%	95.10%	94.60%	95.00%	94.30%	94.70%	94.50%	94.40%	94.20%	94.40%
	Actual	100.00%	100.00%	100.00%	100.00%	98.70%	100.00%	100.00%	98.60%*	98.60%*	98.60%*	100.00%*	98.90%*	98.50%*
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Surgery)	Trajectory	94.10%	95.10%	95.00%	94.20%	95.90%	94.60%	95.30%	94.30%	95.00%	94.80%	94.30%	94.60%	94.20%
	Actual	98.00%	94.90%	96.60%	94.50%	96.00%	95.70%	94.30%	98.30%*	96.60%*	92.50%*	94.80%*	96.40%*	95.70%*
Cancer 62 Day Referral To Treatment (Screenings)	Trajectory	90.50%	92.00%	94.70%	90.50%	90.00%	91.20%	92.10%	92.90%	92.90%	90.90%	92.90%	92.90%	90.90%
	Actual	95.90%	100.00%	94.10%	100.00%	100.00%	100.00%	85.50%	93.50%*	93.50%*	100.00%*	93.90%*	96.30%*	100.00%*
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	94.10%	76.50%	100.00%	84.60%	53.30%	100.00%	75.00%	77.80%*	58.80%*	70.00%*	69.20%*	60.00%*	76.20%*
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	Trajectory	85.20%	82.80%	84.40%	85.30%	79.70%	77.10%	81.70%	82.00%	83.70%	82.80%	80.90%	82.60%	85.40%
	Actual	78.10%	80.30%	79.90%	66.90%	74.70%	76.30%	69.00%	68.00%*	78.40%*	72.50%*	75.90%*	64.60%*	74.40%*

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.

Safe	Effective	Caring	Responsive	Well-led
				
% of Adult Inpatients who have Received a VTE Risk Assessment	Emergency re-admissions within 30 days following an elective or emergency spell	Number of Breaches of Mixed Sex Accommodation	% waiting for Diagnostics 6 Week Wait and over (15 Key Tests)	% Sickness Rate
C.Diff Cases – Cumulative Totals	Hospital Standardised Mortality Ratio (HSMR)	Total % Positive	Cancer 62 Day Referral To Treatment (Screenings)	% Turnover
MRSA Bloodstream Cases – Cumulative Totals	Hospital Standardised Mortality Ratio (HSMR) – Weekend		Cancer 62 Day Referral To Treatment (Upgrades)	Cost Improvement Year to Date Variance
Safety thermometer – % of new harms			Cancer 62 Day Referral To Treatment (Urgent GP Referral)	NHSI Financial Risk Rating
			ED: % total time in department – Under 4 hours	Trust total % mandatory training compliance
			Referral To Treatment Ongoing Pathways Under 18 Weeks (%)	Trust total % overall appraisal completion
				YTD Performance against Financial Recovery Plan

Demand and Activity

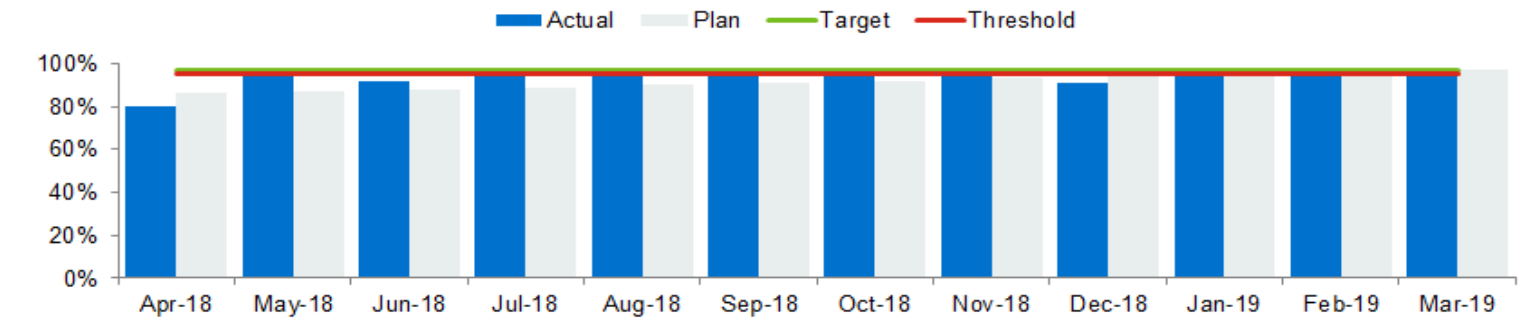
Measure	Mar-19	% Change on Previous Year	
		Month	YTD
GP Referrals	16,489	4.0%	1.0%
OP Atts	79,830	2.0%	2.0%
Day Cases	6,095	8.0%	6.0%
All Electives	9,144	8.0%	5.0%
ED Atts	20,202	0.0%	1.0%
Non Electives	9,787	6.0%	7.0%

Exception Report – % of adult inpatients who have received a VTE risk assessment

MOCK UP

Background / Issues	Action Plan	Date and Named Person
Standard: Definition of the target	• Bullet pointed action plan to improve performance	• Date and person against each bullet point in the action plan
Definition: Definition of the metric		
Comment / Context: [Commentary explaining the current performance		

Trajectory for Improvement



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Actual	79.90%	96.60%	91.70%	94.80%	94.60%	93.80%	94.80%	95.40%	90.70%	96.6%	94.2%	94.8%
Plan	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%

Dummy plan

Executive Lead(s)

Director of Safety

Trust Scorecard

*** unvalidated data**

SAFE

	17/18	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	18/19 Q4	YTD	Standard	Threshold
Infection Control																		
Number of post 48 hour MRSA bloodstream bacteraemias														1			0	
MRSA bacteraemia – infection rate per 100,000 bed days																	TBC	
Number of post 48 hour Clostridium difficile cases per month														4			<=3	
Number of post 48 hour Clostridium difficile due to lapses in care per month																	0	
Clostridium difficile – infection rate per 100,000 bed days																	<11.1	
Number of MSSA bacteraemia cases														31			TBC	
MSSA – infection rate per 100,000 bed days																	TBC	
Number of Ecoli cases														44			None	
Number of Pseudomonas cases														12			None	
Number of Klebsiella cases														31			None	
% hand hygiene compliance																	>=80%	<59%
Number of bed days lost due to infection control outbreaks																	<10	>30
Patient Safety Incidents																		
Number of patient safety alerts outstanding																	0	
Number of incidents triggering a duty of candour response																	None	
Number of falls per 1,000 bed days		7.7 *	8.3 *	7.6 *	8.3 *	6.9 *	6.3 *	7.5 *	7.3 *	6.8 *	7.2 *	6.8 *	7.1 *	6 *			TBC	
Number of falls resulting in harm (moderate/severe)		8 *	10 *	8 *	7 *	11 *	6 *	9 *	8 *	6 *	8 *	8 *	2 *	0 *		8 *	TBC	
Number of patient safety incidents - severe harm (major/death)		1 *	2 *	1 *	1 *	1 *	1 *	2 *	1 *	0 *	1 *	0 *	3 *	7 *		1 *	TBC	
Medication error resulting in low harm														12 *			TBC	
Medication error resulting in moderate harm														1 *			TBC	
Medication error resulting in severe harm														0 *			TBC	
Number of category 2 pressure ulcers acquired as in-patient		0.48% *	0.39% *	0.39% *	0.90% *	0.25% *	0.57% *	0.68% *	0.13% *	0.27% *	0.93% *	0.52% *	0.91% *	0.42% *			<1%	
Number of category 3 pressure ulcers acquired as in-patient		0.24% *	0.00% *	0.00% *	0.00% *	0.13% *	0.14% *	0.00% *	0.00% *	0.27% *	0.13% *	0.00% *	0.26% *	0.14% *			<0.3%	
Number of category 4 pressure ulcers acquired as in-patient		0.00% *	0.00% *	0.00% *	0.00% *	0.00% *	0.14% *	0.00% *	0.00% *	0.00% *	0.00% *	0.13% *	0.00% *	0.28% *			<0.2%	
Number of unstagable pressure ulcers acquired as in-patient																	TBC	
Number of deep tissue injury pressure ulcers acquired as in-patient														6 *			TBC	
RIDDOR																		
Number of RIDDOR	2	1 *	4 *	0 *	1 *	2 *	2 *	5 *	4 *	1 *	4 *	1 *	3 *	3 *			SPC	
Safety Thermometer																		
Safety thermometer – % of new harms		97.6% *	98.0% *	97.8% *		98.4% *	97.7% *	98.6% *	98.5% *	97.9% *	97.3% *	97.3% *	97.7% *	97.2% *			>96%	<93%
Sepsis Identification and Treatment																		
% of patients screened in ED for Sepsis		100.0%	98.0% *	98.0% *	100.0%	98.0% *	98.0% *	98.0% *	100.0%	98.0% *	100.0%						>=90%	<50%
% of acute inpatients screened for sepsis																	>=90%	<50%
% of patients who were administered IVABs with 1 hour of arriving to ED		78.0% *	82.0% *	88.0% *	88.0% *	72.0% *	79.0% *	79.0% *	82.0% *	86.0% *	83.0% *						>=90%	<50%
% of patients who were administered IVABs within 1 hour of arriving to ward																	>=90%	<50%
% of antibiotic prescriptions for sepsis reviewed by a clinician within 72 hours																	TBC	
Serious Incidents																		
Number of Never Events reported	3 *	1 *	1 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	0 *	1 *		1 *	0	
Number of Serious Incidents Reported		2 *	3 *	10 *	5 *	0 *	4 *	4 *	2 *	1 *	1 *	3 *	0 *	3 *			0	
Percentage of Serious Incident Investigations Completed Within Contract Timescale		100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *			>80%	
Serious Incidents - 72 Hour Report completed within contract timescale		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			>90%	
VTE Prevention																		
% of Adult Inpatients who have Received a VTE Risk Assessment		79.3% *	79.9% *	96.6% *	91.7% *	94.8% *	94.6% *	93.8% *	94.8% *	95.4% *	90.7% *	96.6% *	94.2% *	94.8% *	95.2% *	93.2% *	>97%	<=95%

EFFECTIVE

	17/18	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	18/19 Q4	YTD	Standard	Threshold
Dementia Screening																		
% of patients who have been screened for Dementia (within 72 hours)		0.8%	0.7%	1.6%	1.6%	1.7%	3.5%	2.3%	1.8%	2.6%	3.3%	1.9%	0.8% *	0.6%	1.2%	1.9% *	>=90%	<70%
% 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)		0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0% *	0.0%	0.0%	2.8% *	>=90%	<70%
% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)		66.7%	50.0%	16.7%	33.3%	11.1%	41.2%	18.2%	33.3%	22.2%	26.3%	40.0%	0.0% *	33.3%	30.4%	27.9% *	>=90%	<70%
Maternity																		
% C-section rate (planned and emergency)														29.71%			<=25%	>=27%
% emergency C-section rate														16.11%			<=14%	
% of women that have an induced labour														31.17%			<=20%	>25%
% stillbirths as percentage of all pregnancies > 24 weeks														0.21% *			<0.52%	
Mortality																		
Summary Hospital Mortality Indicator (SHMI) – National Data	107.2	107.2			103.3			102.6								102.6 *	Dr Foster	
Hospital Standardised Mortality Ratio (HSMR)	96	96	98.3	95.2	96	96.4	98.1	99.8	100.8	99.1	97.7					97.7 *	Dr Foster	
Hospital Standardised Mortality Ratio (HSMR) – Weekend	98.4	98.4	101.1	97.3	97.1	97.9	96.6	98.4	101.7	101.4	99.3					99.3 *	Dr Foster	
Number of inpatient deaths														170 *			None	
Total deaths screened (including <30 day post discharge)																	None	
Number of structured judgement reviews completed																	None	
Total number of deaths judged >50% likely to be due to problems with care																	None	
Number of deaths of patients with a learning disability														2 *			None	
Readmissions																		
Emergency re-admissions within 30 days following an elective or emergency spell	7.0% *	7.2% *	7.1% *	6.9% *	7.2% *	7.2% *	7.2% *	6.8% *	7.1% *	6.1% *	7.1% *	6.7% *	6.9% *			6.9% *	<8.25%	>8.75%
Research																		
Research Accruals	1,770 *	64 *	64 *	136 *	406 *	149 *	147 *	121 *	199 *	96 *	84 *	71 *	81 *	91 *	267 *	1,621 *	TBC	
Stroke Care																		
Stroke Care: Percentage of patients Receiving Brain Imaging Within 1 Hour	37.6% *	41.0%	36.7%	50.0%	40.6%	37.8%	47.0%	41.5%	34.3%	26.6%	31.9%	37.1%	32.7%	22.4%	31.7%	36.9% *	>=50%	<45%
Stroke Care: Percentage of patients Spending 90%+ Time on Stroke Unit	88.2% *	73.5%	90.4%	95.1%	95.6%	94.1%	97.2%	93.4%	80.7%	87.7%	91.9%	88.7%	70.7% *			89.7% *	>=80%	<70%
% of patients admitted directly to the stroke unit in 4 hours														51.70%			>=80%	<72%
% patients receiving a swallow screen within 4 hours of arrival														70.70%			>=90%	<80%
Trauma & Orthopaedics																		
% of fracture neck of Femur patients treated within 36 Hours	72.7%	64.4% *	72.2% *	79.4% *	68.3% *	74.2% *	88.7% *	85.5% *	67.7% *	70.1% *	75.0% *	83.9% *	85.6% *	77.8% *	82.6% *	76.0% *	>=90%	<80%
% fractured neck of femur patients meeting best practice criteria														77.78% *			>=65%	<55%
% Compliance with WHO surgical safety checklist																	>=95%	<90%

CARING

	17/18	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	18/19 Q4	YTD	Standard	Threshold
Complaints, Concerns and Compliments																		
Count of written complaints / over count of whole time equivalent staff																	TBC	
Count of complaints received per month																	<77	>88
Count of complaints received per month per 100 patient contacts																	<=0.07	>0.09
% of complaints answered within 35 working days																	>85%	<70%
Number of complaints re-opened (confirm definition)																	None	
Number of PHSO cases opened per month																	None	
Number of concerns raised through PALS per month																	None	
Number of compliments per month																	None	
Discharge Questions																		
Did you feel you were involved in decisions about your discharge from Hospital?																	>=90%	<70%
When you left hospital did you know what would happen next with your care?																	>=90%	<70%
Did a member of Staff tell you about medication side effects to watch for when you																	>=95%	<85%
Did a member of staff tell you about any danger signals you should watch for after																	>=95%	<85%
Did the doctors and nurses give your family friends or carers all the information they																	>=95%	<70%
Friends & Family Test																		
ED % Positive	83.0% *	83.7% *	83.1%	83.2%	84.6%	83.6%	82.0%	85.9%	82.7%	82.7%	81.0% *	82.7% *	82.8% *	82.7% *	82.7% *	83.1% *	>=84%	<81%
Inpatients % Positive	90.9% *	89.7% *	90.2%	91.4%	91.7%	91.7%	90.7%	91.9%	92.2%	90.9%	91.5% *	91.9% *	89.2% *	91.5% *	90.9% *	91.2% *	>=96%	<93%
Maternity % Positive	95.6% *	93.6% *	97.4%	94.0%	95.6%	93.3%	94.7%	0.0%	100.0%	98.2%	100.0% *	100.0% *	93.5% *	97.5% *	97.0% *	96.7% *	>=97%	<94%
Outpatients % Positive	92.1%	92.3% *	92.0%	92.3%	92.3%	93.3%	91.9%	92.3%	93.0%	92.5%	92.9% *	93.4% *	92.5% *	93.1% *	93.0% *	92.6% *	>=94%	<91%
Total % Positive	91.1%	90.9%	90.6%	91.2%	91.3%	91.6%	90.3%	91.6%	91.8%	91.2%	90.9% *	91.9% *	90.7%	91.4%	91.3% *	91.2%	>=93%	<90%
Inpatient Questions (Real time)																		
How much information about your condition or treatment or care has been given to																	TBC	
Are you involved as much as you want to be in decisions about your care and																	TBC	
Do you feel that you are treated with respect and dignity?																	TBC	
Do you feel well looked after by staff treating or caring for you?																	TBC	
Do you get enough help from staff to eat your meals?																	TBC	
In your opinion, how clean is your room or the area that you receive treatment in?																	TBC	
Do you get enough help from staff to wash or keep yourself clean?																	TBC	
Overall, I am happy with the standard of care provided by this ward																	TBC	
Linked Patient and Staff Experience																		
% agreeing / strongly agreeing I would recommend my organisation as a place to																	>=86%	<79%
% agreeing / strongly agreeing If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation																	>=68%	<61%
National Inpatient Survey Q72 overall satisfaction out of 10																	>=8.26	<8
MSA																		
Number of Breaches of Mixed Sex Accommodation	134	6	8	8	20	5	6	0	7	2	6	2	1	3	6	68 *	<=10	>=20

RESPONSIVE

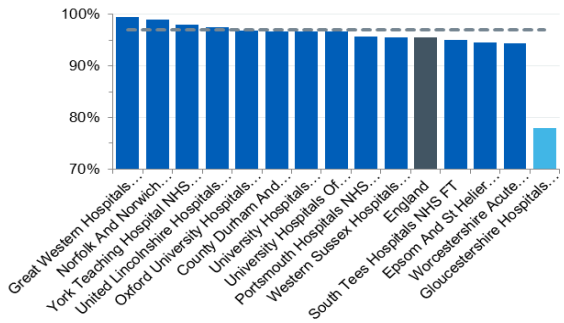
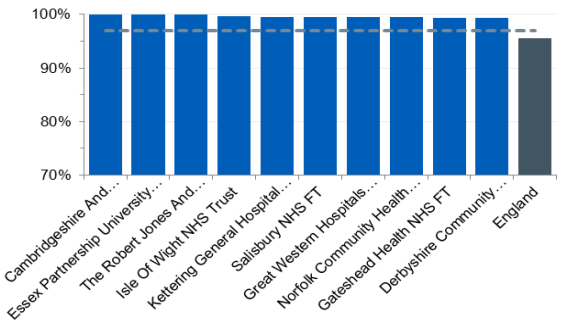
	17/18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Q4	YTD	Standard	Threshold
Cancer																		
2 week wait Breast Symptomatic referrals	90.4%	94.5%	91.3%	91.9%	95.1%	96.0%	97.8%	98.9%	99.2% *	94.5% *	97.6% *	95.5% *	97.0% *	95.6% *	96.0% *	95.8% *	>=93%	<90%
Cancer – 31 Day Diagnosis To Treatment (First Treatments)	96.3%	97.9%	96.7%	96.9%	97.1%	96.8%	96.9%	93.5%	93.2% *	94.0% *	93.8% *	92.3% *	91.0% *	92.5% *	92.3% *	94.6% *	>=96%	<94%
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Drug)	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9% *	>=98%	<96%
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Radiotherapy)	99.1%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	98.6% *	98.6% *	98.6% *	100.0%	98.9% *	98.5% *	99.2% *	99.3% *	>=94%	<92%
Cancer – 31 Day Diagnosis To Treatment (Subsequent – Surgery)	94.8%	98.0%	94.9%	96.6%	94.5%	96.0%	95.7%	94.3%	98.3% *	96.6% *	92.5% *	94.8% *	96.4% *	95.7% *	95.1% *	95.3% *	>=94%	<92%
Cancer – Urgent referrals seen in under 2 weeks from GP	82.3%	90.5%	86.6%	86.3%	88.6%	90.4%	88.9%	82.8%	91.8% *	90.6% *	94.3% *	92.0% *	93.8% *	95.0% *	93.6% *	90.0% *	>=93%	<90%
Cancer 62 Day Referral To Treatment (Screenings)	92.2%	95.9%	100.0%	94.1%	100.0%	100.0%	100.0%	85.5%	93.5% *	93.5% *	100.0%	93.9% *	96.3% *	100.0%	98.1% *	96.5% *	>=90%	<85%
Cancer 62 Day Referral To Treatment (Upgrades)	79.8%	94.1%	76.5%	100.0%	84.6%	53.3%	100.0%	75.0%	77.8% *	58.8% *	70.0% *	69.2% *	60.0% *	76.2% *	68.9% *	68.9% *	>=90%	
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	75.0%	78.1%	80.3%	79.9%	66.9%	74.7%	76.3%	69.0%	68.0% *	78.4% *	72.5% *	75.9% *	64.6% *	74.4% *	72.9% *	74.8% *	>=85%	<80%
Number of patients waiting over 104 days with a TCI date	6	6	9	12	6	8	22	26	7	13	8	8	8	14	30	141 *	0	
Number of Patients waiting over 104 days without a TCI date	17	17	18	18	22	28	24	30	39	37	27	42	37	25	104	347 *	TBC	
Diagnostics																		
% waiting for Diagnostics 6 Week Wait and over (15 Key Tests)	0.26%	0.26%	0.56%	1.26%	0.52%	0.55%	1.27%	0.63%	0.03%	0.35%	0.20%	0.67%	0.21%	0.45% *	0.44% *	0.56% *	<=1%	>2%
The number of planned / Surveillance Endoscopy Patients Waiting at Month End	123	123	188	223	260	311	407	576	630 *	680 *	686 *	639 *	600 *	726 *	726 *	726 *	TBC	
Discharge																		
Number of patients delayed at the end of each month	34	34	37	27	36	47	44	41	44 *	40 *	34 *	29 *	24 *	43	32 *	37 *	TBC	
Patient discharge summaries sent to GP within 24 hours	47.6% *	46.5% *	50.1% *	50.2% *	51.7% *	52.6% *	49.7% *	51.9% *	51.7% *	49.2% *	47.4% *	52.4% *	49.9% *			50.6% *	>=88%	<75%
Emergency Department																		
ED: % of time to initial assessment – Under 15 minutes	86.7% *	89.5%	90.5%	90.3%	90.8%	88.6%	90.7%	87.3%	88.8%	89.6%	85.4%	85.2% *	83.6%	78.4%	82.3%	87.4%	>=95%	<92%
ED: % of time to start of treatment – Under 60 minutes	34.5% *	35.2%	36.8%	33.6%	34.1%	31.4%	34.3%	29.0%	36.7%	34.5%	32.1%	34.9% *	32.4%	32.6%	33.3%	33.5%	>=90%	<87%
ED: % total time in department – Under 4 hours	86.70%	86.94%	91.98%	91.58%	93.33%	91.34%	90.26%	89.01%	90.54%	91.59%	87.55%	84.46%	86.08%	87.13%	85.89%	89.60%	>=95%	<90%
ED: % total time in department – Under 4 hours (Types 1 & 3)			94.59%	94.20%	95.33%	93.65%	93.45%	92.47%	93.60%	93.98%	91.29%	89.02%	90.21%	91.00%	90.09%	92.78%	>=95%	<90%
ED: % total time in department – Under 4 hours CGH	93.90%	96.50%	97.80%	98.10%	96.30%	96.90%	96.00%	96.40%	96.90%	96.94%	95.47%	93.70%	95.50%	96.10%	95.10%	96.40%	>=95%	<90%
ED: % total time in department – Under 4 hours GRH	83.00%	82.30%	89.10%	88.10%	91.80%	88.40%	87.40%	85.20%	87.30%	89.06%	83.82%	80.10%	81.60%	82.80%	81.50%	86.20%	>=95%	<90%
ED: Number of patients experiencing a 12 Hour Trolley wait (>12hours from decision to admit to admission)	1	0	0	0	0	0	0	0	0	0	0 *	0	0	0	0	0	0	
% of ambulance handovers that are over 30 minutes														7.90% *			TBC	
% of ambulance handovers that are over 60 minutes														0.10% *			<=1%	>2%
Operational Efficiency																		
Number of patients stable for discharge	60 *	67	67	66	71	71	75	80	75	76	69 *	74 *	72 *	77 *	74 *	73 *	TBC	
% of bed days lost due to delays																	<=3.5%	>4%
Number of stranded patients with a length of stay of greater than 7 days	468 *	482	384	395	369	373	382	376 *	374 *	382 *	374 *	399 *	412 *	397 *	402 *	384 *	TBC	
Average length of stay (spell)	4.96 *	4.99 *	5.18 *	4.73 *	4.71 *	4.64 *	4.95 *	4.8 *	4.88 *	4.96 *	4.66 *	4.96 *	5.17 *	4.81 *	4.97 *	4.87 *	TBC	
Length of stay for general and acute elective spells (occupied bed days)	2.9 *	3.03 *	2.82 *	2.78 *	2.52 *	2.61 *	3 *	2.75 *	2.47 *	2.84 *	2.89 *	2.6 *	2.68 *	2.59 *	2.62 *	2.71 *	<=3.4	>4.5
Length of stay for general and acute non-elective (occupied bed days) spells	5.5 *	5.46 *	5.72 *	5.27 *	5.34 *	5.17 *	5.4 *	5.31 *	5.48 *	5.53 *	5.06 *	5.45 *	5.81 *	5.41 *	5.54 *	5.41 *	TBC	
% day cases of all electives														84.60%			>80%	<70%
Intra-session theatre utilisation rate																	>85%	<70%
% of LMCs admitted within 28 Days																	1	<90%
LMC operations for non-clinical reason (% of elective admissions)																	<=0.8%	>1.2%
Outpatient																		
Outpatient new to follow up ratio's														1.94% *			TBC	
Did not attend (DNA) rates														6.40% *			<=7.6%	>10%
RTT																		
Referral to treatment ongoing pathways under 18 weeks (%)																	>=92%	
Referral to treatment ongoing pathways 35+ Weeks (number)																	TBC	
Referral to treatment ongoing pathways 40+ Weeks (number)																	TBC	
Referral To Treatment Ongoing Pathways Over 52 Weeks (Number)		95 *	95	92	98	113	125	105	103	105	97	89	97			97 *	0	
SUS																		
Percentage of Records Submitted Nationally with Valid GP Code	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	>=99%	
Percentage of Records Submitted Nationally with Valid NHS Number	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8% *	99.8% *	99.8% *	99.8% *	99.8% *	99.8% *	99.8% *	99.8% *	>=99%	

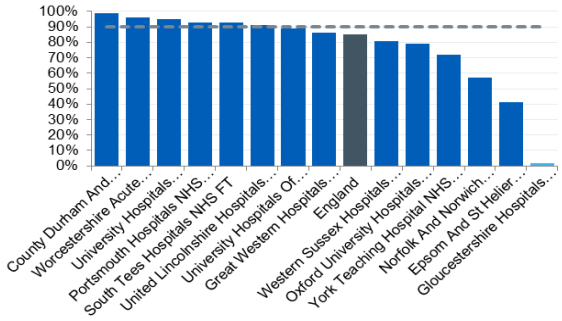
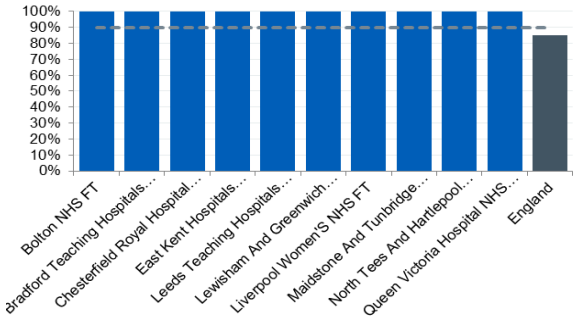
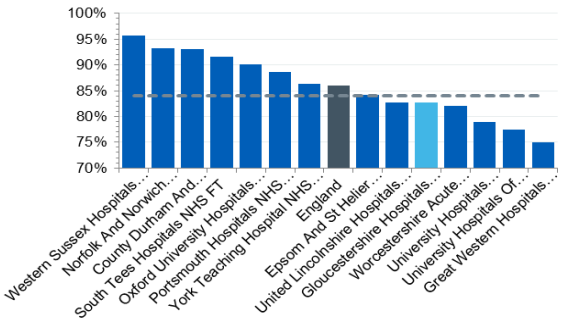
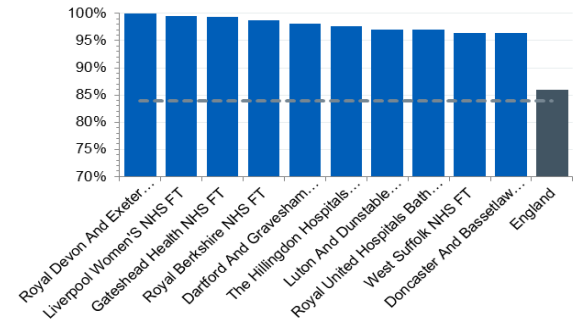
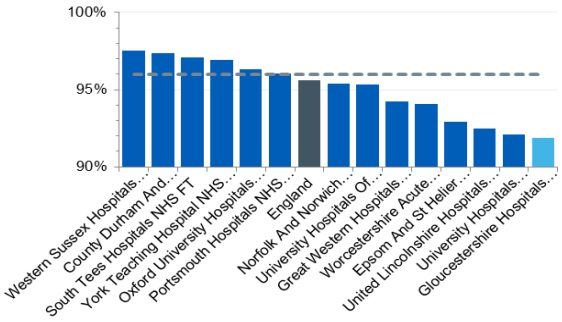
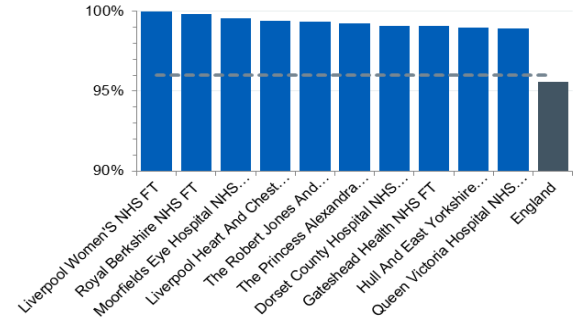
WELL-LED

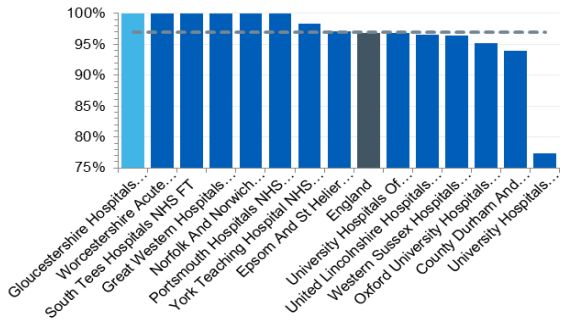
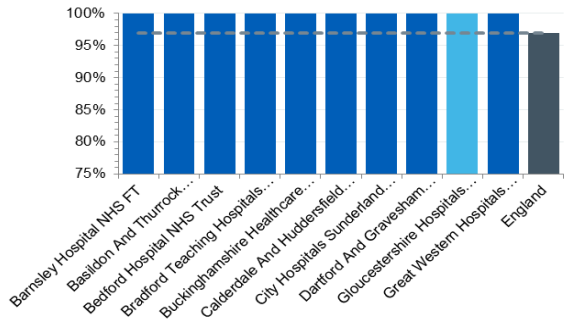
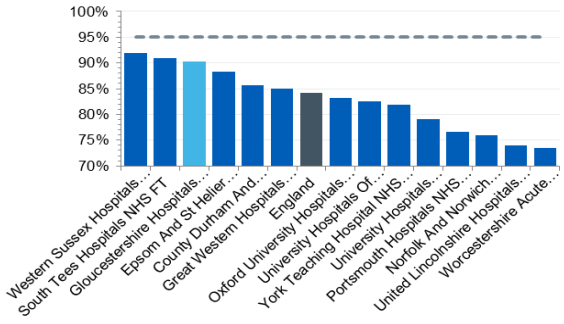
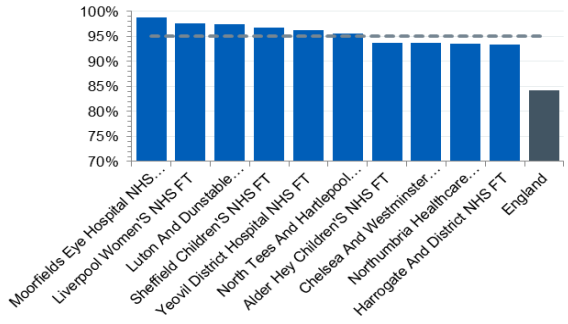
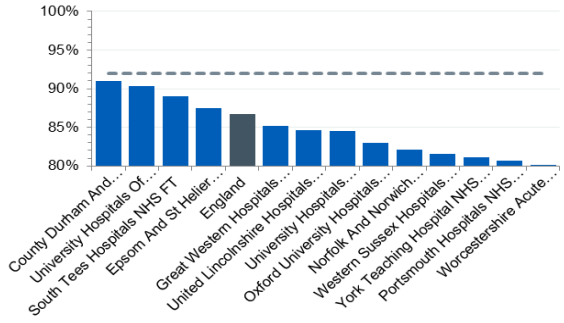
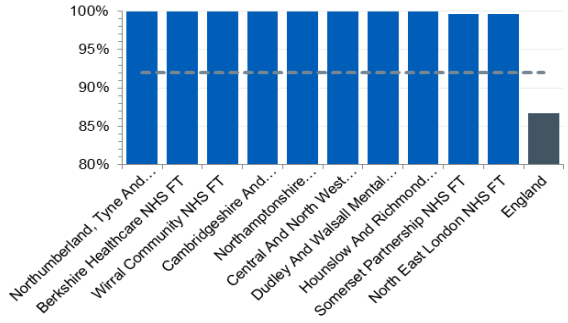
	17/18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Q4	YTD	Standard	Threshold
Appraisal and Mandatory Training																		
Trust total % mandatory training compliance	91% *				87%	87%	88%	90%	91% *	91% *	91% *	89%	89%	91% *		89% *	>=90%	<70%
Trust total % overall appraisal completion	82.0%	82.0%			74.0%	74.0%	75.0% *	79.0%	80.0% *	79.0% *	79.0% *	79.0%	79.0%	81.0% *		79.0% *	>=90%	<70%
Engagement																		
Website unique visitors																	None	
Twitter – potential reach																	None	
Media requests																	None	
Sentiment																	None	
Finance																		
Metrics TBC																	TBC	
Safe Nurse Staffing																		
Overall % of nursing shifts filled with substantive staff																	>=75%	<70%
% registered nurse day																	>=90%	<80%
% unregistered care staff day																	>=90%	<80%
% registered nurse night																	>=90%	<80%
% unregistered care staff night																	>=90%	<80%
Care hours per patient day RN														6.2 *			TBC	
Care hours per patient day HCA														3.2 *			TBC	
Care Hours per Patient Day total	7	7	7	7	8	7	7	7	7	7	7 *	7 *	7 *	8 *	7 *	7 *	TBC	
Staff Engagement																		
% recommending here as a place to work																	>=70%	<62%
Number of concerns raised with freedom to speak up guardian per month																	TBC	
Vacancy and WTE																		
% total vacancy rate																	<=11.5%	>13%
% vacancy rate for doctors																	<=5%	>5.5%
% vacancy rate for registered nurses																	<=5%	>5.5%
Staff in post FTE																	TBC	
Vacancy FTE																	TBC	
Starters FTE																	TBC	
Leavers FTE																	TBC	
Time to recruit from date vacancy created to date of unconditional offer (days)																	TBC	
Workforce Expenditure and Efficiency																		
Pay expenditure indicator																	TBC	
Total agency spends as a % of total pay																	TBC	
Total ‘nursing’ agency spend as a % of total nursing pay																	TBC	
Total ‘medical’ agency spend as a % of total medical pay																	TBC	
Total ‘other’ agency spend as a % of total other pay																	TBC	
% turnover	12.0%	12.1%	12.0%	11.8%	12.3%	12.3%	12.0%	12.1%	11.9%	11.6%	11.7%	11.7%	11.8% *	11.9% *		12.3% *	TBC	
% turnover rate for nursing																	<=11%	>15%
% sickness rate	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% *	3.9% *		3.9% *	<=3.5%	>4%

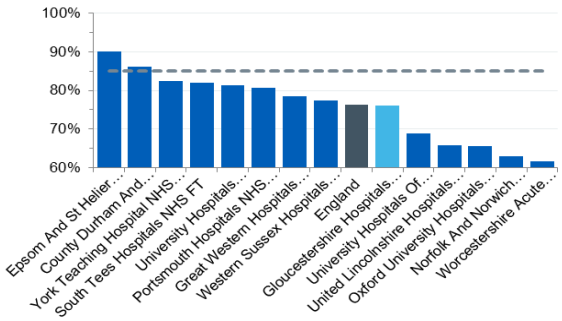
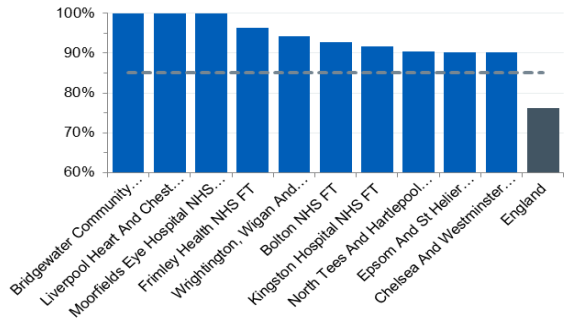
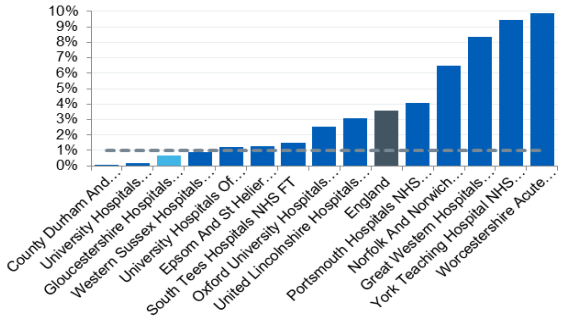
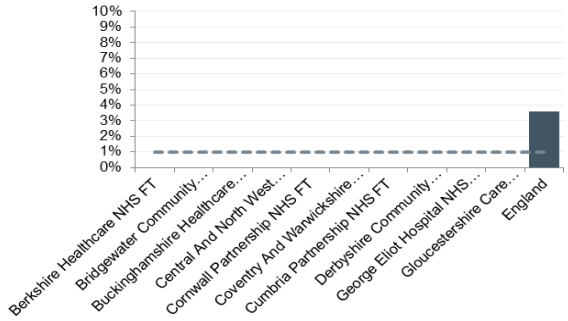
Benchmarking – Selected Measures

Standard
GHT
England
Other providers

Metric	Period	Local Trusts	Best in Class	Rank	Quartile
VTE	Jun-18			151/152	4th
SHMI	TBC	TBC	TBC	TBC	TBC

Metric	Period	Local Trusts	Best in Class	Rank	Quartile
Dementia	Jan-19			133/133	4th
FFT - ED	Jan-19			103/135	4th
FFT - Inpatient	Jan-19			133/147	4th

Metric	Period	Local Trusts	Best in Class	Rank	Quartile
FFT - Maternity	Jan-19			1/122	1st
ED 4 Hour (Type 1 & Type 3)	Feb-19			31/136	1st
RTT	Jan-19			Not reported	Not reported

Metric	Period	Local Trusts	Best in Class	Rank	Quartile
Cancer 62 Days GP Referrals	**Jan-19**			**88/144**	**3rd**
Diagnostics	**Jan-19**			**66/174**	**2nd**

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

Report Title
Guardian for Safe Working – Quarterly Report
Sponsor and Author(s)
Author: Dr Simon Pirie, Guardian for Safe Working Sponsor: Prof Mark Pietroni, Director of Safety and Medical Director
Executive Summary
Purpose This report covers the period of 1.11.18 – 31.1.19 Key issues to note There were 165 exception reports logged There are a total of 3 fines to the value of £645.18. No correlation with Datix clinical incident reports for this period. Conclusions The number of exceptions has risen slightly this quarter, the amount of fines levied was less. Implications and Future Action Required Continued support for the Guardian role and for the proposed solutions to issues that arise.
Recommendations
Continue current monitoring and engagement with teams where exception reporting is occurring.
Impact Upon Strategic Objectives
N/A
Impact Upon Corporate Risks
N/A
Regulatory and/or Legal Implications
Under the 2016 terms and conditions of service (TCS) for junior doctors, the Trust provides an exception reporting process for working hours or educational opportunities that vary from those set out in work schedules. The Guardian oversees exception reports and assures the Board of Compliance with safe working hours' limits.
Equality & Patient Impact
N/A
Resource Implications

Finance		Information Management & Technology	
Human Resources		Buildings	

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

Date the paper was presented to previous Committees 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							

Quarterly Guardian Report on Safe Working Hours for Doctors and Dentists in Training

For Presentation to the Main Board
Thursday 9th May at Redwood Education Centre, GRH

1. Executive Summary

1.1 This report covers the period of 1.11.18 - 31.1.19. There were 165 exception reports logged; compared to 145 in the last quarter.

1.2 We have again needed to levy some fines. These are detailed below; there are a total of 3 fines to the value of £645.18 The Junior Doctor's forum is fully functioning and meets quarterly.

2. Introduction

2.1 Under the 2016 terms and conditions of service (TCS) for junior doctors, the trust provides an exception reporting process for working hours or educational opportunities that vary from those set out in work schedules. The guardian oversees exception reports and assures the board of compliance with safe working hour's limits.

2.2 Doctors in training may raise an exception report whenever working hours breach those set out in their personalized work schedule. An exception report is initially reviewed and addressed by the educational supervisor or nominated deputy. If appropriate, time off in lieu or payment for extra hours worked is agreed. In certain circumstances, a fine may be levied for exceeding safe working limits (see appendix for links to rota rules and pathways). The aim is to have a system in place where fines are not required.

2.3 The structure of this report follows guidance provided by NHS Employers.

High level data

Number of doctors / dentists in training (total):	485
Number of doctors / dentists in training on 2016 TCS:	485
Amount of time available in job plan for guardian:	2PA
Administrative support:	4Hrs
Amount of job-planned time for educational supervisors:	0.25/0.125 PAs (first/additional trainees to maximum 0.5 SPA)

3. Junior Doctor Vacancies

Junior Doctor Vacancies by Department					
Department	**F1**	**F2**	**ST 1-2**	**ST3-8**	**Additional training and trust grade vacancies**
ED	0	0	0	0	
Oncology	0	0	**1**	0	
T&O	0	**1**	**1**	0	
Surgery	**1**	**2**	0	0	
General Medicine	0	0	0	**7**	
Paeds	0	0	2	**1**	
Obs & Gynae	0	**1**	**2**	0	

4. Locum Bookings

4.1 Data from finance team:

Total spend Nov '18 – Jan '19 on Junior Medical Locum **£725,095.23**

5. Exception Reports (working hours)

Exception reports by Department		
Specialty	**Exceptions carried over from last report**	**Exceptions raised**
General/GI Surgery		20
Urology		0
Trauma/ Ortho		0
ENT		22
Vascular Surgery		0
Ophthalmology		0
Orthogeriatrics		
General/old age Medicine		110
Acute medicine/ ACUA		8
Emergency Department		1
Obstetrics and Gynaecology		0
Paediatrics		0
Anaesthetics		2
Oncology		1
GP		1
Total		**165**

6. Fines this Quarter

Fine by Department				
Rota cycle	**Department**	**Hours**	**Fine**	**When levied**
Oct '18 – Nov '18	Neurology	4.5	**124.61**	March 2019
Oct '18 - Jan '19	ENT	18.25	**449.96**	March 2019
Aug '18 – Jan '19	Cardiology	2.55	**70.61**	March 2019

Fines (cumulative)			
Balance at end of last quarter	**Fines this quarter**	**Disbursements this quarter**	**Balance at end of this quarter**
4163.21	**£645.18**	0.00	**4808.39**

7. Issues Arising

7.1 3 reports were raised as 'immediate safety concerns'. None of these trainees when contacted actually replied to confirm there was an immediate safety concern and certainly 2 cases looked to be straightforward extra time issues.

8. Actions Taken to Resolve Issues

8.1 Immediate potential safety concerns were addressed by contacting the trainee to clarify the circumstances.

9. Qualitative Information

9.1 The Allocate software for raising exception reports came into use on the 1st October 2017. It remains challenging to retrieve and utilise data. In order to understand whether exceptions have led to fines being indicated, reports need to be reviewed manually which takes a lot of time. Allocate have implemented some system update this year, but manual calculations are still required.

10. Correlations to Clinical Incident Reporting

10.1 There were no Datix reports of harm correlating with dates of exception reports submitted during this quarter.

11. Summary

11.1 A total of 165 working hours exception reports have been made since the beginning of Nov 2018 – end Jan 2019.

Author: **Dr Simon Pirie, Guardian of Safe Working Hours**
Presenting Director: **Prof Mark Pietroni, Director of Safety and Medical Director**

Date 03/05/2019

Recommendation

- To endorse
- To approve

Appendices

Link to rota rules factsheet:
http://www.nhsemployers.org/~/media/Employers/Documents/Need%20to%20know/Factsheet%20on%20rota%20rules%20August%202016%20v2.pdf

Link to exception reporting flow chart (safe working hours):
http://www.nhsemployers.org/~/media/Employers/Documents/Need%20to%20know/Safe%20working%20flow%20chart.pdf

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

Report Title
Guardian for Safe Working – Annual Report
Sponsor and Author(s)
Author: Dr Simon Pirie, Guardian for Safe Working Sponsor: Prof Mark Pietroni, Director of Safety and Medical Director
Executive Summary
Purpose This report covers the last four quarters of exception reporting since moving to the Allocate software. Key issues to note There were 733 exception reports logged. There total fine value was £13,132.73. Conclusions Whilst some challenges remain with the system, there have been notable achievements with Junior Doctor engagement and improvements to the trainee experience. Implications and Future Action Required Now that the Trust has a functional reporting system, the Trust must continue to be responsive to the concerns and challenges faced by the trainees. A work culture survey and focus groups are being initiated to explore further how to normalise exception reporting when it is required.
Recommendations
Continue current monitoring and engagement with teams where exception reporting is occurring.
Impact Upon Strategic Objectives
N/A
Impact Upon Corporate Risks
N/A
Regulatory and/or Legal Implications
Under the 2016 terms and conditions of service (TCS) for junior doctors, the Trust provides an exception reporting process for working hours or educational opportunities that vary from those set out in work schedules. The Guardian oversees exception reports and assures the Board of Compliance with safe working hours' limits.
Equality & Patient Impact
N/A

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

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

Date the paper was presented to previous Committees 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							

Annual Guardian Report on Safe Working Hours for Doctors and Dentists in Training

For Presentation to the Main Board, 9th May 2019
The Lecture Hall, Redwood Education Centre, GRH

1. Executive Summary

1.1 This is a summary report reviewing the last 4 quarters of Exception reporting since moving to the Allocate software.

2. Introduction

2.1 Despite some promised updates, there remain real challenges with this system. Firstly, it does not automatically workout if a fine is required. Secondly, it does not allow archiving of closed reports, so the numbers of reports is quite cumbersome to look through regularly.

The table below sets out data for the last 4 quarters:

Dates	1.11.17-31.1.18	1.2.18-30.4.18	1.5.18-31.7.18	1.8.18-31.10.18
Numbers of trainees	459	459	511	473
Number of vacancies	36.4	40	41.2	37.2
Number of exception reports	268	217	103	145
Fine value	0	£9759.66	£2631.21	£741.86

3. Review

During the last year we have had the following achievements:

- We have had a new JDF chair
- Quarterly JDF meetings
- Visits to JDF by GMC and BMA regional reps to JDF meetings
- Widening of participation using social media during forums
- Undertaken a work culture survey

As a result of reports we have worked with teams to improve trainee experience:

- Changing work pattern for a team so that ward rounds now take place in morning rather than afternoon, allowing greater time for trainees to complete tasks
- Worked with a team to ensure exception reporting was promoted rather than discouraged
- Met with clinical leads of areas where fines were being levied to explore ways to reduce exception reporting
- Facilitated work schedules being provided when there had been delays

Utilising the funds from the fines, the JDF has funded the development of a Foundation Doctor Peer support programme.

4. Summary

I have attended both regional and national Guardians meetings. I feel that our hospital is now operating a functional reporting system, we as a team are responsive to concerns/challenges that trainees face and we are now exploring how to further normalise exception reporting when it is required, by undertaking a work culture survey and having some focus groups.

Author: **Dr Simon Pirie, Guardian of Safe Working Hours**

Presenting Director: **Prof Mark Pietroni, Interim Medical Director**

Date: 29th April 2019

Recommendation

- For assurance

REPORT TO TRUST BOARD – MAY 2019

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

This report describes the business conducted at the Finance Committee held 25 April 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	Month 12 performance final draft subject to audit. Outturn deficit £29.6m, in line with forecast other than for depreciation adjustments and additional PSF.	How will the position be communicated to staff?	Director of finance to work with communications to ensure quarter end briefing fully explains movements and why we are where we are.	
Capital Programme Update	Outturn position in line with forecast other than for capitalisation finance leases.	Is the process around finance leases robust?	As a result of year end the process is being reviewed. Revised monthly process to be implemented.	
Cost Improvement Programme (CIP) Update	Outturn position of £27m delivered against £30.3m target 78% recurrent delivery Gap of £11.9m for 19/20.	How is the gap in 19/20 going to be closed?	The PID capital process is robust. Weekly deep dive with divisions continue.	There is still a gap.
Clinical Productivity	Improvement in job plan review noted.	Is an 85% completion target appropriate?	Further assurance sought as completed job plans play a key part in managing demand and workload.	What is the right target for completion?

Risk Register (Digital)	The latest risk register was shared.	Inconsistency in the presentation of some risks, as some maybe issues rather than risks.	The risk format is standard across the trust, but none the less, the Digital Risk register will be reviewed to ensure accuracy and consistency.	

Keith Norton
Chair of Finance and Digital Committee
25 April 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

Report Title
Financial Performance Report – Month 12 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 31st March 2019.

Key issues to note

- At Month 12 the Trust (subject to external audit) reported a cumulative deficit of £29.6m
- Commissioner income is showing a favourable variance to budget of £3.4m.
- Other NHS patient related income (including AfC funding) is £0.7m favourable to plan.
- Private and paying patients' income is £0.9m adverse to plan.
- Other operating income (including Hosted Services) is favourable by £0.3m.
- Pay expenditure is showing an adverse variance of £7.6m.
- Non-pay expenditure is showing an adverse variance of £8.5m.
- Non-operating costs are showing an adverse variance of £3.6m.

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 April.							

Gloucestershire Hospitals NHS
NHS Foundation Trust

Report to the Trust Board

Financial Performance Report
Month Ended 31st March 2019

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

Introduction and Overview

Gloucestershire Hospitals NHS
NHS Foundation Trust

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

The financial position as at the end of March 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 March the Group's consolidated position (subject to external audit) is a year end deficit of £29.6m on a control total basis, after adjusting for the impact of fixed asset impairments after revaluation, and donated assets. Non operating costs include £4.1m of additional depreciation, following revised guidance from the RICS which has reduced remaining lives for buildings and therefore increased depreciation. Operating income reflects incentive PSF funding of £3.3m notified by NHSI, and after excluding the impact of these changes the position reported is £0.2m better than forecast.

Statement of Comprehensive Income (Trust and GMS)

	TRUST POSITION			GMS POSITION			GROUP POSITION *		
Month 12 Cumulative Financial Position	**Budget £000s**	**Actuals £000s**	**Variance £000s**	**Budget £000s**	**Actuals £000s**	**Variance £000s**	**Budget £000s**	**Actuals £000s**	**Variance £000s**
SLA & Commissioning Income	444,587	448,024	3,437	0	0	0	444,587	448,024	3,437
PP, Overseas and RTA Income	5,710	4,809	(901)	0	0	0	5,710	4,809	(901)
Other Income from Patient Activities	5,418	6,153	734	0	0	0	5,418	6,153	734
Operating Income	70,240	70,379	139	44,461	45,933	1,472	74,301	74,611	311
Total Income	**525,955**	**529,364**	**3,409**	**44,461**	**45,933**	**1,472**	**530,016**	**533,596**	**3,581**
Pay	329,992	336,824	(6,832)	16,834	17,670	(836)	346,475	354,115	(7,641)
Non-Pay	193,232	201,407	(8,175)	25,525	27,145	(1,619)	178,709	187,230	(8,521)
Total Expenditure	**523,225**	**538,231**	**(15,007)**	**42,360**	**44,815**	**(2,455)**	**525,184**	**541,345**	**(16,161)**
EBITDA	**2,731**	**(8,867)**	**(11,598)**	**2,101**	**1,118**	**(983)**	**4,832**	**(7,749)**	**(12,581)**
EBITDA %age	**0.5%**	**(1.7%)**	**(2.2%)**	**4.7%**	**2.4%**	**(2.3%)**	**0.9%**	**(1.5%)**	**(2.4%)**
Non-Operating Costs	20,650	25,243	(4,593)	2,101	1,118	983	22,751	26,361	(3,610)
Surplus/(Deficit) with Impairments	**(17,919)**	**(34,110)**	**(16,191)**	**0**	**0**	**0**	**(17,919)**	**(34,110)**	**(16,191)**
Less Fixed Asset Impairments	0	4,412	4,412	0	0	0	0	4,412	4,412
Surplus/(Deficit) excluding Impairments	**(17,919)**	**(29,698)**	**(11,779)**	**0**	**0**	**0**	**(17,919)**	**(29,698)**	**(11,779)**
Excluding Donated Assets	(902)	144	1,046	0	0	0	(902)	144	1,046
Control Total Surplus/(Deficit)	**(18,821)**	**(29,555)**	**(10,734)**	**0**	**0**	**0**	**(18,821)**	**(29,555)**	**(10,734)**

* Group Position excludes £42.6m of intergroup transactions including dividends

Group Statement of Comprehensive Income

Gloucestershire Hospitals NHS
NHS Foundation Trust

The table below shows both the in month position and the cumulative position for the Group, which remains subject to audit.

In March the Group's consolidated position shows an in month deficit of £4.1m on a control total basis, which reflects the increased depreciation due to the reduction in building asset lives.

Month 12 Financial Position	Annual Budget £000s	M12 Budget £000s	M12 Actuals £000s	M12 Variance £000s	M12 Cumulative Budget £000s	M12 Cumulative Actuals £000s	M12 Cumulative Variance
SLA & Commissioning Income	444,587	38,002	38,496	494	444,587	448,024	3,437
PP, Overseas and RTA Income	5,710	477	63	(414)	5,710	4,809	(901)
Other Income from Patient Activities	5,418	452	1,745	1,293	5,418	6,153	734
Operating Income	74,301	7,778	7,619	(159)	74,301	74,611	311
Total Income	**530,016**	**46,710**	**47,924**	**1,214**	**530,016**	**533,596**	**3,581**
Pay	346,475	28,521	32,886	(4,365)	346,475	354,115	(7,641)
Non-Pay	178,709	14,882	15,048	(166)	178,709	187,230	(8,521)
Total Expenditure	**525,184**	**43,403**	**47,934**	**(4,531)**	**525,184**	**541,345**	**(16,161)**
EBITDA	**4,832**	**3,307**	**(10)**	**(3,317)**	**4,832**	**(7,749)**	**(12,581)**
EBITDA %age	**0.9%**	**7.1%**	**(0.0%)**	**(7.1%)**	**0.9%**	**(1.5%)**	**(2.4%)**
Non-Operating Costs	22,751	1,896	8,333	(6,437)	22,751	26,361	(3,610)
Surplus/(Deficit) with Impairments	**(17,919)**	**1,411**	**(8,342)**	**(9,754)**	**(17,919)**	**(34,110)**	**(16,191)**
Less Fixed Asset Impairments	0	0	4,412	4,412	0	4,412	4,412
Surplus/(Deficit) excluding Impairments	**(17,919)**	**1,411**	**(3,931)**	**(5,342)**	**(17,919)**	**(29,698)**	**(11,779)**
Excluding Donated Assets	(902)	(1,451)	(195)	1,256	(902)	144	1,046
Control Total Surplus/(Deficit)	**(18,821)**	**(40)**	**(4,126)**	**(4,086)**	**(18,821)**	**(29,555)**	**(10,734)**

Detailed Income & Expenditure

Gloucestershire Hospitals NHS
NHS Foundation Trust

Month 12 Financial Position	M12 Budget £000s	M12 Actuals £000s	M12 Variance £000s	M12 Cumulative Budget £000s	M12 Cumulative Actuals £000s	M12 Cumulative Variance £000s
SLA & Commissioning Income	38,002	38,496	494	444,587	448,024	3,437
PP, Overseas and RTA Income	477	63	(414)	5,710	4,809	(901)
Other Income from Patient Activities	452	1,745	1,293	5,418	6,153	734
Operating Income	7,778	7,619	(159)	74,301	74,611	311
Total Income	**46,710**	**47,924**	**1,214**	**530,016**	**533,596**	**3,581**
Pay						
Substantive	26,531	29,442	(2,911)	321,610	325,317	(3,707)
Bank	941	1,500	(559)	11,281	12,486	(1,205)
Agency	1,049	1,944	(895)	13,584	16,313	(2,729)
Total Pay	**28,521**	**32,886**	**(4,365)**	**346,475**	**354,115**	**(7,641)**
Non Pay						
Drugs	5,643	6,077	(434)	66,916	68,841	(1,925)
Clinical Supplies	3,218	2,714	505	38,267	39,473	(1,205)
Other Non-Pay	6,020	6,257	(237)	73,526	78,917	(5,390)
Total Non Pay	**14,882**	**15,048**	**(166)**	**178,709**	**187,230**	**(8,521)**
Total Expenditure	**43,403**	**47,934**	**(4,531)**	**525,184**	**541,345**	**(16,161)**
EBITDA	**3,307**	**(10)**	**(3,317)**	**4,832**	**(7,749)**	**(12,581)**
EBITDA %age	**7.1%**	**(0.0%)**	**(7.1%)**	**0.9%**	**(1.5%)**	**(2.4%)**
Non-Operating Costs	1,896	8,333	(6,437)	22,751	26,361	(3,610)
Surplus/(Deficit)	**1,411**	**(8,342)**	**(9,754)**	**(17,919)**	**(34,110)**	**(16,191)**
Fixed Asset Impairments	0	4,412	4,412	0	4,412	4,412
Surplus/(Deficit) after Impairments	**1,411**	**(3,931)**	**(5,342)**	**(17,919)**	**(29,698)**	**(11,779)**
Excluding Donated Assets	(1,451)	(195)	1,256	(902)	144	1,046
Surplus/(Deficit)	**(40)**	**(4,126)**	**(4,086)**	**(18,821)**	**(29,555)**	**(10,734)**

Non-Pay – expenditure is showing an £8.5m overspend, reflecting overspends on drugs and clinical supplies. The overspend within Other non pay of £5.4m reflects undelivered CIP and year end provisions.

SLA & Commissioning Income – is £3.4m favourable against plan. This reflects over performance on commissioning contracts.

PP / Overseas / RTA Income – performance has deteriorated with a £0.9m year end adverse variance. Oncology private patients (£0.1m) and RTA cost recovery (£0.7m) make up the adverse variance.

Other Patient Income – is £1.3m favourable in month. This reflects the reclassification of income previously reported as SLA & Commissioning income.

Pay – expenditure is showing an overspend of £7.6m reflecting an overspend on all staff contract categories. The in month variance of a £4.4m adverse position is partly driven by undelivered Pay CIPs (£0.8m), largely Surgery (£0.2m), Medicine (£0.2m) and Diagnostic & Specialist (£0.1m). Other significant in month overspends include qualified nursing agency in Medicine (£0.5m) and medical agency in Medicine (£0.2m). The position also reflects provision for one off costs.

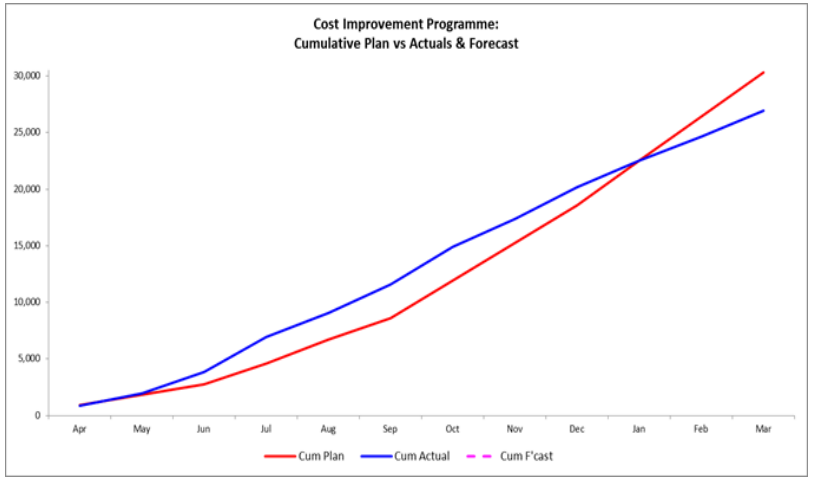
Gloucestershire Hospitals NHS
NHS Foundation Trust

1. At Year End the trust has delivered £26.95m (89%) of CIP against the annual NHS Improvement target of £30.3m.
Within the month, the Trust has delivered £2.3m of CIP against an in-month NHSI target of £3.9m.

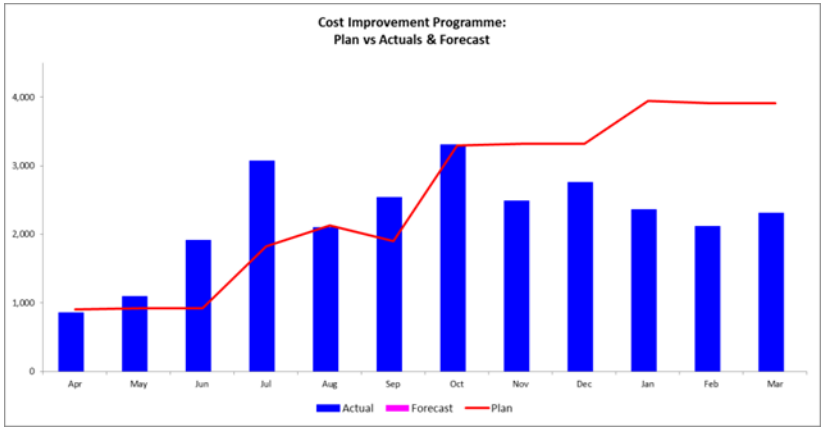
2. The delivery splits into £21m recurrent and £6m of non-recurrent schemes. This translates into a split of 78% of recurrent delivery versus 22% of non-recurrent delivery.

3. Against forecast, the Divisional year end figures have increased by £44k. The increase is due to additional Pharmacy and Procurement savings as well as Specialised commissioning income.

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



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



Balance Sheet (1)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Trust Financial Position	Opening Balance 31st March 2018 £000	GROUP Balance as at M12 £000	B/S movements from 31st March 2018 £000
Non-Current Assests			
Intangible Assets	9,130	10,412	1,282
Property, Plant and Equipment	251,010	232,217	(18,793)
Trade and Other Receivables	4,463	4,640	177
Investment in GMS		0	
Total Non-Current Assets	**264,603**	**247,269**	**(17,334)**
Current Assets			
Inventories	7,131	7,571	440
Trade and Other Receivables	19,276	25,964	6,688
Cash and Cash Equivalents	5,447	7,317	1,870
Total Current Assets	**31,854**	**40,852**	**8,998**
Current Liabilities			
Trade and Other Payables	(47,510)	(54,316)	(6,806)
Other Liabilities	(3,284)	(5,837)	(2,553)
Borrowings	(4,703)	(12,528)	(7,825)
Provisions	(160)	(160)	0
Total Current Liabilities	**(55,657)**	**(72,841)**	**(17,184)**
Net Current Assets	**(23,803)**	**(31,989)**	**(8,186)**
Non-Current Liabilities			
Other Liabilities	(7,235)	(6,860)	375
Borrowings	(111,219)	(135,295)	(24,076)
Provisions	(1,472)	(1,430)	42
Total Non-Current Liabilities	**(119,926)**	**(143,585)**	**(23,659)**
Total Assets Employed	**120,874**	**71,695**	**(49,179)**
Financed by Taxpayers Equity			
Public Dividend Capital	168,768	172,675	3,907
Equity			
Reserves	43,530	24,555	(18,975)
Retained Earnings	(91,424)	(125,535)	(34,111)
Total Taxpayers' Equity	**120,874**	**71,695**	**(49,179)**

The table shows the M12 balance sheet and movements from the 2017/18 closing balance sheet, supporting narrative is on the following page.

Balance Sheet (2)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Commentary below reflects the Month 12 balance sheet position against the 2017/18 outturn

Current Assets

- Inventories have increased in month due to the year end stock take, and are £0.4m higher than closing 2017/18 values.
- Trade receivables are £6.7m above the closing March 2018 level, which largely reflects commissioner settlements and additional PSF funding.
- Cash has increased by £1.9m 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 £17.2m, reflecting an increase in creditors/accruals, and borrowings repayable within a year.

Non-Current Liabilities

- Borrowings have increased by £24.1m, reflecting the income and expenditure deficit.

Retained Earnings

- The retained earnings reduction of £34.1m reflects the impact of the in year deficit.

Better Payment Practice Code (BPPC)

Gloucestershire Hospitals NHS
NHS Foundation Trust

	Cumulative for Financial Year		Current Month March	
	Number	£'000	Number	£'000
Total Bills Paid Within period	111,075	233,174	7,745	20,476
Total Bill paid within Target	85,002	181,057	7,045	13,573
Percentage of Bills paid within target	77%	78%	91%	66%

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.

Performance for payments made within 30 days in March was impacted by c£3m paid to GCS for a small number of invoices.

It should be noted that whilst driving down creditor days as far as possible the Trust are not compliant with 30 day terms across all suppliers.

Liabilities – Borrowings

Analysis of Borrowing	As at 31st March 2019 £000
<12 months	
Loans from ITFF	2,988
Distress Funding	7,373
Obligations under finance leases	1,598
Obligations under PFI contracts	568
Balance Outstanding	**12,527**
>12 months	
Loans from ITFF	22,593
Capital Loan	3,018
Distress Funding	86,869
Obligations under finance leases	17,962
Obligations under PFI contracts	4,852
Balance Outstanding	**135,294**
Total Balance Outstanding	**147,821**

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 £32.5m of additional in-year borrowing from the DoH.

Cashflow : March

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	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)**	**(8,283)**	**(25,488)**
Adjust for non-cash items:													
Depreciation	912	912	912	912	912	912	625	869	870	870	870	4,227	13,803
Other operating non-cash	0	0	0	0	0	0	0	0	0	0	0	(320)	(320)
Operating Cash flows before working capital	**(3,919)**	**(1,600)**	**(301)**	**(214)**	**(1,236)**	**640**	**1,263**	**2,088**	**(1,735)**	**474**	**(3,089)**	**(4,376)**	**(12,005)**
Working capital movements:													
(Inc.)/dec. in inventories	0	71	0	0	0	(330)	33	155	(333)	146	185	(367)	(440)
(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)	3,154	(6,688)
Inc./(dec.) in current provisions	0	0	0	0	0	0	0	0	0	0	0	(42)	(42)
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	1,105	11,982
Inc./(dec.) in other financial liabilities	(437)	904	0	0	0	(1,552)	(245)	(35)	2,431	(52)	4	1,535	2,553
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**	**5,385**	**7,365**
Capital investment:													
Capital expenditure	(158)	(207)	(459)	(459)	(1,883)	(159)	(1,155)	(2,295)	(253)	(596)	(7,573)	(1,025)	(16,222)
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)**	**(1,025)**	**(16,222)**
Funding and debt:													
PDC Received	0	0	0	0	0	0	0	0	1,300	0	0	2,607	3,907
Interest Received	3	13	2	2	5	30	12	2	3	3	3	46	124
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	5,229	32,469
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	19	(1,470)
Net cash in/(out) from financing	**3,058**	**(621)**	**(492)**	**(592)**	**3,379**	**18**	**1,418**	**3,515**	**2,997**	**4,040**	**1,681**	**4,331**	**22,732**
Net cash in/(out)	**1,104**	**(2,906)**	**(364)**	**32**	**519**	**2,258**	**(3,959)**	**1,763**	**6,629**	**(3,779)**	**(3,742)**	**4,315**	**1,870**
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**	**7,317**	**7,317**

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

Cashflow Key movements:

The Cash Position – reflects the Group position. The Trust has drawn down loan support of £32.5m in 2018/19, resulting in a positive cash balance at year end.

Capital Programme

This report provides an overview of the outturn capital programme for 2018/19 (subject to external audit). Adverse and favourable movements are highlighted.

Capital Programme Expenditure Summary position at 31st March 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	4,475.0	3,772.6	-702.4	4,475.0	3,772.6	-702.4
Environmental Works	200.0	215.2	15.2	200.0	215.2	15.2
Estates Unallocated Allowances	125.0	-11.7	-136.7	125.0	-11.7	-136.7
Non Health & Safety Projects	1,154.0	1,194.9	40.9	1,154.0	1,194.9	40.9
Committed Schemes	2,679.0	2,012.7	-666.3	2,679.0	2,012.7	-666.3
Service Reconfiguration	1,221.0	-40.9	-1,261.9	1,221.0	-40.9	-1,261.9
Major Equipment Replacement	4,588.0	1,697.8	-2,890.2	4,588.0	1,697.8	-2,890.2
IM&T	6,100.0	4,116.0	-1,984.0	6,100.0	4,116.0	-1,984.0
MEF	2,000.0	834.1	-1,165.9	2,000.0	834.1	-1,165.9
Other Schemes	1,300.0	1,192.8	-107.2	1,300.0	1,192.8	-107.2
Contingency	200.0	0.0	-200.0	200.0	0.0	-200.0
Strategic Development	1,975.0	397.2	-1,577.8	1,975.0	397.2	-1,577.8
Year end Capitalisation of Leases					3,981.0	3,981.0
Overspend/(Underspend)	**26,017.0**	**15,380.6**	**-10,636.4**	**26,017.0**	**19,361.6**	**-6,655.4**

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

Accounting standards require the Trust to recognise the assets and inherent liabilities associated with leasing equipment via finance leases, with a £4m impact on capital expenditure in 2018/19.

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).

Recommendations

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Board is asked to note:

- The Trust is reporting (subject to external audit) an actual income and expenditure deficit on a control total basis of £29.6m for 2018/19, incorporating £4m of depreciation for the reduction in building asset lives, and £3.3m of additional PSF funding.
- This position has been reported to NHSI, and subject to external audit will be reported in the Trust's 2018/19 annual accounts.

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

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

Date: **May 2019**

ITEM 10.3

INFORMATION AND DIGITAL UPDATE

VERBAL

Mark Hutchinson
Chief Digital and Information Officer

REPORT TO TRUST BOARD – MAY 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 15 April 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
Risk	Primary Care Network issue linked to the NHS Long term plan and the use of pharmacists, physician associates and physios was raised and it was noted a new risk would be added to reflect potential supply and retention concerns post 2020. Existing risks of legacy vetting and patient care risks due to tax liabilities and pension provision have been resolved and downgraded respectively.	Why are some of the People risks on the risk register not escalated to the Trust Risk register given the concerns around sustainable workforce and recruitment/supply issues?	The scoring of risks and escalation to Trust Risk register was described. The People and OD risks do not achieve a 15 overall or 12 in safety.	Further review requested on strategic risks and implications of people/ workforce captured at corporate level.
Board Assurance Framework	Much progress in all areas and strategic priorities reflect the risks captured in the risk register and activities needed to mitigate these. Illustrates the work commenced and completed and the volume of activity within the directorate.	Has the department/ team reached a tipping point and how will it continue to prioritise activities? What will the directorate do to ensure the Committee looks at assurance matters going forward? Is there clarity on what is led and supported corporately/ divisionally?	Assured that the programmes of work are the right ones and aligned to strategic priorities, all have staggered delivery dates. Department has reached a tipping point and will manage workload based on risk and also the new strategic priorities inclusive of the P&OD strategic aims.	To ensure the P&OD strategy activities provide clarity on which items the directorate lead and which they support to ensure that

	Recruitment progress and international campaign to Australia reviewed.	How do you assess kindness? How do we work through behaviours in everything we do?	Assurance will be provided by linking the P&OD strategic aims to corporate outcomes which will be reported upon in committees. Value based recruitment, performance management and training is in place. New recruitment processes for Health Care assistants under development.	divisions take responsibility/lead for the right areas. To ensure the new P&OD strategy has the assurance outcomes outlined.
Health and Safety Executive (HSE) and Health and Safety objective annual review	Wheelchair incident investigation complete and the Committee noted next steps. Activities related to the HSE sharps improvement notices reviewed and on track. The Trust will be audited on the 25 April and then again in June. The salmonella incident in the lab reviewed and action taken noted. No outstanding HSE issues. Annual review of H&S objectives undertaken and noted full or partial completion of all. New objectives will be seen by H&S committee and signed off by Trust Leadership Team before coming to Committee.	Has all training been updated for new Sharps practice? Why has it taken so long to get a H&S person to act as GMS link? Can new H&S objectives be prioritised?	Training has been updated and reflects practice and legislation. The lack of a trained H&S expert in GMS has been escalated. H&S objectives will be prioritised.	Update at June Committee. To be assured on a GMS nomination.

Staff engagement	Noted progress and achievements in staff engagement of the year which has moved forward significantly, new engagement group created.	Can we ensure that we balance consultation with doing what is right? Engagement groups and forums are well defined but can we define wider groups within the Trust How do we ensure we get diverse views? If we treat patients and staff the same would this help with culture – values and kindness?	Any consultation results are considered but not necessary the deciding factor in solution building. The model of engagement is wide ranging, e.g. Strategic objectives engagement and will be replicated in the future. P&OD will continue to provide support for wider engagement initiatives. Pulse surveys will be used next year as linked to the new comms strategy. Staff, Patient, experience and improvement group is making that explicit link and will the value of treating patients and staff alike will be part of the P&OD strategy	What are the outcomes from SPEIG which demonstrated the patient and staff experience link? To come to future Committee and ? Quality and Performance Committee.
People Strategy	Clear direction of travel and strong draft which has been reviewed numerous times.	How do we improve a culture of inclusion and kindness? Can we consider terminology – is 'staff' the right term	There is a link between culture and values and cultural ambition will be captured in overall strategy and P&OD. We can vary terminology and use phrases interchangeably – staff, colleagues…	

		Why are we focusing on disability rather than all protected characteristics and intersectionality? Do we want to be more ambitious than the NHS long term plan? Can we ensure staff engagement is emphasised?	dependent on the context. The statutory requirement is to define actions relating to a specific characteristic and disability selected as disabled staff have a disproportionality poorer experience than other groups. The equality of action plan has further actions relating to all characteristics.	
Gender Pay Gap	Comprehensive report with underlying analysis. Committee was assured that the medical gap relates to nationally set terms and conditions and length of service. Where the Trust could influence this such as encouraging women to apply for Clinical Excellence Awards this was achieved in 18/19.	Can we extend the pay gap report to consider intersectionality?	The Trust can consider other factors subject to availability of data and capacity to conduct this analysis in the future. Good level of analysis and detail beyond requirements of national reporting. Gap largely linked to Dr grades and national terms and conditions relating to pay scales and implementation of increments post absence	People and OD group to consider if the Trust can make any local amends to national terms of conditions to reduce the Dr pay gaps. Director of People and OD to escalate the issues to NHS Employers Report to go to Board.

4 year Equality Diversity Scheme 2 objectives	Report, objectives and process used noted.	Are the 'developing' ratings correct and are there any implications of these? Do we apply the equality impact assessment process to all committees, papers and groups? It is important to ensure that the objectives lead to change and not simply tick box exercise.	Ratings were arrived at from an analysis of the Workplace Race Equality Standard and staff survey and the view of management and staff engaged in the matter on the Trusts progress. Equality impact assessments are not always completed hence a developing rating and a need to embed in the next year.	To take forward at Board level to model practice. Director of Corporate Governance to review.
Sustainable workforce	Starting to review composition of workforce. A 5 year plan is being built. Analysis of demographics provided and the 'so what' link to the P&OD strategy provided Means to embed workforce planning shared. Committee noted this was the first time the People and OD directorate had reviewed the data in this level of detail and are in a position by year end to have a 5 year plan which enables the Trust to plan for new roles and	Challenge will be to embed a new sustainable workforce plan and hold divisions to account for delivery. Is sustainable workforce a P&OD risk or worthy of inclusion on the Trust Risk register	Assured that the workforce plan for the next year and the future 4 years is built on fact, supply data, activity and demand. Assured that the demographics have been understood. Sustainable plan to be developed by Sept 2019, then needs implementing The scoring of risks and escalation to Trust Risk register was described. The People and OD risks do not achieve a 15 overall or 12 in safety.	Ensure that the operational workforce plans and future 5 year plan are measured and reviewed at a divisional level in executive reviews. Linked to section on risk and review needed.

	developments.	How do we ensure we are capturing those who could retire under the pension scheme rules at 55?	This information is captured in the data and flexibility of roles inclusive of participation in the national REPAIR project are assisting in role development for those considering retirement.	
ICS Review of People and OD governance	ICS governance for People and OD provided including what each group is seeking to achieve.	How can the P&OD Committee be sighted going forward on ICS activities? Does the ICS share its overall plans and data?	To build in ICS programmes of work into usual updates. ICS shares some data and plans – such as the ICS workforce plan.	Consider what assurance needs to come to P&OD
Dashboard	Health Care Assistants (HCA's) issue and gap discussed. Leavers versus starters data reviewed.	Can we consider new ways of working and how we can build 'team around the patient' with potentially more band 3 opportunities for HCA's? What will be seen in the future for assurance purposes to know which actions have made a difference?	Good reporting and analysis alongside summaries and conclusions on tables/graphs. Progress has been made via deep dives (Health Care Assistants) Plans are to allocate a nurse to assist in the recruitment of peers. In the P&OD strategy outcomes will be linked to objectives and activities	Need to continue to focus on leavers and reasons for exits.

Alison Moon
Chair of People and Organisational Development Committee
2 May 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

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

Purpose

The purpose of this presentation is to provide an overview to the Board 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 has increased**: with Additional Clinical Services and Admin and Clerical posts showing the most significant movement.
  - Bands 5, 6 and Apprentices, show a slight reduction in numbers.
  - March saw a greater proportion of leavers compared to starters, which (as in December) is an exception to the general trend over the past 6 months of more starters than leavers
- **Vacancy factors remain relatively stable**. The report shows more detail across key pressure areas: Registered Nurses and Non Registered Nursing staff (HCA's) and highlights the shortfall within both the Medical and Surgical Division.
- **Overall Turnover is at 11.83%, against an 11% target**
  - When benchmarked against similar sized Trusts, with an Outstanding CQC rating, our Trust shows a **lower rate of overall Turnover** and places us in a favourable position when we compare Nursing and Midwifery turnover.
  - This said, supply issues mean that **Nurse and HCA Turnover remains a concern** – especially within the Medical Division (16.8% Staff Nurse Turnover, 23.44% HCA Turnover)
- Further work has now commenced to improve triangulation through the development of a staff and patient experience dashboard providing further exploration of hot spot areas.
- **Trajectory's for Nurse and HCA recruitment** are shown within the report, we continue to feel significant pressure within these areas despite continued focus on recruitment.
  - Our recent recruitment trip to **Australia yielded 91 provisional Nurse offers (25 have continued to formally apply, with 15 in progress)**
  - The report contains a breakdown of our approach to key recruitment challenges and

hard to fill posts as identified through our recent workforce planning round. Whilst not a 'hard to fill post' we intend to commence bulk recruitment of admin and clerical staff during 2019, to streamline the process and ensure a ready supply of suitably skilled staff.

- Annual **sickness absence rate reduced to 3.83%**. The Trust sickness rates remains 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 LT accounts for 4.2%
    - Triangulation of the areas of most concern, relating to sickness absence and turnover, highlighted T&O as an area of concern in previous People and OD reports. This has been further investigated and a number of ER cases and a patient complaint from this area have been reviewed, with the involvement of the Divisional Chief Nurse and HR Business Partner. HR Support is in place for the leadership team in this area, to ensure that the response to these issues is appropriate and in line with policy, whilst addressing development needs. Further scrutiny of these actions and their effectiveness takes place during the Executive review process.
- **Appraisal summary report:** 79% against a 90% target.
- **Mandatory Training:** 90% target achieved.

Next Steps

- Staff retention must remain a priority, if we are to ensure our recruitment efforts make a real difference to workforce numbers and ultimately impact on the experience of staff working within our Trust. 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, all contribute to improved retention and staff experience.

- Through the Staff and Patient Experience Group we are developing a 'super dashboard' from which to triangulate a wide range of sources of data, including but not limited to: patient experience information, NAAS, freedom to speak up and ER case information.

- Following disparity between People and OD metrics and the NAAS ratings for some areas, the People and OD department are participating in a review of the NAAS scheme with clinical leads to ensure these factors are noted.

- Further work has begun (since March P&OD Committee), in the form of a task and finish project, to drive up compliance with Exit Interviews. This work will be overseen by the Staff and Patient Experience Group.

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

Impact Upon Strategic Objectives

Directly impacts on Trust Strategic Objectives, in particular: staff engagement, sickness absence, turnover and health and wellbeing.

Impact Upon Corporate Risks

The risks held on the People and OD risk register are:

The risk of being unable to match recruitment needs with suitably qualified clinical staff impacting on the delivery of the Trusts strategic objectives. (risk reference C1437P&OD)

The risk of continued levels of poor staff engagement is that our staff experience will impact negatively on retention, recruitment and patient experience. (risk reference C2803P&OD)

Regulatory and/or Legal Implications
None noted.
Equality & Patient Impact
Staff experience and availability has a direct link to patient care and experience.

Resource Implications			
Finance	✓	Information Management & Technology	
Human Resources	✓	Buildings	

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

Date the paper was presented to previous Committees 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

The People and OD Committee noted the report provided a good level of reporting and analysis alongside summaries and conclusions on tables/graphs. It was noted progress had been made via deep dives (Health Care Assistants) and plans are in progress to allocate more nurse support in assisting to recruit peers. The committee were keen to understand how the work to build a 'team around the patient' could provide more opportunities for HCAs. The committee noted that the new P&OD strategy outcomes may amend the dashboard reporting.

The focus on leavers and growing reporting of the reasons for exit were encouraged.

The Committee was assured by the progress made.

Gloucestershire Hospitals NHS
NHS Foundation Trust

Workforce Information Dashboard

People and OD Committee, April 2019

Alison Koeltgen, Deputy Director of People & OD

Gloucestershire Hospitals NHS
NHS Foundation Trust

Introduction and Overview

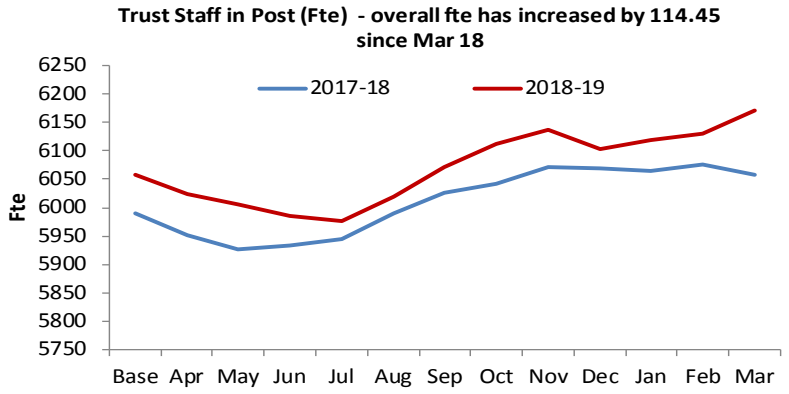
- The purpose of this presentation is to provide an overview to the People and OD Committee of the key performance indicators which link to our strategic priorities:

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

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

Performance summary:

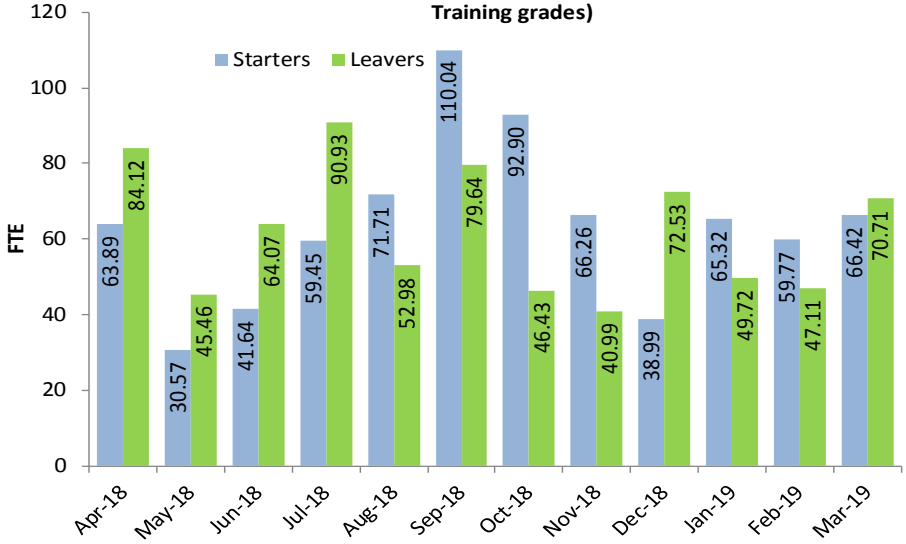
	VACANCY RATE	SICKNESS (Jan)	TURNOVER	APPRAISALS	MANDATORY TRAINING
Performance (in month)	7.26%	4.16%	n/a – rolling annual figure	79%	90%
Rolling Annual performance	n/a	3.88%	11.83%	n/a	n/a
Target	Not identified	3.50%	11%	90%	90%
Movement since last report	↓ 0.24	↓0.13	↑0.16%	↔	↑1%

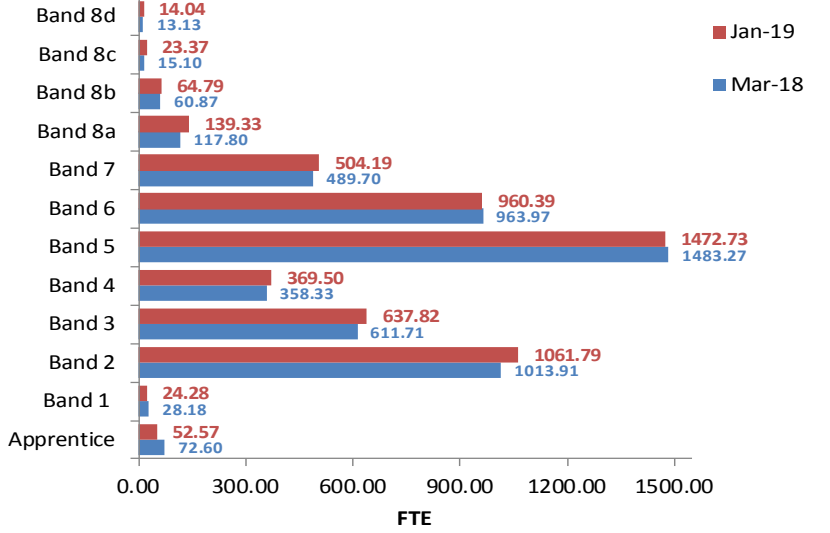


GHNHSFT Staff in post - change over financial year

FTE in Post	Mar-18	Mar-19	Increase/decrease
Add Prof Scientific and Technic	238.61	237.02	-1.59
Additional Clinical Services	1093.07	1,125.38	32.31
Administrative and Clerical	1329.02	1,371.22	42.20
Allied Health Professionals	341.75	346.52	4.77
Estates and Ancillary	29.49	29.7	0.21
Healthcare Scientists	209.59	224.31	14.72
Medical and Dental	819.94	841.25	21.31
Nursing and Midwifery Registered	1995.62	1,996.14	0.52
Total	**6057.09**	**6171.54**	114.45

All figures in this report exclude Hosted GP Trainees





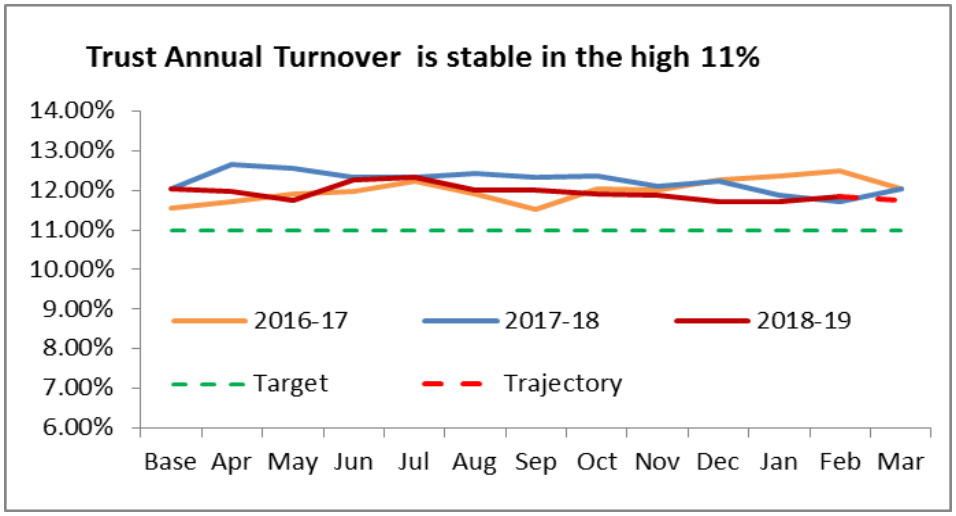
Key Issues:

- Numbers of staff in post show an increase, in the main, with Additional Clinical Services and Admin and Clerical posts showing the most significant movement .
- Bands 5, 6 and Apprentices, show a slight reduction in numbers. Whereas we can see growth across the majority of other bands.
- March saw a greater proportion of leavers compared to starters, which (as in December) is an exception to the general trend over the past 6 months of more starters than leavers.

Retention

Current Performance 12 months to 28th February 2019	Actual % TO	KPI % TO	Movement since last Month		Previous Month
Trust Total	11.83%	11.00%	↗	increase	11.70%
Corporate	12.91%	11.00%	↗	increase	12.31%
Diagnostics & Specialty	11.02%	11.00%	→	stable	11.03%
Medicine	14.24%	11.00%	→	stable	14.22%
Surgery	11.75%	11.00%	→	stable	11.79%
Womens & Children	8.04%	11.00%	↗	increase	7.62%
Add Prof Scientific and Technic	10.23%	11.00%	→	stable	10.86%
Additional Clinical Services	15.45%	11.00%	↗	increase	15.29%
Administrative and Clerical	12.94%	11.00%	↗	increase	12.45%
Allied Health Professionals	14.54%	11.00%	↘	decrease	14.69%
Estates and Ancillary	3.65%	11.00%	→	stable	3.66%
Healthcare Scientists	10.73%	11.00%	↗	increase	10.46%
Medical and Dental	3.39%	11.00%	↘	decrease	3.51%
Nursing and Midwifery Registered	10.93%	11.00%	↗	increase	10.84%
Staff Nurses	14.49%	11.00%	→	stable	14.45%

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



Gloucestershire Hospitals NHS
NHS Foundation Trust

NHS iView 12 months to December 2018

GHNHSFT	10.95%	Nursing & Midwifery
All Large Acute	13.83%	Nursing & Midwifery
North Bristol	13.36%	Nursing & Midwifery
Worcester Acute	11.12%	Nursing & Midwifery
Sandwell	14.49%	Nursing & Midwifery
Frimley Health	13.99%	Nursing & Midwifery
Western Sussex	11.35%	Nursing & Midwifery

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

Key Issues:

- Turnover is measured using the total leavers(fte) as a percentage of the average fte for the reporting period.
- 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 places us in a favourable position when we compare Nursing and Midwifery turnover.
- Nurse Turnover remains a concern – espcially within the Medical Division (16.8% Staff Nurse Turnover)

- Further work has now commenced to improve triangulation through the development of a staff and patient experience dashboard, to support exploration of hot spot areas and conflict in measures (i.e. where ward NAAS accreditation does not correlate with other indicators)
- Additional clinical services (predominantly HCA's remains a key area of focus)

Vacancy levels – Jan 2019

Gloucestershire Hospitals NHS
NHS Foundation Trust

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

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

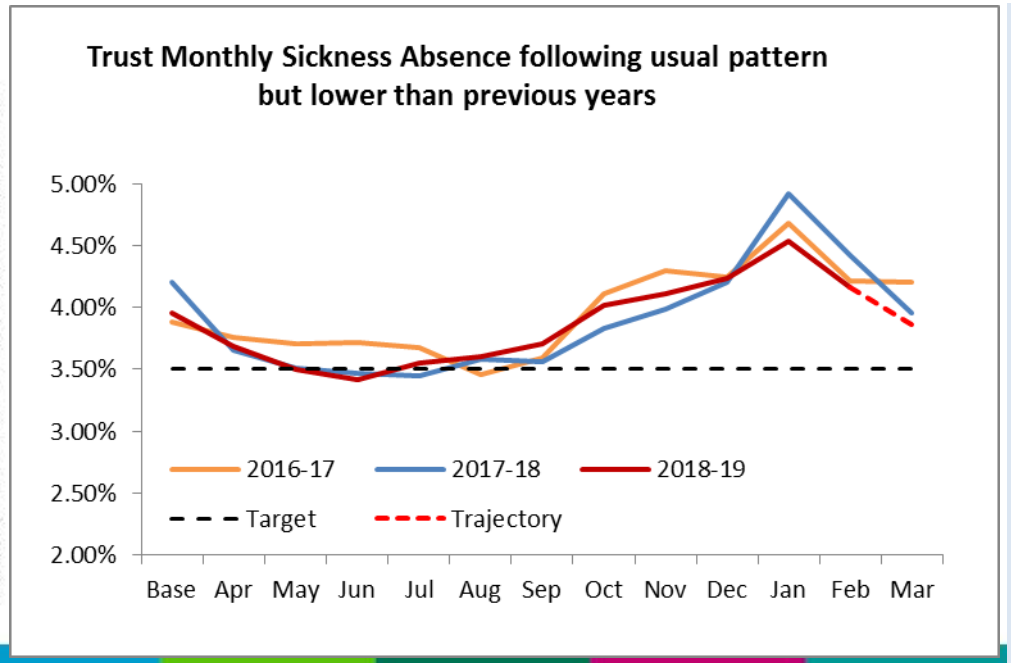
Non Registered Nursing	Non Recurrent Funded wte	Recurrent Funded wte	Contracted	Vacancies	VR%
Corporate Division		24.67	18.00	6.67	27.04%
Diagnostics & Specialty Division		73.43	67.11	6.32	8.61%
Medicine Division		343.81	270.28	73.53	21.39%
Surgery Division		298.95	261.62	37.33	12.49%
Womens & Children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

Highlights:

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

Sickness Absence

Description	Current Performance			Maternity Absence	Total Absence	Sickness Absence by month						Movement Jan to Feb
	12 months to Feb 19 (Annual)	Sickness % Abs	KPI % Abs			Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-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**	3.88%	3.50%	2.74%	6.62%	3.71%	4.02%	4.11%	4.23%	4.54%	4.16%	decrease
	Corporate	4.10%	3.50%	1.58%	5.68%	3.91%	4.18%	4.17%	4.26%	4.22%	3.04%	decrease
	Diagnostics & Specialty	3.82%	3.50%	2.43%	6.25%	3.61%	4.30%	4.37%	4.70%	4.95%	4.69%	decrease
	Medicine	3.51%	3.50%	3.35%	6.86%	2.68%	3.02%	3.39%	3.59%	4.25%	4.69%	increase
	Surgery	4.01%	3.50%	2.82%	6.83%	4.37%	4.66%	4.38%	4.23%	4.42%	3.76%	decrease
	Womens & Children	4.08%	3.50%	3.41%	7.49%	3.99%	3.71%	4.24%	4.41%	4.89%	4.43%	decrease
	Add Prof Scientific and Technic	3.18%	3.50%	1.90%	5.08%	4.29%	4.36%	2.89%	3.45%	2.37%	2.66%	increase
	Additional Clinical Services	4.99%	3.50%	3.02%	8.01%	4.99%	5.19%	5.50%	5.65%	6.28%	5.97%	decrease
	Administrative and Clerical	3.92%	3.50%	1.43%	5.35%	3.55%	4.34%	4.17%	4.38%	4.64%	3.32%	decrease
	Allied Health Professionals	2.93%	3.50%	3.53%	6.46%	1.88%	2.97%	3.38%	3.87%	3.83%	4.02%	increase
	Estates and Ancillary	7.21%	3.50%	0.00%	7.21%	8.48%	12.62%	9.35%	4.56%	4.44%	5.05%	increase
	Healthcare Scientists	2.79%	3.50%	1.60%	4.39%	3.22%	3.13%	3.13%	2.81%	3.09%	2.31%	decrease
	Medical and Dental	1.67%	3.50%	2.31%	3.98%	1.86%	1.84%	1.63%	1.54%	1.99%	1.97%	decrease
	Nursing and Midwifery Registered	4.47%	3.50%	3.75%	8.22%	4.13%	4.24%	4.65%	4.62%	4.89%	4.82%	decrease



Highlights:

- Annual sickness absence of 3.88% 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%
- The estimated cost of annual sickness absence (lost hours, not replacement) is £7,180,801
- MSK and Mental Health remain the top reasons for absence.
- The Trust Health and Wellbeing Hub launches May 2019 and will provide increased support to staff , helping them to access services related to Mental, Physical and Financial health. This includes the addition of an Employee Assistance Programme, offering 24/7 telephone support.

Triangulation (Sickness and Turnover) & Intervention

Gloucestershire Hospitals NHS
NHS Foundation Trust

SICKNESS ABSENCE	%SA	Heads	Movement since previous month	% of Sickness Absence that is Long Term
GRH Head & Neck Theatre - Pay Only 74	12.12%	41	↗	72.4%
Phlebotomy Services Trustwide 21441	9.99%	53	↗	74.2%
Day Surgery Ward 72022	9.88%	38	↗	66.3%
Ward 2a T&O Trauma & Spinal Unit 70122	9.62%	37	↘	70.8%
Trauma Ortho Fracture Clinic 43941	9.02%	27	↗	74.0%
Womens Health Admin 79222	8.35%	25	↘	77.5%
Pre-Analytical Area - Trustwide 22022	8.25%	69	*new*	65.1%
Ward Integrated Discharge 13693	8.22%	33	*new*	46.7%
Orthopaedic OPD 77022	8.18%	29	↗	69.2%
Ward 9a Gynaecology 41622	8.00%	23	↗	80.2%
Ophthalmology OPD 44241	7.48%	24	↘	58.7%
Site Management 13793	6.80%	25	↘	66.4%

Mar 18 to Feb 19	% Turnover	FTE In Post Start	FTE In Post End	Leavers	Movement since previous month
Ward 2a T&O Trauma & Spinal Unit 70122	33.19	26.59	32.47	9.80	↗
Audiology - GRH 23522	32.12	26.38	23.44	8.00	↗
Woodmancote CGH GOAM 73441	31.20	37.55	26.56	10.00	↘
Ward 6a Stroke 34822	30.71	23.76	28.33	8.00	↗
Ward 8b Thoracic/Respiratory 78722	29.61	24.92	28.76	7.95	↗
Avening Ward (Resp) 34141	27.75	29.91	24.49	7.55	↗
Prescott Ward 34541	27.13	30.67	33.91	8.76	↗
Ward 7b CAPD Renal 74322	24.93	23.00	23.53	5.80	↘
Ward 3b T&O Trauma 74422	24.52	33.63	35.32	8.45	↗
Ophthalmology OPD 44241	24.15	21.80	21.37	5.21	new
AMU 72922	22.95	35.20	41.48	8.80	new
Oncology Admin 12841	21.58	39.50	44.85	9.10	↘
Paediatric Urgent 75222	20.61	97.78	64.09	16.68	new

Key Points to Note:

- The above tables show the top areas of concerns for sickness absence and turnover.
- Through the Staff and Patient Experience Group we are developing a 'super dashboard' from which to triangulate a wide range of sources of data, including but not limited to: patient experience information, NAAS, freedom to speak up and ER case information.
- The triangulation of the two metrics above highlighted T&O as an area of concern. This has been further investigated and a number of ER cases and a patient complaint from this area have been reviewed in the past month, with the involvement of the Divisional Chief Nurse and HR Business Partner.
- HR Support is in place for the leadership team to ensure that the response to these issues is appropriate and inline with policy, whilst addressing development needs.
- Further scrutiny of these actions and their effectiveness will take place via. the Executive review process.

- Following the conflict between these metrics and the NAAS ratings for these areas (all green), the People and OD department are participating in a review of the NAAS scheme to ensure these factors are noted.

RECRUITMENT : Australia - March 2019

Gloucestershire Hospitals NHS
NHS Foundation Trust

- Recruitment fair attendance in collaboration with Health Sector Jobs (HSJ), March 2019

- Following the removal of Nurses from the skilled worker visa cap (Tier 2), the English language exemption for overseas Nurses trained in English and the NMC's recent announcement that newly qualified overseas trained Nurses and Midwives will be able to apply to work in the UK immediately after qualifying.

- 4 staff attended (3 matrons,1 recruiter) attended 4 cities across Australia (Melbourne, Sydney, Brisbane and Perth) at events set up by HSJ.

Aim as outlined in business case: To recruit a minimum of 15 RGNs

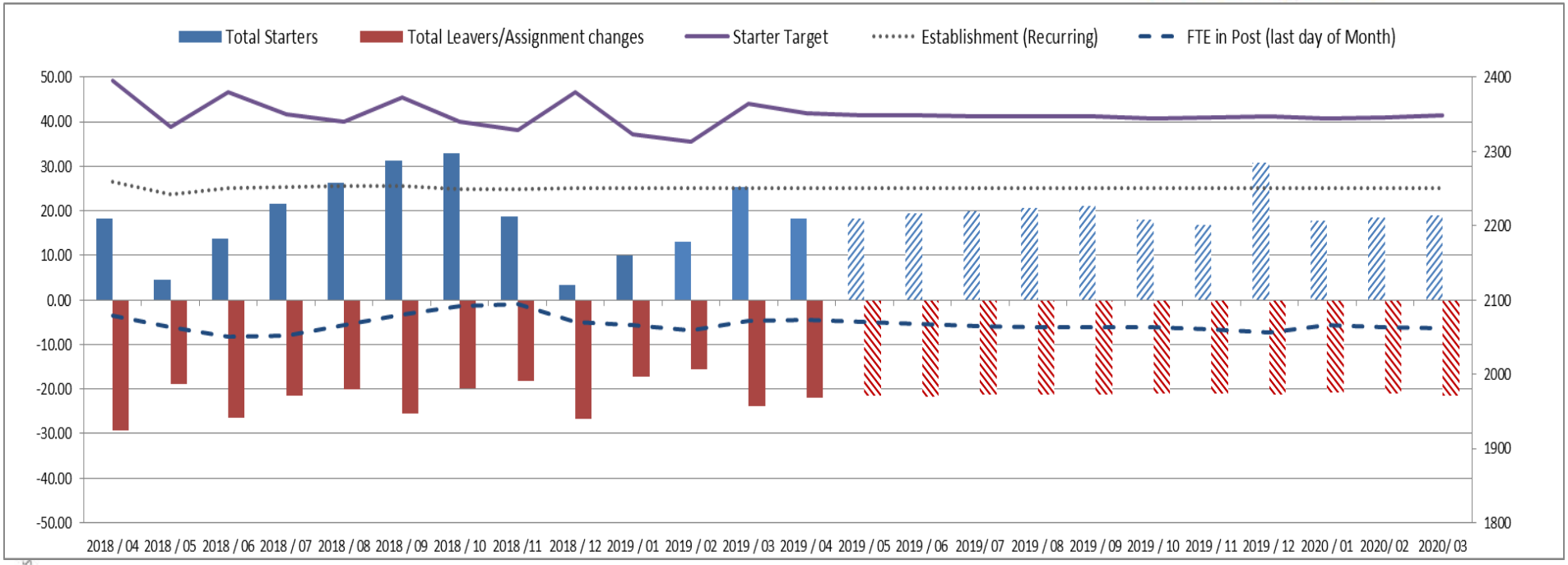
Anticipated Cost: c£55K

Offers made: 91

- All candidates are required to complete an online application (to record the relevant details)
- We continue to arrange Skype follow up and speciality specific interviews with candidates
- **25 have completed so far, with a further 15 in progress.**
- We are currently working with candidates to forecast likely arrival, depending on their Qualification Date (if NQN), CBT/ OSCE, NMC status, Visa requirements.
- Earliest likely arrival is Aug – Sept 2019.
- Candidates are likely to spread arrival over the next 12 months, depending on individual circumstances.

RECRUITMENT - Nurse Trajectory

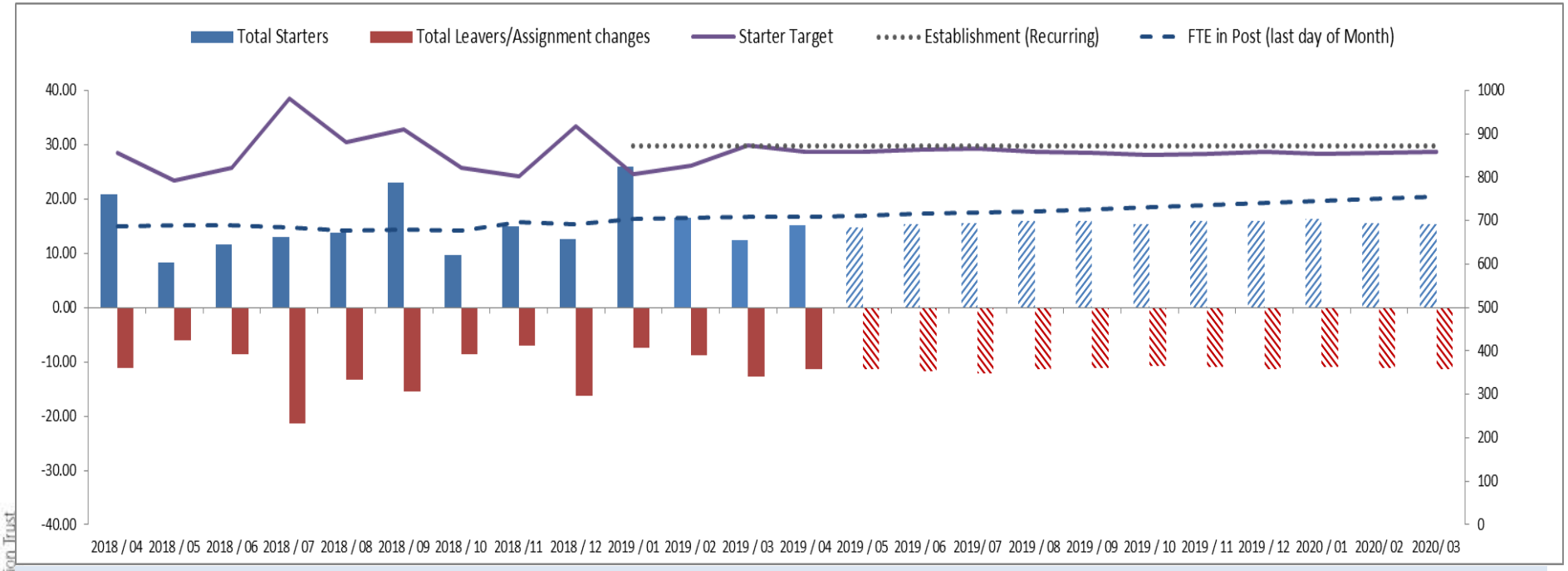
Gloucestershire Hospitals NHS



- 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.
- Our new Deputy Chief Nurse (Carole Webster) will now be involved in supporting the Recruitment Steering Group over coming months, with renewed focus on our approach to Nurse recruitment – particularly focussing on the positive promotion of the Trusts 'Good' CQC status and the benefits of belonging to a team on a 'Journey to Outstanding'.
- We have recruited a new Recruitment Team Leader and Onboarding Co-ordinator in March 2019, this takes our Recruitment Team closer to full establishment and enables us to focus fully on improving processes, developing refreshed promotional material and improving our engagement with candidates and clinical stakeholders.

RECRUITMENT – HCA Trajectory

Gloucestershire Hospitals NHS
NHS Foundation Trust



- 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.
- The trajectory continues to reflect the pressure in balancing recruitment activity against turnover , whilst showing a gradual improvement to the vacancy position over the past few months.
- Further engagement with Matrons is underway (via the Recruitment Steering Group) to continuously review our HCA recruitment days and onboarding procedures .
- Our new onboarding co-ordinator (Aysha Gordon) commenced employment with the recruitment team in March 2019 and will be reviewing our processes and the candidate experience to make sure we are as efficient as we can be and retain candidates during and after the recruitment process.

RECRUITMENT - Hard to Fill Posts & Approach

Long Term Vacancy (over 6 months)	WTE	Impact on service delivery	Initiatives in place
RGN (Band 5)	9.22%	Increased pressure on existing workforce, impact on staff experience and retention.	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 to be presented to Chief Nurse and Medical Director April 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 (2), Gastro, Acute (4), 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	Apprenticeship proposal under development (April 2019) to support 'grow our own' model from band 5 – 7 (as tried and tested in Audiology)
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.

Appraisal & Mandatory Training

Gloucestershire Hospitals NHS
NHS Foundation Trust

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

Mandatory Training	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Movement Jan to Feb	
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Corporate excl Bank	85%			88%	88%	89%	90%	91%	91%		88%	91%	↗	increase
Diagnostics	88%			90%	90%	91%	93%	93%	94%		94%	93%	↘	decrease
Medicine	81%			85%	85%	86%	88%	89%	89%		89%	88%	↘	decrease
Surgery	85%			87%	87%	88%	90%	90%	91%		90%	90%	→	stable
Women & Children	83%			84%	85%	89%	91%	91%	91%		90%	89%	↘	decrease
Trust	82%			87%	87%	88%	90%	91%	91%		89%	90%	↗	increase

- Appraisals show a stable compliance rate, despite considerable work within Divisions to increase appraisal activity.
- Reminders are sent regularly and staff have been reminded at an individual level when their appraisal and associated pay step is due.
- Mandatory training has increased to 90% , in line with the Trust 90% target.

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).

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

Report Title
Equality Delivery System (EDS2) Report and new Equality Objectives 2019-23
Sponsor and Author(s)
Author: Abigail Hopewell, Head of Leadership & OD; Suzie Cro, Deputy Director of Quality/Freedom to Speak Up Guardian Sponsor: Emma Wood, Director of People & OD/Deputy CEO
Executive Summary

Purpose

To provide assurance to the Board on the following items:

- That we have adhered to the NHS Equality Delivery System 2 (EDS2) which provides a framework of "nine steps for implementation" of equality objectives. These cover engaging with stakeholders, collating evidence, defining new equality objectives and integrating these into mainstream business planning.
- That as part of our Public Sector Equality Duty, we have identified four new equality objectives which will be delivered over 4 financial years: 2019-2023

Key issues to note

- We held a number of engagement events for staff and the public (see presentation – slide **3**, or refer overleaf). The purpose of the events was to seek their feedback and perspectives on the trust's performance against the EDS2 goals and outcomes.
- Grading criteria were used to inform participants' decision-making (see presentation – slide **5**, or refer overleaf).
- Feedback across all events was compiled and summarised into the attached EDS2 template.
- Overall, whilst there is evidence in the Trust of outstanding practice in some areas all EDS2 outcomes have been graded as "developing". This is because either:
    - There are some protected characteristics which are doing less well than other protected characteristics, or
    - We do not have evidence available to know how well we are performing in relation to a number of protected characteristics

  This will explain why some outcomes do not have any ticks against the 'faring well' column in the EDS2.
- For some of the outcomes, we have identified protected characteristics which are faring particularly well. These are highlighted on the EDS2 template.
- We provided a long-list of potential equality objectives and asked staff to vote on the four equality objectives we should focus on for the next 4 years (we also invited suggestions of other ideas). The most popular objectives were reviewed by the EDS2 Task & Finish Group and the Equality, Diversity and Inclusion Steering Group. The final list of equality objectives were taken forward to Trust Leadership Team for approval (see presentations slides **13-14**, or refer overleaf).

Conclusions

- A systematic approach has been taken to identify and engage with a range of stakeholders to help us assess our performance when it comes to matters of equality, diversity, inclusion and human rights.
- The EDS2 gives assurance that the Trust has a good understanding of its strengths and areas for development in respect of patient and staff equality, diversity and inclusion.
- The four new equality objectives will provide an over-arching focus to Equality, Diversity & Inclusion (EDI) activity in the Trust over the next 4 years.

Implications and Future Action Required

- Following ratification of the EDS2 template and new equality objectives, these will be published on the Trust's internet site and our commissioners will be informed.
- An annual Equality Diversity & Inclusion action plan is being developed to deliver specific actions relating to the equality objectives, as well as other relevant actions which support other protected characteristics. This action plan is monitored and delivered through the Equality, Diversity & Inclusion Steering Group (which reports to both the People & OD Delivery Group, and the People & OD Committee).

Recommendations

The Board is asked to NOTE the report.

Impact Upon Strategic Objectives

The new equality objectives support the delivery of the Trust's new strategic priorities, particularly in relation to patient and staff experience.

Impact Upon Corporate Risks

Compliance with the Public Sector Equality Duty is a legal requirement, and there may be financial penalties from Commissioners if we fail to publish EDS2 and associated equality objectives.

Regulatory and/or Legal Implications

As above, the Public Sector Equality Duty is a legal requirement for the Trust.
CQC and Commissioners take an interest in the processes we have followed to identify equality objectives, and will seek assurance that we are taking steps to address areas where we need to improve our performance.

Equality & Patient Impact

NHS organisations are advised to formulate 2-4 equality objectives, and these should be split between having both a patient and staff focus.

Resource Implications

Finance		Information Management & Technology	
Human Resources	X	Buildings	

Action/Decision Required

For Decision		For Assurance	**X**	For Approval	**X**	For Information	

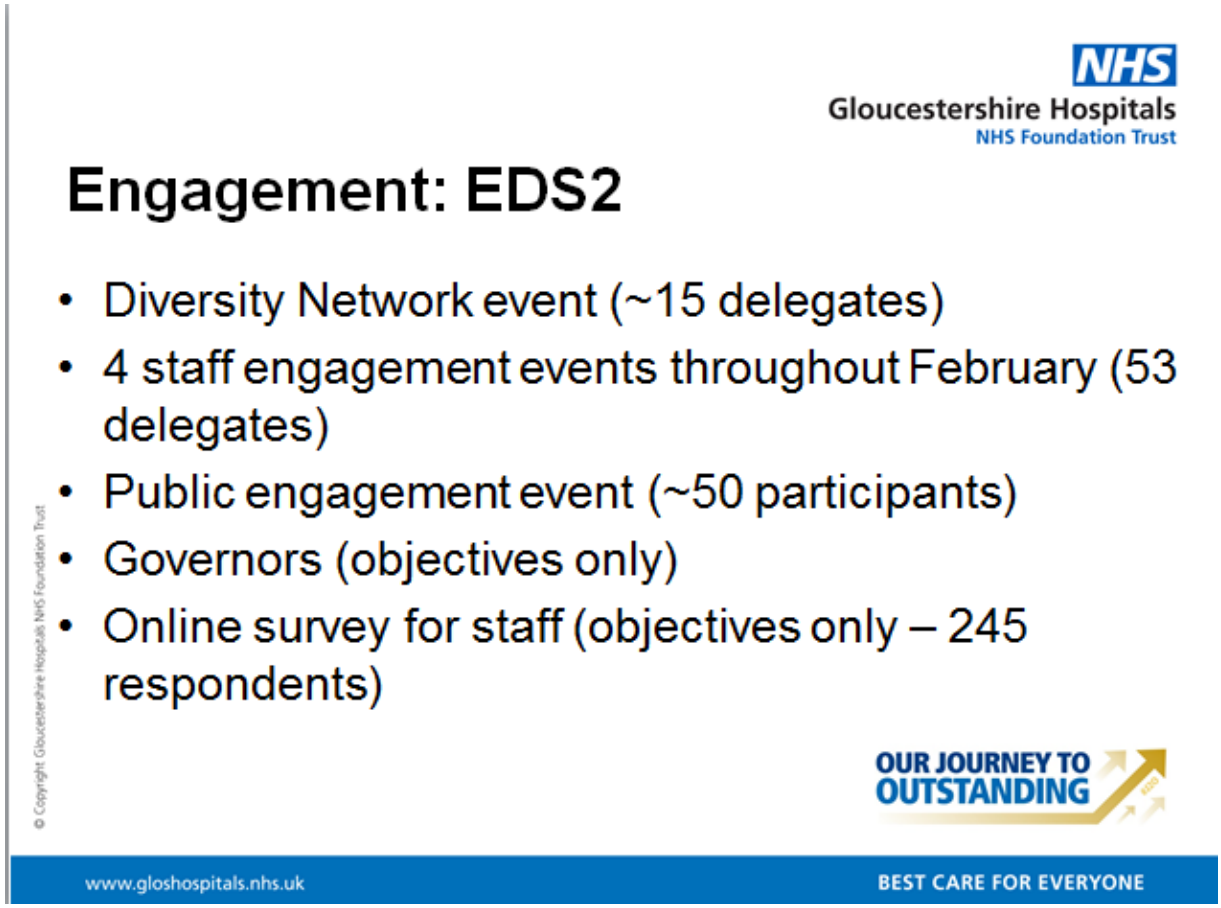
Date the paper was previously presented to Committees and/or TLT

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)
			15th April 2019			1st May 2019	

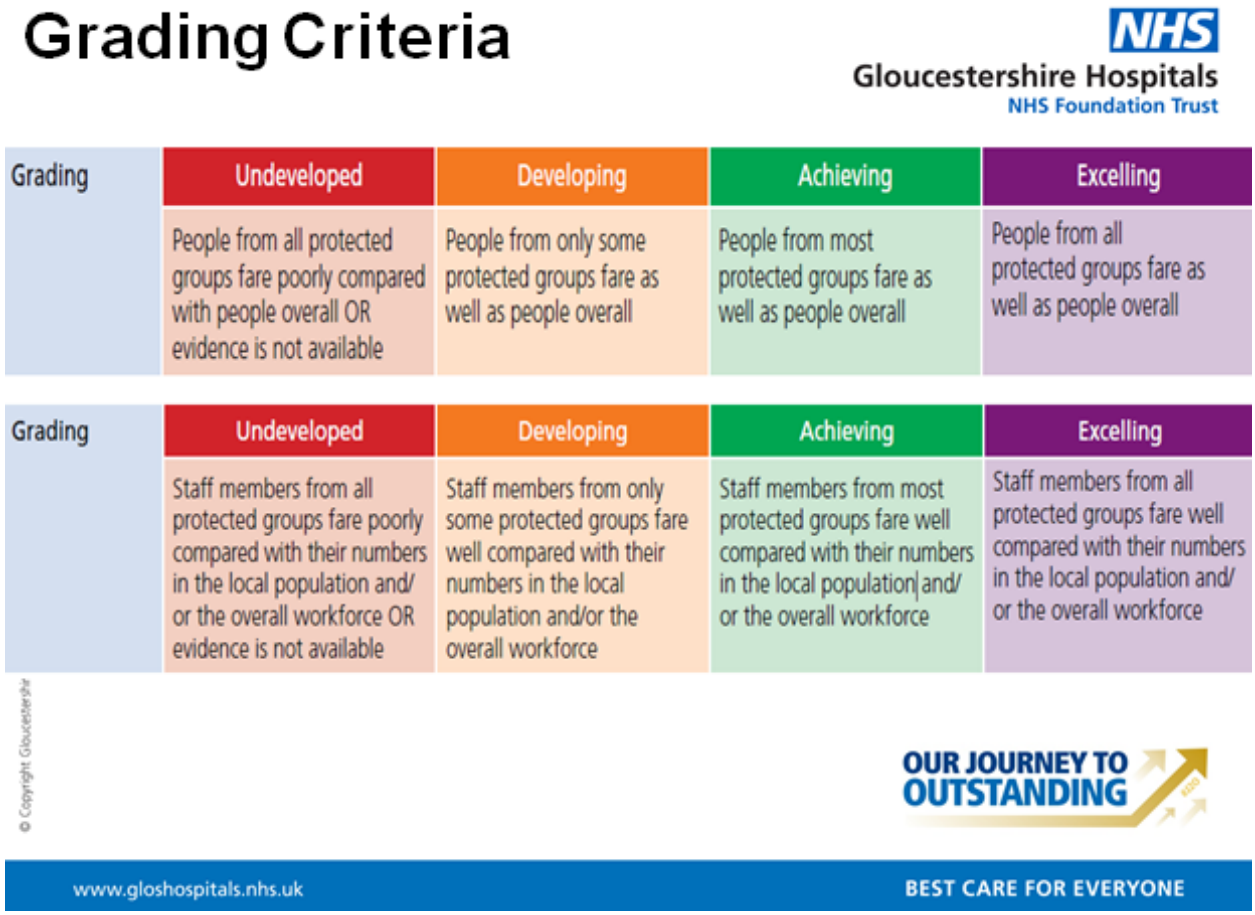
Outcome of discussion when presented to previous Committees/TLT
• People & OD Committee saw and approved an earlier version of the EDS2 template, which was approved in principle. The 4-year equality objectives were approved. • TLT saw and approved a final version of the EDS2 template. The 4-year equality objectives were approved.

Screenshots of slides below, for ease of reference:

Slide 3



Slide 5



Slides 13-14

NHS
Gloucestershire Hospitals
NHS Foundation Trust

4-year Equality Objectives: Patient-related

No.	Objective
1	Develop 'conversations with the community' engagement events reaching out to different areas served by the Trust covering different socio-economic and geographical areas.
2	Develop a Person-Centred Care Charter (Dignity & Respect) for patients which clearly states that our Trust is committed to providing services that are non-discriminatory and ensure equitable provision for all regardless of age, race, gender, gender reassignment, ethnicity, disability, religion and sexual orientation (this list is not exhaustive).

NHS
Gloucestershire Hospitals
NHS Foundation Trust

4-year Equality Objectives: Staff-related

No.	Objective
3	Significantly strengthen support provided to staff with disabilities, mental health and long-term health conditions; including implementation of an education/ awareness campaign aimed at managers and staff to enable people with these conditions feel safe, valued and have equal opportunity in the Trust
4	Improve the support and reporting mechanisms for staff when they experience or witness bullying, abuse, harassment or violence in our Trust to ensure staff feel able to respond effectively and receive the support they need

NHS
Gloucestershire Hospitals
NHS Foundation Trust

OUR JOURNEY TO OUTSTANDING

Trust Board

Summary of Equality Delivery System 2

New 4-year Equality Objectives 2019-2023

Why Equality objectives?

Gloucestershire Hospitals NHS Foundation Trust

- Under the Equality Act 2010, we have a **legal duty** to set and publish equality objectives every 4 years (minimum)

- The Equality Delivery System (EDS2) provides a framework for doing this.

- We must engage with stakeholders to help us shape and decide what our priorities will be

OUR JOURNEY TO OUTSTANDING #J2O

Engagement: EDS2

- Diversity Network event (~15 delegates)
- 4 staff engagement events throughout February (53 delegates)
- Public engagement event (~50 participants)
- Governors (objectives only)
- Online survey for staff (objectives only – 245 respondents)

Equality Delivery System (EDS2)

Gloucestershire Hospitals NHS Foundation Trust

4 Goals	
1. Better health outcomes	Patient-related goals
2. Improved patient access and experience	
3. A representative and supported workforce	Staff-related goals
4. Inclusive leadership	

- Each goal has 3-6 associated outcomes
- Stakeholders helped us to assess our performance against each outcome

OUR JOURNEY TO OUTSTANDING #120

Grading Criteria

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Grading	Undeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Grading	Undeveloped	Developing	Achieving	Excelling
	Staff members from all protected groups fare poorly compared with their numbers in the local population and/ or the overall workforce OR evidence is not available	Staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce	Staff members from most protected groups fare well compared with their numbers in the local population and/ or the overall workforce	Staff members from all protected groups fare well compared with their numbers in the local population and/ or the overall workforce

OUR JOURNEY TO OUTSTANDING #J2O

GOAL 1: BETTER HEALTH OUTCOMES

Gloucestershire Hospitals NHS Foundation Trust

5 outcomes:

1.1 Services are commission, procured, designed and delivered to meet the health needs of local communities

1.2 Individual people's health needs are assessed and met in appropriate and effective ways

1.3 Transitions from one service to another, for people on care pathways, are made smoothly and with everyone informed

1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

OUR JOURNEY TO OUTSTANDING #J2O

GOAL 2: IMPROVED PATIENT ACCESS AND EXPERIENCE

Gloucestershire Hospitals NHS Foundation Trust

4 outcomes:

2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

2.2 People are informed and supported as they wish in decisions about their care

2.3 People report positive experiences of the NHS

2.4 People's complaints about services are handled respectfully and efficiently

OUR JOURNEY TO OUTSTANDING #J2O

Gloucestershire Hospitals
NHS Foundation Trust

Overall conclusions for all outcomes in Goal 1 and Goal 2:

DEVELOPING *

People from only some groups fare as well as people overall

* Refer to EDS2 template for more information

OUR JOURNEY TO OUTSTANDING #120

GOAL 3: A REPRESENTATIVE AND SUPPORTED WORKFORCE

NHS
oucestershire Hospitals
NHS Foundation Trust

6 outcomes:

3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

3.2 The NHS is committed to equal pay for work of equal values and expects employer to use equal pay audits to help fulfil their legal obligations

3.3 Training and development opportunities are taken up and positively evaluated by all staff

3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

3.6 Staff report positive experiences of their membership of the workforce

OUR JOURNEY TO OUTSTANDING #120

GOAL 4: INCLUSIVE LEADERSHIP

Gloucestershire Hospitals NHS Foundation Trust

3 outcomes:

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

OUR JOURNEY TO OUTSTANDING #120

Gloucestershire Hospitals
NHS Foundation Trust

Overall conclusions for all outcomes in Goal 3 and Goal 4:

DEVELOPING *

Staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce

* Refer to EDS2 template for more information

OUR JOURNEY TO OUTSTANDING #120

4-year Equality Objectives

- A list of potential objectives were devised in response to initial data/evidence gathering undertaken prior to the engagement
- Participants had 4 votes to identify: two patient-related objectives; two staff-related objectives
- Favourites/most popular objectives discussed in the EDS Task & Finish group, and the EDI Steering Group where proposed new objectives finalised

Gloucestershire Hospitals
NHS Foundation Trust

4-year Equality Objectives: Patient-related

No.	Objective
1	Develop ‘conversations with the community’ engagement events reaching out to different areas served by the Trust covering different socio-economic and geographical areas.
2	Develop a Person-Centred Care Charter (Dignity & Respect) for patients which clearly states that our Trust is committed to providing services that are non-discriminatory and ensure equitable provision for all regardless of age, race, gender, gender reassignment, ethnicity, disability, religion and sexual orientation (this list is not exhaustive).

Gloucestershire Hospitals
NHS Foundation Trust

4-year Equality Objectives: Staff-related

No.	Objective
3	Significantly strengthen support provided to staff with disabilities, mental health and long-term health conditions; including implementation of an education/ awareness campaign aimed at managers and staff to enable people with these conditions feel safe, valued and have equal opportunity in the Trust
4	Improve the support and reporting mechanisms for staff when they experience or witness bullying, abuse, harassment or violence in our Trust to ensure staff feel able to respond effectively and receive the support they need

Equality Delivery System for the NHS

EDS2 Summary Report

Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at: **http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf**

This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation's website.

NHS organisation name:

Gloucestershire Hospitals NHS Foundation Trust

Organisation's Board lead for EDS2:

Emma Wood, Director of People & OD/Deputy CEO

Organisation's EDS2 lead (name/email):

Abigail Hopewell - abigail.hopewell@nhs.net

Level of stakeholder involvement in EDS2 grading and subsequent actions:

Engagement events to support the EDS2 grading (February 2019):
- Diversity Network (15 attendees)
- Four multidisciplinary staff engagement events (53 attendees)
- Public engagement event (~50 attendees)

Engagement to help us identify new equality objectives (February 2019):
- Events as above, plus
- Governors meeting
- Senior Leaders forum and middle managers network
- Online survey for staff (245 responses)

Organisation's Equality Objectives (including duration period):

Four equality objectives for 2019-2023:
1. Develop "conversations in the community" engagement events to reach out to different areas served by the Trust, covering different socio-economic and geographical areas.
2. Develop a Person-Centred Care Charter (Dignity & Respect) for patients which clearly states that our Trust is committed to providing services that are non-discriminatory and ensures equitable provision for all regardless of any protected characteristic.

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

PATIENTS/COMMUNITY:
We have collaborated with Gloucestershire Deaf Association on a communication quality improvement project, resulting in enhanced patient experience.
We have made environmental improvements for patients with dementia.
We have achieved our Transition CQUIN
Members of our Hospital User Group (HUG) with Learning Disabilities review all Easy Read patient information leaflets before they are put into circulation.
We have 'Befriending Volunteers' to visit inpatients who have no other visitors.
We are embedding the 'Making Every Contact Count (MECC)' approach into our

Publication Gateway Reference Number: 03247

Date of EDS2 grading February 2019 **Date of next EDS2 grading** February 2023

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes	1.1	**Services are commissioned, procured, designed and delivered to meet the health needs of local communities** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; Gender reassignment; Marriage and civil partnership; ✓ Pregnancy and maternity; Race; Religion or belief; Sex; Sexual orientation Evidence drawn upon for rating: We continue to work with, and listen to the comments of, community partners such as Gloucestershire Deaf Association (GDA) and Insight (previously Gloucestershire County Association for the Blind) and have good connections with the local Trans-gender community. Embedding the 'Making Every Contact Count (MECC)' approach; working with our patients to support them to positively change	✓
	1.2	**Individual people's health needs are assessed and met in appropriate and effective ways** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: Age; ✓ Disability; Gender reassignment; Marriage and civil partnership; ✓ Pregnancy and maternity; Race; Religion or belief; ✓ Sex; Sexual orientation Evidence drawn upon for rating: A comprehensive assessment is undertaken as part of the admissions process and steps taken to meet the patients particular needs from the information gathered. We have the Carer's Passport to ensure carer's lives are made easier when the person they care for is in hospital. We have the 'This is Me' care plan to better understand the individual needs of our dementia patients.	✓
	1.3	**Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: Age; Disability; Gender reassignment; Marriage and civil partnership; Pregnancy and maternity; Race; Religion or belief; Sex; Sexual orientation Evidence drawn upon for rating: We have achieved the Transition CQUIN We have considerable 'best practice' evidence in regards to transition to home, transition from paediatrics to adult services, transition for people with LD, complex neurological disability transition and Renal transition. We plan to develop joined up care planning with our community partners.	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes, continued	1.4	**When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age; ☐ Disability; ☐ Gender reassignment; ☐ Marriage and civil partnership; ☐ Pregnancy and maternity; ☐ Race; ☐ Religion or belief; ☐ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** We have robust safety assurance and risk assessment procedures. We have a catalogue of safety policies that offer helpful guidance for staff to ensure patient safety at all times. We have an embedded effective risk reporting system, which is used and monitored to gain understanding and inform change when needed. The Trust is considering the reinstatement of 'Planned Preventative	✓
	1.5	**Screening, vaccination and other health promotion services reach and benefit all local communities** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age; ☐ Disability; ☐ Gender reassignment; ☐ Marriage and civil partnership; ✓ Pregnancy and maternity; ☐ Race; ☐ Religion or belief; ✓ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** We provide a comprehensive interpretation and translation service in a variety of formats. The Trust is commissioned, and provides, various screening programs for our local population, such as Diabetic Eye Screening and Cervical Screening, to name two. We provide many of our patient information leaflets in Easy Read format.	✓
Improved patient access and experience	2.1	**People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age; ☐ Disability; ☐ Gender reassignment; ☐ Marriage and civil partnership; ✓ Pregnancy and maternity; ☐ Race; ☐ Religion or belief; ☐ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** Our LD Hospital Liaison Nurses support patients with LD attending our hospitals. We continue to drive forward improvements for carers as outlined in our Carer's Strategy. We plan to make better use of activity and provider monitoring data to understand the needs of our communities and inform service improvements.	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Improved patient access and experience	2.2	**People are informed and supported to be as involved as they wish to be in decisions about their care** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age ☑ Disability ☐ Gender reassignment ☐ Marriage and civil partnership ☐ Pregnancy and maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation **Evidence drawn upon for rating:** Patients with LD have 'Passport' folders, which they complete with their carers. This document informs staff of the patients wishes and their level of involvement. Similarly, patients with dementia have an 'Information about me' booklet. We use a 'Capacity Assessment' and a 'Decision making Flow Chart' to ascertain a patient's capacity and to arrange for	✓
	2.3	**People report positive experiences of the NHS** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age ☐ Disability ☐ Gender reassignment ☐ Marriage and civil partnership ☐ Pregnancy and maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation **Evidence drawn upon for rating:** We actively ask patients, carers and visitors for their feedback on using our services. We use a variety of different methods, including surveys (face-to-face, telephone, comment cards), focus groups, shadowing, patient liaison, social media, co-design/quality improvement work and by asking Healthwatch. We continually make efforts to improve the environment, the quality of patient information, our communication methods and behaviour	✓
	2.4	**People's complaints about services are handled respectfully and efficiently** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age ☐ Disability ☐ Gender reassignment ☐ Marriage and civil partnership ☐ Pregnancy and maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation **Evidence drawn upon for rating:** Our Chief Executive reads and signs every complaint response. All complaints are investigated by the Complaints team, in collaboration with the staff concerned, their superiors and at executive level where necessary. There is clear guidance on how to complain on the Trust's website, on posters on each ward, in leaflet and Easy Read format. All complaints with a 'Protected Characteristics' issue will be	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.1	**Fair NHS recruitment and selection processes lead to a more representative workforce at all levels** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age; ☐ Disability; ☐ Gender reassignment; ☐ Marriage and civil partnership; ☐ Pregnancy and maternity; ☐ Race; ☐ Religion or belief; ☐ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** WRES 17/18 - white applicants 1.53 times more likely to be appointed than BAME. Two ticks disability confident leader. Signed up to Armed Forces Covenant "Step into Health" scheme. Guaranteed interviews for disabled and ex-Forces applicants who meet essential criteria. Clearly documented recruitment procedures. Training available to	☐
	3.2	**The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age; ☐ Disability; ☐ Gender reassignment; ☐ Marriage and civil partnership; ☐ Pregnancy and maternity; ☑ Race; ☐ Religion or belief; ☑ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** NHS job evaluation adhered to. Strong process in place for banding and job evaluation. Gender pay gap report published annually. No gender pay gap across non-medical staff (82% workforce). Combined medical/non-medical workforce - pay gap exists, but can be objectively explained - associated with length of service of senior male doctors and national terms and conditions. Over time this will	☐
	3.3	**Training and development opportunities are taken up and positively evaluated by all staff** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age; ☐ Disability; ☐ Gender reassignment; ☐ Marriage and civil partnership; ☐ Pregnancy and maternity; ☐ Race; ☐ Religion or belief; ☐ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** Staff survey 2017 results - men, BAME, disabled report lower quality appraisal, and less belief org provides equal opps for career progression/promotion. WRES 17/18 - white staff 1.07 times more likely to access non-mandatory training Positive action to encourage BAME b5-7 to apply for Leadership Academy "Stepping Up" programme.	☑

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.4	**When at work, staff are free from abuse, harassment, bullying and violence from any source** **Grade:** Undeveloped; Developing; Achieving; Excelling **Which protected characteristics fare well:** ☐ Age; ☐ Disability; ☐ Gender reassignment; ☐ Marriage and civil partnership; ☑ Pregnancy and maternity; ☐ Race; ☐ Religion or belief; ☑ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** Staff survey 2017 - some groups report worse experience in relation to bullying, harassment and violence: those who self-describe their gender, BAME, disabled, 16-30 age range. Part-time staff report a more positive experience in virtually all staff survey findings (jnference being females, pregnancy/maternity). No staff survey data available for gender reassignment, marriage/civil partnership, religion/belief and sexual orientation.	✓
	3.5	**Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives** **Grade:** Undeveloped; Developing; Achieving; Excelling **Which protected characteristics fare well:** ☐ Age; ☐ Disability; ☐ Gender reassignment; ☐ Marriage and civil partnership; ☐ Pregnancy and maternity; ☐ Race; ☐ Religion or belief; ☐ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** Flexible working options available for all staff to request, covered by Flexible Working Policy. All requests considered. Staff Survey 2017 - groups which report lower satisfaction levels with opportunities for flexible working patterns: men, disabled, 16-30 age range.	✓
	3.6	**Staff report positive experiences of their membership of the workforce** **Grade:** Undeveloped; Developing; Achieving; Excelling **Which protected characteristics fare well:** ☐ Age; ☐ Disability; ☐ Gender reassignment; ☐ Marriage and civil partnership; ☐ Pregnancy and maternity; ☐ Race; ☐ Religion or belief; ☐ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** Staff survey 2017 - groups which report a worse experience of their membership of the workforce (relating to questions around recommending us as a place to work, motivation, feeling recognised/valued, feeling involved, experiencing discrimination): men, disabled, white, those who self-describe their gender, 16-30 age range, 41-50 age range. WRES 17/18 - BAME staff are 1.87 times more likely to enter	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Inclusive leadership	4.1	**Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age ☑ Disability ☐ Gender reassignment ☐ Marriage and civil partnership ☐ Pregnancy and maternity ☑ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation **Evidence drawn upon for rating:** Board and Trust Leadership Team discusses and approves WRES, Equality Report, annual Equality Action Plan. Unconscious Bias training scheduled for the Board. Board Champions recently identified for each protected characteristic. Used senior leaders forum to launch Diversity Network. Executives have participated in some of the Diversity Network events.	☑
	4.2	**Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age ☐ Disability ☐ Gender reassignment ☐ Marriage and civil partnership ☐ Pregnancy and maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation **Evidence drawn upon for rating:** Strategic planning goes some way to recognising developments in our communities e.g. aging population, care closer to home, system approach to service provision. Equality Impact Assessments undertaken for all new policies. All Board and Committee-level papers must consider "Equality and Patient Impact" as standard. Equality risks recorded on the central Trust risk register.	☐
	4.3	**Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ☐ Age ☐ Disability ☐ Gender reassignment ☐ Marriage and civil partnership ☐ Pregnancy and maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation **Evidence drawn upon for rating:** All leadership development opportunities have incorporated equality, diversity and inclusion into the content. Diversity Network which all staff are encouraged to join. All recruiting managers mandated to completed Unconscious Bias training. Staff survey 2017 - groups which report a worse experience in relation to effective team working, support from immediate	☑

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Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

Report Title
Gender Pay Gap Report
Sponsor and Author(s)
Author: Alison Koeltgen, Deputy Director of People and OD Executive Sponsor: Emma Wood, Deputy CEO and Executive Director of People and OD
Executive Summary

Purpose

This report shares information published on 30 March 2019 as part of our requirements to participate in national Gender Pay Gap reporting (page 6). The report offers further analysis to make sense of this data within the context of Gloucestershire Hospitals Trust.

The data set used for this report, as determined by national reporting requirements, is data extracted from March 31st 2018, this data therefore still includes staff who transferred to GMS on April 1st 2018.

Key issues to note

Non-Medical Workforce
This report provides assurance that there is **no Gender Pay Gap across our Non- Medical workforce**, which accounts for 84% of our total workforce.

Medical Workforce
The report separates the Medical Workforce, which includes hosted GP Trainees, and profiles length of service between Male and Female Medics – demonstrating the pay gap across the four pay quartiles. The analysis of 2018 pay quartiles shows similar trends to previously reported data, the most movement being in Pay Quartile 1, with an increase in Male numbers (17fte/ 4.86%).

CEA (Bonus) Payments
During the 2017 Clinical Excellence award round, 40% of applicants were female and 60% male, the percentage of female applicants increased by 10% when compared to the 2016 round. We observed an increase in success rates across all applicants: 96% of the female CEA applicants were successful in their application for an award, compared to 85% of their Male counterparts. During the previous 2016 round only 66% of female applicants secured an award, versus a 63% success rate for male applicants.

The report shows the CEA gender pay gap of 41.60% (av. pay). In order to understand this gap we recognised that this is impacted by the number of Male consultants in post, with significant service. By way of explanation, figure 6 within the report shows the gender split between consultants with longer service at consultant level and figure 7 demonstrates the difference in the level of CEA award secured. Almost 24% of male consultants who receive CEA are on levels 8 and above (£29,835 to £76,500 pa), whereas the figure for females is 10%. Conversely 40.68% of female staff receive CEA level 1 (£2984 pa) whilst only 17.5% of males receive awards at this level.

Collective Gender Pay Gap Reporting (National Requirement)

The **average hourly rate** for female staff has increased from £14.88 to £15.89 (representing a 6.78% increase). The average hourly rate for male staff increased by 3.5% from £20.84 to £21.57. This represents a decrease in the gender pay gap, based on the **average hourly rate**, for all staff from from 28.59% in 2017 **to 26.30% in 2018.**

The Gender Pay Gap report also requires analysis on the **Median hourly rate**, which shows an increase from 11.52% in 2017 to 15.19% in 2018. In understanding this increase in the pay gap it is important to note that the median hourly rate for female staff increased only slightly from £13.42 to £14.70 (9.46% increase), whereas the median hourly rate for male staff increased far more significantly from £15.17 to £17.33 (14.27% increase).

Conclusion

The Board are ADVISED that collectively, the Gloucestershire Hospitals NHS Foundation Trust gender pay gap is reported at 15.19% (based on the median hourly rate) and 26.3% (based on average hourly rate). These figures are reported nationally and reflect the combined gender pay gap of both medical and non-medical staff. Whilst the gender pay gap between average hourly rate has decreased by 2.29% between 2017 and 2018; the gender pay gap between the median hourly rate shows an increase of 3.67% between 2017 and 2018 reports.

The Board are asked to **NOTE** that the gender pay gap can be objectively explained, when we consider the application of terms and conditions which are set nationally and reward length of service. Furthermore, there is no Gender Pay Gap reported across our Non- Medical workforce, which accounts for 82% of the total workforce as a result of the agenda for change framework.

With regard to the distribution of Clinical Excellence Awards, The Board are asked to **NOTE** the gender pay gap associated with the proportion of male to female consultants receiving levels 8 and above. However the board are advised that the allocation of awards demonstrates a higher success rate for female applicants and that the number of applications is more than proportionate to the gender split within this professional group.

There is evidence that supports the assumption that this pay gap is associated with length of service of a number of senior male Doctors; with further analysis demonstrating that the number of females both entering the Medical workforce and existing staff within pay quartiles 1-3 will lead to a reverse in this pay gap in future years; as such, the current pay gap is justified.

In order to test the assumption, that the Gender Pay Gap within the Medical workforce is driven by Clinical Excellence Awards and Length of Service, we removed the Clinical Excellence Award and recalculated the gender pay gap split by the following categories:

- All Medical Staff combined (24.66% gender pay gap)
- Career Grades (12.37% gender pay gap)
- Consultants (5.29% gender pay gap)
- Training Grades (0.88 gender pay gap)

Through removing CEA payments, the tables below demonstrate that the collective pay gap is significantly skewed by the pay gap that exists between male and female Career Grade Doctors, compared to a negligible pay gap in training grades and only a 5.29% gap in Consultant Grades. In understanding the possible reasons for this it is important to consider the contractual differences that apply when recruiting Career Grades versus Consultants. The national Consultant contract ensures that additional seniority is granted to those newly-appointed Consultants whose training has been lengthened by virtue of being in a flexible training scheme (ie, working part-time – usually because of maternity leave). Such Consultants are placed on the pay threshold they *would* have attained had they been in full-time training. There is currently no such provision within the SAS (Career Grade) contract. This positive action significantly reduces the potential gender pay gap between male and female consultants, when CEA's are excluded from the analysis. Conversely, the Career Grade appointment process fails to provide this protection; leading to an increased pay gap for this Trust of 12.37% across the professional group. See Annex to Gender pay gap for analysis.

Implications and Future Action Required

The report details the actions within our existing Equality of Opportunity Plan specifically related to Gender Pay:

1. Review and learn from the existing CEA process; ensuring learning is used when the new CEA process (from NHS Employers) is launched in late 2018. Undertake a full Equality Impact Assessment as part of the launch. In particular the measures/ outcome sought are:

- Demonstrably fair process which has considered all protected characteristics
- Perceived barriers/ deterrents, linked to protected characteristics are removed
- Increase in applications from consultants with declared protected characteristics, especially women
- Ensure CEA panel is represented by panellists having a range of protected characteristics

Outcome:
The proposed new CEA process has had a national Equality Analysis completed (Full Equality Analysis enclosed in Annex 1 for information). We will ensure a localised Equality Impact Assessment is also conducted and proposed panel membership is shared with the Local Negotiating Committee as part of our internal process of assurance.

2. Deliver CEA information workshops to encourage more applications from women and better understand what may discourage them from applying. The measures/ outcome sought were

- Better understanding of reasons why some consultants choose not to submit an application
- Increased confidence and understanding of the CEA process – leading to increased applications from under-represented areas, especially women.

Outcome:
The workshops conducted associated with the last 2 CEA rounds were successful and we saw an increase in the number of female applicants for Clinical Excellence Awards. This was further enhanced by an increase in the success of both male and female applicants.

3. Escalate to NHS Employers the issues relating to the terms and conditions of Career Grade and consider how we could address this locally. The People and OD Delivery Group will review the possible implications of a local solution.

Recommendations

The Board are asked to receive this report and be assured that the national data upload is complete.

It is recommended that this report is shared for information with Trust Board and uploaded to our Internet Equality Pages.

Impact Upon Strategic Objectives

A perceived unfair gender pay gap could impact upon reputation, recruitment, retention and employee engagement.

Impact Upon Corporate Risks

Unfair pay could impact upon these People and OD risks captured on its divisional register:

The risk of being unable to match recruitment needs with suitably qualified clinical staff impacting on the delivery of the Trusts strategic objectives. (risk reference C1437P&OD)

The risk of continued levels of poor staff engagement is that our staff experience will impact negatively on retention, recruitment and patient experience. (risk reference C2803P&OD)

Regulatory and/or Legal Implications
There is a legislative requirement for public sector organisations to conduct an annual gender pay gap audit and publish the data included on page 6 of the report.

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)**
			15th April 2019			3rd April 2019	Executive Team 26th March 2019

Outcome of discussion when presented to previous Committees/TLT
The People and OD Committee noted the report was comprehensive with detailed underlying analysis. Committee was assured that the medical gap relates to nationally set terms and conditions and length of service. Where the Trust could influence this such as encouraging females to apply for Clinical Excellence Awards this was achieved in 18/19. The Committee were encouraged to understand the medical pay gap further and noted the steps which could be taken to mitigate these.

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Gender Pay Gap Report, March 2019

1. Introduction

This report shares the information published as part of our requirements to participate in national Gender Pay Gap reporting, whilst going a step further to make sense of this data within the context of Gloucestershire Hospitals Trust. The national reporting portal for Gender Pay Gap reports groups staff together in broad terms whereas this report breaks this down into level of detail to help inform our understanding of the Gender Pay differences. The data set used for this report, as determined by national reporting requirements, is data extracted from March 31st 2018, this data therefore includes staff that transferred to the Trust subsidiary company, GMS, from April 1st 2018.

2. Background (Understanding how the Gender Pay Gap is Reported)

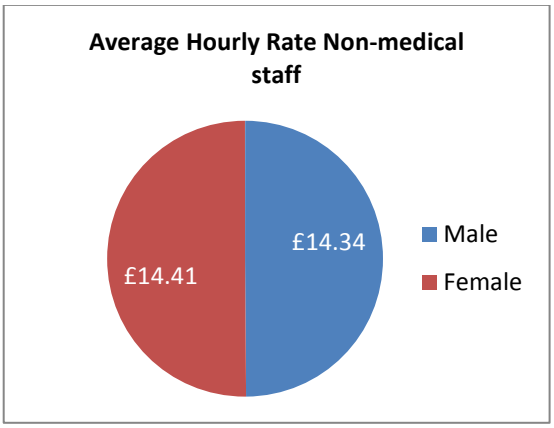
The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men. The gender pay gap differs from equal pay; equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. Whereas the gender pay gap shows the differences in the average pay between men and women.

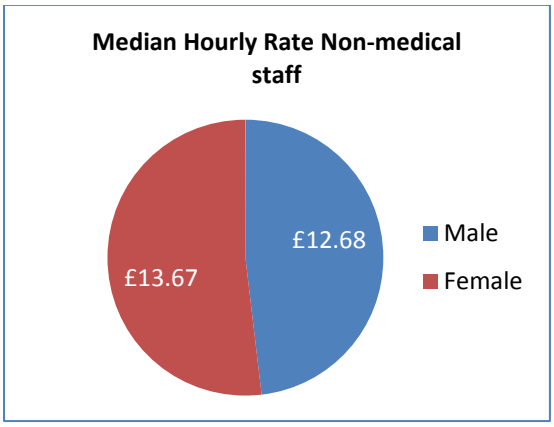
3. GHNHSFT Analysis - Non Medical Workforce

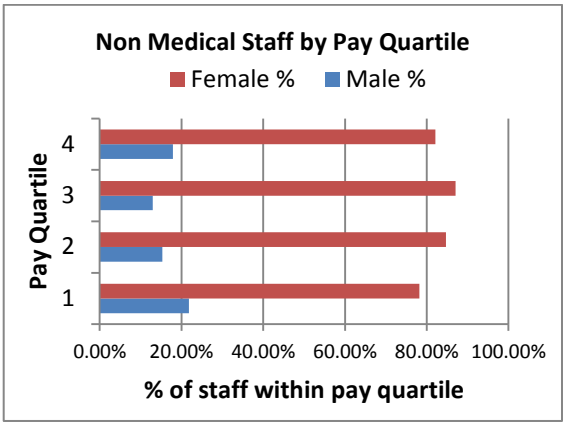
For the 2018 reporting period, 84 % of our staff falls into the category of 'Non-Medical Workforce', a 2% increase from the previous 2017 reporting period. This group is predominantly remunerated through Agenda for Change terms and conditions which mean pay increases are dependent on length of service. As expected, this means there is **negligible difference** between the average or median hourly rate for this staff group (fig 1)

The volume of female staff in post far outweighs male staff leading to a greater number of females across all pay quartiles. This information provides us with assurance that there is **no Gender Pay Gap across our Non- Medical workforce**, which accounts for 84% of our total workforce.

Figure 1: Non-Medical Staff Gender Pay Analysis







Gender Pay Gap Report, March 2019

4. GHNHSFT - Medical Workforce

The remaining 16% of our reportable workforce is medical staff, 30% of this medical workforce is Consultants, and this represents a 2% increase in the consultant workforce when compared to the 2017 Gender Pay Gap Report. For consistency, all the figures in this report include the hosted GP Trainees since they are included in the National reporting template. The percentage of Medical staff working for GHNHSFT directly is 12.5% of the workforce.

Our analysis tells us that there are significantly more men (2:1) in the upper pay quartile of the Medical workforce than women. Whilst 58% of the total Medical workforce is female, only **10.1**% of women within their gender group have been registered for more than 20 years, compared to **40%** of men in theirs. (Fig 2). For clarity, we have shown the GMC/GDC first registration date for the Medical Workforce as it is a more helpful indicator of seniority than pure length of service with the Trust.

Within the group of Medical staff who have been qualified for more than 20 years; 66% are male and 34% are female. Whilst our analysis **highlights a gender pay gap within the senior medical workforce**, we understand that this related to **length of service**, which is a parameter used to determine pay within the national terms and conditions we apply. As reflected in our 2017-18 Gender Pay Gap report, this trend reverses in pay quartiles 1-3. (Fig 3a) as the number of female medical staff increases.

Figure 2: Medical Staff Length of Service Profile (post registration)

Medical staff only		FTE			FTE	
	Gender	Female	Male	% of Gender	Female	Male
Yrs since 1st GMC/GDC registration Band				Service Band		
0 - 1 yrs		31.00	25.00	0 - 1 yrs	55.36%	44.64%
01 - 05		270.00	136.00	01 - 05	66.50%	33.50%
06 - 10		337.00	126.00	06 - 10	72.79%	27.21%
11 - 15		84.00	88.00	11 - 15	48.84%	51.16%
16 - 20		46.00	58.00	16 - 20	44.23%	55.77%
21 - 25		38.00	64.00	21 - 25	37.25%	62.75%
26 - 30		32.00	61.00	26 - 30	34.41%	65.59%
31 - 35		16.00	33.00	31 - 35	32.65%	67.35%
36 - 40		8.00	28.00	36 - 40	22.22%	77.78%
40+ yrs		5.00	7.00	40+ yrs	41.67%	58.33%
Trust Total		867.00	626.00		**58.07%**	**41.93%**
		Registered for > 20 years			10.10%	40.20%

Figure 3: Medical Staff Gender Pay Analysis

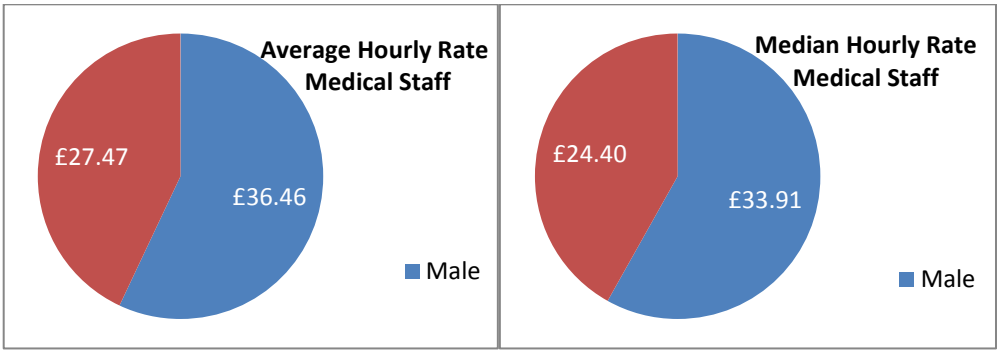
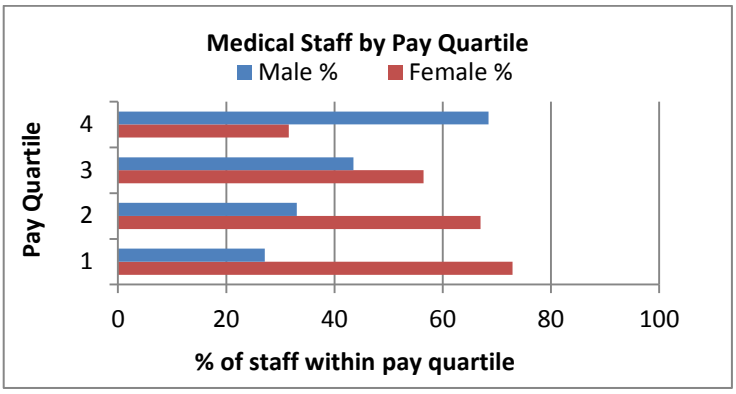


Figure 3a: Medical Staff Gender Pay Analysis



Medical Staff Pay: 2017 to 2018 comparison

- The Average hourly rate for female medical staff *increased* from £27.33 to £27.47.
- The Average hourly rate for male medical staff *decreased* from £36.66 to £36.46.
- The Median hourly rate for female medical staff *increased* slightly from £24.37 to £24.40,
- The Median hourly rate for male medical staff *increased* from £33.31 to 33.91
- The analysis of 2018 pay quartiles shows similar trends to previously reported data, the most movement being in Pay Quartile 1, with an increase in Male numbers. The differences across the quartiles between 2017 and 2018 are highlighted as follows:
    - Females in Q1 decreased by 12 fte. Males increased by 17 fte, a difference of 4.86%
    - Females in Q2 increased by 8 fte. Males decreased by 3 fte, a difference of 1.44%
    - Females in Q3 increased by 7 fte, Males decreased by 1fte, a difference of 1.12%
    - Females in Q4 increased by 1 fte, Males increased by 4 fte, a difference of 0.18%

5. 'Bonus' Information – Clinical Excellence Awards

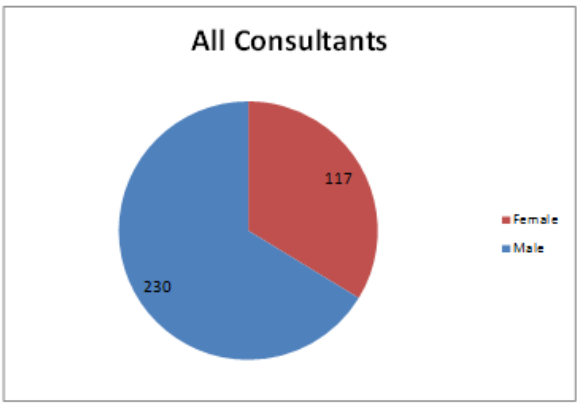
The national reporting requirements specify the recording of 'bonus' payments. For our organisation this means reporting on the payment of Clinical Excellence Awards for our Senior Medical Staff. These values are not annualised; therefore a consultant who joined the Trust part-way through the year or who works part-time will be included in the calculation with less than the full annual value. There are 12 levels of award. In England, levels 1-8 are awarded locally (employer based awards) and levels 10-12 (Silver, Gold and Platinum) are awarded nationally. Employers decide on awards for local levels 1-9. Guidance is clear that the CEA scheme aims to be completely open, and offer every applicant an equal opportunity. Individual applications are considered on merit and the process is competitive.

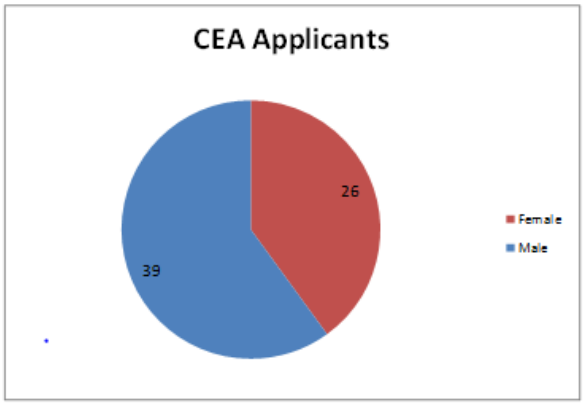
During the 2017 Clinical Excellence award round, 40% of applicants were female and 60% male, the percentage of female applicants increased by 10% when compared to the 2016 round.

Figure 4: Ratio of Male/ Female Consultant and CEA Applications

All Consultants	Female	Male	Total
Heads	117	230	347
%	33.7	66.3	100
CEA Applicants	**Female**	**Male**	**Total**
Heads	26	39	65
%	40.0	60.0	100
CEA Successful Applicants	**Female**	**Male**	**Total**
Heads	25	33	58
%	43.1	56.9	100

Gender Pay Gap Report, March 2019

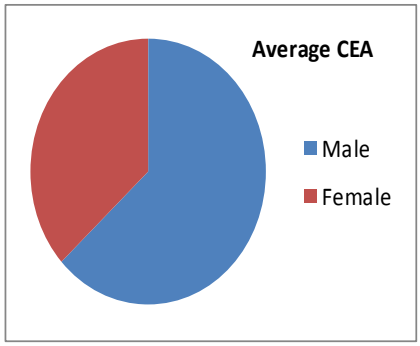


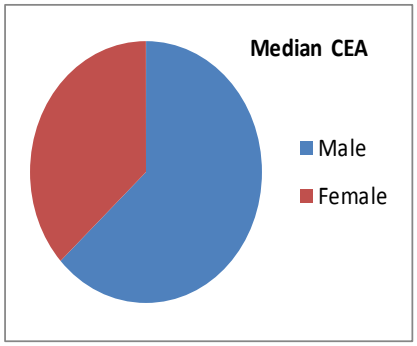


We observed that **96% of the female CEA applicants were successful in their application for an award, compared to 85% of their Male counterparts**. This gap in performance increased significantly when compared to the previous round, where we observed a success rate of 66% of female applicants securing an award, versus a 63% success rate for male applicants.

Figure 5: Average and Median CEA Pay - The Gender Pay Gap

Gender	Avg. Pay	Median Pay
Male	14,927.11	11,351.86
Female	8,713.31	5,526.86
Difference	6,213.80	5,825.00
Pay Gap %	41.63	51.31





Whilst a CEA gender pay gap of **41.60%** (av. pay) exists, we can be confident that this is impacted by the number of Male consultants in post, with significant service. By way of explanation, figure 6 shows the gender split between consultants with longer service at consultant level and figure 7 demonstrates the difference in the level of CEA award secured.

The analysis of Clinical Excellence Awards shows a gap between Male and Female colleagues (Fig 6), reflective of the position on pay across the senior medical staff group; Figure 7 shows that nearly 24% of male consultants who receive CEA are on levels 8 and above (£29,835 to £76500 pa), whereas the figure for females is 10%. Conversely 40.68% of female staff receive CEA level 1 (£2984 pa) whilst only 17.5% of males are at this level.

Figure 6: Consultant Payscales

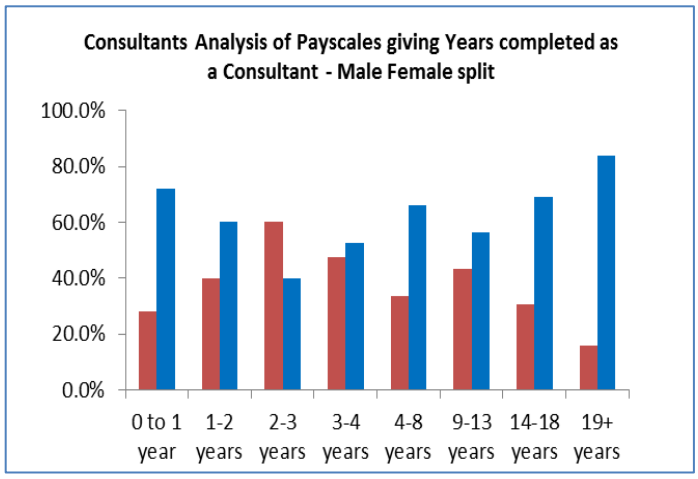
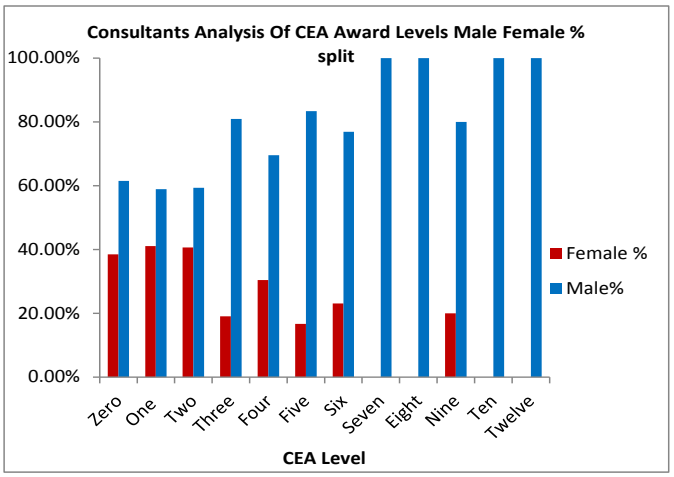


Figure 7: CEA Level, by Gender

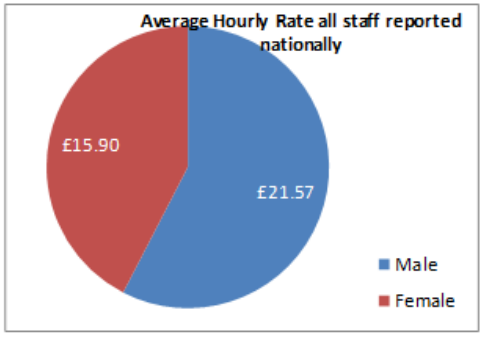


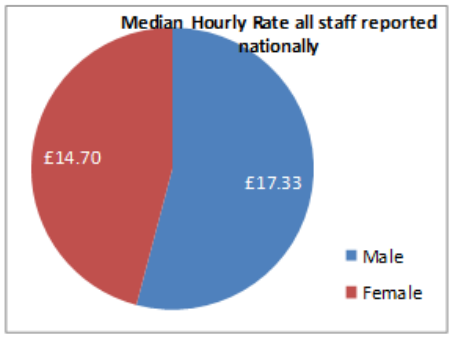
6. Gender Pay Gap – Collective National Reporting

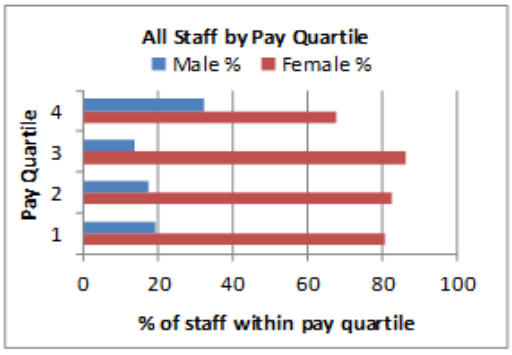
The **average hourly rate** for female staff has increased from £14.88 to £15.89 (6.78% increase). The average hourly rate for male staff increased by 3.5% from £20.84 to £21.57. This represents a decrease in the gender pay gap, based on the average hourly rate, for all staff from from 28.59% in 2017 **to 26.30% in 2018.**

The Gender Pay Gap report also requires analysis on the **Median hourly rate**, which shows an increase from 11.52% in 2017 to 15.19% in 2018. The median hourly rate for female staff increased slightly from £13.42 to £14.70 (9.46% increase), whereas the median hourly rate for male staff also increased from £15.17 to 17.33 (14.27% increase)

Figure 8: Gender Pay Gap (All Staff)







Gender Pay Gap Report, March 2019

Figure 9: Gender Pay Gap with Pay Quartiles

on Medical Staff (calculated by GHNHSFT Workforce Information)

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	14.3400	12.6800
Female	14.4100	13.6700
Difference	-0.0700	-0.9900
Pay Gap %	-0.49%	-7.81%

Quartile	Female	Male	Female %	Male %
1	1333.00	371.00	78.23%	21.77%
2	1444.00	261.00	84.69%	15.31%
3	1484.00	221.00	87.04%	12.96%
4	1399.00	305.00	82.10%	17.90%

Medical Staff (calculated by GHNHSFT Workforce Information)

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	36.4600	33.9100
Female	27.4700	24.4000
Difference	8.9900	9.5100
Pay Gap %	24.66%	28.04%

Quartile	Female	Male	Female %	Male %
1	219.00	103.00	68.01%	31.99%
2	221.00	102.00	68.42%	31.58%
3	186.00	137.00	57.59%	42.41%
4	101.00	221.00	31.37%	68.63%

National BI report results calculated on all Staff Groups

Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	21.5745	17.3340
Female	15.8995	14.7008
Difference	5.6750	2.6332
Pay Gap %	26.3042	15.1909

Number of employees | Q1 = Low, Q4 = High

Pay Quartile	Female	Male	Female %	Male %
1	1614.00	410.00	79.74	20.26
2	1697.00	332.00	83.64	16.36
3	1729.00	299.00	85.26	14.74
4	1348.00	680.00	66.47	33.53

7. Equality and Inclusion – Action Taken 2018

During 2018 we identified a number of equality objectives within our Equality of Opportunity Plan [click link to EQO Action Plan for further information]. Specific to Gender and CEA Awards were the following two actions:

1. Review and learn from the existing CEA process; ensuring learning is used when the new CEA process (from NHS Employers) is launched in late 2018. Undertake a full Equality Impact Assessment as part of the launch. In particular the measures/ outcome sought were:

- Demonstrably fair process which has considered all protected characteristics
- Perceived barriers/ deterrents, linked to protected characteristics are removed
- Increase in applications from consultants with declared protected characteristics, especially women
- Ensure CEA panel is represented by panellists having a range of protected characteristics

Outcome:
The proposed new CEA process has had a national Equality Analysis completed (Full Equality Analysis enclosed in Annex 1 for information). We will ensure a localised Equality Impact Assessment is also conducted and proposed panel membership is shared with the Local Negotiating Committee as part of our internal process of assurance.

2. Deliver CEA information workshops to encourage more applications from women and better understand what may discourage them from applying. The measures/ outcome sought were

- Better understanding of reasons why some consultants choose not to submit an application
- Increased confidence and understanding of the CEA process – leading to increased applications from under-represented areas, especially women.

Outcome:
The workshops conducted associated with the last 2 CEA rounds were successful and we saw an increase in the number of female applicants for Clinical Excellence Awards. This was further enhanced by an increase in the success of both male and female applicants.

8. Conclusions

People and OD Committee are **ADVISED** that collectively, the Gloucestershire Hospitals NHS Foundation Trust gender pay gap is reported at 15.19% (based on the median hourly rate) and 26.3% (based on average hourly rate). These figures are reported nationally and reflect the combined gender pay gap of both medical and non-medical staff. Whilst the gender pay gap between average hourly rate has decreased by 2.29% between 2017 and 2018; the gender pay gap between the median hourly rate shows an increase of 3.67% between 2017 and 2018 reports.

People and OD Committee are asked to **NOTE** that the gender pay gap can be objectively explained, when we consider the application of terms and conditions which are set nationally and reward length of service. Furthermore, there is no Gender Pay Gap reported across our Non- Medical workforce, which accounts for 84% of the total workforce as a result of the agenda for change framework.

With regard to the distribution of Clinical Excellence Awards, People and OD Committee are asked to **NOTE** the gender pay gap associated with the proportion of male to female consultants receiving levels 8 and above. However the board are advised that the allocation of awards demonstrates a higher success rate for female applicants and that the number of applications is more than proportionate to the gender split within this professional group.

Gender Pay Gap Report, March 2019

There is evidence that supports the assumption that this pay gap is associated with length of service of a number of senior male Doctors; with further analysis demonstrating that the number of females both entering the Medical workforce and existing staff within pay quartiles 1-3 will lead to a reverse in this pay gap in future years; as such, the current pay gap is justified.

Author: **Alison Koeltgen, Deputy Director of People & OD**

Sponsor: **Emma Wood, Deputy Chief Executive and Director of People & OD**

ANNEX 2 - Gender Pay Gap Report, March 2019

Further Analysis, Testing CEA / L.o.S Assumption

In order to test the assumption, that the Gender Pay Gap within the Medical workforce is driven by Clinical Excellence Awards and Length of Service, we recalculated the gender pay gap (Fig. 1) split by the following categories:

- All Medical Staff combined (24.66%)
- Career Grades (12.37%)
- Consultants (5.29%)
- Training Grades (0.88)

Through removing CEA payments, the tables below demonstrate that the collective pay gap is significantly skewed by the pay gap that exists between male and female Career Grade Doctors, compared to a negligible pay gap in training grades and only a 5.29% gap in Consultant Grades.

In understanding the possible reasons for this it is important to consider the contractual differences that apply when recruiting Career Grades versus Consultants. Schedule 13 (paras 5& 7) of the national Consultant contract ensures that additional seniority is granted to those newly-appointed Consultants whose training has been lengthened by virtue of being in a flexible training scheme (ie, working part-time – usually because of maternity leave). Such Consultants are placed on the pay threshold they *would* have attained had they been in full-time training. There is currently no such provision within the SAS (Career Grade) contract.

This positive action significantly reduces the potential gender pay gap between male and female consultants, when CEA's are excluded from the analysis. Conversely, the Career Grade appointment process fails to provide this protection; leading to an increased pay gap for this Trust of 12.37% across the professional group.

Figure 1: Gender Pay Gap , Medical Staff (Less CEA)

Medical Staff

Gender	Avg. Hourly Rate
Male	£36.46
Female	£27.47
Difference	£8.99
Pay Gap %	24.66%

Career Grade excl Consultants

Gender	Avg. Hourly Rate
Male	£34.12
Female	£29.90
Difference	£4.22
Pay Gap %	12.37%

Consultants

Gender	Avg. Hourly Rate
Male	£50.11
Female	£47.46
Difference	£2.65
Pay Gap %	5.29%

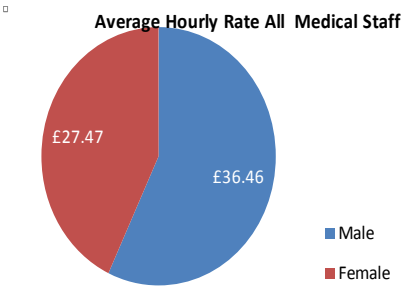
Training Grade

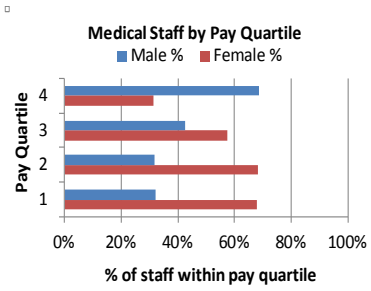
Gender	Avg. Hourly Rate
Male	£22.77
Female	£22.57
Difference	£0.20
Pay Gap %	0.88%

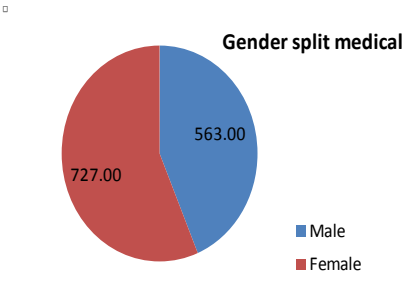
The analysis in figure 2 shows the significant difference in Career Grade pay, despite the even split in Male/ Females in post. As with consultants, males represent a much bigger proportion of pay

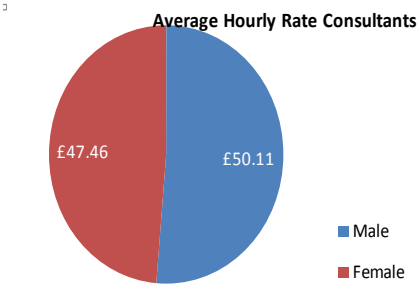
quartile 4 compared to their female counterparts – a trend which is reversed in pay quartile 1. However, without the salary uplift in the appointment process the pay gap is exaggerated.

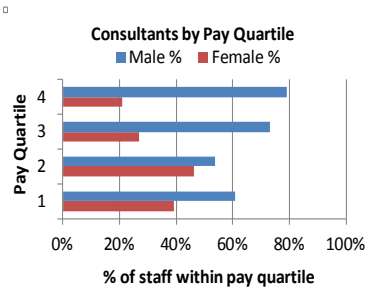
Figure 2: Gender Split, Pay Quartiles

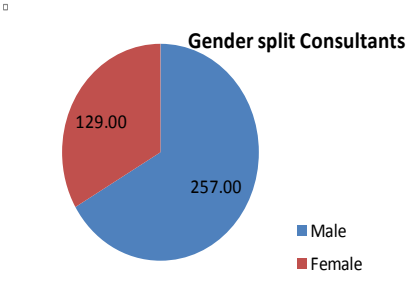


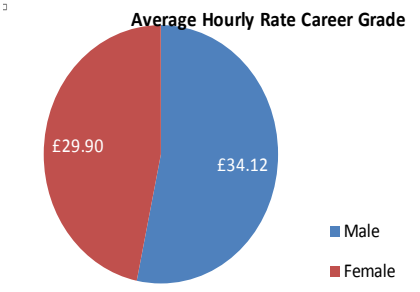


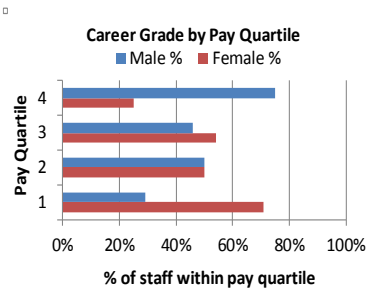


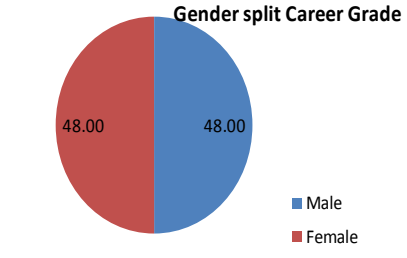


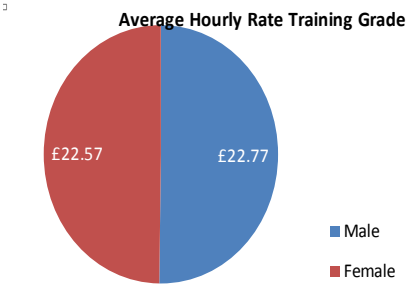


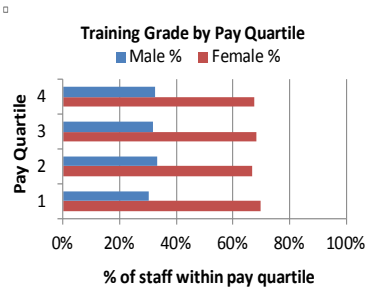


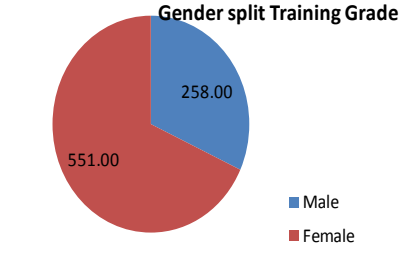












GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

REPORT TO MAIN BOARD – MAY 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 23rd April 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
2018/19 Annual Report Status Update	Detailed review of : - progress against timetable - draft content of all key components of the annual report for 2018/19	Detailed questions on: - The status of outstanding work - The structure of the narrative covering the Trust's Strategic Plan All acknowledging that this review was work in progress.	Report production on track at this stage. Feedback on form and content accepted and will be incorporated in final version	
Walk through of the Year Financial Information pack to be transmitted to NHS Improvement on 24th April 2018	Detailed review page by page of the 49 page "Provider Accounts Template" for the Group Accounts.	Detailed questions covering: - Expense classification - Asset lives & valuation - Reconciliation of deficit to control total - Provisioning policy and in year entries - Accounting treatment of GMS - Status of external audit work	Accounts preparation has been comprehensively accomplished on time with no significant issues identified in the audit process to date. Submission to proceed on time.	

Rob Graves
Chair of Audit and Assurance Committee
April 2019

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

Report Title
Board Assurance Framework
Sponsor and Author(s)
Author: Cecilia Price, Corporate Governance Graduate Trainee and Lukasz Bohdan, Director of Corporate Governance Sponsor: Lukasz Bohdan, Director of Corporate Governance
Executive Summary

Purpose

- To provided update to the Board on the achievement of the Strategic Objectives which were due to be delivered by April 2019

Key issues to note

- The Board Assurance Framework (BAF) report is the means through which the Board receives assurance in respect of the delivery of its stated Strategic Objectives, through the oversight of principal risks which have the potential to undermine delivery of the objectives.
- In a broader sense, the Board Assurance Framework is the *system* the Trust puts in place to ensure delivery of its Strategic Objectives and to receive assurance in respect of their delivery. As such, the BAF sets out the controls to mitigate the potential risks and provides assurance on whether the controls are effective, identifying further actions to strengthen the controls, mitigate the risks and close assurance gaps, if necessary.
- To Trust's current strategic plan (Appendix 1) includes 21 Strategic Objectives, which were due to be delivered by the end of April 2019.
- Throughout the current strategic period, the Trust Board received quarterly Board Assurance Framework report commenting on progress made in the delivery of the strategic objectives and providing assurance on how effectively the principal risks to the objectives were controlled.
- As the Trust has now come to the end of the current strategic period, the format of this report is different; it describes whether each Strategic Objective has been achieved and also provides a narrative to support this and a commentary on whether work in the area will continue under the new Strategic Plan.
- An update on the achievement of the Strategic Objectives is included in Appendix 2 demonstrating that:
    - 10 Strategic Objectives have been achieved
    - 5 Strategic Objectives have been partially achieved
    - 6 Strategic Objectives have not been achieved however significant progress has been made for a number of these
- Appendix 2 provides commentary on the year end position and highlights those which will be rolled over to the new strategic plan and those that have either become business as usual or will continue to be monitored as part of other objectives.

Development of the new BAF

- With the introduction of the Trust's new Strategic Objectives – *see Item 7 on the Board agenda* - the BAF will be developed in support of the new strategy.
- The proposed approach to developing the BAF will be presented to the Audit and Assurance Committee in May 2019.

- Quarter 1 of 19/20 report will be presented to the Board in September 2019.

Conclusion

The report shows that while risks to some of the objectives have been controlled effectively, others risks have materialised. Consequently, some strategic objective were not achieved of achieved only in part. The detailed scrutiny and challenge have been undertaken in the Board Committees and the learning has been taken into account while developing the new strategy.

Implications and Future Action Required

Development of the new BAF in support of the new Trust strategy.

Recommendations

To note the report.

Impact Upon Strategic Objectives

The report describes whether each Strategic Objective has been achieved and also provides a narrative to support this and a commentary on whether work in the area will continue under the new Strategic Plan.

Impact Upon Corporate Risks

Links between risk to delivery of Strategic Objectives aligned to known corporate risks.

Regulatory and/or Legal Implications

There are no specific regulatory or legal implications arising from this report. However, some strategic objectives (1.1, 4.4 and 4.5) related to inspection ratings/regulatory actions/regulatory frameworks.

Resource Implications

Finance		Information Management & Technology	
Human Resources	X	Buildings	

Action/Decision Required

For Decision		For Assurance	X	For Approval		For Information	

Date the paper was presented to previous Committees 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

Appendix 1

Board Assurance Framework: Delivery Status of the Strategic Objectives Due by April 2019

BAF code	Status	Executive Lead	Objective to be achieved by 31 March 2019	Comments	Incorporation in new Strategic Plan
1.1	Achieved	Director of Quality & Chief Nurse	Be rated good overall by the CQC	On 8th February 2019, the CQC published a report that rated the Trust as "Good" overall. CQC inspected 4 out of the 8 core services (Urgent and Emergency Care, Medicine, Surgery and Outpatients) in October/November 2018.	The Trust will now aim to be rated as "Outstanding" overall.
1.2	Not achieved	Director of Quality & Chief Nurse	Be rated outstanding in the domain of 'Caring' by the CQC	On 8th February 2019, the CQC published a report that rated the Trust as "Good" in the caring domain overall. Only the 4 services that were "requires improvement" were inspected. Intensive Care Services have maintained their "Outstanding" rating from the 2015 inspection. At the self-assessment stage of the CQC inspection the Trust rated Maternity, Children and Young People, End of Life Care as well as Intensive Care Services as "Outstanding" in this domain which would have given an overall rating of "Outstanding" if they had been inspected.	This SO will continue as part of the Trust objective to be rated "Outstanding" overall.
1.3	Partially achieved	Chief Operating Officer	Meet all national access standards	See the Trust Board Quality and Performance report for comprehensive update on performance. Performance against the 4 hour standard for GHFT was 85.9%, with STP position in Q4 FY18/19 of 90.1% – strongest performance continuing in many years and ahead of NHSE (NHS England) trajectory. Trajectory has been set for the year at 90% for the 4 hour standard. Referral to Treatment (RTT) reporting has been suspended for 18 months and returned to reporting in Q1 April 2019 at 79.7% in line with the Trak Recovery Plan. Significant validation work continues and variation of circa 2% to be expected until a more stabilised position at the end of Q1. Cancer Delivery plan presented and endorsed by Q&P Committee with 2WW standard met for Q4 18/19 (93.6%) and hit 90% as a whole (best performance since 2015/16). Q4 62 day performance was 76.7% (unvalidated), prompting a revised 62 day recovery plan to deliver September 2019. Considerable progress to date is noted in the Q&P exception report in Lower GI and Lung with significant clearance of the Urology backlog. Cancer continues to be monitored closely for delivery. Specific actions by tumour site e.g. prostate are detailed in the Cancer Delivery Plan.	Work will continue in the new Strategic Plan.

BAF code	Status	Executive Lead	Objective to be achieved by 31 March 2019	Comments	Incorporation in new Strategic Plan
1.4	Achieved	Medical Director	Have a hospital standardised mortality ratio of below 100	Dr Foster data shows a HSMR for the 12 month period is 99.1 (94.5 – 103.8), this is within the expected range. A mortality dashboard is now in use for the learning from deaths report to the Board. There has been enhanced input of the Bereavement Team into the death review process and recognition of Medical Examiner in national guidance. Continued consistent delivery	Work is now 'business as usual'.
1.5	Partially achieved	Director of Quality & Chief Nurse	Have more than 35% of our patients sending us a family friendly test (FFT) response, and of those 93% would recommend us to their family and friends	The objective of 35% of patients responding to the FFT was not met in any area and the target set for the Trust is 10% above the national average. The Trust has no control over whether a patient chooses to respond or not. However, the Trust performs positively against the national average for response rate in all four FFT domains (Outpatients, Maternity, Inpatients and Emergency Department). The FFT score of 93% of recommending us (positive score) to their friends and family was met in Outpatients and Maternity. The Emergency Department and Inpatient scores were below the 93% set within the objective.	The FFT requirements are changing; they will not be known until May 2019 and will have to be implemented by October 2019. The positive scores will continue to be monitored as part of the objective to be rated "Outstanding" but will not be a stand-alone objective.
1.6	Achieved	Director of Quality & Chief Nurse	Have improved the experience in our outpatient departments, reducing complaints to less than 30 per month	The Trust has set an internal target of 35 working days for response times and so only Q3 data is complete. The Trust received 65 outpatient related complaints in October, November and December Q3 data. This objective has been achieved as there was an average of 22 complaints per month that have an issue assigned as 'Service Area – Outpatients'.	Complaints will continue to be monitored as part of the objective to be rated "Outstanding" but will not be a stand-alone objective. Outpatient experience improvement is one of our Quality Account improvement areas for 2019/20.
2.1	Not achieved – however significant progress made	Director of People	Have an Engagement Score in the Staff Survey of at least 3.9	Staff survey scores are now calculated differently compared to previous years therefore a direct comparison with previous year's engagement score (3.71, and the strategic objective of 3.9) is not possible. 2018 score for staff engagement is 6.8 (out of 10) compared to 2017 score of 6.7. The average for acute trusts is 7.0. Significant progress has been made with staff engagement resulting in a noticeable cultural shift, as reflected in our recent CQC rating. Multiple staff engagement forums and networks now exist and staff and patient experience data is considered collectively through our patient and staff experience group leading to active work streams delivering continuous improvement	The Trust has a caring workforce which meets the needs of its patients, colleagues and partners; is future proofed and focuses on attraction, development and retention of talent. Colleagues will recognise the Trust as an outstanding employer, driven by its values and ambition to deliver best care for everyone. Colleagues will be equipped and inspired to do things differently to deliver best care for everyone.

BAF code	Status	Executive Lead	Objective to be achieved by 31 March 2019	Comments	Incorporation in new Strategic Plan
2.2	Not achieved – however significant progress made	Director of People	Have a 'Staff Turnover Rate' of Less Than 11%	The staff turnover rate was recorded as 11.83% (10.95% via NHSI view) in March 2019. This compares favourably to a number of other large acute Trusts, including those with an outstanding rating.	The Trust has a caring workforce which meets the needs of its patients, colleagues and partners; is future proofed and focuses on attraction, development and retention of talent.
2.3	Not achieved – however significant progress made	Director of People	Have a Minimum of 65% of 'Our Staff Recommending Us as a Place to Work' through the Staff Survey	Our score has increased to 55.9%. Through our Staff and Patient Experience Improvement Group (SPEIG) we continue to develop our capacity and ability to triangulate data, supporting interventions and action plans in priority areas.	Colleagues will recognise the Trust as an outstanding employer, driven by its values and ambition to deliver best care for everyone. Colleagues will be equipped and inspired to do things differently to deliver best care for everyone.
2.4	Partially achieved	Medical Director	Have trained a further 900 bronze, 70 silver and 45 gold quality improvement coaches	The GSQIA has delivered the expected Bronze and Silver programmes but has not achieved the delivery of the Gold programme. The Bronze and Silver programmes have delivered double the expected targets, reaching 2006 and 143 staff completing courses respectively. This increase is due to staff demand, the programmes continue to be booked in advance and extra programmes have been added. In addition GSQIA have been supporting several Quality Collaborative including Better Births in maternity, the request for this support is increasing with two further requests currently being considered. The Gold programme was delayed as a consequence of the delay in agreeing the new Quality Framework, the Framework requires a Gold coach in each specialty to manage the local Improvement programme. With the Quality Framework agreed we have recruited a further 18 Gold coaches to the programme and will be running further programmes later in the year as part of the roll out.	Further work to improve the Trust learning capabilities has begun with the development of the GSQIA Human factors faculty, 16 staff will receive intensive training and then deployed to provide detailed analysis of serious incidents, design and testing of new systems and team crew resource training, this approach will be supported by GSQIA.
2.5	Not achieved – however significant progress made	Director of People	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 score has decreased to 22.3%. This reflects a continuing drop in this score for this question over the last 4 years. Whilst Trust employees have been able to access a number of sources of support, we identified considerable gaps relating to ease of access and co-ordination of the various pathways. In response to this a new Health and Wellbeing Hub, launches in May 2019. This new service will co-ordinate pathways of support for staff relating to their Financial, Physical and Mental wellbeing.	The Trust has a caring workforce which meets the needs of its patients, colleagues and partners; is future proofed and focuses on attraction, development and retention of talent. Colleagues will be equipped and inspired to do things differently to deliver best care for everyone.

BAF code	Status	Executive Lead	Objective to be achieved by 31 March 2019	Comments	Incorporation in new Strategic Plan
3.1	Partially achieved	Director of Strategy and Transformation	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	New assessment units have been implemented at GRH. From June 2019 Ambulatory Care will be co-located with our Emergency Department at CGH to reduce unnecessary admissions.	New strategic objective drafted that relate to this area: 'We have established centres of excellence for urgent and emergency care, obstetrics and paediatrics, planned care and oncology.'
3.2	Achieved	Chief Executive	To complete TrakCare recovery work to enable the Trust to resume national RTT reporting by February 2019 (amended)	The Objective was achieved, although one month later than indicated due to Trust decision to undertake an additional testing cycle.	The Objective will not continue in the new plan as delivered and no longer relevant
3.3	Achieved	Director of Strategy and Transformation	Rolled out Getting it Right First Time Standards across the target specialities and be fully compliant in at least two clinical services	The Trust is dedicated to implementing and embedding the 'Getting it Right First Time' standards within the Trust and has now recruited a Clinical Lead and a Service Improvement Lead to undertake this work. There are now regular meetings with the clinical and service improvement leads to review progress and facilitate progress and an annual review will take place with the executive team. Reconfiguration of Trauma & Orthopaedics service to support compliance was implemented from October 2017 as a pilot for winter pressures. Gastroenterology services were reconfigured as part of winter planning. GIRFT is also championing the veterans aware process; this is to ensure that ex forces personnel are able to access expert care within the NHS and are not disadvantaged by moves to different areas.	GIRFT programme will continue into 2019/20 as more specialties are included and best practice is shared nationally.

BAF code	Status	Executive Lead	Objective to be achieved by 31 March 2019	Comments	Incorporation in new Strategic Plan
3.4	Achieved	Director of Strategy and Transformation	Have staff in all clinical areas trained to support patients to make healthy choices	Making Every Contact Count (MECC) is a national approach which encourages NHS staff and others to have a brief discussion with patients about lifestyle factors as a natural part of their conversation and to refer or signpost patients to support - for example, from the Gloucestershire Healthy Lifestyle Service (HLS). During the second part of 2018/19, HLS ran a further programme of face to face MECC training sessions for staff. In total, over the two year period of the strategy, in excess of 220 staff across all areas of the Trust received this training. More in depth or targeted training has also been provided for a number of groups. For example, Gloucestershire Public Health team and the HLS team have been working especially closely with the Women and Children's Division, to develop a more focussed healthy lifestyle approach for pregnant women – to reduce the number of women who smoke in pregnancy and to promote maintaining a healthy weight in pregnancy and beyond. The Trust's Learning and Development Team has also provided access to a range of e-learning modules through the learning platform – MECC, smoking cessation, obesity, alcohol awareness. There has been good uptake from staff from all areas of the Trust.	Prevention is a key theme in the NHS Long Term Plan, and it is recognised that acute hospitals can also make a contribution in this area. Further MECC training will be provided in the year ahead and health and wellbeing and prevention will continue to be reflected in the future activities of the Trust, as the detailed work programmes are developed to underpin the new, emerging Trust Strategy. Incorporated into draft People & OD strategic objective: 'Colleagues will recognise the Trust as an outstanding employer, driven by its values and ambition to deliver best care for everyone.' Operational objectives and metrics will support this, including the implementation of a new Health & Wellbeing hub for staff.
4.1	Achieved	Director of Finance	Show an improved financial position	The Trust delivered a control total deficit of £33.0m in the 2017/18 financial year. The financial position for 2018/19 (subject to final audit) is a control total deficit of £29.6m, showing an improvement of £3.4m between years. It should be highlighted that the 2018/19 financial performance was materially adverse to the planned deficit of £18.8m due to cost pressures from the national pay award, under-delivery of CIP and the associated loss of PSF in Q4. The CIP position was £27.0m vs a plan of £30.3m so although performance is adverse to plan it represents a second year of delivery of c.6% and performance well in excess of sector average.	

BAF code	Status	Executive Lead	Objective to be achieved by 31 March 2019	Comments	Incorporation in new Strategic Plan
4.2	Achieved	Chief Operating Officer	Be among the top 25% of trusts for efficiency	The RAG rating For Q3 has been left blank due to the lack of an agreed method for measuring efficiency however the Trust benchmarks favourably for efficiency on Model Hospitals, hence objective has been rated as achieved. By the end of the 18/19 financial year the Trust had delivered £26.95m (89%) of CIP against the annual NHS Improvement target of £30.3 million. The delivery splits into £21.0 million recurrent and £6.0 million of non-recurrent schemes. Weekly deep dives with divisions, COO (Chief Operating Officer), Chief Nurse, Medical Director and Director of Programme Management were established to increase pace to year end. Detailed project plans and associated quantified benefits for implementation in 2018/19 are developed, stretching to Q1 2019/20.	Work will continue in the new Strategic Plan.
4.3	Achieved for Respiratory & MSK Partially achieved for Diabetes Not achieved for leg ulcers	Director of Strategy and Transformation	Have worked with partners in the Sustainability and Transformation Partnership to create integrated teams for respiratory, musculoskeletal conditions and leg ulcers.	Respiratory • Staff consultation (GCS) & engagement (GHFT) on 7-day working and service specification completed in September 2018 • Phased implementation of the integrated team started on 27th September • GHFT respiratory consultants have begun pilot for respiratory advice and guidance service within the Gloucester locality • Respiratory defined as a priority ICS programme for 2019/20 Diabetes • Model for integrated leg ulcer service agreed. • Awaiting funding for implementation of community clinics from CCG. Musculo Skeletal (MSK) conditions • The significant progress made to reduce the fractured neck of femur mortality rate by 37% (20 lives saved this year) with GHFT being been shortlisted for a HSJ award • MSK Foot and ankle triage now live • Full Business Case for MSK specialised triage being approved by the CCG Priorities committee. • eRS and booking processes have been configured, with joint training being organised. The referral form has been tested within Primary Care, in conjunction with Cancer 2WW form..	New strategic objective drafted that relate to this area: 'We work within a successful Integrated Care System to design and implement integrated models of care.'
4.4	Achieved	Chief Executive	Be no longer subject to regulatory action	The Trust was released from Financial Special Measures in Q3 2018/19 and a number of the associated Enforcement Undertakings. The small number of residual Undertakings, expired on 31st March 2019.	The Objective will not continue in the new plan as delivered and no longer relevant.

BAF code	Status	Executive Lead	Objective to be achieved by 31 March 2019	Comments	Incorporation in new Strategic Plan
4.5	Not achieved	Chief Executive	Be in segment 2 (targeted support) of the NHSI Single Oversight Framework	The Trust moved from Segment 4 to Segment 3 but did not achieve Segment 2. This is reflective of the Trust's ongoing financial deficit and failure to deliver the 2018/19 Control Total.	This issue (but not specific objective) will be a feature of the 2019/20 strategic objectives.
4.6	Achieved	Director of Strategy and Transformation	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).	GHFT recruited 1678 patients in 2018/19 against an initial CRN target of 1000 and a stretch target of 2300. The research portfolio is of high quality with over 100 NIHR studies currently open to recruitment across an increasing range of specialities. Key strength areas are anaesthesia, oncology, cardiovascular, hepatology, MSK, ophthalmology, renal, stroke and surgery. The Trust now hosts a CRN West of England wide senior vaccines research nurse who successfully oversaw the delivery of a logistically complex vaccines study in the region, demonstrating the start of what is hoped will be a big growth area for the Trust. The Trust objective for research and work towards identifying the potential benefits of becoming a University Hospital Trust has increased its profile. Development of the new research strategy has identified further ways to increase that profile. In terms of the NIHR High Level Objectives the trust achieved 50% and 80% against targets of 60% for commercial and non-commercial Recruitment to Time and Target (RTT). The 50% in commercial studies reflects the far lower number of studies which have closed (6) leading to a higher impact on overall measure. One of those studies not achieving RTT recruited one out of a target of two patients where there was particularly complex inclusion criteria. The Trust was congratulated for recruiting at all as many UK sites did not manage to. The Trust exceeded the national target for set up within 40 days with 89% and recruitment of first patient within 30 days of opening did not meet target, work to investigate the reasons for this (outside of low target studies) will be carried out to put in place an improvement plan.	Work in the area will continue in the new Strategic Plan / under the new Strategic Objectives the basis of which is the new research strategy. Particular growth areas are expected to be in reproductive health and childbirth, vaccines and palliative care. There is a planned move towards opening an increasing number of larger observational studies to enable a wider number of our patients to have the opportunity to take part in research. Coupled with a communications strategy to raise the profile (both internally and externally) and increase the number of GCP (Good Clinical Practice) trained staff to further embed the portfolio alongside routine care.

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2019
Lecture Hall, Redwood Education Centre commencing at 12:30

Report Title
Research Update for Gloucestershire Hospitals NHS Foundation Trust
Sponsor and Author(s)
Author: Chantal Sunter, Head of Research and Development Sponsor: Simon Lanceley, Director of Strategy and Transformation
Executive Summary

Purpose

To provide an update to the Board on the current status of research activity within the Trust

Key issues to note

- Research activity within the trust is performing well in most areas.
- The research budget is projected to turn in a small surplus at the end of the financial year 2018/19
- The 2019/20 CRN allocation to the Trust is a reduction of 1.4% from 2018/19.
- The new Head of R&D started in April 2019

Conclusions

Research is an important aspect of the day to day business of the NHS and provides the organisation, it's patients and its staff with access to new drugs, devices and developments in the delivery of care that it would otherwise have to wait for. Reporting to the board provides an opportunity to maintain the visibility of this important area of the Trust's work to a wider audience of staff, patients and the public.

Implications and Future Action Required

Activity and performance is scrutinised at the West of England CRN Partnership board and operational Management Group and internally every quarter by the Research and Development Forum. The Board receives a quarterly update report to provide assurance of the performance and governance of research within the Trust.

Recommendations
The Board is asked to accept this report as assurance of the performance and governance of research within the Trust.
Impact Upon Strategic Objectives
None
Impact Upon Corporate Risks
None

Regulatory and/or Legal Implications
Research activity is covered by specific regulatory framework administered by the Medicines and Health regulatory Authority. The MHRA inspected the Trust in October 2017.
Equality & Patient Impact
Research studies are accessible to all patients who meet the criteria of the studies

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

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

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							

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

TRUST BOARD – MAY 2019

RESEARCH UPDATE PAPER

1 Purpose

1.1 To provide an update to the Board on research activity in Gloucestershire Hospitals NHS Foundation Trust from January - April 2019 including research recruitment, the financial position and other issues of note.

2 Executive summary

2.1 Research activity within the trust is performing well and meeting the national high level objectives (HLOs) in most areas for 2018/19.

2.2 The research budget is projected to turn in a small surplus at the end of the financial year 2018/19

2.3 The 2019/20 CRN allocation to the Trust is a reduction of 1.4% from 2018/19.

3 Background

Research is an important aspect of the day to day business of the NHS and provides the organisation, its patients and its staff with access to new drugs, devices and developments in the delivery of care that they would otherwise have to wait for. The Trust has a stable portfolio, hosting around 100 studies which are actively recruiting new participants.

For 2018 the Trust agreed a new research objective: The Trust will have a high quality research portfolio, which is visible to staff and patients, embedded alongside routine care, and achieves the annual HLOs defined by the National Institute Health Research (NIHR). The 2019/20 Trust research objective is to be confirmed but will likely be around the themes of the new strategy for research to “Ensure research is everyone’s business by increasing visibility; celebrating success; increasing equity of access; and growing our collaborations.”

Progress against the HLO element of this objective is tracked internally by the Trust’s Research & Development Forum and externally by the Clinical Research Network (CRN) Executive and Operational Management Groups. The method for tracking progress against the other elements of this objective will be incorporated into the plan to operationalise the new Trust research strategy.

4 Key Messages

4.1 Research Activity - NIHR Portfolio Studies

In April 2018, we set a trust target to recruit 800 patients into studies in 2018/19. This target was extended by the West of England Clinical Research Network (WE CRN) to 1000 and at the end of September was extended again by the WE CRN to 2334 patients. The decision was made by the CRN to reconsider the targets and each Partner Organisation (PO) target was increased to achieve the network's overall expected recruitment target to the national target. Although as a Trust we surpassed our first extended target of 1000, the revised target of 2334 patients was challenging as we did not have sufficient studies open to deliver this or a pipeline of potential studies (NIHR or commercial) likely to bring in an additional 1000 patients in the remaining 3 months of 2018/19. The final figure recruited in 2018/19 was 1620 patient. Recruitment target extensions along with previously achieved recruitment figures are in table one.

Table 1. Recruitment target extensions

	Previous Recruitment achieved			2018/19 Plan				
	15-16	16-17	17-18	18-19 plan	Revised 18 - 19 plan	Coordinating Centre CRN revised target (28,883)	Forecast recruitment (based on actual Apr - Aug)	Actual 2018/19 Full Year Recruitment **[2]**
2Gether NHS FT	354	352	385	170	275	507	365	425
Avon and Wiltshire Mental Health Partnership NHST	616	500	588	434	504	775	730	848
Gloucestershire Care Services NHS Trust		15	73	50	50	96	84	156
Gloucestershire Hospitals NHS FT	**1,145**	**3,068 [1]**	**1,771**	**802**	**1,000**	**2334**	**1627**	**1678**
Great Western Hospital FT	790	1,110	1,274	851	1,075	1679	1656	1299
North Bristol NHS Trust	4,061	4,155	3,986	3,210	3,000	5,253	3895	5234
Royal United Hospitals NHS FT	2,168	1,870	2,236	1,888	2,018	2,947	2071	2343
University Hospitals Bristol NHS FT	4,579	6,677	6,595	5,500	6,776	8,691	6703	9093
Weston Area health NHS Trust	454	356	228	214	250	300	346	379
Non-NHS	238	4,638	664		700	701	854	9042
Primary Care	6,651	5,360	3,294	5,112	5,600	5,600	2270	3522 **[3]**
Totals	21,056	28,101	21,094	18,731	21,248	28,883	20602	33961

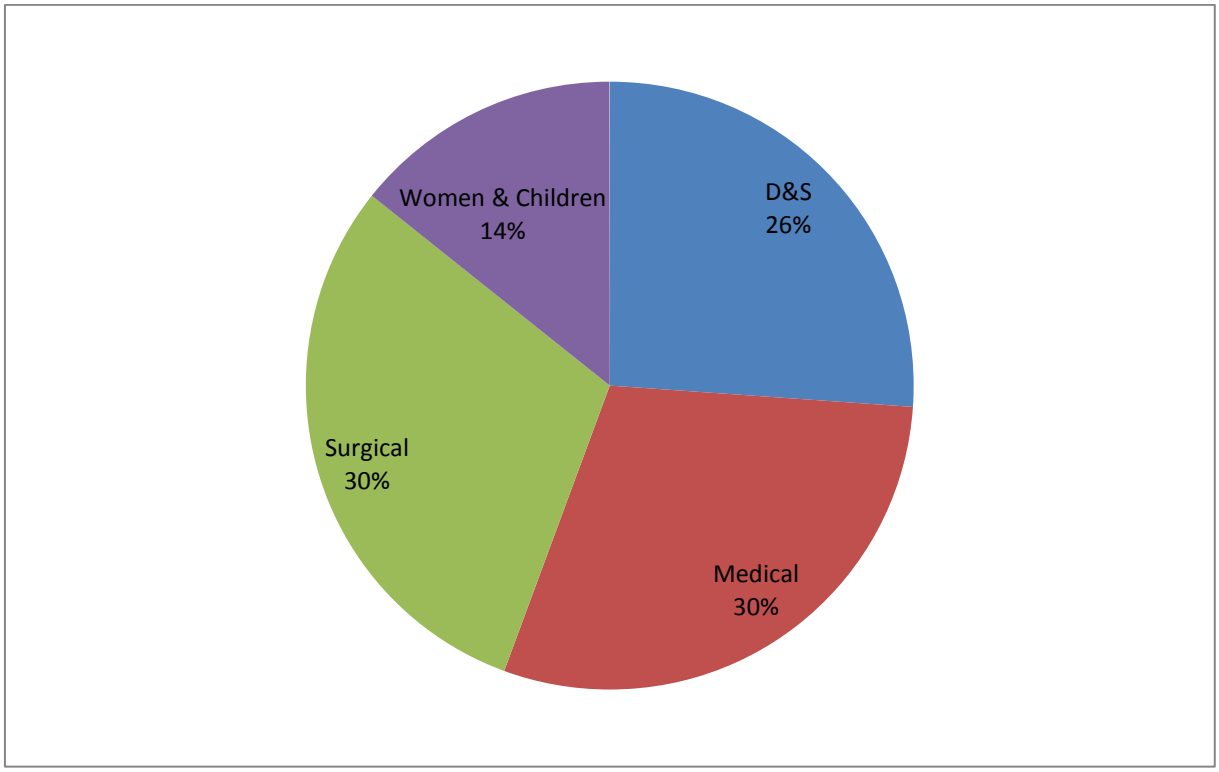
[1] The recruitment this year was inflated by one, unusually large trial
[2] Final data cut off not until 23/04/2019
[3] NHS Gloucestershire recruited 806 (2nd highest recruiting CCG)

Our performance against all of the HLOs compared with the other partner organisations in the West of England CRN is in Annex A. We met all HLO targets set in our annual plan (Annex B) with the exception of HLOs 2a (proportion of commercial studies recruiting to time and target); 5a and 5b (proportion of NIHR commercial and non-commercial studies achieving first participant recruited within 30 calendar days). HLO 5 is a challenging target as many of our trials will recruit only a few patients due to the nature of the condition being studied. For some studies in rare cancers we would only expect to recruit 1 or 2 patients each year, therefore this target is often not attainable. Our performance in recruiting to Time and Target for commercially and non-commercially sponsored trials indicates the percentage of closed studies that met their recruitment target. This is a more difficult target to achieve because if a sponsor decides to close a study early, before we have achieved the recruitment target it will be RAG

rated red. We have improved our performance by introducing a more stringent study feasibility assessment and by declining studies that we do not feel have realistic targets set by the pharma companies.

The proportion of studies in the surgical division has reduced from 48% to 30% in the last quarter. Accordingly, the proportion of open studies in both the medical and D&S divisions have increased resulting in a more even split (Figure 1).

Figure 1: NIHR portfolio studies by Division (1st April – 20th February 2019)



4.2 Research activity Non- NIHR Portfolio Studies

We have 38 active non-portfolio studies. A non-portfolio study is one that is sponsored by an organisation that is not eligible to be included on the NIHR portfolio. 36 of our non-NIHR portfolio studies are sponsored by academic institutions, mostly student projects.

4.3 Finance

The annual R&D budget for 2018/19 was £2.02M of which a large proportion is non-recurring and relies on our recruitment of patients into trials. The main income sources are: West of England CRN, and grant income (amounting to over 80% in total).The annual expenditure this year is £2.15M with the majority spend on staff who deliver trials.

The 2019/20 budget allocation from the CRN is £1,103,245 which is a 1.4% reduction on 2018/19 (£1,118,541). In addition, the cost of pay awards will need to come from the CRN budget in 2019/20, wheras in 208/19 they were paid directly from DHSC to the Trust for CRN Network funded staff. Several growth areas were included within the 2019/20 business plan to the network and we are awaiting the outcome on potential resource to support these.

4.4 Excess Treatment costs (ETCs)

NHS research can result in excess treatment costs or savings. These are costs that arise as a result of the difference between the cost of standard treatment and the cost of treatment within a research study in non-commercial research projects. The process for reclaiming ETCs from non-commercial studies changed in October 2018 and we have not encountered any major problems in the transition phase which ends in March 2019. Full implementation of the new arrangements will take place from April 2019 and ETCs are being managed via the WE CRN. Study sponsors are required to submit a statement of expenditure ahead of any grant application to ensure ETCs are agreed ahead of a grant being awarded to minimise delays in research approvals. The exception to this is where costs are usually provided by specialist commissioners. Some issues around the process of getting these costs agreed has recently arisen and we are working to resolve these. ETCs associated with commercial studies must be met in full by the sponsor.

4.5 Research Strategy

A draft of the new Trust Research Strategy is included in Annex C. It has been co-designed with the Trust's extended research community; research nurses & AHPs, consultants, members of the CRN, and has been widely circulated for comment, with feedback incorporated into the latest version. The four key objectives of the new strategy are:

1 Increase visibility – communicate that we are research active to our staff, patients and to potential collaborators.
2 Celebrate success - demonstrate how research is improving patient care.
3 Work force and infrastructure development - improve access to trials for patients with the aim that every patient can access a trial or be offered one.
4 Widening Networks - increase the number and variety of organisations we work with

The new Research Strategy will be shared with Trust Board for final approval once the Trust's new Strategy has been approved in April 2019.

4.6 Research culture

We have worked hard to improve the visibility of research within the Trust and this has been enhanced by our relationship with the Trust's communications team and also the recognition of research at the Trust's awards ceremony. The Research 4 Gloucestershire initiative is focussing on its role to develop an integrated approach to research across the Gloucestershire Integrated Care system. The group is made up of the research leads from the other NHS organisations in Gloucestershire, Public Health (Gloucestershire County Council) and representatives from the University of Gloucestershire and Cobalt Health. The group is now chaired by Peter Lachecki and is currently finalising its mission and vision. A launch event is due to take place in early summer.

4.7 CRN West of England Business Plan and Review 2019/20

The Trust has to submit an annual business plan to the CRN West of England every year to outline how they plan to support NIHR activity. In previous years, the requirements from the network have focussed primarily around summary targets and assurances. Requirements have become considerably more detailed in 2019/20 with more specific information being required around numbers expected to be recruited on at a study level and how the trust will support national clinical speciality objectives. The other major change this is year is the inclusion of outline development bids within the business plan to demonstrate how the trust plans to grow. This should increase potential to deliver to successful development project bids within year. We are awaiting outcome of those growth bids.

The annual Trust review with the network was held in March and went very well. The network see the big potential for opportunity for growth in GHT and within Gloucestershire due to the Integrated Care System and culture of collaboration

across the research community. Areas of active growth and high potential include vaccines work, palliative care, imaging and maternity and women's health. These are in addition to our other recognised strengths in particular specialities such as ophthalmology, oncology, stroke and renal. In addition Julie was thanked for her support and collaborative work with the network over the years.

4.8 Patient experience

The annual patient experience survey which is distributed to patients at research visits for a two month period each year aims to establish how we can improve our service to patients in trials is currently being analysed. This survey is mandated by the NIHR Clinical Research Network co-ordinating centre and is likely to have a new High Level Objective associated with it in 2019/20 (awaiting confirmation from DHSC). Historically the level of patient satisfaction is high across the Trust and the WE CRN.

4.9 Team leadership

After 23 years, coordinating R&D in Gloucestershire, the Associate Director of R&D is retired in March 2019. Julie Hapeshi has been instrumental in establishing and developing the research capacity, capability and reputation of GHFT and Gloucestershire. Julie will continue her regional Research Design Service role for 1 day per week for 1 year and both the Trust and county will benefit from having her considerable design expertise based locally. Chantal Sunter came into post on 1st April from the Clinical Research Network West of England

4.10 Reporting

This report is submitted to the board quarterly providing a summary of trial activity, finance and any additional noteworthy items.

The recruitment of patients to trials (activity) and the performance in initiating and delivering research against the NIHR targets is reported directly, every quarter, to the Trust Chief Executive by the NIHR Coordinating centre. In addition, the activity is reported to the Trust's Quality and Performance Committee and the Research and Development (R&D) Forum along with other clinical research meetings.

Finance returns are submitted to the West of England network each quarter.

4.11 Conclusion

Research is an important aspect of the work of the Trust and there is always scope to improve. The team have worked hard this year to engage with clinical teams and raise the profile of R&D. We acknowledge the opportunity to report research as an important aspect of maintaining our visibility to the Trust's board, staff and the public.

5 Recommendation

The Board is asked to accept this report as assurance of the performance and governance of research within the Trust.

Author: Chantal Sunter, Head of Research and Development

Sponsor: Simon Lanceley, Director of Strategy and Transformation

4th April 2019.

Partner Organisation data reporting performance against NIHR HLOs
(Data supplied by the West of England CRN – data cut 04/03/2019)

HLO 1- Increase the number of participants recruited into NIHR CRN Portfolio studies

Partner Organisation	**Commercial**	**Non commercial**	**YTD Total**	**Target**	**%age YTD Achieved**
2Gether	2	339	341	507	81%
AWP	8	740	748	775	116%
GCS	0	133	133	96	166%
GHFT	36	1,442	1,478	2,334	76%
GWHFT	21	1,077	1,098	1,679	78%
NBT	246	4,210	4,456	5,253	102%
RUH	129	1,930	2,059	2,947	84%
UHBFT	236	8,006	8,242	8,691	114%
WHAT	6	260	266	300	106%
Primary Care	233	2,679	2,912	5,600	62%
Non-NHS Activity	16	4,208	4,224	700	724%
Total	933	25,024	25,957	28,882	108%

HLO 2a - Commercial performance recruiting to time and target
Measure: Proportion of NIHR commercial studies at sites closed to recruitment in 2018/19 delivering recruitment to time and target

	Cumulative total achieved	**Total studies closed**	**% achieved (target 80%)**
2Gether	2	2	100%
AWP	1	2	50%
GCS	0	0	NA
GHFT	**3**	**6**	**50%**
GWHFT	5	8	63%
NBT	16	22	73%
RUH	6	11	55%
UHBFT	23	35	66%
WAHT	1	2	50%
Primary care	11	23	48%
CRN WofE Cumulative Performance	68	111	61%

HLO 2b - Non-commercial performance recruiting to time and target
Measure: Proportion of NIHR non-commercial studies at sites closed to recruitment in 2018/19 recruitment to time and target

	Cumulative total achieved	**Total studies closed**	**% achieved (target 80%)**
2Gether	6	8	75%
AWP	15	16	94%
GCS	1	1	100%
GHFT	**16**	**20**	**80%**
GWHFT	11	12	92%
NBT	22	33	67%
RUH	16	24	67%
UHBFT	32	56	57%
WAHT	5	6	83%
Primary care	0	0	NA
CRN WofE Cumulative Performance	124	176	70%

HL0 4 – Reduce the time taken for eligible studies to achieve set up in the NHS
Measure: Proportion of NIHR commercial studies achieving set up at site within 40 calendar days

	Cumulative total achieved	**Total studies**	**% achieved (target 80%)**
2Gether	4	6	67%
AWP	8	8	100%
GCS	0	1	0%
GHFT	**23**	**26**	**88%**
GWHFT	8	12	67%
NBT	41	53	77%
RUH	7	24	29%
UHBFT	52	70	74%
WAHT	3	4	75%
Primary care	0	0	NA
CRN WofE Cumulative Performance	146	204	72%

HLO5a – Reduce the time taken to recruit first participant (commercial)
Measure: Proportion of NIHR commercial studies achieving first participant recruited within 30 calendar days

	Cumulative total achieved	**Total studies**	**% achieved (target 80%)**
2Gether	0	0	NA
AWP	0	1	0
GCS	0	0	NA
GHFT	**2**	**6**	**33**
GWHFT	0	1	0
NBT	6	12	50
RUH	1	9	11
UHBFT	9	29	31
WAHT	0	0	NA
Primary care	0	0	NA
CRN WofE Cumulative Performance	18	58	31

HLO5b- Reduce the time taken to recruit first participant (non-commercial)

Measure: Proportion of NIHR non-commercial studies achieving first participant recruited within 30 calendar days

	Cumulative total achieved	**Total studies**	**% achieved (target 80%)**
2Gether	4	5	80
AWP	6	10	60
GCS	0	0	NA
GHFT	**5**	**11**	**45**
GWHFT	1	5	20
NBT	17	37	46
RUH	7	15	47
UHBFT	16	36	44
WAHT	2	5	40
Primary care	0	0	NA
CRN WofE Cumulative Performance	58	124	47

Weighted Recruitment

	Apr 17 - Mar 18	**April 18 – Jan 19**	**Cumulative Total**	**% of WoE Cumulative Total**
2Gether	2,042	1,524	3,566	2%
AWP	2,050	3,963	6,012	3%
GCS	2,528	618	3,145	1%
GHFT	**8,760**	**6,381**	**15,141**	**7%**
GWHFT	5,268	4,340	9,608	4%
NBT	19,417	19,969	39,386	18%
RUH	13,189	8,982	22,170	10%
UHBFT	31,457	35,599	67,056	31%
WAHT	598	949	1,546	1%
Primary care	16,873	16,567	33,439	15%
Non-NHS activity	2,650	15,526	18,176	8%
Total	104,830	114,416	219,246	100.00%

Annex B

Annual plan submitted to WE CRN 2018/19

HLO	Measure	Performance 2017-18	Goal	Expected performance 2018-19	Three SMART objectives	Timescale	Lead
1	Increase the number of participants recruited to NIHR portfolio studies	We exceeded our target of 1000 this year. This excluded the ophthalmology study that was considered a fortuitous gain when it was adopted late to the portfolio.	Goal for 2018/19 – 800 patients	We expect to recruit 800 patients based on our current open and pipeline studies. We do not know how the loss of accreditation of our haematology lab will affect our ability to recruit to interventional studies so may need to focus on observational studies for the time being.	• To ensure we have a flexible workforce to deliver a range of studies in a potentially shifting portfolio • To open studies where wider clinical support is evident, i.e. cross referrals and clear cooperation across clinical teams • Ensure studies are feasible within the current laboratory constraints	March 2019	Julie Hapeshi
2	Increase the proportion of studies in the NIHR CRN portfolio delivering recruitment to time and to target.	RAG report indicates 50% of closed studies reaching the target	Commercial: 80%	Our target is 80% although our expected performance is 60%	• Ensure accurate initial target setting especially where recruitment windows are short. • Monthly review of studies rated amber to move them back into “green” • To open studies where wider clinical support is evident, i.e. cross referrals and clear cooperation across clinical teams • Monthly review of studies nearing end of recruitment window to ensure they meet their targets	March 2019	JH

		Currently at 50%	Non-commercial: 80%	Our target will be 80% but our expected performance is 60% to improve on last year's figure	• As above	March 2019	JH
3	Increase the number of commercial studies	At the start of the year we planned to have 20 studies open. We did not meet our target to increase from 20 to 24 open studies by the end of the year. This was affected by 3 studies which were closed early by the sponsor and one study remains suspended.	Maintain level of 20 studies	We will aim to maintain our level at 20 commercial studies. We have 4 studies due to close, 4 in set up and are currently uncertain what the impact of our labs loss of accreditation may have on our ability to open studies.	• Open viable, commercial studies by improving the scrutiny at capacity and capability assessment. • Prompt completion and return of EOIs • Monthly review of EOIs	March 2019	JH
4	Reduce the time taken to start up studies.	We have not achieved our target. 0% commercial (0/1 studies) and 33% non-commercial	80% of all studies achieve ready to start confirmation within 40 calendar days (TBC)	Our target will be 80% but our performance is likely to be 50% for both commercial and non-commercial studies	• Weekly meetings with delivery team and RM&G staff to ensure progress in capacity and capability checks and earlier engagement with delivery teams to clearly identify potential delays in set-up so that they can be dealt with sooner. • Clear communication with wider team around timelines	March 2019	JH

5	Reduce the time taken to recruit the first patient to NIHR portfolio studies	We have not achieved our target. 33% commercial and 50% non-commercial studies	80% of studies recruit first patient within 30 calendar days of NHS permission or site initiation	Our target will be 80% but our performance is 50% of commercial studies and 60% of non-commercial studies meeting the target of first patient recruited within 30 days	• Weekly meetings with Delivery team and RM&G team to ensure they are informed of progress through capacity and capability checks • Preselect patients using registers and by screening clinic attendees where possible • Careful monitoring of communication with trials officers/ sponsors to ensure accurate start and end dates for HLO metrics	March 2019	JH
7	Increase recruitment to DeNDRoN studies	We considered a shared arrangement with 2Gether NHS FT for suitably qualified staff to recruit to dementia studies within the acute setting and a bid for development funding was submitted. This was placed on hold whilst the peripatetic team was established. There were no suitable studies	Goal for 2018/19 Non-dementia neurology study targets are noted in the neurology section	No target	JDR leaflets are circulated within the Trust	N/A	

GHNHSFT Research Strategy 2019 – 2024

INTRODUCTION

Background

Under the NHS Constitution (2009) it is expected that research is a core part of the business of the NHS which enables the NHS to improve the current and future health of the people it serves. NHS organisations must do all they can to ensure that patients are made aware of research that is of particular relevance to them. To enable studies to recruit, conclude and report in a timely way we need to promote research to staff and patients. The Government intends us to give patients more information on research studies that are relevant to them, and more scope to join in if they wish. Patients should be encouraged to enrol into research studies on the basis that it is the best way of improving treatment options.

Research activity in the NHS is managed through the National Institute for Health Research (NIHR), which was established in April 2006. It provides the framework by which the Department of Health fund the research, research staff and research infrastructure of the NHS in England as a national research facility. The NIHR also actively encourages partnerships with the commercial sector and this is a key area of income generation for the Trust.

The Trust regularly hosts in excess of 100 studies which are open to recruitment with additional studies in follow-up. These studies form part of the NIHR portfolio of adopted studies. Many of these are multi-centre studies that originate from outside the organisation for which we are a centre for recruitment, treatment and follow-up. We have a much smaller portfolio of locally generated studies, some funded by NIHR and other funders but also undergraduate and postgraduate student projects undertaken by members of our staff. We also have around 15-20 commercial studies open at any one time.

Funding streams

Research is funded from three main income streams that are independent of the other NHS budgets; namely, NIHR Support funding, income from commercial trials and research grant income. The main source of income is from the West of England Clinical Research Network (WE CRN) allocation of just over £1m in 2018/19. The NIHR utilises an activity based funding (ABF) model, based on the number of recruited subjects and weighted depending on the complexity of the study. However, this is not a direct “pass through” model where we receive a fixed amount per participant recruited.

The funding the Trust receives from the NIHR via the WE CRN supports the infrastructure to deliver hosted studies that are adopted by the NIHR, which included the research nurses and data officers. Research activity fluctuates depending on the studies we have available to us to recruit to. This source of funding does not generate surplus income for the trust and is non-recurring, which makes the annual planning cycle problematic. Small amounts of additional non-recurring funding come directly from the NIHR (around £30k per annum).

Income is also secured through the delivery of commercial trials which are reimbursed according to a nationally agreed funding template. These studies are fully funded and accompanied by additional income which is used to support and further develop the infrastructure.

Research grant funding is focussed in a few areas, mainly the Biophotonics Research Group and the Gloucestershire Retinal Research Group.

The Trust’s research income has reduced in more recent years, mostly due to a falling allocation from the WE CRN and fewer locally awarded grants. It is acknowledged that in

times of financial constraint research may be seen as non-core business which the Trust cannot afford, but by ensuring that research is fully funded from the appropriate funding streams, patient care budgets are not compromised. In addition, research can be seen as a desirable activity for many clinicians, improving recruitment and retention.

Research Governance and Performance Management

We are performance managed on a number of high level objectives set by the NIHR, including study set up times and recruiting to time and target. The recruitment of patients to trials (activity) and the performance in initiating and delivering research against the NIHR targets is reported directly, every quarter, to the Trust Chief Executive by the NIHR Coordinating centre. In addition, the activity is reported to the Trust's Quality and Performance Committee and the Research and Development (R&D) Forum along with other clinical research meetings.

Support for non-NIHR funded studies is provided by the Gloucestershire Research Support Service (GRSS) via an SLA with the NHS research active organisations in the county and including Public Health in Gloucestershire County Council. Funding described in the SLA supports the Research Management and Governance, design and delivery of non-NIHR portfolio studies including local service evaluation projects and student projects and projects funded from charitable sources. In addition, the GRSS hosts the Gloucester office of the NIHR Research Design Service South West (NIHR RDS SW) which provides a free support service for study design and applications for funding to approved NIHR funders.

Research Culture

The Trust has a number of well-established areas of research with large portfolios of research trial activity, in ophthalmology, stroke, oncology, renal, gastroenterology and emergency medicine; with other areas undertaking smaller number of studies.

Moves are already being made into areas where there is also the potential to expand our research portfolio into specialties where we treat a high volume of patients and/ or are recognised nationally for the service we provide, for example in Trauma and Orthopaedics (we are the 4th largest trauma unit in England). However, there are a number of high-prevalence disease areas where there is no culture of participating in research and staff who do not recognise research as core activity.

We also have active investigators in Biophotonics, Ophthalmology, Gastroenterology and Neurology conducting their own primary research which is funded from a variety of national and local sources. The recent signing of a statement of intent to work more closely with the University of Gloucestershire will also help to form productive grant writing partnerships to further this activity.

We offer novice researchers placements with established research teams so that they can learn some of the practical aspects of research including informed consent and good clinical practice. This includes providing opportunities for medical students considering research careers to spend their elective placement in a research setting and work experience students from local schools considering careers in the NHS.

Research is an important aspect of the day to day business of the NHS and is key to improving patient care. Research often provides the Trust, its patients and its staff with access to new drugs, devices and developments in the delivery of care that they would otherwise have to wait for.

ASPIRATIONS 2019-2024

Communicate, Celebrate, Build Capacity and Collaborate, research is everyone's business

Increase visibility – communicate that we are research active to our staff, patients and to potential collaborators.

- Achieve university hospital status in the next 5 years
- Promote ourselves as a research active organisation –we can do and we do, do research
- Raise profile internally and externally.
- Develop a strategic approach to communications to improve visibility
- Provide information at staff induction and be proactive in following up newly appointed staff with research interest or experience
- Develop promotional literature
- Include information to patients in appointment letters
- Report outcomes, benefits of hosted studies
- Ensure communication updates using social media and other Trust media outlets
- Follow up findings from national IP survey question relating to research
- Reporting of research updates to Board

Celebrate success - demonstrate how research is improving patient care.

- Highlight where there are clear benefits to staff, patients and the organisation with improvements in practice through early 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.

Work force and infrastructure development - improve access to trials for patients with the aim that every patient can access a trial or be offered one where one is available.

- Develop a stable environment for research to flourish
- Develop a career structure for staff / develop research positions:
    - Promote the role of non-medical PIs
    - Research fellows
    - More clinical scientists
    - Academic clinical leads
    - Research placements for students
- Collect information about new staff including their previous research experience to maximise opportunities to broaden research active areas and develop new ones.
- Increase training opportunities
- Include research in job plans as part of SPA time giving it the same status as audit, QI and teaching activities.
- Ensure support services (HR, Finance, Comms etc.) can keep pace and are properly resourced.
- Resources required to facilitate sponsorship of studies, support for local lead PIs
- Ensure R&D needs feature in the estates and facilities planning
- Resources required to facilitate university hospital status requirements
- Sufficient resources to support & lead on IP management and commercialisation of research outputs
- Ensure GCP training is added to the Trust mandatory training for research active staff

Widening Networks - increase the number and variety of organisations we work with.

- 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

HOW WILL WE KNOW WHETHER WE'VE BEEN SUCCESSFUL?

- We will have examples of the benefit that research has had in the care of real people
- We will widen the number of specialities delivering trials so that the numbers of patients who request to take part in a trial, are offered a trial and able to take up the offer will increase
- We will increase in the number of locally led studies, the amount of research grant income and high quality outputs (publications)
- We will increase the number of high profile local investigators including non-medical PIs
- There will be an increase in merit awards linked to research
- We will be known as a centre of excellence for research and achieve University hospital status
- We will have an increase in new, targeted areas opening and recruiting to trials
- Staff will be aware of research in the Trust, be enthused to contribute and recruited because of their research profiles. Staff retention due to stable funding environment and career development opportunities in supportive multi-disciplinary teams We have developed a positive media interest for R&D building reputation of Trust
- There will be increased income from NIHR and commercial trials Reduced reliance on short term grants & annual non-recurrent allocations
- Increased number of staff participating in research training including GCP, postgraduate degrees.

CONCLUSION

The strategic aims for research as described will enhance the Trust's capacity and capability to undertake high quality research in a competitive market. This will in turn create a clinical environment where staff are enthused by the research that is going on around them, improving the recruitment and retention of high calibre staff.

By linking research with clinical care to will ensure that research is a visible part of the Trust's main business and we will be able to give patients the opportunity to experience new and exciting treatments. This will help to improve the health of our community through research.

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
	Sarah Stansfield	SS	Director of Finance
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

ITEM 15

GOVERNOR QUESTIONS

Peter Lachecki
Chair

ITEM 16

STAFF QUESTIONS

Peter Lachecki
Chair

ITEM 17

PUBLIC QUESTIONS

Peter Lachecki
Chair

Gloucestershire Hospitals
NHS Foundation Trust

PROCEDURE FOR PUBLIC QUESTIONS AT BOARD MEETINGS

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

- As a patient or visitor to the hospital by completing a comment card which is available on wards and departments
- By contacting the Patient and Liaison Service (PALS) who offer confidential, impartial help, advice or support to any aspect of a patient's care. The team aim to help resolve issues and concerns speedily by liaising with appropriate staff on your behalf. PALS can be contacted by phone on 0800 019 3282; by text on 07827 281 266; by e-mail ghn-tr.pals@gloshospitals@nhs.net or by writing to the PALS Office, Gloucestershire Royal Hospital, Great Western Road, Gloucester GL1 3NN. Complaints can be made to the Complaints Team by phoning 0300 422 5777, by e-mail ghn.tr.complaints.team@nhs.net or by writing to the Complaints Team at Gloucestershire Royal Hospital/at the above address
- By asking a question at our Board meeting by following the procedure below. Board meetings are open to the public and are normally held on the second Thursday of the month and alternate between the Sandford Education Centre in Cheltenham and the Redwood Education Centre at Gloucestershire Royal Hospital. Meetings normally start at 12:30.

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

Written questions for the Board Meeting

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

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

Notice of questions

A question may only be asked if it has been submitted in writing to the Corporate Governance Team by 12.00 noon 3 clear working days before the date of the Board meeting. Each question must give the name and address of the questioner. If a question is being asked on behalf of an organization then the name of the organization must be stated. Written questions are to be submitted to the Corporate Governance Team, Alexandra House, Cheltenham General Hospital, Sandford Road, Cheltenham, GL53 7AN or by e-mail to ghn-tr.corporategovernance@nhs.net

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

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Procedure

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

Additional Questions

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

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

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

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

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

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

For further information, please contact the Corporate Governance Team on 0300 422 2932 or e-mail ghn-tr.corporategovernance@nhs.net

ITEM 18

NEW RISKS IDENTIFIED

VERBAL

ITEM 19

ITEMS FOR THE NEXT MEETING

VERBAL

ITEM 20

ANY OTHER BUSINESS

DISCUSSION