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NHS
Gloucestershire Health and Care
NHS Foundation Trust

TRUST BOARD MEETING

PUBLIC SESSION

Thursday, 30 March 2023

10:00 – 14:00

To be held at Churchdown Community Centre

AGENDA

TIME	Agenda Item	Title	Purpose		Presenter
Opening Business					
10.00	01/0323	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/0323	Declarations of interest	Assurance	**Paper**	Chair
10.05	03/0323	Patient Story Presentation (Art Therapy)	Assurance	Verbal	DoNTQ
10.25	04/0323	Minutes of the meeting held on 26 January 2023	Approve	**Paper**	Chair
	05/0323	Matters arising and Action Log	Assurance	**Paper**	Chair
10.30	06/0323	Questions from the Public	Assurance	Verbal	Chair
Performance and Patient Experience					
10.35	07/0323	CQC Action Plan Progress Report	Assurance	**Paper**	DoNTQ
10.45	08/0323	Quality Dashboard Report	Assurance	**Paper**	DoNTQ
11.10	09/0323	Learning from Deaths – Q3	Assurance	**Paper**	MD
BREAK – 11.15 (10 minutes)					
11.25	10/0323	Performance Report	Assurance	**Paper**	DoF
11.45	11/0323	Finance Report	Assurance	**Paper**	DoF
11.55	12/0323	Business Planning Objectives 2023/24	Approve	**Paper**	DoF
12.10	13/0323	Budget Setting 2023/24	Approve	**Paper**	DoF
BREAK – 12.25 (10 minutes)					
12.35	14/0323	Annual Staff Survey Results 2022	Assurance	**Paper**	DoHR&OD
12.50	15/0323	Gender Pay Gap Annual Report	Approve	**Paper**	DoHR&OD
Strategic Issues					
13.00	16/0323	Report from the Chair	Assurance	**Paper**	Chair
13.10	17/0323	Report from Chief Executive (inc. Systemwide Update)	Assurance	**Paper**	CEO/DoSP

Governance					
13.30	18/0323	Council of Governor Minutes: • 1 Dec 2022 • 18 January 2023	Information	**Paper**	HoCG
Board Committee Summary Assurance Reports					
13.35	19/0323	MHLS Committee (25 Jan)	Information	**Paper**	MHLS Chair
	20/0323	Great Place to Work Committee (2 Feb)	Information	**Paper**	GPTW Chair
	21/0323	Audit & Assurance Committee (9 Feb)	Information	**Paper**	Audit Chair
	22/0323	FoD Assurance Committee (22 Feb)	Information	**Paper**	FoD Chair
	23/0323	Resources Committee (23 Feb)	Information	**Paper**	Resources Chair
	24/0323	ATOS Committee (1 March)	Information	**Paper**	ATOS Chair
	25/0323	Quality Committee (2 March)	Information	**Paper**	Quality Chair
Closing Business					
13.50	26/0323	Any other business	Note	Verbal	Chair
	27/0323	**Date of Next Meetings** **<u>Board Meetings 2023</u>** Thursday, 25 May 2023 Thursday, 27 July 2023 Thursday, 28 September 2023 Thursday, 30 November 2023	Note	Verbal	All

DECLARATION OF INTERESTS REGISTER 2022/23

TRUST BOARD MEMBERS

NAME	POSITION	DECLARATION OF INTERESTS
Ingrid Barker	Chair	NHS Executive Search Advisory Board (Arden & GEM) (June 2021 - current)
		Council Member, University of Gloucestershire (March 2020 - current)
Graham Russell	NED/Vice Chair	Chair, Second Step Organisation (2014 - current)
		Chair, Corinium Education Trust (2018 - December 2022)
Jan Marriott	NED	Co-Chair Glos Learning Disability Partnership Board (2010 - current)
		Independent Chair, Glos Mental Health & Wellbeing Partnership Board (2015 - current)
		Co-Chair, Glos Physical Disability and Sensory Impairment Partnership Board (2018 - current)
		Chair, Prime Foundation Charitable Trust (2015 - current)
		Committee Member, Community Hospitals Association (1990 - current)
		Trustee, Crossroads Gloucestershire (Dec 2020 - current)
Marcia Gallagher	NED/Senior Independent Director	Chair, Crossroads Gloucestershire (Dec 2018 - current) - GHC payment to Crossroads Charity of circa £4k in 2022/23
Nicola De Iongh	NED (commenced 14 July 2022)	Trustee, CUC (Committee of University Chairs) (April 2022 - current)
		Trustee, Gloucestershire Counselling Service (Jan 2016 - current)
		Chair of Council, University of Gloucestershire (October 2019 - current)
		Owner/Director, Deiongh consulting ltd (closed)
		Member/Chair Designate, Premier Miton Ethical Investment Committee of Reference (Feb 2019/October 2021 - current)
		Senior Independent Director, Connexus Housing Group (Sept 2020 - current)
		Director, Honourable Company of Gloucestershire (Nov 2022 - current)
Steve Alvis	NED	Landlord of building leased to The Cam and Uley Family Practice - The Surgery, 42 The Street, Uley, Dursley, Gloucestershire GL11 5SY (2016 - current)
Steve Brittan	NED	Director, Entrada Limited (2022 - current)
		Director, Xoserve Limited (2020 - current)
Sumita Hutchison	NED	NED, RUH Bath (Sept 2019 - current)
		Media Manager, Conscious Planet (Volunteer Role December 2021 - current)
Lorraine Dixon	Associate NED (Honorary) (commenced 24 November 2022)	Paid role as Head of School for Health and Social Care with University of Gloucestershire. Responsible for education for a range of allied health professional, nursing, social work, social care and postgraduate programmes (2013 - current)
		I have received coaching from Ingrid Barker, Chair of Gloucestershire Health and Care NHS Foundation Trust (Nov 2021 - Nov 2022)
Vicci Livingstone-Thompson	Associate NED (commenced 1 March 2023)	CEO of Inclusion Gloucestershire. Loyalty and Professional Interest (financial and non financial) – employed by an organisation that may deliver some projects commissioned by GHC. Current projects are CMHT Engagement (2016 - current)
		Trustee of Active Impact. Loyalty and Non Financial Professional Interest – trustee of a charity that is not currently but may at some point deliver projects commissioned by GHC (2013 - current)
Paul Roberts	Chief Executive	Nothing to Declare
Sandra Betney	Director of Finance	Nothing to Declare
Neil Savage	Director of HR&OD	Nothing to Declare
Angela Potter	Director of Strategy and Partnerships	Nothing to Declare
Dr Amjad Uppal	Medical Director	Private Practice as Consultant Psychiatrist
		I personally know the managing director of a company which tries to find appropriate doctors for employment with us
David Noyes	Chief Operating Officer	Nothing to Declare
John Trevains	Director of Nursing, Quality and Therapies	Nothing to Declare
Helen Goodey	Joint Director, Primary Care/Locality Development	Nothing to Declare (TBC)

Annual Declaration Register 2022/23 - Trust Board

		Declaration of Interests Form		Fit and Proper Persons Form		Disqualified Director Check		Insolvency Check		
Name	**Position**	**Return Date**	**Copy on file**	**Return Date**	**Copy on File**	**Date Actioned**	**Reviewer**	**Date Actioned**	**Screen Shot on File**	**Reviewer**
Ingrid Barker	Chair	27/01/2023	Y	27/01/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Graham Russell	NED/Vice Chair	31/01/2023	Y	31/01/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Jan Marriott	NED	20/01/2023	Y	20/01/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Marcia Gallagher	NED/Senior Independent Director	15/02/2023	Y	15/02/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Sumita Hutchison	NED	27/01/2023	Y	27/01/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Nicola De Iongh	NED (commenced 14 July 2022)	21/02/2023	Y	21/02/2023	Y	14/07/2022	K Lumley	14/07/2022	Yes	K Lumley
Steve Brittan	NED	20/01/2023	Y	20/01/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Steve Alvis	NED	20/01/2023	Y	20/01/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Lorraine Dixon	Associate NED (Honorary) (commenced 24 November 2022)	09/11/2022	Y	09/11/2022	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Vicci Livingstone- Thompson	Associate NED (commenced 1 March 2023)	22/02/2023	Y	22/02/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Paul Roberts	Chief Executive	25/01/2023	Y	25/01/2023	Y	23/02/2023	A Hilditch	23/02/2023	No	A Hilditch
Sandra Betney	Director of Finance	08/02/2023	Y	08/02/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Angela Potter	Director of Strategy and Partnerships	08/02/2023	Y	08/02/2023	Y	23/02/2023	A Hilditch	23/02/2023	No	A Hilditch
Dr Amjad Uppal	Medical Director	06/02/2023	Y	06/02/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
David Noyes	Chief Operating Officer	26/01/2023	Y	26/01/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
John Trevains	Director of Nursing, Quality and Therapies	01/02/2023	Y	01/03/2023	Y	23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch
Neil Savage	Director of HR & OD	19/01/2023	Y	19/01/2023	Y	23/02/2023	A Hilditch	23/02/2023	No	A Hilditch
Helen Goodey	Joint Director, Primary Care/Locality Development	TBC		TBC		23/02/2023	A Hilditch	23/02/2023	Yes	A Hilditch

Insolvency Check - Checks carried out and verified for all Board members. Those without a screen shot on file are due to there being multiple people of the same name identified during the search. Individual DOBs have been entered into the system and verified.

Disqualified Director Check - Checks carried out and verified for all Board members. No screen shots are held on file due to there being multiple people identified during the search. Individual DOBs have been entered into the system and verified where required.
Associate NED (Honorary)
(commenced 24 November 2022)

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AGENDA ITEM: 04/0323

MINUTES OF THE TRUST BOARD MEETING

Thursday, 26 January 2023

Via Microsoft Teams

PRESENT:
Ingrid Barker, Trust Chair
Steve Alvis, Non-Executive Director
Sandra Betney, Director of Finance (from Item 8)
Steve Brittan, Non-Executive Director
Marcia Gallagher, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Nicola de Iongh, Non-Executive Director
Jan Marriott, Non-Executive Director
David Noyes, Chief Operating Officer
Angela Potter, Director of Strategy and Partnerships
Paul Roberts, Chief Executive
Neil Savage, Director of HR & Organisational Development
John Trevains, Director of Nursing, Therapies and Quality
Dr Amjad Uppal, Medical Director

IN ATTENDANCE:
Jacob Arnold, Trust Governor
Graham Hewitt, Trust Governor
Anna Hilditch, Assistant Trust Secretary
Bob Lloyd-Smith, Appointed Governor - Healthwatch
Kate Nelmes, Head of Communications
Lavinia Rowsell, Head of Corporate Governance/Trust Secretary
Jane Russell, PA to Trust Chair and Non-Executive Directors

1. WELCOME AND APOLOGIES

1.1 The Chair welcomed everyone to the meeting. Apologies had been received from Graham Russell, Helen Goodey, and Lorraine Dixon.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. PATIENT STORY PRESENTATION

3.1 The Board welcomed Sam and his mother Donna to the meeting, who were supported by Mel Harrison, Service Director to speak about Sam's experience of accessing Child and Adolescent MH services (CAMHS).

3.2 Sam, now aged 16, started his mental health support journey in 2019 via a Tic+ referral at school, and then his GP referred him to CAMHS. After a few months, Sam had an initial assessment appointment with CAMHS and was told he needed a neurodevelopmental assessment. During this time, Sam was eventually accepted into CAMHS and had three different care co-ordinators throughout his three years with the service. There was an 18

month wait to get the neurodevelopmental assessment where Sam was diagnosed with autism. He had also been involved with multiple agencies which had been very challenging at times for Sam and his family.

3.3 Sam's story demonstrated the tremendous impact that consistent care can have on many aspects of the patient and the wider family's life. The negative impact of Covid on the provision of care was also demonstrated. Board members agreed that relationships were so important, and it was therefore vital to ensure that the processes were in place to provide a timely, smooth and robust handover in the case of care co-ordinators. It took time to develop these important relationships. A lot of work had taken place across the Trust to look at the transition of young people from the CAMHS service into adult services, but it was clear that more needed to be done around the transition between people within the same teams.

3.4 Positively, the Board was informed that Sam was now a valuable Youth Expert by Experience with GHC, and Sam was able to use his lived experience to support service improvements and improving the overall CAMHS experience for other young people and their families.

3.5 Mel Harrison said that the service was always looking to improve, and a better understanding of the adjustments required for young people with autism was needed. The service would be working with Sam and Donna to look at those things that could have been improved, for example the school system, to ensure that young people like Sam didn't fall between the gaps.

3.6 Ingrid Barker thanked Sam for having the courage to attend and have his story presented to the Board. She said that the Board had a duty and responsibility to pick up the learning from Sam's story to ensure that services could be improved; however, she said that many Board members could identify with the experiences described which made it feel more personal. Thanks were also passed to Sam's mother Donna and to Mel Harrison for supporting Sam to attend the meeting.

4. MINUTES OF THE PREVIOUS BOARD MEETING

4.1 The Board received the minutes from the previous Board meeting held on 24 November 2022. The minutes were accepted as a true and accurate record of the meeting.

5. MATTERS ARISING AND ACTION LOG

5.1 The Board reviewed the action log and noted that all actions were now complete or progressing to plan.

6. QUESTIONS FROM THE PUBLIC

6.1 Bob Lloyd-Smith informed the Board that Healthwatch Gloucestershire had been very pleased to have been invited to provide representation on the GHC Council of Governors, and he had formally taken up an Appointed Governor position from 3 January 2023. It was hoped that this would help develop relationships and joined up thinking.

7. CHAIR'S REPORT

7.1 The Board received the Chair's Report which highlighted the activity of the Trust Chair and Non-Executive Directors since the previous meeting of the Board in November. Key areas of focus remain ensuring effective system working, ensuring equality, diversity and inclusion

are at the heart of how we work as a Trust and that the voice of the Trust is heard locally and nationally to ensure the needs of our community are understood and inform policy and practice.

7.2 Ingrid Barker advised that the interviews for our new Associate NED with community partnership/third sector and voluntary sector experience had taken place on 17 January. The Trust had successfully appointed Vicci Livingstone-Thompson, Chief Executive of Inclusion Gloucestershire. The Board welcomed this appointment, noting that Vicci would commence in post on 1 March.

7.3 Ingrid Barker formally welcomed Bob Lloyd-Smith (Appointed Governor) and Alison Hartless (Staff Governor) who had recently joined the Council of Governors. The Board was also asked to note that Jacob Arnold (Public Governor) had been appointed as Deputy Lead Governor. In addition to deputising for the Lead Governor, Jacob's role would include a particular focus on our membership engagement agenda.

7.4 Ingrid Barker had carried out a number of joint Chairs' visits with the Chairs of GHT and the ICB. Visits had taken place at Gloucestershire Royal Hospital, Cirencester Community Hospital and the Stroke Ward at Cheltenham General Hospital. On 4th January, a visit was carried out with Jane Cummings, NED for the ICB to Gloucestershire County Council Adult Social Care Services. Ingrid said that this visit had been very illuminating and provided an insight into the real pressures experienced by our Adult Social Care colleagues. Ingrid Barker expressed her thanks to all colleagues who had facilitated these visits and for providing an overview of the important work undertaken. Further joint visits would take place later in the year.

7.5 On 13th January, the Trust was delighted and honoured to welcome HRH Princess Royal to the official opening of the Trust's Montpellier Therapeutic Allotment. The allotment site provides service users with a supportive and productive environment in which to; establish and develop roles and routines, maintain skills and develop new ones. It is a safe, supportive, inclusive environment in which service users can collaboratively work alongside therapy colleagues, and provides users with an opportunity to explore interests and engage in meaningful occupation. The site also provides an invaluable educational facility and helps to equip service users with the skills to begin their reintegration back into the wider community. Congratulations were given to Victoria Woodruff, Senior Occupational Therapist and Engagement, Activity and Physical Health Team Leader and the wider OT team for creating such an inspiring therapeutic space.

7.6 Ingrid Barker continued to have regular meetings with the new Chief Executive, Douglas Blair in preparation for his commencement on 17 April.

7.7 The Board noted the content of the Chair's report and the activity updates included within it covering attendance at regional and national meetings and events, and local meetings with partner organisations.

8. CHIEF EXECUTIVE'S REPORT

8.1 Paul Roberts presented this report which provided an update to the Board and members of the public on his activities and those of the Executive Team since the last meeting in November.

8.2 Paul Roberts opened his report by once again expressing his huge thanks and appreciation to all Trust colleagues who continued to show outstanding resilience in light of ongoing pressures. It was pleasing to note that GHC had been seen as having a very responsive and flexible approach to managing the system pressures over the Christmas period by its partners locally.

8.3 The system work with Newton Europe to improve urgent and emergency care came to an end in November. Together with system colleagues, we are now exploring the securing of further external improvement support to realise the benefits of the diagnostic work undertaken by Newton Europe in this first phase. The depth, breadth, and rigour of the analysis gives us a platform for significant redesign and transformation of a range of services in every organisation. The scale of what is required to improve the experience of both patients and staff and to realise the benefits mapped out by Newton Europe would be considerable. Further updates would be provided to the Board in due course.

8.4 Healthcare trade unions have been balloting their members in recent months over industrial action and several have announced the outcome of their ballots. The Trust has been working with national, regional and local partners to plan for this for some time and GHC has tried and tested Emergency Planning and Resilience Response measures in place to manage service disruptions, including industrial action. Our local Trust and system planning has focussed on ensuring patient / service user safety and that urgent and priority services are maintained. We have staff working on preparations for future strike action to ensure the impact on day-to-day services is minimised as much as possible. We have also worked collaboratively with the unions to agree derogations to ensure safe staffing levels are maintained where essential. Paul Roberts said that the Trust valued its colleagues and understands that fair pay and conditions are important, not only for our teams and our families but for wider reasons such as retention and recruitment. The Trust continues to work in partnership with local trade union colleagues to ensure patients and colleagues are supported and to promote respect and kindness as we work together to navigate the challenges ahead, irrespective of personal opinions on the industrial action.

8.5 NHS Employers issued guidance to all providers in August 2021, which redefined the Agenda for Change (AFC) banding attributed to health care support worker (HCSW) care. NHS Employers then asked NHS Trusts to review HCSW job descriptions against the new clinical support worker profiles. The initial Trusts that carried out this work came across significant challenges, suggesting that the majority of their Band 2 HCSW roles needed to be upgraded to Band 3 roles. The Trust has been engaging with its local Staff Side representatives and regional full-time officers, with discussions held through the Joint Negotiating and Consultative Committee and the Gloucestershire ICS Social Partnership Forum. It has also been progressing its local modelling, and ICS HR Directors are now exploring options for a combined system wide approach. The modelling across all provider Trusts confirms considerable cost pressures, including a variety of back pay settlement proposals and related costs. No national funds are being provided to mitigate the impact of the changes. The Trust and ICS partners are currently in the process of finalising the related modelling. Further updates would be provided to the Board in due course.

8.6 One Gloucestershire has developed a Joint Forward Plan (JFP) to set out how the ICB and provider trusts intend to meet the physical and mental health needs of the population through arranging and/or providing NHS services, supported by local authority and VCSE partners over the next five years. The JFP was attached as an annexe to this report for information and reference.

8.7 Steve Alvis noted that GHC did a lot of work and provided a number of services to prevent the need for people to go into hospital, with teams such as Rapid Response. He asked whether there was any data available that could demonstrate the good work that was taking place and the results of this. David Noyes said that a level of data was available but more was needed to sharpen up how referrals are made to the Team with a PDSA analysis of how it was all working. There was also still more to do to educate system partners about the support available from teams such as Rapid Response.

8.8 Sumita Hutchison noted that the new operational services structure was now in place and she sought assurance that this restructuring had been carried out in line with the Management of Change policy. Paul Roberts confirmed that it was and advised that organisational change was not made lightly, and the Trust had a strong belief in doing this in an engaged and co-produced way. David Noyes supported this response by adding that a full Project Team was in place and there had been regular communication with staff on the proposals and clear mechanisms in place for colleagues to provide comment and feedback throughout the restructuring process. The Trust had liaised closely with Staff Side throughout the process. David Noyes added that all comments received had been taken on board, and the majority of colleagues had supported the proposals with very few negative comments having been received. Neil Savage said that the Operational Services restructuring was a great example of listening to people. He added for clarity that the Trust's Management of Change Policy had been extended and it continued to comply with good practice. David Noyes informed the Board that an OD Programme was also in place to help develop the culture and leadership of the new structure. Links were being made with the NTQ team with Nursing/Therapy leads being put into each of the new service directorates.

8.9 The Board noted the content of the Chief Executive's Report and recognised the huge amount of work that continued to take place by all members of the Executive Team, locally and nationally.

9. SYSTEMWIDE UPDATE

9.1 The Board received the System Wide update report which provided an update on the activities that are taking place across the Gloucestershire Integrated Care System (ICS).

9.2 Angela Potter advised that all Integrated Locality Partnerships (ILPs) continued to meet with good input and support from GHC and wider system partners. The Cost of Living crisis and the co-ordination of information across the statutory and voluntary sectors remained a key focus of activity. It was noted that all ILP's had been allocated £50k from the NHSE SW Community Investment Fund to support the health impacts of cost of living over this winter period.

9.3 The Board welcomed this report and the breadth of insight. There was some great work taking place around the county with system partners and stakeholders.

10. CQC COMMUNITY MENTAL HEALTH PATIENT SURVEY RESULTS

2021 CQC Community Mental Health Survey Results Action Plan Update

10.1 The purpose of this report was to update the Trust Board on the outcome of the actions taken forward from the results of the 2021 CQC Community Mental Health Survey. Marit Endresen, Patient Survey Manager was in attendance to present this report.

10.2 Three key areas were identified for focus from the 2021 survey: Care Plans & involvement, Access to Crisis Care and Medication side effects. Updates on progress with the actions was presented within the report.

10.3 The Board noted that "Access to Crisis services" had once again been identified as a priority area to focus on within the action plan from the 2022 survey. When asked 'Would you know who to contact out of office hours within the NHS if you had a crisis? This should be a person or a team within NHS mental health services' the Trust achieved a score of 7.2 which was a significant drop from the previous year. The Trust scored lower than the national average when patients were asked if they received the help they needed the last time they contacted the service and also how they felt about the length of time to get through to the team.

10.4 Sandra Betney said that there was a need to look at what the Trust was going to do differently about access to crisis care as the same results were being seen year on year with little improvement. David Noyes advised that the action plan around Crisis services was currently being refreshed. It was noted that Crisis services now sat alongside inpatient services and UEC in the new operational services structure. There was a need to look at the configuration and remit of the Crisis Teams, taking into account significant workforce challenges. It was suggested that a deep dive on the Crisis services should be received at the Quality Committee. **ACTION**

10.5 Marcia Gallagher asked what conversations were currently taking place with commissioners around Crisis services as very little progress appeared to have been made. John Trevains advised that the CMHT programme was in place, with the Trust working closely with other agencies. Sandra Betney referred to the Mental Health Investment Standard (MHIS) and priorities. She said that investment was needed into the Trust's existing core services, not new ones. With regard to Crisis services, it was agreed that there was a need to revisit the service model, rather than simply looking to address resourcing which was a challenge currently. It was suggested that it would be helpful to carry out a review of other Crisis service models across the country with the aim of sharing any learning. It was also suggested that a focused discussion about Crisis services should be scheduled for a future MH Urgent and Emergency Care Programme Board which would include local providers Trusts, commissioners and 3rd sector colleagues. **ACTION**

10.6 The Board noted this report and welcomed the process now in place of undertaking interviews directly with service users to further understand their experiences in relation to those questions that had received lower scores.

2022 CQC Community Mental Health Survey Results

10.7 The purpose of this report was to summarise the results of the 2022 CQC National Community Mental Health survey. The CQC compared the results across 53 English NHS mental health care providers' and the results were published on the CQC website.

10.8 It was reported that GHC was categorised as performing better or somewhat better than most of the other mental health trusts in 8 of the 12 domains (67%) (2021 survey: 5 out of 12, 42%). The Trust also remained in the top 20% performing Trusts in most of the domains (9 out of 12). The Trust's response rate was 29%, which was higher than the national average of 21%. However, the Board noted that the response rates had decreased from the 2021 survey (Trust 34%, national average 26%).

10.9 The Board noted those key areas identified for improvement and action from the 2022 survey, which included the previously discussed Access to Crisis Care, NHS Talking Therapies and Organising care.

10.10 Marit Endresen informed the Board that the Patient Survey Group would review the feedback received from the survey and carry out work to take forward the actions identified. This Survey Group was made up of NQT colleagues, working alongside clinical staff, a public governor and five patient representatives.

10.11 The Board commended colleagues for the positive results received from the 2022 Patient Survey. There was more that needed to be done, however, it was agreed that it was easier to improve when there was a good foundation to build on.

11. QUALITY DASHBOARD REPORT

11.1 This report provided an overview of the Trust's quality activities for December 2022.

11.2 John Trevains informed the Board that overall, the report demonstrated that some fantastic and dynamic work was being carried out and high-quality services were being delivered.

11.3 The report highlighted those Quality issues for priority development to the Board and it was noted that this data was triangulated with the Performance Dashboard report:

- Safeguarding supervision activity requires support to improve attendance, noting winter pressures on workforce and vacancies.
- Whilst there is a slight increase in FFT responses from MH service areas, further work and scrutiny is required to improve the number and analysis of responses.
- Embedded Learning activity remains challenging to deliver within current resources. The Director of Nursing, Therapies and Quality has identified budget resource to expand the resources available and aim to have this available in Q1 2023/2024.
- Workforce pressures remain a key organisational challenge to maintain and improving quality in the Trust.

11.4 Quality issues showing positive improvement:

- Eating Disorder waits and access activity is improving with supportive actions in place to sustain progress.
- Non-Executive Director audit of complaints providing 100% "green" good assurance for the first time this year.
- 37.6% of staff have completed the new national Level 1 Patient Safety Training since its launch in November 2022.
- There has been an overall decrease in the number of pressure ulcers in December with numbers dropping to the lowest overall this year with zero avoidable pressure ulcers being reported in community hospitals.
- Despite workforce challenges and caseload demand for Community Mental Health Teams, the CPA rate continues above the compliance threshold target of 95%
- There is good evidence that the additional reporting steps to monitor adult safeguarding referrals following audit feedback are working well.

11.5 Steve Alvis once again expressed his congratulations to the Patient and Carer Experience Team (PCET) for the fantastic performance around complaints management. It had taken some time to bring levels back up following the period of team redeployment during Covid,

but excellent performance was now being seen, and was also demonstrated through this quarter's "green" NED Audit of Complaints.

11.6 Steve Alvis also welcomed the news of improvements within the Eating Disorders service. He said that he had carried out a quality visit to the service recently and commented on the enthusiastic and dedicated team. He did highlight issues regarding accommodation for the service and this had been fed back to the NTQ team through his quality visit report for follow up.

11.7 Sumita Hutchison expressed her thanks to John Trevains and his wider team for what was a really helpful and comprehensive report. She said that the additional focus on Length of stay patients within the community hospitals was helpful.

11.8 Ingrid Barker also welcomed the inclusion of the data around longer term (over 50 days) community hospital delayed patients. It was noted that there were currently 6 patients with no criteria to reside over 50 days, with 2 patients awaiting Pathway 1 (Homefirst) and 4 patients awaiting Pathway 3 (Care home placements). It was noted that there were issues with specialist care home provision but Ingrid Barker asked what more the Trust could do to facilitate these onward transfers. John Trevains said that these questions continued to be asked at ICB level, with innovative approaches to be reviewed. David Noyes said that there was a need to look at how GHC could adapt and future proof its services in relation to the care home market, such as additional investment into therapy offers to try and take out some reliance on the care home sector. In relation to Homefirst, it was noted that the pathway had now been changed so if a patient already had a care package in place and a full assessment had been carried out before admission to hospital, then a further full assessment would not be required.

11.9 Nicola de Iongh asked whether there was any correlation between current workforce issues and concerns around quality or patient safety. John Trevains said that the Trust worked very hard to ensure that standards didn't slip and the quality of services was maintained. However, there was an impact on colleagues' wellbeing, with people leaving due to stress. Marcia Gallagher noted that the Trust had used a "golden hello" as part of its recruitment campaign for the Homefirst Team and asked whether this had been used elsewhere in the Trust. Neil Savage advised that golden hellos and retention payments had been offered to registered nurses in MH Inpatient areas; however, the Trust was careful how this was carried out. There may be an increase in contacts about vacant positions but there was a need to convert these into take up. Sandra Betney said that she had been surprised that a number of incentives hadn't been successful, noting that a similar initiative had been put in place to recruit facilities staff. An exercise would be carried out to review what had worked, the areas that it had worked in, but also whether it was fair to use these incentives and to approve the criteria by which it could be used. There was a lot to do to evaluate this. Sandra Betney added that the BI Team had developed service profile reports which enabled colleagues to see side by side performance and staffing levels to assist with identifying any hotspots. This was a very welcome addition to regular performance reporting.

11.10 The Board noted that a CQC Action Plan progress report would be presented to the March Board.

11.11 The Board once again welcomed this report, noting the developments underway and the good level of assurance provided.

12. LEARNING FROM DEATHS – QUARTER 2 2022/23

12.1 The Board received the Learning from Deaths Report for quarter 2, which provided the learning from the mortality review process, data analysis and outcomes.

12.2 There had been a total of 112 patient deaths reported during quarter 2. None of the reported deaths were judged more likely than not to have been due to problems in the care provided to the patient. There were 46 community hospital and Charlton Lane inpatient deaths in quarter 2. The most common cause of death (within Community Hospitals and Charlton Lane) was cancer. A breakdown of the causes of death reported was included within the report.

12.3 The Board noted that this report had been received and discussed in detail at the January Quality Committee meeting. It was reported that an End of Life dashboard would be included within the Quality Dashboard Report going forward which was welcomed.

12.4 The continued positive feedback received from the Medical Examiner was noted.

13. PERFORMANCE DASHBOARD

13.1 Sandra Betney presented the Performance Dashboard to the Board for the period December 2022 (Month 9 2022/23). This report provided a high-level view of key performance indicators (KPIs) in exception across the organisation.

13.2 The Board received the 2022/23 Business Intelligence business planning highlights and a high-level Measuring What Matters timetable. Sandra Betney advised that the Measuring What Matters milestones and next steps were being reconfigured into a strategic portfolio for 2023/24 and a proposal would be brought to the Executive Team in the coming months.

13.3 The SystmOne Simplicity programme for physical health services continues to progress against an operational tracker which is predicting an improved and satisfactory system recording and data quality state for key event lines by the end of 2022/23. Where SystmOne Simplicity is impacting performance indicators, historic activity provides some assurance to normal performance levels for these indicators and wherever possible, manual audit evaluations have been undertaken on validating exceptions to inform confidence in the current situation.

13.4 The Board noted that there were 11 MH key performance thresholds in exception within the dashboard, with 3 of these related to the Eating Disorder (ED) Service. Sandra Betney informed the Board that some Eating Disorder targets remained non-complaint; however, huge progress had been made and improvements were starting to be seen which was a positive step. There were 15 PH key performance thresholds in exception within the dashboard. Five of these are wait time measures and it is assumed that alongside operational challenges, SystmOne Simplicity data appears to be contributing to all of these 5 items.

13.5 Sandra Betney referenced indicator *3.12 – IAPT Access Rate*. In December, the service achieved 72.5% of its expected performance threshold. This equated to 812 people (14.2% of prevalent population) accessing the service against a target of 1232 (19.6% of prevalent population). Performance was below threshold due to the service receiving 265 fewer referrals than required to achieve access targets and a slightly higher than planned dropout rate of 15.7%. Mental Health Analytics for the South West Region Mental Health Programme Board have identified that there has been a reduction in referrals in the South West region

and this is having an effect on IAPT services being able to meet access targets. The service is working hard to address this locally and has had approval to recruit a business/marketing manager to promote the service and increase referrals. In addition, they have continued to promote the service via two pages in local publications which include a full-page advert in the Local Answer which is delivered to 175,000 addresses in Gloucestershire.

13.6 The Board noted that sickness absence remained above the 4% threshold at 5.4%; however, it was reported that there had been some significant decreases seen in certain directorates which was positive.

13.7 David Noyes reported that operationally, the last month had delivered some intense pressure, as well as some days of disruption as a result of industrial action and some severe weather. Between Christmas and New Year, the pressure on the system was significant, and within the Trust we generated an additional 5 escalation beds on top of the 6 we already had in place to help manage demand. Other measures taken included deploying clinical colleagues and volunteers to work in GHFT to help our colleagues manage corridor care, and specifically to try and divert some of the excess demand to appropriate community services. We have also added some extra resilience shifts to augment Minor Injury and Illness Units to cope with extra demand, had some limited access to SWAST stack granted which has enabled us to utilise Rapid Response even more effectively, used our patient flow team as an in reach capability into both Acute settings, and made some short term adjustments to both community IV team and complex care at home to directly support into the Acute. David Noyes advised that the pressure on the system had now reduced slightly, and the Trust was now resetting to its winter posture.

13.8 David Noyes reported that the Trust continued to work hard at trying to increase our capacity in the Homefirst team. This is very largely dependent upon achieving good flow out of the service for patients who have completed their pathway with us, and this does remain a challenge. Just before the Christmas period we did see improved out flow and were able to generate more service starts as a result. The introduction of a recruitment incentive has generated encouraging higher levels of interests in posts within the service, and a review of productivity is underway, boosted by the completion of our digitisation of the teams (switching from paper to System1) which concluded in Dec 22.

13.9 It was reported that progress with the vital underpinning programme of System1 simplicity continues to be strong, with no services rated Red for assurance on data quality reported at the last programme board and all patient tracking lists on track for sign off by the end of January. Service Aide memoires have also been completed on time, with 52% signed off and complete and the remainder being processed and validated by colleagues in clinical systems and business intelligence. The programme is on track to deliver and conclude at the end of the financial year. At the same time we have started our training and education intervention with external support, to develop the confidence and competence of senior ops leaders to interpret, project and utilise data. The combination of data accuracy and the ability to pivot data should put the Trust in a stronger position in the future.

13.10 As previously briefed, recovery of the Trust's Podiatry service had sadly fallen away, and a refreshed recovery action plan is being drawn together. David Noyes advised that problems within this team stemmed from redeployment during Covid, problems with recruitment and capacity issues.

13.11 Ingrid Barker expressed her huge thanks on behalf of the Board to all colleagues for their amazing efforts to stand up and support the wider system over what had been a very

challenging winter period. This report had demonstrated some of the key initiatives in place to help manage the demand for services. GHC colleagues and their support had been recognised at the ICB.

14. FINANCE REPORT

14.1 The Board received the month 9 Finance Report for the period ending December 2022. A revised system plan submitted to NHSE on 20th June showed a break-even position for both the system and the Trust.

14.2 At month 9 the Trust had a surplus of £2.593m. The Trust is forecasting a year end position of break even in line with the revised plan. The cash balance at month 9 is £54.137m. The Trust has recorded Covid related expenditure of £0.868m up to December.

14.3 Capital expenditure was £9.556m at month 9 against the plan of £8.089m. The 2022/23 revised capital plan, including £1.671m Digitisation funding was £19.335m.

14.4 The Cost improvement programme has delivered £4.917m of recurring savings against the target of £5.612m. The Non Recurrent target is £1.15m and all of this has now been delivered. In addition to Trust savings, GHC has made a £160k system saving on Covid, and a further £400k in year.

14.5 The Better Payment Policy shows 95.6% of invoices by value paid within 30 days, the national target is 95%. 86.3% of invoices by value were paid within 7 days. Sandra Betney said that the Trust continued to perform above target which was excellent, and it was proposed that future reporting be presented to the Board by exception only.

14.6 The Trust spent £7.097m on agency staff to month 9, and against a proposed 2023/24 agency cap of 3.7% of total pay the Trust would be an estimated £1.622m over year to date. The quality impact on the use of agency staff was acknowledged.

14.7 The Board noted and approved the following changes to the 5-year capital programme:

- The Cirencester Hospital scheme has moved from 2024/25 to 2025/26.
- Future years of the programme have been amended to reflect additional Buildings spend
- CDEL reduction of £100k to disposals following District Valuer valuation

14.8 In terms of risks to the 2022/23 financial position, the Board noted the new risk related to Health Care Support Workers and the ongoing discussions regarding the change of banding from Band 2's to 3's. The impacts of this were still be discussed and reviewed at a system level.

15. BOARD COMMITTEE TERMS OF REFERENCE REVIEW

15.1 The purpose of this report was to present the Trust Board with the updated terms of reference for the Board Committees.

15.2 The Trust carries out an annual committee evaluation/self-assessment of performance which is considered good practice. Alongside this, a full review of the Committee terms of reference is carried out to take account of the outcome of the evaluation and to update in line with best practice.

15.3 The Board was presented with the following terms of reference for review and endorsement:

- Great Place to Work Committee
- Charitable Funds Committee
- Resources Committee
- Quality Committee

15.4 The terms of reference for the Audit and Assurance Committee were presented to and approved by the Board at its November 2022 meeting. The Mental Health Legislation Scrutiny Committee terms of reference would be presented to the Board for approval at its next meeting in March 2023.

15.5 The Board approved the updated terms of reference for the Board Committees.

16. BOARD COMMITTEE SUMMARY REPORTS

16.1 **Great Place to Work Committee**
The Board received and noted the summary report from the Great Place to Work Committee meeting held on 8 December 2022.

16.2 **Charitable Funds Committee**
The Board received and noted the summary report from the Charitable Funds Committee meeting held on 19 December 2022.

Ingrid Barker noted that the Committee had considered the option of declining to promote fundraising activities undertaken by members of staff that were for charities other than the Trust's own charity on social media or communication platforms. She asked what the outcome of this consideration was. Angela Potter advised that the Committee had supported this. She clarified that the Trust would not stop colleagues fundraising for other charities, however, the Trust would not actively report on it or promote it. Wider messaging for colleagues to make people aware of this decision was in development.

16.3 **Resources Committee**
The Board received and noted the summary report from the Resources Committee meeting held on 22 December 2022.

The Committee had carried out a deep dive into the ADHD and Autistic Spectrum Condition service. Discussions had taken place about the level of excess demand over the commissioned level, with a 200% increase in referrals. David Noyes informed the Board that a business case was currently being developed for the ADHD and ASC services to be presented to commissioners.

16.4 **Working Together Advisory Group**
The Board received and noted the summary report from the Working Together Advisory Group meeting held on 11 January 2023.

16.5 **Quality Committee**
The Board received and noted the summary report from the Quality Committee meeting held on 12 January 2023.

16.6 **Mental Health Legislation Scrutiny Committee**
The Board received a brief verbal report from the MHLS Committee meeting held on 25 January 2023. A full written summary report would be presented at the next Board meeting in March.

17. ANY OTHER BUSINESS

17.1 There was no other business.

18. DATE OF NEXT MEETING

18.1 The next meeting would take place on Thursday, 30 March 2023.

Signed: **……..…..** **Dated:** **……**
Ingrid Barker (Chair)
Gloucestershire Health and Care NHS Foundation Trust

TRUST BOARD PUBLIC SESSION: Matters Arising and Action Log – 30 March 2023

- Action completed (items will be reported once as complete and then removed from the log).
- Action deferred once, but there is evidence that work is now progressing towards completion.
- Action on track for delivery within agreed original timeframe.
- Action deferred more than once.

Meeting Date	Item No.	Action Description	Assigned to	Target Completion Date	Progress Update	Status
26 Jan 2023	10.4	Deep dive on Crisis Services to be received at the Quality Committee	John Trevains	March 2023	Complete. Deep dive received at Quality Committee on 2 March	
	10.5	Crisis Services to be scheduled for a future MH Urgent and Emergency Care Programme Board to take forward work with Commissioners to undertake a system wide review of mental health crisis services.	David Noyes	March 2023	Verbal update on progress to be provided at the March Board meeting	

AGENDA ITEM: 07/0323

REPORT TO: **TRUST PUBLIC BOARD SESSION, 30 MARCH 2023**

PRESENTED BY: John Trevains, Director Of Nursing, Therapies & Quality

AUTHOR: Chantel Leighton, CQC Quality Manager

SUBJECT: **CARE QUALITY COMMISSION ACTION PLAN PROGRESS REPORT**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐ Endorsement ☐ Assurance ☑ Information ☑

The purpose of this report is to

Provide an update on the current status of the CQC 2022 action plan and outlines the plan to prepare services who have not been inspected by the CQC in the most recent inspection.

Recommendations and decisions required

The Board is asked to **note**:

- The update on all the current overarching CQC action plans.
- The progress on self-assessment for the 7 areas yet to be inspected by the CQC.
- The plan in place to progress readiness for future inspections.

Executive summary

In this paper we will provide an update on the progress on our programme of activity to ready those areas not inspected in the CQC core inspection in May 2022 and we will update the Board on the progress of the core action plan and ongoing positive relationship with the CQC locally.

We have completed and can evidence completion of **63% (53 actions)** of the current plan that we submitted to the CQC last year. The remaining **37% (20 actions)** is monitored daily by the CQC Manager and we continue to work with teams to support the areas of improvement and generate the evidence needed to assure the CQC on our progress. We have provided additional detail of this within the paper. **All CQC "Must Do" actions have been completed and reported to CQC.**

The MIIU action plan is 86% complete and the remaining 14% are on target for completion. We are completing a fidelity check for those actions that have been completed. Outstanding actions are around the recording of supervision on Care to Learn and MIIU triage call back times. A service lead is in place to capture the MIIU Triage call back times and results are to be analysed before sign off. This is on schedule for completion in March 2023.

Charlton Lane action plan is 97% complete and the remaining 3% on target for completion and due for review early March 2023 outstanding actions are around a QI project for time critical medications and ligature alarms. We are expanding the remit of the action relating to the ligature alarms to include the use of assisted technology for a range of patient safety issues, e.g. slips, trips, falls, night time observation and capturing non-evasive physical observations. We are due to trial new equipment.

The CQC are going through a period of change and regulation of services will change to a new framework in 2023, we are still required to demonstrate the quality of the services we provided under the existing 5 domain areas:

- Caring
- Safe
- Effective
- Responsive
- Well Led

Although the Trust underwent several inspections including an in-depth Core and Well-Led inspection during April and May 2022, there were some services that were not inspected. These relate to services in the legacy 2G organisation and date back to 2016 in some cases.

In total there are 7 distinct areas that span across Community Mental Health Adult and Children's Services and includes Montpellier Low Secure and our inpatient rehabilitation services at Laurel House and Honeybourne in Cheltenham. To prepare those teams and understand any quality risk associated with the current regulatory framework we have completed an initial self-assessment with all of those teams and have planned peer reviews scheduled as part of our ongoing quality assurance approaches to regulatory compliance.

All areas have been able to demonstrate initial evidence of good compliance against the standard CQC criteria. This self-assessment forms the foundation of peer review programme which will run over the next 12 months. The programme is overseen by a dedicated CQC Quality Manager. We have planned the first peer review for April 2023 with the Stroud Community Mental Health Team.

The peer review programme will enable us to develop a data/evidence set of information for each area and submit this to the CQC utilising their existing provider portal. We have outlined in this paper the overarching key principles of this plan and the areas for consideration.

Risks associated with meeting the Trust's values
• Risk to Quality of Care • Regulatory Risks

Corporate considerations	
Quality Implications	A good standard of CQC Regulatory Compliance is an essential measure of care quality in the Trust to ensure we delivering high quality care
Resource Implications	This report does not specifically identify resource implications though it is noted that further investment in supporting improvements is being scoped
Equality Implications	No specific issues identified

Where has this issue been discussed before?
Quality Assurance Group, Trust Executive meetings, Board development session and Quality Committee

Appendices:	

Report authorised by: **James Wright**	**Title:** **Associate Director of Patient Safety, Quality & Clinical Compliance**

CQC ACTION PLAN PROGRESS REPORT

1. Introduction

1.1 The following provides an update to colleagues in the committee of the status of the 2022 CQC Action Plan and in addition the programme of work to ready the Trust's services that have not been inspected by the CQC in any recent inspections.

2.0 Core Quality Improvement Plan Update

2.1 The Trust continues to make progress with the actions arising from the CQC core inspection. The CQC specific action plan is **63% (53 actions)** complete with **37% (20 actions)** on target for completion. The summary position:

Core Service	Completed	Not Completed
Acute wards for adults of working age and psychiatric intensive care units *Must Do*	1	1
Acute wards for adults of working age and psychiatric intensive care units *Should Do*	5	3
Ward for people with a learning disability or autism *Should Do*	3	1
Community health services for adults *Should Do*	1	2
Community health services for children and young people *Should Do*	7	2
Community Inpatients *Should So*	3	1
Community End of Life Care *Should Do*	3	1
Sexual Health services *Should Do*	0	1
Whole Trust *Should Do*	1	4
Charlton Lane Hospital *Must Do*	2	1
Charlton Lane Hospital *Should Do*	15	1
Urgent Care *Must Do*	6	0
Urgent Care Should *Do*	6	2
Total	53	20

2.2 Outstanding actions include:

- Assurance around Rapid Tranquillisation improvements – we are waiting for completion of a planned audit in March which will form the evidence that we need to provide to the CQC to demonstrate the embedded status of the action

- Wider Trust work relating to the quality of Care Plans – work is being carried out in individual service areas to improve this and there is a wider piece of work within the Trust related to personalised care and shared decision making which are informed by changes in national policy and NICE guidance
- Improving the recording of supervision on Care to Learn – In addition we are working with the learning and development team to improve reporting at team level. Previously this was not available and required some development with the software provider which has impacted on the completion date. This is being piloted with three services and wider rollout will occur from this.

2.3 Work continues to progress for the completion of these actions and regular meetings with Service Leads to ensure they remain on track.

2.4 The MIIU action plan is 86% complete and the remaining 14% are on target for completion. We are completing a fidelity check for those actions that have been completed. Outstanding actions are around the recording of supervision on Care to Learn and MIIU triage call back times. A service lead is in place to capture the MIIU Triage call back times and results are to be analysed before sign off. This is on schedule for completion in March 2023.

2.5 Charlton Lane action plan is 97% complete and the remaining 3% on target for completion and due for review end of March 2023 outstanding actions are around a QI project for time critical medications and ligature alarms. We are expanding the remit of the action relating to the ligature alarms to include the use of assisted technology for a range of patient safety issues, e.g. slips, trips, falls, night time observation and capturing non-evasive physical observations. We are due to trial new equipment.

2.6 We share the progress of these actions with the CQC and they are happy with the pace of the improvements being made and the level of assurance being provided. They are sighted on the fidelity testing programme and keen for us to share the outputs of the pilot work.

3.0 CQC New ways of working

3.1 The CQC are changing how they are working and these new ways of working plan to step away from the larger core and well led inspections that we experienced last year. They plan to do smaller intelligence led visits that may focus only on smaller samples of the organisation. These will be similar to the Mental Health Act Manager visits and will likely be concluded in a one-day visit. In the interim period they will gain assurance of the quality, safety and effectiveness of our services by reviewing service specific information and quality indicators through improvements to their current provider portal. This will enable organisations to update the CQC directly with a range of information from quality improvement programmes and updates to action plans that arise from visits or previous core inspections. They will also benchmark data with similar services by looking at national data sets.

3.2 The digital platform will enable providers to upload information on a range of inspected and uninspected services. This will give providers the ability to upload a wide range of information more routinely and will enable the CQC to assess the 5 domain areas in a more dynamic process. The system will being beta testing in March 2023 and we have indicated to the CQC that we would like to take part in the pilot scheme specific to the Charlton Lane Hospital rating.

3.3 Although we have 7 service areas that were not reviewed in the core inspection programme, it has not been indicated by our relationship manager that they will be carrying out another full onsite inspection prior to the proposed changes in regulation. We understand this is informed by a risk-based assessment of those areas that haven't been inspected and weighed against our overall outcome from the core inspection programme which gave good assurance. This provides the platform and the opportunity to complete our own internal benchmarking exercises using the self-assessment and peer review to collate a data packet we can use to evidence the quality of our services. We would then be in a readied position to upload these to the improved portal when it comes online.

3.4 Overall, services in GHC have a positive relationship with the peer review process and this was central to readying those teams that were inspected as part of the core programme. We were able to demonstrate this internal quality process to the CQC as part of the provider information requests prior to the visits in May 2022.

4.0 Uninspected services

4.1 The following are the service areas that have not been reviewed by the CQC since either the 2016 or 2018 Core inspections:

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for older people	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Community mental health services for people with a learning disability or autism	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Requires improvement Jan 2016	Good Jan 2016
Mental health crisis services and health-based places of safety	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Good Jan 2016	Outstanding Jan 2016
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Forensic inpatient or secure wards	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Specialist community mental health services for children and young people	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Community-based mental health services of adults of working age	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016

5.0 Recent Risk Assessment Submission

In October 2022 the CQC asked for an update around issues that they felt remained outstanding on their risk register. These were risks raised during the 2016 and 2018 inspections of 2G and GCS for the services who have remained uninspected during their visit in April and May this year, and include most of the core services listed above.

The risks we characterised as follows:

Community mental health services with learning disability and autism

- The trust must ensure there are local systems and process in place to assess, monitor and drive improvements in the services they provide

Community based mental health services for adults of working age

- The trust must ensure there are local systems and process in place to assess, monitor and drive improvements in the services they provide.
- The trust must ensure there are cleaning schedules and procedures in place and that buildings and equipment are kept clean and adequately maintained.

Long stay or rehabilitation mental health wards for adults of working age

- The trust must ensure that physical health checks are completed following oral rapid tranquillisation and all incidents to be reported and managed appropriately.

Specialist community mental health for children and young people (CYP)

- The physical health of CYPs should be monitored specifically after prescribing anti-psychotic medicines.
- The trust must ensure there is appropriate soundproofing to maintain confidentiality at the Linden Centre and Park House.
- The trust must improve access to suitable waiting areas at the Linden Centre.

5.1 We submitted a detailed document in the form of a provider information statement and were able to provide CQC with a host of evidence to assure them that all issues had all been addressed as part of the separate trust's quality improvement plan at the time. We were also able to give them a more up to date view of how these improvements have continued. We are awaiting feedback from our inspector regarding this, however, this is further reassurance of grip and governance that informs the CQC risk stratification of our services.

6.0 Self-Assessments

We have an annual self-assessment programme and this forms part of a rolling state of preparedness for regulation. This involves the completion of a number of questions that the CQC assess us against to ensure that a service complies with the 5 domains mentioned earlier in the report. Experience has shown that this is most effective if completed by key managers within the service, supported by the CQC Quality Manager and involves a round table discussion of what 'good' looks like and how this service rates according to this level of assessment. This is informed by the CQC question prompts (key lines of enquiry) and characteristic of what outstanding, good, requires improvement and inadequate look like.

6.1 We use these round table events as insights and triangulate a range of measures and indicators as a heat map. The output of these meetings results in a locally agreed action plan to be followed up by the service and is supported by the CQC Manager on a monthly basis.

6.2 This process allows the service to look at the positives as well as any areas that require improvement. As outlined earlier it was evident during that last inspection that these assessments bring to the forefront of colleague's minds the good work that they do and acted as a reminder to showcase the outstanding work being carried out by our teams, as well as familiarising the language and approached used by the regulator.

6.3 Below is the schedule of the self-assessments that have taken place since the Core inspection in May 2022. We invite the teams to make an initial rating set against the 5 domains and guided by the key line of enquiry questions. We have self-assessed all teams in the 7 service areas. The peer review will enable teams to develop the data and evidence sets to support their initial assessment and be able to qualify these ratings to the peer review team who can test the categories and challenge ratings.

	Services	Safe	Effective	Caring	Responsive	Well-Led	Overall	Core Service Overall
Community-based mental health services for older people	Later Life	Good Jan 2023	Oustanding Jan 2023	Oustanding Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good
	IHOT	Outstanding Oct 2022	Good Oct 2022	Oustanding Oct 2022	Good Oct 2022	Good Oct 2022	Good Oct 2022	Good
Community mental health services for people with learning disability or autist	LDISS	Outstanding Sept 2022	Outstanding Sept 2022	Outstanding Sept 2022	Good Sept 2022	Good Sept 2022	Outstanding Sept 2022	
	CLDT	Good Oct 2022	Good Oct 2022	Good Oct 2022	Good Oct 2022	Good Oct 2022	Good Oct 2022	
Mental health crisis services and health-based places of safety	MHICMS	Outstanding Dec 2022	Outstanding Dec 2022	Good Dec 2022	Good Dec 2022	Outstanding Dec 2022	Outstanding Dec 2022	Good
	FPCC	Good Dec 2022	Good Dec 2022	Good Dec 2022	Good Dec 2022	Good Dec 2022	Good Dec 2022	
	CRHTT	Good Dec 2022	Good Dec 2022	Good Dec 2022	Good Dec 2022	Good Dec 2022	Good Dec 2022	
	MHLS	Good Dec 2022	Good Dec 2022	Good Dec 2022	Good Dec 2022	Good Dec 2022	Good Dec 2022	
Long stay or rehabilitation mental health wards for working age adults	Honeybourne & Laurel House	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good
Forensic inpatient or secure wards	Montpellier	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good
Specialist community health services for children and young people	CAHMS	Good Apr 2022	Good Apr 2022	Good Apr 2022	Good Apr 2022	Good Apr 2022	Good Apr 2022	Good
Community -based mental health servcies of adults of working age	MHICT	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good Jan 2023	Good

6.4 We have identified some good practice in areas that have completed the self-assessment and picks up on our 'Time to Shine' tag which we adopted for the core review. If we use the current CQC measures and key lines of enquiry document the following areas are evidencing examples of some outstanding practice:

- Strong control of Governance with stakeholders with Mental Health Individual Case Management System (MHICMS): evidenced by quarterly contract meetings with care givers with scrutiny around incidents, staffing levels and errors.
- LDISS - scheduled to educate the teams around cultural differences which has become known within the community with Learning Disability Intensive Support System.
- The Later Life Team - consistency in treatment times during the pandemic and development of Frailty Project along with other recognised commendations.

7.0 Peer review

7.1 We have an existing peer review programme which takes place on a rolling two-year cycle. It is intended to be a learning process and also an opportunity to celebrate practice. We can employ this on an intelligence led basis in line with the CQC approach where a service/team require a more urgent need for a peer review. This process provides additional opportunities for staff to experience what it will be like to be subject to a CQC inspection and the types of information that may be scrutinised or requested.

7.2 The peer review offers the opportunity to walk through the areas that the CQC would look at in the case of an inspection, for example:

- DATIX review of incidents and patient experience
- Review of relevant NICE guidance and national audits
- Service delivery and service effectiveness
- 15 step challenge – attending an onsite visit to ensure that the environment is as it should be
- Discussion with staff about what it is like to work in the service
- Discussion with service users about their experience
- Review of patient clinical notes
- Time to shine principles

7.3 We are going to utilise the Patient Safety Partners and 'recruit' volunteers from all services to take part in the peer reviews. Volunteers will receive in-house training on how to complete the review and subsequently provide feedback on their findings.

7.4 Having completed the review a report will be compiled, agreed with Service Directors and an action plan put in place that will be owned by the Service. Reporting on the progress of these actions will occur through the Trust's governance groups (Regulatory Compliance Group, Improving Care Group & QAG).

7.5 This level of scrutiny will provide the CQC with assurance of how the Trust is ensuring the quality of care remains at a good level and will allow the Trust to identify areas where we can move to outstanding. The first of the peer reviews are due to take place in April with the Stroud Community Mental Health Teams.

8.0 Testing – key principles

Any actions that have been identified following on from the peer reviews will be included in future testing schedules. As referenced earlier, this will support the changes the CQC are putting in place to form their New Strategy and this information will be shared with the CQC under their new ways of working. The outputs of the embedded learning/ testing report into the groups identified above and align to the quality management aspirations outlined in the Quality Strategy.

9.0 Summary

9.1 We continue to make progress with the actions arising from the CQC core inspection and continue to provide regular updates to the CQC who are assured by the plans and evidence we have provided in support of completed actions.

9.2 We are collating a strong evidence set to support the closed actions and all actions will be reviewed as part of the ongoing fidelity testing programme.

9.3 We have a clear schedule for the completion of self-assessment to support those services that have not been inspected during the recent core and well led inspections. They will generate a targeted peer review that will support the learning principles outlined above.

9.4 We acknowledge that the CQC are in the process of changing to their new ways of working and the inspection of the core services will change as a result. We note this will be more intelligence led and across the threshold visits will be more focussed. We have adapted our internal processes to support this approach.

9.5 We have provided additional information to the CQC (October 22) to enable them to close historical actions from previous core inspections for 2G & GCS. Our responsive and open relationship with the CQC provides them with the reassurance that our internal benchmarking systems and information we provide is at a level that provides the assurance and confidence around safe and effective services. We are aiming to be part of the beta testing of the new digital platforms the CQC will use to monitor and assess services.

AGENDA ITEM: 08/0323

REPORT TO: **TRUST BOARD PUBLIC SESSION, 30 MARCH 2023**

PRESENTED BY: John Trevains, Director of Nursing, Therapies and Quality

AUTHOR: John Trevains, Director of Nursing, Therapies and Quality

SUBJECT: **QUALITY DASHBOARD REPORT - FEBRUARY 2023 DATA**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐ Endorsement ☐ Assurance ☑ Information ☐

The purpose of this report is to

To provide the Gloucestershire Health & Care NHS Foundation Trust (GHC) Board with a summary assurance update on progress and achievement of quality priorities and indicators across Trust Physical Health, Mental Health and Learning Disability services.

Recommendations and decisions required

Board members are asked to:

- **Receive, note** and **discuss** the February 2023 Quality Dashboard.

Executive summary

This report provides an overview of the Trust's quality activities for February 2023. This report is produced monthly for Trust Board, Quality Committee, Operational Delivery and Governance Forums for assurance.

Quality issues showing positive improvement

- Detail provided this month reports good achievement against the Trust Quality Priorities and Commissioning for Quality and Innovation (CQUIN) activity.
- Sustained improvements in CPA compliance rates which have consistently met the 95% performance indicator for the last 5 consecutive months.
- This month there has been an overall decrease in the numbers of reported pressure ulcers with all categories being either at, or below threshold for the first time this year.

- Continued improvement in the overall number of completed Friends and Family Tests (FFT) in month noting that the number of responses has almost doubled since the introduction of new processes in October, particularly encouraging to see increases from mental health services.

Quality issues for priority development

- The quality directorate continue to work in partnership with colleagues from Learning and Development to improve access and visibility of granular training data in areas that directly impact quality
- The quality directorate will continue to develop assurance on Trust safeguards against closed culture risks, e.g. analysis of staff survey data, independent advocacy, reducing restrictive practices amongst other measures/interventions
- Senior Mental Health nurse leadership and capacity is being provided to inpatient colleagues to improve cardio metabolic assessment within inpatient environments
- Ongoing work supporting areas with access challenges and associated risk management
- Ongoing work supporting workforce focussed initiatives as staffing challenges remain our main risk to delivering high quality care and treatment.

Are our Services **Safe?**

This month we have further developed the slides relating to length of stay and delayed discharges within both Mental Health and Physical Health Hospitals. The detrimental effect that a prolonged hospital admission has upon a patient is well evidenced. When a patient is deemed to 'no longer meet the criteria to reside' (nCTR), timely and effective discharge plans should be in place to enable a discharge. Unfortunately, due to the flow and capacity challenges across the system, we are often seeing patients delayed; colleagues at all levels across the Trust are engaged in systemwide, regional and national work to address these multifaceted issues. It is pleasing to see that there has been system agreement, due to the reduction in numbers of patients waiting longer than 50 days, to now review the patients who have not met the criteria to reside for over 40 days. In February, the Patient Safety Team (PST) have continued to promote the Patient Safety Syllabus E-learning Level 1 course which is aimed at all levels of staff irrespective of role to strengthen their approach to patient safety. To date 64% of GHC staff have completed the training on Care2Learn. Incident reporting in February was in line with reporting norms with the top four categories being; skin integrity, self-harm, falls and medication errors. 5 SIRI's were confirmed and reported in February. This month there has been an overall decrease in the numbers of reported pressure ulcers with all categories being either at, or below threshold for the first time this year. Appendix 1 provides data regarding COVID 19 and evidences a decreasing trend in the infection rates (HODHA) in our inpatient environments which are now displaying the lowest levels since those seen in the summer.

Are our services **Effective**?

Cardio metabolic assessment rates have slightly increased in month both within community and inpatient settings, further senior leadership will now be provided from within NTQ to support the remaining improvement work required. Mental Health CPA, (an established proxy measure of community mental health quality), compliance has increased in February and a data refresh indicates that compliance has been above threshold for the last five months, only dropping once in the last eight months. We have

refreshed the format of the safeguarding summary slide in the dashboard. The GHC Safeguarding Notifications inbox is operating well and is seeing an increase in appropriate contacts and provides the Safeguarding Team with an enhanced oversight of organisational safeguarding activity. Monthly auditing of Safeguarding Adult and Children's practice and record keeping has commenced as planned, results will be presented to the Trusts safeguarding committee and shared with operational teams. Development of a Safeguarding Champion Network has commenced with a specific associated job specification co-produced with operational teams. Champions will be an important link between their team and the safeguarding team, supporting the dissemination of learning, information and guidance. There is an improving picture across a number of mandatory safeguarding training modules. There is a detailed update on Q3 reporting of Trust Quality Priorities and measures alongside CQUINS which demonstrates good progress against agreed deliverables.

International Nurse recruitment continues with 78 new colleagues now in post since January 2021 with a further 11 in active recruitment. This month there is a decrease in the HCSW vacancies rate to 63.53 WTE which is attributable to the sustained focus in this area. Safer staffing data acknowledges the ongoing challenges for inpatient teams, however, triangulation of the data has not identified upturns in incidents or an increase in complaints linked to the services where variation of staffing levels have been evident, however, it remains a key quality concern and the Trust is cognisant of the impacts on the wellbeing of colleagues. The matrons and team leaders are continuing to monitor the impact on staffing and ensure safe delivery of services using the escalation protocols when required. The Trust is working on a range of actions to address these challenges and this is further reported via the Great Place to Work Committee, this includes improved enhancements for high risk vacancies within Wotton Lawn Hospital. Appendix 3 – summarises wider key performance operational data. We note that recovery rates have slowed however there are only 2 of the displayed data lines that do not show overall improvement.

Are our services **Caring?**

This month we have included a redesigned slide set for Patient Carer & Experience activity which reflects ongoing development and improving data to support the newly configured operational directorates. There were 10 new complaints received in February, the number of complaints acknowledged within the 3-day timeframe is sustained at 100% for the eleventh successive month. FFT compliance rate increased, reaching the target of 95%. In addition, the overall number of completed FFT's in month responses have almost doubled since the introduction of new processes in October, notably an increase in mental health services. We also include in this month's dashboard further information detailing the Trust's work to address the risk of Closed Cultures and eliminate the risk of vulnerable patients experiencing abuse in our care.

CQC Update

Good assurance is available that demonstrates the Trust continues to make good progress with the actions arising from the CQC core inspection. The Trust wide action plan is 67% complete with 33% on target for completion within agreed timescales. The MIIU action plan is 86% complete and 14% on target for completion, additional quality checking has commenced for those actions that have been completed. The Charlton Lane action plan is 97% complete and 3% on target for completion within agreed timescales.

Scheduled touchpoint meetings continue to review progress of the actions. One of the MUST DO's from the CQC Core inspection that relates to Wotton Lawn Hospital is now complete with some additional work being undertaken to fully assure the Rapid Tranquilisation actions with completion anticipated for April 2023. We have continued to provide regular updates to the CQC who are assured by the plans and evidence we have provided in support of completed actions. The Trust is undertaking self-assessment and peer review work with services that were not inspected in 2022 to provide support and assurance that these services are meeting the regulatory requirements. There have been a number of CQC Mental Health Act inspections during the winter 2022-23 with the overall outcome being very positive and an overview of feedback has been provided for information in slide 2.

Risks associated with meeting the Trust's values Specific initiatives or requirements that are not being achieved are highlighted in the Dashboard.

Corporate considerations	
Quality Implications	By the setting and monitoring of quality outcomes this provides an escalation process to ensure we identify and monitor early warning signs and quality risks, helps us monitor the plans we have in place to transform our services and celebrates our successes.
Resource Implications	Improving and maintaining quality is core Trust business.
Equality Implications	No issues identified within this report

Where has this issue been discussed before?
Quality Assurance Group, updates to the Trust Executive Committee and bi-monthly reports to Quality Committee/Public Board.

Appendices:	Quality Dashboard Report - February 2023

Report authorised by: John Trevains	**Title:** Director of Nursing, Therapies and Quality.

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Quality Dashboard 2022/23

Physical Health, Mental Health and Learning Disability Services

Data covering February 2023

working together | always improving | respectful and kind | making a difference

Executive Summary

Gloucestershire Health and Care NHS Foundation Trust

This Quality Dashboard reports quality focussed performance, activity, and developments regarding key quality measures and priorities for 2022/23 and highlights data and performance. This data includes national and local contractual requirements. Certain data sets contained within this report are also reported via the Trust Resources Committee; they are included in this report where it has been identified as having an impact on quality matters. Feedback on the content of this report is welcomed and should be directed to John Trevains, Director of Nursing, Therapies and Quality (NTQ).

The Quality Dashboard summary is informed by the NHS England's shared single view of quality – which aims to provide high quality, personalised and equitable care for all. The primary drivers in this shared view focus on systems and processes that deliver care that is safe, effective and has a positive experience which is responsive, personalised and caring. We frame our quality reporting in line with this view. This provides an escalation process to ensure we identify and monitor early warning signs and quality risks, helps us monitor the plans we have in place to transform our services and celebrates our successes.

Are our services SAFE?

In response to a request from Board colleagues and growing concerns locally and nationally, we provide a summary of data relating to long length of stay in our Community Hospitals, length of stay and delayed discharges within MH Inpatients. The detrimental effect that a prolonged hospital admission has upon a patient is well evidenced. When a patient is deemed to ' *no longer meet the criteria to reside'* (nCTR), timely and effective discharge plans should be in place to enable a discharge. Unfortunately due to flow and capacity challenges across the system, we are often seeing patients delayed. In February, the Patient Safety Team (PST) have continued to promote the Patient Safety Syllabus E-learning Level 1 course which is aimed at all levels of staff irrespective of role to strengthen their approach to patient safety. To date 64% of GHC staff have completed the training on Care2Learn. In February, there were a total of 1036 incidents reported affecting patients. 941 were reported as No and Low harm incidents and 95 Moderate, Severe or Catastrophic incidents. The top four categories are skin integrity, self harm, falls and medication errors. All incidents in month remain within previous reported upper and lower control limits. 5 serious incidents were confirmed and reported in February. This month there has been an overall decrease in the numbers of reported pressure ulcers with all categories being either at, or below threshold for the first time this year. Appendix **1** provides data regarding COVID 19 and evidences a decreasing trend in the infection rates (HODHA) in our inpatient environments which are displaying the lowest levels since those seen in the summer.

Are our services EFFECTIVE?

Cardio metabolic assessment rates have increased in month both within community and inpatient settings and this is reflective of the work that teams have been undertaking despite pressures in each locality and within inpatient services. Mental Health CPA,(an established proxy measure of community mental health quality), compliance has increased in February and a data refresh has indicated that compliance has been above threshold for the last five months, only dropping once in the last eight. The new GHC Safeguarding Notifications inbox is operating well and provides the Safeguarding Team with improved oversight of organisational activity. We continue to manually record the number of referrals to Gloucestershire County Council Safeguarding Team to ensure we remain sighted on activity, monitor cases, liaise with teams and support any enquiries. Monthly auditing of Safeguarding Adult and Children's practice and record keeping has commenced. Plans to develop a Safeguarding Champion Network are underway so far a Safeguarding Champion Specification has been written and is being disseminated across operational services to inform interested staff how to come forward. Champions will be an important link between their team and the safeguarding team, and will support the dissemination of important safeguarding information. There is an improving picture with Level 4 Adult Safeguarding Training, Prevent Level 3 Training, and Level 4 adult Protection compliance. A full summary of Safeguarding key performance data is provided in **Appendix 2.** There is a detailed update on Q3 reporting of Trust Quality Priorities and measures alongside CQUINS, this is summarised at the front of that dashboard with more detail provided in **Appendix 4.**

International Nurse recruitment continues with 78 new colleagues now in post since January 2021 with a further 11 in active recruitment. This month there is a decrease in the HCSW vacancies rate to 63.53 WTE attributable to the additional focus on this area. Safer staffing data acknowledges the ongoing challenges for inpatient teams, however, triangulation of the data has not identified upturns in incidents or an increase in complaints linked to the services where variation of staffing levels have been evident, however, it remains a key quality concern and the Trust is also mindful of how this also impacts on the well being of colleagues. The matrons and team leaders are continuing to monitor the impact on staffing and ensure safe delivery of services using the escalation protocols when required. The Trust is working on a range of actions to address these challenges and this is further reported via the Great Place to Work Committee, this includes improved enhancements for high risk vacancies within Wotton Lawn Hospital. **Appendix 3** – summarises wider key performance operational data. We note that recovery rates have slowed however there are only 2 of the displayed data lines that do not show overall improvement.

Are our services CARING?

We have included a redesigned slide set for Patient Carer & Experience activity which reflects ongoing development and improving data to support the newly configurated operational directorates. At the time of writing there is one complaint open over 6 months , reflecting the sustained improvements made by the Patient Carer Experience Team. There were 10 new complaints received in February, The number of complaints acknowledged within the 3-day timeframe is sustained at 100% for the eleventh successive month. FFT compliance rate increased to target of 95% with the overall number of completed FFT in month responses have almost doubled since the introduction of new processes in October increasing especially in mental health services. There are 1074 more responses in February 2023 than were received in April 2022 . We also include in this months dashboard a new slide regarding our Trust work to address the risk of Closed Cultures and eliminate the risk of vulnerable patients experiencing abuse in our care.

CQC Update

The Trust continues to make good progress with the actions arising from the CQC core inspection. The Trust wide action plan is 67% complete with 33% on target for completion within agreed timescales. The MIIU action plan is 86% complete and 14% on target for completion, additional quality checking has commenced for those actions that have been completed. The Charlton Lane action plan is 97% complete and 3% on target for completion within agreed timescales. Scheduled touchpoint meetings continue to review progress of the actions. One of the MUST DO's from the CQC Core inspection that relates to Wotton Lawn Hospital is now complete with additional work being undertaken to fully assure the Rapid Tranquilisation actions with completion anticipated for April 2023. We have continued to provide regular updates to the CQC who are assured by the plans and evidence we have provided in support of completed actions. The Trust is undertaking self-assessment and peer review work with services that were not inspected in 2022 to provide support and assurance that these services are meeting the regulatory requirements. There have been a number of CQC Mental Health Act inspections during the winter 2022-23 with the overall outcome being very positive and an overview of feedback has been provided for information in slide 2.

Care Quality Commission (CQC) Mental Health Act Inspection Feedback 2022-23

- The CQC carry out unannounced Mental Health Inspections to monitor the use of the Mental Health Act (MHA) and compliance with the Code of Practice – these are in practice like mini CQC inspections as they also have a strong emphasis on quality of care and ward culture . These inspections identify actions which the Trust need to complete and report. The feedback from these inspections has been very positive indeed , especially in services at Charlton Lane Hospital. Examples of this positive feedback can be seen in the "bubbles" below. The actions noted by CQC to address have been highlighted below and completed.

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- As a result of the CQC inspection rating of Requires Improvement at **Charlton Lane Hospital** in March 2022 the Trust has been working on a detailed action plan which is now 97% complete. The areas that remain outstanding are part of a bigger piece of QI work around time critical medication. All other work has been completed, embedded, and shared across all hospital wards. The feedback from the recent CQC visits has provided good assurance on progress made regarding quality compliance at Charlton Lane Hospital.

Wards Visited by CQC Winter 22/23

- Willow Ward
- Mulberry Ward
- Honeybourne Unit
- Abbey Ward
- Greyfriars PICU
- Berkley House

"Carer: "I cannot fault them" - Willow

"The physiotherapy and OT department provided and excellent service to patents on the ward." - Willow

"Staff treated patients with respect. We saw good engagement between staff and patients" - Greyfriars

"IMHA told us that staff were supportive and responsive to any concerns they raised on behalf of patients." - Greyfriars

"The food was good and the bedrooms were comfortable"— Willow

"Good evidence of patient/carer involvement in discharge planning" - Abbey

"It had a warm, homely feel and was in good decorative order." - Honeybourne

Issues to be addressed from CQC feedback

CQC noted that:

- Patients who did not require care and treatment in an PICU were sometimes admitted to the ward due to lack of beds elsewhere in the Trust.
- Late applications for 'Second Opinions' for MHA Consent for treatment reviews.
- No poster on the ward with CQC contact details.
- Would like to see an increase in referrals to Independent Advocates for patient's who lacked capacity.
- There was not always recorded evidence that staff reminded detained patients of their rights following a change in circumstances.
- CQC noted the reduced access to Independent Advocates due to vacancies in that contracted service. – This being addressed with ICB commissioners.

Quality Dashboard

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Quality Priorities 2022-2023:

In support of our overarching quality ambitions our physical, mental health, learning disability, children's and specialist services will continue with the following quality improvement priorities which have been agreed with commissioning bodies and will be reported upon quarterly. Full details of each Priority are contained in Appendix 4.

SUMMARY QUALITY PRIORITIES 2022-2023

Priority	Description	Status 21/22	Status 22/23 H1	Q3 Update
1	Pressure Ulcers (PU's) - with a focus on reducing incidence and severity through improvement in the recognition, reporting, and clinical management of PU's , developing a PU collaborative within the One Gloucestershire Integrated Care System.	Achieved	. Achieved	On track
2	Falls prevention – with a focus on reduction in medium to high harm falls based on 2020/21 data . Continuing to work to maintain a falls collaborative within the One Gloucestershire Integrated Care System.	Not achieved	Not achieved	Falls recorded at the same level as last year in Q3 with an overall downwards trend.
3	End of Life Care (EoLC) - with a focus on refreshing the collaborative One Gloucestershire approach to improving EoLC across the county . This will support the 6 ambitions for Palliative and End of Life Care including improving systems to identify those eligible using the Supportive and Palliative Care Indicators Tool (SPICT), improving the access to advance care planning and the ReSPECT V3 , and increasing symptom management training for staff to support non - cancer patients.	Achieved	Achieved	On track
4	Patient and Carer Experience - with a focus on incrementally reducing the time taken to provide a final response letter to people who have raised a formal complaint about Trust services, improvement in completion times will be achieved quarter on quarter .	Achieved	Achieved	On track
5	Friends and Family Test (FFT) - with a question to ask people for their views on the quality of their care, as highlighted in our 2020 CQC Audit Community Mental Health Survey action plan.	Achieved	On track – No H1 Milestones	On track
6	Reducing suicides - with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. We will work to the aspirations of the Zero suicide Alliance to support the aim for zero suicides within our mental health inpatient units by 2023.	Not achieved	On track – No H1 Milestones	On track
7	Learning disabilities - a focus on the Hospital /personal Passport utilisation, and roll out of the Oliver McGowan Tier 1 and tier 2 training programme .The trust aims to train 90% of our workforce.	Achieved	On track – No H1 Milestones	On track
8	Children's Services - transition to adult services with a focus on ensuring a safe and prompt transfer between services, developing pathways, standardising practice, and reducing delays in care . Fidelity to the care pathways will be evaluated through participation in the NCEPOD study.	Not achieved	On track	On track with actions within our sphere of influence.
9	Embedding learning following patient safety Incidents - with a focus on sharing and learning from experience and investigations to develop and improve standards of care . This will be measured through the numbers of post investigation embedding learning workshops delivered and the number of lessons bulletins issued. alongside implementation of the Civility Saves Lives initiative, with assurance measured against the project implementation goals and evaluation over the reporting period.	Not achieved	On track – No H1 Milestones	On track

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

The National CQUINs applicable to GHC are tabled in summary below, progress reporting began at the close of Q1. (Q3 for Flu) . Agreement reached with commissioners that reporting will be for information purposes only with no financial penalties linked to thresholds. We have a separate CQUIN for Liaison and Diversion services. New reporting systems are primarily manual sampling with BI working to support automated collection. Overall we are progressing as planned and to the expectations of commissioners.

CCG Ref	Description	Mental Health	Community	Reporting Process	Status
CCG1	**Flu vaccinations for frontline healthcare workers, (70%-90% compliance)**	✓	✓	Established process via Immform to continue as per previous years.	Q3 (55.76%). **We are in the top 3 providers in the SW and SW are the highest performing region.(** nationally this indicator is performing at a lower level than in previous periods).
CCG9	**Cirrhosis and fibrosis tests for alcohol dependent patients :** Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	✓		New - National CQUIN collection .	H1 Compliant,H2 data testing in progress with no issues anticipated.
CCG10a	**Routine outcome monitoring in CYP and perinatal health services** : Achieving 40% of CYP and women in the perinatal period accessing MH services, having their outcomes measured at least twice	✓		Routine submission via MHSDS)	Reporting – 52% Q3
CCG10b	**Routine outcome monitoring in community mental health services**. Achieving 40% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice. In order to meet the requirements of this indicator, Patient Reported Outcome Measures (PROMs) data will need to be submitted (either in combination with Clinician Reported Outcome Measures (CROMs), or only PROMs) as part of the numerator for this CQUIN during the financial year	✓		At present paired outcomes are not consistently recorded. As part of the transformation to replace CPA a trial of DIALOG and DIALOG+ care planning is intended and this will give an opportunity for pared outcomes to be recorded. The project is in the testing stage, is on RiO and training has taken place in the Forest locality where a trial is running. Next steps will be follow up and evaluation then if ready wider roll out.	
CCG11	**Use of anxiety disorder specific measures in IAPT** Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).	✓		Routine submission to (IAPT) Data Set	Reporting – 71.3% Q3
CCG12	**Biopsychosocial assessments by mental health liaison services** Achieving 80% of self-harm referrals receiving a biopsychosocial assessment concordant with NICE guidelines.	✓		New - National CQUIN collection .	H1 compliant - data testing in progress for H2 no issues anticipated
CCG13	**Malnutrition screening in the community - applicable to inpatients in community settings** . Achieving 70% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks		✓	New - National CQUIN collection .	H1 compliant - data testing being planned for H2 with no issues anticipated.
CCG14	**Assessment, diagnosis and treatment of lower leg wounds** Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.		✓	New - National CQUIN collection .	H1 non compliant - National issue with compliance due to all questions in the data set requiring a positive response for the score to be overall positive. H2 audit to search beyond template in System1 to avoid yes/no fails.
CCG15	**Assessment and documentation of pressure ulcer risk** Achieving 60% of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.		✓	New - National CQUIN collection .	H1 compliant - data testing being planned for H2 with no issues anticipated.

CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

No	Reporting Level	Threshold	2021/22 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23 YTD	R A G	Exception Report?	Benchmarking Report
Number of Friends and Family Test Responses Received	N - T	15%	16581	1167	1314	1229	1183	1354	1177	1523	2081	2104	2473	2241		17846			
% of respondents indicating a positive experience of our services	N - R	95%	94%	94%	94%	94%	95%	95%	95%	94%	92%	93%	94%	95%		95%			
Number of compliments received in month	L - R		1644	133	150	181	170	128	134	151	260	198	236	186		1927			
Number of other contacts received in month	L - R		371	34	51	40	37	46	55	54	73	49	62	57		558			
Number of concerns received in month	L - R		459	40	59	45	37	65	54	61	67	66	69	57		619			
Number of complaints received in month	N - R		120	9	8	15	10	8	13	18	13	6	15	10		125			
Number of open complaints (not all opened within month)				50	46	43	38	28	38	40	45	44	50	43					
Percentage of complaints acknowledged within 3 working days			93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%			
Number of complaints closed in month				13	12	18	15	18	3	16	8	7	9	17		136			
Number of complaints closed within 3 months				3	5	9	6	13	2	8	6	6	6	11		75			
Number of re-opened complaints (not all opened within month)				7	7	5	7	6	7	8	5	5	5	6					
Number of external reviews (not all opened within month)				1	0	0	0	0	3	1	1	2	2	2					

RAG Key: R – Red, A – Amber, G - Green

N - T	National measure/standard with target	L – I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L – R	Locally reported (no target/threshold) agreed
L – C	Locally contracted measure (target/threshold agreed with GCCG)	N – R/L – C	Measure that is treated differently at national and local level, e.g. nationally reported/local target

CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

We are redesigning the way in which we present PCET data to give greater oversight and opportunity – this is an iterative process and we welcome all feedback.

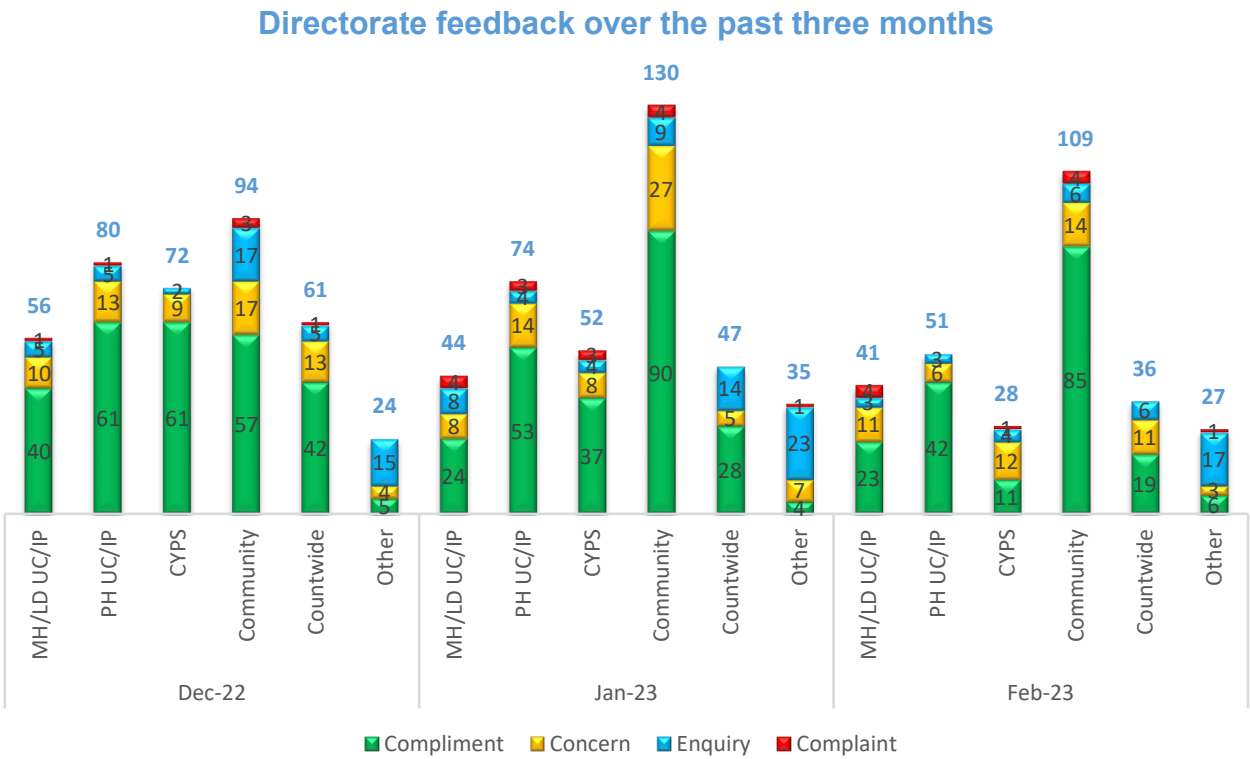
- Numbers are now broken down by operational directorates and type.
- Monthly meetings with SDs, P&D leads and NTQ link staff will enable interrogation of service specific data; this time is also used to discuss ongoing investigations and emerging themes, hotspots, and learning.
- Directorate level data is shared with SDs and DSDs at the start of each month for consideration/review.

The below table shows all reported PCET data received for February 2023 by type and directorate.
It is important to note that this is snapshot and does not consider footfall/caseloads/acuity of patients, etc.

Directorate	Complaint	Concern	Enquiry	Compliment
MH/LD urgent care and inpatient	4	11	3	23
PH urgent care and inpatient	0	6	3	42
CYPS	1	12	4	11
PH/MH/LD Community	4	14	6	85
Countywide	0	11	6	19
Other	1	3	17	6
GHC Totals	10	57	39	186

Emerging themes this month

- Waiting times for children's OT services
- Waiting times for physiotherapy (mainly adult, one child)
- Poor or inappropriate discharge from services (inpatient and community)
- 4 of 6 x Recovery Team issues and 8 x MH/LD urgent care and inpatient issues raised by families/carers (not the patient)
- 6 x MSK physiotherapy feedback, largely relating to wait times and referrals
- 2 x dental feedback; both regarding access to services
- 5 x CYPS issues regarding wait times (2 x CAMHS and 3 x therapy)
- No complaints received by Countywide or PH urgent care and inpatient services



The above graph shows feedback by type and directorate over the past three months.
Whilst there have been a number of complaints, there have been significantly more compliments across every directorate. Moving forward, we want to start shifting our focus to learning from excellence too.

CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

The below table shows all COMPLAINTS closed in February 2023 by outcome and directorate.

- This month, three complaints were withdrawn, and one was referred to our legal team.
- 2 complaints were fully upheld (11%)
- 5 complaints were partially upheld (29%)

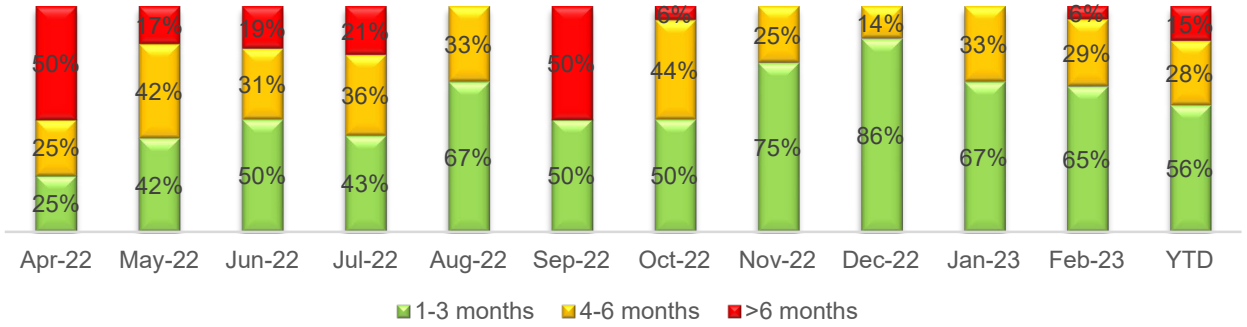
Directorate	Upheld	Partially upheld	Not upheld	Other	Total
MH/LD urgent care and inpatient	1	1	1	3	6
PH urgent care and inpatient	-	-	1	-	1
CYPS	-	1	2	-	3
PH/MH/LD Community	1	3	2	1	7
Countywide	-	-	-	-	-
Other	-	-	-	-	-
Totals	2	5	6	4	17

Upheld themes for complaints closed this month

1. **Communication (*Community* and *MH urgent care and inpatients*)**
   - DWP not notified of inpatient status resulting in debt
   - Family not involved in discussions re care
2. **Patient care (*Community* and *MH urgent care and inpatients*)**
   - Staff unsympathetic to distressed patient
   - Lack of support offered

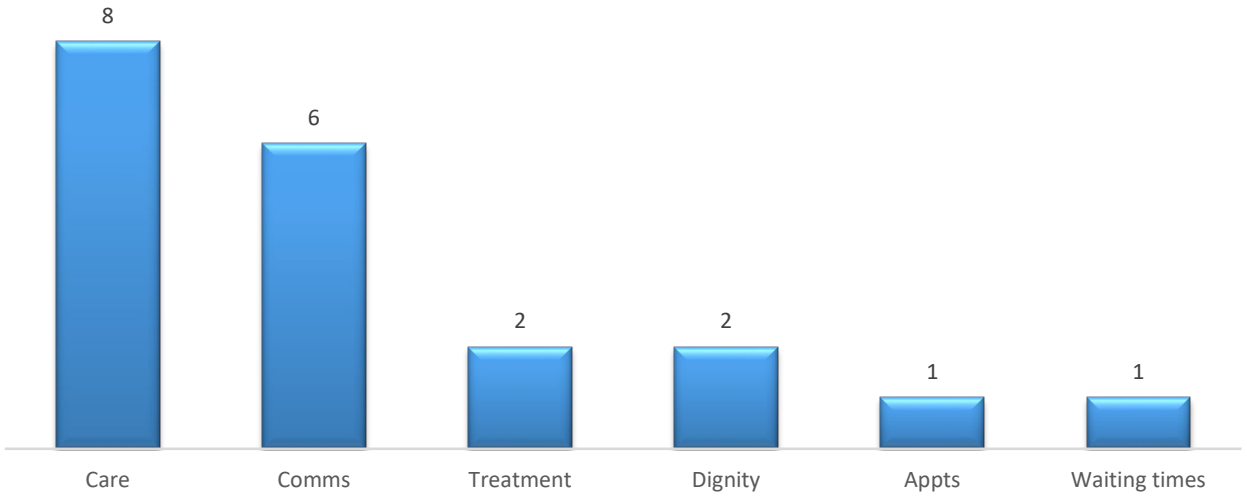
The below graph shows improvements in the length of time taken to close complaints.

- This month, 65% were closed within three months (target = 95%) and 29% closed within six months (target = 5%)
- YTD, 85% of complaints have closed within six months (up from 37% for 2021/22).



The chart below shows the themes that were UPHELD in complaints closed over the past three months.

- Care – upheld across **2** directorates
- Communication – upheld across **2** directorates



CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

The below table shows all CONCERNS closed in February 2023 by outcome and directorate.

- This month, **4** complaints were escalated to a formal complaint after they were unable to be resolved at a local level by the relevant team managers.

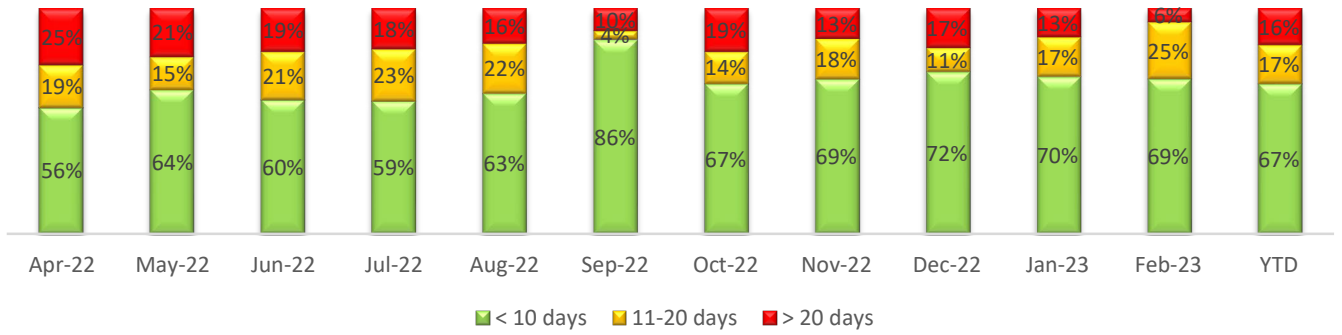
Directorate	Resolved	Escalated	Total
MH/LD urgent care and inpatient	12	3	15
PH urgent care and inpatient	4	-	4
CYPS	13	-	13
PH/MH/LD Community	15	1	16
Countywide	12	-	12
Other	4	0	4
Totals	60	4	64

Key themes for concerns closed this month

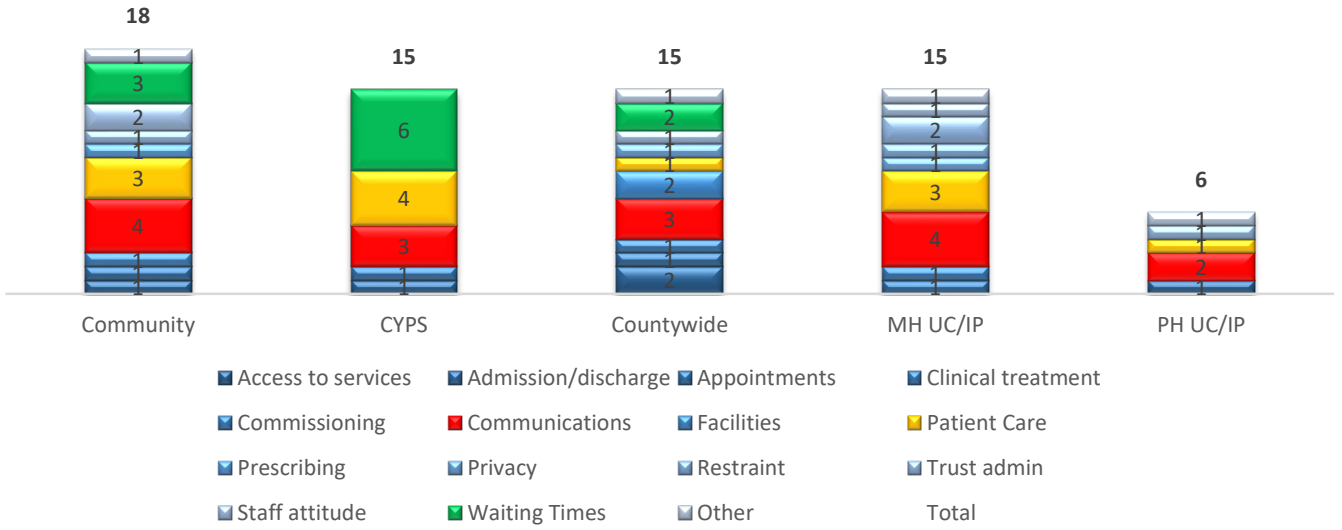
1. Long waiting times
2. Communication
3. Patient care
4. Staff attitude

The below chart shows the length of time taken to close concerns.

- This month, **69%** of concerns were closed within 10 days (target = 80%) and **25%** closed within 20 days (target = 20%)
- YTD, **84%** of concerns have closed within 20 days (up from 66% for 2021/22)



The chart below shows the themes by type and directorate for all concerns closed this month.



CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

The below table shows all COMPLIMENTS received in February 2023 by theme and directorate.
The **186** compliments recorded contained comments that were distributed over **9** different themes. Some compliments contained more than one theme.
It is very likely that more compliments were received but not recorded, therefore, not reported; this is due to operational challenges on teams.

A variety of compliments were received across the different directorates:

Contacted by parent who wanted the whole team to be acknowledged for the work they do within the service as her daughter had a very bad experience previously. The team look after everyone and treat them as people not patients or numbers.
Specialist Dental Service

Patient called in and spoke to a colleague and reported that their call during the night to CRHTT had been very helpful and they wanted this to be passed on to me as I had taken the call.
CRHTT Cots and Vale

I would like to thank you very much for all the wonderful support and advice you gave me yesterday. It was very informative. I have noted the exercise and balance classes and there is one in Quedgeley!! Thank you also for being there for my appointment and working instead of being on strike. I am very grateful.
MSK Specialist Therapies

Patient has called to say that the Call Handler she spoke with on the telephone the day before was lovely and the patient enjoyed speaking to the Call Handler. Patient was ever so complimentary regarding the staff member on the telephone.
ICT Forest Referral Centre

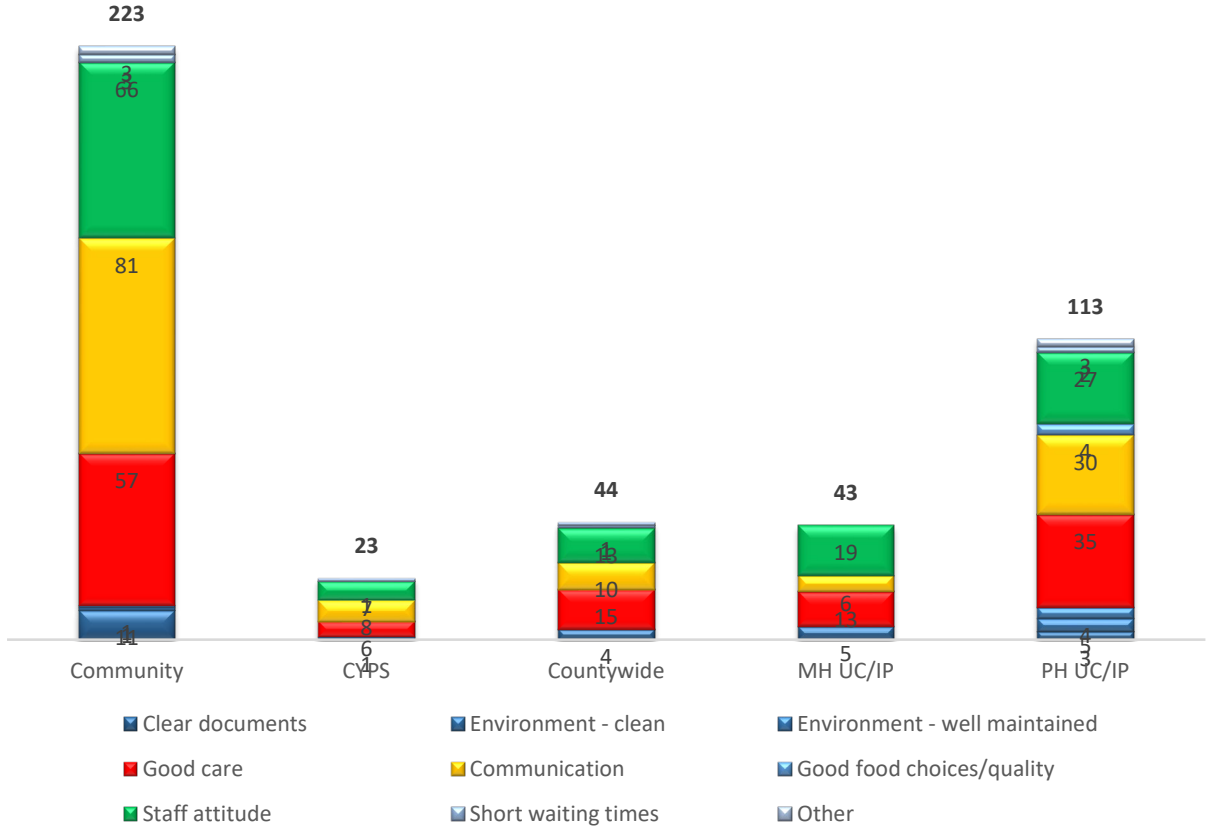
We feel that X has come away from the sessions he had with you with a new found confidence. He is able to talk to us when he has worries but he also seems more comfortable generally in himself. We also feel the sessions allowed X to feel safe enough to open up to both us and you about the grief he was feeling about his Grandad. I think it has reassured him that sometimes it's ok to not be ok and he can now use some of the tools you have given him to open up to someone he trusts, to talk about anything that is worrying him. It has also made us more mindful about checking in with both of our children about feelings and sharing worries. Thank you so much for all your help. It is very much appreciated.
CAMHS

The carer of a service user detained under the MHA, praised the AMHP for supporting her and her husband through a really difficult time when things had broken down at home. She described the care and kindness they displayed towards her and her family.
AMHP Hub

At the start of a future planning meeting a patients husband praised the staff for giving his wife wonderful care. He said that he could not praise the whole team enough and that they were doing a wonderful job of caring for his wife
Peak View Ward, Vale

The chart below shows the themes occurring across multiple services/directorates

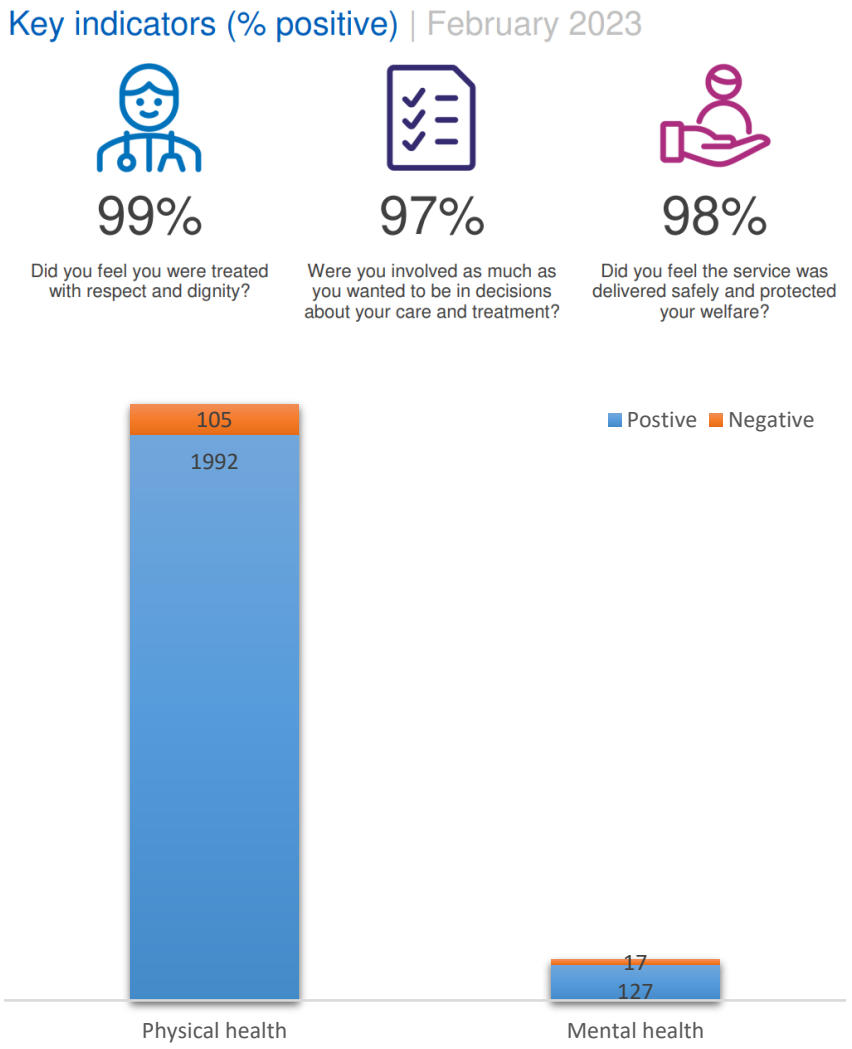
1. Good patient care
2. Good communication
3. Good staff attitude



CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

The below table shows the continuing upward trend in FFT responses but is split by service, not directorate.

Service Area	Total Responses	Total POSITIVE Responses	% Positive Responses
Hospitals overall	**95**	**84**	**88%**
Hospitals - physical health	74	67	**91%**
Hospitals - mental health	21	17	**81%**
Specialist overall	**371**	**360**	**97%**
Specialist - physical health	335	330	**99%**
Specialist - mental health	36	30	**83%**
Adult community overall	**439**	**392**	**89%**
Adult community - physical health	367	327	**89%**
Adult community - mental health	72	65	**90%**
Urgent care overall	**1067**	**1035**	**97%**
Urgent care - physical health	1067	1035	**97%**
Urgent care - mental health	0	0	**-**
CYPS/CAMHS overall	**269**	**248**	**92%**
CYPS - physical health	254	233	**92%**
CAMHS - mental health	15	15	**100%**



Highlights for February 2023:

- The FFT response continues to be at a high level, in line with recent months.
- The overall experience rating and 3 key indicator scores are each 1% higher than last month.
- We are continuing to work with services where responses are low to promote a variety of survey methods, such as iPads, QR codes and paper where this is appropriate
- A QI project has started which is looking into the value of the FFT reports and how the data is being used across Trust services
- 5 requests for contact have generated further action/investigation through the new 'open' question

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

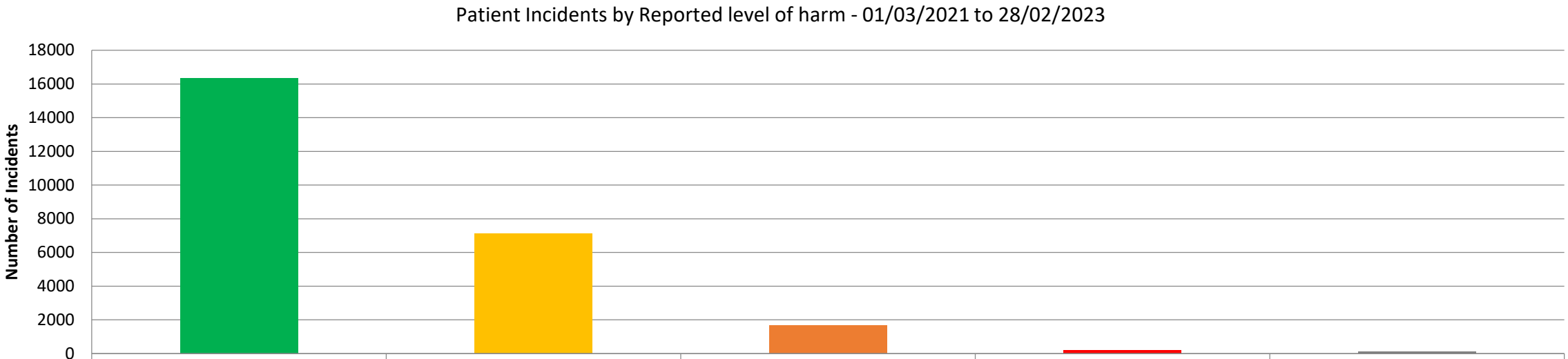
CQC DOMAIN - ARE SERVICES SAFE? INCIDENTS (Whole Trust data)

	Reporting Level	Threshold	21-22 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022-23 YTD	R / A / G	Exception Report?	Benchmarking Report
Number of Never Events	N - T	0	0	1	0	0	0	0	0	0	0	0	0	0		1			N/A
Number of Serious Incidents Requiring Investigation (SIRI)	N - R		32	10	3	1	5	2	1	2	1	3	3	5		37			N/A
No of overdue SI actions (incomplete by more than I month)	L - R		**New**	3	5	5	7	7	3	4	3	3	0	0		N/A			N/A
No of unallocated SI investigations (waiting more than 1 month for allocation).	L - R		**New**	1	0	0	0	0	0	0	0	0	0	1		0			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding self harm or attempted suicide	N - R		2	0	0	1	0	1	0	0	0	1	0	1		4			N/A
Number of Embedding Learning meetings taking place	L - R		7	0	0	0	0	0	4	1	0	0	4	0		9			N/A
Total number of Patient Safety Incidents reported	L - R		12313	1216	1100	1012	1114	1043	973	1148	1107	956	1164	1036		11869			N/A
Number of incidents reported resulting in low or no harm	L - R		11418	1138	993	933	1008	960	885	1073	1021	883	1059	941		10894			N/A
Number of incidents reported resulting in moderate harm, severe harm or death	L - R		895	78	107	79	106	83	88	75	86	73	105	95		975			N/A
Total number of patient falls (hospitals and inpatient units) reported as resulting in moderate harm, severe harm or death	L - R		26	7	4	1	3	4	2	0	3	2	2	0		28			N/A
Total number of medication errors reported as resulting in moderate harm, severe harm or death	L - R		5	1	0	2	0	0	0	1	1	0	0	0		5			N/A
Total number of sexual safety incidents reported	L- R		57	9	11	17	15	10	9	14	12	4	9	9		119			N/A
Total number of Rapid Tranquilisations reported	N - R		545	64	110	121	109	97	103	90	74	46	50	56		933			N/A

N-T	National measure/standard with target	L-I	Locally agreed measure for the Trust (internal target)
N-R	Nationally reported measure but without a formal target	L-R	Locally reported (no target/threshold) agreed
L-C	Locally contracted measure (target/threshold agreed with GCCG)	N-RL-C	Measure that is treated differently at national and local level, e.g. nationally reported/local target

RAG Key: R – Red, A – Amber, G - Green

CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Serious Incident Data



None (no harm caused by the incident)	Low (minor harm, e.g. takes up to 1 month to rectify)	Moderate (significant but not permanent harm e.g. takes up to 1 year to rectify)	Severe (permanent or long term harm caused)	Death
16351	7107	1667	180	105

We have included in this dashboard a summary of patient safety incidents reported over the last 2 years and seek to present data that can identify patterns requiring deeper analysis. This also includes a focus summary view on the prevalence of patient safety incidents by categories including how these have adjusted over time. These themes will be submitted as part of the work to identify our investigation priorities for 2023-24 and will be led by the PSIRF Task and Finish Group.

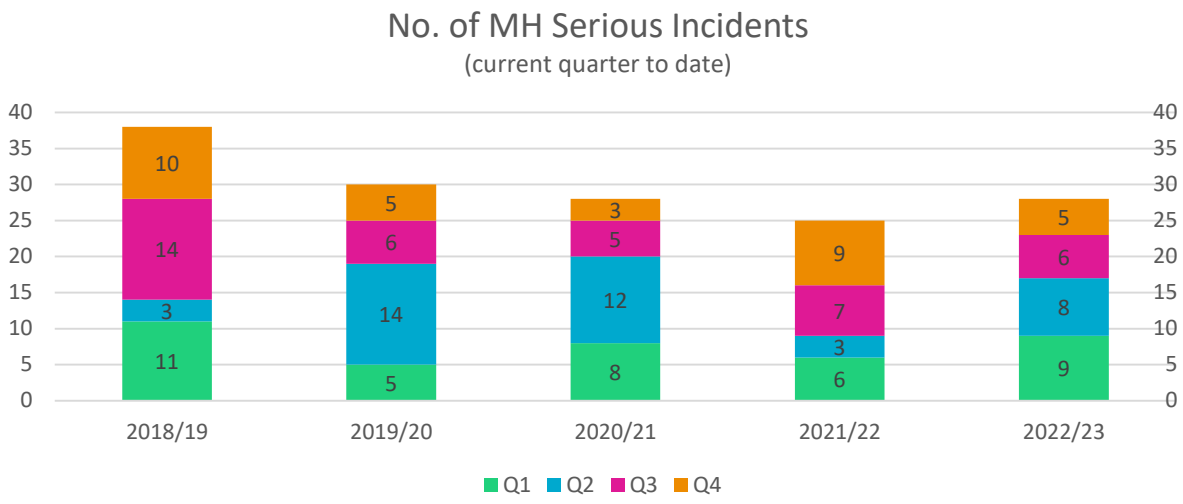
In February there were 1036 incidents reported in Datix, 128 less than January. 941 were reported as No and Low harm incidents (118 less than January) and 95 as Moderate harm (10 less than January).
The decrease relates to the fewer number of reporting days in February compared to January.

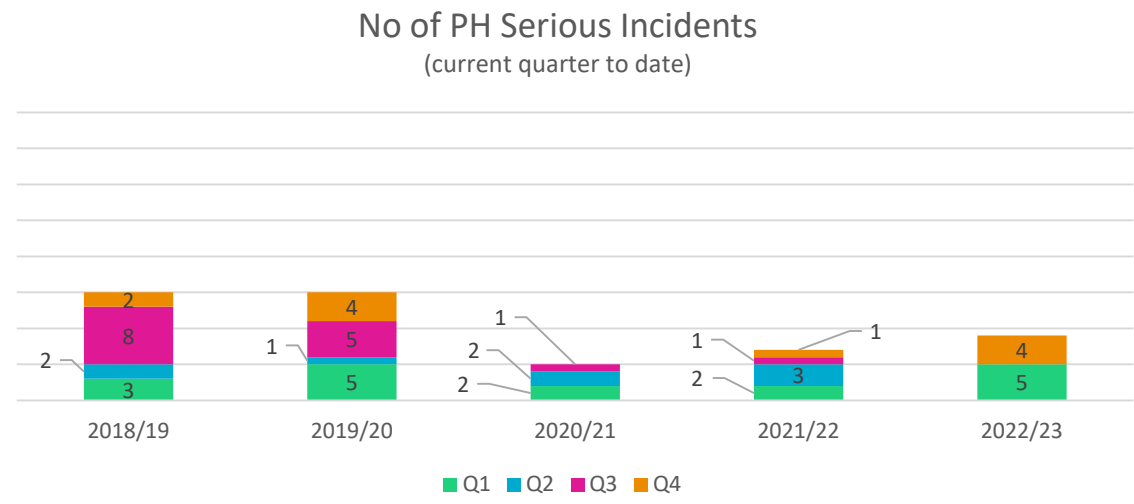
The patient safety team (PST) has reviewed a minimum of 10% of the No and Low harm incidents for 22 months. This practice has been reviewed and ceased in February 2023, to be replaced with ad-hoc audit and enhancing the support that PST provides to services around incident management. The PST continues to review incidents in teams with reporting anomalies and shares comprehensive reports with service level Ops and Governance meetings to support the development of insights in to patient care. There are no patterns of reporting that are significant to discuss in this report.

The Datix incident reporting system captures reported incidents and requires managers to review the incident and allocate the correct level of harm. The manager then has the option to respond to the reporter. The number of incidents, excluding serious incidents, in the current financial year that have yet to be reviewed by Managers has increased by 777 since January 2023 (3529 on 08/03/2023 compared to 2752 on 07/01/2023). 4 incidents, excluding serious incidents, from previous financial years were still awaiting review. This has reduced by 92 since January 2023 (4 on 08/03/2023 compared to 96 on 07/01/2023) .

The PST has shared this data with Service Directors and escalated through operational and NTQ governance routes, additional support has been offered to address this issue. This process of escalation and support will continue up to the implementation of 'Learning from patient safety events' (LFPSE) in September 2023. The risk of the backlog for completed Datix incidents is categorised as low risk to the Trust owing to the reviews of low and no harms incidents outlined above. The majority of legacy incidents needing to be closed are categorised as no or low harm incident. We have allocated additional resources to team manager to help them recover this backlog.

CQC DOMAIN - ARE SERVICES SAFE? – Serious Incidents and Embedded Learning



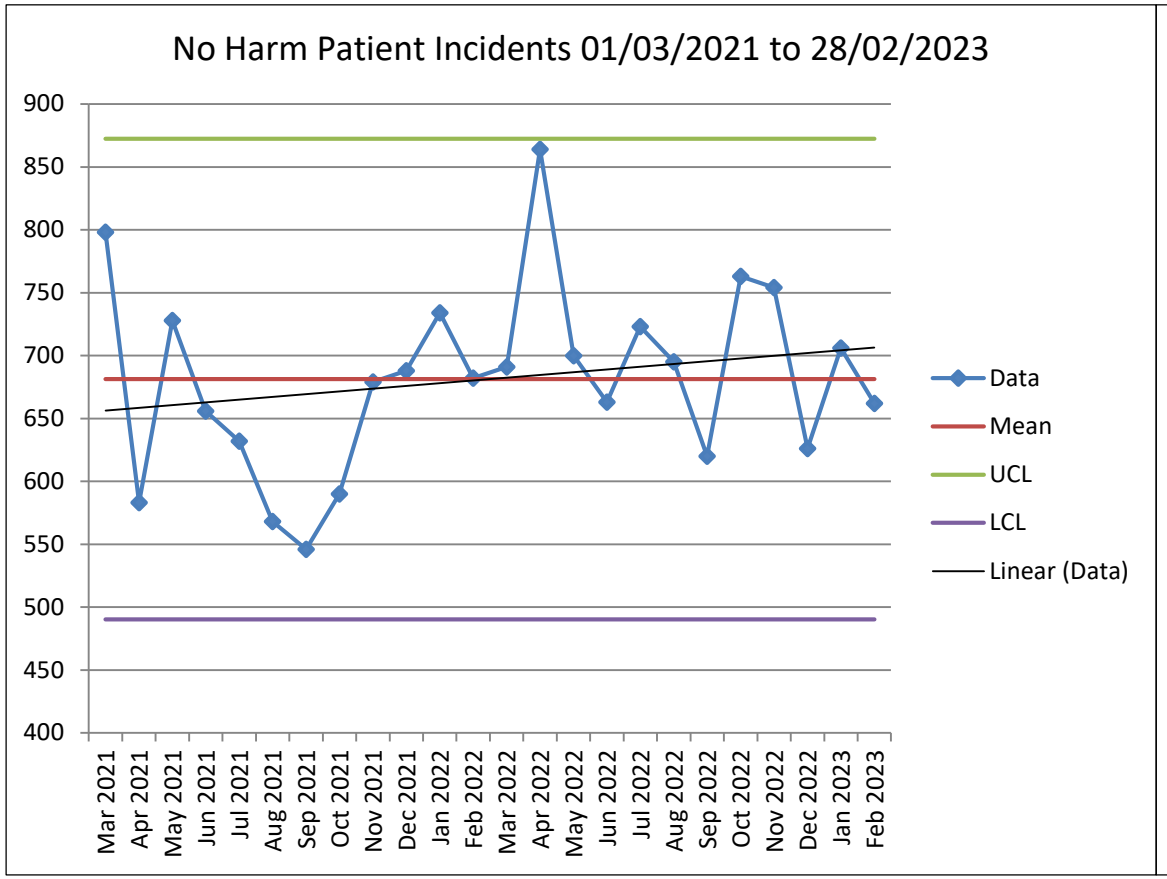


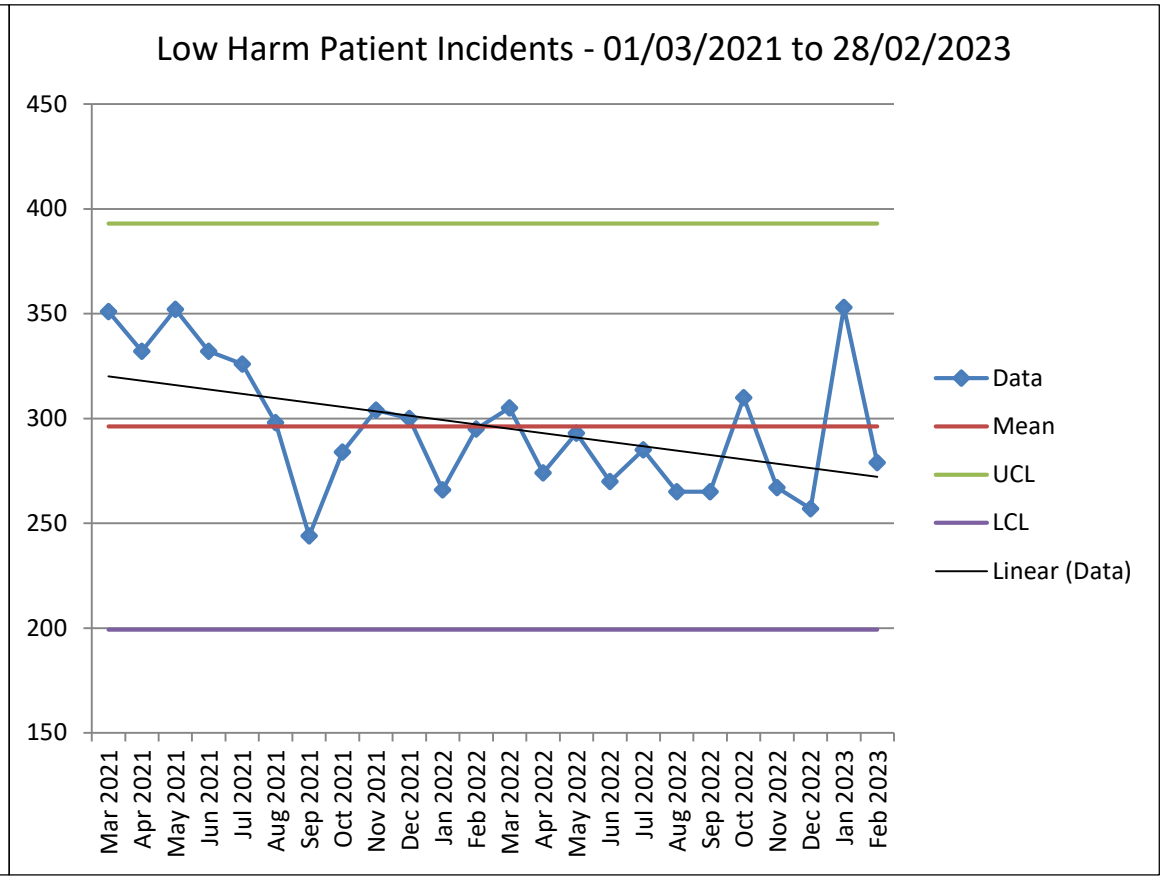
In February, 5 new serious incidents were confirmed and reported and investigations into the causes and consequences of these have commenced. Included in this figure are 3 deaths in a community setting where patients were known to services and 2 tissue damage related incidents. There was an incident initially graded as a serious incident relating to a medication issue in one of our MIIU's, however, as a result of a rapid and detailed post incident review and actions implemented following the incident it was agreed with Commissioners to downgrade this.

Embedded Learning and Learning Assurance:

- PST absences have resulted in reduced capacity for embedded learning this month, the position is expected to be recovered in Q1
- Patient Safety and Learning noticeboards are now displaying current information and several other Trust teams have requested boards to be displayed in their team areas
- The Head of Patient Safety and Learning met with colleagues from the NHS Resolution Safety and Learning Team to discuss the options for learning from claims and litigation. The PST will engage with the Legal Services Team at GHC to seek insights in to the learning that is presented by claims.
- The first task and finish group supporting the implementation of the Patient Safety Incident Response Framework met in February, this cross service group discussed the work plan and will seek to examine report templates and the early draft of the plan and policy frameworks to support embedding the patient safety incident response framework (PSIRF) in the Trust.
- The Senior Operational Team received a briefing detailing PSIRF. Some potential challenges were identified and have been shared with the Trust Risk Manager.
- The recruitment of 2 Patient Safety Partners is complete and are currently engaged in induction activity
- The PST have initiated additional reviews to enable a more rapid capture, action and assurance of our moderate harm incidents.

CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Serious Incident Data



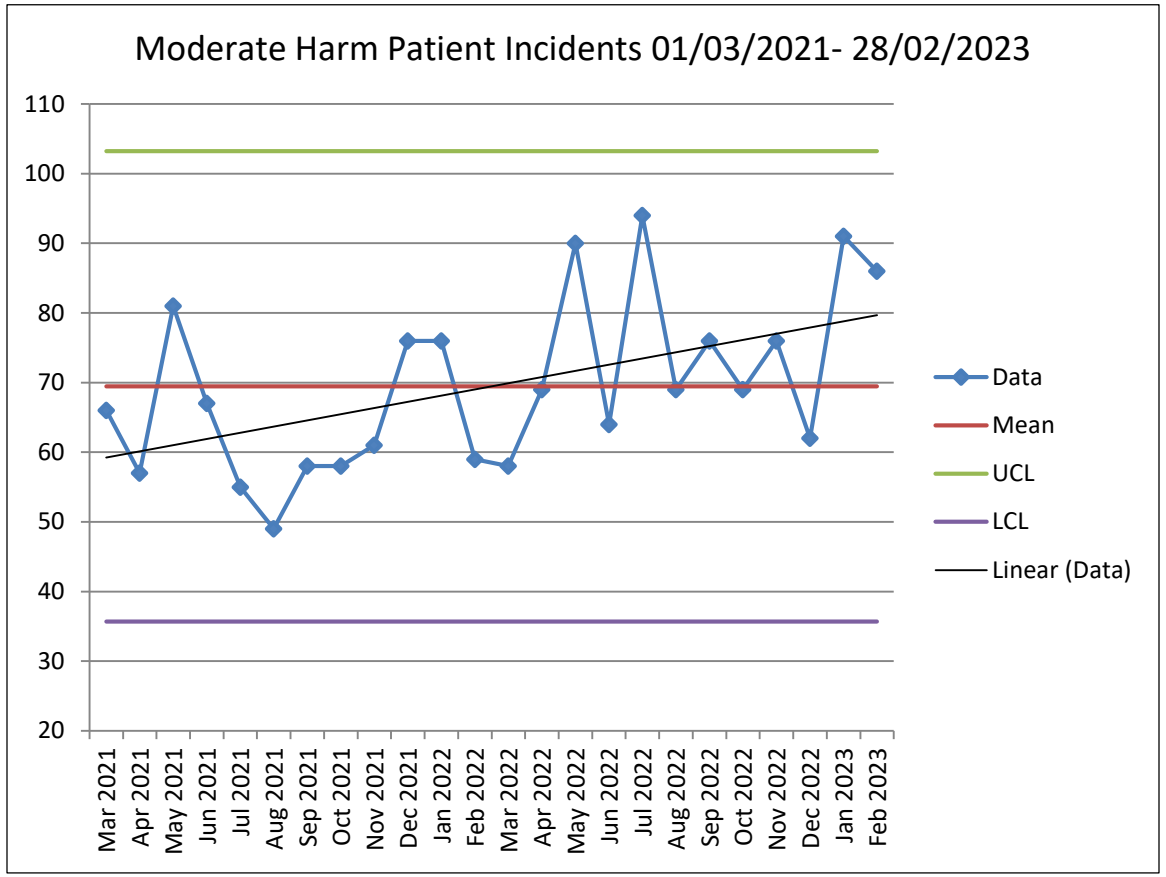


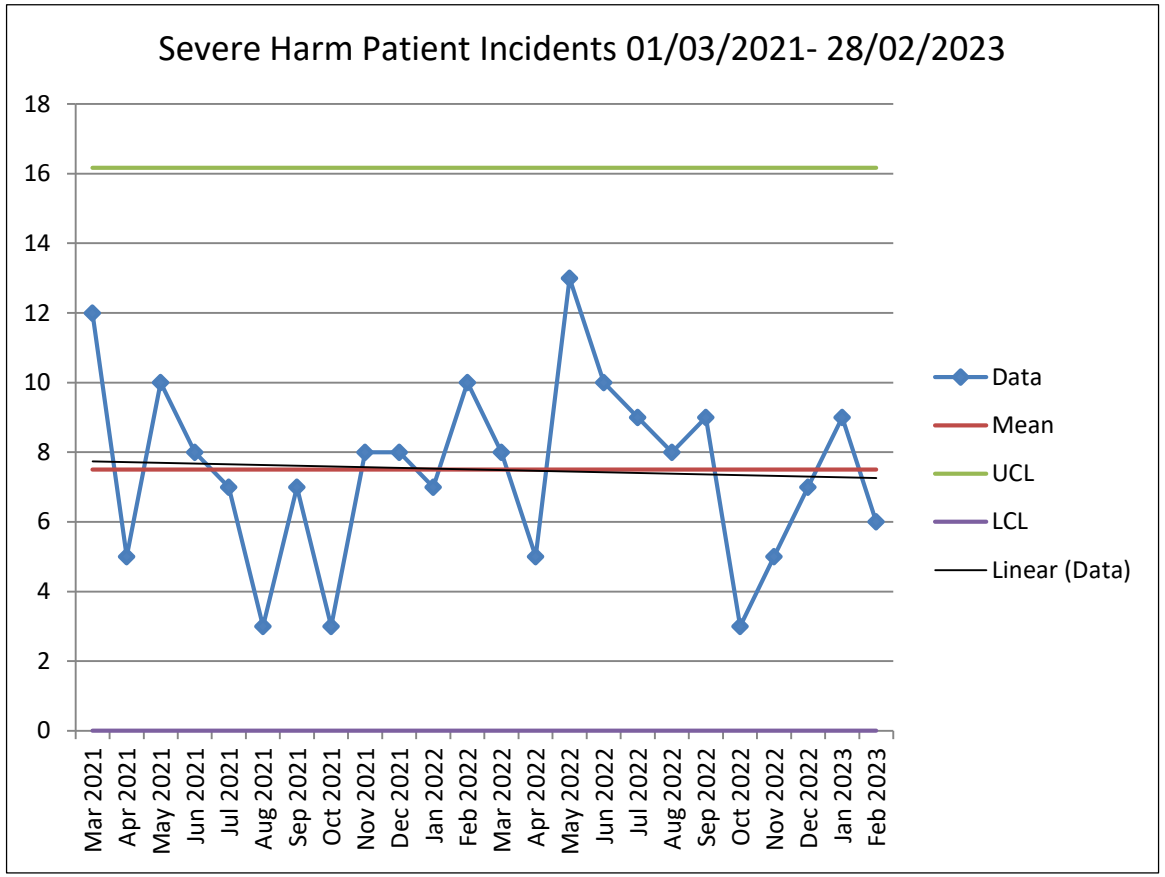
This slide provides data in the form of statistical process control charts. These provide visualisation of change over time which is essential in tracking and monitoring improvement. Future reports can begin to overlay other measures with this data and add narrative to identify chronologies of events, decisions, QI activity, periods of high acuity, staffing changes. The functionality of the LFPSE will enable comparisons with other NHS organisations.

No Harm Incidents over time – This data shows the level of reporting being generally in line with the mean.

Low Harm Incidents over time - The reduction visible each month for 10 months of reported low harm incidents may be accounted for in the developing rise in reported incidents of moderate harm seen on the next slide. The Patient Safety Team are engaged in activity to refine the reporting forms and support staff to correctly assess and grade incidents and therefore stabilise our view of current or emerging risks.

CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Serious Incident Data





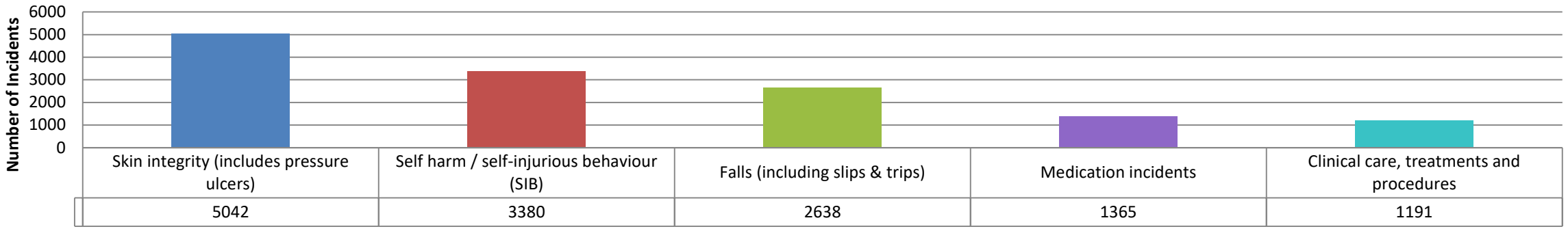
Moderate Harm Incidents over time - The picture emerging here, despite the mean not altering at present, is of a statistically significant rise in the number of reported moderate harm incidents. The PST monitor these incidents daily and capture these on a team tracker which is reviewed at regular points in the working week. We seek either additional information and assurance from the clinical team or at a review meeting. A variable, but significant number are pressure ulcer reports, and these have a defined process for capturing gaps in care planning, risk assessment and local learning within the reporting team. Additionally, we share several moderate harm incidents with our colleagues at GHT who draw these into their risk awareness activity, further work to improve this flow has started and the PSIRF provides options to further enhance this commitment to sharing learning and issues that affect the delivery of safe care.

There is a positive and open culture around reporting pressure damage. NTQ partners allocated to work collaboratively with operational teams will be briefed monthly on the incidents for their area and will have the freedom to examine reporting for patterns, learning and improvement activity. Revised arrangements for taking action, seeking advice and giving assurance have been agreed in Q4 to ensure that the correct level of review is applied consistently across moderate harm incidents.

Severe Harm Incidents over time - The data reflects a largely static position in relation to severe harm events.

CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Serious Incident Data

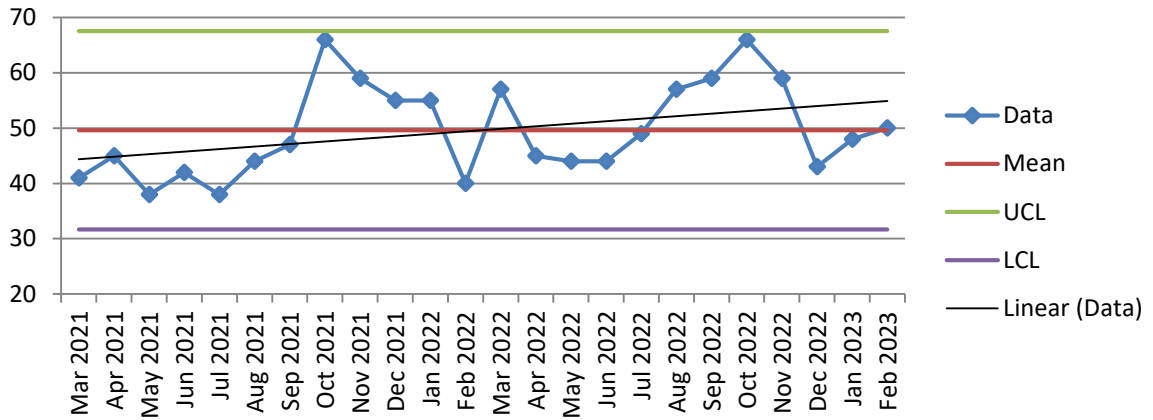
Top 5 Patient Incident Categories (excluding restraint) 01/03/2021 to 28/02/2023



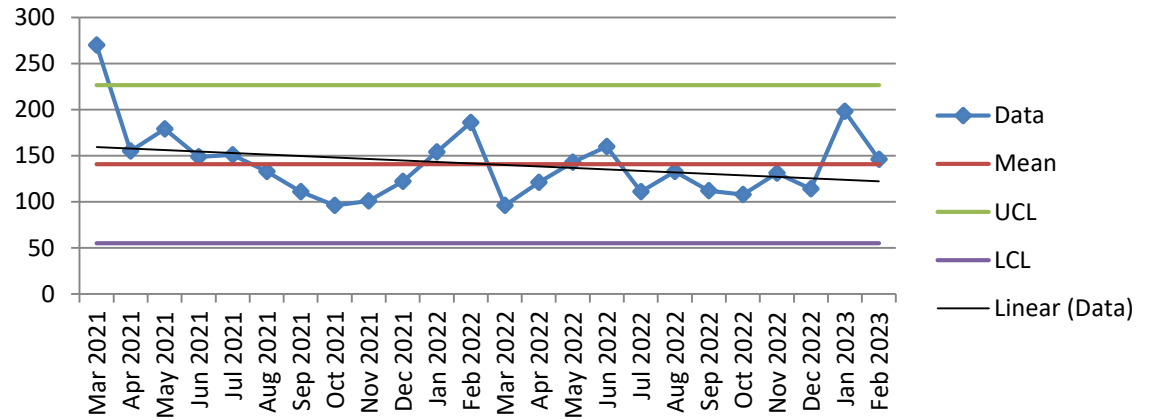
Skin integrity (includes pressure ulcers)	Self harm / self-injurious behaviour (SIB)	Falls (including slips & trips)	Medication incidents	Clinical care, treatments and procedures
5042	3380	2638	1365	1191

The chart above shows the 5 highest reported categories of patient incident (excluding restraint) over 24 months. The SPC chart below left shows the 5th highest reported category of incident over 24 months: Clinical care, treatment and procedures. Further analysis of this information was provided to ICG in December 2022. Additional information below right shows activity data for self harm incidents over a 2 year period. The pressure on services over the past 2 years has been unprecedented, however it is pleasing to note areas of improvement that have positively influenced our activity data. We have made good progress in the categorisation and management of skin integrity and can also attribute the Positive and Safe programme to the improvements noted in self harm incidents.

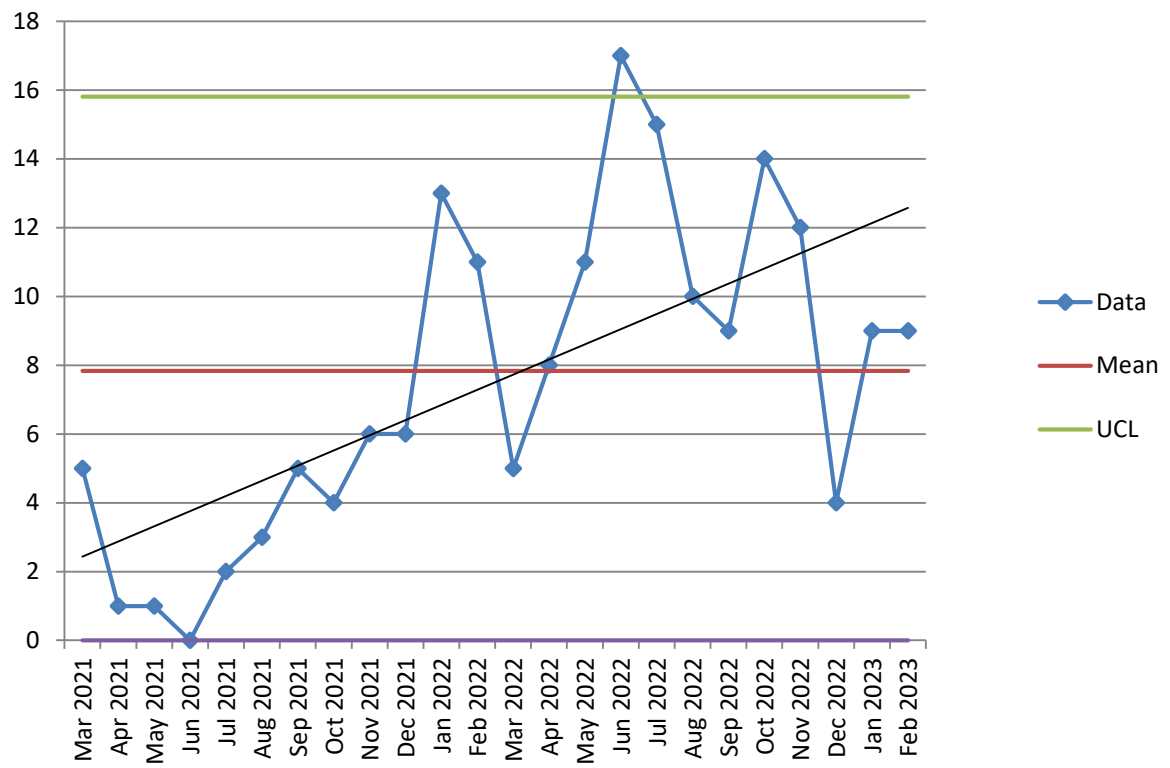
Clinical care, treatment, and procedure incidents 01/03/2021- 28/02/2023



Self harm / Self injurious behaviour incidents 01/03/2021- 28/02/2023

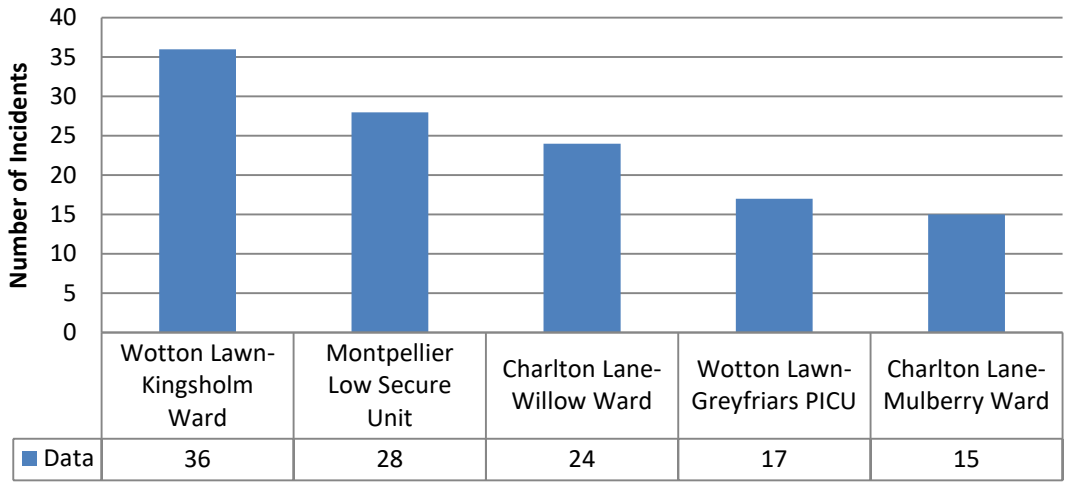


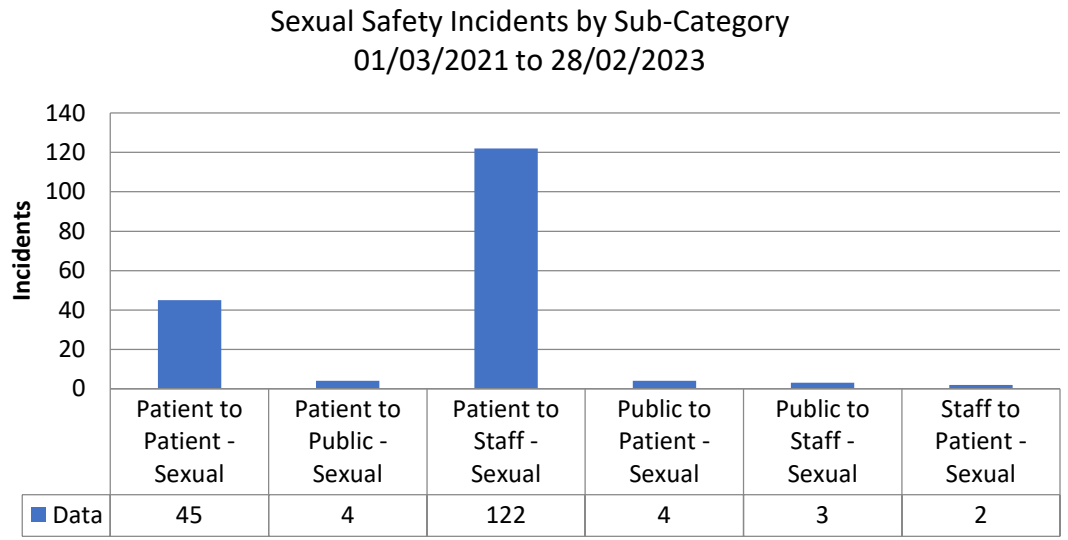
CQC DOMAIN - ARE SERVICES SAFE? – Sexual Safety Incidents



There has been an increase in reported incidents within sexual safety. The majority relate to disinhibited behaviour of patients, particularly during early periods of acute illness, this includes the use of inappropriate language. Reporting levels appear to be good, reflecting an improvement in identification, reporting and openness. Sexual safety incident reporting categories were revised as per national guidance in July 2021 with subsequent reporting increasing across the categories. 2 'staff to patient' sexual safety incidents were reported (Dec 2020 and Feb 2023). Full Investigations concluded that there was no evidence that sexual abuse had taken place in either case.

A GHC Sexual Safety Awareness Training (SSAT) pathway has been developed, aimed initially at unregistered staff. This has been piloted at Kingsholm and Willow Wards plus Berkeley House, and the initial evaluation shows that different clinical areas experience different sexual safety issues, and therefore training needs also differ. Cashes Green Ward, Stroud General Hospital started piloting the sexual safety pathway in January 2023, data is currently being evaluated to identify the next steps.

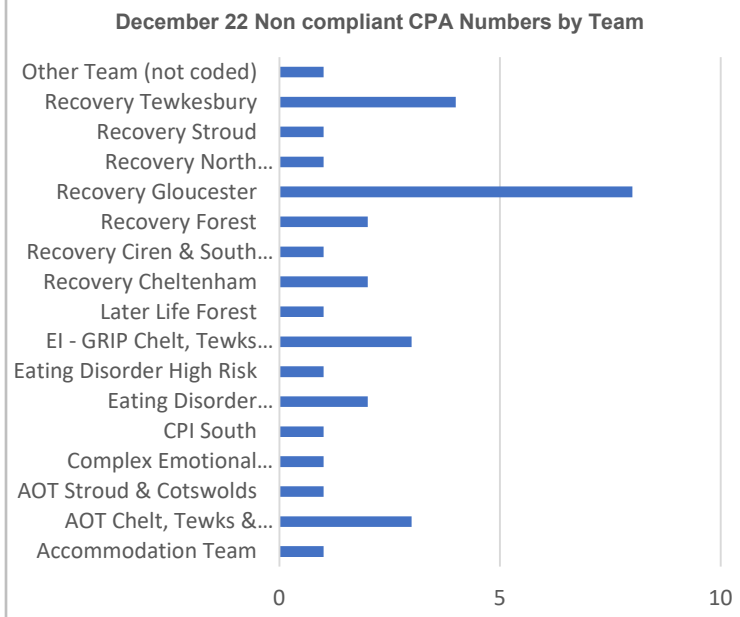


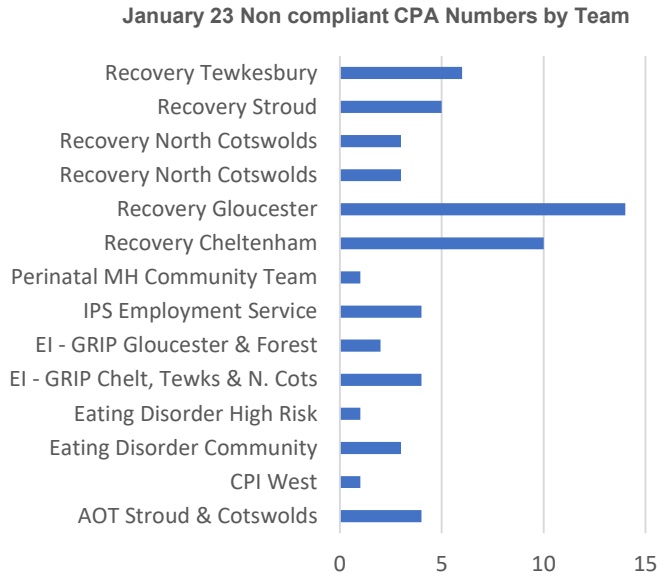


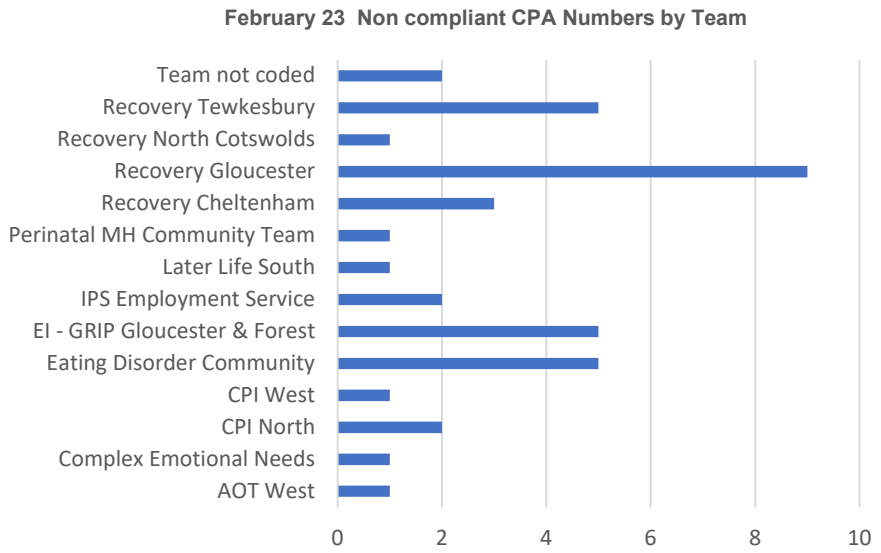
Quality Dashboard

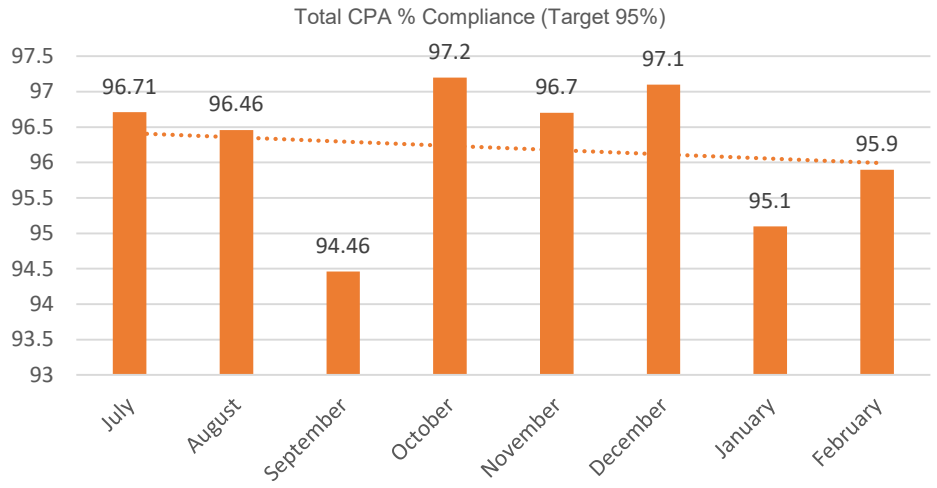
Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE? – CPA: Analysis of Recovery Position









The trend in compliance rate with CPA requirements has been showing improvement to reach or exceed the 95% expected target for the last 5 months. There are variances contained within this data with previously reported reasons. The Gloucester recovery team is is one of the busiest teams, with the highest concentration of deprivation in the county. Gloucester also has become the largest area for supported accommodation within the county for those with MH needs needing accommodation. In addition, Gloucester Recovery have seen the caseload complexity and acuity significantly increase alongside an increase in the complexity of those placed in Gloucester from out of county, this includes those nearing the age of transition to adult services. There is a dedicated action plan in place to address these challenges alongside the below issues which affect all teams:

- Caseload size and configuration
- Increased Workforce Turnover Rate
- Clinical Staff retention challenges
- Vacancies limiting team capacity
- High Levels of DNA rates across recovery teams

To contextualise there are currently 942 people on the total caseloads who require CPA annual review. In total **95.9%** are compliant with their annual review despite the overall number (38) of cases waiting for a review beyond the 12 month period with 9 of these cases being held within Gloucester recovery .

Long Length of Stay Patients – Community Hospitals

This is a relatively new slide for the dashboard In response to a request from Board colleagues and growing concerns both locally and nationally. The information presents a summary of data relating to long length of stay in our Community Hospitals. For assurance, both Operational and Nursing, Therapies and Quality senior colleagues have good visibility of the data and attend appropriate system groups that identifies the impact of a long length of stay together with system meetings that seek to improve the challenges. The detrimental effect that a prolonged hospital admission has upon a patient is well evidenced. When a patient is deemed to ' *no longer meet the criteria to reside'* (nCTR), timely and effective discharge plans should be in place to enable a discharge. Unfortunately due to the flow and capacity challenges across the system, we are often seeing patients delayed. We are keen to ensure our 'super stranded' patients (over 50 days nCTR) have a continued focus and support in escalation with system partner working to expedite their discharge pathway. It is imperative we learn and shape services around the needs of the population, so by collecting data and identifying themes of the delays, we can support discharge pathways that meet the needs of the patients, and also target our approach to escalation and requests of support. At system request, the focus has moved from over 50 days not meeting the criteria to reside (nCTR) to over 40 days nCTR. This change has happened during the week commencing 20/02/23.

Headline Data as of February 2023

There has been an average of 4.25 patients in total not meeting the criteria to reside for over 40/50 days in February 2023, This currently excludes time waiting in the Acute Trust prior to admission, we will add that data to future reports for completeness

- WC 27.03: 4 patients are awaiting **Pathway 1** - Homefirst .
- WC 27.01.23: 2 patients are awaiting **Pathway 3**

Delay Themes

- Pathway 1 - Homefirst Capacity in locality and equipment waits

- Pathway 3 - Capacity in Care homes
- Declines from Care Home, top up fees requested, negotiating rates.
- Family choice on location and patient wellness to travel.
- Infection control limits on movement into care homes

There has been system agreement, due to the reduction in numbers of patients waiting longer than 50 days, to now review the patients who have not met the criteria to reside for over 40 days.

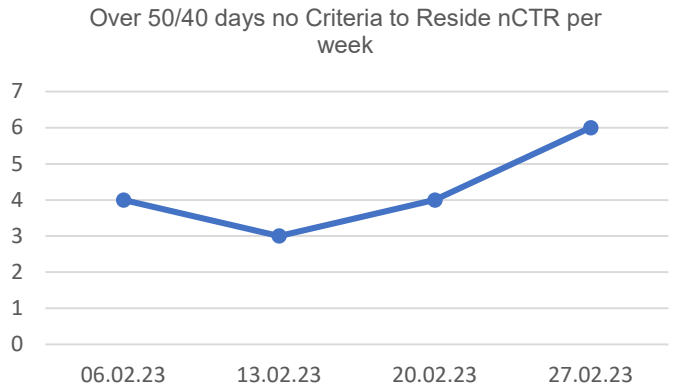


Chart 1
Showing the number of patients in a community hospital that have not met the criteria to reside for over 50/40 days (delayed/super stranded patient). Date range: w/commencing 06.02.23 – 27.02.23. Slight decrease – continued from previous months' trajectory, with a marked increase upon changing to review over 40 days nCTR.

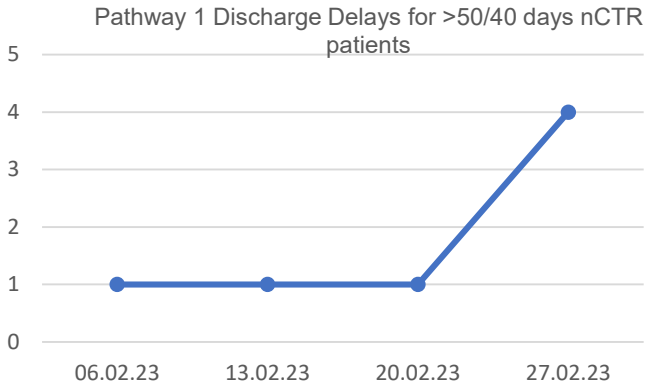


Chart 2
Showing the number of patients delays on Pathway 1 for over 50/40 days. Date range: w/commencing 06.02.23 – 27.02.23

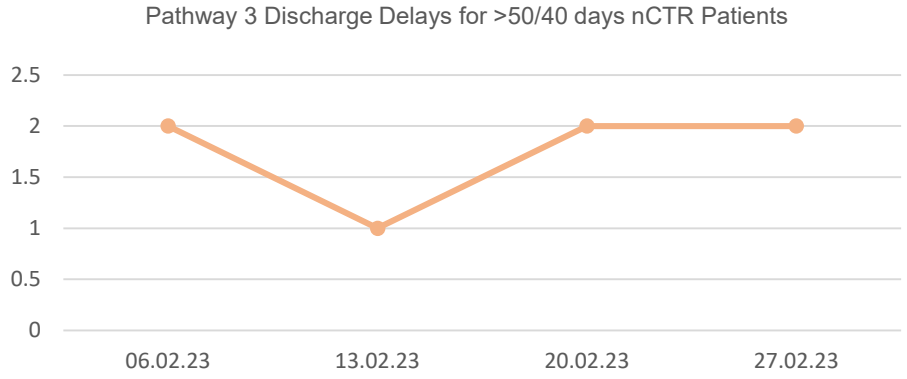


Chart 3
Showing the number of patients delayed on Pathway 3 for over 50/40 days.
Date range: week commencing 06.02.23 – 27.02.23

Long Length of Stay Patients- MH Hospitals.

Clinically Ready for Discharge, formally known as DTOC, is the new way of reporting delays since January 2023. "Clinically Ready" does not indicate complete recovery, it is the point at which a person could be safely assessed, cared for and treated at home or in a less restrictive setting. Being "Clinically Ready for Discharge" (CRfD) is an indication that a person could continue their recovery outside of a hospital setting – with adequate support/services in place.

For reporting and descriptive purposes four high level sub-categories have been created and these categories describe the reasons that a persons discharge is delayed.

Hospital Processes - defined as any process that is the responsibility of the inpatient service that is related to the delay.

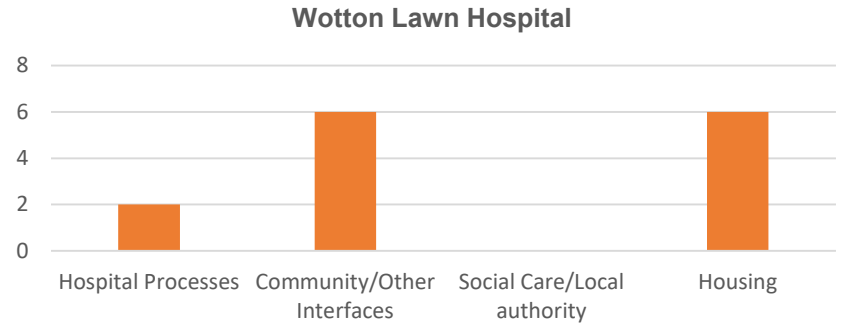
Community/other interfaces – defined as any team or service (excluding social care/local authority or housing partners) that are responsible for/related to the delay.

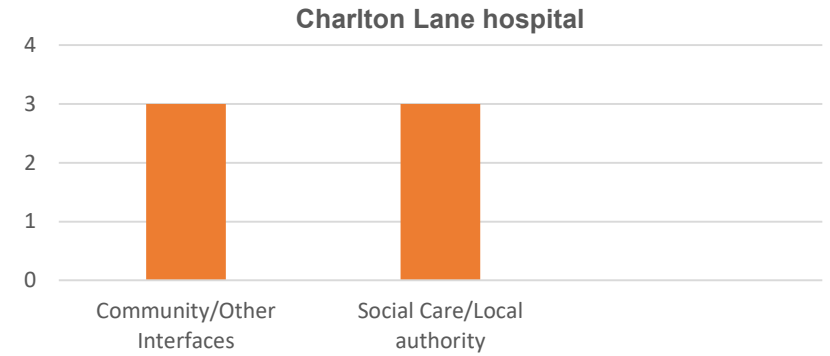
Social Care/Local Authority – defined as any factors that are due to social care provision or are the responsibility of social care/local authority partners, related to the delay.

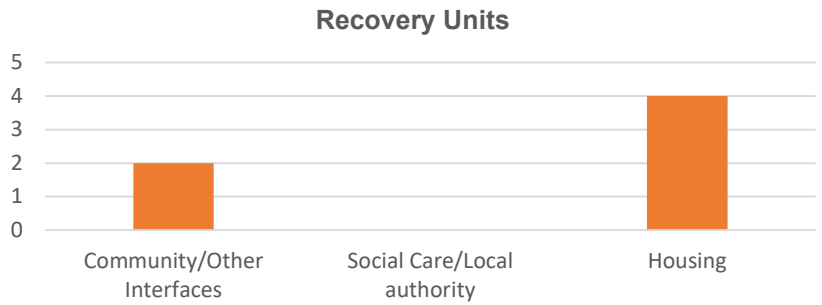
Housing /accommodation – defined as any factors that are due to housing provision or are the responsibility of housing partners/teams, related to the delay.

Headline Data as of January 31st 2023

Total of patients across WLH, CLH, Recovery, LD = **27**. WLH = **14** CLH = **6** Recovery Units = **6** Learning Disability = **1**







Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

- The Quality Improvement Hub is a dedicated Trust team of subject matter experts whose primary aim is to provide leadership to the organisation in the field of improvement science. The team seek to support the experts – the people who use our services and those that deliver them, to understand problems identified and the associated data, find change ideas, test them out at small scale, upscale as appropriate and make them sustainable using proven methodology.
- This update provides a brief overview of the Trust QI training programme- with its intention to ensure that a QI approach is embedded across the whole organisation by;
    1. Providing a complete range of training packages that demonstrate learning outcomes in alignment with the Kirkpatrick Evaluation Framework
    2. It also shows the active QI projects recorded on Life QI- the system the trust utilises to capture and share QI activity.

Quality Improvement Hub Support along the Improvement Lifecycle

1. New improvement opportunity/concept/idea

- National mandate
- New service bid
- GHC Strategic priority
- ICS/CCG mandate
- Colleagues
- Service users/Carers
- Quality Issue

- = Improve communication and liaison between maternity service and health visiting service
- (s) = How do we provide services for lung cancer patients
- = Reducing incidences of medicine errors at Charlton Lane Hospital
- = Improve clinical pathways in OT CYPS

2. Improvement idea scoping

- What is it
- Why are we doing it
- What are the benefits/risks
- Is the problem clear, understood and agreed
- Is there data

- (s) = Length of time on core CAMHS caseload
- (s) ↑ Increasing the use of FFT feedback in our organisation
- ↑ Creating a sustainable placement offer for AHP Students in GHC
- (s) + Improving sustainability in medicines usage across GHC

3. Improvement idea initiated

- Stakeholder mapping
- Tools to understand the problem
- Baseline data
- Early team tasks
- Life QI

- (s) = Effective discharge of north cots recovery patients
- (s) ↑ Improving access to support for administrators to ensure the delivery of high-quality health care.
- = Improving sexual safety in Mental Health inpatient areas
- = Optimising Flow in Community Hospitals
- (s) = Nutritional screening risk
- = Neuro-fitness group
- (s) = MDT working in therapies CYPS
- = Referrals into SNS
- = RRP Dean Ward
- = Substance misuse in CAMHS
- (s) ↑ Improving access to training opportunities for AHP support workers

4. Improvement idea testing – e.g.: PDSAs

- Using the Model for Improvement to test change ideas
- Data to show towards progress and inform next steps

- (s) = Improving Mouthcare standards within our inpatient areas
- (s) = Observations in inpatient mental health settings
- = RRP Greyfriars Ward
- = RRP Mulberry Ward
- (s) + Improving timeliness of access to urgent care pathways
- = Carers Working Group

5. Improvement idea sustained & implemented

- Evidence of sustained improvement through data
- Ongoing quality control & assurance agreed

- = Improving Access & Delivery of Family Interventions with Psychosis & bi-polar within the Early Interventions Team
- = Home First therapists using NEWS 2 (Therapies spotting the deteriorating patient and escalating appropriately)
- = RRP Berkeley House
- = Improving Medicine Administration at Lydney Hospital

Key:
+ new to tracker
= no movement
↑ moved forwards
↓ moved backwards
*Restarted
(s) Silver project

Please note: we are currently reviewing the improvement cycle in order to simplify it and ensure it is a true reflection of where projects are

Training data Feb 2023:
17 Silver – 0.4% workforce
450 Bronze - 9.7% workforce
287 Pocket QI – 6.2% workforce

Directorate	No of Projects
Operations	20
Nursing, Therapies & Quality	7
Medical	0
HR and Finance	0
Strategy & Partnerships	1
Total: 28	

Supervision

Childrens: Group Supervision Compliance 63%

Integrated Group Supervision Sessions: **19**

One to One Supervision Sessions: **6**

Adults Group Supervision Sessions 1

Training

LEVEL 1: INDUCTION	LEVEL 2: THINK FAMILY	LEVEL 3: CHILD PROTECTION	LEVEL 3: ADULT PROTECTION	LEVEL 4: ADULT PROTECTION
96%	92%	82%	82%	81%
Q1: 97%	Q1: 86%	Q1: 84%	Q1: 83%	Q1: 27%
Q2: 97%	Q2: 85%	Q2: 82%	Q2: 81%	Q2: 28%
Q3: 95%	Q3: 89%	Q3: 85%	Q3: 82%	Q3: 56%
Jan: 96%	Jan: 92%	Jan: 88%	Jan: 82%	Jan: 78%

Referrals and Advice Line

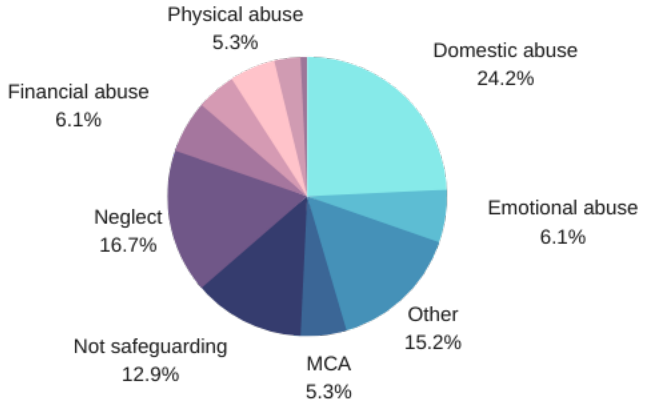
126 Contacts to Advice Line (adults and children combined)

Q1: 263 Q2: 287
Q3: 346 Jan: 124

19 Referrals made to GCC (adults and children combined)

Q1: 48 Q2: 74
Q3: 80 Jan: 30

Referral Themes



Summary information

The Safeguarding Dashboard provides assurance that:

- Safeguarding activity is a Trust priority function that is closely monitored
- Safeguarding is being delivered as per the requirements of the Gloucestershire

Safeguarding Adults Board (GSAB), the Safeguarding Children Partnership (GSCP), commissioning expectations, and national guidance and legislation.

Safeguarding children and adults is a key element of the assessment and care management processes for staff. There are arrangements in place to ensure that staff are appropriately trained, supervised and supported in their safeguarding related work. The Trust's Safeguarding Group monitors safeguarding activity and reports quarterly into the Quality Assurance Group.

The Safeguarding Dashboard is presented in 3 sections:

1. Safeguarding Children Activity
2. Safeguarding Adults Activity
3. Safeguarding Training Compliance and Gloucestershire Safeguarding Partnership Meeting Representation

Summary

Highlights

- Our Safeguarding Notifications inbox, which captures the number of safeguarding referrals made to the Local Authority, is operating well. This provides our team with improved oversight of organisational safeguarding activity. Monthly auditing of Safeguarding adult practice and record keeping is underway and work is progressing with Clinical Systems to enable a BI solution to safeguarding reporting.The target date for the application of the new Systm1 Safeguarding Adult Template is 31/03/23. The development of the children's safeguarding template is underway.
- Improving picture of Safeguarding training compliance - notably Level 4 Safeguarding Adults (February 81% compliance compared to 27% in Q1) and Level 2 Think Family Training (now at 92% compliance, compared to 85% in Q2).
- Continued excellent used of the Safeguarding Advice Line by children and adult services, demonstrating a good awareness of the service across the Trust, the importance of the advice line for operational staff, and demonstrating the volume of safeguarding work operational colleagues are dealing with.
- Plans to develop a Safeguarding Champion Network are underway. A Safeguarding Champion Specification has been written and is being disseminated across operational services for interested staff to come forward.Champions will be an important link between their team and the safeguarding team, and will support the dissemination of important safeguarding information.

Challenges

- Audit has identified variation in how and the quality of Safeguarding related data is recorded on our clinical systems. We have a Safeguarding Action Plan in place to address risk and apply mitigations. We are working closely with Clinical Systems, Business Intelligence and Safeguarding Task and Finish Group working to find solutions that address risk.
- Number of staff attending Safeguarding Adult Supervision Sessions remains lower than we require. A plan is now in place for the Safeguarding Team to attend a series of operational team meetings to raise the profile of adult safeguarding and share key messages including our Safeguarding Supervision offer. Adults Safeguarding Supervision will be an improvement workstream for the Safeguarding Team April 2023/4.
- Children's Safeguarding Group Supervision compliance data is now reported monthly. Staff working directly with children must attend a minimum of 3 supervision sessions per year. 25 sessions are delivered each month. Attendance and feedback is excellent, however compliance rates require improvement (Feb 56% compliance). Safeguarding Supervision will be an improvement workstream for the Safeguarding Team April 2023/4.

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN – Patient Safety– Closed Cultures – eliminating the risk of our patients experiencing abuse – (This slide is in development and will be subject to change in future dashboards)

Closed Cultures – Identification and risk factors

NHS England wrote to all Mental Health, Learning Disability and Autism provider Trusts on 30th September following the BBC Panorama documentary about failures of care at the Edenfield Centre, a medium secure forensic mental health hospital managed by Greater Manchester Mental Health NHS Foundation Trust. This documentary showed disturbing hidden camera footage of patients being abused by NHS care staff.
The Trust provides a wide range of inpatient mental health and learning disability services across Gloucestershire. This slide provides our Trust analysis of the issue in regard to our services, it highlights our high risk areas for Board awareness and describes our monitoring, safeguarding and mitigating actions, alongside examples of ongoing high quality and person focussed care.

"Closed culture" is a helpful descriptive term used by the Care Quality Commission (CQC 2022) to describe "a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way it can cause unacceptable harm to a person and their loved ones." The scenes relayed in the BBC documentary are very much descriptive of a closed culture.

The CQC outlines that Closed Cultures are more likely to develop in services where:

- people are removed from their communities
- people stay for months or years at a time
- there is weak leadership
- staff lack the right skills, training or experience to support people
- there is a lack of positive and open engagement between staff and with people using services and their families

The CQC Closed Culture related work has also applied to services that can be described as locked environments or areas where open access is restricted. Alongside these areas, services that deliver care to people that have communication or significant cognitive challenges are also considered at risk of closed culture risks. We have identified the following areas for raised risk of potential closed culture challenges in the Trust and are the focus of increased monitoring and support to eliminate this risk

Berkley House - Learning Disabilities Assessment and Treatment
Montpelier Ward - Mental Health Forensic Low Secure
Willow Ward - Dementia Unit
Greyfriars Ward - Psychiatric Intensive care Unit

Objectively however it should be considered all our Trust inpatient services are potentially vulnerable to delivering poor care due to a complex range of organisational and individual factors ranging from staffing issues, frail/vulnerable patients, organisational mandated tasks that divert staff from care giving through to an individual's personal values and behaviours that in turn can lead to poor care.

NEXT STEPS

The Trust received a further communication from NHSE in February 2023 updating Trusts on a new national programme to be led by ICB's , that seeks to address closed culture related issues, entitled the *Mental Health, Learning Disability and Autism Quality Transformation Programme.* Further information is to be supplied by NHSE soon. For Board assurance, the expectations for provider organisations in the 2022/23 element of the new plan has been met by the Trust. We will bring a more detailed briefing on this plan to the Trust Quality Committee

Anti- Closed Culture- Best Practice Examples of Open Cultures

Greyfriars Ward

The team are currently involved in a Reducing Restrictive Practice project, exploring change ideas to limit restrictive interventions on the ward. Work includes:

- A new positive behaviour support plan questionnaire to support personal plans
- Reducing and communicating blanket restrictions
- The female patient garden space has been revitalised

Montpellier Ward

Montpellier Ward was recently visited by HRH Princess Anne to see their well regarded "Allotment Project". Patients, staff and families have worked together to develop an exceptional horticulture project that is also accessed by other teams in the Trust and external agencies.
The ward regularly delivers "family days" for patients families to visit the ward for social activities.

Berkley House

Team engaged in South West restraint reduction project with good results in reducing restrictive practices reported through patient safety report

"Circle of support" initiative inclusive of patients, families and independent supporters to help people progress to discharge.

Good feedback from the national CETR review process that demonstrates we consider the person holistically

Willow Ward

The New Matron and team relaunched the carer's group, rebranded as the "CASA – Care and Support always" Group. It includes various guest speakers/clinicians such as the carer's hub & rethink

Charitable funds for "Music in Hospitals" to attend CLH monthly. This is open to carers to attend also. This a music event run by a professional musician, which brings joy, social interaction & fun to the patients/ carers.

Trust safeguards against Closed Culture Risks

- **Trust Culture and Values *see staff survey data**
- **Clinical Supervision**
- **Staff wellbeing support**
- **Physical restraint monitoring– weekly dashboard and scrutiny**
- **Freedom to Speak Up activity**
- **23/24 Internal audit of reporting abuse mechanisms**
- **Safeguarding Training & Monitoring**
- **Breakaway & De-escalation Training**
- **Independent Advocacy****
- **Unannounced CQC MHA visits**
- **Safe Staffing and agency reduction activity**

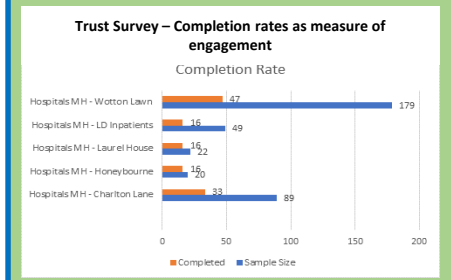
Safeguards Delivery Risks

**Independent advocacy input is currently reduced due to their vacancies, this is being escalated with commissioners and is featuring in CQC MH reports.

Access to team level training and supervision data is being improved to enable better use for quality monitoring.

Supportive Trust datasets and monitoring metrics

This section incudes data that we have identified as helpful in informing the Board of performance measures that support safeguards against closed culture issues in Trust areas of identified raised risk, across areas such violence and aggression related reports, training and staff engagement in improving Trust culture work – This data will be developed and refined in future dashboards



	Breakaway			Full PBM*(physical Intervention)			Full PMVA*(physical Intervention)		
	27/01/2022	20/01/2023	Dif	27/01/2022	20/01/2023	Dif	27/01/2022	20/01/2023	Dif
Willow	Nil rtn	100%	n/a	92%	96%	4%	n/a	n/a	n/a
Greyfriars	62%	73%	11%	n/a	n/a	n/a	90%	63%	-27%
Montpellier	57%	82%	25%	n/a	n/a	n/a	60%	82%	22%
Berkeley House	Nil rtn	50%	n/a	98%	80%	-18%	n/a	n/a	n/a

Violence & Aggression to Staff - Data Comparison	Jan-22	Jan-23	Feb-22	Feb-23	Mar-22	Mar-23	Apr-22	Apr-23
Wotton Lawn Hospital	74	32	77	21				
Charlton Lane Hospital	44	34	36	11				
Berkeley House	44	37	36	47				
Total Across All Sites	193	127	174	127				

Quality Dashboard

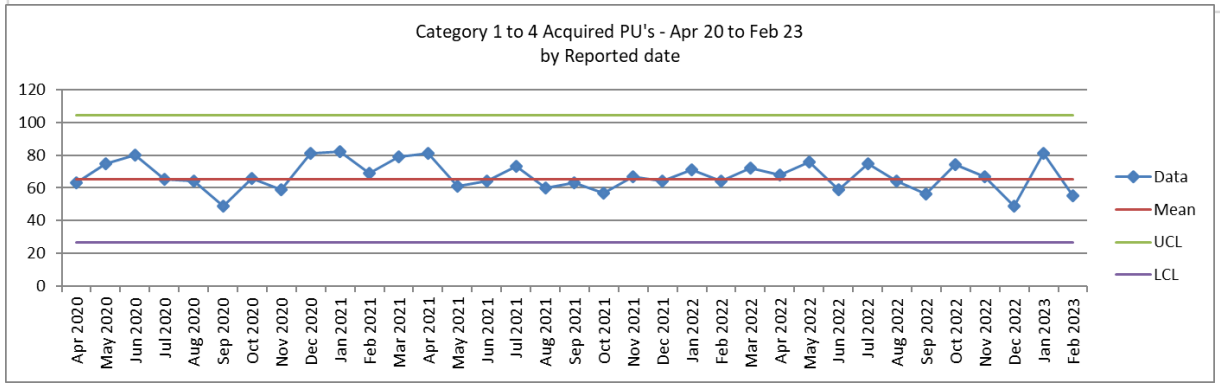
Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE? Trust Wide Physical Health Focus

	Reporting Level	Threshold	2021/22 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23 YTD	R / A / G	Exception Report?	Benchmarking Report
VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	98.3%	99.1%	100%	99.2%	99.1%	96.6%	98.2	98.1	100%	97.9%	97.3%	97.5%		98.70	G		
Number of post 48 hour Clostridium Difficile Infections (C Diff)	N	1	21	0	1	3	0	0	1	2	1	1	1	3		13	G		
Number of C Diff cases (days of admission plus 2 days = 72 hrs) - avoidable	N	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A		
Number of MRSA Bacteraemia	N	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A		
Total number of developed or worsened pressure ulcers	L - R	61	779	70	77	60	79	65	56	77	69	49	82	61		745	R		
Total number of Category 1 & 2 Acquired pressure ulcers	L - R	56	702	66	71	56	69	59	53	65	63	48	72	54		676	R		
Number of Category 3 Acquired pressure ulcers	L - R	0	57	3	5	3	2	4	2	9	4	0	9	7		48	R		
Number of Category 4 Acquired pressure ulcers	L - R	0	19	1	1	1	8	2	1	3	2	1	1	0		21	R		

ADDITIONAL INFORMATION - Health Care Acquired Infections (HCAI) & Pressure Ulcers (PU)

HCAI: There were three post 48-hour Clostridium Difficile (C. Diff) infections recorded in February, the patients was treated and managed as per policy, this increase is inline with regional and national reporting.
Pressure Ulcers: The increase in the number of new pressure ulcers reported last month was an anomaly caused by a peak in reporting post Christmas as is evidenced by the lower figures this month which are below threshold in all categories. We acknowledge that as an organisation we will always have pressure ulcers evident within our Trust as a large proportion of patients are referred to us with an existing PU, Community nursing caseloads have patients referred with existing pressure ulcers obtained whist under primary care, residing in care homes or acute hospital transfers. The pressure ulcer data is monitored via improved reporting, verification/alteration of classification and improved operational tolerances.

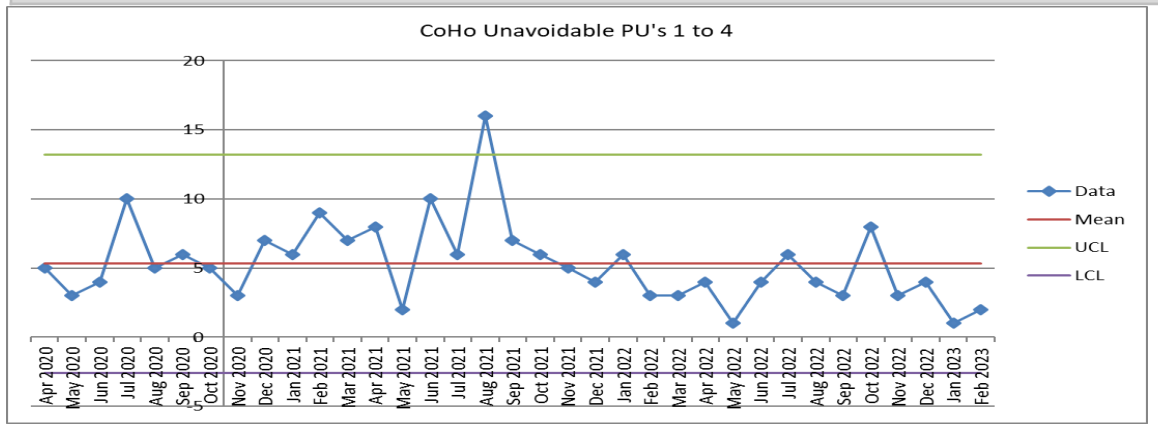


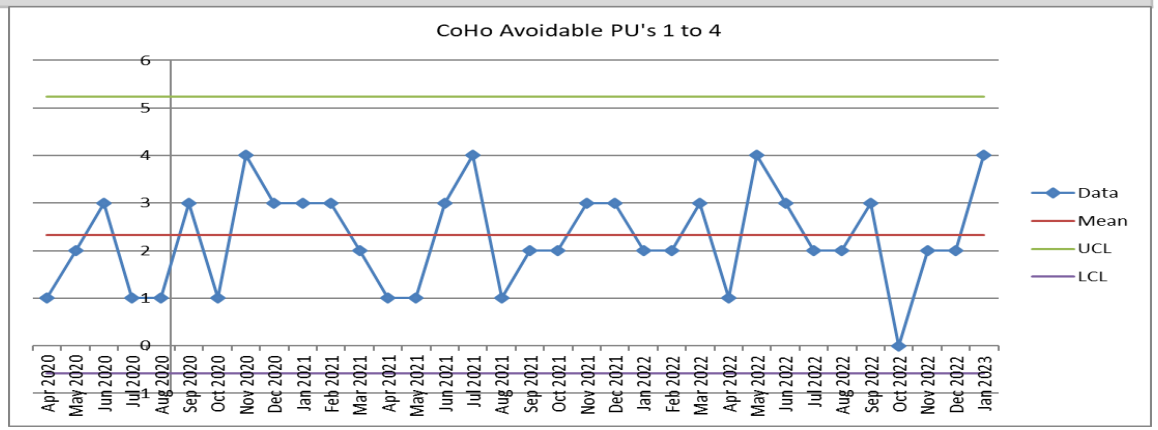
- As well as reporting month on month fluctuation we are plotting the PU trends emerging over time. Opposite is an SPC chart that shows data from 2020 to 2023 where we see the number of incidents at generally the middle third of the mean. This is a useful visual representation of incidence over time and compliments the tabled month by month detailed analysis.
- The Patient Safety Team are working with the senior nursing colleagues across the inpatient and community teams to enhance the validation process to ensure incidents are reviewed earlier and learning shared with teams. The aim is to improve the data quality for teams and make learning from PU incidents more accessible

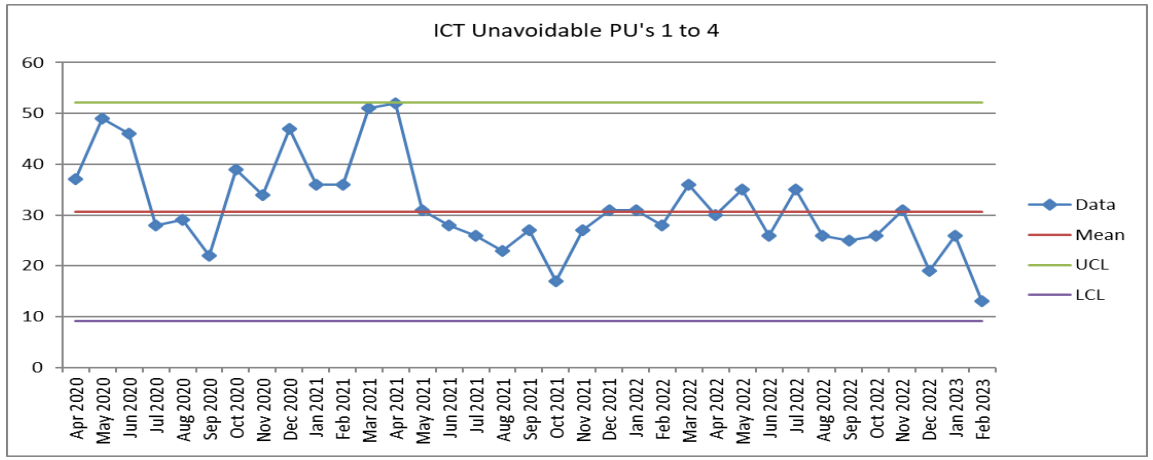
Quality Dashboard

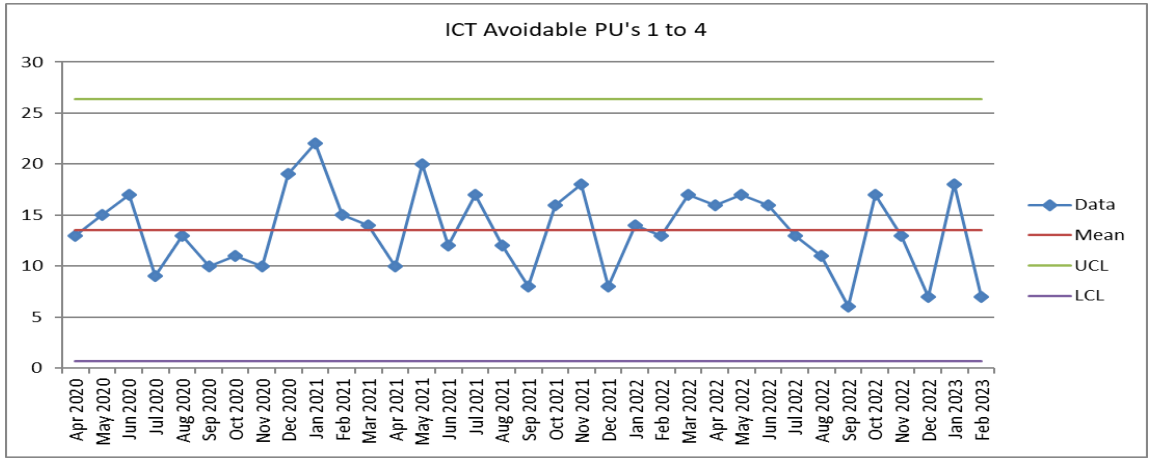
Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE?
Pressure Ulcers – February 2023 Additional Information Trust Wide







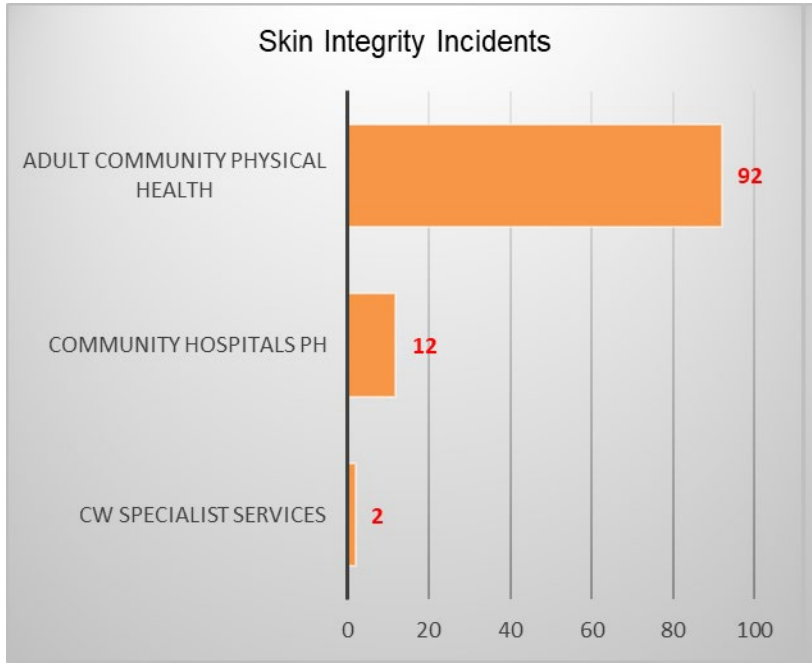


This is a new slide which is produced to show and highlight the monthly fluctuations in data relating to avoidable/unavoidable PU's from April 2020 to Feb 2023 where the changes can be mapped against months and a richer picture is viewed rather than a single data snapshot. Further iterations of the Dashboard will contain both sets of data for completeness.

Quality Dashboard

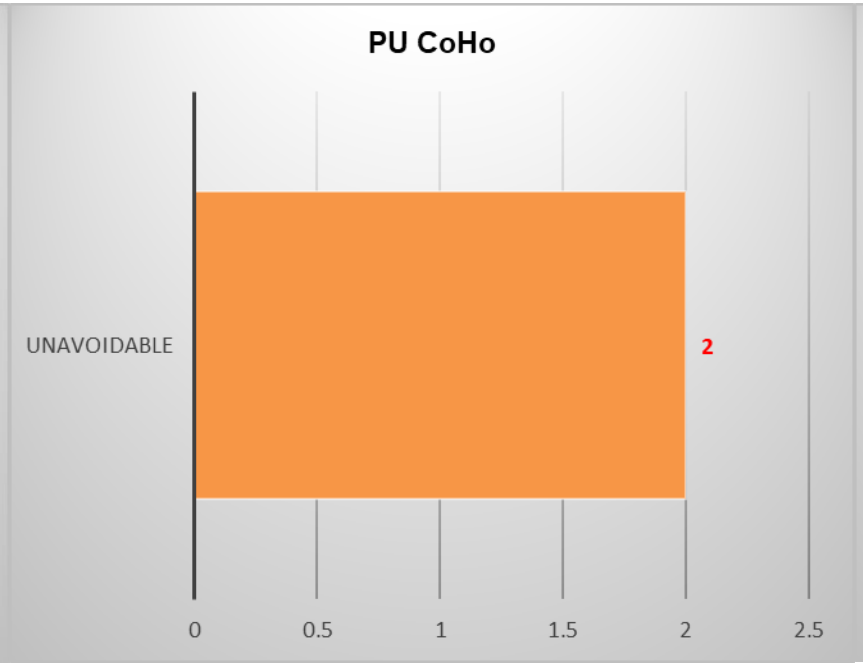
Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE?
Pressure Ulcers – February 2023 Additional Information Trust Wide



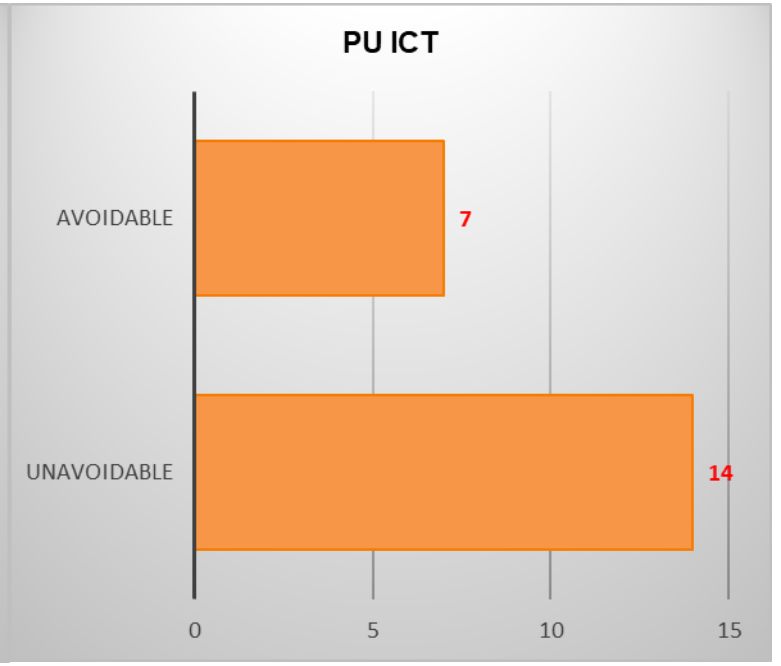
Bar chart showing skin integrity incident reports per service.

- Adult Community PH 92
- Community Hospitals PH 12
- PH Urgent Care, & IP Management 0
- Inpatient MH & LD 0
- Countywide Services 2



Bar chart showing PU's developed or worsened under GHC care (acquired) in our Community Hospitals in February 2023

- Community PH hospitals pressure ulcers that have developed or worsened under our care (acquired under our care). ***Reviewed*** as being unavoidable or avoidable due to comorbidities, patient choice (for example patients may decline to use equipment or clinical advice.)
- 2 unavoidable
- 0 avoidable



Bar chart showing data reported in community PH in February 2023

- Snapshot of Community PH pressure ulcers that have developed or worsened under our care (acquired under our care). ***Reviewed by handlers*** as being unavoidable or avoidable due to; comorbidities, patient choice (for example patients may decline to use equipment or clinical advice.)
- 14 unavoidable
- 7 avoidable

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE

Safe Staffing Inpatient data – February 2023	Code 1		Code 2		Code 3		Code 4		Code 5	
Ward Name	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions
Gloucestershire										
Dean	55	7	0	0	0	0	0	0	0	0
Abbey	75	10	97.5	10	0	0	0	0	0	0
Priory	30	4	0	0	0	0	0	0	0	0
Kingsholm	0	0	0	0	0	0	0	0	0	0
Montpellier	45	4	0	0	0	0	0	0	0	0
Greyfriars	67.5	9	0	0	0	0	0	0	0	0
Willow	40	5	220	26	0	0	0	0	0	0
Chestnut	7.5	1	62.5	8	0	0	0	0	0	0
Mulberry	105	14	0	0	0	0	0	0	0	0
Laurel	0	0	0	0	0	0	0	0	0	0
Honeybourne	0	0	0	0	0	0	0	0	0	0
Berkeley House	7.5	1	252.5	30	0	0	0	0	0	0
Total In Hours/Exceptions	432.5	55	632.5	74	0	0	0	0	0	0

The Director NTQ reviews safe staffing reports every month ahead of submission to NHSE, this acts as a rolling review of safe staffing and is informing a detailed Trustwide safe staffing review that is currently being finalised. We have cross referenced highest exceptions with patient safety and experience data. We have completed the NHSE staffing assurance framework and we will report our assurance and development plans to Quality Committee. Mulberry and Abbey have reported the highest code 1 exceptions the Matrons report this didn't adversely impact on care delivery or patient experience. Code 1 exceptions on Mulberry and Abbey were attributable to RN shortages on early and late shifts . Code 2's on Willow ward were related to HCA shortages on late shifts. Berkley's shortages being HCA's on all shifts. Deficits due to vacancy, long term sickness & maternity leave. Shifts have been predominantly filled with regular HCA's, who are familiar with ward environments.

Mental Health & LD			
Ward	**Average Fill Rate %**	**Sickness %**	**Vacancy %**
Dean Ward	99.88%	3.2	17.9
Abbey Ward	99.23%	2.5	35.0
Priory Ward	132.86%	7.5	33.1
Kingsholm Ward	125.71%	`14.1	8.7
Montpellier	119.73%	6.3	10.1
PICU Greyfriars Ward	116.67%	4.7	34.7
Willow Ward	98.47%	1.6	15.3
Chestnut Ward	100.60%	12.7	-7.5
Mulberry Ward	108.93%	0	16.5
Laurel House	100.30%	15.5	9.5
Honeybourne Unit	99.40%	4.8	-7.2
Berkeley House	98.78%	4.5	25.0
MHH Totals (Feb 2023)	**108.38%**	**6.0**	**16.6**
Previous Month Totals	109.36	9.0	18.0

Physical Health			
Ward	**Average Fill Rate**	**Sickness %**	**Vacancy %**
Coln (Cirencester)	100.37%	6.1	3.3
Windrush (Cirencester)	99.69%	19.9	8.7
The Dilke	103.01%	0.0	11.2
Lydney	95.66%	10.5	-0.2
North Cotswolds	108.29%	6.4	9.8
Cashes Green (Stroud)	106.56%	2.7	3.7
Jubilee (Stroud)	109.02%	11.7	10.0
Abbey View (Tewkesbury)	99.94%	0.1	-4.3
Peak View (Vale)	106.96%	7.9	13.6
PHH Totals (Jan 2023)	**103.0%**	**6.8%**	**8.3%**
Previous Month Totals	108.49	8.9	8.6

NHSE Zero HCSW Vacancy Commitment Inc. bank – 3 month report	
December	84.81
January	81.56
February	63.53

NHSE Zero HCSW Vacancy Commitment : This month there is a noticeable reduction in the vacancy rate which is attributable to the focussed work encompassing; Attraction, Innovative Recruitment, Learning and Development, Recognition and Value and Staff Retention. Although regular turnover continues the project is making progress in reducing the vacancy figure with attention being paid to improving and enriching the working experience of HCSW staff and listening to their experiences and suggestions for improvements that could be made.

IR/Recruitment. The project delivery achievement against target is as follows: Community 65%, MH 90% Community ITC 30%. 78 international colleagues have been recruited to date (from Jan 2021) 45 RGNs, 30 RMN,s 2 Community ICT's and I AHP. 11 potential new recruits remain in the pipeline for March and April 2023.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN – ARE SERVICES SAFE - Quarter 3 - Guardian of Safe Working Report 2022/23

PURPOSE

The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours. It was agreed with the BMA that a 'Guardian of Safe Working Hours' will be appointed in all NHS Trusts employing trainees (junior doctors) to ensure safe working practice. The role of 'Guardian of Safe Working Hours' is independent of the Trust management structure, with the primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and/or employer, as appropriate; and will provide assurance to the Trust Quality Committee and Board or equivalent body that doctors' working hours are safe. The Guardian's Quarterly Report, as required by the junior doctor's contract, is intended to provide the Trust's Quality Committee and Board with an evidence based report on the working hours and practices of junior doctors within the Trust, confirming safe working practices and highlighting any areas of concern.

Reporting time period July 2022 – September 2022	**Guardian of Safe Working Hours: Dr Sally Morgan**
Number of doctors in training (all on 2016 contract)	**In Quarter 3 2022/23 (October - December) there were 41 doctors in training posts during this time period** • 9 Higher Trainees • 8 CT3s • 8 CT2s • 4 CT1s • 5 GP Trainees • 4 FY2s • 3 FY1s • Doctors rotated posts at end of July 2022
Exceptions in this period	• **34 on call shifts had a junior doctor gap due to sickness.** • 31 on call shifts were covered by our own junior staff acting as locums. • 2 on call shifts were covered by agency locums • 1 shift was covered by HT acting down. • **2 exception reports in this time period** • Both were by the same HT and on the same day (HT had to leave training to make an emergency home visit and arrange an admission which involved HT having to stay late). TOIL was agreed. • **The Junior Doctors Forum** was postponed in November 2022 due to limited numbers of trainees attending. • **GOSWH has attended the Junior Doctor Inductions** to ensure all new starters are aware of importance of exception reporting. • GOSWH has not yet been able to meet with GOSWH in GHT despite attempts to arrange a meeting. Ongoing efforts are being made to improve links between the 2 organisations as it has been identified that there are a number of non mental heath trainees who hold joint posts across GHT and GHC. • A meeting was held between the Medical Educational Team and the Emotional Wellbeing Trainee reps in November 2022 and it was agreed that a Trainee Away Day would be held in 2023 with a focus on emotional wellbeing. • Ongoing efforts are being made to improve awareness of the need for exception reporting by trainees.

Appendix One
IPC/COVID 19 Data - February 2023

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

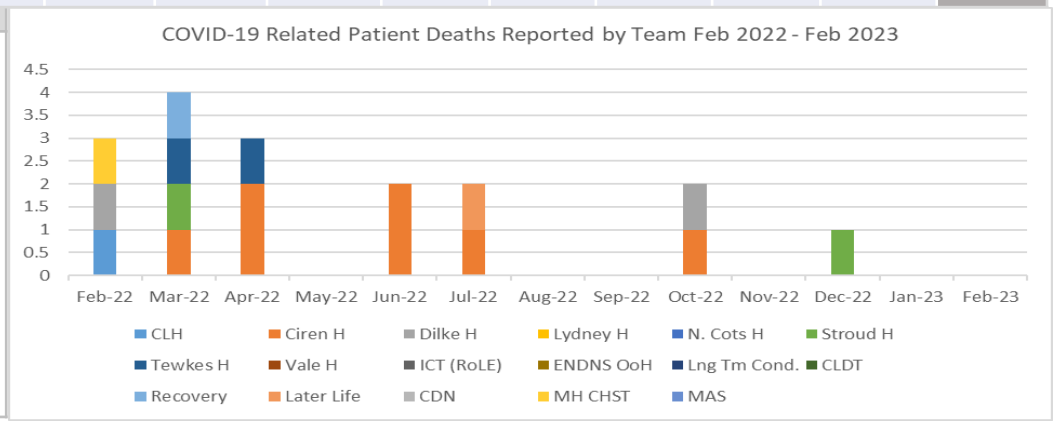
COVID-19 (Whole Trust data, reporting nationally mandated Covid-19 focused safety and activity information)

		2021/22 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23 YTD
No of C-19 Inpatient Deaths reported to CPNS		5	3	0	2	1	0	0	2	0	1	0	0		9
Total number of deaths reported as C-19 related.		8	3	0	2	2	0	0	2	0	1	0	0		10
No of Patients discharged from hospital post C-19 PH		77	35	33	21	15	17	18	23	24	24	NA	NA		210
No of Patients discharged from hospital post C-19 MH		25	12	7	10	8	9	5	5	7	0	NA	NA		63
Community onset (positive specimen <2 days after admission to the Trust)		24	3	2	5	12	4	5	3	3	2	3	1		43
Hospital onset (nosocomial) indeterminate healthcare associated - HOIHA (Positive specimen date 3-7 days after admission to the Trust)		18	2	0	2	2	1	5	1	3	7	4	2		29
Hospital onset (nosocomial) probable healthcare associated - HOPHA (Positive specimen 8-14 days after admission to the Trust)		10	1	0	2	2	0	4	2	1	5	0	0		17
Hospital onset (nosocomial) Definite healthcare associated - HODHA (Positive specimen date 15 or more days after admission to the Trust		92	20	8	6	27	1	25	28	4	22	15	6		162
No of staff self-isolating: new episodes in month			108	27	141	102	24	64	85	31	56	18	24		
No of staff returning to work during month			163	37	92	125	28	46	84	32	44	30	16		

Additional Information

- There were zero mental health patient community patient deaths reported in February
- There were 0 inpatient Covid-19 related death reported in February where Covid was a contributory factor but not the primary cause.
- 1 cases of community onset were identified in February
- 2 cases of HOIHA were identified in February
- 0 cases of HOPHA were identified in February
- 6 cases of HODHA were identified in February

This month we report a further decrease of 9 cases in the HODHA levels with the highest number of cases being reported on Abbey View (2) and Dilke (2) IPC practices continue to be followed across all Trust areas.



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Gloucestershire Health and Care
NHS Foundation Trust

Appendix Two
Trust Safeguarding Data

Summary information:

The Safeguarding Dashboard provides assurance that:

- Safeguarding activity is a Trust priority function that is closely monitored
- Safeguarding is being delivered as per the requirements of the Gloucestershire Safeguarding Adults Board (GSAB), the Safeguarding Children Partnership (GSCP), commissioning expectations, and national guidance and legislation.

Safeguarding children and adults is a key element of the assessment and care management processes for staff. There are arrangements in place to ensure that staff are appropriately trained, supervised and supported in their safeguarding related work. The Trust's Safeguarding Group monitors safeguarding activity and reports quarterly into the Quality Assurance Group.

The Safeguarding Dashboard is presented in 3 sections:

1. Safeguarding Children Activity
2. Safeguarding Adults Activity
3. Safeguarding Training Compliance and Gloucestershire Safeguarding Partnership Meeting Representation

Highlights:

- The GHC Safeguarding Notifications inbox which captures the number of safeguarding referrals made to the Local Authority is operating well. This provides the Safeguarding Team with improved oversight of organisational safeguarding activity. Monthly auditing of Safeguarding adult practice and record keeping is underway and work is progressing with Clinical Systems to enable a BI solution to safeguarding reporting. The target date for the application of the new System 1 Safeguarding Adult Template is March 31st. The development of the children's safeguarding template is underway.
- Improving picture of Safeguarding training compliance – notably Level 4 Safeguarding Adults (February 81% compliance compared to 27% in Q1) and Level 2 Think Family Training (now at 92% compliance, compared to 85% in Q2).
- Continued excellent used of the Safeguarding Advice Line by children and adult services, demonstrating a good awareness of the service across the Trust, the importance of the advice line for operational staff, and demonstrating the volume of safeguarding work operational colleagues are dealing with.
- Plans to develop a Safeguarding Champion Network are underway. A Safeguarding Champion Specification has been written and is being disseminated across operational services for interested staff to come forward. Champions will be an important link between their team and the safeguarding team, and will support the dissemination of important safeguarding information.

Challenges/risks:

- Audit has identified variation in how and the quality of Safeguarding related data is recorded on our clinical systems. We have a Safeguarding Action Plan in place to address risk and apply mitigations. We are working closely with Clinical Systems, Business Intelligence and Safeguarding Task and Finish Group working to find solutions that address risk.
- Number of staff attending Safeguarding Adult Supervision Sessions remains lower than we require. A plan is now in place for the Safeguarding Team to attend a series of operational team meetings to raise the profile of adult safeguarding and share key messages including our Safeguarding Supervision offer. Adults Safeguarding Supervision will be an improvement workstream for the Safeguarding Team April 2023/4.
- Children's Safeguarding Group Supervision compliance data is now reported monthly. Staff working directly with children must attend a minimum of 3 supervision sessions per year. 25 sessions are delivered each month. Attendance and feedback is excellent, however compliance rates require improvement (Feb 56% compliance). Safeguarding Supervision will be an improvement workstream for the Safeguarding Team April 2023/4.

Quality Dashboard

NHS Gloucestershire Health and Care

GHC - Safeguarding Dashboard 2022/23 Children's Safeguarding Data

	Q1 Total	Q2 Total	Q3 Total	Jan-23	Feb	March	Q4 Total	Additional Information
SAFEGUARDING SUPERVISION								
Integrated Group Supervision sessions	42	62	56	22	19			Clinical staff working with children need to attend this supervision 3x per year. 5 x sessions are delivered per week. Attendance at sessions is excellent, with a maximum of 8 participants per session. Feedback is sought and captured following every session via a Snap Survey – feedback helps to shape future sessions.
Safeguarding Children Group Supervision Compliance			63%	57%	56%			In April 22 Safeguarding Group Supervision was added as an 'essential to role requirement' on staff Care to Learn Training Profiles. Operational line managers are responsible for monitoring individual staff member compliance.
One to one Supervision sessions	4	8	8	1	6			121 Supervision is available to all upon request. In line with learning from recent child safeguarding reviews that recommend focused case reflection and discussion the team have been promoting 121 supervision across operational teams. This is reflected in the increase in 121 supervision sessions provided in February.
SAFEGUARDING ACTIVITY								
Advice Line Calls	142	129	169	70	54			Operational colleagues continue to make good use of the Safeguarding Advice Line. Expected minor variation in month.
Multi-Agency Request for Service Forms submitted to MASH	44	47	59	21	11			The Local Authority are unable to provide referral data and current GHC clinical systems are unable to accurately capture referral figure. This is a documented risk – Risk 298. An action plan is underway to address this. LA Safeguarding Referral data is now captured via the Safeguarding Notifications Inbox as a mitigation until a digital solution is in place.
Number of Escalations	4	5	3	0	1			This information is currently obtained from our Safeguarding Advice Line data. Further work is underway with Clinical Systems/Business Intelligence Teams to identify the number of escalations made to partner agencies.
CHILD DEATH NOTIFICATIONS								
Expected	1	4	10	2	2			Expected deaths are infants with known life limiting conditions or cases of extreme neonatal prematurity.
Unexpected	9	6	4	1	1			Gloucestershire Child Death Overview Process is followed for each unexpected death. Cause of each death has not yet been formally reported. No safeguarding concerns identified in relation to the unexpected child death in February.
RAPID REVIEWS/LCSPR'S								
Number of Serious Incident notifications made to LA	1	3	1	1	0			0 SIN notification made in February
Rapid Reviews attended	1	2	3	0	1			1 Safeguarding Rapid Review attended and relevant health information shared. Case will not progress to a Child Safeguarding Practice Review.
Number of LCSPR's in progress	2	2	3	3	2			1 Gloucestershire LCSPR published this month. 1 joint Surrey/Glos LCSPR - no GHC involvement. 1 LCSPR relating to a Child in Care underway.
MASH HEALTH TEAM ACTIVITY								
Children researched/info shared	2,372	2,242	2,283	735	735			MASH activity remains stable.
Adults researched/info shared	189	195	384	128	94			Expected variation in Month.
MASH strategy meetings attended	107	86	123	51	40			Minor variation in month. The MASH health team attend 100% of strategy discussions they are invited to.
Demographic information sharing	452	575	484	176	150			MASH health are frequently asked for demographic data from children's social care - this is due to referral data quality and incomplete data.
AUDITS								
Single Agency	0	0	1	1	0			
Multi-Agency sub group activity	1	1	0	1	1			MASH multi-agency audit in preparation for JATI (Joint Area Targeted Inspection)
UNDER 18'S ADMISSIONS								
Number of under 18's admitted to Adult MH Wards	1	0	0	0	0			No children were admitted to adult mental health wards in February
Number of under 18's assessed under S.136 of the MHA 83/07	9	6	6	0	4			4 young people assessed.
OTHER WORKSTREAMS								
Allegations management – number of referrals to/from the LADO	0	2	0	1	0			No LADO referrals made for GHC staff in February

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

GHC - Safeguarding Dashboard 2022/23 Adults safeguarding Data

	Q1 Total	Q2 Total	Q3 Total	Jan-23	Feb	Mar	Q4	Additional Information
SAFEGUARDING SUPERVISION								
Group Supervision Sessions	20	24	14	3	1			Safeguarding Adult Supervision Sessions are offered to all clinical staff who work in Adult Services. Supervision is optional and booked via Care to Learn. Bespoke Supervision Sessions are offered for Team Leads and Managers. GSV sessions are cancelled if no staff are booked onto a session.
SAFEGUARDING ACTIVITY								
Contacts to GHC advice Line	121	158	177	54	72			Calls to the GHC advice line re. adult safeguarding enquiries - may or may not proceed to a referral to the Local Authority. Continued good use of the Advice Line.
Safeguarding Referrals made to GCC	4	27	21	9	8			This data is obtained from the Safeguarding Team Notifications Inbox. Work is underway with Clinical Systems and Business Intelligence to identify mechanisms across our clinical systems which capture this data accurately.
Escalations	2	1	1	0	0			This data is currently obtained from our Safeguarding Advice Line data, so is unlikely to give a accurate picture of escalations. Work is underway with Clinical Systems to identify mechanisms across our clinical systems which capture this data accurately
CASE REVIEWS								
New Safeguarding Adult Reviews/Domestic Homicide Reviews	2	0	0	0	2			No new review DHR's in February
Number of Reviews ongoing	11	12	12	12	13			5 Domestic Abuse Related Death Reviews, 6 Domestic Homicide Reviews, 2 SARs (1 awaiting publication) – All at varying stages of the review process.
Action Plans Ongoing	5	6	6	6	6			This includes single and multi agency action plans
MAPPA								
Level 2 Meetings Held	17	12	16	*	*			* Data unavailable monthly. Reported quarterly.
Level 2 Meetings Attended	17	12	16	*	*			
Level 3 Meetings Held	8	3	12	*	*			
Level 3 Meetings Attended	8	3	2	*	*			
PREVENT								8
Number of Prevent Referrals Made	0	0	0	0	0			No Prevent concerns raised with the police
Information requests received & completed from Police/Channel	7	10	15	5	4			Continued increase in information sharing requests from police. 100% response to all police and channel panel information sharing requests, supportive effective planning and decision making.
MARAC								
Families screened/researched	351	356	374	153	114			Continued high level of MARAC activity, slightly lower referral rates that in January
No.of children open to MH Services	22	32	50	15	9			Number of children open to mental health service highlights the emotional impact of domestic abuse on children
No.of victims open to MH Services	38	33	37	19	14			Highlights the link between the impact of domestic abuse on victims mental health
No.of perpetrators open to MHS	34	51	57	30	10			Identifies the number of perpetrators open to MH services.
Un-uploaded MARAC Action Plans		700*	0	0	0			All MARAC Action Plans are uploaded to clinical records as indicated
DOLS - No. of referrals :								
Mental Health Services Total	2	6	6	4	1			Continued pattern of overall total of DOLS applications
Mental Health Services Authorised	2	3	4	2	0			Minor variation in month
Physical Health Services Total	23	16	13	5	5			Physical health urgent applications (not requiring LA authorisation)
Physical Health Services Authorised	0	0	0	0	0			Nil authorised as patients have moved on before being application assessed.
AUDITS								
Single Agency - Safeguarding Related	1	1	2	2	3			Monthly Safeguarding Adults dip sample auditing commenced in November 2022 . Annual MCA audit completed. MCA audits commenced in Community Hospitals.
Multi Agency Sub - Group Related	1	2	1	1	0			Participated in a detailed multi-agency audit on an individual with multiple safeguarding referrals/complexities
OTHER WORKSTREAMS								
Allegations management - use of PiPoT guidance	1	1	3	1	0			No new allegations for GHC staff in February

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

GHC - Safeguarding Dashboard 2022/22 Training and Partnerships Data

	Q1 Total	Q2 Total	Q3 Total	Jan-23	Feb	Mar	Q4	Additional Information
TRAINING								
Level 1 – Induction	97%	97%	95%	96%	96%			Overall a minor variation in month
Level 2 – Think Family	86%	85%	89%	92%	92%			Improving picture of compliance
Level 3 – Multi-Agency Child Protection	84%	82%	85%	88%	88%			Overall a minor variation in month
Level 3 Adult Protection	83%	81%	82%	82%	82%			Overall a minor variation in month
Level 4 Adult Protection	27%	28%	56%	78%	81%			This training was applied to staff training profiles following a review of staff training requirements in April 2022. As expected training compliance continues to improve as staff catch up and complete training requirements.
PREVENT:								
Level 1	97%	97%	95%	99%	99%			Continued high level of compliance with Level 1 Prevent Training
Level 2		83%	85%	83%	83%			Prevent Training was reviewed in Q1 and 'stand alone' Level 2 Training introduced as no longer available within the Think Family Training, as a result it will take several months for staff to catch up with the necessary Level 2 prevent training, improved compliance is expected.
Level 3	88%	88%	93%	93%	94%			The review of Prevent Training in Q1 identified that a large group of Adult Services Staff did not have Prevent Level 3 attached to their Learning Profiles, this has been rectified. Overall picture of improving compliance.
SAFEGUARDING RELATED PARTNERSHIP MEETINGS								
Quality & Improvement in Practice (QiiP)	1	1	1	*	*			* The data for these fields are reported on a quarterly basis. This group of meetings all run at different frequencies throughout the year and summaries will be provided on a quarterly basis.
MASH subgroup	1	1	1	*	*			
Child Death Overview Panel (CDOP)	1	2	1	*	*			
Strategic Health Group (ICS)Child	1	2	2	*	*			
GSCP Child Exploitation Subgroup	1	1	1	*	*			
GSAB Board Audit Group	1	1	1	*	*			
GSAB Management Meeting	1	1	2	*	*			
GSAB Safeguarding Adults Review Sub Group (SAR)	1	1	1	*	*			
GSAB Fire Safety Subgroup	1	1	1	*	*			
Business Planning Sub Group	1	1	1	*	*			
Policy & Procedure	1	0	1	*	*			
MARAC Strategic Management Board	1	0	1	*	*			
Gloucestershire Prevent Partnership Board	2	1	1	*	*			
MAPPA Strategic Management Board	0	1	1	*	*			
Strategic Health Group (ICS)Adults	1	0	1	*	*			
Domestic Abuse Board Operational Group		1	1					

Appendix Three
Trust Operational Data Extract

Additional information:

The information provided in the following slides is a snap shot of activity data that was created to monitor performance whilst the Operational Governance Structures were being redesigned. The information supporting the activity data is detailed in the BI Performance Dashboard that has visibility throughout the organisation. Currently the larger data set reports though:

- PFIG & Directorate Governance meetings on a monthly basis
- Business Intelligence Management Group - monthly which reports onward into the Resources Committee
- Pan Ops Directorate who escalate issues from individual Directorates which reports into QAG & Quality Committee.

In future iterations of the dashboard, the Operational Data Extract will be stood down, however, all reporting will channel through the operational governance route and an overview of data will be provided within the QAG paper to the Quality committee. This will reduce the duplication of data and the commitments on operational teams. The dashboard will focus on quality themes from services and give an overview on any enhanced surveillance in place to oversee quality in areas that have higher risk or emerging themes The dashboard will focus on quality themes from services and give an overview on any enhanced surveillance in place to oversee quality in areas that have higher risk or emerging themes.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	R / A / G	Exception Report	Benchmarking Report
Referral to Treatment physical health																				
	Podiatry - % treated within 8 Weeks	L - C	95%	74.0%	47.7%	42.6%	39.6%	40.8%	34.7%	37.5%	34.9%	43.0%	43.3%	43.2%	49.6%		42.97%	R		
	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	85.75%	54. 0%	49.5%	55.8%	50.2%	61.0%	58.4%	57.4%	66.8%	66.1%	70.4	74.6%		62.85%	R		
	ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	88.48%	66.7%	65.0%	63.1%	71. 4%	73.2%	61. 4%	68.2%	73.2%	81.7%	82.2%	78.5%		72.11%	R		
	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	82.6%	40.6%	43.5%	41.3%	40.7%	37.2%	37.8%	63.2%	65.2%	69.6%	59.3%	48.4%		49.49%	R		
	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	97.6%	87.3%	87.6%	82.4%	88.9%	91. 1%	80.7%	87.7%	94.1%	94.3%	88.8%	92.3%		90.25%	A		
	Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	95.1%	33.8%	15.3%	11.4%	11.8%	14.0%	15.5%	2.2%	19.0%	12.1%	14.4%	8.6%		14.45%	R		
	Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R	3,279	18644	1144	1203	1097	1128	998	1027	1051	1119	1361	1087	978		12193			
	Wheelchair Services Adults : New referrals assessed within 8 weeks	L - C	90%	74.0%	85.1%	73.2%	85.3%	83.3%	75.8%	81.0%	83.3%	75.7%	85.9%	81.6%	85.5%		82.91%	A		
	Wheelchair Services : Under 18's new referrals assessed within 8 weeks	L - C	90%	91.94%	93.7%	75.0%	46.1%	88.8%	72.7%	100%	78.9%	76.4%	90.0%	90.4%	100%		82.39%	R		
Mental Health Services (CPA and Eating Disorders)																				
	CPA Review within 12 Months %	N - T	95%	90.3%	88.18%	92. 9%	94.8	96. 7%	96.4	94.4	97.2	96.7%	97.1%	95.1%	95.9		95.1%	A		
	Adolescent Eating Disorder - routine referral to NICE treatment start within 4 weeks %		95%	32.4 %		0.0%	0.00%	0.00%	16.6%	85.7	61.5%	50.0%	100%	0.0%	0.0%		45.95%	R		
	Adolescent Eating Disorder - Urgent referral to NICE treatment start within 1 week %		95%	10.8 %	7. 1%	0.0%	0%	0.00%	5.5%	0.0%	20%	9.5%	43.7%	16.6%	0.0%		8.7%	R		
	Adolescent eating Disorder - Urgent referral to non NICE treatment start within 1 week %		95%	14.2%			0%	0.00%	0.00%	33.3%	100%	0%	0%	0%	0%		11.82%	R		
	Eating disorders - Wait time for adult assessments will be 4 weeks %		95%	58.2	59.0%	38.8%	57.1%	44.4%	46.1%	50.0%	57.8%	32.0%	65.0%	47.8%	37.5%		47.94%	R		
	Eating disorders - Wait time for adult psychological interventions will be 16 weeks %	N – T	95%	75%	71.4%	80.0%	50.0%	25.0%	77.7%	55.5%	75.o%	57.1%	100%	80%	88.8%		70.91%	R		

Additional information

Governance statement: - Improvements are being made in recovering the reported position with a SystmOne simplicity operational tracker now available which outlines the milestones across 2022/23 and sets out when all operational services will be expected to commit to a satisfactory data quality position. From an operational perspective the actual compliance data is higher than that reported above and recovery of actual against target position is beginning to show in the data lines above with teams continuing to ensure that data is correctly recorded in systems removing the need for validation and re-entry. There have not been any reported adverse issues in terms of safety or experience and whilst there are targets not achieved in the data lines above, each service continues to seek improvement whist accepting the existing system limitations. To mitigate risk all services who are performing below optimum rate have recovery plans in place to manage demand which is monitored through operational and quality governance routes. Patients are triaged to assess clinical need and acuity with urgent cases being given priority, re - triage occurs as part of the process as acuity levels may alter whilst the patient is on a waiting list.

Wheelchair Services: There is overall improvement in performance as 10 out of 69 routine adults and (0) routine under 18's were seen outside time frame. All priority referrals for adults and under 18's were seen within timeframe .The backlog of patients is reducing ,initially caused by increasing demand for service coupled with vacancies and sickness within teams. There does not appear to be any related incidents or increase in complaints linked to these areas.

Mental Health : CPA rates are back on target with a data refresh showing that compliance has been maintained for the past 5 months. There is a slide earlier in the presentation which explores in more detail hot spots, trends and their causes. **Eating Disorders.** Progress continues to be made to meet both the Urgent and Routine adolescent referral to NICE treatment KPI. Throughout February, the team have been in a position to offer all Urgent adolescents an assessment within a week of referral. The challenge to meet compliance is now often linked to DNA's, patient/family choice (appointment availability not convenient), treatment not identified at assessment. February performance data demonstrates 0% compliance in both the urgent and adolescent KPI's against a performance threshold of 95%. The service continues to work with BEAT for those waiting for family based therapy (FBT) and Teens in Crisis (TIC+) , for under-25 clients triaged as routine. There are currently 86 routine adolescent clients on the assessment waiting lists, compared to 180 at its highest peak in June 2022. The overall Eating Disorders caseload is now 990, compared to 1386 at its highest peak in July 2022. The team has significantly reduced the urgent adolescent assessment waiting list numbers and waiting times over the autumn and winter. The service now averages 4 urgent adolescent referrals a week. Where treatment is identified at the point of assessment, the team are now able to offer patients an assessment/treatment start within a week of the referral being received meaning the rolling waitlist for urgent adolescents remain at 4 patients. Some patients remain very complex and an obvious treatment cannot be identified at the point of assessment therefore, in some cases, not meeting the required 7 day threshold.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES EFFECTIVE?

		Reporting Level	Threshold	2021/22 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23 YTD	R / A / G	Exception Report?	Benchmarking Report
Community Hospitals																				
Bed Occupancy - Community Hospitals		L - C	92%*	95.19%	89.9%	90.4%	89.5%	89. 5%	97.8%	97. 9%	98.1%	97.9%	97.3%	97.9%	98%		97.4%			
*** Indicates optimum occupancy to enable flow**																				
Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral		N - T	60%	90%	66.6%	62.5%	66.6%	75.0%	66.6%	75.0%	66.6%	60.0%	50.0*	87.5%	80.0%		69.3%	G		
Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered																				
Inpatient Wards		N - T	95%	68%	78%	82%	75%	72%	75%	78%	78%	76%	82%	78%	82%		82%	R		
Community		N - T	90%	28%	NA	22%	24.6%	30.54%	39%	49.9%	55%	64%	58%	59%	70.72		70.72%	R		
Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database). Waiting time to begin treatment (from IAPT minimum dataset		N - T	50%	52.1%	50.6	49.1%	51.5%	50.5%	50.2	50.1	51.3%	51.2%	50.0%	50.1%	**49.2%**		50.4%	G		
Admissions to adult facility of patient under 16yrs		N - R		1	0	0	0	0	0	0	0	0	0	0	0		0	N/A		
Inappropriate out of area placements for adult mental health services		N - R	Occupied bed days	918	25	64	114	190	167	65	85	10	105	125	13		950	G		
Children's Services – Immunisations				2021/22 Outturn	Academic Year 2021/22 - Target 90% of all 2 immunisations by end of academic year (July 2022) and new cohort 1st immunisations					Academic Year 2022/23 - Target 90% of all 2 immunisations by end of academic year (July 2023) and new cohort 1st immunisations. Programme start date for HEP 1 Jan 2023 HEP2 to be confirmed.										
HPV Immunisation coverage for girls aged 12/13 years old (Target for all 2 immunisations to be completed) HPV 2 begins March 2022		N - T	90%*	76.9%	40% 30.0%	70% 75.3	80% 76.2%	85% 77.0%	90% 79.1%											.
Childrens Services - National Childhood Measurement Programme				2021/22 Academic Year	Academic Year 2021/22 - Target 95% of children measured by end of academic year - Cumulative target (July 2022) programme commences November 2021					Academic Year 2022/23 - Target 95% of children measured by end of academic year - Cumulative target (July 2023) programme commences end of October.										
Percentage of children in Reception Year with height and weight recorded		N - T	95%*	96.2%	70% 69.9%	80.0% 83.1%	95% 93.3%	95% 96.2%				10% 15.1%	15% 21.5%	30% 42.9	43 57%		57%	G		
Percentage of children in Year 6 with height and weight recorded		N - T	95%*	96.1%	70% 72.0%	80% 79.7%	95.0% 87.6%	95% 96.1%				20% 26.1%	25% 31.%	35% 52.2%	50% 58.8%		58.8%	G		

Additional Information

NCMP: New year programme commenced 31st October 2022, achieved all monthly targets to date.
OOA: This month we are reporting 13 OOA bed days that relate to a PICU placement
IAPT: February is reported at 49.2%, (which equates to 5 records short of expected performance) but is within SPC (Statistical Process Control) limits. The service will be reviewing patient records to understand underperformance.
EIP: Previous narrative stated that the 2 non-compliant records in December would be updated, and performance could therefore be reported at 100%, however these non-compliant records have yet to be updated and December performance is reported now at 50%. (which includes 1 compliant late data entry). The service is working with the Business Intelligence and Clinical Systems Service to understand the recording process and ensure that the clinical system is accurate.
Cardio-metabolic assessment – Teams are supported by two Physical Health Nurses within WLH and CLH. The NTQ head of Mental Health and LD Nursing is now providing additional support to enable recovery against KPI. development

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

Additional KPIs - Physical Health

		Reporting Level	Threshold	2021/22 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23 YTD	R / A / G	Exception Report?	Benchmarking Report
Proportion of eligible children who receive vision screens at or around school entry.(Cumulative target)			95%*	97.7%	70.0%	80.0%	95.0%	95%	Programme starts end of October 2022			10%	14%	28%	40%		10%	G		
					71.7	88.0	94.9%	97.7%				15.1%	21.1%	42.1%	55.8%		55.8%			
Number of Antenatal visits carried out				467	34	43	39	60	52	55	36	41	18	49	38		465	NA		
Percentage of live births that receive a face to face, telephone or video NBV (New Birth Visit) within 7- 14 days by a Health Visitor			95%	92.3%	92.6%	91.3%	93.4%	92.3%	94.2%	93.2%	93.0%	92.9%	93.0%	94.2%	93.9%		92.76%	A	Y	
Percentage of children who received a face to face, telephone or video 6-8 weeks review.			95%	95.50%	88.9%	93.6%	90.5%	90.3%	94.7%	89.0%	95.4%	95.5%	94.5%	92.5%	95.7%		92.8%	A	Y	
Percentage of children who received a 9-12 month review by the time they turned 12 months.			95%	81.5%	82.2%	83.6	82.3%	82.8%	75.2%	77.4%	80.9%	82.8%	72.0%	66.4%	67.3%		80.03%	R	Y	
Percentage of children who received a 12 month review by the time they turned 15 months.			95%	86.8%	90.3%	87.0%	83.9%	88.9%	90.4%	89.3%	92.3%	89.9%	91.0%	92.6%	93.2%		89.91%	A	Y	
Percentage of children who received a 2-2.5 year review by 2.5 years.			95%	81.3%	76.1%	80.4%	82.9%	78.1%	84.4%	80.8%	85.8%	87.0%	83.6%	82.4%	85.5%		81.02%	R	Y	
Percentage of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence).			58%	56.7%	52.6%	51.1%	54.4%	50.1%	53.9%	53.9%	53.2%	53.4%	57.0%	57.4%	54.3%		53.63%	A		
Breastfeeding- % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks			80%	81. 5%	82.1%	76.3%	79.7%	81.6%	77.6%	81.4%	81.1%	82.1%	84.4%	81.1%	81.8%		81. 4%	G		

Additional Information

Governance statement: - Information on this page is triangulated with performance reporting, with improvements being made in recovering the reported position. The Simplicity data quality project has impacted upon the accuracy of data in physical health teams in this and in prior reporting periods**.** From an operational perspective the compliance data is understood to be higher than that reported above and teams are working to ensure that data is correctly recorded first time in systems to remove the need for validation and re entry. From a quality perspective there have not been any adverse indicators reported in terms of safety or experience noting that some targets are not achieved in the data above. We are expecting to be able to report a further improved position in future

Health Visiting:

- **NBV and Child reviews**: Whilst a small number of recording errors in relation to NBV and child remain, the impact of the Simplicity project is significantly reduced and data refreshes have taken place. We have seen an increase in the number of families requesting appointments out of timeframe due to holidays and other commitments..

- **Breastfeeding**: Breastfeeding rates are similar to last month and the % of mothers continuing with breastfeeding has remained above target. Breastfeeding prevalence is impacted by babies moving out/in to area after reaching 6-8 weeks. There is a programme of work with other stakeholders, infant feeding champions in place and updates are sent to all HV teams giving reminders to liaise/refer to locality infant feeding champion with any queries or support when required . The team continues to support colleagues to improve compliance, rates reflect similar challenges in partner organisations.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE?

	Reporting Level	Threshold	2021/22 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23 YTD	RAG	Exception Report?	Benchmarking Report
Mandatory Training	L - I	90%	90.33%	92.4%	92.6%	92.1%	91.3%	91.8%	90.2	90.2	91.7%	91.9%	92.1%	92.4%		92. 4%	G		
% of Staff with completed Personal Development Reviews (Appraisal)	L - I	90%	67.72%	77.0%	78%	79%	79%	82%	83%	**81%**	81%	82%	82.0%	85.0%		85%	R	Y	
Sickness absence average % Rate	L - I	<4%	7.2%	6.5%	5.3%	6.0%	6.6%	5.4%	5.8%	6.5%	6.3%	5.4%	6.8%	6.3%		N/A	R	Y	

Additional information

Mandatory training - Is at 92.4 % overall, This achievement is a reflection of the focus in place to ensure staff are up to date with statutory/mandatory training. To maintain the current position and achieve further improvement we are currently developing a wider data set to help understand performance at team level and any impact on associated quality outcomes. This expanded view will support the development of heat maps for local areas and will enable services to focus on subjects with lower compliance. Initially we will be focusing on the following areas:

- Level 3 Resus (MERT), PMVA and PBM, Breakaway, Safeguarding, Mental capacity Act (Levels 1 & 2), Mental Health Act & Rapid Tranquillisation

We are also developing a Physical Health data set to mirror the Mental Health services and working with colleagues in the Learning & Development Team to ensure that the training profiles and essential to role training is assigned uniformly throughout all clinical services.

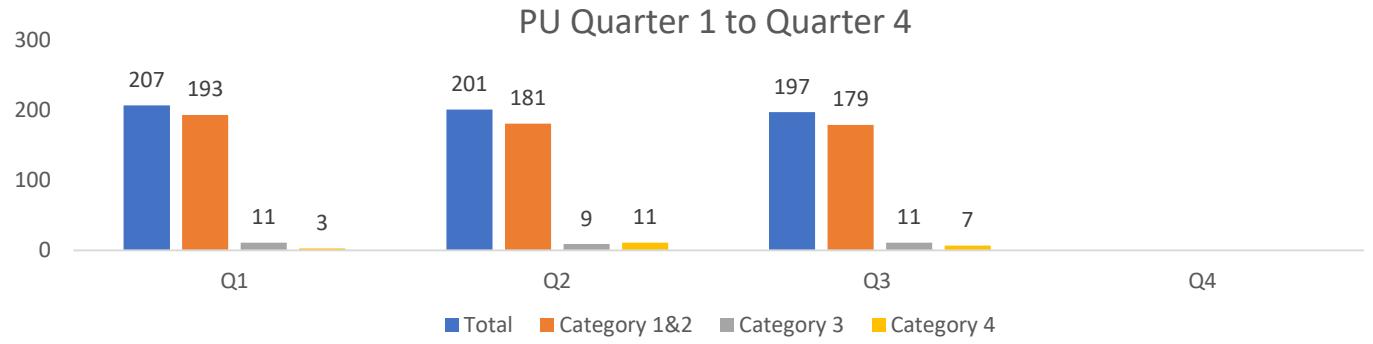
Sickness absence - At 6.3% in month indicates a decrease from the previous month of 0.5%. Rates remain above target and in February the percentage figure equates to 6875 sickness days across the Trust. Data is now automatically received from workforce providing a robust single data source. This data can vary from BI sourced data as that data stream does not include information from E-roster and is subject to timing.

Appendix Four
Trust Quality Priorities 2022/23

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

SAFE : QUALITY PRIORITIES 2022-2023	
Standard	**1 Pressure Ulcers (PU's) - with a focus on reducing incidence and severity through improvement in the recognition, reporting, and clinical management of PU's , developing a PU collaborative within the One Gloucestershire Integrated Care System.**
Performance	**Target** – the reduction quarter on quarter in the amount and severity of pressure ulcers within GHC
Commentary	• As an organisation we will always have Pressure Ulcers evident within our caseloads due to localities and inpatient units having patients referred with existing pressure ulcers obtained whist under primary care, residing in care homes or acute hospital transfers. The pressure ulcer data is monitored via improved reporting, verification/alteration of classification and improved operational tolerances with emphasis being given to learning lessons from avoidable incidents. • There are key factors that drive an increase in number and severity of pressure ulcers; Circulatory changes following Covid - 19 infection, deconditioning of patients who live at home and have become more socially isolated and physical immobility during and following Covid - 19 infection. • During Q3 there were 197 developed or worsened pressure ulcers which is a decrease of 4.8% on the Q1 figure (207). The number of category 1 & 2 pressure ulcers decreased from 193 in Q1 to 179 in Q3 which is a 7.25% reduction however category 3 pressure ulcers have remained stable with category 4 pressure ulcers increasing by 4 incidents. • Avoidable PU in the trust are reviewed for data quality and potential for reclassification and learning, these cases can occur as a result of patients being in a non GHC environment, not being concordant with advice given and also attributable is the complexity of caseloads, the trend is that the numbers of avoidable Pu's are generally in decline throughout the organisation. • GHC Deputy Director of Nursing has agreed with ICS peers that the arrival of the new National Wound Care Strategy provides a platform for a true system approach to the prevention, identification and management of PU across all partners.
Lead	NF



Target Achieved H1 Y

Target Achieved H2

Next steps : Continuation of the monthly monitoring of pressure ulcer incidents throughout the Trust and comparison of year on year data at end of H2.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

SAFE : QUALITY PRIORITIES 2022-2023	
Standard	**2 Falls prevention with a focus on reduction in medium to high harm falls based on 2021/22 data . Developing a falls collaborative within the One Gloucestershire Integrated Care System**
Performance	**Target** – the % reduction quarter on quarter in the number of medium and high harm falls within inpatient units.
Commentary	• The number of falls recorded which resulted in medium to high harm in the third quarter of 22-23 compared to the similar timeframe in 21-22 following review has remained constant. The total number of falls reported between Q2 and Q3 of the current year however, has reduced and remains in a downward trend. Due to the increase in falls recorded in Q1 and Q2 we are completing a risk review of all falls within the Trust. (Data in relation to higher harm falls is reactive to slight change in numbers due to the low percentage of instances in the source data.) • The leadership of the Trust wide Falls group has recently been transferred to the NQT to ensure consistency of practice, and a strong focus on evidence based falls prevention in all areas of GHC. • This refreshed group will look to produce and implement a framework to reduce the number, and impact of falls in both community and inpatient settings, to improve staff and patient awareness of falls risks and to reduce variation of practice in falls prevention. The focus will be to promote a culture in which falls prevention, risk assessments and interventions are everybody's business.
Lead	HW

Year 21-22	No	Year 22-23	No
Q1	5	Q1	13
Q2	4	Q2	9
Q3	5	Q3	5
Q4	13	Q4	

Target Achieved H1 N

Target Achieved H2

Next steps : Continuation of the monthly monitoring of falls throughout the Trust and analysis of themes and trends relating to the higher number of higher harm falls reported.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

SAFE : QUALITY PRIORITIES 2022-2023					
Standard	**3 End of Life Care (EoLC) - with a focus on refreshing the collaborative One Gloucestershire approach to improving EoLC across the county . This will support the 6 ambitions for Palliative and End of Life Care including improving systems to identify those eligible using the Supportive and Palliative Care Indicators Tool (SPICT), improving the access to advance care planning, the ReSPECT V3 form, and increasing symptom management training for staff to support non - cancer patients.**				
Performance	**Target** – Our aim is to enable all our staff to be compassionate, confident and competent in delivering EoLc in our hospitals and in the community				
Commentary	**Quality Priority Plan**	**Q1**	**Q2**	**Q3**	**Q4**
	GHC EoLc priorities align with the One Gloucestershire approach to improving EoLc across the county and support the Six Ambitions for Palliative and EoLc. Our aim is to enable all our staff to be compassionate, confident and competent in delivering EoLc in our hospitals and in the community.	**Compassionate:** • Achieve a continued reduction in number of EoLC complaints • Celebrate and share good practice **Confident:** • Continually provide and review the delivery of End of Life Masterclasses **Competent**: • Monitor number of people attending education and training • Consider the CQC recommendation of ensuring that EOL training is mandatory for all clinical staff	• Develop and share workstreams with Experts by Experience		Compassionate • Evaluation of annual rate of reduction against previous year. **Confident** • Annual evaluation of Masterclass feedback • **Competent** • Annual evaluation of Masterclass attendance.
Lead	DW				

• **Plan - Reduction in number of EoLc complaints** • Celebrate and share good practice/ compliments	Progress - The EoL lead is involved in complaints or concerns at an early stage to enable the families issues to be addressed in a compassionate and timely manner and at a point where a real difference can be made to the care path for the patient. Data from 2020/21 compared to 2021/22 evidenced a 60% reduction in the number of formal complaints that related to EoL. Data relating to Q4 compared to Q1 of 2022-23 shows a marginal increase from zero to 2 complaints where EoL is mentioned, the Q1 to Q2 position remains stable at 2, however the picture will develop as the year progresses with a final outcome being evident when annual data is compiled. During Q2, "Dying Matters week" took place, Service directors from community teams and CoHo's routinely share a monthly summary of compliments received and the CQC Report was shared with all GHC teams and externally. EOL care was specifically inspected across GHC, being awarded "good" for Safe, effective, responsive and well led" and **"outstanding**" for caring. The intranet page shares new guidance which is regularly reviewed and updated. In Q3 131 people attended the respect Awareness sessions in October.
• Plan – Continually provide and review the delivery of the EOL Masterclasses for Registered Practitioners Give consideration to the CQC recommendation to ensure that EOL training is made mandatory for clinical staff • Review training for Non registered staff	Progress – The education programme (Masterclass in End of life Care) Is now on run 4. The classes were collaboratively developed following discussions with Community Hospital staff and District Nurse teams. Q1 – Course evaluation response, 17 people responded (14% of attendees). 100% of attendees said the course outcomes were achieved and 100% stated that the course was either very beneficial or beneficial to their present role.. EOL Masterclass dates for a complete run of all sessions Jan – Mar 2023 have been planned and are available for staff to book and an overall course evaluation for H2 is being planned. First f2f session for non registered practitioners was held at Charlton Lane on 8th December, second one is planned for Thursday 9th Feb, it is proposed that this session for non reg staff is rolled out across the whole trust in Coho's, community teams and reablement.
• Plan - Number of people attending education and training • Develop and share workstreams with Experts by Experience (EbE)	Progress – As at end of Q1 122 people had attended the End of Life Masterclass, the most popular classes being 'Recognising when someone was dying' (27 attendees) and Spinal Cord Compression (25 attendees). In Q2 there were 53 attendees to 6 Masterclasses, In Q3 31 people attended 5 different Masterclass sessions. We have recruited an EbE who is already an active member of our EOL QI group and are in contact with another person who is prepared to tell the story of her fathers EOL experience.

Target Achieved H1	Y
Target Achieved H2	

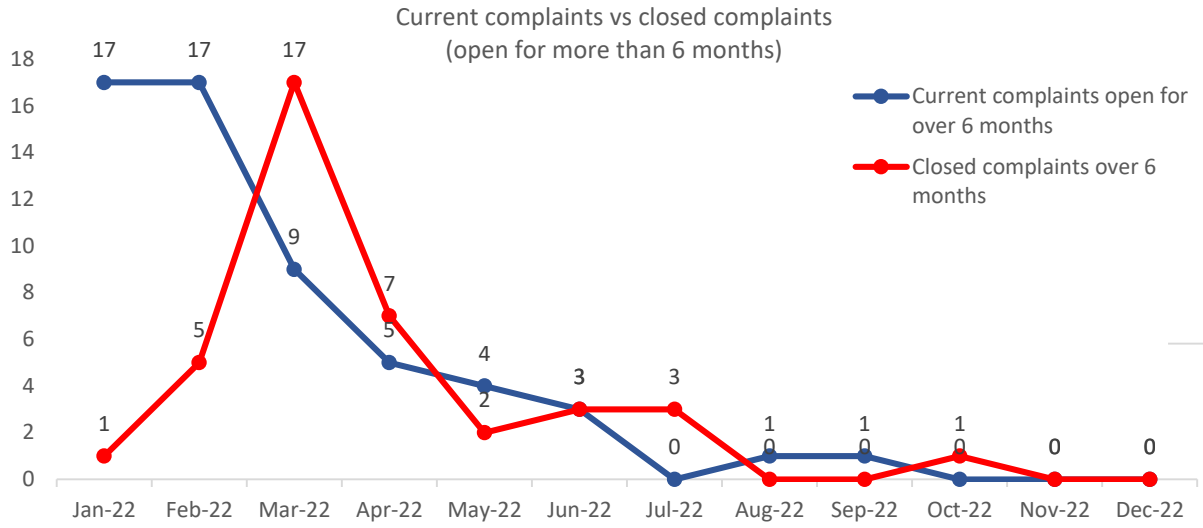
Next steps : Continuation of the Quality Priority throughout 22-23 and associated reporting of year on year analysis.

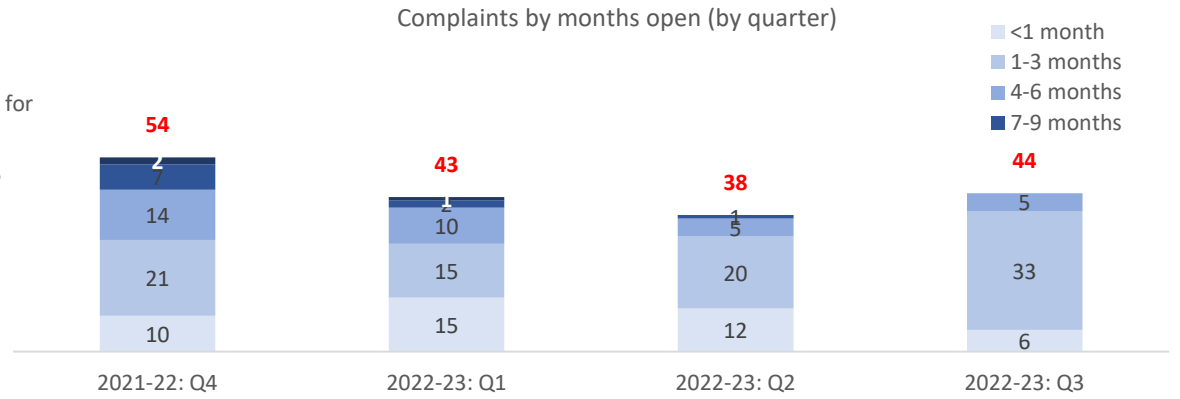
Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

RESPONSIVE : QUALITY PRIORITIES 2022-2023

Standard	**4-Patient and Carer Experience - with a focus on incrementally reducing the time taken to provide a final response letter to people who have raised a formal complaint about Trust services improvement in completion times will be achieved quarter on quarter.**
Performance	**Target** – 95% of all complaints closed within 3 months 100% of all complaints closed within 6 months
Commentary	• At the beginning Q1 of 2021/22 there were **76** open complaints, **12** of which had been open for more than six months (**16%**), and **4** of which had been open for more than twelve months (**5%**). • At the beginning Q1 of 2022/23 there were **54** open complaints, **9** of which had been open for more than six months (**16%**), and **0** of which had been open for more than twelve months (**0%**). • At the beginning Q2 of 2022/23 there were **43** open complaints, **3** of which had been open for more than six months (7**%**), and **0** of which had been open for more than twelve months (**0%**). • At the beginning Q3 of 2022/23 there were **38** open complaints, **1** of which had been open for more than six months (3**%**), and **0** of which had been open for more than twelve months (**0%**). • At the beginning Q4 of 2022/23 there are **44** open complaints, **0** of which have been open for more than six months (0**%**), and **0** of which have been open for more than twelve months (**0%**).
Lead	HW





Target Achieved H1

Target achieved H2

Y

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

RESPONSIVE : QUALITY PRIORITIES 2022-2023	
Standard	**5 Friends and Family Test (FFT) - with a question to ask people for their views on the quality of their care, as highlighted in our 2020 CQC Audit Community Mental Health Survey action plan .**
Performance	**Target** – To establish a new question in the survey with a focus on "What really matters" to the patient continued from 21-22
Commentary Asking people for their views on the quality of their care	**Scoping exercise on Quality of Care** • A scoping exercise will take place as part of the wider Community MH Transformation work to identify what is important and meaningful to service users and carers and What Matters to Me… **Friends and Family Test** • Rollout of the new Friends and Family Test (FFT) to ensure regular feedback about care. • Copies of the FFT to be made available across all services. • Patients providing for feedback on discharge via SMS and email. • Patient providing feedback via link on Attend Anywhere • Launch of a carers FFT to seek feedback on the experience of carers who are in contact with our services – to be launched during Carers week in June 2021 • FFT, Carers FFT, and Carers survey all available on Trust website • Communications campaign to raise awareness of our feedback mechanisms **Leaflets and comment cards** • New complaints leaflets, posters and comment cards to be made available throughout all Trust service.
Lead	HW

Action	Update Q3
Scoping Exercise	• A new question has been being added to the new Friends and Family Test (FFT) in order to form a baseline for our understanding of whether patients are giving the opportunity to discuss the aspects of their care that are particularly important to them: '*Did you have the opportunity to talk about the aspects of care/treatment that matter to you?'* This is followed by a freetext question for respondents to add additional information. Monitoring of feedback from this question will start once three months worth of data has been received (February 2023).
FFT	• The new Friends and Family test (FFT) process was implemented in October 2022. During Q1 the new FFT survey was designed by PCET in the updated Snap survey tool 'Snap XMP'. During Q2 the IT Applications Team and the BI Team tested the updated automated process to ensure this encompasses all Trust services where automated surveys are required. Other methods for surveying using the FFT are also being implemented by PCET, including paper, iPads, QR codes and electronic survey links. The new FFT also allows carers to provided feedback about their own experiences. The new FFT process was launched during Q3 (20th October 2022). • The current FFT question does encompass quality of care, although is broader: <u>The question currently asked is:</u> *Overall, how was your experience of our service* (this is the National FFT question). Answer options: very good - good – neither good nor poor – poor – very poor – don't' know • Additional questions have also been added including: '*Did you have the opportunity to talk about the aspects of care/treatment that matter to you?'* and *'Has the outcome or next steps of your care/treatment been discussed with you?'*
Leaflets and Comment Cards	• New complaints leaflets, posters and comment cards are now available and have been distributed across the Trust. • Additional copies available from PCET on request.

Target Achieved H1 NA

Target Achieved H2

Next steps : Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

SAFE : QUALITY PRIORITIES 2022-2023

Standard	6 Reducing suicides - with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. We will work to the aspirations of the Zero suicide Alliance to support the aim for zero suicides within our mental health inpatient units by 2022.
Performance	**Target** – To establish an outcome of zero suicides within our mental health inpatient units by 2023
Commentary	There will be a staged implementation of NHSE/I mandated zero Suicide Plan for inpatient MH services.
Plan 1 - The Positive & Safe Group will develop and deliver a work plan with a clear focus on suicide prevention, ligature reduction programmes, use of assistive technologies, and proactive and collaborative clinical risk management.	**Progress** • Positive & Safe Group meets bimonthly and has oversight of suicide prevention activity including routine review of themes and trends concerning self-harm and ligature incidents. • The Clinical Protocol for the Removal and Physical Management of Ligatures and Near Hanging was ratified in Q2 • Reduction of Ligature Risk Policy has been revised to include training requirements and will be ratified in Q4 • The mental health inpatient ligature audit cycle 2022/23 completed during Q3. Additional governance of progress continues via quarterly Ligature Audit Action Planning Meetings chaired by Hospitals Directorate Service Director, with further oversight via quarterly Executive Led Ligature Management meetings. • Ward based suicide prevention champions are in place at WLH. • Weekly ligature and self-harm incident reports were developed and launched during Q1 and are now produced and disseminated weekly by the Patient Safety Team. These provide ward managers with near 'real time' weekly analysis of this activity.
Plan 2 – To develop a comprehensive and robust training programme focussed on suicide reduction, suicidal thinking, assessment and conversation. This will be provided for all grades of staff, across all fields, beginning with those working in inpatient settings.	• GHC now offers 2 online courses via Care to Learn 1) 'Suicidal Thoughts and Assessment' – Having the Conversation, 2) 'We need to talk about suicide' – Health Education England. • In addition, the Positive & Safe Group identified 3 other freely available online course which are indicated in the 'Its safe to talk about suicide' leaflet' these are – Zero suicide alliance -www.zerosuicidealliance.com,'Real talk' – Grassroots, 'Suicide Prevention Awareness' – The learning pool. • Statutory & Mandatory training for inpatient staff also includes assessing and managing clinical risks, searching of patients and observations and therapeutic engagement • The online training resource for undertaking inpatient ligature audits was finalised and launched during Q2 and is available for all staff via Care to Learn. Following ratification of the Reduction of Ligature Risk Policy, this will be mandatory for all staff undertaking ligature audits.
Plan 3– To fully integrate, where possible, experts by experience, carers and families in the action plan to improve overall outcomes and service delivery in keeping with trust values. To further promote existing good practice such as the Letter of Hope, Little Red Book and the Stay Alive app and also to develop and implement the Its safe to talk about suicide leaflet.	• Letter of Hope was relaunched and circulated via the Gloucestershire Suicide Prevention Partnership Forum during 2021/22. This was updated during Q2 to signpost people to the Gloucestershire Support after Suicide Service and reprinted during Q3. Reprints will be distributed during Q4. • The 'Its safe to talk about suicide' leaflet was updated during Q2 to signpost people to the Gloucestershire Support after Suicide Service. It was reprinted during Q3 and will be distributed during Q4 • The Stay Alive app was refreshed during Q2, liaison with the App Developers will occur during Q4 in readiness for the next refresh.
Plan 4– To develop specialist practitioner roles. The focus of the Advanced Nurse Practitioners will be working with complex patients at risk of harm, supporting ward teams and medical staff in assessing, managing and reducing risk inclusive of serious self-harm.	• Appointment of 3 x Advanced Nurse Practitioners (ANPs) to work with complex patients at risk of harm in MH & LD inpatient units completed. • The 3 ANPs are currently undertaking training and development

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

SAFE : QUALITY PRIORITIES 2022-2023

Standard	**6 Reducing suicides - with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. We will work to the aspirations of the Zero suicide Alliance to support the aim for zero suicides within our mental health inpatient units by 2022.**
Performance	**Target** – To establish an outcome of zero suicides within our mental health inpatient units by 2023
Commentary	There will be a staged implementation of NHSE/I mandated zero Suicide Plan for inpatient MH services.
Plan 5 – For the Inpatient teams to continues to assist in the provision of good follow-up and transition across teams to reduce risks and ensure safe discharges.	• 48hr follow up post discharge remains a KPI for the Trust and is monitored monthly via the Performance Dashboard. • Dialogue with community mental health teams began during Q1 to consider the validity of continuing to complete the Community Mental Health Team Suicide Prevention Toolkit developed by the NPSA over a decade ago. Feedback indicates that this may no longer be fit for purpose. During Q2 Crisis and Recovery Teams agreed to embed the learning identified through the National Confidential Inquiry into Suicide and Safety In Mental Health. via the NCISH self assessment process. Work on this will commence in Q4
Plan 6 – To fully engage with the Gloucestershire Suicide Prevention Partnership Forum (GSPPF), neighbouring trusts and those further in the South to work together to share thoughts, ideas and experiences	• GHC remains an active member of the Forum and inputs actively into the multiagency suicide surveillance group within the county. The GSPPF Steering Group will be refreshing its workplan during Q4. • During 2021/22 the Trust played an active role in the GSPPF tendering process for developing a Suicide Bereavement Support Service for the County. The contract was awarded to Rethink and the Gloucestershire Support after Suicide Service was launched in March 2022. Awareness raising and signposting to this service is being promoted through the refreshed *Letter of Hope* and *Safe to Talk about Suicide leaflets.*
Lead: JW	

Target Achieved H1 NA

Target Achieved H2

Next steps : Continuation of priorities throughout the Year and year end analysis of data.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

Standard	**7 Learning Disabilities - a focus on the Hospital /Personal Passport utilisation, and roll out of the Oliver McGowan Tier 1 and tier 2 training programme. The trust aims to train 90% of our workforce.**
Performance	**Target** – To achieve a target of circa 90% of the workforce to be trained at L1 by the end of Q4. To provide an update and focus on the utilisation of patient passports .
Commentary	Oliver McGowan - Level 1 training: • The independent evaluation carried out by NDTi (the National Development Team for Inclusion) found the Gloucestershire version of Tier One training to be the most highly rated by participants. In light of this it is this model, co-designed by GHC, Inclusion Gloucestershire and Family Partnership Solutions in Gloucestershire that has been rolled out nationally as part of the mandatory training and has been launched on the e-learning for healthcare platform. • Gloucestershire is currently delivering Train the Trainer courses in line with its contract with HEE. These began in November 2022 and will be completed in March 2023, although take-up of places has been lower than anticipated. • GHC worked collaboratively with Mencap, NAS and HEE to develop the one day training package for Tier Two, which encompasses several elements of the package developed locally. GHC sent a representative to attend the first Train the Trainer course at the end of January 2023. • The locally developed training at both Tier 1 and Tier 2 has continued to be provided whilst the national models are being developed. Training dates had been advertised both on Care to Learn and on LearnPro, which is accessible to staff working across both health and social care to enable as many people as possible to access the training places. However new courses need to be organised for dates beyond March 2023. This work is underway but capacity is limited as many of the Gloucestershire Experts with Lived Experience are currently busy with Train the Trainer provision. • The Compliance level for all staff (level 1) is currently at 78.4% inclusive of staff bank (up from 73.5% last reporting period) and **83.4%** (up from 80.5%) if Staff Bank staff are excluded. • 335 members of staff (GHC) have completed the Tier 2 training, up from 307. • There has been enormous amounts of positive feedback received in relation to the training , some of the quotes which come from social media (e.g. Facebook and Twitter) are shown below . • We actively promote and share the My Health Passports however due to the impact of Covid the planned scoping work with other organisations such as the Hospitals Steering Group and Inclusion Gloucestershire was halted with the intention being to resume this workstream in 23/24.
Lead	KA

"The best training I've been on for a long time and I learned so much (really truly – I'm not just being kind). I though I knew stuff but realised I was working with a lot of unconscious bias. Go on the training and see for yourself"

"It made everything seem more real, more personal…. You can read about it, but to hear from someone who lives it - it brings it home, it makes it stick."

"Completed the online training and joined one of the experts by experience team members who was incredibly informative and made the session very engaging. Most definitely worth attending both training sessions to create an understanding and awareness"

"The Oliver McGowan Training is an insightful, informative and emotive training package. The training is predominately delivered by those with lived experience who truly understand the impact of conditions, diagnosis and the important discussions required in relation to their health and social care needs. I feel this training is extremely important for all health professionals in highlighting the individual behind the documentation and their desires to be seen, heard and to lead a fulfilled life. It will change my approach to communications ensuring I adhere to Ask, Listen, Do in order to achieve the most positive outcomes for the individuals themselves."

"Some of my staff did Tier 2 this week and it was brilliant… really brilliant, a must for ALL who work in the care sector. Very powerful stories. Excellent training!"

"Tier 1 of the excellent Oliver McGowan training completed today. Tears flowing at his story and missed opportunities to listen. Highly recommend staff do this training and we learn from his sadly entirely avoidable death. Ask. Listen. Do."

"Brilliant training, so powerful, highly recommended"

Target Achieved H1	NA
Target Achieved H2	

Next steps : Continuation of the Quality Priority through to Q4 22-23 and associated reporting of year on year analysis. Focus on increasing the compliance rate to 90% by end of Q4.

SAFE : QUALITY PRIORITIES 2022-2023	
Standard	**8 Children's Services - transition to adult services with a focus on ensuring a safe and prompt transfer between services, developing pathways, standardising practice, and reducing delays in care . Fidelity to the care pathways will be evaluated through participation in the NCEPOD study .**
Performance	**Target** – To engage and report in line with the NCEPOD Study.
Commentary	• In 2021-22 GHC were approached to support a NCEPOD submission around CYP with specific conditions transitioning to adult services. Data collection tools and methodology were circulated however in GHC we were not in a position to complete as we are unable to identify the cohort of children required as we don't hold diagnosis codes in electronic records and also don't see CYP in our community hospitals. The transition team who are leading and coordinating this project were contacted and agreed to send us cases from other trusts where GHC has been identified as a partner in the care delivery . • The initiative continues to 22-23, clinical questionnaires have been completed for one child for CCN, CCT PT and OT they came through as separate requests and the case notes for all have been submitted. We have received no further contact from NCEPOD . However as an organisation we adopted the Ready Steady Go Transition Tool a number of years ago. A recent audit has shown that this tool is not well used and is not relevant to the majority of young people supported by our community services. There is now a whole system approach to review the transition to adults pathway, tools and processes led by the ICB. In the first instance the group aims to explore and better understand the challenges and barriers, with a view to coproducing solutions to enable more effective transitions. • Further data requests are awaited .
Lead	JR

Target Achieved H1 NA

Target Achieved H2

Next steps : Further data requests awaited however this is not within the gift of GHC to control. Consideration to be given to removing this KPI in the forthcoming year.

SAFE : QUALITY PRIORITIES 2022-2023	
Standard	**9-Embedding learning following patient safety Incidents - with a focus on sharing and learning from experience and investigations to develop and improve standards of care . This will be measured through the numbers of post investigation embedding learning workshops delivered and the number of lessons bulletins issued. alongside implementation of the Civility Saves Lives initiative, with assurance measured against the project implementation goals and evaluation over the reporting period .**
Performance	**Target** – To deliver 5 embedded learning events by the end of Q3 and 8 embedded learning events by the end of Q4.
Commentary: **This indicator is carried forward from 21-22 where increased clinical need caused by winter pressures prevented the achievement of the H2 target.**	• At the close of Q3 there were 9 embedding learning events that have been held throughout the organisation and therefore the H2 target of achieving a minimum of 8 embedding learning workshops being delivered has been achieved. We are seeking and will amalgamate feedback from these sessions which will be reported upon in Q4. • The events covered both general and specific themes generated from the learning associated with individual SI's and involved presenting to teams from Wotton Lawn, Charlton Lane and the Dilke Hospitals plus Post and Neonatal Care teams and Health Visiting. **Civility Saves Lives :** This is a grass roots campaign aimed at raising awareness of the impact of incivility on team and individual performance. Incivility and rudeness is surprisingly common and on the rise, thus patient safety outcomes are affected and there is a negative impact on clinical performance. This programme is progressing with resources available on our intranet for colleagues. These resources for awareness raising include 'The Power of Civility in Healthcare', how civility leads to better outcomes and the training available on Care to Learn. Many teams are requesting support for team development sessions on this work to gain a greater understanding. A coproduction approach continues with four teams to design as a 'test and learn' for Civility Saves Lives. The four early adopter teams are Estates and Facilities, Digital Services, FOD Hospitals and Charlton Lane Hospital and next steps are to come together in March to share commonalities, focus on the next steps and prioritise top key areas. Review of progress at Improving Care Group in May 2023
Lead JW	NM

Narrative	Number
SI Incidents on a page included in Patient Safety Team (PST) monthly reports since April 2022	6
Clinical Incidents on a page included in PST monthly reports since April 2022	7

Target Achieved H1	NA
Target Achieved H2	Y

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AGENDA ITEM: 09/0323

REPORT TO: **TRUST BOARD PUBLIC SESSION, 30 MARCH 2023**

PRESENTED BY: Dr Amjad Uppal, Medical Director

AUTHOR: Jo Masters, Mortality Review Officer
Gordon Benson, Quality Lead (Mortality, Engagement & Development)

SUBJECT: **LEARNING FROM DEATHS 2022/23 QUARTER 3 REPORT**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐ Endorsement ☐ Assurance ☑ Information ☑

The purpose of this report is to:

The purpose of these reports is to inform the Board of the learning from the mortality review process, data analysis and outcomes during Quarter 3 2022/23 and also learning from End of Life care incidents, concerns and queries and local Gloucestershire LeDeR reviews.

It is a regulatory requirement for all NHS Trusts to identify, report, investigate and learn from deaths of patients in their care, as set out in the National Quality Board *National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care*, published March 2017.

These reports aim to present a broad range of available demographic and clinical data, and a trend analysis comparing current data with previous years as requested by the Trust Board.

Recommendations and decisions required

The Board is asked to:

- **Note** the contents of this Learning from Deaths report which covers Quarter 3 2022/23.

Executive summary

Quarter 3 2022/23 Learning from Deaths Report

- No concerning trends or themes have been identified.
- For the first time, this report contains learning from End of Life care incidents, concerns and queries as seen on slide 3. 77% of reported incidents related to medicines management issues with a number of these occurring during the transition to electronic prescribing at GHNHSFT. This has been addressed via a Memorandum of Understanding. Local learning with regards to controlled drugs both in patients' homes and CoHos has also been implemented.
- 'Learning on a Page' documents are only generated where novel learning has been identified and 5 such learning summaries were generated this quarter, with 2 learning summaries from local LeDeR reviews also included.
- There was an increase in the inpatient death rate for CoHos and Charlton Lane in December 2022; it has been observed that more patients are being transferred from the acute trust who require end-of-life care, and there was a higher number of patients on Willow Ward in receipt of end-of-life care in the last quarter.
- The mean age of death of community mental health patients remained at 76 years this quarter, however, the average age over time is considerably lower demonstrating the need for increased physical health monitoring and intervention for this cohort. The importance of an annual health check for this cohort of patients continues to be promoted via Learning on a Page. The Mental Health & Learning Disability MRG meeting in January 2023 had a focus on the initial findings of the physical health promotion work stream sitting within the Community Mental Health Team transformation project.
- Reviews of patients across community hospitals and mental health and learning disability services reveal relatively low percentages of patients from ethnic minority populations. 2021 Gloucestershire Census ethnicity data published in November 2022, does, however, establish that this is representative of the local demographic, and therefore, not a cause for concern. It is noted though that in the community mental health patient dataset this year, ethnicity was not known/or not recorded for 15% (n=11) of the cohort.

- Cancer, frailty of old age, respiratory and cardiovascular illness remain the most prevalent causes of death, and respiratory infections remain the most prevalent cause of death of people with a learning disability, consistent with the findings from LeDeR reviews. Breakdown of causes of death (natural causes) for community mental health patients will be provided in subsequent reports.

- Feedback from the Medical Examiner service continues to provide significant assurance that that the care provided to inpatients at the time of their death was of a good standard, that families were appreciative of the ME service input and were happy with the cause of death given, and gladly gave feedback about care when asked.

Risks associated with meeting the Trust's values

There are no identified risks associated with learning from deaths associated with the Trust's values.

Corporate considerations	
Quality Implications	Required by National Guidance to support system learning
Resource Implications	Significant time commitment from clinical and administrative staff
Equality Implications	None

Where has this issue been discussed before?

Mortality review group meetings.

Appendices:	None

Report authorised by: **Dr Amjad Uppal**	**Title:** **Medical Director**

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Q3 2022/23 Learning from Deaths Report

Jovelyn Masters, Mortality Review Officer
Gordon Benson, Quality Lead (Mortality, Engagement & Development)

working together | always improving | respectful and kind | making a difference

Overview

Gloucestershire Health and Care
NHS Foundation Trust

- During Q3 2022/23, 89 Gloucestershire Health and Care NHS Foundation Trust (GHC) patients died:

No. of GHC patient deaths reported during Q2 2022/23			
Oct	Nov	Dec	Total
26	23	40	**89**

- During Q3 2022/23 14 case record reviews and 10 comprehensive investigations were completed.

Number of comprehensive investigations and care record reviews completed during Q1-2 2022-23 for deaths occuring in:								
	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	Q3 2022-23	Total
Comprehensive investigations	1	0	0	3	5	1	0	10
Care record reviews	0	0	0	4	4	6	0	14
Total	1	0	0	7	9	7	0	24

- The numbers above do not include open comprehensive investigations and care record reviews.
- 0, representing 0.0% of the patient deaths reviewed during Q3 2022/23, were judged more likely than not to have been due to problems in the care provided to the patient.
- During Q3 2022/23 the Physical Health MRG stood down 1 meeting and Mental Health MRG stood down 1 meeting due to annual leave.
- **Learning**
- Learning from completed mortality reviews is presented as Learning on a Page and can be view in a separate document in the reading room. Such learning summaries have been circulated to operational services as well as the learning from LeDeR reviews, and these were also included in the slide deck for February QAG. For learning relating to comprehensive investigations, please refer to the Patient Safety Report.
- Learning from End of Life care incidents, complaints and queries is shown in slide 3.

Specific End of Life Learning

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Learning for the Trust in Q3:

- Staff reminded that all syringe pump lock-boxes have the same lock and any lock-box key can be used. Spare keys should be kept in patient's house
- Location of Rapid Response CD cupboard in CoHo added to safety briefing so all staff (including agency staff) are aware of location
- Staff reminded of validity of end of life prescriptions, no end date if still clinically relevant for patient needs
- Importance of reviewing patient need/syringe pump/stock levels and forward planning for weekends and BH to reduce OOH visits
- Staff reminded that it is against Trust policy to accept verbal orders for Schedule 2 CDs
- Importance of checking drug charts/documentation is correct
- When working with private GPs/health services the importance of establishing effective communication strategies particularly when different electronic patient systems are used
- Coroner requested that the information regarding appropriate referrals to Coroner's office is shared with staff, this is included in the VoD Policy

Almost half (46%) of Datix raised were related to system partners actions (or inactions).

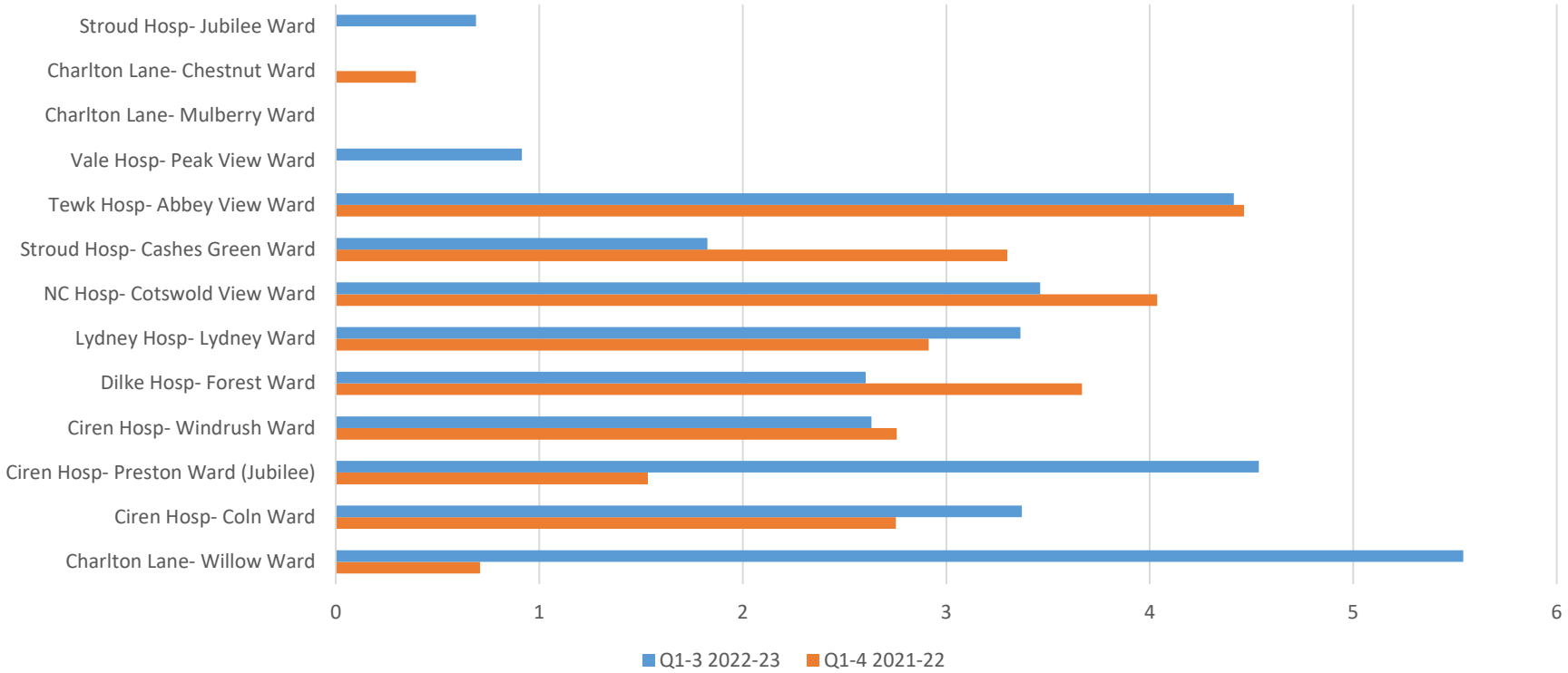
Learning for system partners in Q3:

- The switch to electronic prescribing at GHNHSFT led to a number of discharges with no drug charts. MOU developed with GHNHSFT specifying that patients are to be discharged with a white drug chart
- A few incidents have been identified with one GP practice, Community Nurse team lead to meet with Practice Manager/ GP to support the correct prescribing for end of life medication
- All acute discharge issues are fed back to GHNHSFT and Ambulance lead as appropriate (e.g. patient transferred with syringe pump in situ but pump was not commenced before transfer, patient transferred without syringe pump as ambulance crew requested disconnection prior to transfer)

Community Hospitals & CLH Death rates per Hospital Ward

Gloucestershire Health and Care
NHS Foundation Trust

Inpatient death rate per 1000 occupied bed days per CH & CLH ward

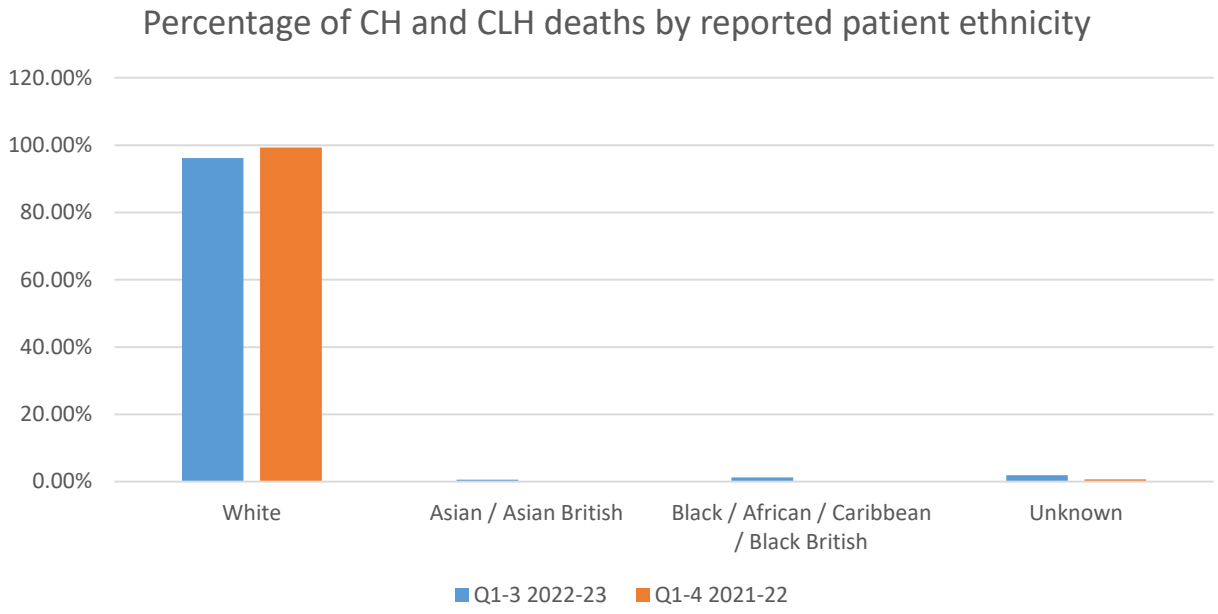


- Willow ward (Charlton Lane Hospital), Coln Ward (Cirencester Hospital) Lydney Ward (Lydney Hospital) and Jubilee Ward (Stroud Hospital) have seen an increase in death rate during Q1-3 2022-23 compared with that of Q1-4 2021-22. An increasing number of patients are being transferred from the acute trust who require end of life care, and there was a higher number of patients on Willow Ward in receipt of end of life care in the last quarter.

Community Hospitals & CLH Patient Demographics – Ethnicity

Gloucestershire Health and Care NHS Foundation Trust

Of the total CH and CLH inpatient deaths during Q1-3 2022-23, 96.18% are recorded as being of white ethnicity, representing 151 of the total 157 deaths. The remaining 6 deaths are made up of 2 Black/ African/ Caribbean/ Black British patients (1.27%) and 1 Asian/ Asian British patient (0.64%) and 3 patients of unknown ethnicity (1.91%)



Comparison is made with Q1-4 2021-22, given opposite. It shows that all but one deaths were recorded as being of White ethnicity, the remaining death was recorded as Unknown.

Data from the 2021 Gloucestershire Census reveals the following ethnicity demographic for the county

Asian/Asian British	2.9%
Black/Black British	1.2%
Mixed or multiple ethnic groups	2.2%
White	93.1%
Other	0.6%

Community Mental Health Patients
(Excluding those with a primary diagnosis of dementia and those on the MHICT caseload)

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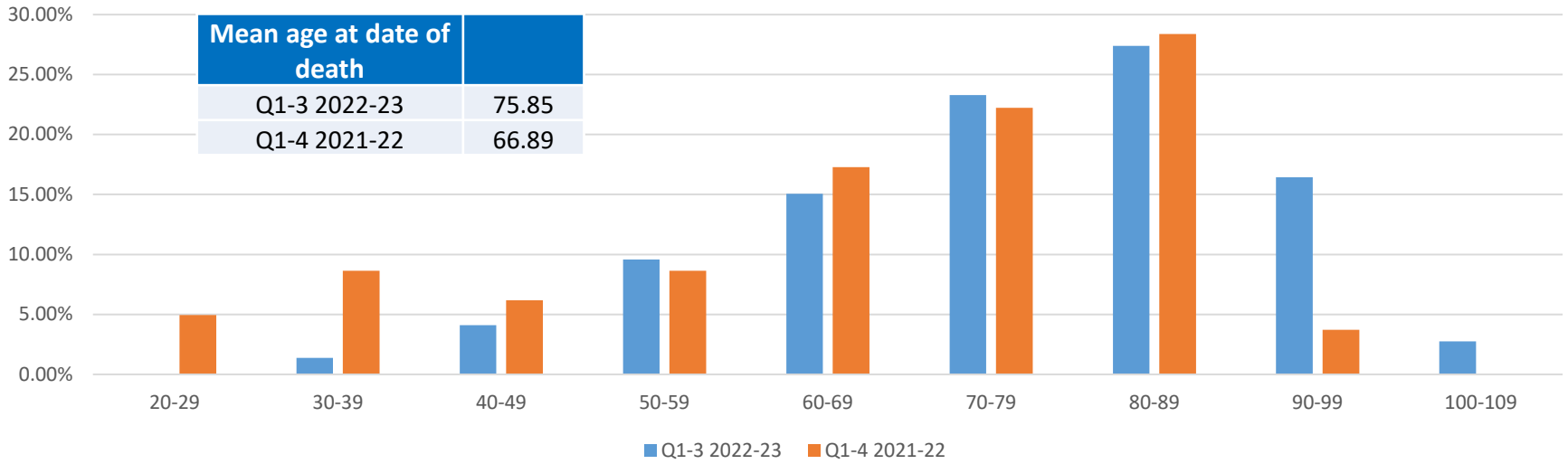
Patient Demographics – Age Group

No. of deaths per age group expressed as a percentage of total deaths

Mean age at date of death	
Q1-3 2022-23	75.85
Q1-4 2021-22	66.89

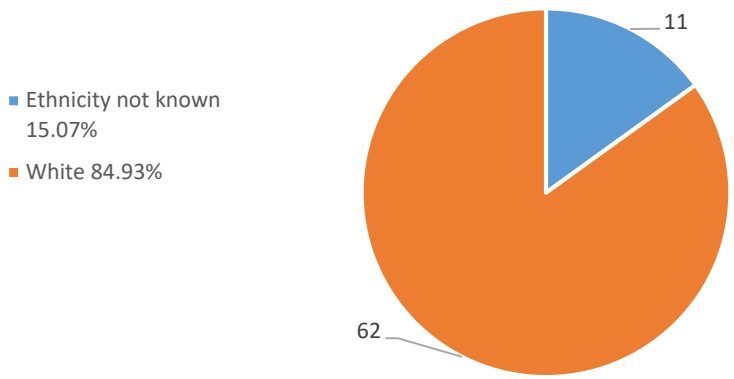


- The distribution of the 73 patient deaths during Q1-3 2022-23 by age group is shown above. The youngest patient was **36** years old and the oldest was **102** years old.
- The mean age at date of death was **75.85** years, higher than the mean figure for 2021-22, which was **66.89** years. The relatively young mean age of patients at date of death is consistent with accepted research indicating that people with mental health illness die on average at an earlier age than those without. This information has been fed into the physical health work stream for the Community Mental Health Teams redesign and transformation.

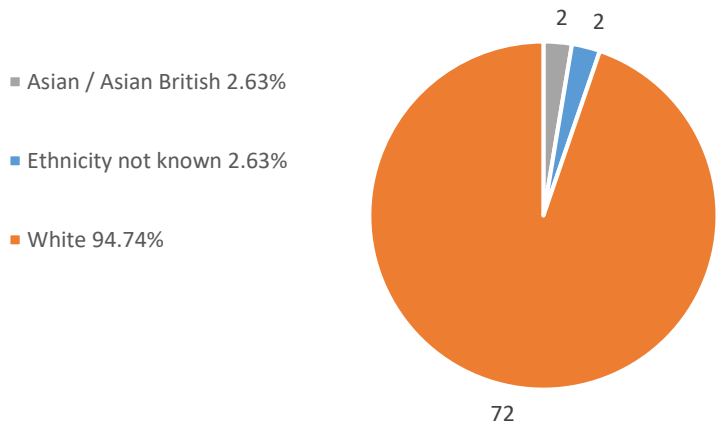
Community Mental Health Patients
(Excluding those with a primary diagnosis of dementia and those on the MHICT caseload)
Patient Demographics - Ethnicity

Gloucestershire Health and Care NHS Foundation Trust

Q1-3 2022-23 Deaths by Ethnicity
Total: 73 deaths



2021-22 Deaths by Ethnicity
Total = 76 deaths



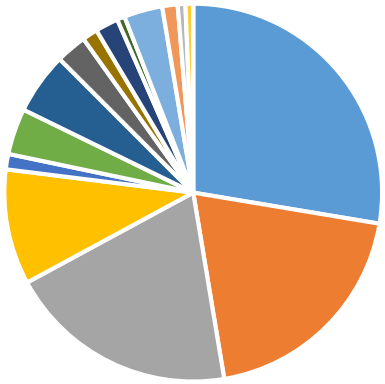
Data from the 2021 Gloucestershire Census reveals the following ethnicity demographic for the county

Asian/Asian British	2.9%
Black/Black British	1.2%
Mixed or multiple ethnic groups	2.2%
White	93.1%
Other	0.6%

Community Hospitals & CLH Causes of Death

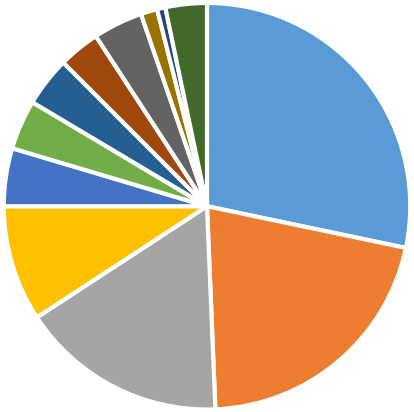
Gloucestershire Health and Care
NHS Foundation Trust

Q1-3 2022-23



- Cancer 39.62%
- Frailty 28.30%
- Respiratory 28.30%
- Cardiovascular 14.15%
- Sepsis 1.89%
- Cerebrovascular 5.66%
- Dementia 7.55%
- Diabetes 0%
- COVID-19 related 3.77%
- Digestive 1.89%
- Intracerebral haemorrhage 2.83%
- Obesity 0.94%
- Parkinson's Disease 4.72%
- Renal 1.89%
- Subdural haematoma 0.94%
- Suspected accidental death 0.94%
- Suspected Suicide 0%

2021-22



- Cancer 28.29%
- Frailty of old age 21.05%
- Respiratory 16.45%
- Cardiovascular 9.21%
- Sepsis 4.61%
- Cerebrovascular 3.95%%
- Dementia 3.95%%
- Diabetes 3.29%
- Other 3.95%
- Suspected suicide 1.32%
- Suspected accidental death 0.66%
- COVID-19 related* 3.29%

- Of the 157 CH & CLH inpatient deaths reported during Q1-3 2022-23, cancer has been recorded 42 times as the cause of death, representing the most prevalent cause of death at 39.62%, followed by Frailty of Old Age and Respiratory jointly at 28.3%. This is consistent with historical data.
- During Q1-4 2021-22, of the 152 CH & CLH patient deaths, 43 were reported as Cancer related, representing 28.29% of deaths reported.
- The next three most prevalent recorded causes of death during Q1-4 2021-22 were Frailty (21.05%), Respiratory (16.45%) and Cardiovascular (9.21%)

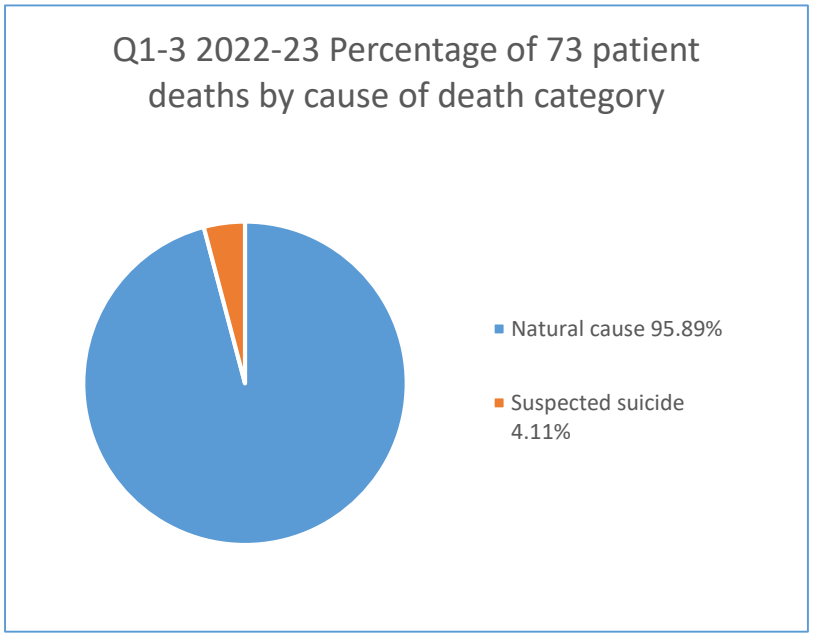
Community Mental Health Patients

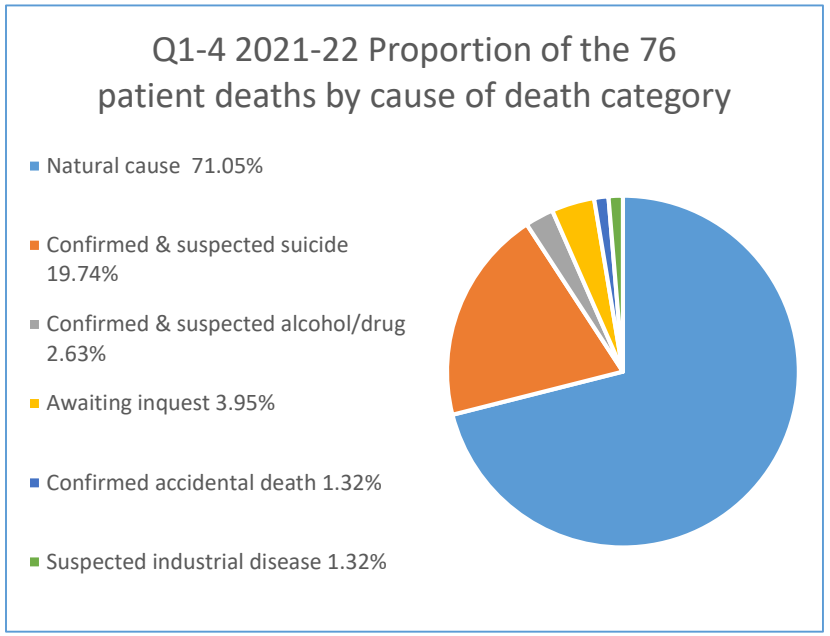
(Excluding those with a primary diagnosis of dementia and those on the MHICT caseload)

Gloucestershire Health and Care
NHS Foundation Trust

Cause of Death Category

- During Q1-3 2022-23, there were 73 community mental health patient deaths, excluding those known to MHICT services and those with a primary diagnosis of dementia. The distribution of these patient deaths by cause of death category is shown below with comparison to Q1-4 2021-22 data.

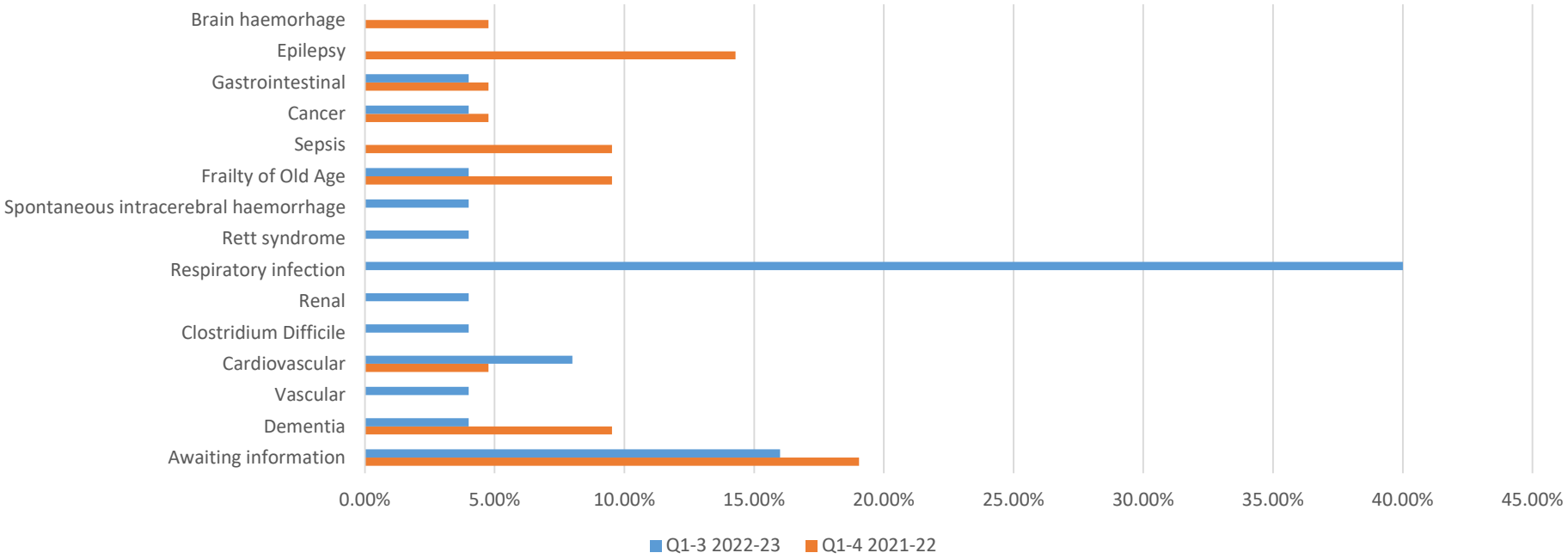




Learning Disability Patients Cause of Death

Gloucestershire Health and Care
NHS Foundation Trust

Q1-2 2022-23 and Q1-4 2021-22 causes of death categories expressed as a percentage of total deaths



- Of the 25 LD caseload deaths occurring during Q1-3 2022-23, respiratory infections are reported to be the most prevalent cause of death.
- Respiratory infections were also the most prevalent cause of death during Q1-4 2021-22.
- During Q1-3 2022-23, **zero** LD caseload deaths were reported to be COVID-19 related.

Medical Examiner KPIs

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD
Number of deaths generating MCCD resolved with the input of the ME service													
Number	54			51			52						
Number of times a MCCD is rejected by Registrar and reason this occurs	0			0			1*						
Number of referrals to the Coronial Service													
Number	2 referred to Coroner for PM and 3 with a 100A form issued to cover MCCDs featuring unnatural events e.g., fractured hips			2 referred to Coroner for inquest. 2 patients with a 100A form issued to cover MCCDs featuring unnatural events e.g., falls			1 referred to Coroner for inquest. 2 patients with a 100A form issued to cover MCCDs featuring unnatural events e.g., falls						
Complaints made by bereaved relatives due to perceived delays to completion and release of MCCD (end to end timescales examined)	0			0			0						

* MCCD rejected as Dr completing the form had not looked after the patient in life, or in the last 28 days prior to death. This is covered by Learning on a Page MR1280

Feedback & Learning from ME Input

Compliments - Examples received during Q3 2022-23. Full details are shared via MRG monthly

- ***Lydney Hospital.*** *Feedback from son: Unbelievable care 'personally could not do what they do and her final days could not have been better.'*
- ***Cirencester Hospital.*** *Feedback from son: Absolutely fantastic care, could not have been more pleased with it.*
- ***Stroud Hospital.*** *Feedback from wife: Content with cause of death given and very content with care.*
- ***The Dilke Hospital.*** *Feedback from son: Excellent care – she felt very at home there*
- ***Tewkesbury Hospital.*** *Feedback from wife: Staff (particularly Dr X) were wonderful and we were more than happy with his stay. The patient often told staff how much he appreciated their care and kindness.*
- ***North Cotswolds Hospital.*** *Feedback from husband: 'Cannot praise the team enough – they made a difficult time easier so cannot thank them enough. The nurses were wonderful and my wife expressed that she was not in pain, felt warm and comfortable.'*
- ***The Vale****. Feedback from daughter: 'Very happy with care and agreed with cause of death and no concerns at all'.*
- ***Charlton Lane Hospital, Willow Ward.*** *Feedback from wife: 'No concerns as staff were excellent as so open and informative. Could not have wished for better care'.*

Complaints *None received*

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 10/0323

REPORT TO: **TRUST BOARD PUBLIC SESSION, 30 MARCH 2023**

PRESENTED BY: Sandra Betney, Director of Finance & Deputy CEO

AUTHOR: Chris Woon, Deputy Director of Business Intelligence

SUBJECT: **PERFORMANCE DASHBOARD FEBRUARY 2022/23 (MONTH 11)**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐ Endorsement ☐ Assurance ☒ Information ☐

The purpose of this report is to:
This performance dashboard report provides a high-level view of key performance indicators (KPIs) in exception across the organisation. Performance covers the period to the end of February (Month 11 2022/23). Where performance is not achieving the desired threshold, operational service leads are prioritising appropriately to address issues. Where appropriate, Service led Governance updates are presented to the Business Intelligence Management Group (BIMG) and more widely account for performance indicators in exception. Formal service level improvement plans and risks are also highlighted where appropriate.

Recommendations and decisions required
The Board are asked to:

- **Note** the aligned Performance Dashboard Report for February 2022/23.
- **Note** the report as a **significant level of assurance** that our contract and regulatory performance measures are being met or that appropriate service action plans are being developed to address areas requiring improvement.

Executive summary

Business Intelligence Update
2022/23 Business Intelligence business planning highlights are presented on page 1. Highlights include:

- The remaining 'Measuring what matters' milestones that are incomplete have been reconfigured into a strategic portfolio for 2023/24 and a proposal paper has been shared with Executives and engagement sessions setup to collate feedback before wider sharing.

- The SystmOne Simplicity programme for physical health services is scheduled to conclude at the end of March 2023. The Priority Template Project will continue into Q1.
- 24 integrated service level (profile) reports are published (47%) with a further 11 (increasing the total to 69%) scheduled for deployment through April and May 2023.
- Mental Health Community, Inpatient and CYPS Benchmarking summary reports are drafted and are scheduled to be reviewed at the Business Intelligence Management Group (BIMG) and Resources Committee in April 2023.

Chief Operating Report
A Chief Operating Report authored by the Chief Operating Officer can be found on Page 2.

Performance Update
The performance dashboard is presented from page 3. There are no *National* Mental Health indicators in exception for the period. It is of note that all the indicators within this report have been in exception previously within the last 12 months, some may have been retrospectively updated with data corrections which now present compliance.

- **Mental Health & Learning Disability Service (Local) Performance**

Attention is requested to review the 6 MH key performance thresholds in exception within the dashboard (with associated narrative) that were not met for the period. These cover IAPT (1), Eating Disorder (4) Services and the final indicator is for Social Care reviews.

- **Physical Community Health Service (National & Local) Performance**

In addition, attention is drawn to a further 13 PH key performance thresholds in exception within the dashboard (with associated narrative) that were not met for the period. 6 are wait time measures and 4 appear to have been in exception prior to SystmOne Simplicity. Data recording and data quality are noted as factors, alongside capacity (higher sickness and turnover) and demand (higher referrals). Relative waiting times are presented for context, alongside workforce indicator levels and detailed exception narrative.

- **Trust Wide Service Performance**

The indicators of Sickness Absence and WF2 Turnover are both in exception for the period. Sickness absence remains above the 4% threshold at 5.3%. As usual, the February position does not include data from the e-rostering system (Allocate) because this is unavailable at the time of publishing the performance dashboard. This will increase the level when it is added. Therefore, the narrative breakdown reviews performance in arrears for January 2023.

- **Non-exception reporting**

It is further noted that there are additional indicators outside of threshold but are either within normal, expected variation, are formally suspended or have confirmed data quality issues that are administrative only and resolution is assured. These indicators are not formally highlighted for exception but are routinely available for

operational monitoring within the online Tableau reporting server. However, some of these items are presented within this section of the Performance Dashboard to highlight strong performance (such as Urgent Care Response and 27. Inpatients Length of Stay) or potential areas of caution (such as 1.05b Delayed Discharges – Outliers and 3.09 Service User Risk Assessments). This section also notes outstanding data quality corrections such as 1.04 and 1.07.

Performance Indicator Portfolio Update
A new presentation of the Performance Dashboard is planned for May 2023 (for April 2023/24, Month 1), aligning to the Performance Indicator Portfolio reconfiguration that has been through the Trust's Resources Committee. Through new domains, this will setup a foundation for presenting indicators that matter to the organisation as well as external stakeholders.

Risks associated with meeting the Trust's values
Where appropriate and in response to significant, ongoing and wide-reaching performance issues; an operationally owned Service led Improvement Plan which outlines any quality impact, risk(s) and mitigation(s) will be monitored through BIMG.

Corporate considerations	
Quality Implications	The information provided in this report can be an indicator into the quality-of-care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service/ care provided.
Resource Implications	The Business Intelligence Service provides the support to operational services to ensure the robust review of performance data and co-ordination of the combined performance dashboard and its narrative.
Equality Implications	Equality information is monitored within BI reporting.

Where has this issue been discussed before?
BIMG 16 March 2023

Appendices:	None

Report authorised by: **Sandra Betney**	**Title:** **Director of Finance**

Gloucestershire Health and Care NHS Foundation Trust

Snapshot Month
February

Performance Dashboard Report & BI Update

Aligned for the period to the end February 2023 (month 11)

Business Intelligence Summary Update

The SystmOne Simplicity (S1S) programme is scheduled to close at the end of March 2023. Further detail on continuing activities are outlined within the COO report.

24 integrated reports (service profiles) from a scheduled 51 (47%) are now published across operational services with a further 11 scheduled for March and April for Health Visiting, School Nursing, Complex Care at Home, Falls & Education, Tissue Viability (Lymphoedema) and Wheelchairs (35/51=69%). Key finance reporting items have been identified for integration into these dashboards by the end of April 2023, which is delayed by a couple of weeks due to capacity challenges within BI.

There is still some methodology issues to manage the exclusion of maternity data from the Care to Learn Training and Development. Allocate e-rostering has been transitioned into business as usual with an initial report produced after a series of acceleration sprints were completed. Appraisal information should be replacing manual monitoring in early Quarter One 2023 which was also delayed due to Supplier side extract issues that are now resolved.

The original 'Measuring what matters' plan is almost complete and the remaining items will be reprogrammed into 2023/24 as part of a wider Measuring What Matters portfolio proposal. This proposal has been drafted and comments are being gleaned from individual Executives before an update will go to a formal Executive meeting and BIMG for ratification, likely in March and April respectively. The Performance Indicator Portfolio reconfiguration is supported by all stakeholders and progress is being made for the new domain structure to be published for April 2023 (Month 1) reporting in May 2023.

The Business Intelligence Business Plan has been revised after drawing in wider comments from sister services. This has setout the milestones for 2023/24 and recognises the significant impact the Clinical Systems Vision may have on wider agendas for the forthcoming years.

Draft NHS Benchmarking summary reports produced by GHC BI teams have been shared with BIMG membership for MH Community, Inpatient and CYPS, and will be reviewed in April's BIMG before progressing through Resources Committee and Strategic Execs Meeting.

An Executive level observation of operational performance for the period is provided through the Chief Operating Officer's *'Chief Operating Report*' on Page 2.

Performance Dashboard Summary *(from page 3)*

The dashboard provides a high level view of Key Performance Indicators (KPIs) in exception across the organisation for the period. Indicators within this report are underperforming against their threshold or are showing special cause variation (as defined by Statistical Process Control SPC rules) and therefore warrant escalation and wider oversight. To note, confirmed data quality or administrative issues that are being imminently resolved will inform any escalation decision unless there has been consecutive, unresolved issues across periods. A full list of all indicators (in exception or otherwise) are available to all staff within the dynamic, online server version of this Tableau report. Services are using this tool to monitor wider performance.

Where performance is not achieving the desired results, operational service leads are prioritising appropriately to address issues. Additionally, where appropriate and in response to significant, ongoing and wide-reaching performance issues a single performance improvement plan is held at Directorate level to outline the risks, mitigation and actions.

Specific updates are provided by operational services to BIMG for areas with consistent performance challenges such as Eating Disorder (ED) Services and Improving Access to Psychological Therapies (IAPT). Where Performance Improvement Plans (or equivelent) are in place this is noted within the commentary. Where applicable, a reference to Service and KPI relating Risks have been included within the performance commentary for reference.

Finally, areas of note are presented at the end of the report from page 14 entitled '**Non-exception highlights**'. These are indicators not in formal exception but recognise positive progress or highlight possible areas for caution and monitoring.

Chief Operating Officer's Report February 2023

David Noyes, Chief Operating Officer (COO)

The pressure across our system has remained generally steady since my last report (Resources Committee in Feb), which has meant that our planned enhancements have continued to cope and we are able to configure our services accordingly. There has continued to be specific days of enhanced delivery to support in response to Industrial Action; at the time of writing it is hoped that after recent negotiations and announcements that a settlement will be reached. Similarly the Cheltenham race week activity was absorbed. MiiUs continue to be well utilised, and pleasingly the telephone triage service is making a strong contribution here, streaming patients to match demand and capacity; we were able to offer this service to our GHFT colleagues during the junior doctor industrial action when the Cheltenham A&E offered an MiiU service. I'm also pleased that following a constructive meeting with colleagues from SWAST we are on track to launch a formal trial to enable SWAST to push suitable patients via our SPCA to the appropriate community urgent care service – something we have been doing in an ad hoc manner for a while, the formalisation of which offers a potentially significant step forwards in the service we can give our population (not to mention representing an early achievement of a key Newton recommendation).

We have also seen some disruption caused by an uptick in short term sickness, including some new (or re-newed) cases of Covid impacting on colleagues. This, as ever, requires flexibility and responsiveness to ensure we maintain the best service offer available, but on several occasions across the county in recent weeks, we have (for example) had to adapt in community nursing and attend high priority tasks only, returning to deferred activity when capacity allows. Naturally all such decisions are clinically overseen to ensure patient safety.

Albeit with some variation, we have continued to see a notable uptick in the average number of Homefirst starts. As Board colleagues are aware, the success of this service is dependent on a combination of capacity, productivity and flow and following the introduction of recruitment incentives towards the end of last year we are seeing capacity starting to grow as new colleagues join the service. Equally a project arising from the Newton Europe diagnostic looking at productivity is starting to deliver improved numbers of people leaving the service with no ongoing care needs (and productivity is also being helped by completion of the digitisation programme of work which was already planned before Newton). We are also in a very constructive dialogue with senior partners in the Council to discuss what further enhancements or adjustments to the service profile would help.

We are continuing on our journey to improve the length of stay in our mental health in patient units, and hosted a second workshop in late January, with the third planned for 27 March. It remains a little too early to be certain, but there are a range of measures and initiatives in play as a result, with a strong buy in from clinical colleagues, and so I remain optimistic that we will see enduring progress in this area over the coming months. At the time of writing we had no patients placed out of area, and are no longer using the additional capacity we had commissioned in Bristol.

The key SystmOne Simplicity programme will still reach a largely successful conclusion at the end of March; there has been one important area which has arisen recently where we wont achieve the aspired end state, which is due to an overmatch of capacity within our clinical systems area and which means the Priority Template Project (building 3 new templates to replace existing 100 templates) will continue post end of project (the templates once written have to be signed off by clinicians and patient safety team/Risk Assessments and then tested by appropriate Team). This is unfortunate and a completion date will be confirmed at the final programme board (likely to slip to June).

We recently held a second OD half day to further cement the new Ops leadership structure, which continues to develop well. As board colleagues are aware. I have particularly high hopes for the new triumvirate model.

Performance in Podiatry remains an ongoing concern, with recruitment and retention impacting; there has been some success recently with new staff to join from April, but the projection in the refreshed recovery plan indicates we are unlikely to achieve our KPIs until July/August (which could improve if we are able to recruit). The situation in MSK remains stable, although as previously briefed we are now widening the scope for recruitment in this area to include suitably qualified sports science practitioners which I hope will prove helpful.

I am quite concerned about the performance of our dental service, not helped by a lack of useful or visible data (a situation we are working to rectify). Intermediate minor oral surgery is very challenged as we have not successfully achieved maternity cover for this specialised area, the performance levels at Springbank do not appear to be where we would expect, and there is a growing number of patients waiting longer than they should for a general anaesthetic extraction, which is activity shared between GHFT (for the surgery) and GHC for the pre assessment required.

In Childrens OT we continue to make steady progress and remain on track for recovery; Childrens Speech and Language therapy continues to be challenged, and the ICB is conducting a system wide review of SLT provision. Our performance in CAMHS continues to hold steady, with workforce capacity remaining a real challenge – accordingly we are looking at a new CAMHS Academy style concept/approach to try and build a more resilient longer term workforce. And progress continues positively with turning around the Eating Disorders service, with the team looking forwards to briefing the Board on the latest situation soon.

KPI Breakdown

M

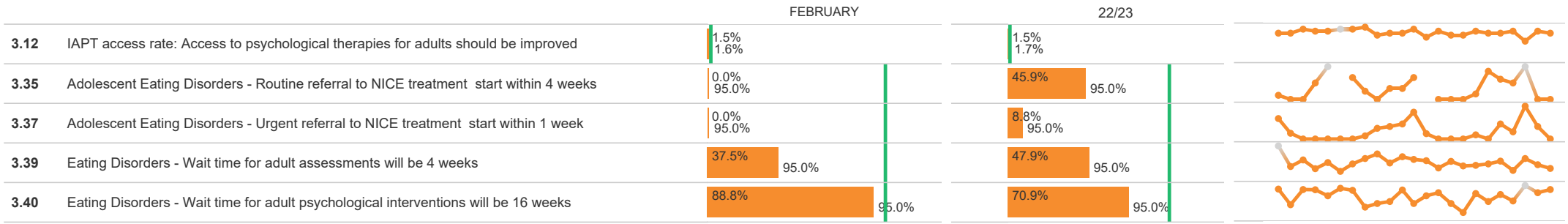
Performance Thresholds not being achieved in Month - *There are no National indicators in exception for this period.*

Performance Dashboard: *Mental Health & Learning Disability - Local Contract (Including Social Care)*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Mental Health & Learning Disabilty - Local Contract



Mental Health & Learning Disability - Social Care

Performance Thresholds not being achieved in Month - *Note all indicators have been in exception previously within the last twelve months*

3.12: IAPT access rate: Access to psychological therapies for adults should be improved [Community MH Services]
In February, the service achieved 93.8% of its expected performance threshold. This equates to 1.5% of the prevalent population (1063 people) against a performance threshold of 1.6% (1129 people). Performance is within SPC (Statistical Process Control) limits but has special cause variation with this month and the previous 5 months being below average.
Performance was not met due to a higher than expected dropout rate of 20.6% (planned dropout rate is 15%) and slightly less referrals than required (12 below planned).

Mental Health Analytics for the Southwest Region Mental Health Programme Board have identified that there has been a reduction in referrals in the Southwest region and this is influencing IAPT services being able meet access targets. The service is awaiting budget sign off for the recruitment of a business/marketing manager to promote the service and increase referrals. In addition, they have continued to promote the service via two pages in local publications which include a full-page advert in the Local Answer which is delivered to 175,000 addresses in Gloucestershire.

Following a significantly high attrition in Q3 of 2021/22 for PWP staff, the service is continuing to implement its recruitment plan and is training new PWP's. The service is on track to meet workforce projections set out in this plan in March 2023, however, external recruitment of qualified staff remains challenging, leaving a reliance on training new staff to replace those who have left. This is has being experienced by other IAPT services in the region.

Improving Access to Psychological Therapies (IAPT) or 'Let's Talk' in Gloucestershire) is being renamed. It will soon become 'NHS Gloucestershire Talking Therapies' as part of a national rebranding exercise that will see all IAPT services using the same name across the country by the end of 2023. It is currently anticipated that the National performance measures will still reference IAPT.

3.35: Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks [Community MH Services]
February performance is reported at 0% against a performance threshold of 95%. There was 1 non-compliant case in February.

3.37: Adolescent Eating Disorders: Urgent referral to NICE treatment within 1 week [Community MH Services]
February performance is reported at 0% against a performance threshold of 95%. There were 6 non-compliant cases in February.

One patient was offered an appointment in June 2022, but did not attend. Further assessments were attempted; however the patient did not want to engage until February 2023 and FBT (Family based therapy) has commenced.

A patient referred in February 2022, had an assessment in March 2022 and was identified as not needing to commence urgent treatment (Urgent backlog at this time exceeded 80 patients). The patient was referred to ORRI and CBT (Cognitive Behavioural Therapy) has commenced.

The remaining 4 non-compliant cases are due to data quality where the patient commenced treatment in previous months, however this has not been captured on the clinical system. These have now

been updated.

3.39: Adult Eating Disorders: Referral to Assessment within 4 weeks [Community MH Services]
February performance is reported at 37.5% against a 95% performance threshold. There were 15 non-compliant cases reported in February.

3.40: Adult Eating Disorders: Assessment to Treatment within 16 weeks [Community MH Services]
February performance is reported at 88.8% against a 95% performance threshold. There was 1 non-compliant case in February.

Note on 3.35, 3.37, 3.39 & 3.40 – Eating Disorders waiting times
The service continues to work with BEAT (an Eating Disorders Charity) for those waiting for family based therapy (FBT) and Teens in Crisis (TIC+) , for under-25 clients triaged as routine. There are currently 86 routine adolescent clients on the assessment waiting list, compared to 180 at its highest peak in June 2022. The overall Eating Disorders caseload is now 990, compared to 1386 at its highest peak in July 2022. The team has significantly reduced the urgent adolescent assessment waiting list numbers and waiting times over the autumn and winter. The service now averages 4 urgent adolescent referrals a week. Where treatment is identified at the point of assessment, the team are now able to offer patients an assessment and/or treatment start within a week of the referral being received, therefore, the waiting list for urgent adolescents remains at a consistent 4 patients. Some patients needs are more complex and an obvious treatment cannot be identified at the point of assessment therefore, in some cases, not meeting the required 7 day threshold.

The team continue to work with BEAT in referring parents/carers to Developing Dolphins with BEAT while clients await FBT. Thus far 53 referrals have been made which leaves 67 spaces. Parents/Carers are still referred to the programme at the point of assessment. The team continue to try and work with TIC+ in order to refer patients to a counselling programme and then discharge from the caseload. The team have now referred 100 patients to the TiC TEDS programme, TiC regularly attend the EDS triage and a support officer is now actively contacting patients to support the referral. Discussions are underway with ICS colleagues to commission further spaces.

The service has now secured a treatment pathway with the ORRI for CYPS of 16, 17, 18 and 19 years of age who remain on the urgent treatment waiting lists. The ORRI will treat 75 young people by March 2023. Thus far over 65 patients have been identified for the ORRI treatment pathway of which 55 patients have opted into the ORRI service and referrals remain ongoing following assessments

<u>Workforce</u>
Establishment WTE and skill mix have been reviewed to increase recruitment into hard-to-fill posts.

<u>Recent appointments</u>
1 X 0.6 Band 4 Assistant Clinician
2 x 1.0 Band4 Assistant Clinician (1 x Fixed Term contract to support FREED)
1 x 0.6 Band 6 ED Clinician

<u>Vacancies</u>
1 x Band 5 Clinician for Day Treatment
2.80 Band 6 Clinicians (Awaiting review by HR)
1 x Band 3 Administrator (placed to advert)

The service is working through the challenges of the potential long wait between initial assessment and subsequent treatment sessions and continue to rely on bank staff and staff from the wider trust offering additional hours. Routine referrals continue to be accepted and these are triaged and placed on a waiting list.

This set of indicators has a Service Improvement Plan and is on the Performance Governance Tracker. This is on the risk register ID 149 (Score 16).

4.12: Ensure review of packages of care take place within 12 weeks of commencement [Community MH Services]
February performance is reported at 50% against a performance threshold of 80%. There were 4 non-compliant cases in February.
One of the records is to be updated on the clinical system and performance will then be reported at 62.5%.

One patient was unwell, and their review is to be rearranged when clinically appropriate.

One patient was reviewed 5 days later than the required 12 weeks due to prioritisation of cases with more pressing clinical needs and difficulties in aligning dates for a joint review with the MHICT service.

The remaining case was a restart of the package after hospital admission and therefore not subject to a 12 week review. Business Intelligence are in the process of updating the methodology to allow for changes to the clinical system form, which will enable these cases to be excluded.

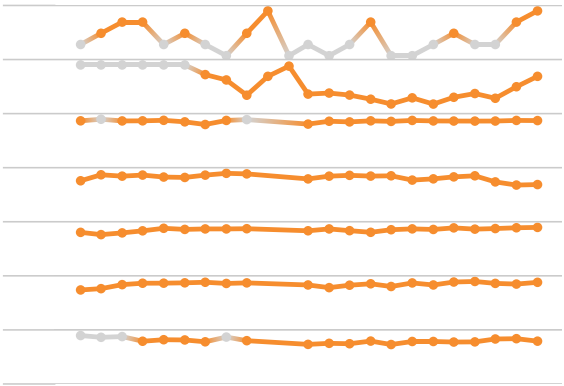
Performance Dashboard: *Physical Health - National Requirements*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Physical Health - National Requirements

		FEBRUARY	22/23
14	Number of post 48 hour Clostridium Difficile Infections	400.0% 100.0%	145.4% 100.0%
72	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	75.7% 99.0%	32.3% 99.0%
84	% of live births that receive a New Birth Visit within 7- 14 days by a Health Visitor	93.9% 95.0%	93.1% 95.0%
86	% of children who received a 9-12 month review by the time they turned 12 months	67.3% 95.0%	77.7% 95.0%
87	% of children who received a 12 month review by the time they turned 15 months	93.2% 95.0%	90.0% 95.0%
88	% of children who received a 2-2.5 year review by 2.5 years	85.5% 95.0%	82.4% 95.0%
91	% of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)	54.3% 58.0%	53.6% 58.0%



Performance Thresholds not being achieved in Month - *Note all indicators have been in exception previously within the last twelve months.*

14: Number of post 48 hour Clostridium Difficile Infections

There were 4 post 48 hours cases reported in February compared to a threshold of 0. This is at the SPC chart upper control limit. Two occurred in Cirencester Hospital, one on Windrush Ward and one on Coln Ward. The other 2 cases were at the Dilke Hospital and the Vale Hospital.

Cirencester

The Windrush Ward patient exhibited C.Diff symptoms and a sample was obtained. The patient was already being nursed in a side room. The C.Diff care plan was not started in a timely manner. The PPE trolley for nursing infectious patients was not available until the day after the sample was obtained and it was not noted in the ward safety briefing that a sample had been obtained. The patient was prescribed antibiotics the day after the sample for C.Diff was taken. Once the initial service delivery problems were sorted. The following conclusions apply to this case: The Patient is being nursed in isolation (with appropriate infection control measures in place), treatment is being given and appropriate wipes are being used to clean hard surfaces in the room. This room has its own bathroom, with no access for other patients on the ward.

The Coln Ward patient was exhibiting C.Diff symptoms during a stay in Gloucester Royal Hospital. A sample was sent prior to admission to Coln Ward and was negative. The patient was admitted to Coln Ward and placed in a side room. After displaying C.Diff symptoms again a sample was sent, which was negative. The next sample sent was positive. Treatment was started. Staff continued to observe symptoms and the patient was already in a side room.

Dilke

The Dilke Hospital case was the same patient from a case reported in January. The case has been reported again in February as tested positive for C.Diff 28 days apart. The patient Initially tested positive whilst in Gloucester Royal Hospital. C.Diff symptoms never settled so a further sample taken to see if symptoms were still due to C.diff. The sample was C.diff toxin positive. The patient was commenced on 2nd line treatment as the patient did not respond to previous treatment. The patient remains at the Dilke hospital.

Vale

The Vale Hospital patient was nursed in a side room from admission. The patient has been in hospital for 12 weeks overall with a stay in Gloucester Royal Hospital before GHC. The patient was on antibiotics for other conditions and wasn't responding well. C.Diff symptoms were identified, and a sample was taken a day later, as staff were unable to locate a sample pot. C.Diff was confirmed, and precautions were introduced with a PPE station outside the room and the commencement of antibiotics. C.Diff symptoms subsided soon after symptoms started. In future, staff to review any antibiotic therapy and consider risk of C.Diff. Medical and nursing staff to be more familiar with C.Diff section of infection control switchboard as this was only completed once and no further reviews or bloods. Staff should always ensure an adequate supply of sample bottles. There will be better communication between registered and non-registered staff regarding the display of C.Diff symptoms.

72: Percentage of patients waiting less than 6 weeks from referral for a diagnostic test [Urgent care]

GHC is no longer responsible for the national submission for this activity which is now made by Gloucestershire Hospitals NHS FT.
Note: GHFT data was not received in time to be included in the February snapshot.
Submitted data (by GHNHSFT) for GHC patients in February 2023 indicates a performance of 75.8% (compared with 53.5% in January) 24 out of 99 patients referred for an echocardiogram had been

waiting 6 weeks or more for the scan at the end of February 2023. Target is 99%. Performance has now risen above the SPC chart lower control limit which is 70.5%.

The GHC Heart Failure service reported that on 1st March 2023, 42 patients are on the Priority Echo waiting list for an echocardiogram, and 132 patients on the Routine Echo Waiting list, which is a significant reduction from 219 at the end January. 34 patients are still to be triaged for Echo. An additional 24 patients are on the Secondary Care list, awaiting allocation to a nurse; this cohort of patients has an impact on demand / capacity.

84. % of live births that receive a face-to-face New Birth Visit within 7- 14 days by a Health Visitor [Children and Young People Service]
In February performance was 93.9% (January was 93.2%) compared to a threshold of 95%. 26 out of 429 children are showing as not having received a new birth visit within 14 days of birth. Performance is within SPC chart upper and lower control limits.

Contributing factors specific to this month's performance include an increase in the number of children admitted to NICU (Neonatal Intensive Care Unit). All other children who were not seen within timeframe have since had contact. The service's recruitment continues, and they have prioritised targeted and specialist families when allocating the available capacity.

Service PTL signoff completed: 31/12/2022

86: Percentage of children who received a 9–12-month review by the time they turned 12 months. [Children and Young People Service]
In February performance was 67.3% (January was 64.7%) compared to a threshold of 95%. 138 out of 423 children are showing as not having received a 9-12 month review by the time they turned 12 months. Performance is within the SPC chart upper and lower control limits.

Contributing factors specific to this month's performance include a reduction in capacity. The service has been successful in recruiting 1.2wte but they are not due in post until May. In addition to this a 0.8wte new started is due to complete training in mid-March. The service continues to ensure the 'catch up' of children that are outstanding appointments within the next 3 months. This is reflected in the 15-month KPI.

Service PTL signoff completed: 31/12/2022

87: Percentage of children who received a 12-month review by the time they turned 15 months. [Children and Young People Service]
In February performance was 93.2% (January was 92.6%) compared to a threshold of 95%. 36 out of 530 children are showing as not having received a 9-12 month review by the time they turned 15 months. Performance is within the SPC chart upper and lower control limits.

DNA's make up a large proportion of the 12 and 15 month visit exceptions (25%). Weekly DNA reports are run countywide to assist in rescheduling appointments within timeframe but capacity challenges mean there are currently insufficient slots to accommodate every child.

Service PTL signoff completed: 31/12/2022

88. % of children who received a 2-2.5 year review by 2.5 years [Children and Young People Service]
In February performance was 85.5% (January was 80.8%) compared to a threshold of 95%. 68 out of 471 children are showing as not having received a 2-2.5 year review by 2.5 years. Performance is within SPC chart upper and lower control limits.

Contributing factors specific to this month's performance include vacancy, turnover, sickness and an increase in service demand. In addition to this the parents of one child have agreed to delay the ASQ assessment due to the child's medical diagnosis. Parents do not have to engage with the Health Visiting Service. This leads to a number of declines. Further scoping of how the service can engage with the parents and understanding the analysis of why parents are declining this review is going to be undertaken with service users.

Service PTL signoff completed: 31/12/2022

91: Percentage of infants being totally or partially breastfed at 6-8wks (breastfeeding prevalence) [Children and Young People Service]

In February performance was 54.3% (January was 56.5%) compared to a threshold of 58%. 201 out of 440 children are showing as not being breastfed at their 6-8 week review. Performance is within SPC chart upper and lower control limits.

The midwifery service continues to be severely short staffed. The breastfeeding figures are recognised to be negatively countered by breastfeeding difficulties that start with initiation in Midwifery and affect the figures at 2 weeks when the service receive the families and subsequently the figures at 6-8 weeks.
The Service is exploring a broader range of voluntary Breastfeeding Support Groups/1:1 to engage with and signpost service users to to support prevalence of breastfeeding.

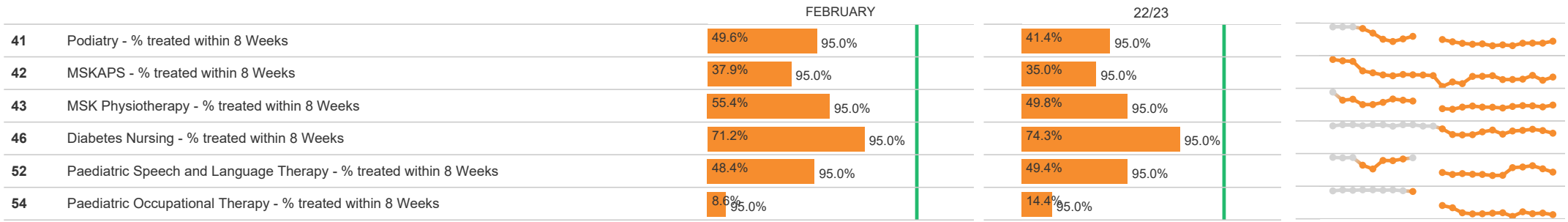
Service PTL signoff: Not applicable to this KPI

Performance Dashboard: *Physical Health - Local Requirements*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Physical Health - Local Requirements



41. Podiatry - % treated within 8 Weeks [Adult Community Services]
February performance is 49.6% (January was 43.2%) compared to a threshold of 95%. 327 out of 649 patients seen in February, were seen outside the 8-week target timeframe of referral to first contact. Performance is below SPC chart lower control limits.

The number waiting for treatment are 2243 (09/03/2023 - PTL), 6 months ago this was 2284 (26/09/2022 - PTL). The clinical system is currently presenting two patients waiting over 104 weeks and BI are linking with the service to ensure these aren't legitmate waiters and are administrative issues.

The Podiatry service continues to fail to meet its 8-week Referral to treatment (RTT) performance following recommencement of data in March 22. The service is still recovering from the impact of redeployment in 2022, where waiting lists grew as clinical colleagues were deployed to other services. It has been increasingly difficult to catch-up with the waiting list backlog due to the service carrying significant vacancy. Recruitment and retention continue to impact recovery however - new starter to B7 role in February and following the latest round of recruitment have recruited to B6 community post starting after notice period (May), regarding the bank post – start date 3rd April, this will be one week per month going forward.

A Service Improvement plan is in place. Service PTL signoff: Completed 30/09/2022

42. MSKAPS - % treated within 8 Weeks [Adult Community Services]
February Performance was 37.9% (January was 27.7%) compared to a threshold of 95%. 221 out of 356 patients seen in February, were seen outside the 8-week target timeframe of referral to first contact. This is below SPC chart lower control limit.

The PTL waiting list is 630 (01/03/2023), compared to 1233 six months ago (26/09/2022) a reduction of 49% due to an intensive effort in data cleansing, however more work is needed as the service feels these figures are not reflective of actual waiters. A data workshop is booked later this month to understand all remaining issues.
Performance continues to improve with the current average wait at 8.7 Weeks (MSKPAS integrated Dashboard 01/03/2023).
The new Advanced Practitioner posts have both started, following periods of induction we expect to see them up and running in early March 2023.This increase to the establishment should positively impact the performance going forward this year.

Please note this does not include the work done at Specialist Triage which is captured on eRS. Further exploration is required to analyse the data in more detail.

A Service Improvement plan is in place for the service. Service PTL signoff: Completed 31/12/2022

43. MSK Physiotherapy - % treated within 8 Weeks [Adult Community Services]
February Performance was 55.4% (January was 49.1%) compared to a threshold of 95%. 487 out of 1094 patients seen in January, were seen outside the 8-week target timeframe of referral to first contact. This is below SPC chart lower control limit.

The waiting list is 4786 (01/03/2023 – PTL), compared to 4208 six months ago (26/09/2022 – PTL), although there has been an intensive effort in data cleansing, a lot of this was corrective records of those already receiving service. Data cleansing continues, but is focused on the longer waits, so not yet making a substantial impact on RTT. Performance remains stable at present.

Recruitment is underway to address vacancies (Vacancy Rate of 9.8%). There is a known national workforce issue, and consequently, it is challenging to recruit to our vacant posts, all options are being

considered. The service is committed to continue to work through its Improvement Plan, which includes data cleansing and some new initiatives around triage and self-management.

A Service Improvement Plan is in place. Service PTL signoff: Completed 31/12/2022

46. Diabetes Nursing - % treated within 8 Weeks [Urgent Care and Specialist Services]
February performance was 71.3% (January was 80.2%) compared to a threshold of 95%. 29 out of 101 patients seen in February were seen outside the 8-week target timeframe of referral to first contact. This is below the lower SPC chart control limit.

The numbers waiting for treatment are 152 (06/03/2023 - PTL), 6 months ago this was 157 (26/09/2022 - PTL).

It was identified that the service had been recording 'Assessment' as a first contact care activity for their referrals. According to SystmOne simplicity, 'Assessment' does not stop the RTT clock, clinical intervention does, which the Service does provide along with assessments in the first contact.

This contributed to the underperforming Diabetes RTT KPI. Service continues to liaise with Clinical Systems to review the Assessment option in the care activity to reduce confusion. Service Leads continue to cascade information around recording appointments correctly to their team. This should lead to continued improvement in coming months. Recent updates to the way the KPI is calculated have affected activity levels for previous months.

In addition, patients who are in hospital also contribute to delays in treatment or moved appointments which are difficult to then re-book within 8 weeks due to capacity and demand. The service will now discharge any referrals that are in hospital and ask them to contact the CDS once discharged.

The service is experiencing unprecedented demand with caseloads more than double comparted to this time last year, Access to adequate clinic space continues to be a challenge, especially in Gloucester and Stroud.

Of the 29 exceptions, 7 were identified as recording issues, (which are being addressed by the service) and 7 were offered earlier appointments that they did not accept; the service view is that often patients resist an initial contact as they fear the lifestyle changes they may have to make. 7 of the exceptions were only just outside of the 8 weeks. Of the exceptions that were non patient choice related, these tend to be only by 1-3 days. The service did not run clinics over the 2 week Christmas period as from experience patients don't attend. This caused a small delay in treatment of 1-3 days during January and into the beginning of February. An additional 8 exceptions were due to clinic capacity, particularly in the Forest of Dean; the service lead is currently looking at this caseload and clinic capacity to see if it is possible to increase the clinic space.

The service remains busy with a high referral rate and insulin starts which remain on the caseloads longer. A newly appointed nurse will be working independently by the end of March and the service will be back at full establishment.

Service PTL signoff: Completed 23/09/2022

Continued on next page...

52. Paediatric Speech & Language Therapy - % treated within 8 weeks
February performance was 48.4% (January was 59.3%) compared to a threshold of 95%. 99 out of 192 patients in February were seen outside the 8-week target timeframe of referral to first contact. This is below SPC chart lower control limit. The numbers waiting for treatment are 1263 (06/03/2023 - PTL), 6 months ago this was 1301 (26/09/2022 - PTL).

Contributing factors
The service continues with some vacancy in key clinical roles that support core service, 1.0 band 5 left in February and recruitment to this role is active. Additionally, there has been a long-term sickness arrangement within the team now on extended phased return. The sickness rate improved in February to 0.7%. November saw the number of referrals peak, this combined with high sickness in January and leave in February half term, the expected service KPI compliance was anticipated to be lower this month. In February, the vacancy rate was 8.9%. including maternity and vacancies that will be lost to cost improvement and to recoup over established posts.

The service continues to resume group interventions as a waiting list initiative, but there are not adequate estates available where this is required. Compounding this, trends in locality pressures cycle and can be hard to predict and resource, which is particularly true of rural and isolated clinics. This impacts service delivery when staffing levels change through attrition.

The service held a service improvement day in February with all staff attending alongside the Trust's new Head of Profession. As a result of this there are new efficient pathways for early language intervention, service leaflet to explain episodes of care, stammering parent workshops, signing workshops, early communication workshops for mainstream schools and new expressive language training.

There is now recognised need for ongoing work to monitor the patient tracking list and monthly exceptions to ensure data accuracy each month. A Band 7 Team lead carries out this work for 90 minutes per week. This task cannot be handed over to non-clinical staff due to the need for some judgement as to what constitutes clinical relevance. This will help us address staff training needs and amend activities before they show as breeches down the line. Errors continue due to simplicity changes with some complex anomalies needing in depth investigation.

Risk 178: CYPS Speech and Language Service Capacity – CLOSED
The risk has been removed from the risk register in March. Due to the decreasing compliance again towards KPIs, it was agreed that this is no longer a risk that demand outstrips capacity post pandemic, it is now an issue that is being managed. This has been added to the CYPS Directorate issue log.

Improvement/ recovery plan
1. The service has a Recovery and Improvement Plan in place, which will be reviewed and updated in March.
2. Urgent and ongoing scoping of growth opportunities to manage increased demand on relatively stable capacity.
3. Current band 5 post out to advert – with some interest. Head of Profession in post and promoting this vacancy within her networks and universities.
4. The service continues to offer additional hours as an interim support measure in core service
5. Changes to introduce stammering triage calls and adapting the mainstream advice line ongoing.
6. Recently new estates were secured for the Cheltenham locality. Work is underway to make these spaces operational. Further estates are still required alongside plans for optimal usage and there is ongoing work between the CYPS Directorate and Estates Team to find solutions. Offerings for part days do not always suit clinical delivery and days worked. Need to investigate estates suitable for groups.
7. Developing current clinical lead posts to support operational delivery in these areas
8. Planned process mapping across core service to identify efficiencies.

Service PTL signoff: Completed 31/12/2022

Continued on next page...

February performance was 8.6% (January was 14.4%) compared to a threshold of 95%. 63 out of 69 patients seen in February were seen outside the 8-week target timeframe of referral to first contact. This is below SPC chart lower control limit. The numbers waiting for treatment are 846 (06/03/2023 - PTL), 6 months ago this was 976 (26/09/2022 - PTL). The system is indicating two patients waiting over 104weeks. Operational services are linking with BI and CST to investigate further as there isn't obvious reasons why these patients aren't showing as assessed.

Contributing factors
For the past 12 months the team's sickness absence has been higher than Trust target. However, this has reduced over the last 5 months and the current absence is 5.5%.
The service vacancy rate has been higher than Trust threshold since June 2022, with a consistently high turnover rate during 22/23. However, since October 2022 the vacancy rate has been reducing with successful recruitment into team leadership positions and clinical roles across the service. The current vacancy rate is still elevated at 12.5%, and is expected to continue reducing as recruitment progresses.

SEND: Across all children's therapy services the numbers of new ECHP requests as well as number of health based reports requested through Tribunal processes have increased significantly and there has been no matching of growth investment. There is risk that increased SEND demands are impacting on core delivery and further increasing wait times for community therapy services. A risk has been added to the trust risk register to reflect the position for all the therapy services (risk score 12).

System Changes: Changes in other areas of the health system has resulted in a higher number of referrals into CYPS OT around behaviour, parenting advice and mental health support. The high level of health anxiety in the general population has also resulted in an increased need for universal support and resources, for instance basic dressing skills and low-level handwriting needs. Ultimately, changes in demand has led to a bottle neck of referrals at the service front door. To manage demand and mitigate risk urgent cases and referrals continue to be prioiritised, but it is creating long (and increasing) waits at the front door for lower-level needs and for routine follow up care.

Clinical Pathways: The service has a core therapy contract as well as multiple specifications and SLAs for specialist pathways, including ATS, Family Link and GHFT. Competing priorities and demands across these contracts have created challenges for the service. All processes are being reviewed and transformed with support from the organisation's QI Hub.

Community Equipment: The interim community equipment ordering system and processes are time consuming and resulting in increased lengths of stay whilst CYP await community equipment. The majority of incidents reported by the service relate to GIS equipment issues.

System Flow: The service is undergoing an entire caseload review. Phase 2 of the recovery plan focusses on system flow, caseload hygiene and embedding safe discharge processes. New and standardised caseload review practices are being introduced and supported through line management. New discharge processes are being developed to support and enable safe discharge and flow across the clinical pathways. This will improve service capacity and reduce overall wait times once these practices are established and embedded.

Risk 243 – Safety of the Occupational Therapy Service (screening, assessment and treatment pathways). Score 12
Quality and safety concerns regarding the significant number on screening list, waiting lists and follow up lists without adequate oversight or management.

Improvement/ recovery plan
Quality concerns were raised regarding the CYPS Occupational Therapy Service with a deep dive commenced into the service's caseload, processes and pathways in November 22. During this time the service was closed to routine referrals for 8 weeks to enable the team to identify risk and prioritise support for children with urgent and critical needs. This partial closure increased capacity at the front door to address the bottle-neck of referrals awaiting screening, to review long-term cases, to understand need and risk on the service caseload and to put mitigations in place to assure patient safety.

Phase 1 Nov 2022 to Dec 2022
Risk Management:
- All clinical staff reviewing and cleansing caseloads – Ongoing
Universal Resources:
- Universal digital offer and resources developed – Ongoing
- Patient information added to website – Ongoing
- Electronic referral form under review to improve quality of referrals – In progress

Phase 2 Jan 2023
Allocation and Booking:
- Review function, scope and framework of 'Duty Line' – In progress
- Complete review and redevelopment of allocation process required – In progress
- All clinical staff reviewing and cleansing caseloads – Ongoing
Caseload Hygiene and Management:
- Development of safe caseload weighting tool – Paused
- Ensure line management supervision support caseload management– Ongoing

Phase 3 Feb 2023 – QI Project started
Clinical Pathway Reviews:
- Pathway staffing

- Talent management
- Resource and capacity mapping and gap analysis
- Pathway criteria
- Pathway clinical competencies
- Pathway SOPs

Phase 4 Mar 2023
Discharges and Dormant Cases:
- Develop Discharge SOPs – In progress
- Equipment competencies and sign-off resources – In progress
- Escalation framework for equipment issues – In progress
- Patient Initiated Follow-Ups (PIFs) – In progress

Service PTL signoff: Completed 31/12/2022

58. Stroke ESD - Proportion of new patients assessed within 2 days of notification
The proportion of patients assessed within 2 days was 75% in February (January was 63.4%) compared to a threshold of 95%. 8 non-compliant cases were identified out of 32 patients that were assessed in February. This is below the SPC chart lower control limit.

Most of the reasons for breaching the 2-day target continues to be due to an increase in referral numbers which are above the safe caseload capacity of 35. There has been no uplift in staffing so with this and staff needing to use annual leave in addition to sickness, there has not been enough capacity to see or contact patients within the 2-day target. Staff are being paid extra hours to try and address the shortfall, but this still doesn't cover workload demands. Some of the issues have also been due to the service not being aware that a patient has been discharged home or not being able to get hold of the patient within the 2-day target.

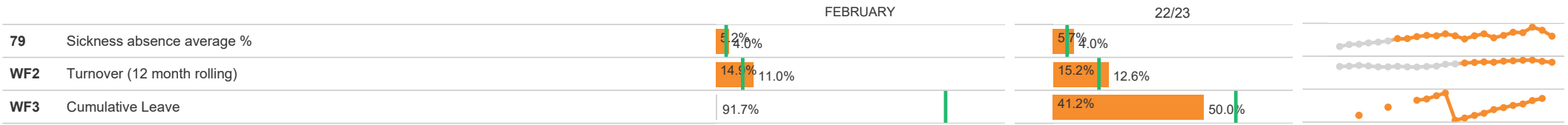
Service PTL signoff: Completed 31/12/2022

Performance Dashboard: *Trust Wide Requirements*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Trust Wide Requirements



Performance Thresholds not being achieved in Month - *Note all indicators have been in exception previously in the last twelve months.*79: Sickness absence average % rolling rate - 12 months

79: Sickness absence average % rolling rate - 12 months
Sickness absence rate in February 2023 was 5.3%. This does not include data from the e-rostering system (Allocate) because it is not available at the time of reporting. Including Allocate data, January was 6.8% (including Allocate data) compared to a threshold of 4%. January performance was above the SPC chart upper control limit. The figure indicates in-month sickness absence, excluding Bank Staff.

Operations Directorate sickness absence was 7.5% in January. Sickness absence in January decreased in all sub-directorates within Operations:
- Adult Community PH, MH & LD (9.4% to 8.9%), Countywide (5.7% to 5.6%), CYPS (5.7% to 4.8%), MH Urgent Care & Inpatient (9.8% to 8.9%) and PH Urgent Care and Inpatient (8.5% to 7.7%), Operational Management (2.6 to 0.6%).

Nursing, Therapy & Quality Directorate sickness absence was 4.7% in January. Within the Quality Assurance sub-directorate, sickness absence increased from 9.3% to 18.0% in January. It should be noted that this is a small sub directorate with a headcount of less than 10.

Finance Directorate sickness absence was 5.7% in January. Facilities sickness absence decreased from 9.6% to 8.6%. The sites with the highest sickness absence levels within the Facilities sub-directorate are: The Vale Hospital (31.3%), Wotton Lawn Campus (16.5%), Cirencester Hospital (13.5%), Stroud Campus (11.7%), Rikenel (6.1%). Estates sickness absence increased from 4.5% to 4.8%. Financial Management sickness absence decreased from 6.0% to 5.7%.

This reflects the sickness absence information on Tableau on 08/03/2023.

WF2. Turnover (12 month rolling) [Workforce]
Turnover (LTR) was 14.98% in February (for the 12 months 1 March 2022 – 28 February 2023) compared to a provisional threshold of 11%. This is above the SPC chart upper control limit.

This is a continuing reduction on the previous months due to low in monthly turnover rates of 0.99%, 1.04%% and 0.51% in Dec, Jan and Feb. There are 214 teams out of the 468 (46%) across the Trust which have had a turnover level over 11% over the last 12 months.

At a staff group level; Estates and Ancillary at 18%, Additional clinical service at 17.9% (HCSW), Professional Scientific and Technical at 15.5% and Administrative and Clerical at 14.7%.
Some teams have low workforce numbers or are actively restructuring so these teams may expect a higher turnover.

Breaking the data down by age groups, there appears to be higher turnover for younger and older staff. Under 20s have the highest Turnover at 32% (Note average headcount for under 20's is small, 28.5) followed by those in the >=71 years at 25.8%, again a small cohort and then 21-25 age band at 25%.

WF3. Cumulative Leave [Workforce]
At the end of February, percentage of annual leave taken across the Trust was 88.2% compared to an evenly distributed threshold after 11 months of 91.67%.

o Urgent Care Response – Referral to Treatment

Although not currently a contractual KPI; the crisis response within 2hours performance position is presented below. The indicator is compliant against a National expectation of 70% (from Dec 2022) and data has been validated for 2022/23. This indicator will be introduced formally into the dashboard as a Nationally monitored indicator as part of Operational Planning in 2023/24. The expected 2day response indicator is also in place and is being monitored ahead of anticipated National reporting for 2023/24. Performance is very strong against these metrics.

Urgent care 2hr response compliance - Led by 'Crisis Response Intermediate Care 2hrs'

		FY 2023										
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
2hr Response	Compliant	156	150	148	187	218	198	221	217	273	211	179
	Non-Compliant	75	46	47	68	59	39	54	49	90	88	67
	Total records	231	196	195	255	277	237	275	266	363	299	246
	Percentage	67.5%	76.5%	75.8%	73.3%	78.7%	83.5%	80.3%	81.5%	75.2%	70.5%	72.7%

Urgent care 2day report compliance - Led by 'Crisis Response Intermediate Care'

		FY 2023										
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
2day Response	Compliant	60	43	46	13	9	2	3	5	1	2	3
	Non-compliant	0	0	0	0	0	0	0	0	0	0	0
	Total records	60	43	46	13	9	2	3	5	1	2	3
	Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

o 1.03: Care Programme Approach: follow up contact within 7 days of discharge [MH Hospitals]

Note on January performance

Previous narrative stated that the 2 non-compliant records would be updated on the Clinical system and therefore performance could be reported at 100%. This update has not yet been made and January remains non-compliant at 94.2%

Note on December performance

Previous narrative stated that the clinical system had not been updated for the 2 records reported as non-compliant in December. This has now been rectified and this indicator can be reported at 100% for December 2022.

o 1.05b: Delayed Discharges – Outliers (Detained patients) [MH Hospitals]

There is no performance threshold for this indicator, but it is highlighted for awareness this month as it is above SPC (Statistical Process Control) limits for February at 13.1%. (January 15.4%, updated from previously reported position of 13%).

For information, a 'delayed transfer of care' occurs when a patient is ready to leave a hospital but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to another unit. DTOC outliers is an internal measure, monitoring detained patients which are otherwise excluded within the National definition of DTOC monitoring.

The percentage of bed days lost due to delayed discharge outliers has shown a steady increase since May 2022 and an analysis of February data shows that most delays are due to waiting for nursing home placements and waiting for supported accommodation housing. This is comparable to all waits for care homes across Gloucestershire and is multi-factorial with issues around staffing in care homes, rate challenges, COVID and other IPC (Infection, Prevention and Control) restrictions.

There has also been an increase in mental health activity acuity which is being seen nationally and is thought to be contributing to the increase in delayed patients that are detained. This patient profile is one of the most challenging to be place effectively with only a small provision in the county to meet these patients' needs. The team have also noted that an improved reporting and oversight structure could be contributing to the increase through identification and awareness of patients that are delayed. 1.05 Nationally Reported Delayed Discharges is at 6.5% (January: 6.9% updated from previously reported at 7.3%).

o 1.07: New Psychosis (EI) cases treated within 2 weeks of referral [Community MH Services] Compliance

Note on December performance

Previous narrative stated that the 2 non-compliant records in December would be updated, and performance could therefore be reported at 100%, however these non-compliant records have yet to be updated and December performance continues to be reported at 50%. The service continues to work with the Business Intelligence and Clinical Systems Service to understand the recording process and ensure that the clinical system is accurate.

and ensure that the clinical system is accurate.

- **3.09: Assessment of risk: Services users (excluding CPA) to have a documented risk assessment [Community MH Services]**

Although compliant in February at 88.8% against a performance threshold of 85% and within SPC (Statistical Process Control) limits, this indicator is highlighted for awareness as performance shows special cause variation with this month and the previous 5 months being below average. This indicator has shown a consistent downward trend in performance since April 2022 when it was as 94.4%. Operational services will be engaged to understand the factors contributing to this.

To note; Indicator 3.08, Service users on CPA to have a documented risk assessment is compliant in February at 99.5% against a performance threshold of 95%. However, performance has also been on a consistent downward trend since July when it was at 99.9%

- **3.15: CYPS Referral to assessment within 4 weeks [CYPS MH]**

February is reported at 80.9% against a performance threshold of 95%. The methodology for this metric does not align to national reporting guidelines as it excludes DNAs (did not attends) and cancellations in its calculation (called an 'adjusted' wait time). Due to the focused service improvement plan in place, it was proposed that this indicator is suspended which brings it in line with the two suspended referral to treatment Key Performance Indicators (KPIs) and replace it by a new more consistently meaningful indicator.

It has been agreed with Commissioners to align this indicator to national methodology and this will be introduced from April 2023/24. The current indicator will be split into two new indicators, one for Core CAMHS and one for CAMHS Learning Disabilities. Both indicators will be measured from referral to 1st contact with no adjustments made for DNAs or cancellations. The 1st contact may be with the patient, parent or with a healthcare or educational professional (nationally indicated as an indirect contact) The agreed performance threshold for each of these new indicators is 80%.

- **13: Percentage medication incidents resulting in moderate, severe harm or death**

At the time of taking the reporting snapshot performance was 3.6% (January was 0%) compared to a 1.9% threshold. 2 medication incidents out of 55 were recorded as resulting in moderate harm. Performance is above the SPC chart upper control limit. The incidents were recorded for Cirencester MIIU and Montpelier Low Secure Unit. However, following review the incident at Cirencester MIIU (also initially recorded as a SIRI) has had the level of harm reduced to 'low'. The resultant percentage for January is now 1.8%, below the 1.9% threshold. This is above the SPC chart upper control limit.

- **27: Inpatients Average Length of Stay [Hospitals]**

The average length of stay for inpatients in Community Hospitals was 39.4 days in February (42 days in January) compared to a threshold of 38 days. Performance is within SPC chart upper and lower control limits. The figure includes Community Assessment and Treatment Unit (CATU) patients as it is not currently possible to exclude patients who are no longer considered CATU but remain in a Tewkesbury bed. A seperation is being explored by Business Intelligence services. 6.2% (7/113) of all discharges in February had a length of stay of 100 days or more. Excluding these patients, the average length of stay reduces to 32.4 days. The higher figures are due to system wide delays in sourcing onward care for people who no longer meet the criteria to reside (nCTR) (including care home beds, packages of care and Home First placement) as well as escalation beds being in service at the start of the month. Improvement programmes have commenced on all wards to reduce length of stay and the Enhanced Pathway 2 project is completing its final report in March.

- **WF5. Vacancy [Workforce]**

Overall vacancy rate across the Trust reduced to 9.11% at the end of February, compared to a threshold of 20%. This is within the SPC chart upper and lower control limits. Within the Trust's overall performance the teams below had vacancy levels higher than the threshold at the end of February.

Team	Vacancy
MH Contact Centre 1	50%
Wotton Lawn PICU Inpatients	35%
Core CAMHS 1	28%
Wotton Lawn Acute Inpatients	25%
LD Inpatients - Berkeley House	24%
MHICT IAPT	22%
Podiatry 1	21%
ICT Cotswolds Community	20%
Wotton Lawn Acute	20%

Work continues being undertaken by our Workforce/Finance team and will be discussed at BIMG to further evaluate an appropriate way to present a Trust Vacancy position and highlight areas of concern at an appropriate level within the hierarchy.

o Urgent & Emergency Care - Ambulance

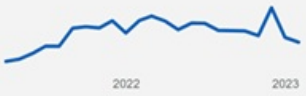
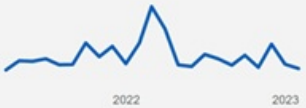
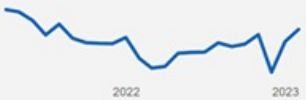
As an urgent action from NHS England; Trusts are now asked to formally report Ambulance handovers and response times as a system performance measure at Board meetings. Please see the below for Gloucestershire ICS in February 2023 (the latest available at the time of reporting).

For ambulances the threshold should be Cat 1 against 7 minutes standard and Cat 2 against 18 minute standard.

For handovers, the interim contractual position for 2022/23 is 65% within 15 minutes, 95% within 30 minutes and none more than an hour.

Urgent & Emergency Care - Ambulance

NHS Gloucestershire

Indicator	Metric	Good is	National Target	Local Target	Latest Performance	Trend	Latest Reporting Period	Latest Benchmarking			Reporting Period	Quartile (Q1 = High, Q4 = Low)
									better than	worse than		
S020a	Average Ambulance Response Times (Category 1)	Low	7 minutes		00:09:51 Gloucester ICS		February 2023	00:10:22 Gloucester ICS	00:09:45 SWASFT	00:08:30 England	January 2023	
S020b	Average Ambulance Response Times (Category 2)	Low	18 minutes		00:32:26 Gloucester ICS		February 2023	00:37:27 Gloucester ICS	00:38:07 SWASFT	00:32:06 England	January 2023	
S020c	Average Ambulance Response Times (Category 3)	Low	120 minutes		01:30:08 Gloucester ICS		February 2023	01:26:34 Gloucester ICS	01:19:42 SWASFT	01:26:09 England	January 2023	
S020d	Average Ambulance Response Times (Category 4)	Low	180 minutes		01:42:49 Gloucester ICS		February 2023	02:06:37 Gloucester ICS	01:45:35 SWASFT	01:48:46 England	January 2023	
	Ambulance Conveyance Rates (% incidents conveyed)	Low			46.39 Gloucester ICS		February 2023	42.36 Gloucester ICS	5.29 Other South West ICS	4.25 England	January 2023	

with you, for you

Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 11/0323

REPORT TO: **TRUST BOARD PUBLIC SESSION, 30 MARCH 2023**

PRESENTED BY: Sandra Betney, Director of Finance

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: **FINANCE REPORT FOR PERIOD ENDING 28 FEBRUARY 2023**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:

Decision ☒ Endorsement ☐ Assurance ☒ Information ☐

The purpose of this report is to:

Provide an update of the financial position of the Trust.

Recommendations and decisions required

The Board is asked to:

- **Note** the month 11 position
- **Approve** the revised capital programme

Executive summary

- A revised system plan submitted on 20th June showed a break even position for both the system and the Trust
- The Trust's position at month 11 is a surplus of £0.954m
- The Trust is forecasting a year end position of break even
- The cash balance at month 11 is £55.366m
- Capital expenditure is £14.581m at month 11
- The Trust has spent £0.966m on covid related revenue costs for Apr-Feb

Risks associated with meeting the Trust's values
Risks included within the paper

Corporate considerations	
Quality Implications	
Resource Implications	
Equality Implications	

Where has this issue been discussed before?

Appendices:	Finance Report

Report authorised by: **Sandra Betney**	**Title:** **Director of Finance**

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Finance Report
Month 11

working together | always improving | respectful and kind | making a difference

Overview

- At month 11 the Trust has a surplus of £0.954m, and a forecast of break even in line with the revised plan
- The Trust has recorded Covid related expenditure of £0.966m up to February
- 22/23 revised capital plan including £1.671m Digitisation funding is £19.551m and spend to month 11 is £14.581m against the plan of £13.455m
- Cash at the end of month 11 is £55.366m
- Cost improvement programme has delivered £5.257m of recurring savings against the target of £5.612m
- Non Recurrent target is £1.15m and all of this has now been delivered
- In addition to Trust savings we have made a £160k system saving on covid, and a further £400k in year
- The Trust spent £8.906m on agency staff to month 11, and against a proposed 23/24 agency cap of 3.7% of total pay the Trust would be an estimated £2.263m over year to date
- Better Payment Policy shows 96.0% of invoices by value paid within 30 days, the national target is 95%
- The 7 day performance at the end of February was 84.6% of invoices paid

GHC Income and Expenditure

Gloucestershire Health and Care
NHS Foundation Trust

Statement of comprehensive income £000	2022/23 Plan	2022/23 YTD budget	2022/23 YTD Actuals	2022/23 Variance	2022/23 Full Year Forecast	2023/24 Forecast £000s	2024/25 Forecast £000s	2025/26 Forecast £000s	2026/27 Forecast £000s
Operating income from patient care activities	245,075	227,327	228,785	1,458	249,241	244,122	246,563	249,029	251,519
Other operating income **	6,733	13,926	17,664	3,738	19,157	18,600	18,786	18,974	19,164
Employee expenses	(189,346)	(183,691)	(183,182)	509	(199,560)	(201,143)	(203,154)	(205,186)	(207,238)
Operating expenses excluding employee expenses	(59,767)	(55,092)	(60,470)	(5,378)	(79,479)	(59,283)	(59,876)	(60,475)	(61,079)
PDC dividends payable/refundable	(2,590)	(2,374)	(2,739)	(365)	(3,000)	(2,766)	(2,794)	(2,822)	(2,850)
Finance Income	0	0	968	968	1,000	500	505	510	515
Finance expenses	(261)	(239)	(159)	80	(180)	(180)	(182)	(184)	(185)
Surplus/(deficit) before impairments & transfers	**(156)**	**(143)**	**867**	**1,010**	**(12,821)**	**(150)**	**(152)**	**(153)**	**(155)**
Remove capital donations/grants I&E impact	156	143	87	(56)	123	150	152	153	155
Surplus/(deficit)	**0**	**(0)**	**954**	**954**	**(12,698)**	**0**	**0**	**(0)**	**0**
Adjust (gains)/losses on transfers by absorption/impairments	0	0	**0**	0	12,698				
Revised Surplus/(deficit)	**0**	**(0)**	**954**	**954**	**0**	**0**	**0**	**(0)**	**0**

- The Trust is forecasting an impairment following the asset revaluation

GHC Balance Sheet

Gloucestershire Health and Care
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		2021/22	2022/23				2022/23	2023/24	2024/25	2025/26	2026/27
		Actual	Revised Plan	YTD Plan	YTD Actual	Variance	Full Year Forecast	Forecast £000s	Forecast £000s	Forecast £000s	Forecast £000s
Non-current assets	Intangible assets	958	958	958	1,125	167	1,097	1,097	1,097	1,097	1,097
	Property, plant and equipment: other	123,127	132,826	129,166	133,241	4,075	118,632	129,053	134,366	132,736	132,221
	Right of use assets*	0	25,742	26,031	16,923	(9,108)	20,491	18,269	16,047	13,825	11,603
	Receivables	542	518	520	513	(7)	513	490	466	442	418
	Total non-current assets	**124,626**	**160,044**	**156,675**	**151,803**	**(4,872)**	**140,734**	**148,909**	**151,976**	**148,100**	**145,339**
Current assets	Inventories	494	194	224	494	270	494	494	494	494	494
	NHS receivables	4,311	4,111	4,131	3,562	(569)	4,362	4,312	4,262	4,232	4,202
	Non-NHS receivables	6,561	6,561	6,561	4,408	(2,153)	6,508	6,008	5,908	5,858	5,808
	Cash and cash equivalents:	58,896	42,539	45,703	55,366	9,663	51,571	46,269	43,217	47,043	49,759
	Property held for sale	0	0	0		0	2,964	0	0	0	0
	Total current assets	**70,262**	**53,405**	**56,619**	**63,830**	**7,211**	**65,899**	**57,083**	**53,881**	**57,627**	**60,263**
Current liabilities	Trade and other payables: capital	(7,482)	(7,483)	(6,483)	(4,041)	2,442	(7,041)	(7,041)	(7,041)	(7,041)	(7,041)
	Trade and other payables: non-capital	(28,768)	(25,848)	(26,246)	(28,249)	(2,003)	(29,924)	(29,924)	(29,924)	(29,924)	(29,924)
	Borrowings*	(109)	(1,986)	(1,986)	(1,648)	338	(1,648)	(1,648)	(1,648)	(1,648)	(1,648)
	Provisions	(4,246)	(2,646)	(2,446)	(7,816)	(5,370)	(7,816)	(7,316)	(7,316)	(7,316)	(7,316)
	Other liabilities: deferred income including contract liabilities	(2,409)	(909)	(2,482)	(2,780)	(298)	(2,480)	(2,480)	(2,480)	(2,480)	(2,480)
	Total current liabilities	**(43,014)**	**(38,872)**	**(39,643)**	**(44,534)**	**(4,891)**	**(48,909)**	**(48,409)**	**(48,409)**	**(48,409)**	**(48,409)**
Non-current liabilities	Borrowings	(1,254)	(22,639)	(22,891)	(14,574)	8,317	(18,272)	(18,131)	(17,996)	(17,866)	(17,741)
	Provisions	(2,548)	(2,548)	(2,548)	(2,538)	10	(2,538)	(2,538)	(2,538)	(2,538)	(2,538)
	Total net assets employed	**148,072**	**149,390**	**148,212**	**153,987**	**5,775**	**136,914**	**136,914**	**136,914**	**136,914**	**136,914**
Taxpayers Equity	Public dividend capital	128,280	129,502	128,280	130,166	1,886	130,166	130,166	130,166	130,166	130,166
	Revaluation reserve	11,188	11,188	11,188	13,588	2,400	9,987	9,987	9,987	9,987	9,987
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	0	(1,241)	(1,241)	(1,241)	(1,241)	(1,241)
	Income and expenditure reserve*	9,845	9,941	9,985	11,474	1,489	(1,998)	(1,998)	(1,998)	(1,998)	(1,998)
	Total taxpayers' and others' equity	**148,072**	**149,390**	**148,212**	**153,987**	**5,775**	**136,914**	**136,914**	**136,914**	**136,914**	**136,914**

Right of use assets variance due to less new IFRS16 leases started than anticipated

Cash Flow Summary

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Statement of Cash Flow £000	YEAR END 21/22		YTD ACTUAL 22/23		FULL YEAR FORECAST 22/23		2023/24 Forecast £000s	2024/25 Forecast £000s	2025/26 Forecast £000s	2026/27 Forecast £000s
Cash and cash equivalents at start of period		**52,333**		**58,896**		**58,896**	**51,571**	**46,269**	**43,217**	**47,043**
Cash flows from operating activities										
Operating surplus/(deficit)	6,326		2,799		(10,551)		**2,446**	**2,471**	**2,496**	**2,520**
Add back: Depreciation on donated assets	95		88		96		0	0	0	0
Adjusted Operating surplus/(deficit) per I&E	**6,421**		**2,887**		**(10,455)**		**2,446**	**2,471**	**2,496**	**2,520**
Add back: Depreciation on owned assets	7,101		6,679		7,145		7,757	8,615	8,925	8,810
Add back: Impairment	80		0		12,698		0	0	0	0
(Increase)/Decrease in inventories	224		0		0		0	0	0	0
(Increase)/Decrease in trade & other receivables	553		2,930		30		573	174	104	104
Increase/(Decrease) in provisions	1,845		3,560		3,560		(500)	0	0	0
Increase/(Decrease) in trade and other payables	4,988		(1,908)		1,501		0	0	0	0
Increase/(Decrease) in other liabilities	136		371		71		0	0	0	0
Net cash generated from / (used in) operations		**21,349**		**14,519**	**0**	**14,550**	**10,276**	**11,260**	**11,525**	**11,434**
Cash flows from investing activities										
Interest received	45		968		1,000		500	505	510	515
Interest paid			(9)		(10)		0	0	0	0
Purchase of property, plant and equipment	(14,340)		(18,022)		(19,910)		(16,841)	(19,160)	(7,073)	(6,073)
Sale of Property	0		0		0		3,849	7,454	2,000	0
Net cash generated used in investing activities		**(14,295)**		**(17,063)**	**0**	**(18,920)**	**(12,492)**	**(11,201)**	**(4,563)**	**(5,558)**
Cash flows from financing activities										
PDC Dividend Received	1,702		1,886		1,886		**0**	**0**	**0**	**0**
PDC Dividend (Paid)	(2,070)		(1,392)		(3,217)		**(2,766)**	**(2,794)**	**(2,822)**	**(2,850)**
Finance Lease Rental Payments	(108)		(1,330)		(1,461)		**(180)**	**(182)**	**(184)**	**(185)**
Finance Lease Rental Interest	(15)		(150)		(164)		**(141)**	**(135)**	**(130)**	**(125)**
		(491)		**(986)**	**0**	**(2,956)**	**(3,087)**	**(3,111)**	**(3,136)**	**(3,160)**
Cash and cash equivalents at end of period		**58,896**		**55,366**	**0**	**51,571**	**46,269**	**43,217**	**47,043**	**49,759**

Covid

- The Trust has spent £966k up to February 2023
- Out of envelope NHSE income is £328k as per expenditure (excluding testing charged to GHFT)
- Vaccine programme Recruitment & Retention £117k not yet spent but accrued

For periods up to and including 28/2/23	Original Expenditure Plan 22/23 (£)	YTD Expenditure Plan 22/23 (£)	Actual ytd Expenditure (£)	Forecast Expenditure (£)	Actual ytd Income (£)	YTD Net (£)	Full Year Net Forecast (£)
Stock Management	281,900	258,408	**217,251**	**237,001**	**0**	**217,251**	**237,001**
Covid Response Management	116,039	106,369	**56,185**	**56,185**	**0**	**56,185**	**56,185**
Covid Secure	59,844	54,857	**11,382**	**11,382**	**0**	**11,382**	**11,382**
High Touch Point Cleaning	43,010	39,426	**1,492**	**1,492**	**0**	**1,492**	**1,492**
Staverton Lease	33,311	30,535	**46,946**	**53,377**	**0**	**46,946**	**53,377**
Additional shifts & backfill for higher sickness absence	150,000	150,000	**123,714**	**123,714**	**0**	**123,714**	**123,714**
Decontamination	67,808	62,157	**10,788**	**10,788**	**0**	**10,788**	**10,788**
Vaccine Program - Local Vaccination Service M6-12			**170,954**	**199,447**	**0**	**170,954**	**199,447**
TOTAL IN ENVELOPE	**751,912**	**701,753**	**638,712**	**693,385**	**0**	**638,712**	**693,385**
COVID-19 virus testing (NHS laboratories)	533,000	488,583	**181,225**	**181,225**	**(181,225)**	**0**	**0**
Vaccine Program - Local Vaccination Service M1-5	415,865	381,210	**139,164**	**139,164**	**(139,164)**	**0**	**0**
Vaccine Program - Recruitment&Retention Program	0	0	**117,181**	**117,181**	**(117,181)**	**0**	**0**
Vaccine Program - Lead Employer	0	0	**395**	**395**	**(395)**	**0**	**0**
Vaccine Program - 12-15s	484,642	444,255	**70,904**	**70,904**	**(70,904)**	**0**	**0**
TOTAL OUT OF ENVELOPE	**1,433,507**	**1,314,048**	**508,870**	**508,870**	**(508,870)**	**0**	**0**
Testing undertaken on behalf of GHFT			-181,225	-181,225	181,225	0	0
NHSE Net Expenditure over Income	**2,185,419**	**2,015,801**	**966,356**	**1,021,030**	**(327,645)**	**638,712**	**693,385**

Capital – Five year Plan

Gloucestershire Health and Care
NHS Foundation Trust

Capital Plan	Plan	Plan ytd	Actuals to date	Forecast Outturn	Plan	Plan	Plan	Plan	
£000s	2022/23	2022/23	2022/23	2022/23	2023/24	2024/25	2025/26	2026/27	Total
Land and Buildings									
Buildings	1,599	1,100	1,600	1,772	2,400	1,000	3,000	3,000	11,172
Backlog Maintenance	815	815	491	840	1,045	1,250	1,393	1,393	5,896
Urgent Care	0		0	0	0		0	0	
Buildings - Finance Leases					256	1,689	0	0	1,945
Vehicle - Finance Leases					384	239			623
Net Zero Carbon					500	500	500	500	2,000
Fleet Vehicles	125			121					125
							0	0	
LD Assessment & Treatment Unit					0	2,000	0	0	2,000
Cirencester Scheme						0	5,000	0	5,000
							0	0	
Medical Equipment	589	589	409	483	500	1,030	1,030	1,030	4,073
IT									
IT Device and software upgrade		0	0		0	600	600	600	1,800
IT Infrastructure	1,036	1,036	130	974	1,130	1,300	1,300	1,300	6,066
Clinical Systems Vision	1,671	366	680	1,671	2,191	3,161	1,250	250	8,523
Unallocated				0					
Sub Total	**5,835**	**3,906**	**3,310**	**5,861**	**8,406**	**12,769**	**14,073**	**8,073**	**49,223**
Forest of Dean	13,452	9,500	11,257	13,455	8,851	0	0	0	22,303
National Digital Programme									0
Cyber Security	49	49	0	0					49
Wotton Lawn Clinical Treatment Roor	215		14	215					215
Total of Original Programme	**19,551**	**13,455**	**14,581**	**19,532**	**17,257**	**12,769**	**14,073**	**8,073**	**71,790**
Disposals	0				(3,749)	(2,454)	(2,000)	0	(8,203)
Donation - Cirencester Scheme	**0**					0	(5,000)	0	(5,000)
Total CDEL	**19,551**	**13,455**	**14,581**	**19,532**	**13,508**	**10,315**	**7,073**	**8,073**	**58,587**
New Leases									
Vehicles	1,144	1,144		97	384	239			720
Equipment	146	146	30	49	0	0			49
Buildings	8,431	8,431	2,559	3,552	256	1,689			5,497
									0
Total	**9,721**	**9,721**	**2,589**	**3,698**	**640**	**1,928**	**0**	**0**	**6,266**

Risks

Gloucestershire Health and Care
NHS Foundation Trust

Risks to delivery of the 22/23 position are as set out below, along with future risks:

HCA Band 2s to 3s recurring cost for 23/24 has been adjusted downward following further analysis

Risks from budget setting paper with impact of 3 or above included in 23/24

Risks 22/23	22/23 Risks	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
Delivering Value savings not delivered	47	47	0	3	1	3
Risks 23/24	**23/24 Risks**	**Made up of: Recurring**	**Made up of: Non Recurring**	**Likelihood**	**Impact**	**RISK SCORE**
Agency costs are not able to be reduced in Hospitals	1,500	1,500		3	3	9
Delivering Value savings without a plan don't deliver	1,732	1,732		4	3	12
Maintenance costs rise due to inflationary pressures	1,000	1,000		4	3	12
Utility, fuel, waste costs rise due to inflationary pressures	800	800		4	3	12
Capital cost inflation leads to capital programme being reduced	1,000	1,000		3	3	9
Cost share changes for Section 117 patients lead to additional costs	1,000	1,000		2	3	6
Mental Health Act White paper reforms	1,000	1,000	0	4	3	12
Risk of loss from disposal of land and building sales	400	0	400	2	2	4
Total of all risks	**8,479**	**8,079**	**400**			

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AGENDA ITEM: 12/0323

REPORT TO: **TRUST BOARD PUBLIC SESSION, 30 MARCH 2023**

PRESENTED BY: Sandra Betney, Director of Finance & Deputy CEO

AUTHOR: Lisa Proctor, Associate Director of Contracts & Planning

SUBJECT: **BUSINESS PLANNING OBJECTIVES FOR 2023/24**

If this report cannot be discussed at a public Board meeting, please explain why.	

This report is provided for:
Decision ☑ Endorsement ☐ Assurance ☐ Information ☐

The purpose of this report is to:

This report sets out the Trust Annual Business Planning process for 2023/24 and the proposed Business Planning Objectives for operational and corporate teams. There are a total of 219 objectives which are listed in Appendix 1 of this report.

Recommendations and decisions required

The Board is asked to:

- **Approve** the business planning objectives
- **Note** the comments from the Council of Governors.
- **Note** the planned refresh during quarter 1 to ensure alignment with the System Delivery Plans and to ensure the capacity is appropriately balanced to support the Clinical Systems Vision Project.

Executive summary

The Business Plan has been developed in context with the Trust's main priorities and the known key deliverables identified in the National Priorities and Operational Planning guidance for 2023/24.

This report sets out the business planning process that was launched in November to support Directorates and Teams in developing their business planning objectives for 2023/24. The business plan is key to the delivery of the Trust Strategy and the business planning structure is underpinned by our four strategic aims. This paper also sets out the known national and local priorities that have informed the business planning objectives.

A quality assurance mapping process has been introduced this year to ensure the business plan aligns internal and external priorities and resources across operational and corporate functions.

A business planning refresh will take place in quarter 1 to ensure our objectives include any system changes following the outcome of the System Delivery Planning process that is expected to be finalised in April and to ensure any impact of the Clinical Systems Vision Project is fully aligned across the business plan. The Council of Governors were supportive of the proposed business planning refresh.

Risks associated with meeting the Trust's values

The key risks to delivering the Business Plan for 2023/24 are identified as follows:

The continued system impact of external factors: There is a risk that continued system pressures (including the impact of the pandemic and patient flow) will impact our capacity to deliver the Trust business planning objectives.

Impact of System Deficit: Progress towards achieving the business planning objectives will be impacted by the distraction on the organisation from the system financial deficit.

Impact of System Prioritisation on Investments: At the time of writing, not all service development funding has been agreed and key investment decisions regarding schemes that were developed in 2022/23 for short term, non-recurrent investments are awaiting the outcome of system prioritisation.

Finalisation of System Delivery Plans: The System Delivery Plans for 2023/24 have remained in draft format during the quality assurance process so there is a risk that some key outcomes may change.

Not all interdependencies identified: The quality assurance process may not have fully identified all interdependences and capacity constraints leading to a risk that the business plan is not deliverable in its entirety.

Corporate considerations	
Quality Implications	*Identified within the report*
Resource Implications	*Identified within the report*
Equality Implications	*No equality implications identified*

Where has this issue been discussed before?

The Business Planning process has been presented to the Executive Team and Resources Committee in October 2022 and the Council of Governors in March 2023.

Appendices:	Appendix 1 – Table of Business Planning Objectives

Report authorised by: **Sandra Betney**	**Title:** **Director of Finance/Deputy CEO**

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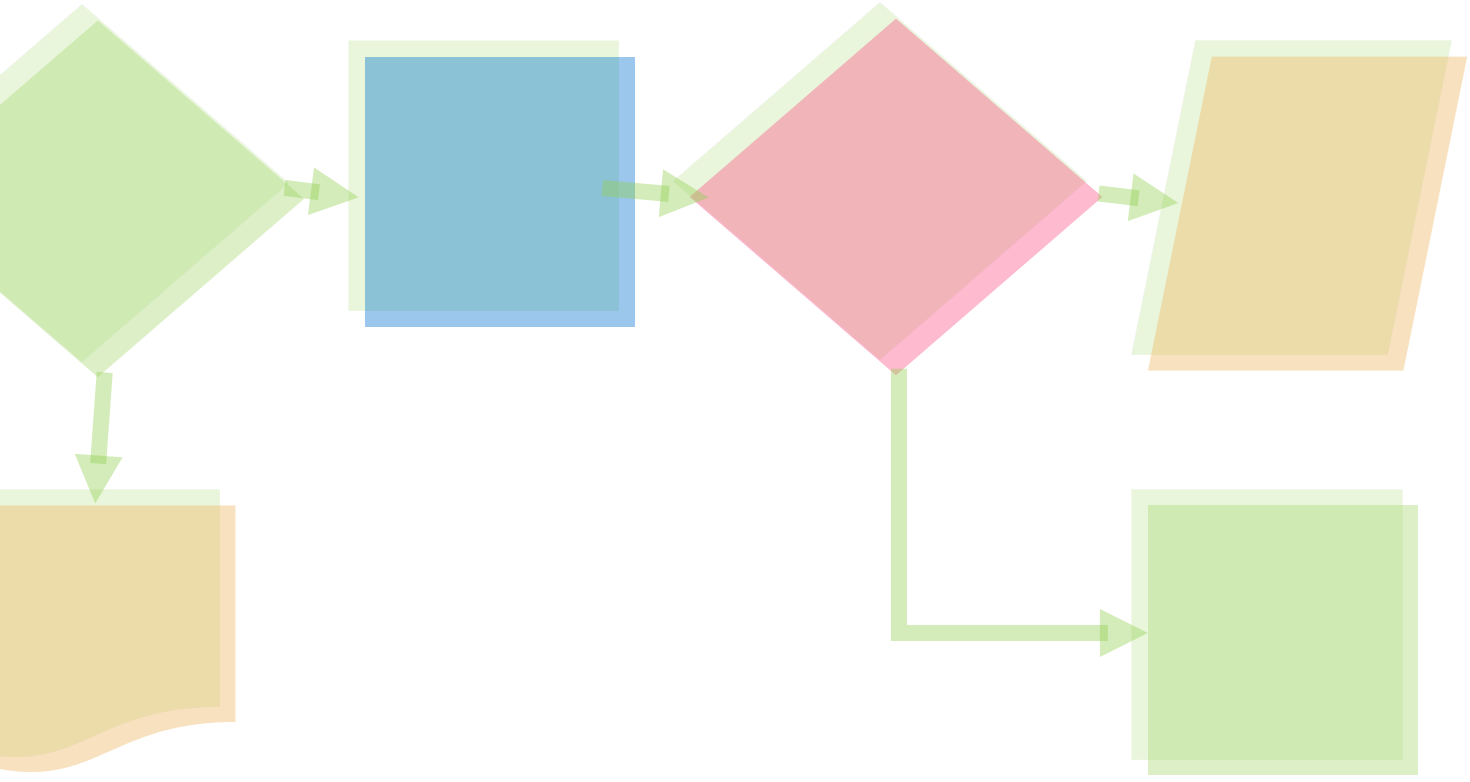
Annual Business Plan 2023-24



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Contents

1. Introduction

1.1 This business planning report sets out the planning process for 2023/24 including the approach to planning, timescales, risks and a short summary of key objectives. The full list of business planning objectives is included in Appendix 1. This report also includes a delivery forecast and overview of the key achievements for 2022/23.

2. Background & Context

2.1 The business planning process ensures the Trust meets the mandated forward planning requirements informed by national and local agreed priorities as part of the annual planning cycle.

2.2 The annual Business Plan for 2023/24 has been developed in conjunction with the One Gloucestershire ICS Five Year Joint Forward Plan and the System Operational Plan including the triangulation of finance, workforce and activity planning assumptions.

2.3 The business plan is key to the delivery of the Trust Strategy and is underpinned by our strategic aims to ensure everything we do contributes to achieving our vision. As such, each business planning objective is linked to one of our four strategic themes.

2.4 The 2023/24 priorities for the agreed integrated enabling strategies that support the long term delivery of the Trust Strategy are embedded across the business planning objectives. The business planning objectives will be updated to reflect the requirements for the remaining enabling strategies as they emerge.

2.5 The delivery of the business plan is monitored quarterly and includes an assessment of the achievement of milestones and appropriate key measures for the delivery of the Trust Strategy. It is acknowledged that the Trust Board has agreed a range of measures and approach to reviewing progress with the Trust Strategy and this will inform the updated business plan monitoring for 2023/24.

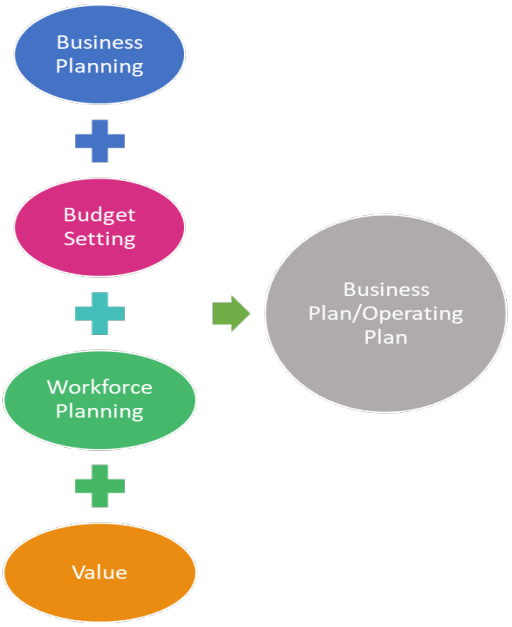
2.6 Our Trust business planning process is aligned to the ICS planning process and system prioritisation. A suite of draft System Delivery Plans have been produced across a range of health conditions and pathways by the system transformation programmes. These are currently being reviewed as part of the system prioritisation process to ensure the plans are realistic and affordable or recognise where they are aspirational. The final plan system delivery plans are expected in April 2023. A business planning refresh is proposed in quarter 1 of 2023/24 to ensure any system changes are updated.

3. Business Planning Approach

3.1 The business planning approach was discussed with the Executive Team and agreed at the Resources Committee in October 2022. To ensure appropriate oversight of the business planning process and timelines, the business planning approach was also presented to the Council of Governors for comment in March 2023. The Council of Governors were supportive of the business planning approach and the proposed refresh in quarter 1.

3.2 The business planning approach for 2023/24 has been informed by the following key requirements:

- Trust Strategic Aims
- National Operational Planning Guidance including NHS Long Term Plan ambitions
- Joint Forward Plan informed by System Delivery Plans
- People Strategy
- Organisational requirements
- Quality Goals
- Quality Improvement
- Cost pressures, delivering value and budgetary framework



These requirements are a key part of the annual planning cycle.

3.3 The business planning approach is integrated with budget setting to ensure the Trust objectives can be delivered within the budgetary framework. This year, the business planning process has been further integrated with the budget setting process so that cost improvement planning is an integral part of business planning to ensure priority developments are accounted for in context with efficiencies and to utilise resources effectively.

3.4 A key aspect of the business planning approach is the bringing together our operational and corporate service leads to ensure the capacity and capability is planned across the Trust. To support this, an enhanced formal quality assurance mapping process was introduced this year to ensure the business plan aligns internal and external priorities and resources across operational and corporate functions. The quality assurance mapping includes the following processes:

- stronger integration with budget setting and associated cost improvement planning
- strengthened links with the Trust Strategy to include agreed measures and targets
- internal mapping with enabling strategies to ensure consistency of delivery across workforce, operational, capital, digital, efficiency, quality and environmental sustainability
- improved process to ensure supporting resources can be allocated appropriately including increased visibility for corporate services
- improved feed into the external system delivery plans
- improved flow of priority objectives to inform the transformation pipeline

Colleagues from across our corporate services supported the quality assurance process. This wide engagement ensures the priorities for the organisation are owned and connected across operational and corporate boundaries.

Increased involvement in the business planning process by profession leads was recommended by the Council of Governors. In response, the quality assurance process proposed during quarter 1 will be extended to include profession leads who have been involved in the development of the system delivery plans to support the internal alignment and feed into the external planning process.

4. Business Planning Timeline

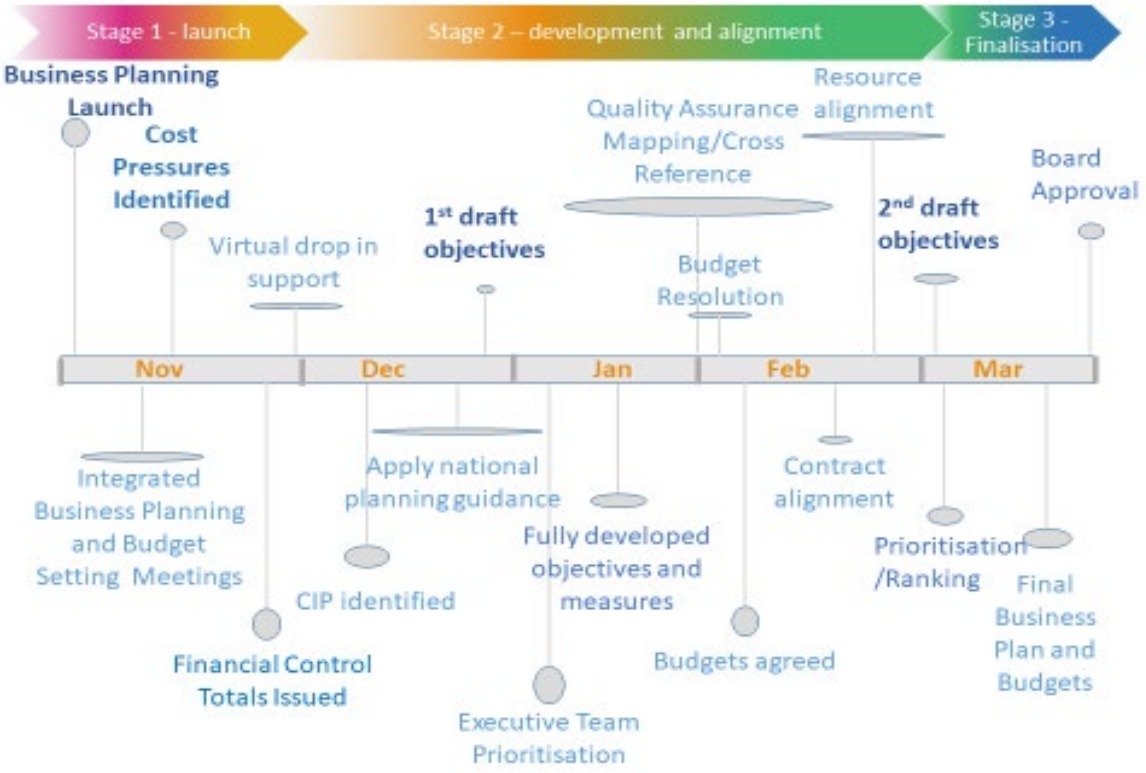
4.1 The business planning process for 2023/24 was launched on the 1st November 2022 which restored the internal annual planning cycle enabling appropriate planning time and prioritisation to ensure Trust business plan includes the priorities the Trust needs to deliver throughout the year and also the ambitions for future years. The earlier timeline also supported the Trust to be better placed to influence and align with the System Delivery Plans which were developed from November 2022 onwards.

4.2 The business planning process is managed in three stages:

- Launch
  - Integrated Business Planning and Budget Setting approach presented at Resources Committee
  - Executive Directors set their key priorities
- Development & Alignment
  - External planning guidance applied
  - Alignment with coordinated internal planning
  - Alignment with System priorities
  - Plans drafted
- Finalisation
  - Executive review of plans
  - Feedback from Council of Governors
  - Board oversight

The Council of Governors expressed a preference to comment on the business planning process earlier in the timeline to allow sufficient opportunity to provide feedback. This will be actioned as part of the 2024/25 business planning process.

4.3 The following chart shows the timeline for the governance and approval of business planning objectives including how this integrates with budget setting:



4.4 In line with previous years, a refresh will be necessary at the end of Quarter 1 in 2023/24 to update business planning objectives as the finalised system delivery plan priorities emerge and funding is agreed. When this was presented to the Council of Governors, concerns were raised regarding the timing of the system delivery planning and the impact on our agreed business planning objectives. This has been identified as a risk to the delivery of the business plan.

4.5 The development and alignment stage of the business planning process was undertaken before the full scoping of resources to support the Clinical Systems Vision Project (CSVP) for 2023/24 had been concluded. As a result, the proposed business planning objectives may need to change or be reprioritised to accommodate the CSVP although the impact on operational colleagues in 2023/24 is likely to be lower than in 2024/25 when it is anticipated we will be in full implementation phase. It is proposed that a further quality assurance mapping exercise is carried out in quarter 1 of 2023/24 to ensure the impact of the project is fully aligned across the business plan.

4.6 The affordability of the business planning objectives has interdependencies with the system prioritisation process. This is ongoing and there are service development opportunities awaiting the outcome of system prioritisation and investment decisions. The relevant business planning objectives will be updated when the decisions are known and unfunded investments will be removed from the business plan where necessary.

5. Business Planning Priorities

The business plan is informed by national and local agreed priorities as part of the annual planning cycle.

5.1 National Priorities:

National Priorities and Operational Planning: the 2023/24 Priorities and Operational Planning Guidance was published by NHSE on the 23rd December 2022. The guidance sets out three key tasks for the financial year:

- recover core services and productivity
- make progress in delivering the key ambitions in the Long Term Plan (LTP)
- continue transforming the NHS for the future

This sits alongside the NHS People Promise and plans to reform Adult Social Care.

The high-level priorities identified in the guidance for community and mental health services are:

Community health services (inc Primary Care)	• Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard • Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals • Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024 • Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels

Mental Health	• Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) • Increase the number of adults and older adults accessing IAPT treatment • Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services • Work towards eliminating inappropriate adult acute care out of area placements • Recover the dementia diagnosis rate to 66.7% • Improve access to perinatal mental health services
People with a Learning Disability and Autistic People	• Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 • Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under-18s are cared for in an inpatient unit

The System Operational Plan sets out our One Gloucestershire ICS response to the national planning guidance. The return will include a narrative submission and fully triangulated finance, activity, workforce templates. The final submission is due at the end of March 2023 and will be presented to the Trust Board in conjunction with the Trust Business Plan. The business planning objectives will be refreshed periodically to take account of the System Operational Plan priorities and any changes required as a result of NHSE feedback including any subsequent submissions.

Joint Forward View: The One Gloucestershire ICS Five Year Joint Forward Plan describes how the NHS in Gloucestershire will support the delivery of the integrated care strategy and the key ambitions for improving health and care across the county over the next 5 years. The Joint Forward Plan is structured around the following four strategic themes:

- Theme 1: Improving care for the people we serve
- Theme 2: Supporting our people across the ICS and beyond
- Theme 3: Working together in an integrated way for all
- Theme 4: Improving access and quality in the services we deliver

It is anticipated that the draft Joint Forward View will be presented at the Resources Committee in April 2023. The final version is planned to be shared with system partners for agreement by June 2023. As the Joint Forward View is being finalised, the business planning objectives will be updated to align with any changes in the long term ambitions as appropriate.

NHS Standard Contract: The proposed changes to the NHS Standard Contract for 2023/24 was published at the end of December 2022 and set out how the contract will be updated with the latest clinical and services standards and priorities. New contractual requirements include compliance with the Patient Safety Incident Response Framework (PSIRF) and additional mandated data quality requirements for mental health services.

A key contracting change is the devolvement of direct commissioning of primary care services to ICBs from NHSE public health commissioning from 2023/24. This means the commissioning responsibility of the Community Services Dental Contract will transfer to the ICB from the 1st April 2023.

Long Term Plan: The long term plan has been refreshed for 2023/24. Key priority areas for the Trust in delivering the final year of the 5 year Long Term Plan are:

- Reducing health inequalities through the Health Inequalities Action Plan Schedule
- Sustainability and Green Plans
- Community Mental Health Transformation (Year 3)
- Increasing access to Physical health checks for people with a Serious mental illness
- Further expansion of additional roles in primary care including Physiotherapy and Mental Health First Contact Practitioners
- Further expansion of personal health budgets
- Digital Transformation
- People Strategy

Mental Health Investment Standard (MHIS): the MHIS envelope for 2023/24 is c7.2m. Investments have already been prioritised to support the Trust to meet the increased Long Term Plan deliverables for 2023/24 (also linked to the Mental Health Implementation Plan 2019-2024) for the following service areas:

- Improving children's access
- Increase perinatal access
- Achieve sustainable IAPT access

The planned new MHIS investments for the Trust for 2023/24 and the recurrent funding agreed for existing schemes developed in 2022/23 previously funded from short term, non-recurrent investments are set out in the table below:

Scheme	**New**	**Existing**
	'000	**'000**
GHC Inflation @ 2.9% less 1.1% Efficiency	1,561	
GHC Demographic Growth @ 0.7%	607	
Covid uplift @ 0.6%	520	
IAPT	326	
Perinatal Mental Health - increasing trajectory	213	204
Childrens Access – increasing trajectory	528	
Eating Disorders – increasing trajectory	433	73
Mental Health Liaison (nursing)	255	
Additional Roles in Primary Care (Adult ARRs)		710
Additional Roles in Primary Care (Childrens ARRs)	47	
Total	**4,490**	**987**

Of the total c5.4m investment, 1.8m is allocated for new investment, 2.7m is allocated for general growth and 0.9m is allocated recurrently for previous existing non-recurrent funded schemes.

The Community Mental Health Transformation (CMHT) budget has been devolved to the Trust and provisionally allocated for the final year of the programme for 2023/24. New priorities will be included in the business plan linked to the transformation programme as they emerge.

5.2 System Priorities:

Our Trust business planning process is aligned to the system planning process and the system prioritisation process. As the system priorities are agreed and additional funding opportunities are confirmed, these will be included within the business plan as appropriate.

- **Additional funding opportunities:** the following includes some of the investment opportunities that are available in 2023/24 for physical health services:

  - Ageing Well System Development Funding to support urgent community response
  - Demand, Capacity and discharge funding linked to improvements in patient flow in and out of hospital care
  - Virtual Ward expansion building on the existing pilots for respiratory
  - Elective Recovery Funding priorities including where waiting lists have developed during Covid or demand is expected to increase

- **System Prioritisation:** a number of services that have been funded non-recurrently in 2022/23 require further long term investment decisions. The following schemes are being considered as part of the system prioritisation process for investment in 2023/24:

Non-Recurrent Scheme	**'000**	***RAG**
Community Assessment and Treatment Unit (CATU)	558	
Children's Respiratory Physio	75	
Covid Medicines Delivery Unit (inc IV Therapy)	142	
MIIU Telephone Triage	536	
Potential commitments	**1,311**	

*A Red, Amber, Green score has been applied to demonstrate the level of confidence in the prioritisation of each scheme.

5.3 Trust Priorities:

The Trust Strategic Aims are embedded within the business planning process and objectives are linked to at least one theme. The key deliverables for 2023/24 have been included in the business plan and will be monitored against the key measures and targets where defined.

Trust Strategic Objectives: The following extract sets out the Trust Strategic Objectives in line with the Trust Strategy and has formed the basis of the internal quality assurance mapping process to ensure the business planning objectives will contribute to the delivery of the Trust Strategy:

High Quality Care

Our Goals

- The people who use our services and their carers report high levels of satisfaction and 'being heard'
- We co-produce quality outcome measures that demonstrate good care
- We achieve an overall CQC rating of 'Outstanding'

Strategic Objectives

- Quality Improvement to ensure continuous learning and improvement
- Co-production, Personalisation, and the Triangle of Care
- Robust quality assurance processes helping us to learn when we get things wrong

Better Health

Our Goals

- To work in partnership with our communities to improve the health outcomes of those who are most disadvantaged

Strategic Objectives

- Identify inequalities and develop targeted initiatives to improve
- Further integrate our physical, mental health and learning disability services
- Use Population Health Management and health data
- Personalised Care Model and a clear approach to co-production across our services

Great Place to Work

Our Goal

- A productive, healthy and happy high-quality workforce, performing well in all local and national performance standards

Strategic Objectives

- Recruitment, retention and talent management to secure our future workforce supply
- Invest in our health and well-being offers
- Create an organisational culture that is welcoming and celebrates inclusivity and diversity
- Colleagues are heard, valued and influential
- Flexible working, digital enablement and innovative roles
- Optimise funding, education and training that enables workforce transformation

Sustainability

Our Goals

- Deliver our Green Plan and demonstrate that we are reducing our total carbon emissions in line with NHS net zero plans
- As an 'Anchor Institution' within the local system – to contribute to our community's sustainability agenda through procurement, training, employment, professional development, and buildings and land use.

Strategic Objectives

- Understand our baseline position in all aspects of sustainable development
- Reduce our carbon footprint and improve air quality
- Digital by Design to transform our service delivery
- Major contributor to our local economy - promoting local, high quality employment opportunities and investment to add wider value

Currently, the business planning objectives are linked to a primary strategic theme. The deliverables set out in the six enabling strategies have been included in the integrated business planning and budget setting process including any **additional operational, workforce and quality priorities** set by the Executive Team.

6. Business Planning Objectives

6.1 Business planning objectives have been developed by each directorate team and a summary of the key highlights for delivery in 2023/24 are as follows: (the complete list of business planning objectives is included in Appendix 1)

Community Physical Health, Mental Health and Learning Disability Services:

- To implement a directorate project to ensure there is close collaboration between physical health, mental health and learning disability services as part of a holistic model of care
- To adopt a health coaching approach ethos across all services to support self-management and health promotion

- To ensure efficient systems and processes are in place to maximise the capacity of the ADHD/Autism diagnostic service
- To continue to work closely within the Primary Care Networks over the coming year on joint initiatives based on local need

Countywide Services:

- To develop and implement the agreed business case for a community neurorehabilitation team across Gloucestershire, integrating with the Early Supported Discharge Stroke service and develop agreed criteria, pathways and education to support services that work with this cohort of patients.
- To manage the replacement of the dental service clinical system platform in response to the retirement of the existing SOEL system in April 2024.
- To explore the opportunities and synergies between physical health and mental health homeless healthcare teams and develop a plan to realise any tangible benefits for homeless patients.
- To achieve the SARC forensic accreditation by December 2024.

Mental Health and Learning Disability Urgent Care and Inpatient Services:

- To undertake a review of the Learning Disability Inpatient service in line with best practice and national guidance to determine and review the efficacy and efficiency of the service
- To explore a potential business case for an Interactive Voice Response (IVR) link between NHS 111 and Mental Health services to improve patient experience through joined up care
- To undertake a review of the crisis and home treatment team in line with best practice, national direction and delivering high quality, efficient and effective care
- To implement a comprehensive programme of work to continue to improve local processes and pathways to reduce the need for out of area placements

Physical Health Urgent Care and Inpatient Services:

- To ensure outpatient, endoscopy and theatre services are cost efficient and fit for the future
- To embrace and create opportunities within Urgent Care to provide robust assurance of service delivery in the community including Rapid Response, Falls and the Single Point of Clinical Access
- To work with system partners to develop a future strategy for improvement in Community Hospitals and Urgent Care to provide enhanced care for patients including the virtual ward
- To work collaboratively in delivering the new Forest of Dean Community Hospital in order to ensure the appropriate provision of services

Childrens and Young Peoples Services:

- To complete a 3 month pilot for a "single point of entry" for mental health/emotional wellbeing needs for Under 18's within Gloucester City and set recommendations to increase accessibility to wider system mental health and family based support
- To work with commissioners to develop a clear vision and timeline for the future of the neuro pathway that ensures Children and Young People aged over 11 will have access to a neuro diversity assessment.
- To develop and implement an integrated therapy pathway for children and young people with complex and long term needs to avoid multiple appointments and improve experience.
- To integrate all Children In Care teams into one service to support a localised approach to MDT working that provides proactive narrative and decision making to support improved outcomes

Business Intelligence:

- To progress Equality Monitoring & Population Health Management with system partners and improve data analysis capabilities to target improved health for deprived and minority groups
- To positively progress the data quality agenda across all clinical and corporate systems by championing best practice and providing appropriate data quality reporting

IT & Clinical Systems:

- To lead the business case for the Clinical Systems Vision Project and implement the agreed preferred option for the Trust core Clinical System
- To work through Digital Maturity Assessment to produce accurate picture of our Digital Maturity allowing for proactivity in planning for digital solutions

Estates, Facilities & Medical Equipment:

- To deliver the future model for Stock Management in line with agreed timescales and cost constraints
- To support the progression of the Forest of Dean Community Hospital in line with agreed programme and budget

Finance:

- To produce a training package for budget holders that is available on line and can be delivered face to face
- To complete and implement a project plan to prepare for reporting the monthly finance position on working day 1.

Contract & Planning:

- To develop the Provider Led Commissioning approach with the voluntary care sector, facilitated by a set of principles, systems and processes building on the Anchor Institution learning for successful collaborative working
- To ensure the effective use of patient-level information and rollout of Engagement Value Outcome (EVO) programme across a selection of services prioritised by Ops engagement

Nursing, Therapies and Quality:

- To complete market scoping of digital technology systems including fixed and wearable devices and develop an outline business case to fund a pilot of patient safety and physical observations
- To scope solutions for providing a safety dashboard to produce a heat map and cluster information for each service and ensure this is embedded within existing governance structures.

Medical:

- To fully understand, scope and document the implications of the proposed governmental reforms to the Mental Health Act and identify the actions that need to be taken to deliver the requirements.
- To proactively develop an ongoing rolling approach to expansions in medical training posts which can be applied as opportunities arise

HR & Organisational Development

- To establish a programme plan with executive governance and sponsorship to develop and support the organisation in working towards becoming a restorative based organisation.
- To achieve the Preceptorship Quality Mark for nursing and equivalent standard Preceptorship offer to AHPs and complete full delivery of One Gloucestershire Accredited Preceptorship Module improving related recruitment and retention
- To reduce agency spend through improving rostering and increasing bank fill rates over agency usage and removal of off framework agencies where possible
- To improve the onward career journey support for future or recently registered NMC and HCPC colleagues (International Nurses across physical and mental health and under/post graduates)

Strategy & Partnerships

- To support the development of the Trust approach to being one of Gloucestershire's key Anchor Institutions
- To further develop the Sustainability Programme Board and governance process for achieving annual net zero targets and embedding Trust wide sustainability projects

7. Business Planning Outcomes

7.1 The full business plan for 2023/24 includes 219 objectives. This includes a small number of objectives for 2022/23 that were not fully met and have been carried forward into 2023/24 where appropriate.

7.2 One of the key aims for the business planning process is to demonstrate a preferred balance of objectives across our strategic aims. The bubble diagram below shows the balance of business planning objectives for each team/directorate for each of our four strategic aims. The operational teams are coloured red/orange and the corporate teams are coloured blue/green. (The position of the bubble within each theme on the diagram has no significance.)

(see 7.4 for key to identify teams)

7.3 The diagram shows some teams focus more on one theme than another. Better Health and Sustainability themes have the least objectives. During the quality assurance mapping process we have ensured the Trust strategic aims and deliverables are embedded within the business plan which may impact some teams more than others but the balance of objectives is not unexpected.

7.4 The table below shows the key for identifying teams in the previous bubble diagram.

Key	Sub-Directorate
	Business Intelligence
	Contracts & Planning
	Estates, Facilities & Medical Equipment
	Information Technology & Clinical Systems
	Finance
	Corporate Governance
	Nursing, Therapies & Quality
	Communications
	Countywide Services
	Community PH, MH & LD
	Children's & Young People's Service
	MH & LD Urgent Care and Inpatient
	PH Urgent Care and Inpatient
	Medical Team
	Organisational Resilience
	Strategy & Partnerships
	Patient Flow
	Workforce Systems & Planning
	Working Well
	Recruitment & Retention
	Organisation Development / Learning & Development
	HR Operations

7.5 The complete list of business planning objectives is included in Appendix 1. Please note this does not include the full details of each objective, for ease of reading.

8. Business Planning Forecast Delivery 2022/23

8.1 Teams were asked to provide a forecast for the delivery of their 2022/23 business planning objectives. There were 228 objectives at the beginning of 2022/23. Performance was monitored throughout the year by an online self assessment of progress via the business planning website.

8.2 The performance results below reflect the self assessment forecast for 2022/23 by milestone of which there were 782 by the end of the year. A small number of plans were not scored and these were removed from the results table. Where objectives were pending a score, these were included as Red.

RAG-Rating Distributions				
Combined Qualitative Metrics & Milestone Rating by Theme	**Red**	**Amber**	**Green**	**Q4 YTD Total**
Better Health	7%	27%	66%	**14%**
Great Place to Work	1%	20%	79%	**21%**
High Quality Care	6%	44%	49%	**28%**
Sustainability	15%	16%	70%	**36%**
Total	**7%**	**27%**	**66%**	
Milestones	**47**	**201**	**534**	**782**

8.3 The results show that just 7% of the business plan milestones will not be achieved. This is a slight improvement in our performance from the previous year. However, there has been a significant increase in the number of milestones that were not fully achieved. This has been largely due to capacity issues, changes to the operational structure, challenging winter pressures and competing priorities emerging throughout the year. The majority of amber rated milestones have been carried over for completion in quarter 1 of 2023/24 including some objectives that are scheduled to be delivered across multiple years.

8.4 The results also show that despite the challenges this year, two thirds of our business planning milestones are expected to be delivered by the end of March 2023.

9. Business Planning Key Achievements 2022/23

9.1 The following is a sample of the key achievements in 2022/23:

- ✓ Successful trial of the use of telehealth devices with Complex Care at Home, to support the development of the Virtual Ward
- ✓ Evaluated the Test and Learn development for the Community Assessment and Treatment Unit and demonstrated system benefits for patient flow
- ✓ Successful expansion of the Children's Community Respiratory Physio Pilot (12 months) to manage respiratory needs in the community and support admission avoidance
- ✓ Improved accessibility of our main Trust website to increase our rating on the Silktide Index by at least two points per quarter has been exceeded
- ✓ Space utilisation function has been developed that enables the maximisation of available Trust estate
- ✓ TRAC Recruitment system launched to ensure maximum efficiency in vacancy and candidate processing and visibility of Key Performance Indicators
- ✓ Co-delivery of ICS System Leadership Programme Completed
- ✓ Successful flow of mandated data within the community services data set for urgent community response Gloucestershire Clinical Placement Expansion Programme
- ✓ Health and Wellbeing Strategy and implementation plan supported by Great Place To Work Committee
- ✓ Career Development Framework completed for Health Visiting & School Nursing Teams that covers opportunities for apprenticeships, preceptorships & new roles
- ✓ Construction commenced on the new Forest of Dean Hospital to time, quality and cost
- ✓ Successful implementation of the new Gloucestershire, Swindon and Wiltshire SARC contract in partnership with First Light
- ✓ Comprehensive Covid lessons learnt exercise completed and staff feel supported "returning" to the physical environment
- ✓ Demand and capacity assessment completed across the inpatient pathway with appropriate utilisation of recovery estate, step-up functions and supported discharge model to reduce out of area placements
- ✓ Successful reduction in community hospital vacancies to establish multi-disciplinary staffing models on inpatient wards, to ensure sustainability and resilience
- ✓ Health Care Support Worker engagement forum established with shared decision making council

and a key focus on retention and recognition

- ✓ Delivery of a work experience programme to optimise widening access to Trust employment through engagement with key partner organisations and internal colleagues.
- ✓ Finalised project to identify cyber weaknesses across the IT estate and issues resolved and Cyber tools are functioning as expected.

10. Business Planning Risks 2023/24

10.1 The key risks to delivering the Business Plan for 2023/24 are identified as follows:

Risk: L likelihood, I impact, R risk rating	L	I	R	R
The continued system impact of external factors: There is a risk that continued system pressures (including the impact of the pandemic and patient flow) will impact our capacity to deliver the Trust business planning objectives. A business planning refresh of objectives will be completed during quarter 1 and revisited throughout the year to allow for any necessary reprioritisation of resources. The objectives will then be refreshed quarterly throughout the year to ensure the business plan is 'live'.	3	4	12	●
Impact of System Deficit: Progress towards achieving the business planning objectives will be impacted by the distraction on the organisation from the system financial deficit. A clear financial strategy will be developed setting out how we will manage the in-year position and continue to prioritise and deliver appropriately.	4	3	12	●
Impact of System Prioritisation on Investments: At the time of writing, not all service development funding has been agreed and key investment decisions regarding schemes that were developed in 2022/23 for short term, non-recurrent investments are awaiting the outcome of system prioritisation. We will use the business planning refresh to rebalance the business plan and assess the affordability of our objectives. Any unfunded objectives will be removed or an alternative delivery method will be explored.	3	2	6	●
Finalisation of System Delivery Plans: The System Delivery Plans for 2023/24 have remained in draft format during the quality assurance process so there is a risk that some key outcomes may change. The System Delivery Plans are expected to be finalised in April so we may need to re-plan our objectives to include any system changes during the business planning refresh in quarter 1.	2	3	6	●
Not all interdependencies identified: The quality assurance process may not have fully identified all interdependences and capacity constraints leading to a risk that the business plan is not deliverable in its entirety. We will use the business planning refresh to reassess the capacity requirements of the business plan and rebalance resources where appropriate.	2	3	6	●

● Low Risk ● Moderate Risk ● Significant Risk ● High Risk

10.2 The completion of a business planning refresh at the end of quarter 1 is key to mitigating the identified risks. Feedback from the **Council of Governors** also endorsed the need for a refresh to ensure the business plan is achievable.

11. Recommendations

11.1 The Board is asked to:

- approve the business planning objectives.
- note the comments from the Council of Governors.
- note the planned refresh during quarter 1 to ensure alignment with the System Delivery Plans and to ensure the capacity is appropriately balanced to support the Clinical Systems Vision Project.

Theme
Better Health
Great Place to Work
High Quality Care
Sustainability

Team	Description of Objective
Business Intelligence	To progress Equality Monitoring & Population Health Management with system partners and improve data analysis capabilities to target improved health for deprived and minority populations
Business Intelligence	To support the planning and delivery requirements of the Clinical Systems Vision Project to consolidate systems and specifically provide business intelligence expertise on data warehousing, data migration, data development and data reporting
Business Intelligence	To further embed business partnering structures, functions and a wider relationship culture across the organisation, but specifically within Business Intelligence Services
Business Intelligence	To deliver service level integrated dashboards for a range of operational services and facilitate triangulated, service profile analysis at all levels
Business Intelligence	To positively progress the data quality agenda across all clinical and corporate systems by championing best practice and providing appropriate data quality reporting
Business Intelligence	To establish new techniques and tools to further support and streamline demand and capacity modelling processes
Business Intelligence	To support various project developments with expert business intelligence activities to add value through analysis and support improved decision making
Business Intelligence	To consolidate the reporting portfolio for operational services to improve service reporting and use of Tableau
Business Intelligence	To continue to improve the Performance Dashboard, its layout, data integration and triangulation to support Board requirements
Business Intelligence	To develop and maintain existing and new system data flows into and out of the organisation to facilitate stakeholder reporting needs and progress the integration agenda
Business Intelligence	To work with finance and costing colleagues to understand the process for each mandated return including ownership, timetable and input resourcing of each return, streamlining the process and learning from the outputs

Business Intelligence	To support product tendering exercises with expert advice on data warehousing, data migration, data development and data reporting
Childrens & Young People's Service	To build and launch all CYPS website pages including a comprehensive range of self help strategies, tool kits and advice to offer easier access to appropriate advice & support
Childrens & Young People's Service	To develop and implement a formal project plan to complete a 3 month pilot of "single point of entry" for mental health/emotional wellbeing needs for Under 18's within Gloucester City and set recommendations to increase accessibility to wider system mental health and family based support
Childrens & Young People's Service	To ensure CYPS service delivery will align with the Fuller report and identify localised frameworks to support delivery in the right place by the right person with increasing equitable access for communities.
Childrens & Young People's Service	To work with commissioners to develop a clear vision and timeline for the future of the neuro diversity pathway that ensures CYP aged over 11 will have access to neuro diversity assessment
Childrens & Young People's Service	To establish a Career Development Framework for each CYPS service area that will identify the foundation level of skills and core competencies for all practitioners and the training required
Childrens & Young People's Service	To implement the quality improvement pilot regarding the use of a digital communication service to enable us to communicate with and validate the ongoing needs of families on the Core CAMHS waiting list.
Childrens & Young People's Service	To complete the pilot evaluation of the Silvercloud digital Cognitive Behavioural Therapy offer to understand both service experience as well as impact of reducing waiting list numbers
Childrens & Young People's Service	To integrate all Children In Care teams into one service to support a localised approach to MDT working that provides proactive narrative and decision making to support improved outcomes
Childrens & Young People's Service	To support the LGBTQ+ Participation Forum for Under 18s to meet together, share views and ideas that will inform staff training needs as well as CYPS good practice developments
Childrens & Young People's Service	To ensure all CYPS services will be following the same internal Special Educational Needs and Disabilities (SEND) processes and pathways, aligning with SEND legislation and commissioning arrangements.
Childrens & Young People's Service	To develop and implement an integrated therapy pathway for CYPS with complex and long term needs to avoid multiple appointments and improve experience and outcomes.
Childrens & Young People's Service	To review the growing demand for access to CAMHS provision from Under 18's arriving in Gloucestershire from out of county areas.
Communications	To maintain or improve our ranking on the Silktide Index, which is the recognised league table for NHS Trust websites.
Communications	To move the intranet from the Dallas to the Manchester theme, which will bring it more up to date and improve the user experience
Communications	To regularly promote roles (at least 3 per month) via social media channels to support services with recruiting into their vacancies.
Community PH, MH & LD	To adopt a health coaching approach ethos across all services to support self management and health promotion.

Community PH, MH & LD	To continue to develop the roll out of Phase 2 of the Home First and Therapy Led Reablement model across the Integrated Community Teams
Community PH, MH & LD	To define and implement a range of initiatives which will lead to productivity gains within the Home First and Reablement (P1) pathway.
Community PH, MH & LD	To implement a directorate project to ensure there is close collaboration between community physical health, mental health and learning disability services as part of a holistic model of care
Community PH, MH & LD	To implement a pan directorate project to ensure people living with dementia receive good health outcomes for both their physical and mental health
Community PH, MH & LD	To implement a pan directorate project to ensure there is close collaboration with the long term condition teams and clear pathways between Adult Community Services
Community PH, MH & LD	To implement a pan directorate project to ensure the therapy model is in line with the community hospitals development plans
Community PH, MH & LD	To participate in the ICS led project to redesign Neurological Rehabilitation pathways
Community PH, MH & LD	To continue to work closely within the Primary Care Networks over the coming year on joint initiatives based on local need over the coming year
Community PH, MH & LD	To implement further Mental Health Additional Roles Reimbursement (ARRs) in line with agreed plans with Primary Care Networks (PCNs)
Community PH, MH & LD	To support the review of eating disorders provision and agree new service model
Community PH, MH & LD	To deliver Adult Social Care Project outcomes as outlined in project plan, including new staffing structure and social care hub
Community PH, MH & LD	To review workforce skill mix and establishment with the aim of improving productivity and efficiency across community mental health services including the Assertive Outreach Team and Recovery
Community PH, MH & LD	To release the potential of interface between ARRs, Primary Care Mental Health Teams and IAPT, maximising productivity and efficiency, and reducing duplication
Community PH, MH & LD	To expand the Complex Emotional Needs service to be able to deliver a countywide model subject to investment
Community PH, MH & LD	To ensure circa 65% of those on the Serious Mental Illness (SMI) register are receiving an annual physical health check in line with the Long Term Plan ambitions
Community PH, MH & LD	To support Mental Health Teams working closer to PCNs, accounting for demand, capacity, population size and demographics
Community PH, MH & LD	To undertake market research to inform recruitment campaigns for Occupational Therapy & Physiotherapy staff in the Integrated Community Teams
Community PH, MH & LD	To support managers and staff in adult community services to connect with each other in order to reduce duplication and increase efficiency (encompassing mental health, learning disability and physical health)
Community PH, MH & LD	To develop a more patient facing Integrated Community Team referral centre supported by robust triage and health coaching approaches

Community PH, MH & LD	To support the delivery of Year 3 of the Community Mental Health Transformation (CMHT) Plan
Community PH, MH & LD	To co-pilot a new CMHT model, including joint service delivery with Voluntary Care Sector (VCS) in one locality to improve outcomes and reduce health inequalities
Community PH, MH & LD	To expand perinatal service to deliver increased access in line with Long Term Plan (LTP) ambitions
Community PH, MH & LD	To implement a pan directorate project to ensure people living with dementia receive good health outcomes for both their physical and mental health
Community PH, MH & LD	To agree hybrid working and service delivery model by team to improve effective operational delivery across learning disability services
Community PH, MH & LD	To review Talking Therapies skill mix and establishment with the aim of improving productivity and efficiency
Community PH, MH & LD	To ensure efficient systems and processes are in place to maximise the capacity of the ADHD/Autism diagnostic service whilst maintaining quality and ensuring staff health and wellbeing
Community PH, MH & LD	To expand the Developing Leaders Programme to include community mental health and learning disability colleagues, as well as physical health and take a Multi Disciplinary Team approach to developing the leadership skills of senior clinical staff
Contracts & Planning	To update Service Specifications (both income and expenditure) to ensure they are a true reflection of the service being delivered
Contracts & Planning	To update the costing intranet site to enable the team, service leads and other users to access shared documents and guides more easily
Contracts & Planning	To ensure the effective use of patient-level information and rollout of Engagement Value Outcome (EVO) programme across a selection of services prioritised by operational team engagement
Contracts & Planning	To work with Integrated Care System (ICS) partners to lead and support the Patient Level Costing programme to overcome data sharing issues and move forward to better understand the drivers for clinical costs.
Contracts & Planning	To fully automate Patient Level Costing (PLICS) datasets from the Business Intelligence Team for both Physical and Mental Health, to ensure effective use of resource
Contracts & Planning	To support tender process for new opportunities or contracts due for renewal, to ensure the continuation of Trust services and successful bids and implementation of new services and income
Contracts & Planning	To improve the quality of overarching contracts with system partners
Contracts & Planning	To develop the Provider Led Commissioning approach with the voluntary care sector, facilitated by a set of principles, systems and processes building on the Anchor Institution learning for successful collaborative working
Contracts & Planning	To ensure the successful rollout of the Atamis system to improve the contract management processes, allowing successful bids and commissioning / procurement of services and sharing of information across the system
Corporate Governance	To review and implement retention and destruction of mental health and physical health files for scanning or confidential destruction to complement the CITO electronic documentation management system project

Corporate Governance	To update and monitor the Data Security & Protection Toolkit, update and monitor progress to ensure the Trust continues to achieve the required compliance level
Corporate Governance	To manage the Subject Access Request process and support an electronic automated service, ensuring the Trust is compliant with the relevant data protection legislation
Corporate Governance	To ensure all Trust sites have the ability to respond to and carry out a lockdown in the event of an incident
Corporate Governance	To conduct audits and ad hoc checks throughout the year according to the priority grading of the site, share feedback with managers to enable corrective actions.
Corporate Governance	To respond to the implications of the changes to the Mental Health Act on administrative resources
Corporate Governance	To develop and promote the specialist work, activities and support that the Legal Services Team provides to the Trust
Corporate Governance	To review and implement a revised risk management policy including new approach to risk appetite and tolerance to better understand the impact of risks
Corporate Governance	To undertake a full review of the Trust's constitution and standing orders to ensure they are up to date and in line with the new governance code with associated implementation plan
Countywide Services	To achieve an effective and high quality Post Covid Service that meets the 6 week referral to treatment key performance indicator whilst developing new referral pathways and links with LTC services to ensure ongoing support for the patient cohort after the service is expected to cease.
Countywide Services	To develop and implement the agreed business case for a community neurorehabilitation team across Gloucestershire, integrating with the Early Supported Discharge Stroke service and develop agreed criteria, pathways and education to support services that work with this cohort of patients.
Countywide Services	To review the long term options for the Springbank Dental service offer and inform the future direction
Countywide Services	To explore the opportunities and synergies between physical health and mental health homeless healthcare teams and develop a plan to realise any tangible benefits for homeless patients.
Countywide Services	To engage with ICS colleagues regarding the remodelling of the future Covid Medicines Delivery Unit service
Countywide Services	To develop and implement an agreed improvement plan based on the outcomes and recommendations of the dental service Culture Review (led by medical and workforce colleagues).
Countywide Services	To develop and implement an agreed improvement plan based on the outcomes and recommendations of the sexual health service Culture Review (led by medical and workforce colleagues).
Countywide Services	To achieve the new SARC forensic accreditation requirements by December 2024.
Countywide Services	To manage the replacement of the dental service clinical system platform in response to the retirement of the existing SOEL system in April 2024.
Countywide Services	To review of the sexual health clinical system platform abilities and the data quality captured within it.
Estates, Facilities & Medical Equipment	To review Catering services including re-establish Catering service specifications for each site detailing the current requirements and the implementation of the new Digital Catering System
Estates, Facilities & Medical Equipment	To support the progression of the Forest of Dean Community Hospital in line with agreed programme and budget

Estates, Facilities & Medical Equipment	To deliver Estates & Facilities improvement initiatives within agreed timescales
Estates, Facilities & Medical Equipment	To finalise the Estates Strategy Implementation Plan and deliver against agreed timeline.
Estates, Facilities & Medical Equipment	To review the range of cleaning products and cleaning methods specifically floor cleaning
Estates, Facilities & Medical Equipment	To implement the disposal of properties agreed as part of the Trust Estates Strategy within agreed timescales
Estates, Facilities & Medical Equipment	To deliver the future model for Stock Management in line with agreed timescales and cost constraints
Estates, Facilities & Medical Equipment	To complete a review of GMS services to produce a detailed recommended action plan with timelines
Estates, Facilities & Medical Equipment	To implement metrics to measure the estates and facilities internal performance against compliance, productivity and National Standards including PLACE, ERIC and PAM returns
Estates, Facilities & Medical Equipment	To deliver against a costed, time-bound action plan on Net Zero Carbon initiatives encompassing: Fleet electrification, LED lighting, Heat Pumps, Solar Photovoltaic Systems
Finance	To produce a training package for budget holders that is available on line and can be delivered face to face
Finance	To seek to understand the challenges that the team face by way of bespoke survey, team meetings etc and plan activities accordingly
Finance	To document and agree sign off of the system owner(s) and processes in place for the use of the Bookwise room booking system as an end to end process
Finance	To increase the number of finance reports published on Tableau
Finance	To complete and implement a project plan to prepare for reporting the monthly finance position on working day 1
Finance	To agree ownership and process of provider to provider recharges so that they are received and journaled accurately, charges are challenged if necessary and any disputes actively managed
Finance	To work with Business Intelligence and Costing colleagues to understand the process for each mandated and voluntary return (incl Benchmarking and ERIC) so that we fully understand ownership, timetable and input resourcing of each return
HR Operations	To complete the NHS Futures “Improving Attendance Challenge Toolkit 9.0”, including developing an action plan of recommendations if applicable.
Information Technology & Clinical Systems	To update WOW devices to ensure equipment is robust and reliable to support patient care
Information Technology & Clinical Systems	To provide ongoing support for the Clinical Systems Vision Programme through the stages of procurement, including evaluation and ongoing planning of subsequent rollout

Information Technology & Clinical Systems	To establish the schedule of works to be created and implement solution for the ITSM Migration.
Information Technology & Clinical Systems	To identify areas for improvement for IT support by assessing user feedback and ITSM reports.
Information Technology & Clinical Systems	To upskill technical team and ensure every member of the technical teams undertake formal Microsoft Training
Information Technology & Clinical Systems	To automate the new starter processes and provide system integration between Trac and other Corporate systems
Information Technology & Clinical Systems	To implement the data migration from Cherwell to HALO, set up of HALO in back end and project management for overall rollout to Digital Services
Information Technology & Clinical Systems	To ensure that Trust sites have access to standardised equipment and undertake review of AV products to produce options appraisal to be considered by Corporate Systems Working Group
Information Technology & Clinical Systems	To undertake a review of AV products and produce options appraisal for a number of solutions to be considered by the Corporate Systems Working Group
Information Technology & Clinical Systems	To work with the Learning and Development team on Phase 2 of Digital Literacy programme to identify benchmark for digital skills and increase number of Digital Champions
Information Technology & Clinical Systems	To look into possible options for easier ways for Trust colleagues to request support from Digital Teams
Information Technology & Clinical Systems	To ensure that the Programmes and Change Team have an accurate portfolio of work and that capacity and resourcing across the team can be understood and work allocated appropriately
Information Technology & Clinical Systems	To implement a physical health E-OBS functionality and review options in one mental health inpatient setting
Information Technology & Clinical Systems	To support the delivery and development of JUYI v2 (Joining Up Your Information)
Information Technology & Clinical Systems	To ensure WIFI provision has reliable coverage at all sites
Information Technology & Clinical Systems	To fully implement VDI solution to provide access to Clinical system to students
Information Technology & Clinical Systems	To review further use of Dragon dictation system including the ongoing use of Crescendo and support the Corporate Systems Working Group to consider whether the Trust use Dragon only or take on support of Crescendo product fully
Information Technology & Clinical Systems	To support WiFi and infrastructure implementation
Information Technology & Clinical Systems	To support the planning and rollout of the preferred Virtual Ward digital product

Information Technology & Clinical Systems	To provide digital support to teams using the Moodle application
Information Technology & Clinical Systems	To pilot eConsent and electronic recording of immunisations for our School Age Immunisation service
Information Technology & Clinical Systems	To go live with the Electronic Documentation Management System in the RiO clinical system including processing & scanning of paper Physical Health Records and plan to go live with SystmOne
Information Technology & Clinical Systems	To lead the business case for the Clinical Systems Vision Project and implement the agreed preferred option for the Trust core Clinical System
Information Technology & Clinical Systems	To reduce the number of templates in SystmOne and where possible create core standard templates used across units to reduce duplication
Information Technology & Clinical Systems	To support the procurement of a suitable clinical system for the Dental Service and develop and implement the system including migration of appropriate records
Information Technology & Clinical Systems	To review the current Sexual Health Service clinical system and appraise alternative suitable available options
Information Technology & Clinical Systems	To assess current telephony migration and opportunities and delivery a consolidated telephony estate.
Information Technology & Clinical Systems	To replace aged layer 3 network switches to ensure equipment is supported
Information Technology & Clinical Systems	To ensure all On-Prem Windows servers are using Windows 2019 and migrating away from Server 2012
Information Technology & Clinical Systems	To ensure readiness for W11 rollout including scoping works to understand full requirements with endpoint configuration and compatibility checks
Information Technology & Clinical Systems	To ensure medical devices are managed through a central system and scanning network
Information Technology & Clinical Systems	To test Cyber Incident response (CIR) plan to ensure process and workflow fits the purpose
Information Technology & Clinical Systems	To replace endpoint devices over 5 years of life
Information Technology & Clinical Systems	To undertake review of Core network devices and routing configuration in order to provide a resilient and high performing infrastructure
Information Technology & Clinical Systems	To replace aged UPS equipment and ensure equipment is supported.
Information Technology & Clinical Systems	To replace aged smartphones that are 5 years of age or more and enrol into Intune.
Information Technology & Clinical Systems	To complete replacement of layer 1 network switches to ensure equipment meets cyber requirements

Information Technology & Clinical Systems	To migrate additional on premises servers and solutions to Azure,
Information Technology & Clinical Systems	To create application for Patient Inclusion team and work on release 1 and 2
Information Technology & Clinical Systems	To upgrade application estate to ensure up to date with latest software and minimise support issues and security risks
Information Technology & Clinical Systems	To expand use of PowerAutomate and produce process for when Microsoft 365 updates happen and ensure guidance is in place
Information Technology & Clinical Systems	To set up and use Sharepoint for Digital Services and undertake review on usage for proof of concept to be considered by the Corporate Systems Working Group
Information Technology & Clinical Systems	To prepare for Windows 11 and develop a plan including configuration of environment, application of policies and undertake testing
Information Technology & Clinical Systems	To migrate all former 2GT sites over to a single platform
Information Technology & Clinical Systems	To ensure project management is in place to implement the new HALO system
Information Technology & Clinical Systems	To upgrade the Local Area Network
Information Technology & Clinical Systems	To work through Digital Maturity Assessment and cross reference with HIMSS to produce an accurate picture of the Trust Digital Maturity allowing for proactivity in planning for digital solutions
Information Technology & Clinical Systems	To ensure that work undertaken by Digital Transformation team contributes to and meets the Digital Strategy for the Trust and ICS
Medical Team	To continue the development of the Innovation Hub as initiated in 2022/23 where colleagues can come together to champion change and new ways of working and ensure we work together towards better care outcomes.
Medical Team	To scope the potential for a Medical Lead for Physical Health Urgent Care, including role description and potential funding In conjunction with Clinical Director and Service Director
Medical Team	To proactively develop an ongoing rolling approach to expansions in medical training posts which can be applied as opportunities arise and also benefit the Locum Zero Strategy.
Medical Team	To fully understand, scope and document the implications for the Trust of the proposed governmental reforms to the Mental Health Act and articulate the actions that need to be taken (including recruitment) to prepare the Trust to deliver the requirements.
Medical Team	To maximise the resilience of the medical team in the Eating Disorders Service by reviewing the medical provision and how it can be improved and stabilised, including through recruitment opportunities and additional investment
Medical Team	To develop a medical model with emphasis on resilience, quality and safe care, reflection and learning.

Medical Team	To review and address areas where the Serious Incident (SI) process could be improved in context of the new Patient Safety Incident Response Framework (PSIRF) adjustments
Medical Team	To support the Research Team to maximise team stability and income through commercial studies and support with ongoing evaluation and monitoring of the proposed mode subject to business case approval
MH & LD Urgent care and Inpatient	To review the alternative crisis pathway to ensure the service delivery supports the NHS Long Term Plan ambitions for supporting crisis intervention and hospital admission avoidance
MH & LD Urgent care and Inpatient	To ensure a strategic focus on the mental health workforce including a delivery plan focussed on recruitment and retention, wellbeing and staff safety, development of career progression and pathway for all grades and Leadership Development/coaching for matrons, expanded to include mental health hospitals
MH & LD Urgent care and Inpatient	To implement a comprehensive programme of work to continue to improve local processes and pathways to reduce the need for mental health out of area placements
MH & LD Urgent care and Inpatient	To undertake a review the Learning Disability Inpatient service in line with best practice and national guidance to determine and review as to if the efficacy and efficiency of the service
MH & LD Urgent care and Inpatient	To undertake a review of the crisis and home treatment team to determine as to if the operations of the team is in line with best practice; national direction and delivering high quality, efficient and effective care
MH & LD Urgent care and Inpatient	To explore a potential business case for an Interactive Voice Response (IVR) link between NHS 111 and Mental Health services to improve patient experience through joined up care
MH & LD Urgent care and Inpatient	To undertake an options appraisal to determine if the current S136 delivery model is effective and efficient in meeting the needs of system partners
Nursing, Therapies & Quality	To review and develop AHP Career Pathways to strengthen recruitment, retention and clinical leadership
Nursing, Therapies & Quality	To drive behavioural change with associated benefits for patient safety and to be a great place to work
Nursing, Therapies & Quality	To complete market scoping of digital technology systems including fixed and wearable devices and develop an outline business case to fund a pilot of patient safety and physical observations
Nursing, Therapies & Quality	To scope solutions for providing a safety dashboard to produce a heat map and cluster information for each service and ensure this is embedded within existing governance structures
Nursing, Therapies & Quality	To support the Patient Safety Incident Response Framework (PSIRF) by developing and maintaining effective systems and processes for responding to patient safety incidents and ensuring resources are allocated to learning appropriately
Nursing, Therapies & Quality	To continue to focus on the 5 key quality priorities carried forward to 2023/24: Pressure Ulcer Reduction, Falls Prevention, End of life care, Reducing Suicide, Embedding Learning
Organisation Development / Learning & Development	To complete the Equality Delivery System 2022 assessments, consultation and agreed returns for the Trust and publishing the results in 2024 meeting NHSE requirements.

Organisation Development / Learning & Development	To develop a simple Training Needs Analysis tool and which is then distributed and completed in order to capture information about the training needs of service areas so that the Trust has an overarching picture of the Trust's current and future training needs and potential budget requirements.
Organisation Development / Learning & Development	To implement the Health Education England In Place Capacity Management Programme for the Trust and link student placement capacity management across One Gloucestershire
Organisation Development / Learning & Development	To achieve the Preceptorship Quality Mark for nursing and equivalent standard Preceptorship offer to AHPs and complete full delivery of One Gloucestershire Accredited Preceptorship Module improving related recruitment and retention
Organisation Development / Learning & Development	To improve the onward career journey support for future or recently registered NMC and HCPC colleagues (International Nurses across physical and mental health and under/post graduates)
Organisation Development / Learning & Development	To attract future workforce by offering opportunities to gain experience and or insight into healthcare careers with a clear robust process for our colleagues and enquirers
Organisation Development / Learning & Development	To work with clinical and non-clinical services and teams to increase opportunities to engage and recruit to Higher (Degree) Apprenticeships
Organisation Development / Learning & Development	To develop a structured talent coaching framework that encourages shared accountability for development, retention and progression of organisational talent.
Organisation Development / Learning & Development	To establish a plan with executive governance and sponsorship to develop and support the organisation in working towards becoming a restorative based organisation as part of the Restorative and Just Learning Culture programme
Organisation Development / Learning & Development	To develop realistic and affordable arrangements for the delivery of Oliver McGowan training at Tiers 1 and 2 on behalf of the ICS.
Organisation Development / Learning & Development	To introduce and operate a standardised approach to quality assurance for all internal Learning & Development educational provision.
Organisational Resilience	To continue to review the Trust Business Continuity Planning (BCP) arrangements including the implementation of the new BCP template and conducting a BCP exercise where appropriate.
Organisational Resilience	To convert the Incident Management Policy into a trust response plan detailing Command and Control arrangements.
Organisational Resilience	To implement the outcomes of the organisational resilience training needs analysis to support key staff to increase resilience and understanding of risks and mitigations
Organisational Resilience	To ensure preparations are in place for Severe Weather and other issues the Trust might face other the Winter period.
Organisational Resilience	To ensure preparations are in place for Severe Weather (heatwave) and other issues the Trust might face over the Summer period.
Patient Flow	To provide Gloucestershire system with a single point of access for a community urgent care response including other appropriate pathway navigations and signposting.

Patient Flow	To support assessment areas such as the Acute Medical Unit and Courtyard in GHFT to identify and refer to community services and community bed bases
Patient Flow	To develop a teaching model by the patient flow team to be delivered across all professions in community hospitals with a focus in increasing knowledge and skills in 'no criteria to reside framework' and 'discharge to assess models'
Patient Flow	To establish internal team service developments to work further on integrating patient flow across mental health and physical health teams to enable the joined up outcomes and pathways for patients with multiple needs
Patient Flow	To develop the workforce establishment to deliver a true Single Point of Clinical Access service ensuring timely access for the population of Gloucestershire to a community urgent care response
Patient Flow	To develop a process to support a SWAST push model of Category 3, 4 and 5 incidents, through to the Single Point of Clinical Access.
PH Urgent care and Inpatient	To work with system partners to develop a future strategy for improvement in Community Hospitals and Urgent Care to provide enhanced care for patients including agreement on future plan for Community Hospital beds (inc CATU), MIIU/UTC, Ageing Well impact, HAT integration and virtual ward
PH Urgent care and Inpatient	To work collaboratively in delivering the new Forest of Dean hospital in order to ensure the appropriate provision of services
PH Urgent care and Inpatient	To take care of our people, by developing robust career pathways culminating in advanced clinical practice roles, investing in apprentices, focus on staff empowerment, professional satisfaction, working patterns and wellbeing to improve recruitment and retention across our community hospitals and urgent care
PH Urgent care and Inpatient	To assure the community hospitals clinical delivery through dedicated clinical development and the extension of the Golden 6 clinical priorities from2022/23, we will expand our Advanced Practice Roles and reframe urgent care services to a clinically appraised and assured purpose and clinical function
PH Urgent care and Inpatient	To deliver and embed the revised operational structure for physical health urgent care and inpatient services to realise the benefits of integrated and holistic care
PH Urgent care and Inpatient	To ensure outpatient, endoscopy and theatre services are cost efficient, fit for the future and maximise opportunities for productivity
PH Urgent care and Inpatient	To embrace and create opportunities within Urgent Care to provide robust assurance of service delivery in the community including Rapid Response, Falls and the Single Point of Clinical Access
PH Urgent care and Inpatient	To assess and implement sustainability initiatives within physical health inpatient and urgent teams to improve efficiencies and decrease wastage
Recruitment & Retention	To support the achievement of the NHSE Pastoral Care Framework Award
Recruitment & Retention	To develop a costed business case for the future of international recruitment, post the cessation of external funding
Strategy & Partnerships	To support the development of the Trust approach to being one of Gloucestershire’s key Anchor Institutions

Strategy & Partnerships	To work alongside services and System Business Intelligence Partners to use Population Health data sources to understand how delivery impacts on Health Inequalities
Strategy & Partnerships	To develop and implement a prioritisation framework and process to ensure strategic alignment of change and transformation initiatives through clear business justification for Must Do projects
Strategy & Partnerships	To support the testing of a system prioritisation approach to targeted resources in programmes
Strategy & Partnerships	To embed detailed processes and templates for Managing Benefits into the Project Management framework
Strategy & Partnerships	To develop through the Quality Improvement Hub processes to improve the involvement of service users and roll out through support and training of Quality Improvement approaches
Strategy & Partnerships	To ensure all Quality Improvement projects supported by the Quality Improvement Hub are utilising Business Intelligence dashboards where available to manage improvements
Strategy & Partnerships	To embed detailed Sustainability Impact processes and templates into the Project Management framework
Strategy & Partnerships	To provide inputs into the wider system green plan aligned with the Trust strategic priorities including developing overarching Travel & Transport plan and Climate Adaptation plan
Strategy & Partnerships	To embed planning and reporting process for delivery of the programme of work within the Green Plan in order to clearly measure progress and provide assurance to the Sustainability Programme Board and the governance process for achieving annual net zero targets and embedding Trust wide sustainability projects
Workforce Systems & Planning	To achieve the gold status in the Armed Forces recognition scheme
Workforce Systems & Planning	To implement an automated feed from the Electronic Staff Record system to flow workforce establishment data into tableau
Workforce Systems & Planning	To deliver reporting requirements to attain e-rostering level 4 as measured by national standards
Workforce Systems & Planning	To reduce agency spend through improving rostering and increasing bank fill rates over agency usage and removal of off framework agencies where possible
Working Well	To implement the preventative MSK programme as part of the Occupational Health service offer
Working Well	To interpret and localise the National Growing Occupational Health and Wellbeing Strategy
Working Well	To source appropriate Occupational Health medical system which would increase the functionality and experience for the team and users

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AGENDA ITEM: 13/0323

REPORT TO: **TRUST PUBLIC BOARD – 30TH MARCH 2023**

PRESENTED BY: Sandra Betney, Director of Finance

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: **BUDGET SETTING 2023/24**

If this report cannot be discussed at a public Board meeting, please explain why.	

This report is provided for:
Decision ☑ Endorsement ☐ Assurance ☑ Information ☐

The purpose of this report is to

This paper sets out the level of budgets proposed and how they have been prepared in order to meet this annual obligation under the Standing Financial Instructions.

Recommendations and decisions required

- Note the budget setting process and linkages within business planning
- Approve the revenue and capital budgets for 2023/24 and approve in principle the five-year capital plan
- Note the risks associated with the proposed budgets for 2023/24

Executive summary

- The paper sets out the budget setting process for 2023/24. It highlights the links with the NHSI planning, contracting and business planning processes and sets out risks and opportunities within the financial targets that have been set for each service and directorate
- The budgets proposed in this paper form the financial governance of the Trust for 23/24.
- National planning guidance for 23/24 provides tariff uplift funding to the system envelope of 2.9% and a 1.1% efficiency target as well as a convergence target 0.7% for Gloucestershire
- These budgets will deliver a break-even position.
- In order to deliver these budgets recurring cost improvement schemes of £5.4m will be required. In addition, £4.44m of non-recurrent savings will

need to be found to support non recurrent expenditure and non-recurrent cost pressures.
- A capital expenditure budget of £18.051m is proposed for 2023/24, and three disposals are planned for 23/24 totalling £3.749m.

Risks associated with meeting the Trust's values

Risks identified within the paper.

Corporate considerations	
Quality Implications	
Resource Implications	
Equality Implications	

Where has this issue been discussed before?
Executive team meetings Nov 22nd and Dec 22nd, Resources Committee 23rd February 2023, Capital Management Group meetings, System wide planning meetings

Appendices:	*Budget Setting paper*

Report authorised by: Sandra Betney	**Title:** Director of Finance

REPORT TO: **TRUST PUBLIC BOARD – 30TH MARCH 2023**

PRESENTED BY: Sandra Betney, Director of Finance

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: **BUDGET SETTING PAPER 23/24**

If this report cannot be discussed at a public Board meeting, please explain why.	

This report is provided for:
Decision ✓ Endorsement ☐ Assurance ✓ Information ☐

The purpose of this report is to
The Trust's Standing Financial Instructions state in section 2 'Business Planning, Budgets, Budgetary Control and Monitoring' that the Director of Finance will 'prepare and submit budgets for approval by the Board'.

This paper sets out the level of budgets proposed and how they have been prepared in order to meet this annual obligation under the Standing Financial Instructions.

This paper should be read in-conjunction with the System Finance presentation and the Business Planning paper.

Recommendations and decisions required

The Board is asked to:

- Note the budget setting process and linkages within business planning
- Approve the revenue and capital budgets for 23/24 and approve in principle the five-year capital plan
- Note the risks associated with the proposed budgets for 23/24

Executive summary
The paper sets out the budget setting process for 23/24. It highlights the links with the NHSEI planning, contracting and business planning processes and sets out risks and opportunities within the financial targets that have been set for each service and directorate.

Budget setting for 23/24 has been completed prior to the final agreement of the contract schedule with Gloucestershire Integrated Care Board (ICB) and MHIS/SDF funding. The financial regime for 23/24 is underpinned by funding allocations given to each Integrated Care System (ICS). This is allocated between all partners in the system. The key financial aim is for the system to be in financial balance.

The Trust has continued with its usual thorough process to develop a set of budgets that reflect the plans of the business and has also been mindful of the system's financial position and the resource constraints within the Gloucestershire system. The Trust's budget setting position as part of the current system position is break even.

The system plan showed the system consuming c£3.716m resources above allocation. We have actively supported minimising the deficit and will continue to work with system partners to achieve system financial balance. For the 30th March planning submission the system has submitted a break even position and resolved to collectively work to close the last part of the gap. The Trust's share of the £3.716m deficit based on expenditure budget size is £610k which is reflected as a non recurring CIP in budgets while the system identifies how to close the gap.

This budget reconciles to the organisation NHSEI submission on the 30th March. Any further changes to the budgets set or the overall system position will be reported to the Resources Committee in April.

These budgets provide a clear financial framework in which all Trust staff can continue to operate and make financial decisions and form the basis of the plans on which the Trust will deliver its business planning objectives and strategic aims for the year ahead.

National planning guidance for 23/24 provides tariff uplift funding to the system envelope of 2.9% and a 1.1% efficiency target as well as a convergence target reduction of 0.5% for Gloucestershire. The level of covid funding within the system allocation for 23/24 is significantly reduced but some recurring funds have been made available in the system allocation. National guidance indicated planning for a 2% pay award in 23/24 and budgets have been built on this assumption. The budgets do not reflect the recent announcement of a 5% pay award for 23/24 but all Trusts have been told to assume that the final pay settlement will be fully funded.

In order to deliver the proposed budgets, recurrent cost improvement schemes of £5.443m will be required. In addition significant non-recurrent savings of £4.44m will need to be found to support non-recurrent expenditure and non-recurrent cost pressures. During budget setting 50% (£2.747m) of the recurrent savings target has been delivered (58% last year).

A capital expenditure budget of £14.302m, net of £3.749m disposals, is proposed for 23/24. There are three capital disposals planned for 23/24, and bids have been received for two of these sites already, and the third site is being actively marketed for disposal. The Capital Management Group has agreed the priorities for next year and the main focus of the programme will be the completion of the new hospital in the Forest of Dean, commencement of the purchase of a new clinical IT system and the continuing reduction in backlog maintenance.

The system has a capital CDEL of £37.665m for 23/24 and has a balanced programme incorporating all essentials requirements of each organisation.

The capital programme as presented includes additional International Financial Reporting Standard 16 (IFRS16) leases not yet entered into. It is assumed that national funding will be made available.

Risks associated with meeting the Trust's values
Risks have been identified within the paper under section 8 The 4 highest scoring risks are as follows; - There is a risk that Mental Health Act White Paper reforms may lead to increased workload and need for additional staffing - There is a risk that because CIP plans for the Delivering Value schemes are not all yet worked up this may impact on delivery of the financial plan - There is a risk that agency costs in Mental and Physical Health Inpatients and Urgent Care directorates will continue while new processes are put in place to reduce reliance on agency - There is a risk that utility, fuel, waste costs may rise further due to inflationary pressures above the additional funding added to the budget

Corporate considerations	
Quality Implications	*Accurate and sufficient budgets are required to deliver high quality services*
Resource Implications	*The Trust must get its financial budgets right to deliver services and successfully meet its statutory financial targets*
Equality Implications	

Where has this issue been discussed before?
Executive team meetings Nov 22nd and Dec 22nd 2022, Resources Committee 23rd February 2023, Capital Management Group meetings, System planning meetings

Appendices:	

Report authorised by: Sandra Betney	**Title: Director of Finance**

1. Introduction and Purpose

The purpose of this paper is to update the Trust Board on:

1. The progress made in setting budgets for 23/24.
2. Risks arising from the budgets proposed.
3. To give the Board sufficient information to approve budgets for 23/24.

National planning guidance was issued to the NHS for the 23/24 planning process in January 2023. These budgets provide the financial framework on which the Trust can provide services and deliver its objectives.

2. Financial Control totals for 23/24

To create a clear financial framework against which to measure budget proposals from directorates the Trust calculated Financial Control Totals (FCTs). These are indicative based on a number of assumptions.

The financial control totals for 23/24 were calculated through the following steps:

Recurrent 2022/23 month 8 budgets, adjusted for:

a. Pay and non-pay inflation
b. Cost pressures funded by the Trust
c. Efficiency 1.1% CIP target
d. Delivering Value 1.0% CIP targets
e. 22/23 Delivering Value savings not delivered carried forward £47k
f. Programme savings CIP target
g. Non-recurrent income and expenditure for services
h. Agreed developments including Mental Health Investment Standards (MHIS)
i. Requirements of ICS and system partners

These calculations resulted in a deficit position of £1.055m. This broadly equated to unfunded 22/23 pay award of £475k, £380k reduced Berkeley House income and £200k IFRS 16 cost not funded. These FCTs were approved by the Executive Team in November 2022. They were then notified to services and budget holders as FCTs (see table 1). Where there were difficulties in bringing the budgets within target, resolution meetings were held with the Director of Finance and the Service Directors to explore alternative options to reduce any gaps.

***Table 1**: Financial Control Totals*

Directorate FCTs Directorate	Recurring £m	Non recurring £m
Adult Community	61,672	300
PH Urgent Care and Inpatients	26,949	-434
MH/LD Urgent Care and Inpatient	28,392	210
CYPs	23,609	0
Countywide	24,147	345
Medical	13,149	0
Operations Mgt	2,441	0
Board	4,867	50
Finance	32,884	151
HR & OD	5,960	30
Nursing, Quality & Therapies	7,144	0
Strategies and partnerships	1,901	10
Demo Growth/Overhead	2,829	504
Non Operational	11,726	0
System Savings	-848	
Non recurring savings	0	-1,166
Contract Income	-243,852	-1,916
TOTAL (SURPLUS) / DEFICIT	**2,971**	**-1,916**

3. Budget Setting

Budget setting for 23/24 followed a similar format to previous years and started a month earlier than last year in order to give more time to develop budgets and the business planning objectives jointly.

The budget setting process was as follows:-

- Cost pressures were submitted, considered and, where approved, included within Financial Control Totals. These were discussed and agreed by the Executive Team in November 2022
- Financial Control Totals were calculated that gave an outline financial framework against which budget proposals could be measured. These were approved by the Executive Team in December
- Business partners met with budget holders during November, December and January to prepare draft 23/24 budgets and to discuss business plans
- A strong theme of this year's budget setting has been to emphasise that they should dovetail with the business plans produced
- As part of preparing the 23/24 budgets the Efficiency cost improvement of 1.1% were identified across most budgets
- Delivering Value cost improvements were identified in some budgets. Other directorates have identified plans and ideas for these savings that require a longer timescale over which to both plan and deliver

- Budget resolution meetings were held with directorates that proposed budgets above their FCT
- Budgets were finalised with budget holders
- 23/24 contract discussions continue with Gloucestershire ICB. The Trust has submitted a draft finance schedule for 23/24 and in addition begun to outline the anticipated developments that may be taken forward in 23/24.
- System funding discussions have taken place and analysis of recurrent and non-recurrent positions shared with partners to enable the system to allocate its financial envelope.

The assumptions used for budget setting are;

- Net tariff inflator of 1.8% (inflation 2.9%, efficiency -1.1%) per NHSE planning guidance
- pay award of 2.0% per NHS Plan guidance

Since budget setting concluded an announcement about 22/23 pay awards has been made which will impact the 23/24 pay budgets as well as the 22/23 pay outturn, and is expected to be fully funded but has not been reflected in these proposed budgets. The effect of this pay award on these budgets and associated income will be reported to the Resources Committee in April as a material change.

Budget holders have been involved in the budget-setting process, both in agreeing their recurrent M8 baseline and working through the considerations required to set their budgets for 23/24 within FCTs. Budget setting was completed alongside business planning and there is a strong degree of integration between the business planning objectives and the budgets set. Workforce establishments have also been completed during this process.

The operational finance team worked with budget holders and service leads to align expenditure budgets to service needs, using a mixture of actual, forecast and in some cases activity data to agree realistic budget proposals for 23/24.

Finance business partners have helped budget holders to understand the changes in budgets from the old structure to the new, which was implemented in January 2023. Handovers were held with new business partners before any budget resolution meetings took place.

The approach to dealing with costs pressures is similar to that used in previous years. A list of cost pressures was gathered from all services and submitted to the Deputy Director of Finance which totalled £17.582m. These were reviewed and discussed before a refined list of potential cost pressures was put forward to the Executive Team in December. These were then reviewed and either approved, or rejected because they were deemed avoidable or affordable within existing resources.

£1.562m of recurrent cost pressures and £1.066m of non-recurrent cost pressures were approved and added to the proposed financial control totals.

Budget setting has been completed against the backdrop of significant operational pressures and recognition should be given to operational staff and Operational Finance for the considerable effort in bringing all the different elements together.

4. Budget Setting Outcomes

Cost Pressures

As budget setting progressed the cost pressures list was reviewed to ensure that they had been appropriately managed. A number of cost pressures not funded in Financial Control totals have subsequently been included in budgets as part of this review while others have been added to the risk table. A summary of how the £17.582m of cost pressures identified at the start of the budget setting process have been dealt with through to the end of the process is shown below;

Table 2: *Summary of Cost Pressures*

Cost Pressures	Recurring £000s	Non recurring £000s	Comments
Funded	655	1,066	
Funded Inflationary pressure	907		
Funded in budget setting	3,354	2948	Utilities, provisions, ward budgets, Int nurses
Funded by development income	171	623	HF, Post covid
Affordable	158	51	
Avoidable	6,897	360	S117, CMDU, Phone triage, new MIIU model
Risk	93	299	
Total	**12,235**	**5,347**	

Covid

Costs relating to covid were excluded from initial FCTs but have been included in budget proposals where funding has been made available. The Trust has set budgets for:

- a Stock Management team
- an Outreach Vaccination team
- Discharge testing costs

Table 3: *Covid budgets 23/24*

Covid budget Summary 2023/24	Pay £	Non Pay £	Total £
Vaccination Team	278,212	72,121	350,333
Stock Management team	176,542	64,358	240,900
PCR Testing *		343,000	343,000
			0
Total	454,754	479,479	934,233

* Estimate. Awaiting clarification

Budget Resolution Meetings

Budget resolution meetings were held with the following directorates; Adult Community, Countywide, CYPs, Medical, Finance, Chief Executive and Corporate Governance, Nursing, Quality and Therapies, Mental Health & LD Urgent Care

and Inpatients, and Physical Health Urgent Care and Inpatients. These directorates all identified pressures in setting budgets within FCT and met with the Director of Finance to agree ways forward to close the gap between the target and budget, where possible. A common theme throughout the resolution meetings was the impact of inflationary pressures on the ability of the directorate to set a budget in line with the FCT.

Countywide, CYPS, Chief Executive and Corporate Governance, Nursing, Quality and Therapies, and Mental Health & LD Urgent Care and Inpatients all had one meeting in which they were able to identify ways to set a budget in line with their FCT. A number of them have yet to fully identify their Delivering Value savings target but all demonstrated sufficient plans and ideas to allow them to set a budget within FCT, while they work up their detailed plans by June 2023.

Four directorates however required a 2nd resolution meeting in order to work through their proposed budgets and complete a number of actions before a budget could be set.

The Finance Directorate identified considerable additional inflationary cost pressures above FCTs, most notably in utilities, provisions and maintenance costs, and proposed an initial budget £2.6m above FCT.

Detailed analysis of the reasons for the pressures were undertaken and agreement was reached on a range of measures to enable the directorate to set an agreed budget for 23/24. Further work continues particularly around understanding the maintenance cost pressure and the split between reactive and proactive maintenance, and the impact of Dilke and Lydney on the maintenance programme. A summary of the proposals for the Finance budget is shown in the table below;

Table 4: *Finance Budget Resolution Outcomes*

Finance budget agreement	Inflation funding	Recurrently funded	Non recurrently funded	Risk	Avoided
	£000's	£000's	£000's	£000's	£000's
Utilities/Provisions	770				
Data Lines/Legal/ Insurance		405			20
Facilities staffing		160			12
Maintenance		24		815	30
CIP still to find				320	
Room hire			40		30
Total	**770**	**589**	**40**	**1135**	**92**

The Medical Directorate initially had a £720k gap between budget proposed and FCT. Following a review of budgets and efficiencies identified the directorate has been able to set a balanced budget with the assumption that a small amount of Efficiency savings and all its Delivering Value savings still need to be identified, totalling £167k.

The Adult Community directorate had a gap between FCT and proposed budget of £1.3m at the start of the budget resolution process. The directorate has struggled to identify efficiency savings and currently has a £789k shortfall in CIP required. A number of potential plans have been identified which involve lengthy reviews following the merger of physical and mental health services into this directorate, so the directorate will be closely supported by the CIP Management Group to help them identify and deliver their savings target.

Adult Physical Health Urgent Care and Inpatients Directorate had two meetings to help agree a proposed budget for 23/24. The final outcome from these meetings was to reduce the gap from £879k to £226k through a mixture of actions and support. The £226k represents the Delivering Value savings not yet delivered but a number of ideas have been proposed which the directorate will work on in the next 3 months.

Inpatient ward budgets in both Mental Health and Physical Health were significantly over spent in 22/23 despite carrying significant vacancies. In order to set budgets that addressed this issue a detailed analysis of the reasons behind the over spends was completed and a proposal for 23/24 budgets identified. This provides some additional recurring demographic growth funding to be shared equally between physical and mental health wards, coupled with non recurring funding to address the remaining elements of the over spends in 22/23. This will allow time for the Safer Staffing review to be undertaken and retains £1.277m of recurring demographic growth funding to be utilised where a need is identified.

As a result the Trust needed to identify additional non recurring CIP of £1.917m to address this issue but has already identified ideas for savings close to 60% of the total non recurring CIP target. The funding to address the ward over spends in 22/23 is shown in the table below.

Table 5: *Inpatient ward analysis*

Inpatient Ward analysis 22/23 FOT	**Mental Health wards**	**Physical Health wards**
	£	**£**
Overspend against recurring budget 22/23	2,216,763	2,477,366
less estimate agency premium	-665,000	-317,000
less estimate bank premium	-221,000	-234,000
Over spend less premiums	**1,330,763**	**1,926,366**
Less demographic growth	-670,000	-670,000
Total to be funded NR CIP	**660,763**	**1,256,366**

Agreement was reached with all directorates which either had their target adjusted or were asked to find ways to mitigate the pressure. A number of issues remain risks and these have been added to the risks listed in section 8 of this report. The risk of non-delivery of delivering value savings is identified in the risk table.

The budget resolution meetings highlighted a number of issues. Lessons learnt from this year's exercise include the benefits gained from recording these meetings and drawing up a list of action notes for everyone to work from, and the importance of clearly identifying inflationary pressures separately from demand pressures. This allows a clearer understanding of the extent of inflationary pressures in the budgets relative to the national tariff uplift assumptions, which are often lower.

No allowance has been made in budgets for the 6.3% increase to employer's pension contributions that was implemented in 2019/20 and continued since. National guidance has stated that the impact of this should continue to be excluded from operational plans and financial projections as the additional costs will be paid again by the Department of Health and Social Care in 23/24 and not affect Trust finances.

In addition no allowance has been made for a higher Agenda for Change pay rise above the 2% planning assumption, which it is assumed will be nationally funded if agreed.

Non Operational budgets

Depreciation and Public Dividend Capital (PDC) budgets have been based on the current asset register. Work throughout 22/23 to review the asset register has helped the Trust to mitigate the effect of cost pressures on these budgets from the additional depreciation cost pressures of nationally funded Digital IT schemes and from inflationary cost pressures. There remains a small risk that depreciation costs will exceed the budget as a result.

5. Income

The Gloucestershire ICS has been given a funding envelope which is to be shared between all the partners in the system. The Trust has been negotiating to ensure it receives an appropriate level of funding to deliver services but also support the system to achieve financial balance. The system plan shows break even for the 30th March submission.

At the same time contract discussions have continued to ensure a detailed contract schedule is maintained that outlines the recurrent funding available and the developments that have been agreed.

Funding from the Mental Health Investment Standard (MHIS) and Strategic Development Fund (SDF) for 23/24 has not yet been finalised. A level of investment is anticipated to be added to the contract to meet the Mental Health Investment Standard as this remains a key NHS commitment for 23/24. The agreed list of developments will be finalised as part of the contract negotiations but will not have an impact on the I&E proposed in these budgets as the final expenditure budgets created will match the income that is received. A full reconciliation of the contract to budgets will be completed once the contract is agreed.

6. Cost Improvement Plans (CIPs)

The national savings requirement in the planning guidance for 23/24 is 1.1% of NHS income, as per previous years, circa £2.7m. The Trust's CIP is significantly higher than this, as illustrated in Table 6. CIPs were set at a level required to deliver the control target if all expenditure budgets are spent and the budgeted level of income is earned.

The CIP requirement is made up not only of the national savings requirement but also from a number of other factors. e.g. the impact of cost pressures, both recurrent and non-recurrent, and the convergence adjustment of 0.7% which has brought the system allocation down in line with the national formula, and results in less income for the System. There are also non-recurrent budgets that need establishing to cover costs such as pay protection, and excess travel. These are funded through the identification of non-recurrent savings during 23/24.

The Trust also increased its cost improvement programme to pick up a small shortfall of recurrent savings not delivered in 22/23 (£47k).

The Trust held a Budget setting and Business Planning joint launch in November 2022 where a CIP presentation was given to senior operational managers. Over 50 delegates participated in the session to hear about the CIP requirement for 23/24 and to discuss potential schemes for 23/24.

Table 6: *Calculation of CIP requirement*

23/24 Indicative CIP Requirements

	£m	% of turnover
Contract Efficiency (assumed 1.1%)	2.538	1.1%
Convergence adjustment (0.5% Glos ICS)	1.292	0.5%
Inflation costs		0.0%
Tariff income		0.0%
Cost Pressures (approved)	1.566	0.6%
Undelivered 22/23 Delivering Value (estimated)	0.047	0.0%
New inflationary pressures		0.0%
CNST cost pressure		0.0%
Recurrent total	**5.443**	**2.2%**
Non Recurrent - budgets	0.100	0.0%
Non Recurrent costs pressures (approved)	1.066	0.4%
Budget setting issues	3.274	1.3%
Non Recurrent total	4.440	1.7%
Total CIP required	**9.883**	3.9%

CIP is expected to be recurrent, and result in reduction in budget, rather than just cost avoidance. In order to deliver the CIP requirement identified above the CIP is aligned to four main schemes:

23/24 Cost Improvement Plan

CIP category	£m	% of budget
Efficiency 1.10%	2.702	1.05%
Undelivered 22/23 Delivering Value (estimated)	0.047	0.02%
Delivering Value	2.307	0.90%
System Savings	0.387	0.15%
Non Recurring	4.440	1.73%
Total CIP	**9.883**	3.8%

a) Efficiency £2.702m. This targets efficiency in every budget at individual budget holder level, is expected to be delivered full year and removed at budget setting. Work continues to complete QEIAs to support efficiency savings identified in budget setting and will conclude in April.

b) Delivering Value, £2.354m. This is spread over all directorates and aims to deliver more transformational and longer term savings schemes. This target includes undelivered differential savings from 22/23.These schemes are more complex in nature and take longer to develop so directorates that have not yet been able to identify all these savings in budget setting have been given until the end of quarter one to finalise these plans and complete the QEIAs required. Any schemes that cannot deliver full year effect will need to be supported by either non-recurrent savings or higher Delivering Value schemes to compensate.

c) System savings, £0.4m. The Trust will be working across the ICS to deliver system wide efficiencies and these schemes will support the delivery of our Delivering Value savings requirement. This brings greater opportunities to generate savings but it does also bring the risk that the schemes are reliant on partnership working and are no longer in the sole control of the Trust

d) Non-recurrent, £4.44m. Non-recurrent savings are required to cover non-recurrent costs identified such as excess mileage payment, pay protection and non-recurrent costs pressures such as ward budgets, out of area beds and the international nursing costs. These will be delivered from opportunistic schemes and it is anticipated they will be delivered in the early months of the financial year.

All recurrent CIP schemes will require QEIAs to be completed to assess the impact on services, and will be reviewed by Executive Directors for Medical, and Nursing Qualities and Therapies. The overall savings programme of £9.9m equates to 3.8% of total Trust income in 23/24. This compares to 3.4% last year.

The table below shows the current progress towards delivery of the different CIP schemes anticipated delivery of CIP by quarter through the year. It shows that the majority of the 1.1% Efficiency schemes and some of the Delivering Value schemes have already been fully identified during budget setting. Delivery of these efficiency savings will only be confirmed once the QEIAs are signed off.

Table 7: *CIP schemes and delivery to date*

CIP Summary	Target £000s	Delivered in budget £000s	Planned not delivered £000s	Identified not planned £000s	Not Identified £000s	Total £000s	Delivered in budget %
Efficiency	2,701	2,233	193	275	0	2,701	83%
Delivering Value	2,303	514	85	724	980	2,303	22%
System savings	439	0	150		289	439	0%
Non Recurring	4,440		2,248	1,305	887	4,440	0%
Total	**9,883**	**2,747**	**2,676**	**2,304**	**2,156**	**9,883**	28%
% of Target		28%	27%	23%	22%		

The recurring elements of 'Identified not Planned' and 'Not identified' are the highest risk of non-delivery £2.268m. The remaining non-recurring savings £2.192m will be opportunistic e.g. through slippage rather than planned, and are expected to be achieved in the first few months of the financial year. Good progress has been made planning non recurring savings with almost 60% planned to date.

CIP delivery is reported monthly as part of the Finance and Performance Reviews within Operations, at the Resources Committee and at CIP Management Group, where escalations are employed to expedite delivery. An update on the progress of identification of the savings will be given to the Board and Resources Committee.

7. Summary position

The summary Income and Expenditure position for the Trust from the proposed budgets is as follows;

Table 8: *Trust Income and Expenditure budgets v FCT 23/24*

Directorate FCTs Directorate	Recurring £m	Non recurring £m	Total FCTs £m	Proposed Budget £m	Variance £m	Comments
Adult Community	61,672	300	61,972	64,468	2,495	nr comm care variable cost
PH Urgent Care and Inpatients	26,949	-434	26,515	28,121	1,606	nr ward budget, catu
MH/LD Urgent Care and Inpatients	28,392	210	28,602	29,552	949	nr ward budget
CYPs	23,609	0	23,609	23,527	-82	
Countywide	24,147	345	24,492	24,155	-337	cost pressure fct moved to PH Urgent C & Inpats £345k
Medical	13,149	0	13,149	13,146	-3	
Operations Management	2,441	0	2,441	2,432	-9	
Board	4,867	50	4,917	5,233	316	CNST cost pressure funded
Finance	32,884	151	33,035	34,144	1,109	Additional inflation funding
Human Resources & Org Devt	5,960	30	5,990	5,978	-12	
Nursing, Therapies & Quality	7,144	0	7,144	7,748	604	covid vaccination team
Strategies and Partnerships	1,901	10	1,911	1,908	-3	
Unallocated	2,829	504	3,333	2,329	-1,004	cost pressures lower, band 2/3, devts, devts not allocated
Non Operational	11,726	0	11,726	11,915	188	depreciation budget
System Savings	-848		-848	-392	456	
Non recurring savings	0	-1,166	-1,166	-4,440	-3,274	Additional CIP to support cost pressures
Contract Income	-243,852	-1,916	-245,768	-249,823	-4,055	extra tariff inc, £2m nr ICB, £1.5m comm care
TOTAL (SURPLUS) / DEFICIT	**2,971**	**-1,916**	**1,055**	**0**	**-1,054**	

The proposed budgets give a break even position for 23/24.

The conclusions of budget discussions resulted in a number of directorates with a budget proposal above the Financial Control Total set, after adjustments for agreed developments.

Analysis of the underlying recurrent position of the Trust has also been conducted as part of the budget setting process (see table 4 below). This shows that if budgets are set in line with those planned, and cost improvement plans are delivered then the Trust will have a recurrent underlying deficit of £5.2m. This is due to recurrent projects funded non-recurrently, assumed non-delivery of programme savings, the cost of moving some band 2a to band 3 and under funded contract inflation.

Table 9: *Recurrent v Non-recurrent budgets*

Recurring and Non recurring I & E position 23/24			
Recurring position	**FCT v7**	**Proposed budgets**	**Variance**
	£000s	**£000s**	**£000s**
Income	(259,371)	(259,631)	(260)
Pay	199,448	198,922	(526)
Non Pay	53,915	56,741	2,825
Non Operational	8,978	9,155	176
Recurring Deficit	**2,971**	**5,186**	**2,216**
Non Recurring position			
Income	(1,916)	(6,076)	(4,160)
Expenditure	1,166	5,330	4,164
Savings	(1,166)	(4,440)	(3,274)
Non Recurring (Surplus)	**(1,916)**	**(5,186)**	**(3,270)**
Trust total Deficit	**1,055**	**0**	**(1,054)**

Analysis of the underlying recurrent position shown above has been undertaken to evaluate the target underlying position the Trust could reach. This is shown in the table below.

Table 10: *Underlying Target Recurrent position*

Underlying Recurring Budgetary position	**Underlying deficit**
	£000s
Developments funded non recurrently	-2,296
IFRS 16	-200
Unfunded inflation 22/23	-714
Unfunded inflation 23/24	-1,183
Covid costs	-276
PCR Test costs	-343
Band 2/3s	-544
Inflation funding	45
Interest Receivable	325
Underlying recurring deficit	**-5,186**

8. Risks in the Budget

There are a number of potential risks in the proposed budget that should be noted:

Table 11: *Risk analysis*

Risk	Mitigations	Likelihood	Impact	Risk Score
There is a risk that because CIP plans for the Delivering Value Schemes are not yet worked up, this may impact on delivery of the financial plan.	Non recurrent savings. Close monitoring by the CIP management board	4	3	12
Mental Health Act White Paper reforms may lead to increased workload and need for additional staffing	review implications of the reforms.	4	3	12
Maintenance materials costs may rise due to inflationary and demand pressures above budget	Continued monitoring and early warning of cost pressures. Dialogue with NHSE/I to highlight cost pressure	4	3	12
Utility, fuel, waste costs may rise further due to inflationary pressures above the additional funding added to the budget	Continued monitoring and early warning of cost pressures. Dialogue with NHSE/I to highlight cost pressure	4	3	12
Agency costs in PH Hospitals directorate will continue while new processes are out in place to reduce reliance on agency	Detailed review of reasons behind agency usage. Clarity of establishment and policies on staffing levels. Discussions with CCG about acuity	3	3	9
Capital cost inflation might lead to the size of the programme having to be reduced. This could lead to essential maintenance work being reduced and/or clinical services affected	Close monitoring of programme costs. Prioritisation of programme to ensure essential works completed. Thorough review of project costs	3	3	9
There is a risk that the Trust will not be able to reduce costs by as much as income if the Berkshire LD patient is transferred to a private community provider	A review of budgets will be undertaken to ensure the appropriate level of funding is provided on the ward	4	2	8
System balance discussions lead to Trust taking share of deficit as reduction in Trust income or increased CIP	Continued negotiation with system partners. Review all costs. Identify additional savings	4	2	8
There is a risk that controls on agency staffing fail to significantly reduce expenditure on agency staff and the Trust continues to have to use agencies that are outside of national frameworks and/or above national price cap rates, particularly to fill needs in Nursing.	Sustainable Staffing Oversight Group continue to reduce agency costs. Explore master vendor contract. Strengthen recruitment pipeline. Non recurrent savings and establishment budgets	4	2	8
Risk that the system breaches its agency spend cap leading to increased scrutiny, reputational damage and or/ reduced access to funding	Monitoring at system level. Scrutiny and joint working across the system of all the controls and levers in place to reduce agency spend	4	2	8
Adult Mental Health Inpatients require Out of Area beds	Work underway within directorate to ensure lengths of stay are shortened, staffing establishment is filled with the aim of ensuring less need for out of county bed usage	4	2	8
Forest of Dean Capital costs exceed budget	Review costed proposal. Review specification. Careful monitoring of costs. Contingency.	3	2	6
A risk from changes to the sharing of costs relating to Section 117 patients lead to additional costs to the Trust which are not funded	Review the 1 year pilot and identify financial impact and service delivery impacts to ensure risks are mitigated	2	3	6
There is a risk that maternity backfill costs will lead to a cost pressure within PH and MH Inpatients	Review funding arrangements for maternity leave.	3	2	6
Revenue implications of further capital funding esp. in IT	Update depreciation and PDC projections. Identify assets replaced to be removed from register. Costings sent to NHSE to bid agianst non recurring funding that covers ntionally funded capital schemes such as Digitisation	3	2	6
Increased revenue implications from additional Forest of Dean costs	Update business case. Assess cost implications.	3	2	6
Adult Community - Some recruitment has taken place over the budgeted establishment which might lead to an over spend - Home First	Budget set to deliver transactional rather than transformational budget while scoping work undertaken	2	2	4
Risk of additional maintenance at Dilke and Lydney above planned before new FoD hospital operational	Essential maintenance completed to ensure buildings remain operational and additional checks	2	2	4
There is a risk that HEE CPD funding will not be available from 24/25	Understand level of funding required	2	2	4
The impact of all the inflationary pressures might have been underestimated in budgets	Monitor non pay. Prepare options to reduce costs	2	2	4
There is a risk that some substantive recruitment has taken place for which the funding will only be received non recurringly eg covid, Stroud and Berkeley Vale Dementia pilot, Crisis Contact Centre, Well being Hub	Review service provision. Consider Review mitigation	1	3	3
Variable funding for Complex Childrens Needs, IV Therapy and MSKAPs is no longer paid to the Trust or permanently adjusted in the ICB contract	Continue negotiations with ICB. Monitor the overperformance against the contract to ensure clarity over size of cost pressure	3	1	3
Countywide - There is a risk that some recruitment has taken place for which the funding has not yet been agreed in Eating Disorders	Monitor all posts. Assess the risk of not being able to redeploy staff appointed. Agree risk share with. Process to capture and review all budgets approved without budget	2	1	2
Adult Community have appointed some staff and set budgets recurringly for Home First before an agreed contract is in place	Section 76 arrangement to be agreed in the interim. Update underway to identify	2	1	2
Adult Phyiscal Health has a risk that income will not return from GHFT and other provider for use of outpatients and theatres	Increase contractual notice period for cancellations, discuss with GHFT switching specialities as some demand identified but capacity not available	2	1	2
Absence cover for Facilities not included within budgets and might	Adjustments will be net neutral unless approved by the Board	2	1	2
Non recurring risk that Charlton Lane Heat Pump scheme progresses without budget in place	Complete work on full equipment list and replacement programme	1	2	2
There is a risk that final depreciation and PDC calculations will lead to cost pressures above the budgets set	Work will continue to calculate the final impact in March and April to ensure there is sufficient time to address any risks that arise.	2	1	2
Cost improvement budget may have been removed before all QEIAs and may lead to savings being rejected	All Efficiency and agreed Delivering Value QEIAs to be competed before 31st March. Remaining QEIAs to be promptly completed to allow time for alternative ideas to be identified. Careful monitoring by CIP Management Group.	2	1	2
A risk that unplanned legal costs might impact on the Corporate Governance budget	Review of usage and the process for purchasing to be undertaken. Monitoring of spend	2	1	2
CYPS - risk Thompson licence not funded by GCC	Discussions with commissioner to continue	1	1	1

9. Opportunities

The Trust's review of its balance sheet in 22/23 and the recently completed Modern Equivalent Asset Valuation (MEA) may lead to the need for a reduced budget for depreciation and PDC in 23/24. Once the year end accounts are completed and audited the Finance department will review the level of budgets required for next year.

The organisation has consistently delivered its financial control totals over a number of years. This has often been due to non-recurrent savings made during the year and it is anticipated that the Trust will continue to be able to generate these savings to support the financial position of the Trust. The Trust has been able to review its balance sheet and resolve a number of financial issues that puts it in a strong financial position at the start of 23/24 giving further confidence that non-recurrent savings will be generated that can be utilised to support the Trust.

The Trust has set budgets to cover cost pressures through CIP delivery. If any of these cost pressures are later resolved through other means, this would be an opportunity to reduce the CIP burden for the year.

10. Capital Expenditure

The proposed five year capital programme has been developed by the Capital Management Group and has been considered by the Resources Committee in February 2023.

During 23/24 the Trust intends to complete work on the construction of the new hospital for the Forest of Dean, and begin the implementation of a new clinical IT system. Funding has been made available through the national Digitisation fund for 3 years to support this scheme and some non recurring revenue funding has been made available until 24/25 to cover some of the capital charge costs too.

In addition the Trust will invest in various Backlog Maintenance projects as well as in medical equipment and IT infrastructure.

The overall capital plan for the Trust anticipates a spend of £18.051m in 23/24 before disposals of £3.749m, and includes £8.851m on the Forest of Dean new hospital. This programme includes approved Digital funding for 23/24 but the exact split of funding across the years is yet to be confirmed so the capital programme may need to be amended.

IFRS 16 is a change in the accounting for leases which has brought leases onto the balance sheet. £15m of existing leases were added to the Trust's balance sheet on the 1st April 2022. New leases for 23/24 are proposed for a number of buildings and equipment and these have been included in analysis sent to the Department of Health and Social Care which should ensure the Trust's CDEL is increased in 23/24 to reflect these additions.

There are 3 capital disposals planned for 23/24 in order to provide additional funding to support the capital programme totalling £3.749m.

The capital envelope for Gloucestershire has been published for the next 2 years. The capital envelope is £37.665m and £34.541m respectively for 23/24 and 24/25. The share of the envelope for 23/24 has been agreed between system partners so the Trust's 23/24 programme is fully covered by system CDEL. The CDEL for 23/24 is fully committed and work continues across the system to agree the capital priorities for the whole of Gloucestershire.

There is a risk that the additional revenue funding for the IT digital clinical system will not continue beyond 24/25 and leads to on-going revenue implications. This will lead to the Trust needing to identify savings to cover these costs. Increased capital cost of the Forest of Dean new hospital is still a risk and could also lead to the risk of additional revenue implications too.

Table 12: *Capital Plan for 23/24*

£000s	Plan 2023/24	Plan 2024/25	Plan 2025/26	Plan 2026/27	Plan 2027/28	Plan Total
Land and Buildings						
Buildings	2,400	1,000	3,000	3,000	3,000	12,400
Backlog Maintenance	1,045	1,250	1,393	1,393	1,393	6,474
Buildings Finance Leases	391	1,689				2,080
Vehicle Leases	384	239				623
Net Zero Carbon	500	500	500	500	500	2,500
LD Assessment & Treatment Unit	0	2,000				2,000
Cirencester Scheme	0	0	5,000			5,000
IT						
IT Device and software upgrade	0	600	600	600	600	2,400
IT Infrastructure	1,130	1,300	1,300	1,300	1,300	6,330
Clinical Systems Vision	2,500	3,161	1,250	250	250	7,411
	350					350
Medical Equipment	500	1,030	1,030	1,030	1,030	4,620
Sub Total	**9,200**	**12,769**	**14,073**	**8,073**	**8,073**	**52,188**
Forest of Dean	8,851		0	0	0	8,851
National Digital Programme						
Cyber Security						0
Wotton Lawn - Clinic Treatment Rooms						0
Total prior to proceeds/donations	**18,051**	**12,769**	**14,073**	**8,073**	**8,073**	**61,039**
Disposal Proceeds (NBV)	(3,749)	(2,454)	(7,000)			(13,203)
Total after proceeds/donations	**14,302**	**10,315**	**7,073**	**8,073**	**8,073**	**47,836**
CDEL	11,116	11,116	11,116	11,116	11,116	55,580
Clinical Systems Vision	2,500	1,841				4,341
Leases CDEL	775	1,928	0	0	0	2,703
Total	**14,391**	**14,885**	**11,116**	**11,116**	**11,116**	**62,624**
(Over)/Under Spend against CDEL	**89**	**4,570**	**4,043**	**3,043**	**3,043**	**14,788**

11. Next steps

Once budgets are agreed by board, budget holder sign off will be completed. Development of plans for Delivering Value CIP are expected to be completed with associated QEIAs by the end of quarter 1.

Work will continue with system partners to identify ways to reduce the system deficit. Budgets will be uploaded to the finance system in preparation for Month 1 reporting.

12. Conclusion and Recommendations

It is recommended that the Trust Board:

a. Note the budget-setting process and linkages within business planning and CIP development processes
b. Approve the budget totals for revenue and the five year capital plan
c. Note the risks within the proposed budgets

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 14/0323

REPORT TO: **TRUST BOARD PUBLIC SESSION, 30 MARCH 2023**

PRESENTED BY: Neil Savage, Director of HR & OD

AUTHOR: Anis Ghanti, Head of OD & Leadership

SUBJECT: **ANNUAL STAFF SURVEY RESULTS 2022**

If this report cannot be discussed at a public meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐ Endorsement ☑ Assurance ☑ Information ☑

The purpose of this report is to:

- Present the Trust's 2022 Staff Survey results.

Recommendations and decisions required:

The Board is asked to:

- **Note** the survey results and related report content
- **Note** that the Great Place To Work Committee will be overseeing progress with actions
- **Take assurance** that our strategic approach to people management, engagement, culture and communications over the past year is paying dividends, and
- **Recognise** that we still have further improvement work to do if we are to become a consistent top quartile performer in the survey outcome

Executive Summary

This report provides an update on the final results of the Trust's 2022 Staff Survey and it follows earlier discussions at the Workforce Management Group (WOMAG), the Executive team and the Great Place To Work Committee.

The Trust has committed, as a key part of our Trust People Strategy, to enabling colleagues to have a **"Strong Voice"** at work and the annual Staff Survey remains a central component to that commitment.

The Trust was rated the 1st = provider in the South West by its workforce. Against this, the results present a largely positive and improving view of how colleagues rate the Trust as an employer. The results also provide signposting to areas to prioritise for action over the coming year. Proposed key areas of focus for 2023 are identified and recommended on page 11.

There were no changes in the 2022 NHS Staff Survey for the thematic labels and associated questions. This has allowed a more accurate year on year comparison, unlike previous years where there were a number of changes in theme and questions.

Historically, the survey was only issued to substantive staff and excluded Bank workers. For the 2022 survey NHS organisations were provided with an option to run an additional survey for Bank Only workers. GHC adopted to make this survey available for our cohort of Bank Only workers and the results are provided herein.

Risks associated with meeting the Trust's values

The results of the survey help demonstrate whether the Trust is meeting its aim of being an employer of choice, and providing a 'Great Place to Work'. If not, this could have a direct impact on colleague well-being and levels of motivation; on retention and recruitment, and, ultimately, on patient care.

Potential risks of not achieving good ratings include:

- Lower colleague engagement, contributions, discretionary effort and morale
- Higher sickness absence and turnover
- Higher temporary staffing use and costs
- Lower efficiency and effectiveness leading to a lower quality service
- Heightened reputational risk, with poorer recruitment and retention success
- Further reputational risk, as the perception and knowledge of results may impact the views of patients, service users, carers and stakeholders

Corporate considerations	
Quality Implications	As core enablers of our People Strategy commitment to enabling colleagues to have a "Strong Voice", the survey results form part of a range of feedback that reflects how colleagues rate the Trust. These views can have a direct impact on the quality of services they provide to service users/patients and of the Trust as an employer.
Resource Implications	Most of the actions are expected to be managed within existing resources, although some actions have previously been supported via Charitable Funds.
Equality Implications	It is likely that the (mostly) on-line access arrangements limit involvement by some staff groups who have less routine or easy access to IT. This has been further mitigated in 2022 by increasing the availability of paper versions of the survey. The limited equalities monitoring across all protected characteristics reduces the usefulness of the evidence to support actions to reduce

	barriers and improve staff experience particularly regarding race. However, it provides pointers to taken forwards in actions through the Workforce Disability Employment Scheme (WDES) and the Workforce Race Equality Employment Scheme (WRES).

Where has this issue been discussed before?
The Staff Survey results have been presented to the Workforce Management Group, and the Executive Committee and will be presented at the Great Place to Work Committee where a deep dive is scheduled. More detailed discussions are also planned with drop in roadshows, the Joint Negotiating Consultative Committee, Medical Staff Committee, Senior Leadership Network; Staff Diversity Networks and the Staff Fourms

Appendices:	(1) 2022 NHS Staff Survey Full Benchmark Report (2) 2022 NHS Staff Survey Directorate Report

Report authorised by:	**Title:**
Neil Savage	Director of Human Resources & OD

2022 STAFF SURVEY

1 Background

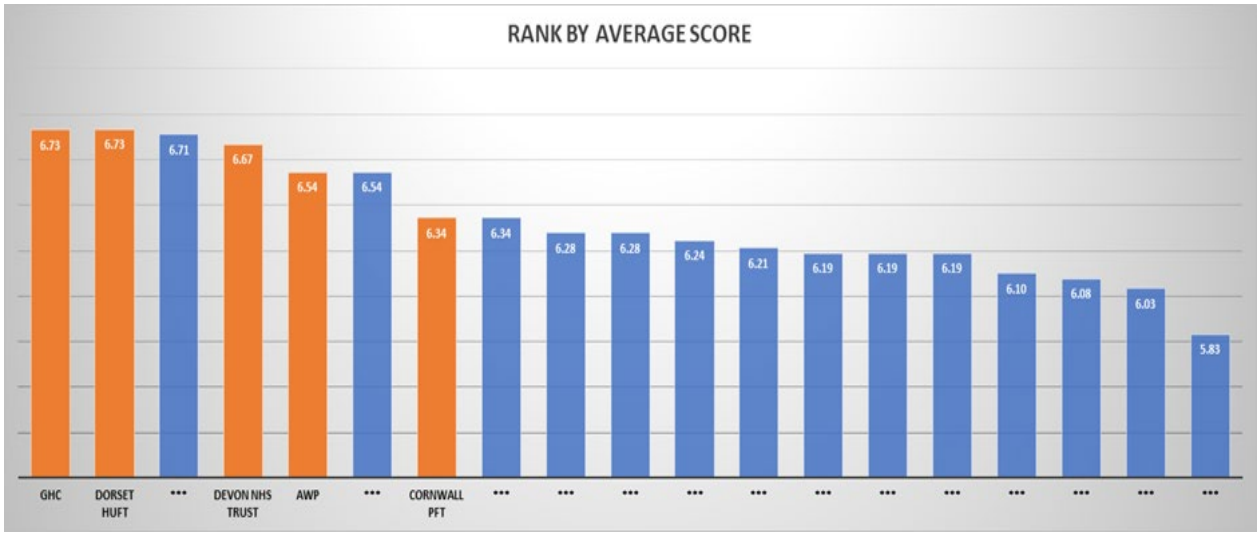
1.1 This is the Trust's third single Staff Survey feedback report, covering data gathered from colleagues between October and November 2022. (The 2019 survey was reported separately for Gloucestershire Care Services and 2gether due to the survey being locked down nationally prior to the organisational merger in October 2019.)

1.2 The full Trust-wide results of the 2022 NHS Staff are included in Appendix One.

2 Results (Substantive Staff)

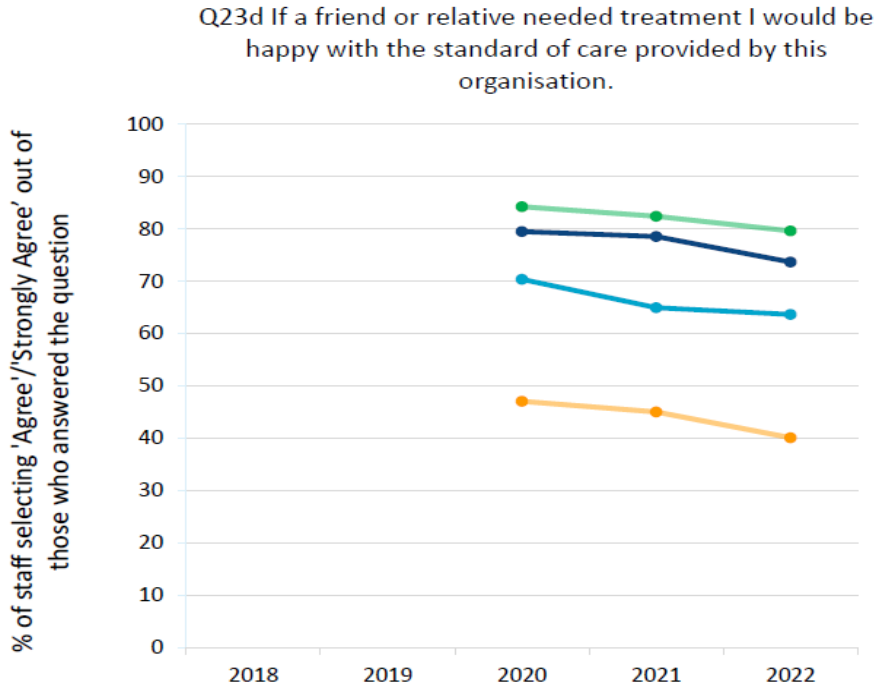
2.1 Key headlines from the 2022 survey are summarised below. Wider and more detailed commentary are attached as Appendices 1 and 2 respectively.

2.2 The Trust's workforce rated the organisation 1st = amongst South West's NHS benchmark group and provider Trusts generally. This is an improvement from the previous year's 3rd place.



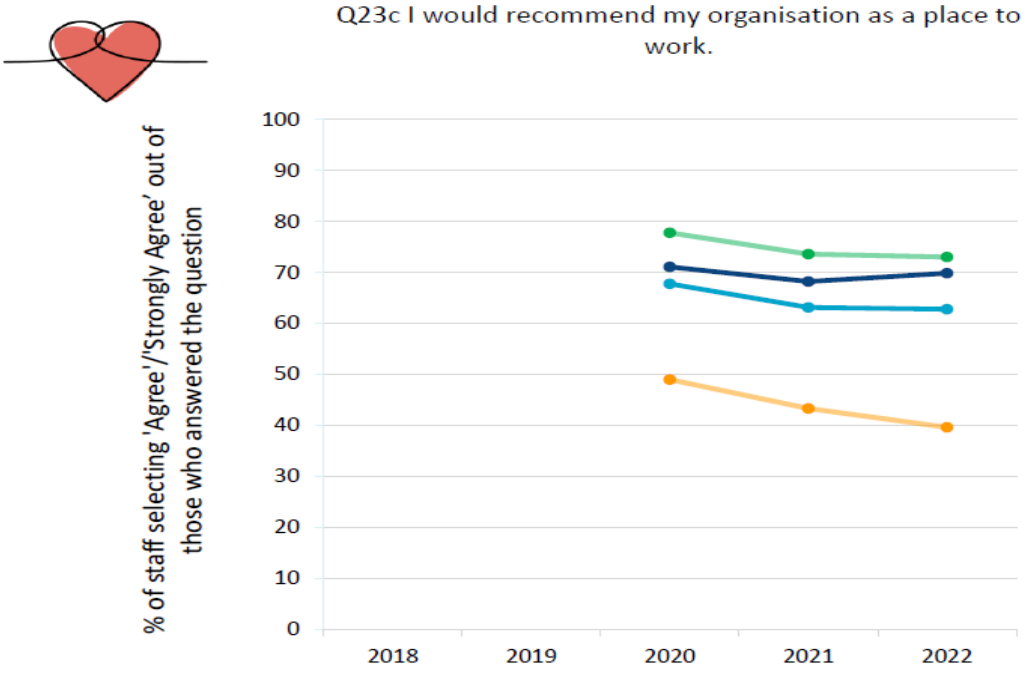
2.3 **2% improved response rate** – from 52.7% in 2021 to **54.9%** for 2022. The median response rate for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts was at **50%**. This compares with the much lower average all NHS organisations response rate of **46%**.

2.4 **73.9% of colleagues would recommend the Trust to provide care,** a year on year decline from 2021 (78%) and 2020 (79.5%) results. NB This compares with the average all NHS response rate of **62.9%** - a notable decline area across England in the 2021 survey.



	2018	2019	2020	2021	2022
Your org	-	-	79.5%	78.5%	73.7%
Best	-	-	84.2%	82.4%	79.6%
Average	-	-	70.4%	64.9%	63.6%
Worst	-	-	47.1%	45.0%	40.1%
Responses	-	-	2008	2356	2476

2.5 **69.8% of colleagues would recommend the Trust as a place to work --** a 1% increase from 68.2% in 2021. Whilst this remains below our 2020 benchmark by 1.3%, it is encouragingly 7% better than the average for our benchmark group and compares with all NHS organisation average of **57.4%.** It is further encouraging that we have achieved an upward trend in our result given that the wider NHS has taken a hit for this rating. The best performing Trust in our sector remains more than 4% lower than 2020 with a slight decline from 73.6% in 2021 to 73% in 2022.



	2018	2019	2020	2021	2022
Your org	-	-	71.1%	68.2%	69.8%
Best	-	-	77.8%	73.6%	73.0%
Average	-	-	67.8%	63.1%	62.8%
Worst	-	-	49.0%	43.3%	39.6%
Responses	-	-	2011	2352	2482

2.6 Across the 9 Theme results, colleagues rated the Trust better than average in 8 of these and average on, reversing the two below average Theme rating in 2021, with an increase in ratings for We are a Team and We Work Flexibly.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	2482	2477	2464	2457	2420	2469	2480	2486	2484

2.7 Staff ratings placed the Trust **above average** in the following Our NHS People Promise and Theme areas:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We are a Team
- Staff Engagement
- Morale

2.8 Staff ratings placed the Trust in average in the following:

- We work flexibly (and colleagues' rating in 2022 improved on this Theme and its two sub categories over 2021)

2.9 Staff ratings on the **Workforce Race Equality Standard** (WRES) questions have:

- Increased by just over 4% from 21.8% in 2021 to 25.9% for 2022 in terms of those experiencing harassment, bullying or abuse from staff in last 12 months, reversing the improvements achieved in 2020 to 2021;
- Improved by a further 4.7% in terms of those believing that the Trust provides equal opportunities for career progression or promotion from 45.99% in 2021 to 50.6% for 2022.
- Improved by just under 1% in terms of BAME colleagues experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months, reversing the increase from last year and remaining below the average sector score
- Worsened once more by 1.2% (2.1% in 2021) in terms of those experiencing discrimination at work from manager / team leader or other colleagues in last 12 months

2.10 Staff ratings on the **Workforce Disability Equality Standard** (WDES) questions have:

- Continued to improve in terms of those experiencing harassment, bullying or abuse from managers in last 12 months by 2% for 2022 and falling below 10% for the first time in three years;
- Increased slightly 1.4% in terms of those experiencing harassment, bullying or abuse from other colleagues in last 12 months, reversing the decline achieved in 2021;
- Improved by just under 1% in terms of those saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it;
- Improved by 1.1% in terms of those who believe that the Trust provides equal opportunities for career progression or promotion, remaining over 2% above our sector average ratings;

- Improved by a reduction of 0.9% in terms of those who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, although this remains slightly above the sector average
- Worsened by a further 3.6% (increase of 3.9% in 2021) in terms of those staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months, taking us just above the sector average of 32%
- Reversed the decline in 2021 to increase by 0.9% in 2022 in terms of those satisfied with the extent to which the Trust values their work
- Stayed steady in the percentage of staff with a long-lasting health condition or illness saying the Trust has made adequate adjustment(s) to enable them to carry out their work. This is more than 4% better than benchmark Trusts
- Stayed steady with a 0.1% dip in the Staff Engagement score of those with a long-lasting health condition or illness. This remains 0.3% below those without a LTC or illness and remains 0.2% better than the benchmark average.

2.11 In terms of how responses were rated by Professional Group for the 9 themes against that of the whole Trust is as follows (number in bracket are 2021 survey results):

Professional Group	Above Trust Ave	Same as Trust Ave	Below Trust Ave
Additional Professional, Scientific & Technical Staff	2 (5)	0 (1)	7 (3)
Additional Clinical Staff	1 (0)	1 (3)	7 (5)
Admin & Clerical Staff	8 (8)	1 (0)	0 (1)
Allied Health Professional Staff	3 (6)	3 (1)	2 (2)
Estates & Facilities	0 (0)-	0 (0)	9 (9)
Medical & Dental	5 (3)	1 (3)	3 (3)
Nursing & Midwifery	4 (4)	1 (1)	4 (4)

2.12 This suggests strongly that the Trust needs to continue putting extra focus into its Health Care Assistants (the Additional Clinical Staff category); Additional Professional Scientific and Technical Staff and Estates and Facilities. While some solid foundations have been set for supporting Health Care Assistants (for example with the formation of the HCSW Council) and initial work on banding, there is much more to do.

2.13 Staff response ratings from 24 Directorate[1] areas, for the 7 people promise themes, engagement and moral themes, against that of the whole Trust are as follows (number in bracket are 2021 survey results):

Directorate Area	Above Trust Ave	Same as Trust Ave	Below Trust Ave
Adult Community and MH & LD	1	5	3
Adult Community Therapy & Equipment	0	0	9
Adult Physical Health	4 (0)	2 (0)	3 (9)
CYPS Management & Admin	1 (2)	0 (3)	8 (4)
CYPS Mental Health	4 (2)	5 (0)	0 (7)
CYPS Physical Health	1 (3)	3 (0)	5 (5)
Entry	0 (1)	1 (2)	8 (6)
Executive	8 (8)	1 (0)	0 (1)
Finance	4 (5)	4 (2)	1 (2)
Finance - Estates	0	4	4
Finance - Facilities	1	0	8
Finance - IT	8	1	0
Hospitals Mental Health	1 (5)	0 (2)	8 (2)
Hospitals Physical Health	5 (6)	2 (1)	2 (2)
Human Resources	9 (9)	0 (0)	0 (0)
Medical	9 (8)	0 (1)	0 (0)
Nursing, Therapies & Quality	9 (9)	0 (0)	0 (0)
Operational Management & Resilience	8 (9)	0 (0)	1 (0)
Specialist Mental Health	8 (5)	0 (3)	1 (1)
Strategy & Partnerships	9 (9)	0 (0)	0 (0)
Urgent Care & Spec Svcs MH	2 (1)	2 (0)	5 (8)
Urgent Care & Spec Svcs PH	0 (0)	1 (4)	8 (5)
Urgent Care MIIUs	8 (4)	0 (2)	1 (3)

2.14 This illustrates that there are some significant variances in rating from key areas. We recognise that there our outlying directorates include Adult Community Therapy & Equipment, Children and Young People's Services (Management and Admin), Entry Services, Finance - Facilities, Mental Health Hospitals and Urgent Care & Spec Services - Physical Health), which will need to be picked up via directorate and sub-directorate leads, with the support of their Executive Directors and the Organisational Development (OD) team.

2.15 We should similarly recognise the improvements from last year's results in some of our directorates, namely Urgent Care & Spec Services, MIIUs and Adult Physical Health.

[1] Please note: (a) the number of directorates for reporting is set by the survey provider (b) Due to organisational directorate changes a year on year figure is not available for all directorates. Directorate groupings are reviewed annually.

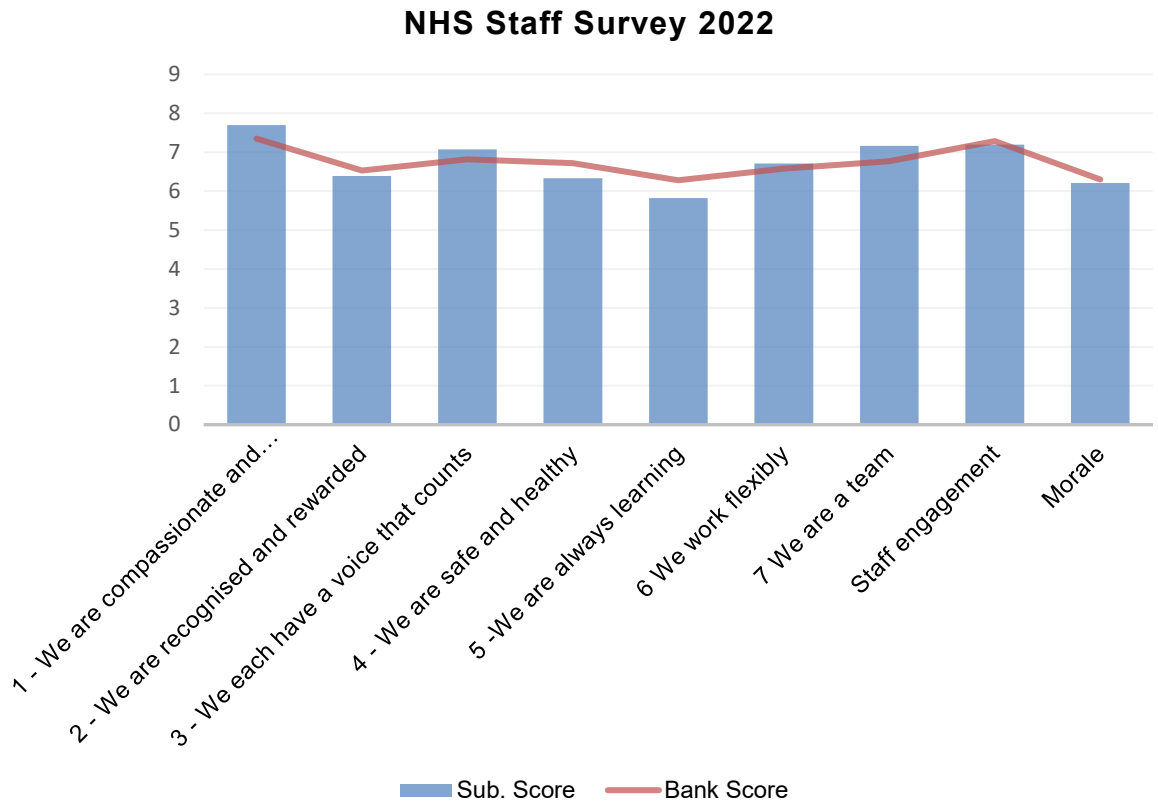
3 Results (Bank)

3.1 Historically the NHS Staff Survey was only issued to substantive staff and excluded Bank workers.

3.2 For the 2022 Staff Survey NHS organisations were provided with an option to run an additional survey for Bank Only workers. The Thematic People Promise questions remained the same, however, it was only available as an electronic copy to these workers.

3.3 GHC adopted to make this survey available for our cohort of Bank Only workers and the results are provided herein.

3.4 The survey results are published through IQVIA, our contracted provider that administers the NHS Staff Survey and not through the NHS Survey national coordination centre. This means the data we receive is limited in content and format and appears differently for analysis purposes.



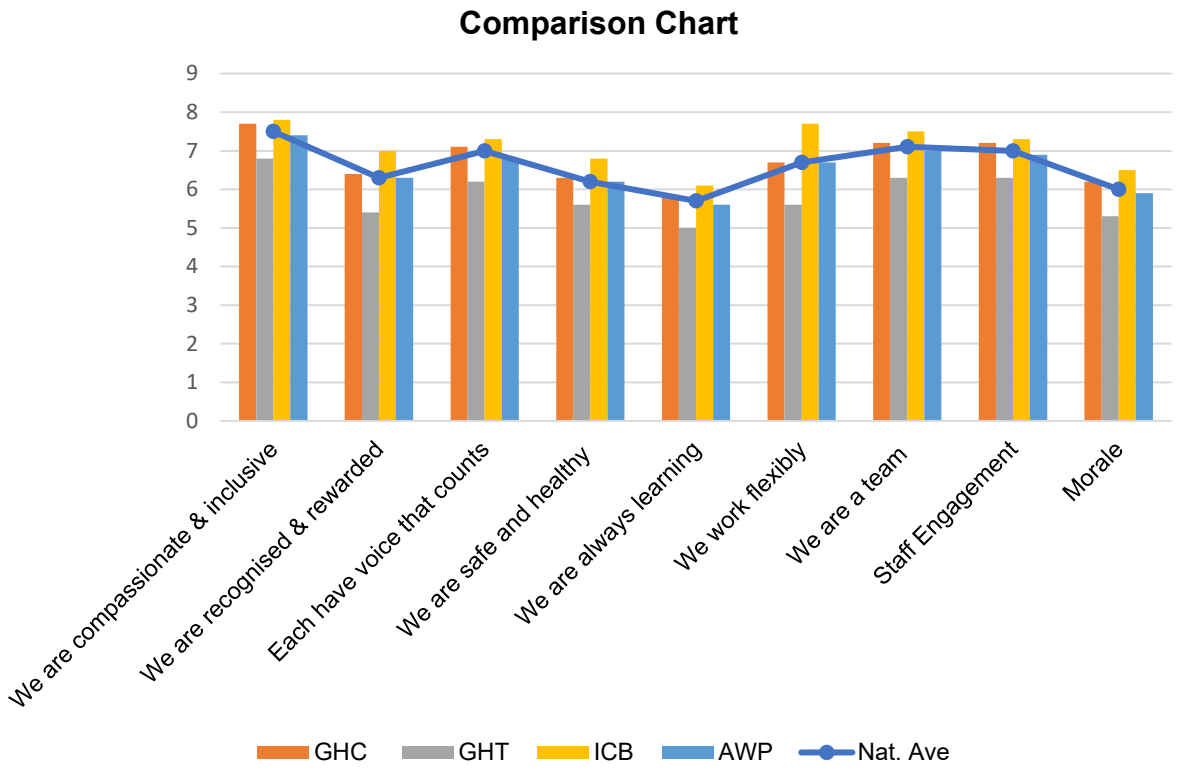
3.5 Questionnaires were sent to 623 bank staff. After excluding respondents that were later known to be ineligible, a usable sample of 620 remained.145 questionnaires were returned yielding a response rate of 23.4% which is good according to benchmarking.

3.6 Further analysis of the data received on Bank staff responses from IQVIA remains ongoing however key headlines are, that in comparison to substantive staff, bank staff:

- Are more motivated and more positive about recommending patient care;
- Reported less positively to questions about immediate managers, and feeling valued in the workplace;
- Are more likely to experience violence from patients;
- Are less likely to feel involved in the workplace, in particular with regard changes which affect them;
- Are less likely to report positively to questions on health and wellbeing

4 Results

4.1 A comparison of our results for substantive colleagues alongside local NHS organisations and another similar MH and LD South West providers is provided below.



4.2 Whilst GHC have achieved improvements and encouraging feedback from our colleagues in the 2022 survey, we recognise that is still much work to be done.

5. Recommendations

5.1 Actions for 2023 are being worked up in more detail through the planned deep dive at the March 2023 Great Place to Work Committee and through engagement at the range of planned Trust Staff Survey briefing sessions. However, the initial recommendations are to focus on:

5.1.1 Substantive Staff:

- Supporting Directorates to find new ways of **meeting and communicating results**; supporting ideas such as directorate and team engagement initiatives where appropriate.
- Drilling down within Directorates which pockets of staff groups or team report that they struggle to **meet conflicting demands** on their time. This will directly feed into stress at work, absence and health and wellbeing indicators. The first survey heat map has now been provided by IQVIA.
- Ensuring that colleagues are provided with **reassurance about how concerns are handled and addressed**. Seek to understand if there are any specific groups or departments where this is a particular issue and work closely with the Communication team and Senior Leaders to maximise related publicity throughout the year. This is expected to link in to anti closed culture work the NQT directorate are progressing reporting into Quality Committee
- Whilst coverage of appraisals is positive in the staff survey**,** review quality of **appraisals and appraisal training** particularly with a view to ensuring staff leave the appraisal feeling they can do their job more effectively. This will entail a different approach to the appraisal format, guidance and training options for appraisers and appraises.
- Increasing our programme of “itchy feet sessions” and wider publicity about **career progression and development** options within the Trust
- Improving how we tackle discrimination (in particular **gender discrimination**).

5.1.2 Bank Staff:

- Explore results on rating relating to **violent incidents from patients**. There are noticeably higher ratings for this. Seek to take targeted action where required. Review the new national Standards and refresh the Trust’s policy and approach to Violence and Aggression.
- Ensure that managerial and supervisory roles include the requirement to **give feedback** to bank staff including both positive and negative comments as appropriate. This is likely to require additional support and training options.
- Explore why **some staff do not feel supported**. Develop a culture of management support for staff experiencing challenges / problems, through supervision, enablement and leadership/management development programme content.

6. Next steps

6.1 The planned timeline for the development, delivery and engagement of the 2022 staff survey results and action plan is:

March 2023	Weighted and benchmarked results presented to Exec's and WOMAG
	Deep dive of results and proposed action plans Great Place to Work Committee
	Summary of results presented to Board of Directors meeting
April 2023	Engagement and reviews with Senior Leadership Network, colleague fora and associated networks
	Directorate and (where possible) Team based results circulated
	ICS People Board NHS providers & ICB Survey report
May 2023	Wider actions plan reviewed and agreed by Executive Team and Workforce Management Group
	ICS Social Partnership Forum survey session
	Commencement of You Said, We Did
June 2023	Progress update to WOMAG and Great Place to Work Committee
September 2023	Review and Committee progress update on Action Plan
	Preparation of comm's for 2023 Staff Survey
October 2023	Launch 2023 Staff Survey

Survey Coordination Centre

NHS

Gloucestershire Health and Care NHS Foundation Trust

NHS Staff Survey Benchmark report 2022

Contents

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Introduction

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

About this Report

About this report

This benchmark report for Gloucestershire Health and Care NHS Foundation Trust contains results for the 2022 NHS Staff Survey, and historical results back to 2018 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate*. Data in this report are weighted** to allow for fair comparisons between organisations.

Please note: Results for Q1, Q10a, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

*The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor.
**Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements, themes and sub-scores

Survey Coordination Centre NHS

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q19a, Q19b, Q23e, Q23f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	**Sub-scores**	**Questions**
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b

Report structure

Survey Coordination Centre NHS

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the graphs used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise Elements, Themes and Sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise Elements, Themes and Sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These graphs are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

The Covid-19 pandemic

This section contains results for the People Promise elements and themes split by staff experience related to the Covid-19 pandemic.

Questions not linked to People Promise

Results for the questions that do not contribute to the result for any People Promise element or theme are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES).**

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and Theme results for 2021 vs 2022.
- Data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.

Please note, where there are less than 11 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

Using the report

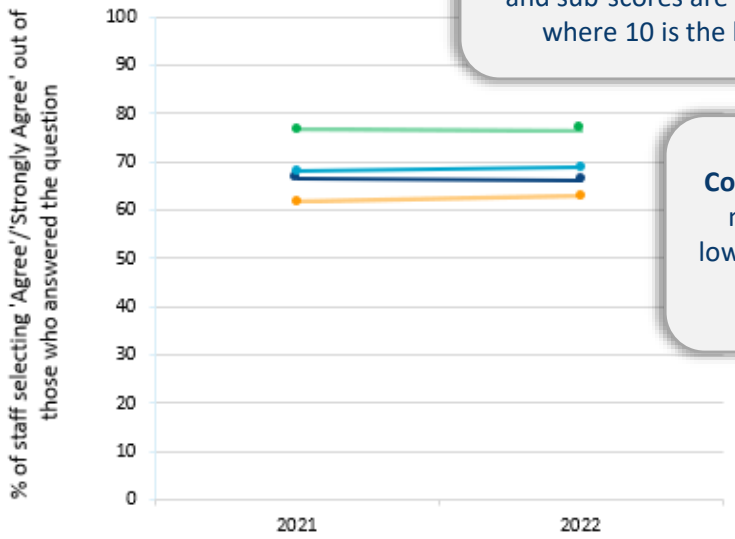
Please note this is example data

Key features

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

Question number and text (for summary measure) specified at the top of each slide.

The home icon on each slide is **hyperlinked** and takes you back to the contents page (which is also hyperlinked to each section).

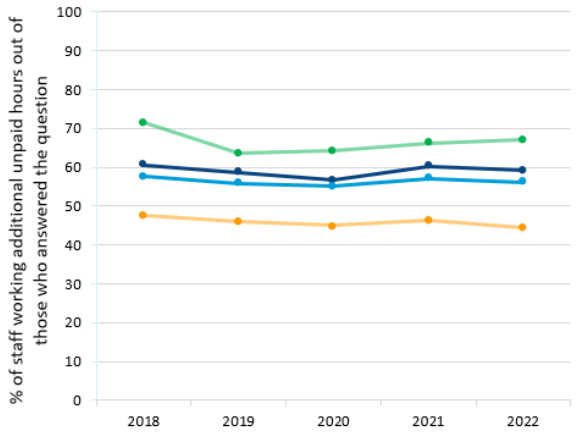


Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table.

	2021	2022
Your org	66.5%	66.3%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%

Number of responses for the organisation for the given question.

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	60.5%	58.7%	56.8%	60.2%	59.2%
Best	71.4%	63.6%	64.2%	66.1%	67.3%
Average	57.7%	55.9%	55.1%	57.0%	56.3%
Worst	47.7%	46.0%	45.0%	46.5%	44.6%

'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results.**

Tips on how to read, interpret and use the data are included in the Appendices

Please note: charts will only display data for the years where an organisation has data. For example, an organisation with two years of trend data will see charts such as q10c with data only in the 2021 and 2022 portions of the chart and table.

Survey Coordination Centre

NHS

Organisation details

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Organisation details

Survey Coordination Centre NHS

Gloucestershire Health and Care NHS Foundation Trust

2022 NHS Staff Survey

Organisation details

Completed questionnaires	2492
2022 response rate	55%

Survey details

Survey mode	Mixed

This organisation is benchmarked against:

Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts

2022 benchmarking group details

Organisations in group: 51

Median response rate: 50%

No. of completed questionnaires: 115361

For more information on benchmarking group definitions please see the Technical document.

Survey Coordination Centre

NHS

People Promise Elements, Themes and sub-score results

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

NHS

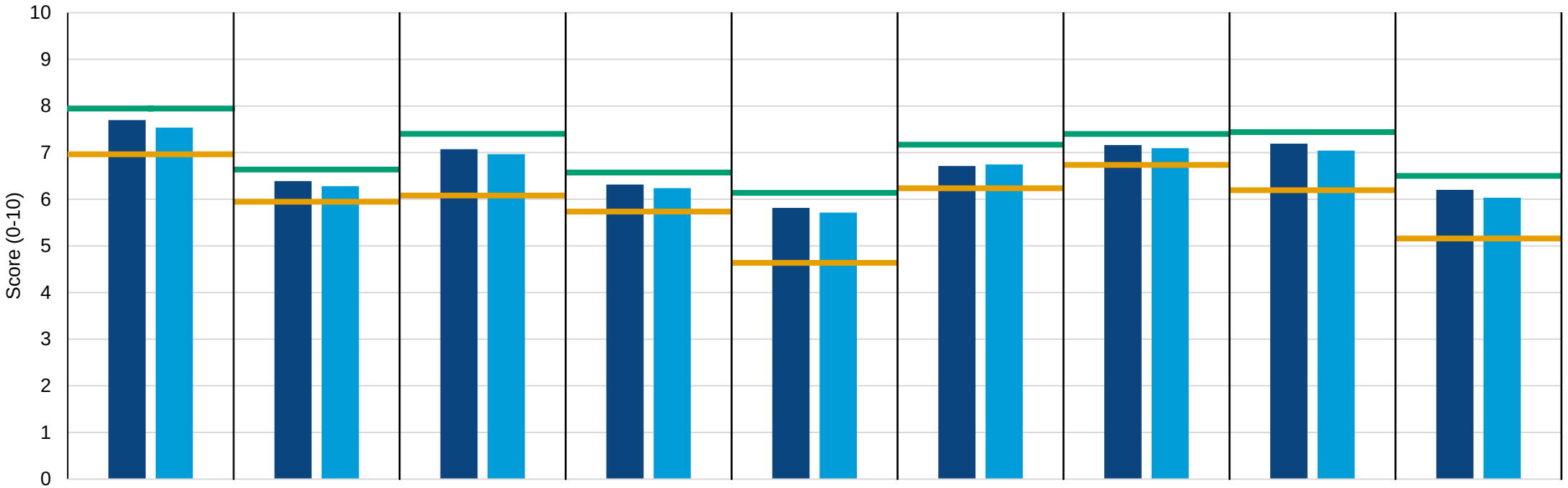
People Promise Elements, Themes and Sub-scores: Overview

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise Elements and Themes: Overview

Survey Coordination Centre NHS

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



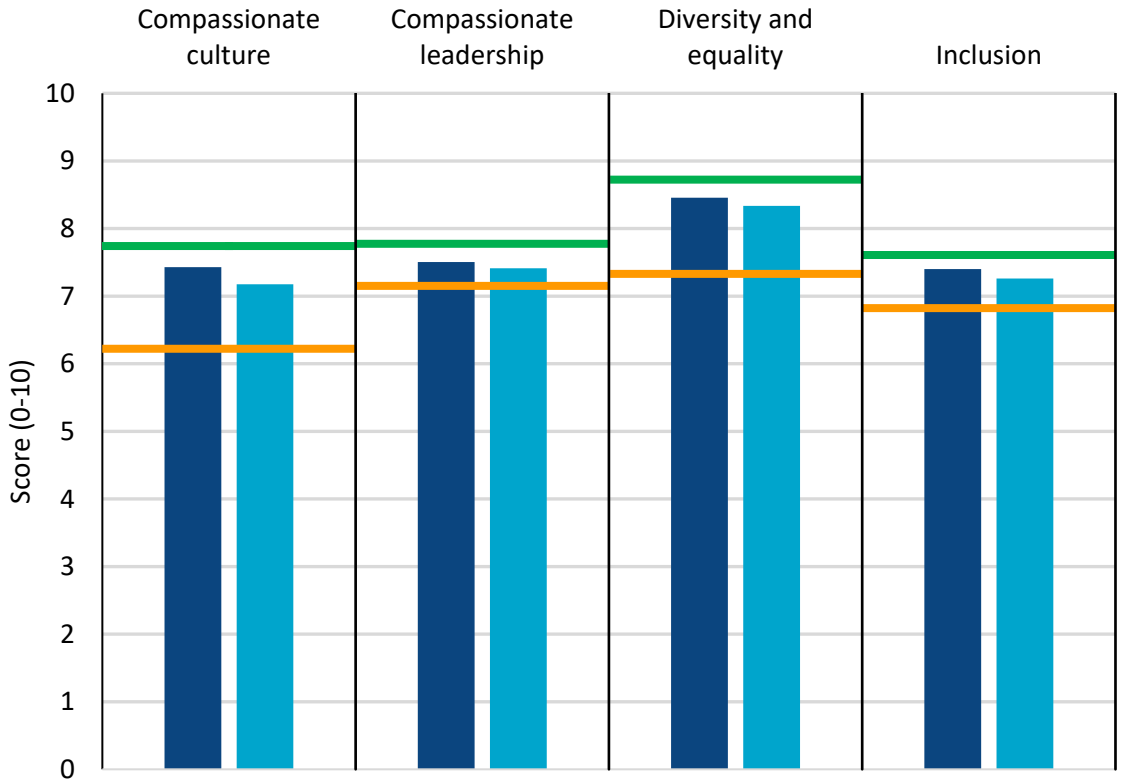
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	2482	2477	2464	2457	2420	2469	2480	2486	2484

People Promise Elements, Themes and Sub-scores: Sub-score Overview

Survey Coordination Centre

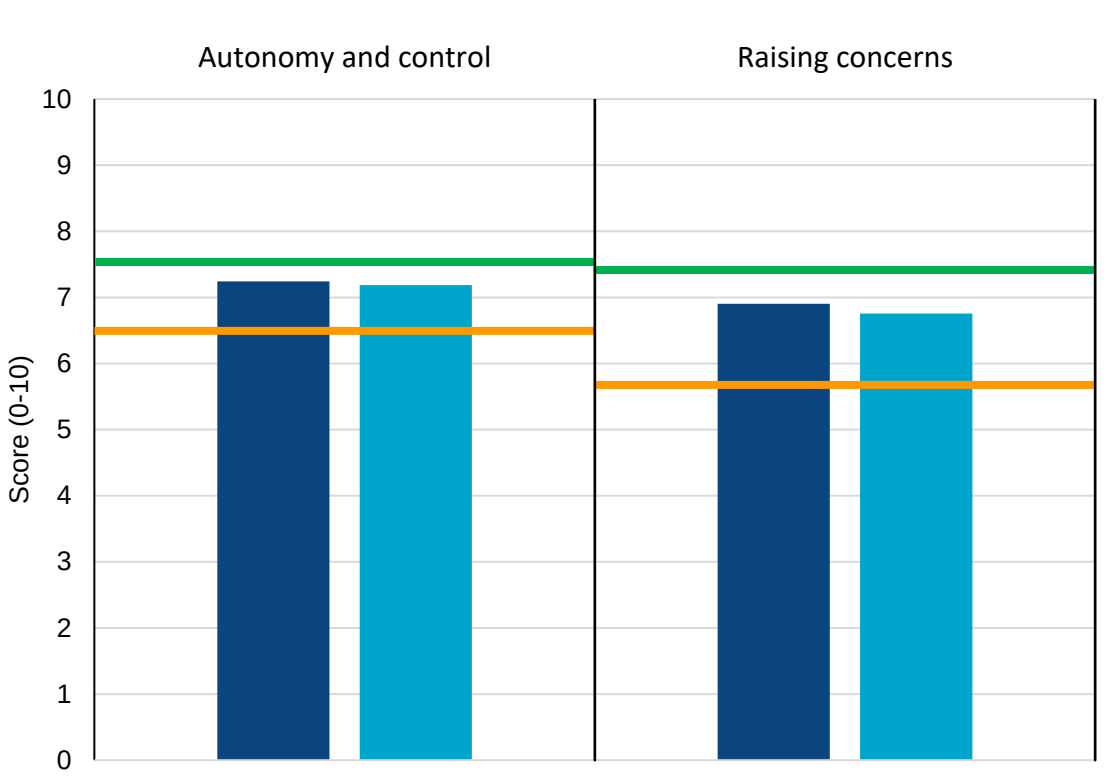
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.4	7.5	8.5	7.4
Best	7.7	7.8	8.7	7.6
Average	7.2	7.4	8.3	7.3
Worst	6.2	7.2	7.3	6.8
Responses	2484	2481	2483	2470

Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Your org	7.2	6.9
Best	7.5	7.4
Average	7.2	6.8
Worst	6.5	5.7
Responses	2483	2472

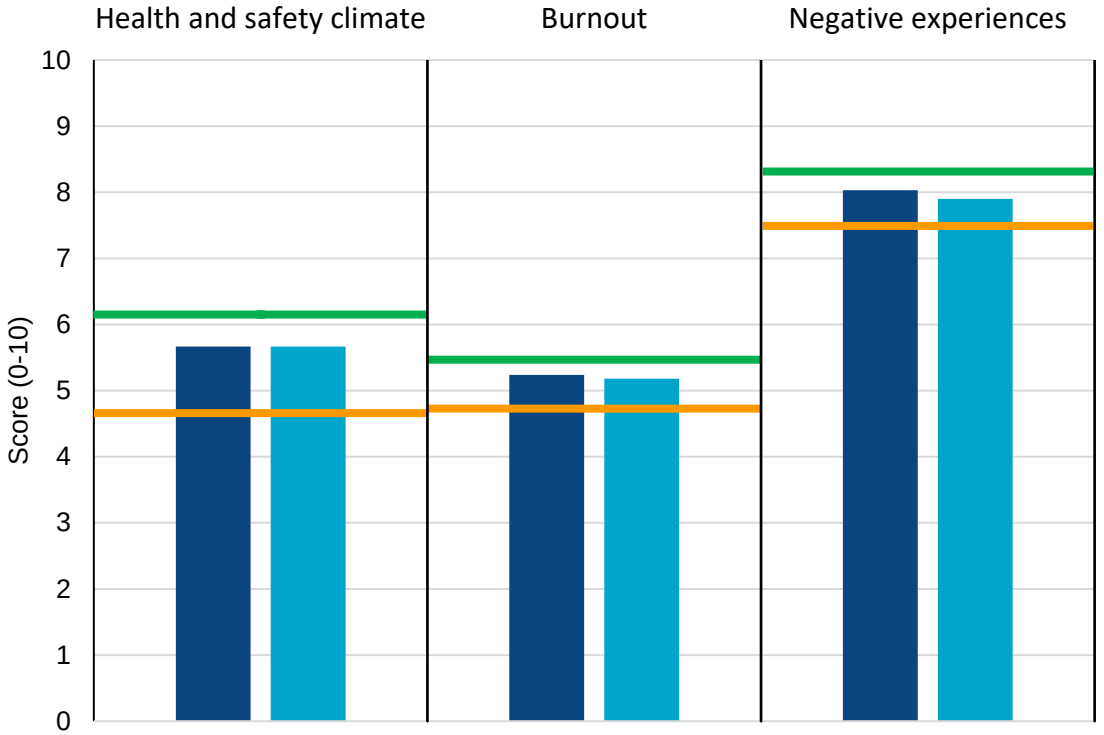
N.B. People Promise Element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 20.

People Promise Elements, Themes and Sub-scores: Sub-score Overview

Survey Coordination Centre

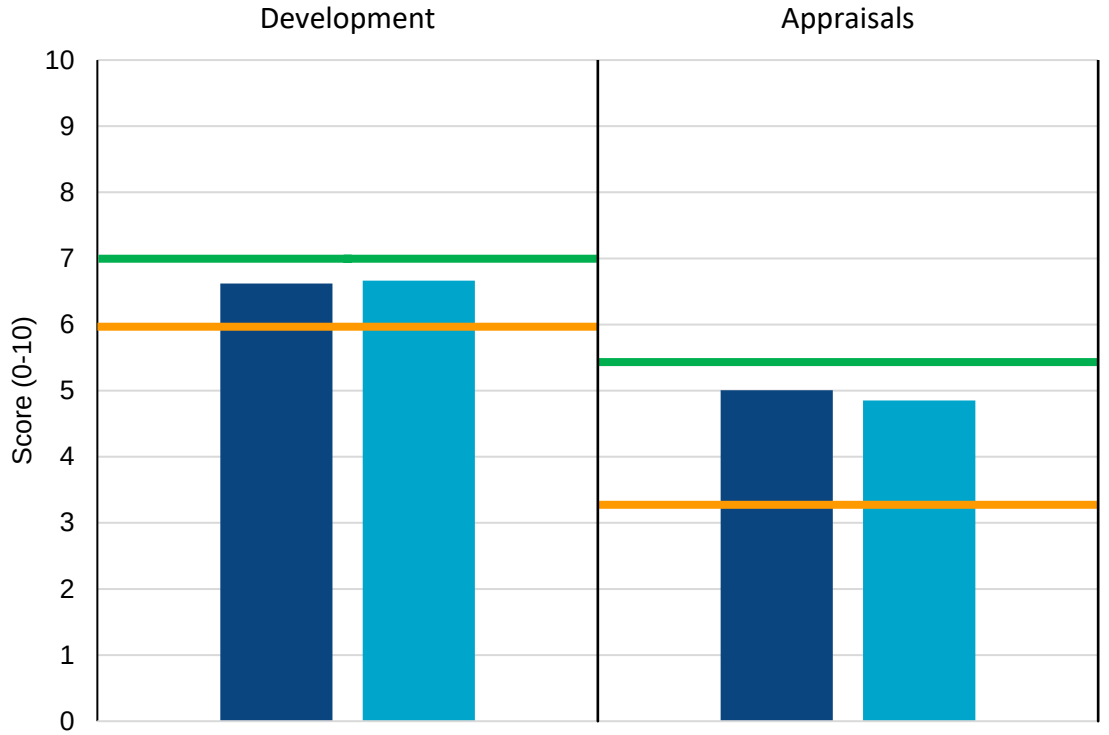
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Your org	5.7	5.2	8.0
Best	6.2	5.5	8.3
Average	5.7	5.2	7.9
Worst	4.7	4.7	7.5
Responses	2483	2478	2471

Promise element 5: We are always learning

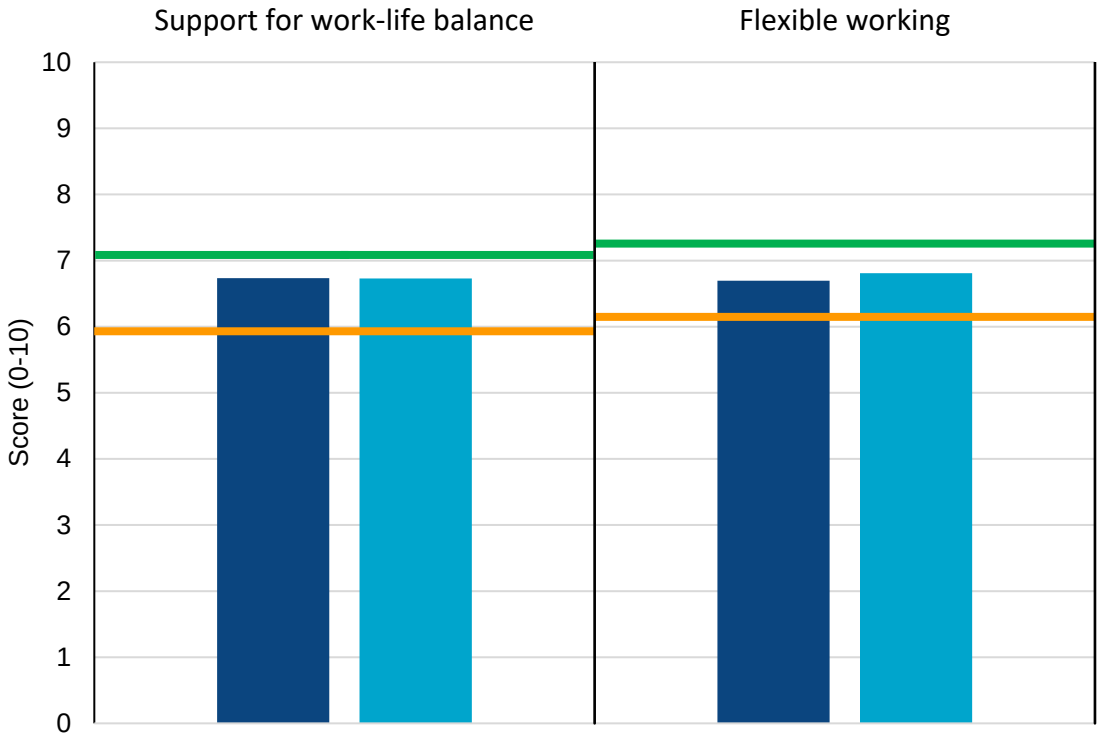


	Development	Appraisals
Your org	6.6	5.0
Best	7.0	5.4
Average	6.7	4.9
Worst	6.0	3.3
Responses	2487	2422

People Promise Elements, Themes and Sub-scores: Sub-score Overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	6.7	6.7
Best	7.1	7.3
Average	6.7	6.8
Worst	5.9	6.1
Responses	2482	2472

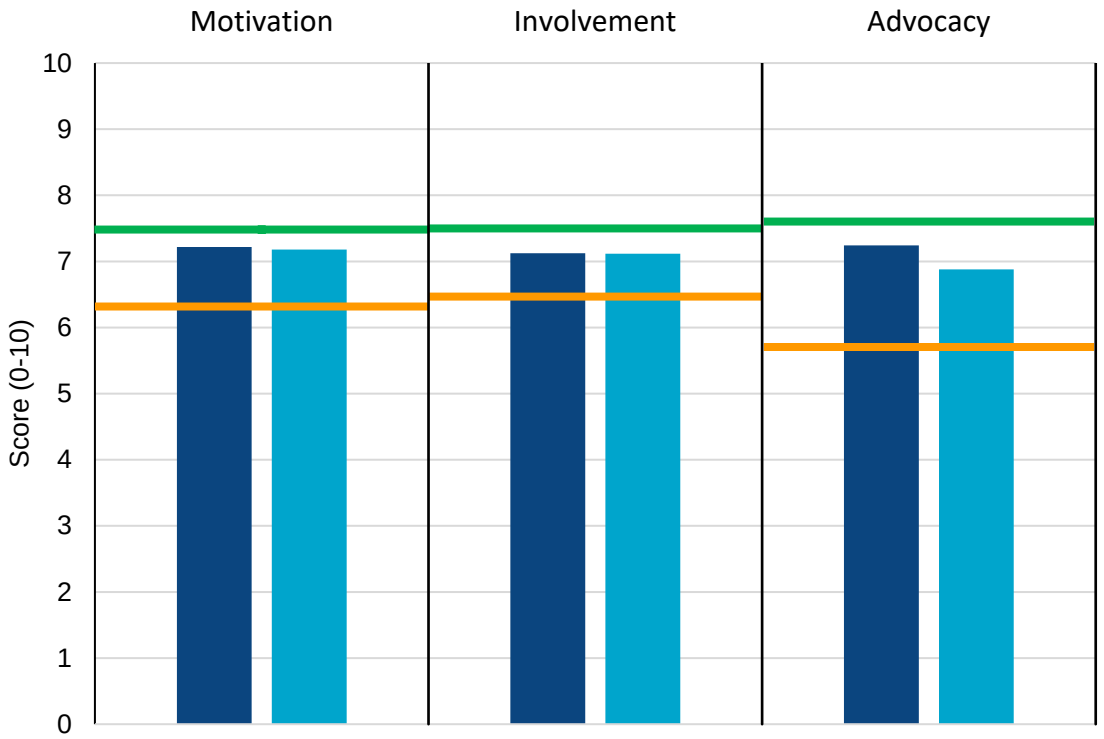
Promise element 7: We are a team

	Team working	Line management
Your org	7.0	7.3
Best	7.2	7.7
Average	6.9	7.3
Worst	6.5	6.9
Responses	2481	2484

People Promise Elements, Themes and Sub-scores: Sub-score Overview

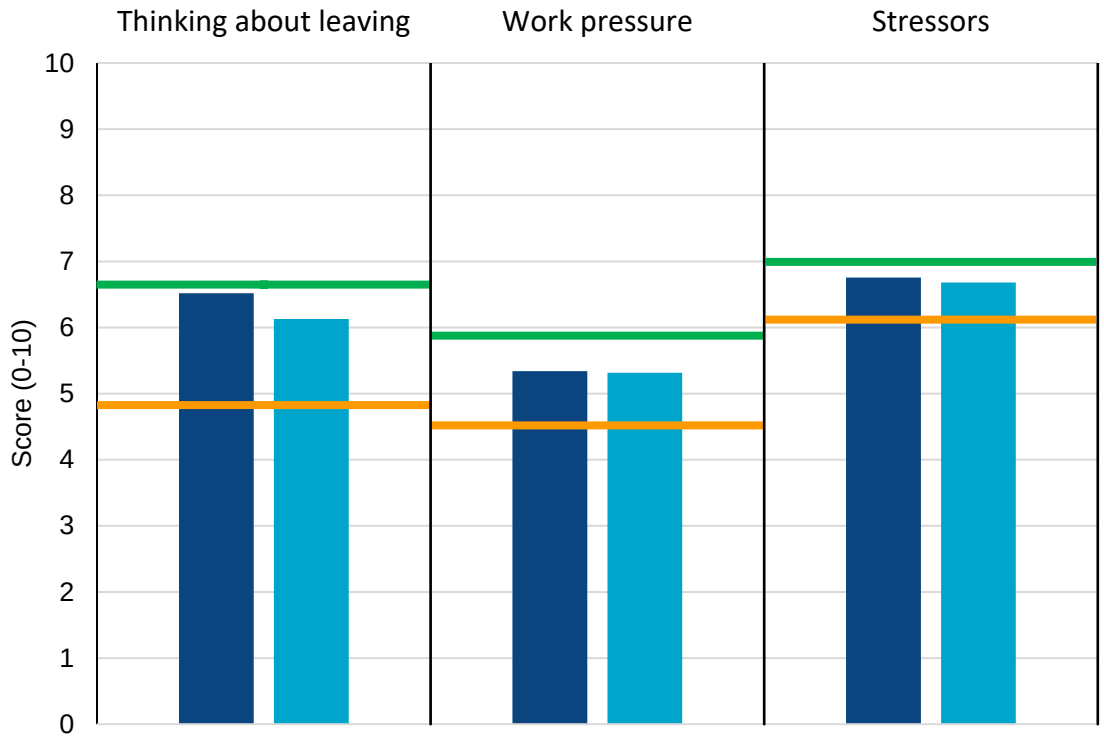
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	7.2	7.1	7.2
Best	7.5	7.5	7.6
Average	7.2	7.1	6.9
Worst	6.3	6.5	5.7
Responses	2468	2482	2484

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	6.5	5.3	6.8
Best	6.6	5.9	7.0
Average	6.1	5.3	6.7
Worst	4.8	4.5	6.1
Responses	2484	2481	2479

Survey Coordination Centre

NHS

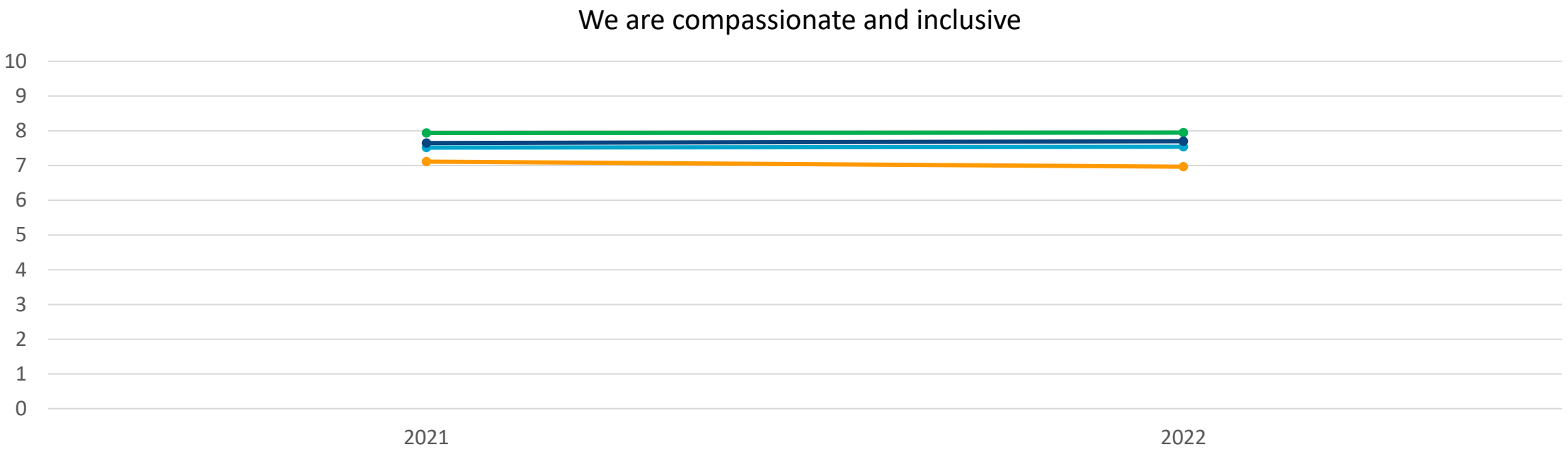
People Promise Elements, Themes and Sub-scores: Trends

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



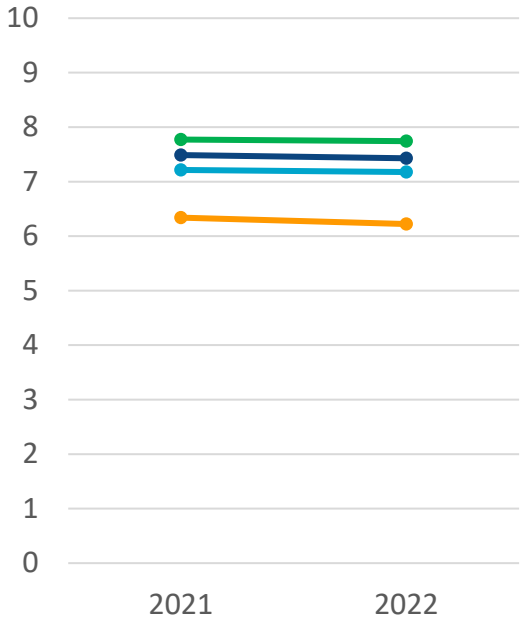
	2021	2022
Your org	7.6	7.7
Best	7.9	7.9
Average	7.5	7.5
Worst	7.1	7.0
Responses	2366	2482

People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

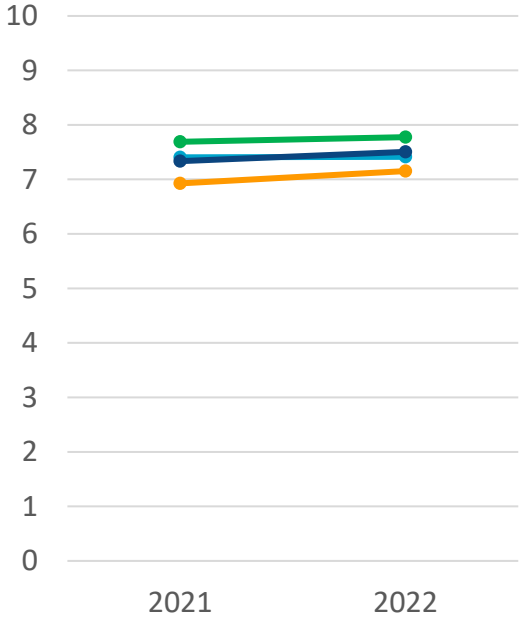
Promise element 1: We are compassionate and inclusive

Compassionate culture



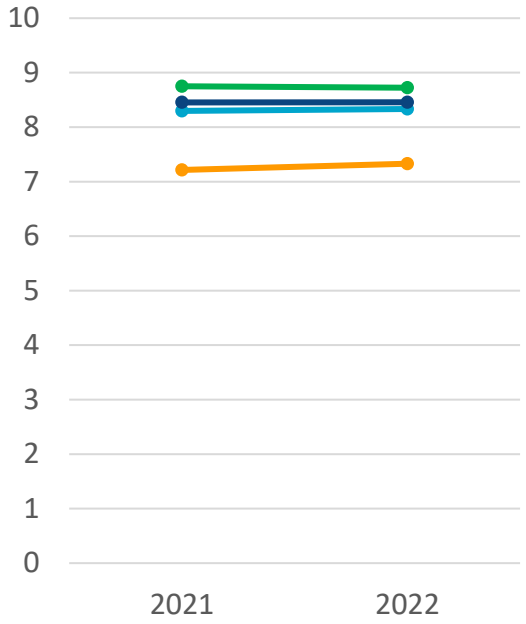
	2021	2022
Your org	7.5	7.4
Best	7.8	7.7
Average	7.2	7.2
Worst	6.3	6.2
Responses	2360	2484

Compassionate leadership



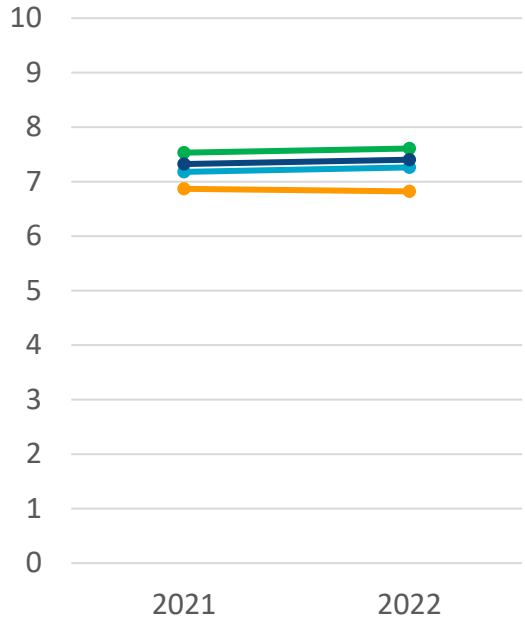
	2021	2022
Your org	7.3	7.5
Best	7.7	7.8
Average	7.4	7.4
Worst	6.9	7.2
Responses	2362	2481

Diversity and equality



	2021	2022
Your org	8.5	8.5
Best	8.7	8.7
Average	8.3	8.3
Worst	7.2	7.3
Responses	2358	2483

Inclusion

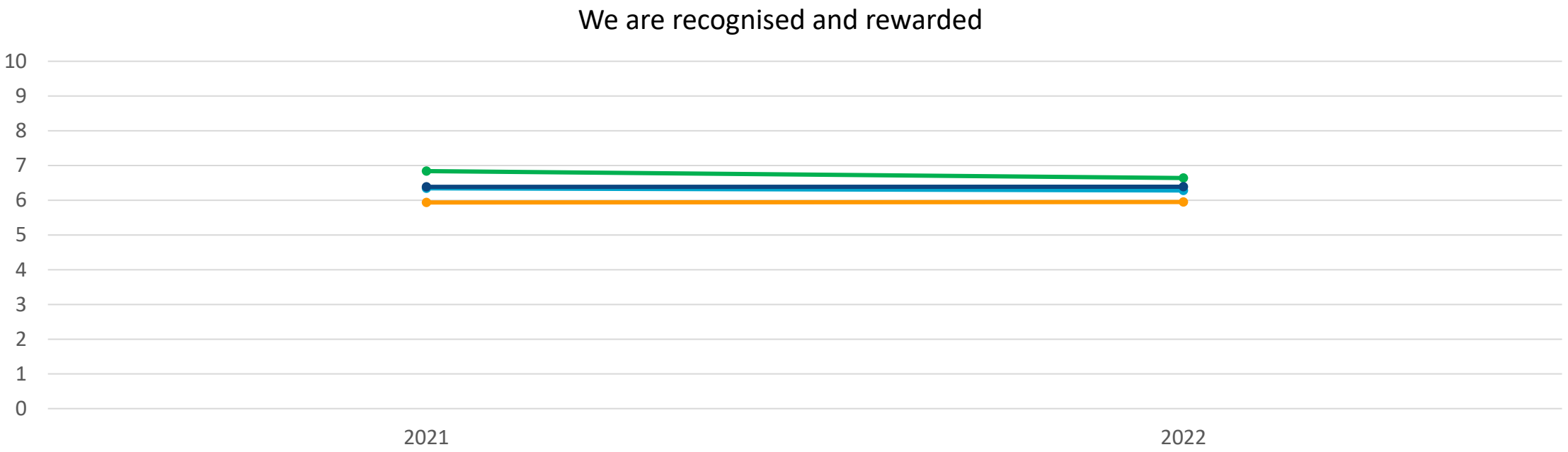


	2021	2022
Your org	7.3	7.4
Best	7.5	7.6
Average	7.2	7.3
Worst	6.9	6.8
Responses	2357	2470

People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 2: We are recognised and rewarded

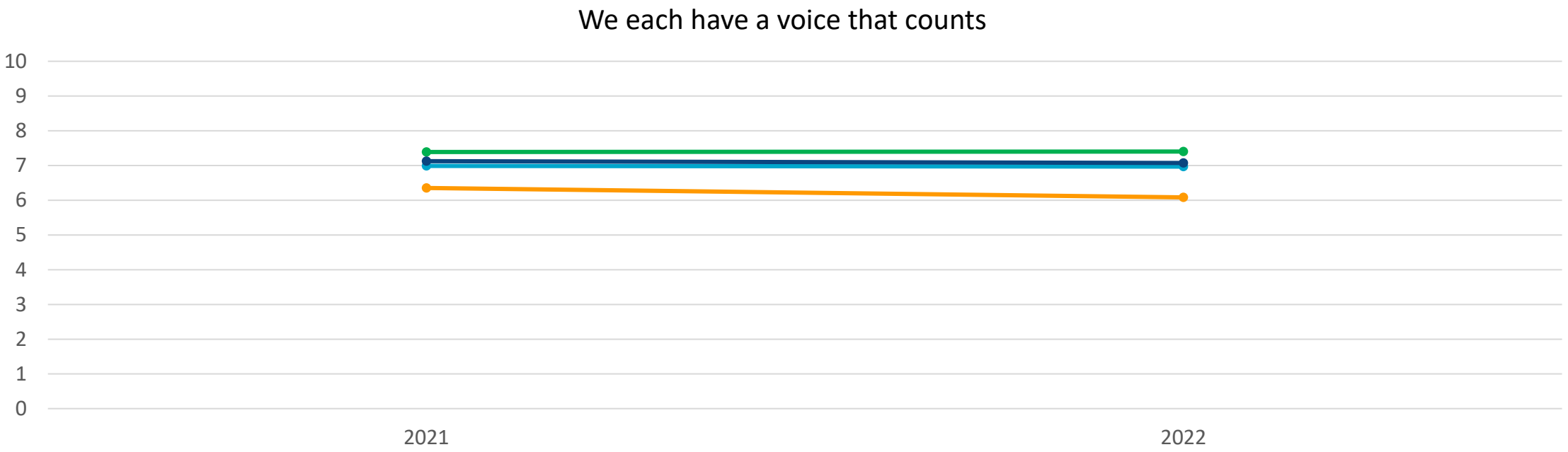


	2021	2022
Your org	6.4	6.4
Best	6.8	6.6
Average	6.3	6.3
Worst	5.9	5.9
Responses	2361	2477

People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 3: We each have a voice that counts



	2021	2022
Your org	7.1	7.1
Best	7.4	7.4
Average	7.0	7.0
Worst	6.4	6.1
Responses	2351	2464

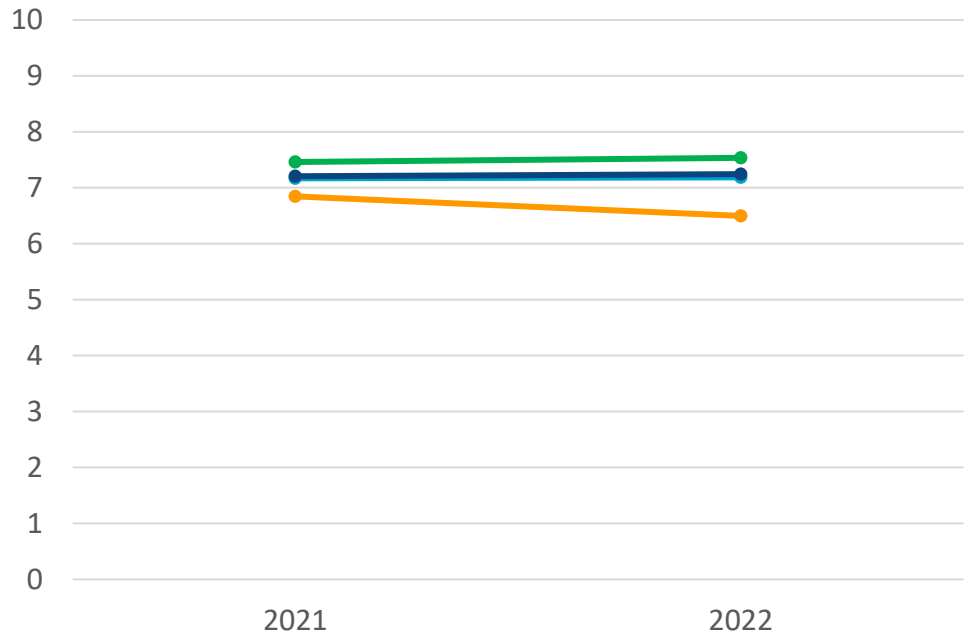
People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

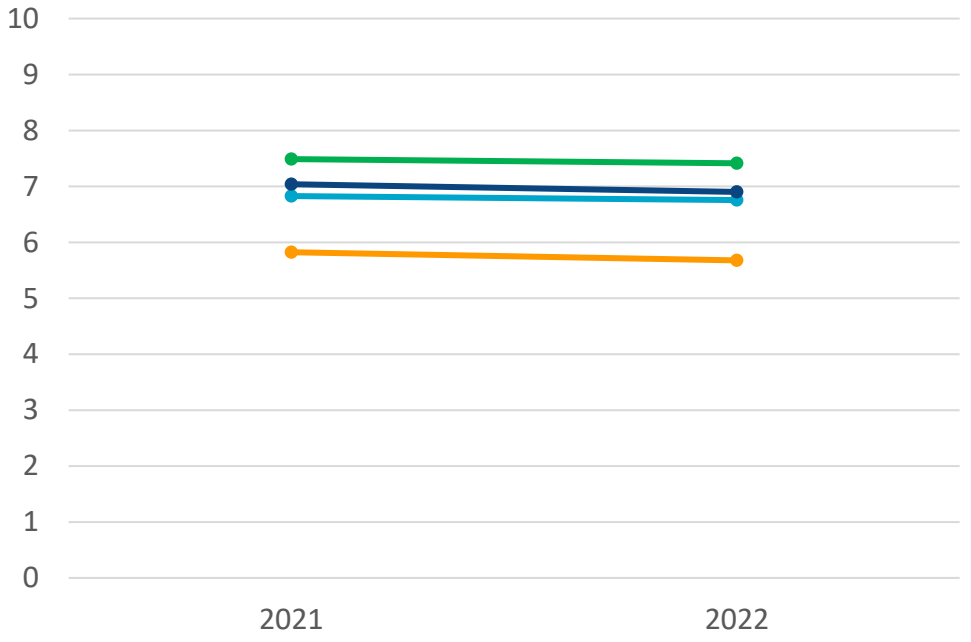
Promise element 3: We each have a voice that counts

Autonomy and control



	2021	2022
Your org	7.2	7.2
Best	7.5	7.5
Average	7.2	7.2
Worst	6.8	6.5
Responses	2364	2483

Raising concerns

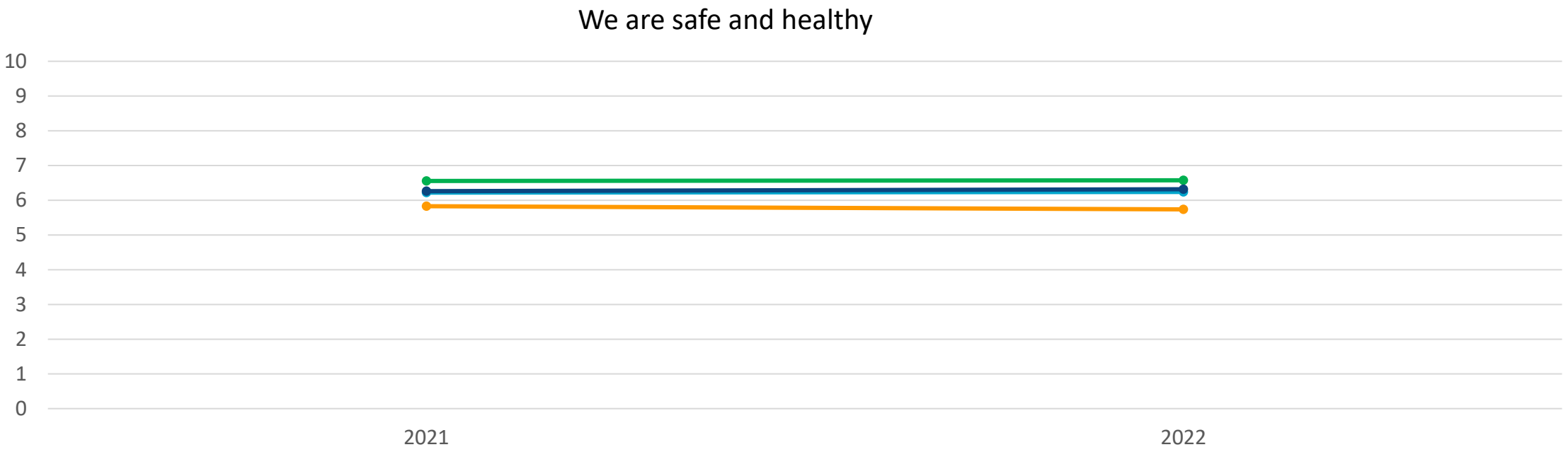


	2021	2022
Your org	7.0	6.9
Best	7.5	7.4
Average	6.8	6.8
Worst	5.8	5.7
Responses	2354	2472

People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



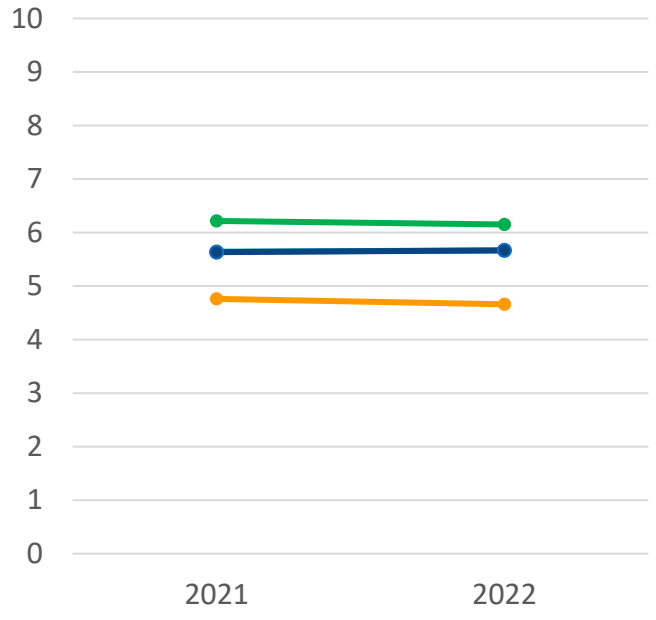
	2021	2022
Your org	6.3	6.3
Best	6.6	6.6
Average	6.2	6.2
Worst	5.8	5.7
Responses	2348	2457

People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

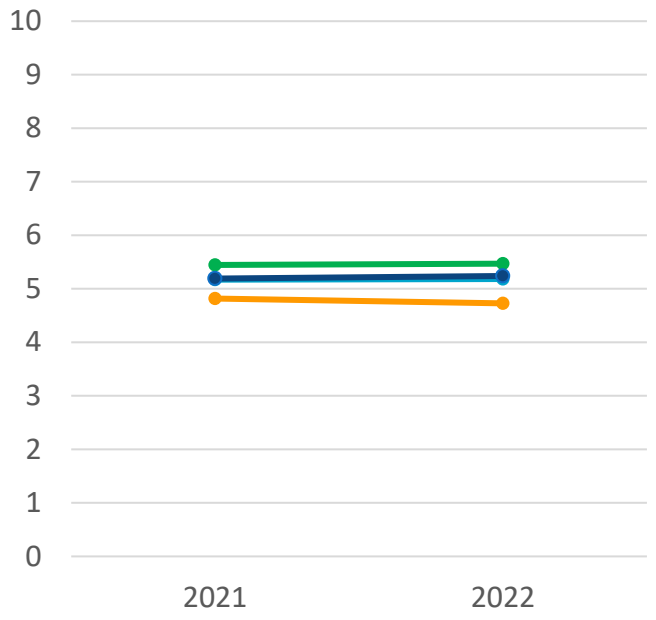
Promise element 4: We are safe and healthy

Health and safety climate



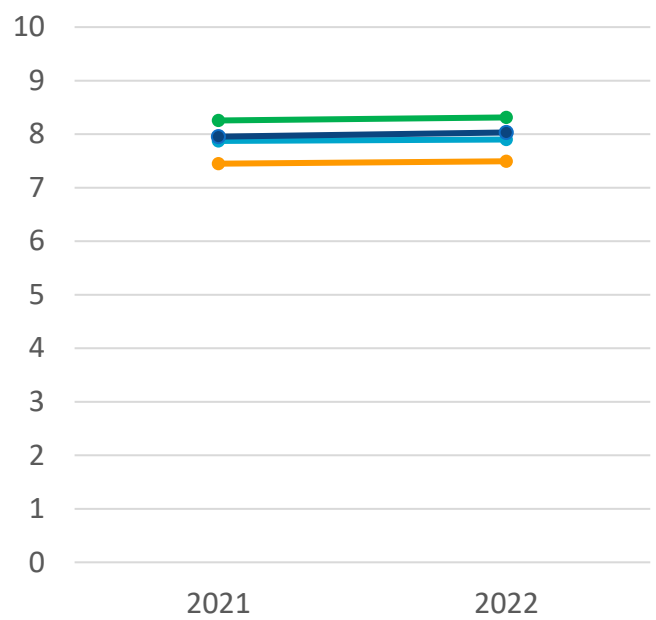
	2021	2022
Your org	5.6	5.7
Best	6.2	6.2
Average	5.6	5.7
Worst	4.8	4.7
Responses	2364	2483

Burnout



	2021	2022
Your org	5.2	5.2
Best	5.4	5.5
Average	5.2	5.2
Worst	4.8	4.7
Responses	2359	2478

Negative experiences



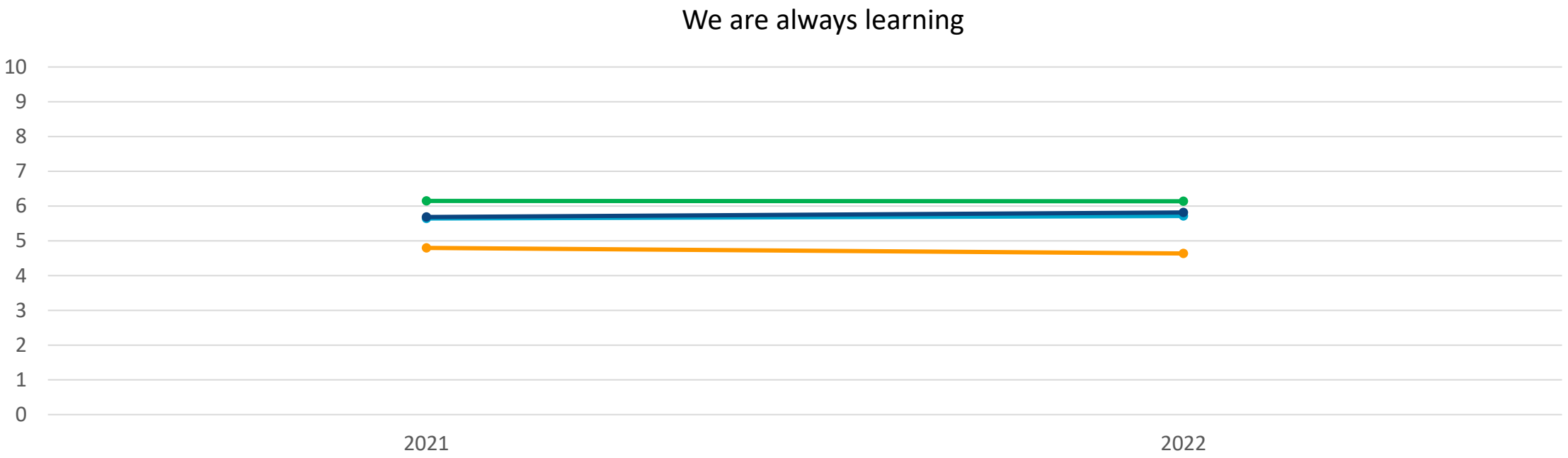
	2021	2022
Your org	8.0	8.0
Best	8.3	8.3
Average	7.9	7.9
Worst	7.4	7.5
Responses	2354	2471

People Promise Elements and Themes: Trends

Survey Coordination Centre NHS

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 5: We are always learning



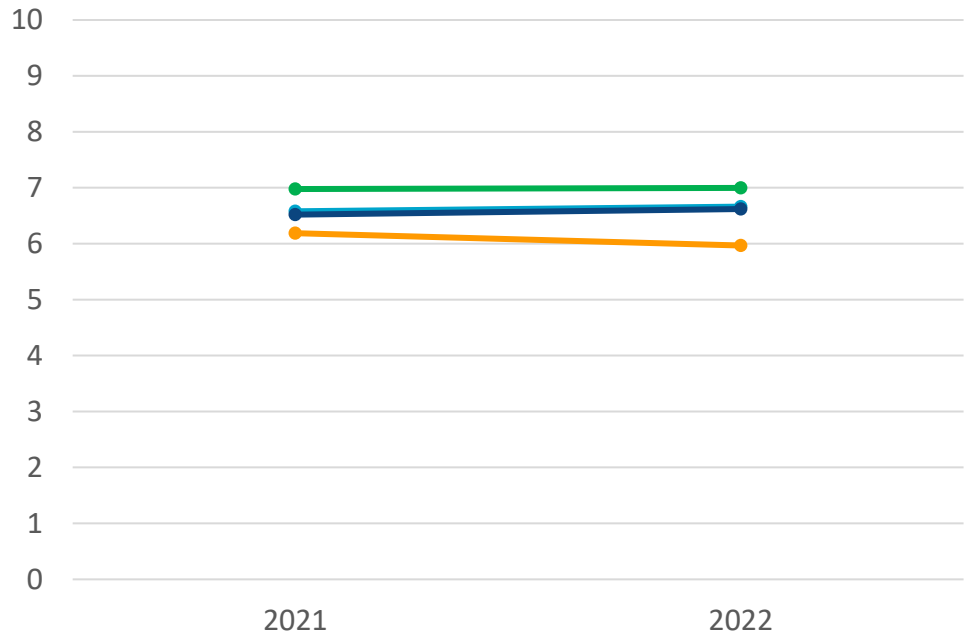
	2021	2022
Your org	5.7	5.8
Best	6.1	6.1
Average	5.6	5.7
Worst	4.8	4.6
Responses	2286	2420

People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

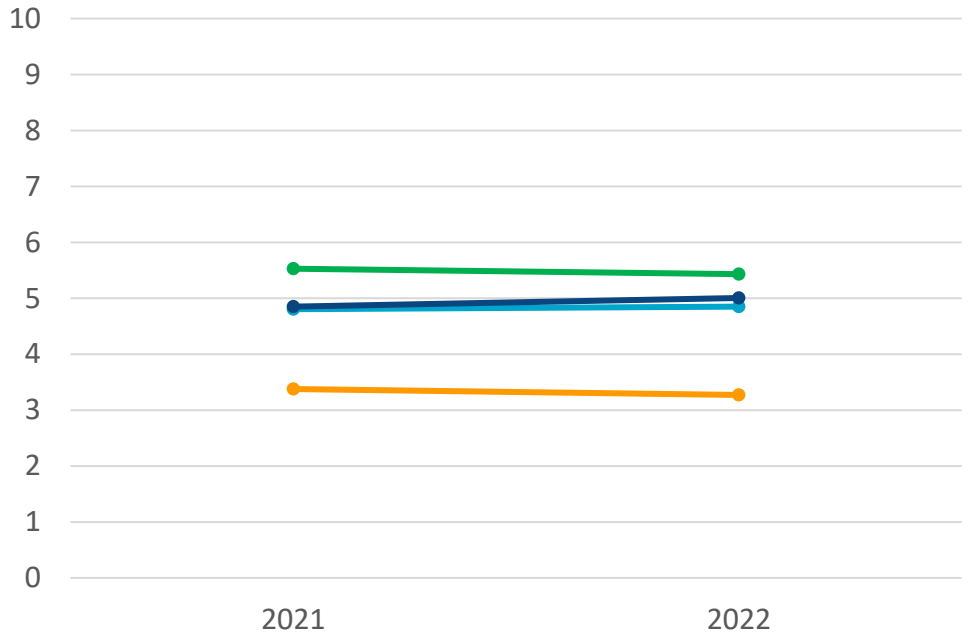
Promise element 5: We are always learning

Development



	2021	2022
Your org	6.5	6.6
Best	7.0	7.0
Average	6.6	6.7
Worst	6.2	6.0
Responses	2359	2487

Appraisals

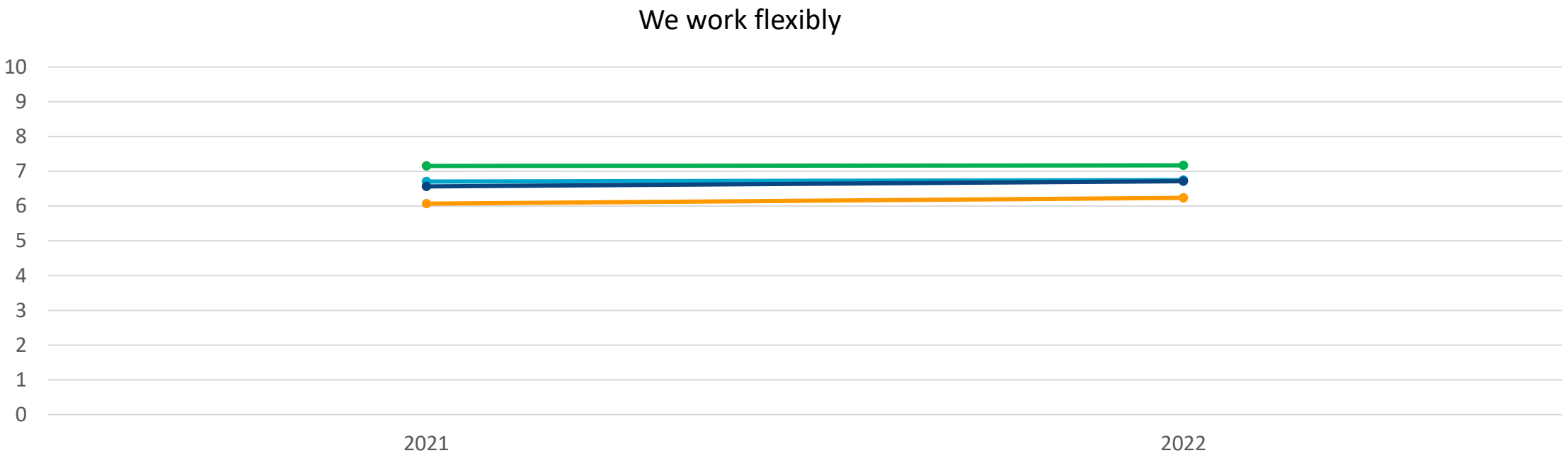


	2021	2022
Your org	4.9	5.0
Best	5.5	5.4
Average	4.8	4.9
Worst	3.4	3.3
Responses	2288	2422

People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



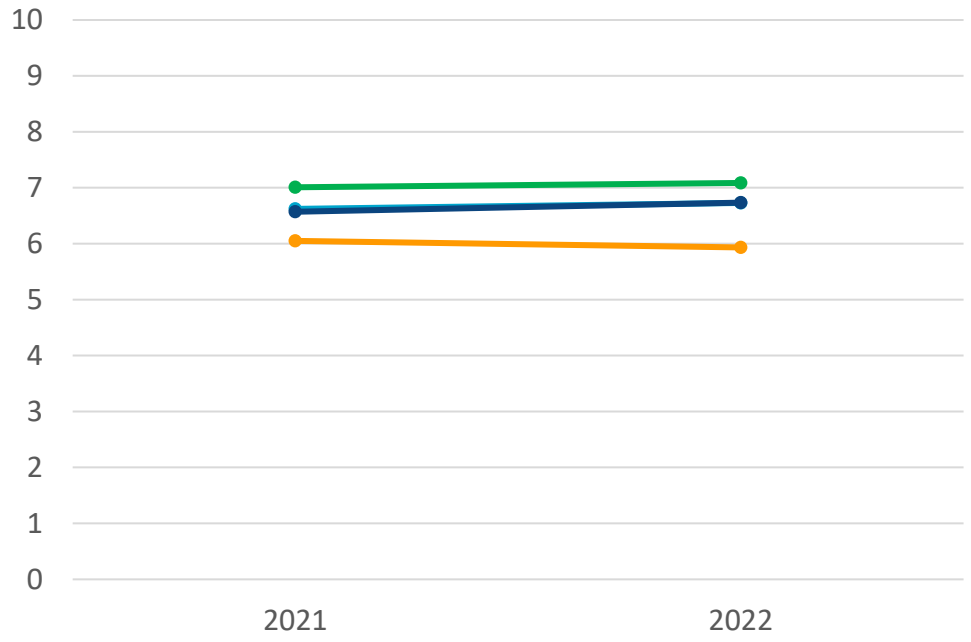
	2021	2022
Your org	6.6	6.7
Best	7.2	7.2
Average	6.7	6.7
Worst	6.1	6.2
Responses	2354	2469

People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

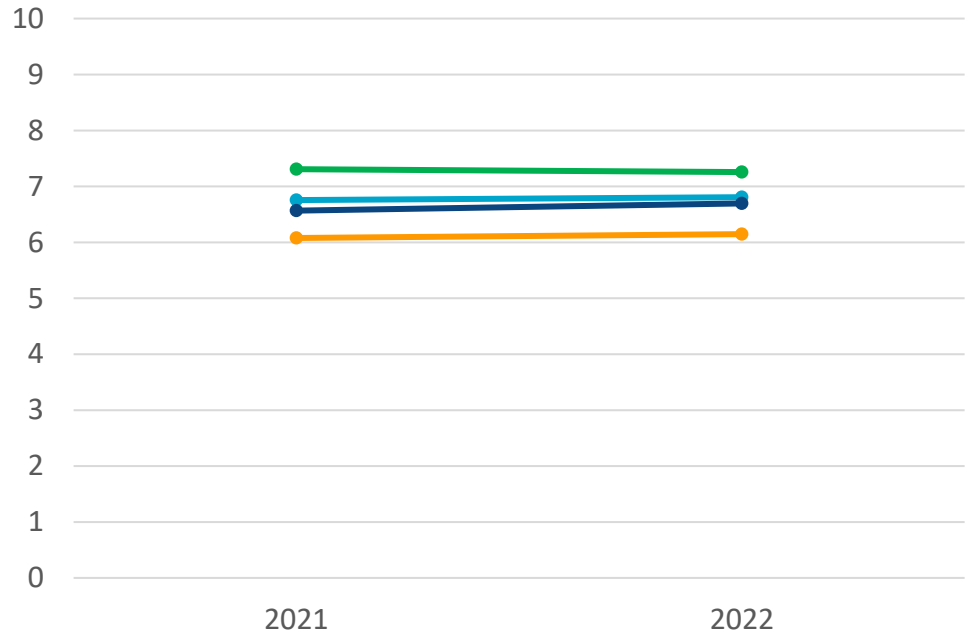
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022
Your org	6.6	6.7
Best	7.0	7.1
Average	6.6	6.7
Worst	6.0	5.9
Responses	2364	2482

Flexible working



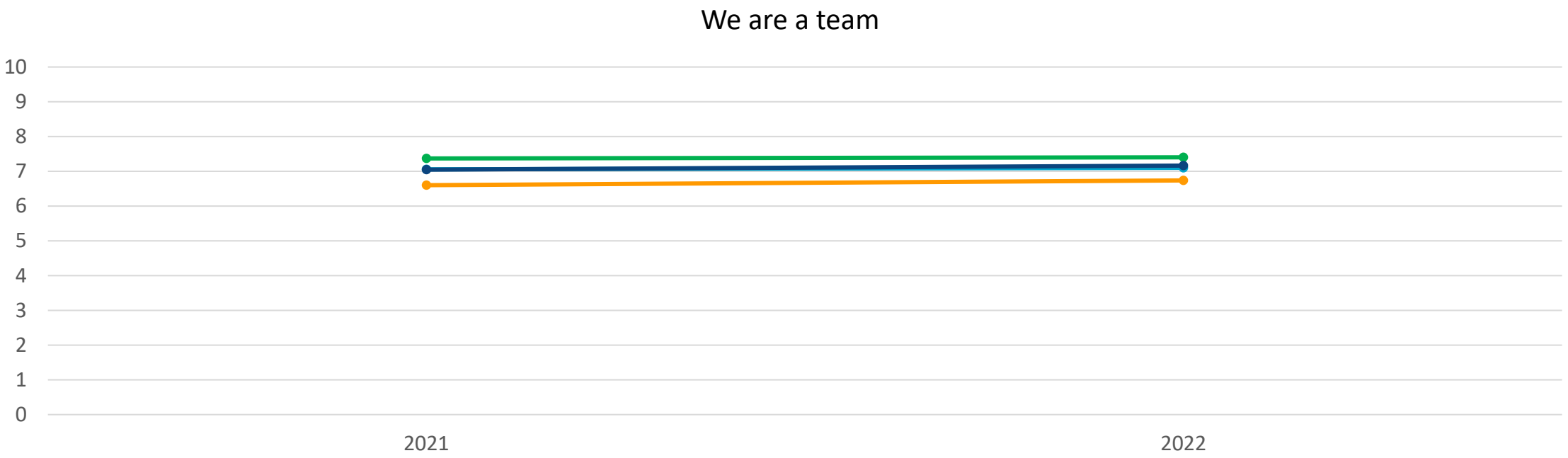
	2021	2022
Your org	6.6	6.7
Best	7.3	7.3
Average	6.8	6.8
Worst	6.1	6.1
Responses	2356	2472

People Promise Elements and Themes: Trends

Survey Coordination Centre NHS

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 7: We are a team



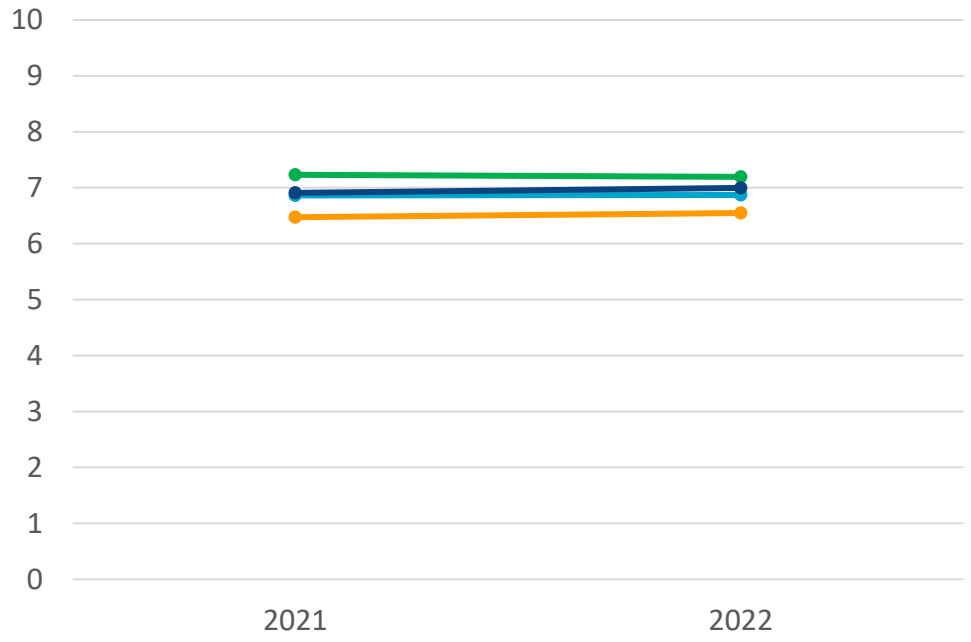
	2021	2022
Your org	7.0	7.2
Best	7.4	7.4
Average	7.1	7.1
Worst	6.6	6.7
Responses	2364	2480

People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

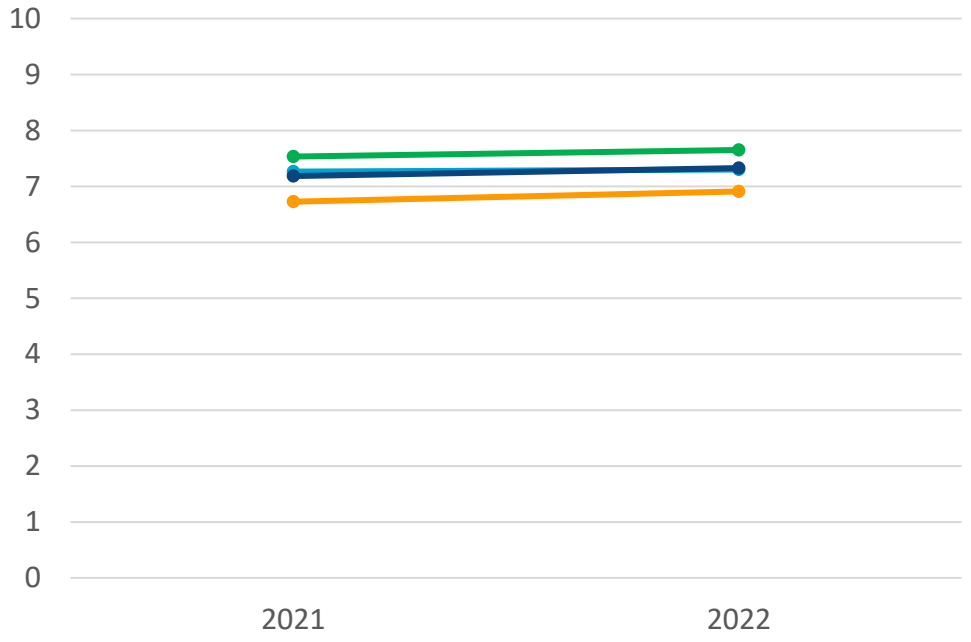
Promise element 7: We are a team

Team working



	2021	2022
Your org	6.9	7.0
Best	7.2	7.2
Average	6.9	6.9
Worst	6.5	6.5
Responses	2365	2481

Line management

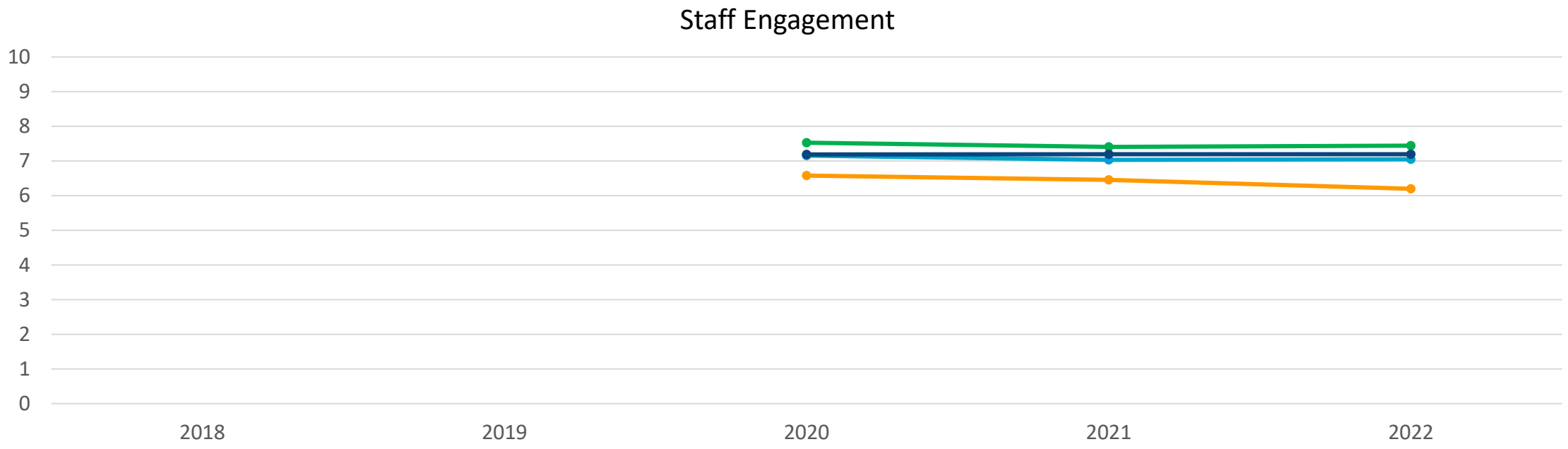


	2021	2022
Your org	7.2	7.3
Best	7.5	7.7
Average	7.3	7.3
Worst	6.7	6.9
Responses	2365	2484

People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff Engagement

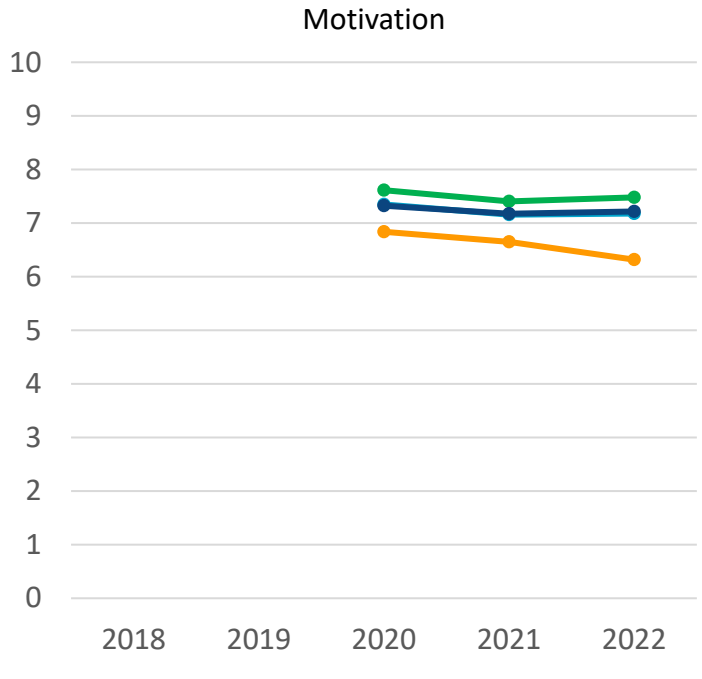


	2018	2019	2020	2021	2022
Your org	-	-	7.2	7.2	7.2
Best	-	-	7.5	7.4	7.4
Average	-	-	7.2	7.0	7.0
Worst	-	-	6.6	6.5	6.2
Responses	-	-	2022	2365	2486

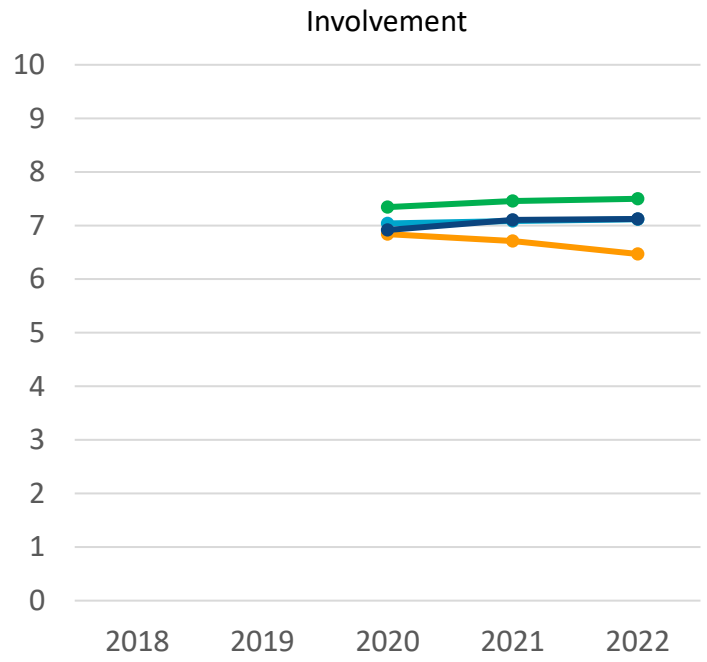
People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

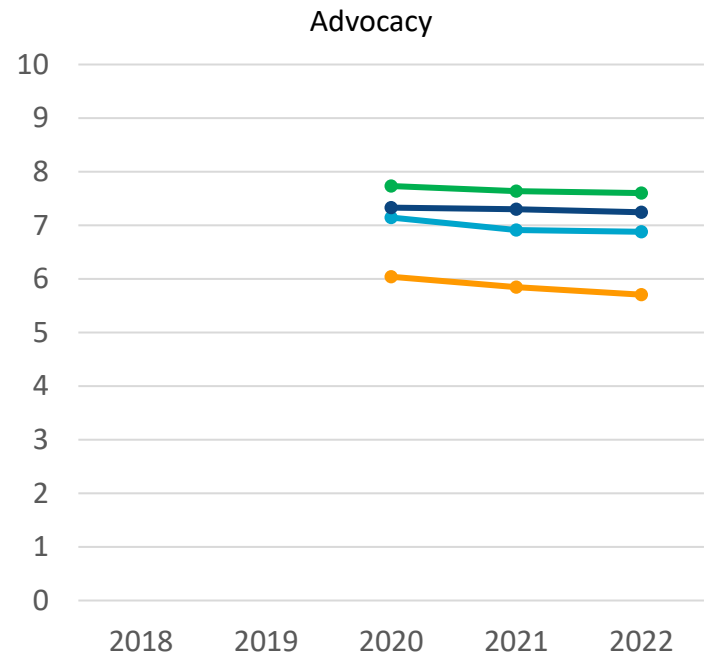
Theme: Staff Engagement



	2018	2019	2020	2021	2022
Your org	-	-	7.3	7.2	7.2
Best	-	-	7.6	7.4	7.5
Average	-	-	7.3	7.2	7.2
Worst	-	-	6.8	6.6	6.3
Responses	-	-	2004	2348	2468



	2018	2019	2020	2021	2022
Your org	-	-	6.9	7.1	7.1
Best	-	-	7.3	7.5	7.5
Average	-	-	7.0	7.1	7.1
Worst	-	-	6.8	6.7	6.5
Responses	-	-	2019	2364	2482

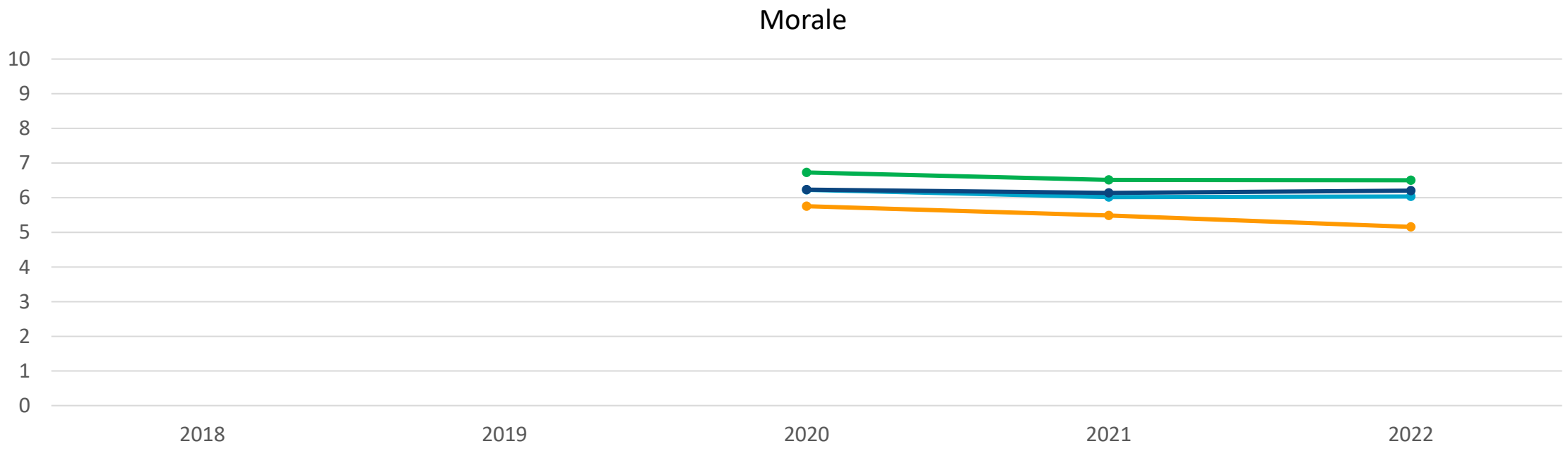


	2018	2019	2020	2021	2022
Your org	-	-	7.3	7.3	7.2
Best	-	-	7.7	7.6	7.6
Average	-	-	7.1	6.9	6.9
Worst	-	-	6.0	5.8	5.7
Responses	-	-	2013	2357	2484

People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Morale



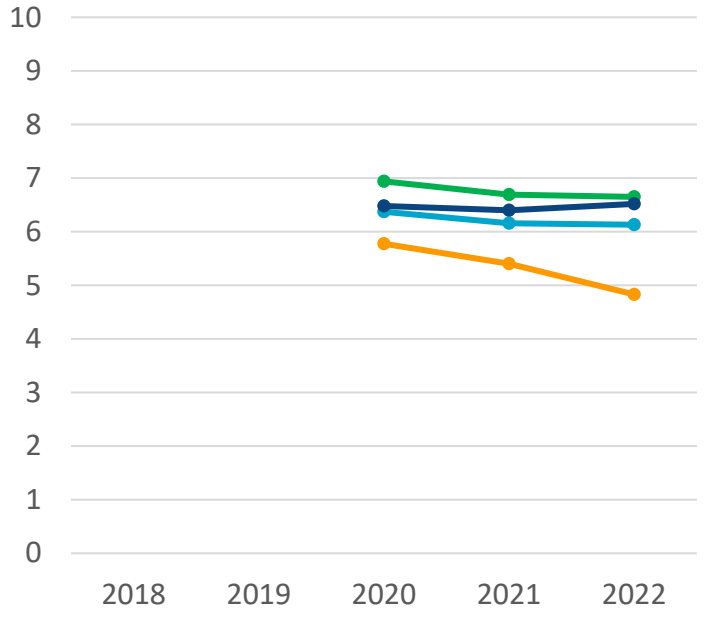
	2018	2019	2020	2021	2022
Your org	-	-	6.2	6.1	6.2
Best	-	-	6.7	6.5	6.5
Average	-	-	6.2	6.0	6.0
Worst	-	-	5.8	5.5	5.2
Responses	-	-	2022	2365	2484

People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

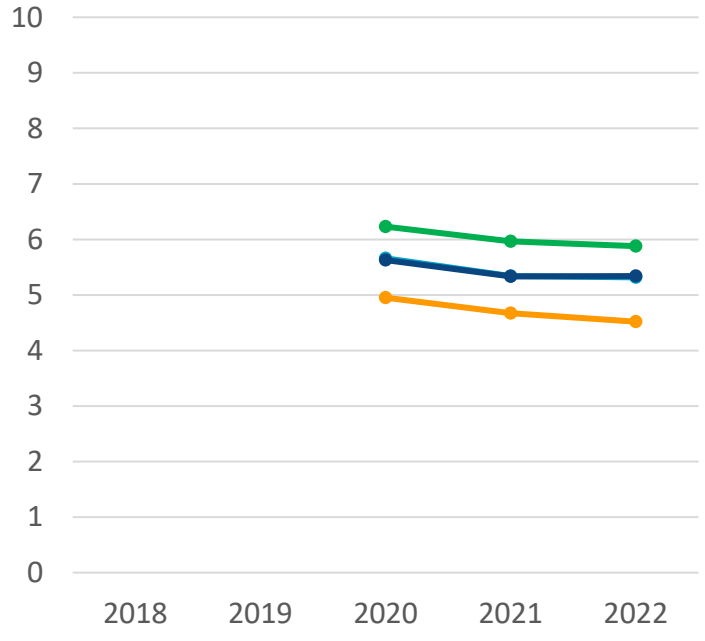
Theme: Morale

Thinking about leaving



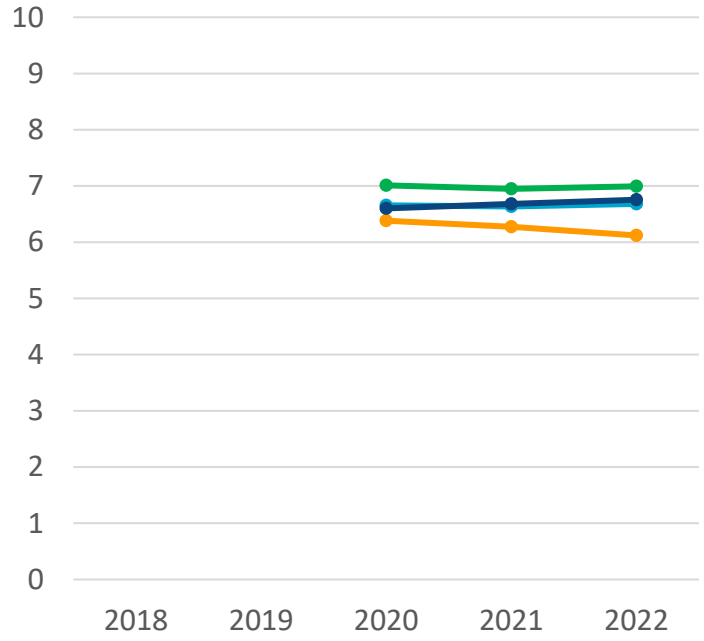
	2018	2019	2020	2021	2022
Your org	-	-	6.5	6.4	6.5
Best	-	-	6.9	6.7	6.6
Average	-	-	6.4	6.2	6.1
Worst	-	-	5.8	5.4	4.8
Responses	-	-	2013	2362	2484

Work pressure



	2018	2019	2020	2021	2022
Your org	-	-	5.6	5.3	5.3
Best	-	-	6.2	6.0	5.9
Average	-	-	5.7	5.3	5.3
Worst	-	-	5.0	4.7	4.5
Responses	-	-	2018	2363	2481

Stressors



	2018	2019	2020	2021	2022
Your org	-	-	6.6	6.7	6.8
Best	-	-	7.0	6.9	7.0
Average	-	-	6.7	6.6	6.7
Worst	-	-	6.4	6.3	6.1
Responses	-	-	2018	2362	2479

Survey Coordination Centre

NHS

Covid-19 Classification breakdowns

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Covid-19 classification breakdowns

Survey Coordination Centre NHS

Covid-19 questions

In the 2022 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?	1 ☐ Yes	2 ☐ No
b. In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?	1 ☐ Yes	2 ☐ No
c. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?	1 ☐ Yes	2 ☐ No

The charts on the following pages show the breakdown of People Promise elements scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of highest, average and lowest scores for similar organisations.

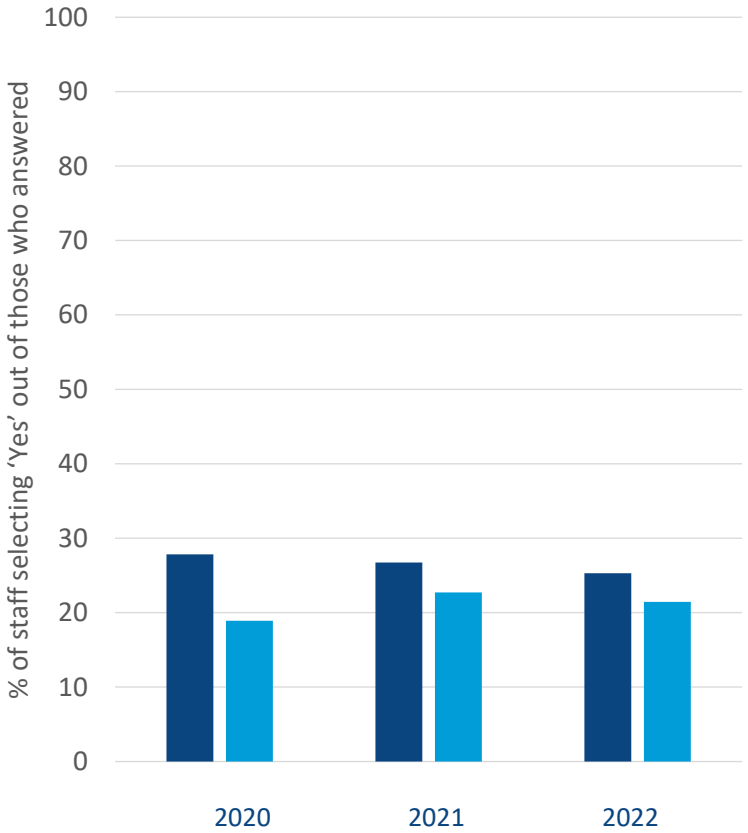
Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of trend results. As such, a degree of caution is advised when interpreting your results.

Further information

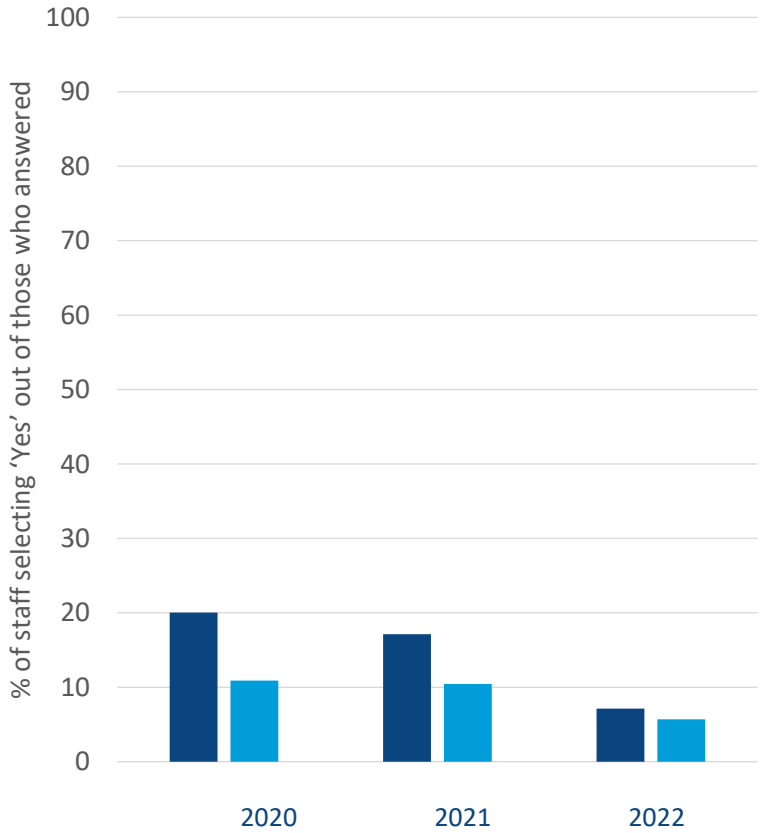
Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

Q25a In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?



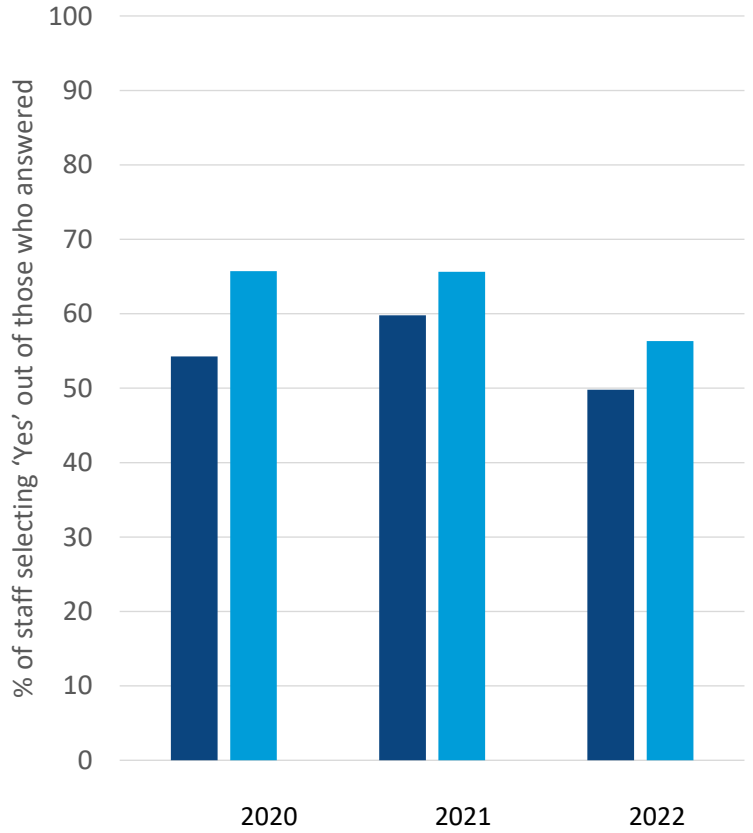
	2020	2021	2022
Your org	27.8%	26.7%	25.3%
Average	18.9%	22.7%	21.4%
Responses	2013	2356	2479

Q25b In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?



	2020	2021	2022
Your org	20.0%	17.1%	7.1%
Average	10.9%	10.4%	5.7%
Responses	2001	2334	2455

Q25c In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?

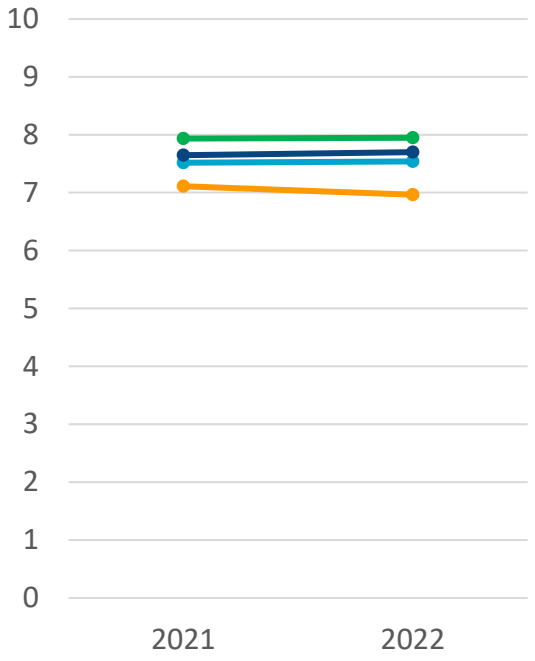


	2020	2021	2022
Your org	54.3%	59.8%	49.8%
Average	65.7%	65.6%	56.3%
Responses	2001	2348	2466

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

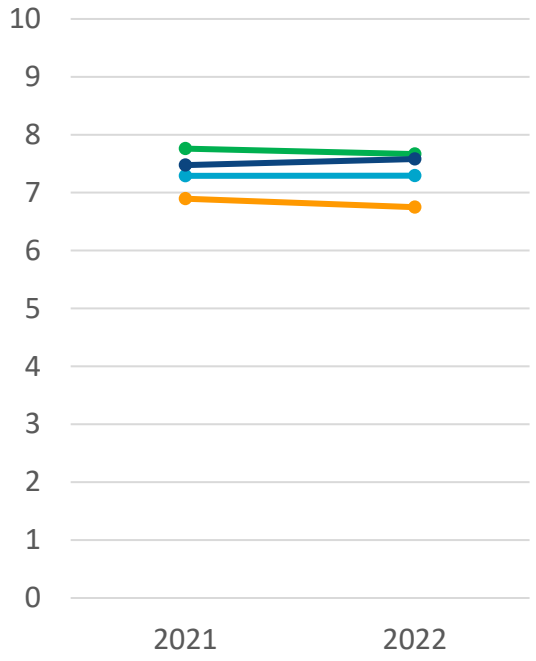
Promise element 1: We are compassionate and inclusive

All staff



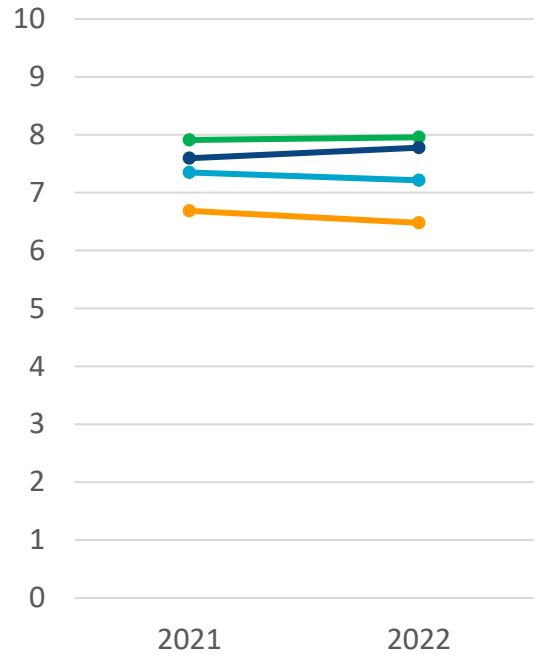
	2021	2022
Your org	7.6	7.7
Highest	7.9	7.9
Average	7.5	7.5
Lowest	7.1	7.0
Responses	2366	2482

Worked on a Covid-19 ward or specific area



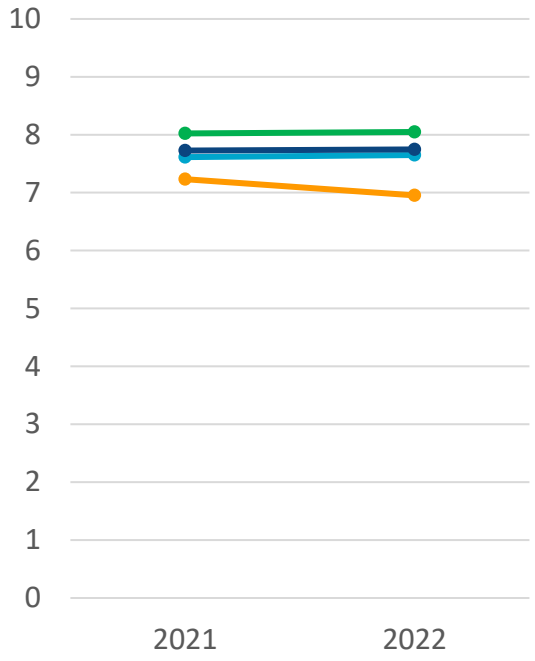
	2021	2022
Your org	7.5	7.6
Highest	7.8	7.7
Average	7.3	7.3
Lowest	6.9	6.7
Responses	630	622

Redeployed



	2021	2022
Your org	7.6	7.8
Highest	7.9	8.0
Average	7.3	7.2
Lowest	6.7	6.5
Responses	400	174

Required to work remotely / from home

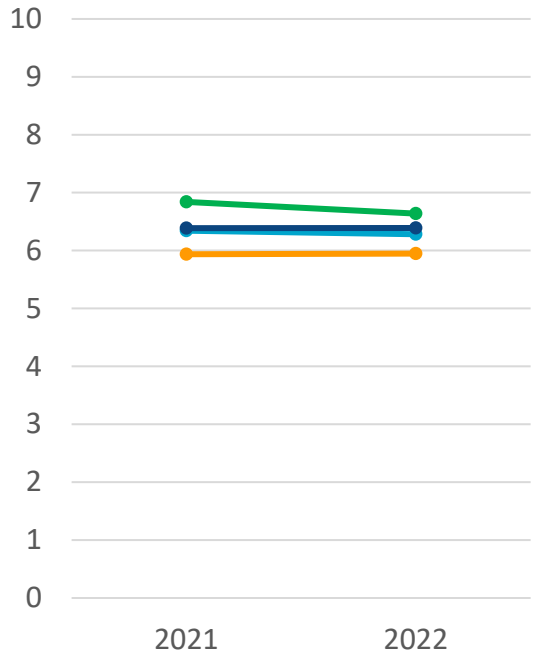


	2021	2022
Your org	7.7	7.7
Highest	8.0	8.0
Average	7.6	7.6
Lowest	7.2	7.0
Responses	1403	1226

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

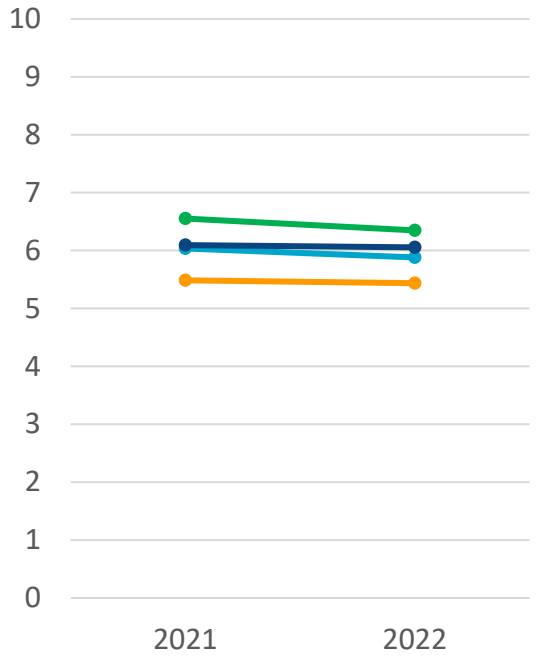
Promise element 2: We are recognised and rewarded

All staff



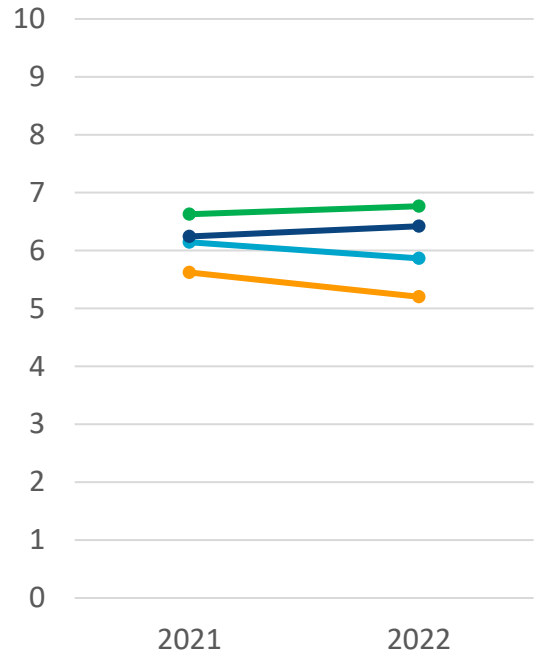
	2021	2022
Your org	6.4	6.4
Highest	6.8	6.6
Average	6.3	6.3
Lowest	5.9	5.9
Responses	2361	2477

Worked on a Covid-19 ward or specific area



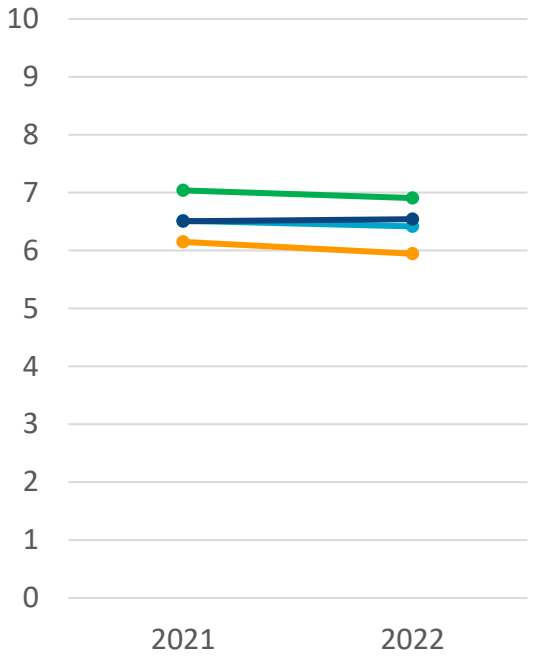
	2021	2022
Your org	6.1	6.1
Highest	6.6	6.3
Average	6.0	5.9
Lowest	5.5	5.4
Responses	628	619

Redeployed



	2021	2022
Your org	6.2	6.4
Highest	6.6	6.8
Average	6.1	5.9
Lowest	5.6	5.2
Responses	400	175

Required to work remotely / from home

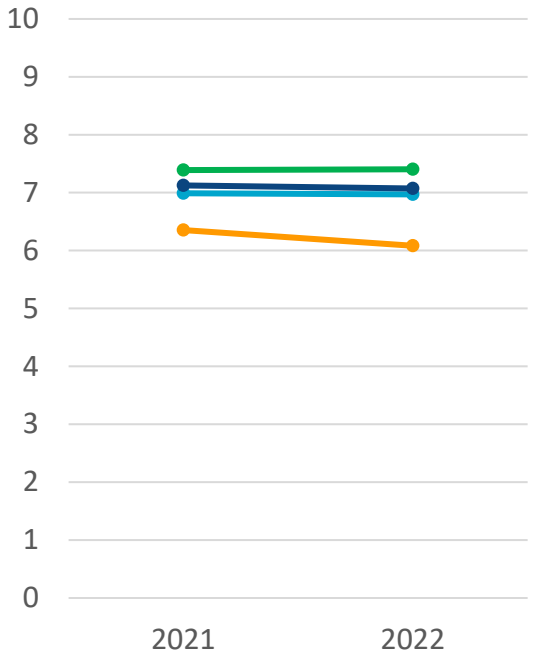


	2021	2022
Your org	6.5	6.5
Highest	7.0	6.9
Average	6.5	6.4
Lowest	6.1	5.9
Responses	1401	1223

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

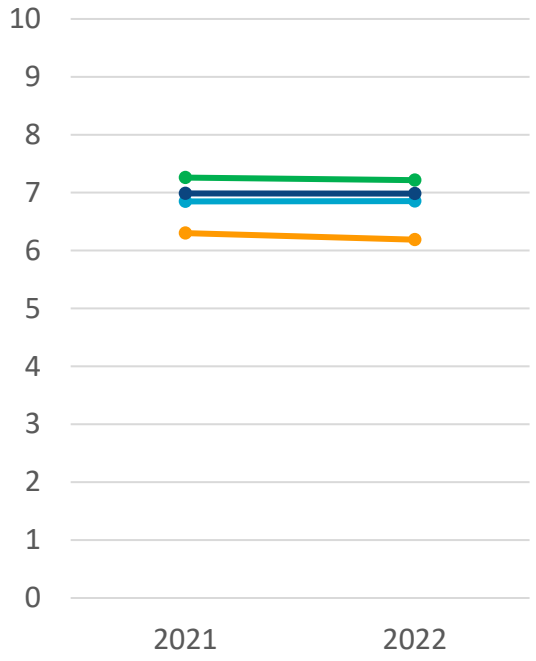
Promise element 3: We each have a voice that counts

All staff



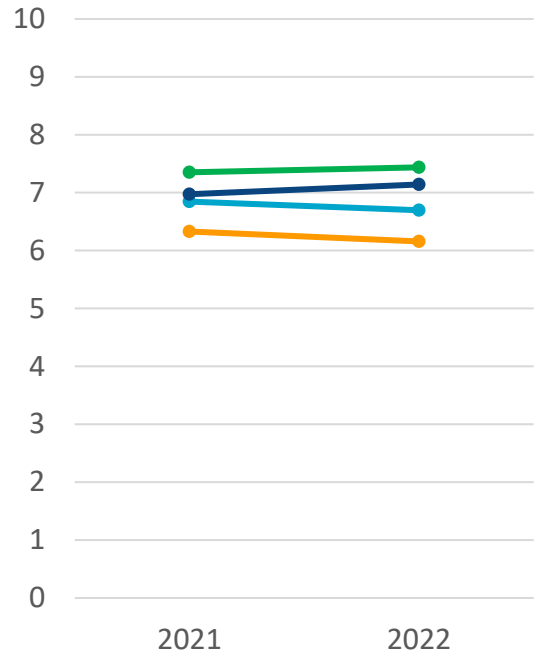
	2021	2022
Your org	7.1	7.1
Highest	7.4	7.4
Average	7.0	7.0
Lowest	6.4	6.1
Responses	2351	2464

Worked on a Covid-19 ward or specific area



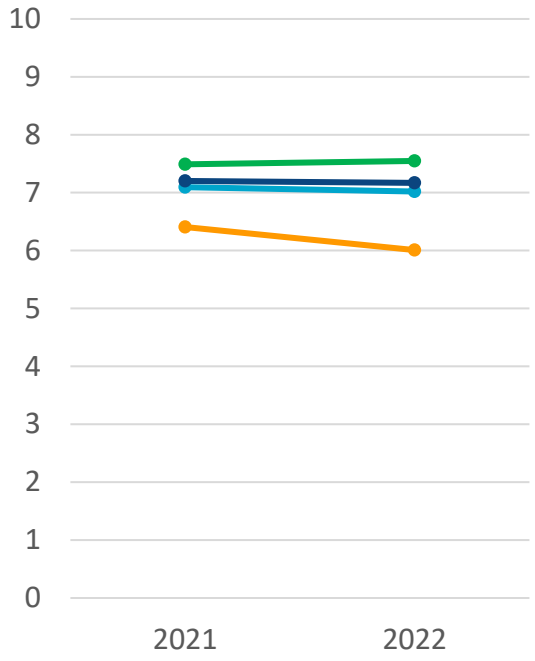
	2021	2022
Your org	7.0	7.0
Highest	7.3	7.2
Average	6.8	6.9
Lowest	6.3	6.2
Responses	624	614

Redeployed



	2021	2022
Your org	7.0	7.1
Highest	7.4	7.4
Average	6.8	6.7
Lowest	6.3	6.2
Responses	396	175

Required to work remotely / from home

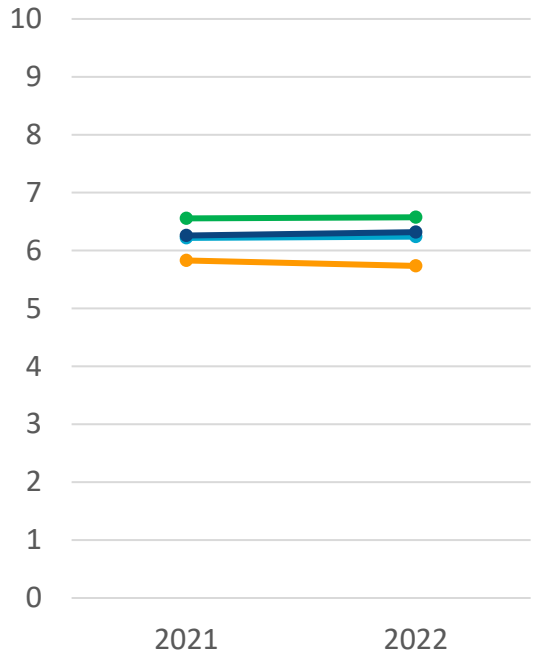


	2021	2022
Your org	7.2	7.2
Highest	7.5	7.5
Average	7.1	7.0
Lowest	6.4	6.0
Responses	1400	1220

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

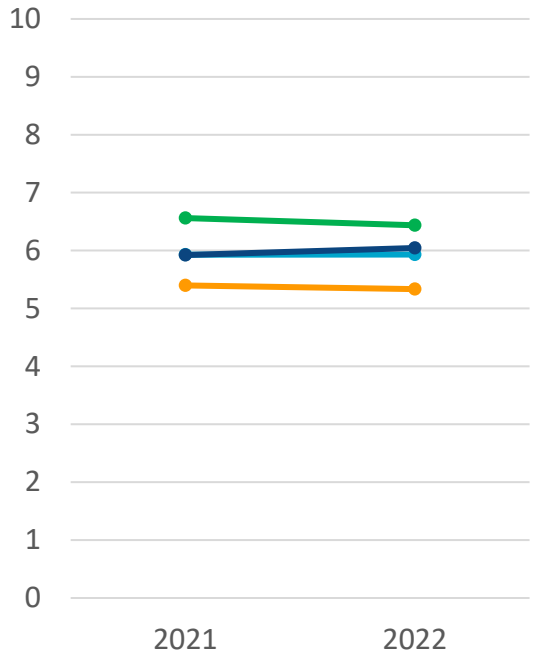
Promise element 4: We are safe and healthy

All staff



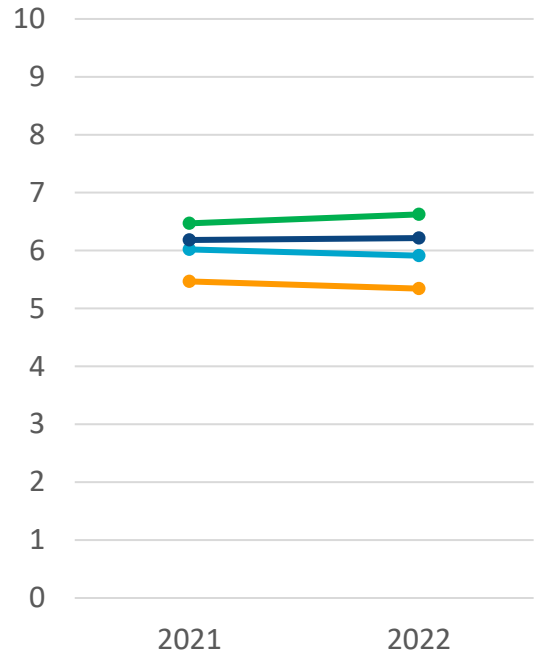
	2021	2022
Your org	6.3	6.3
Highest	6.6	6.6
Average	6.2	6.2
Lowest	5.8	5.7
Responses	2348	2457

Worked on a Covid-19 ward or specific area



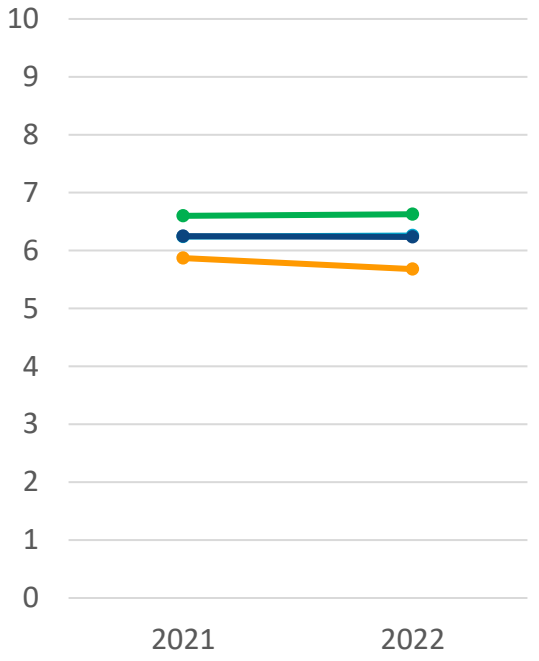
	2021	2022
Your org	5.9	6.0
Highest	6.6	6.4
Average	5.9	5.9
Lowest	5.4	5.3
Responses	623	608

Redeployed



	2021	2022
Your org	6.2	6.2
Highest	6.5	6.6
Average	6.0	5.9
Lowest	5.5	5.3
Responses	397	174

Required to work remotely / from home

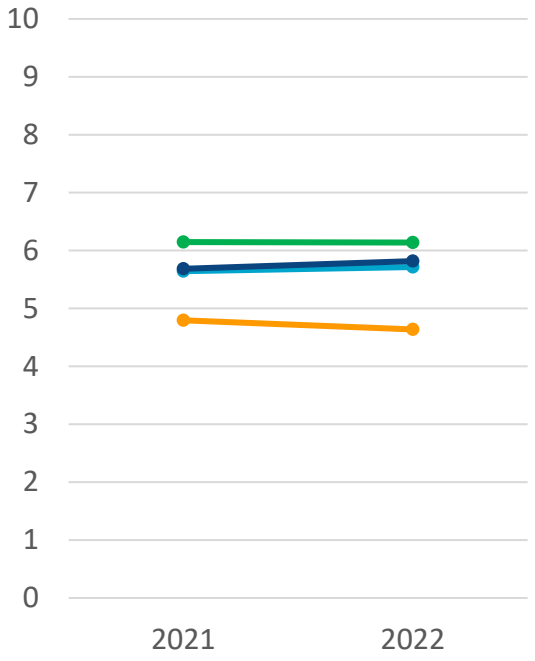


	2021	2022
Your org	6.2	6.2
Highest	6.6	6.6
Average	6.2	6.3
Lowest	5.9	5.7
Responses	1400	1220

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

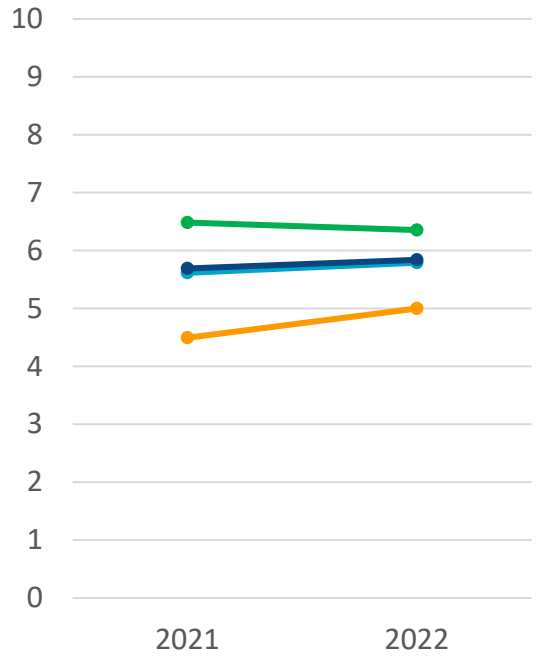
Promise element 5: We are always learning

All staff



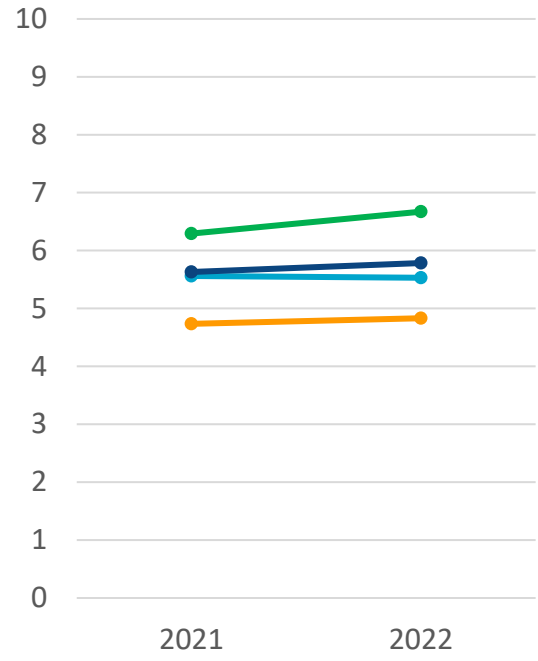
	2021	2022
Your org	5.7	5.8
Highest	6.1	6.1
Average	5.6	5.7
Lowest	4.8	4.6
Responses	2286	2420

Worked on a Covid-19 ward or specific area



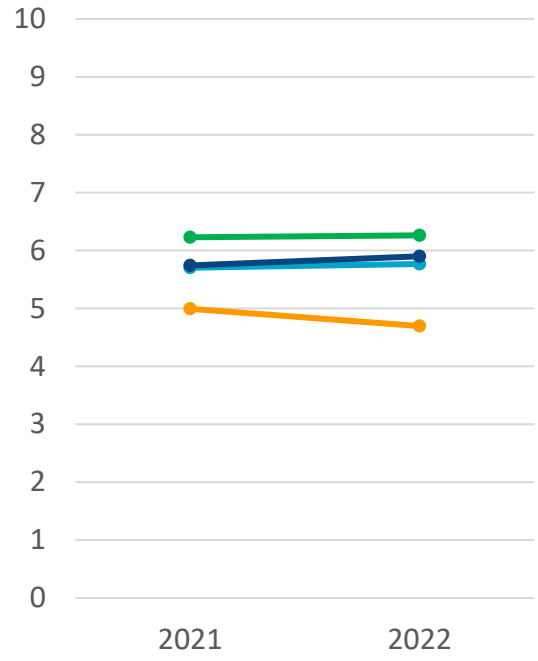
	2021	2022
Your org	5.7	5.8
Highest	6.5	6.4
Average	5.6	5.8
Lowest	4.5	5.0
Responses	607	605

Redeployed



	2021	2022
Your org	5.6	5.8
Highest	6.3	6.7
Average	5.6	5.5
Lowest	4.7	4.8
Responses	389	174

Required to work remotely / from home

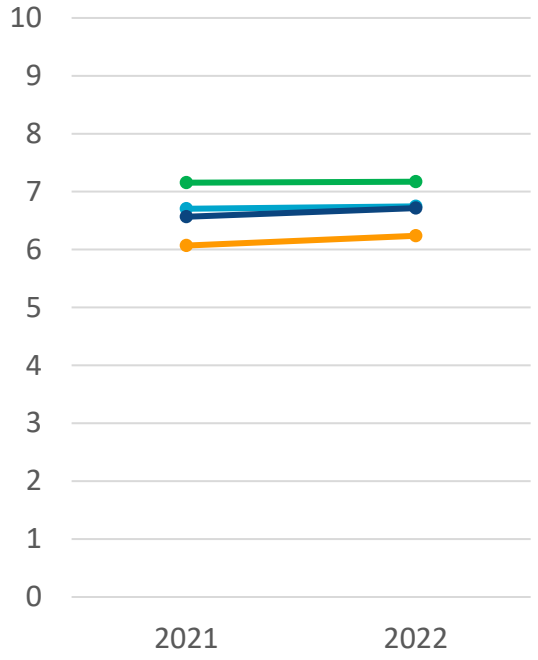


	2021	2022
Your org	5.7	5.9
Highest	6.2	6.3
Average	5.7	5.8
Lowest	5.0	4.7
Responses	1371	1205

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

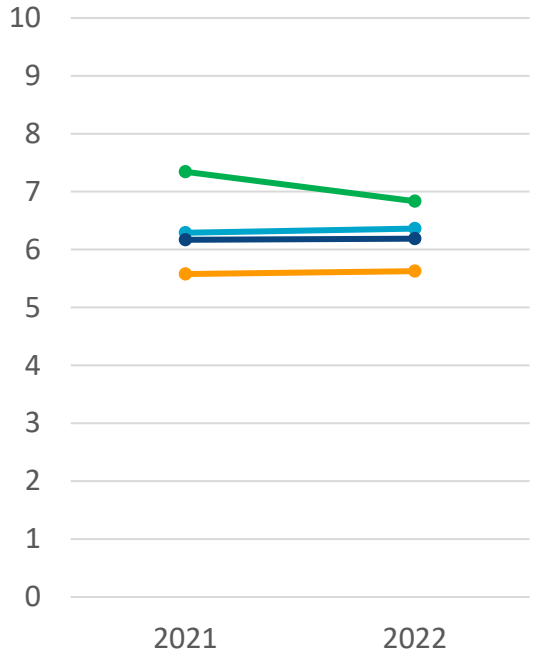
Promise element 6: We work flexibly

All staff



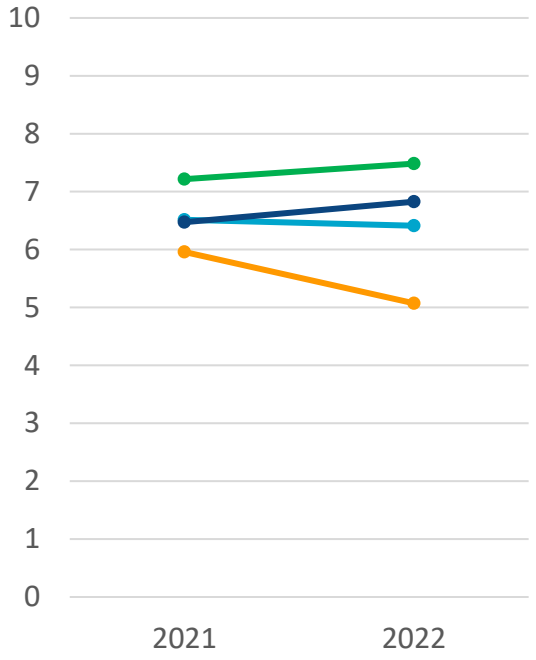
	2021	2022
Your org	6.6	6.7
Highest	7.2	7.2
Average	6.7	6.7
Lowest	6.1	6.2
Responses	2354	2469

Worked on a Covid-19 ward or specific area



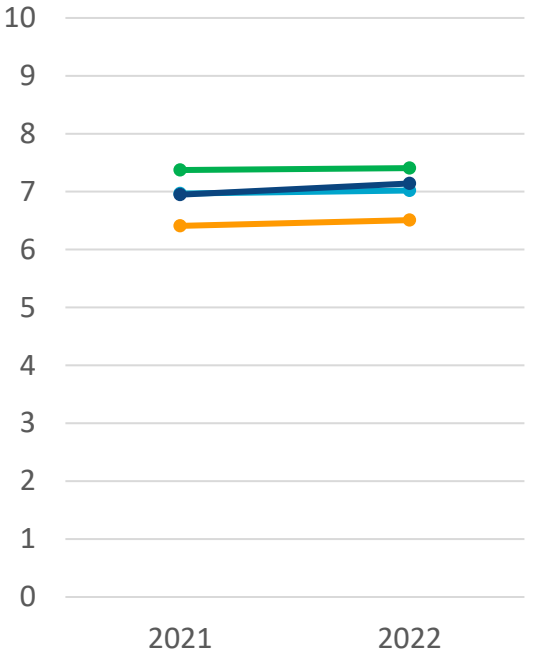
	2021	2022
Your org	6.2	6.2
Highest	7.3	6.8
Average	6.3	6.4
Lowest	5.6	5.6
Responses	624	614

Redeployed



	2021	2022
Your org	6.5	6.8
Highest	7.2	7.5
Average	6.5	6.4
Lowest	6.0	5.1
Responses	399	172

Required to work remotely / from home

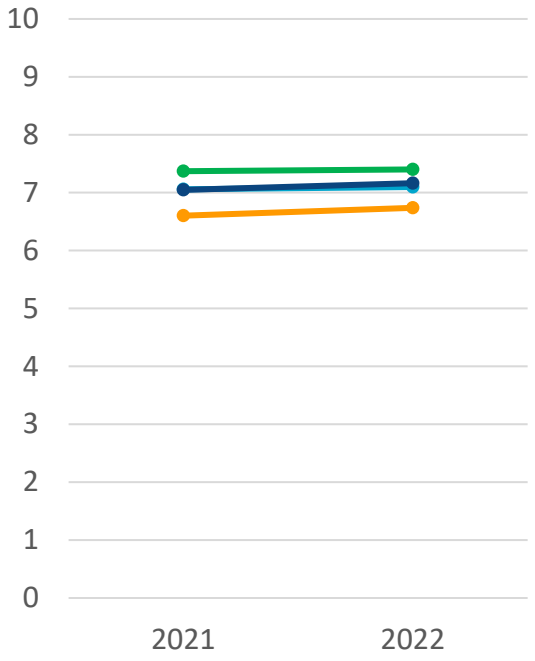


	2021	2022
Your org	6.9	7.1
Highest	7.4	7.4
Average	7.0	7.0
Lowest	6.4	6.5
Responses	1398	1220

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

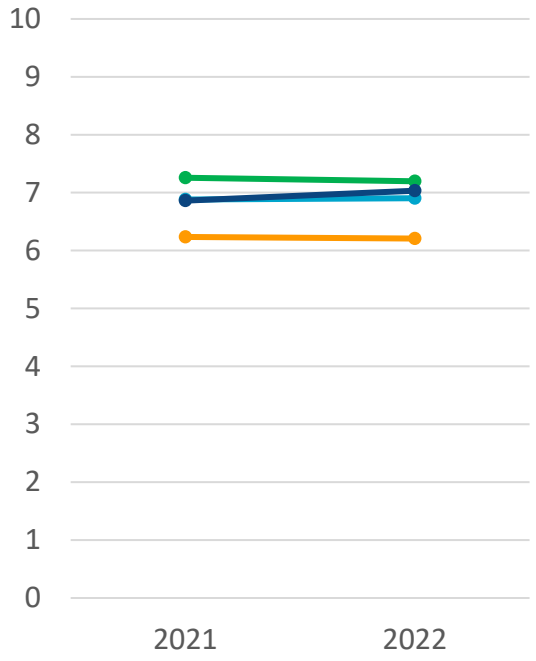
Promise element 7: We are a team

All staff



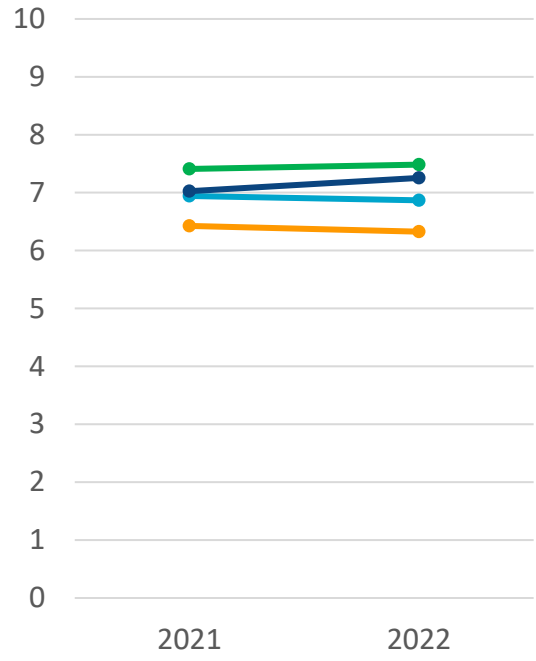
	2021	2022
Your org	7.0	7.2
Highest	7.4	7.4
Average	7.1	7.1
Lowest	6.6	6.7
Responses	2364	2480

Worked on a Covid-19 ward or specific area



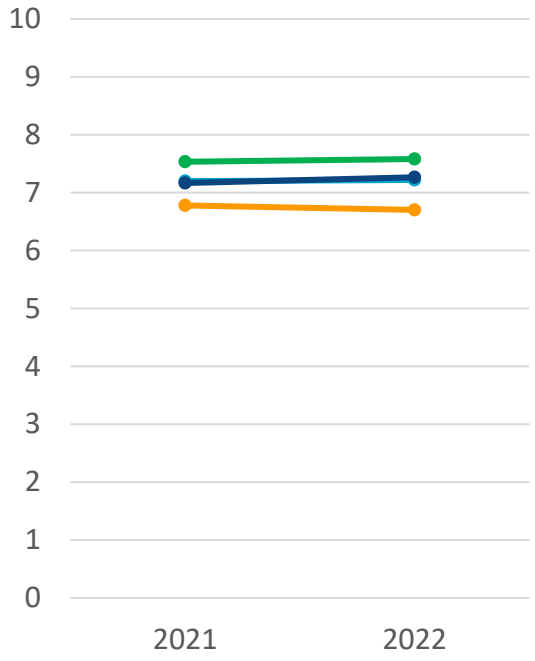
	2021	2022
Your org	6.9	7.0
Highest	7.3	7.2
Average	6.9	6.9
Lowest	6.2	6.2
Responses	630	621

Redeployed



	2021	2022
Your org	7.0	7.3
Highest	7.4	7.5
Average	6.9	6.9
Lowest	6.4	6.3
Responses	400	174

Required to work remotely / from home



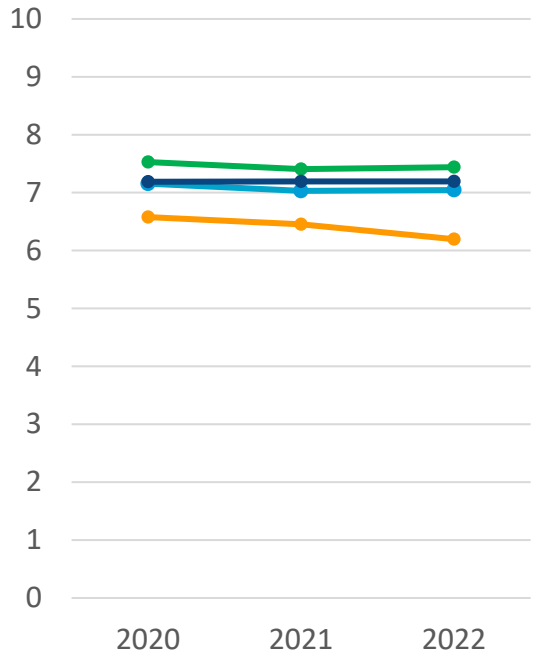
	2021	2022
Your org	7.2	7.3
Highest	7.5	7.6
Average	7.2	7.2
Lowest	6.8	6.7
Responses	1403	1225

Survey Coordination Centre NHS

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

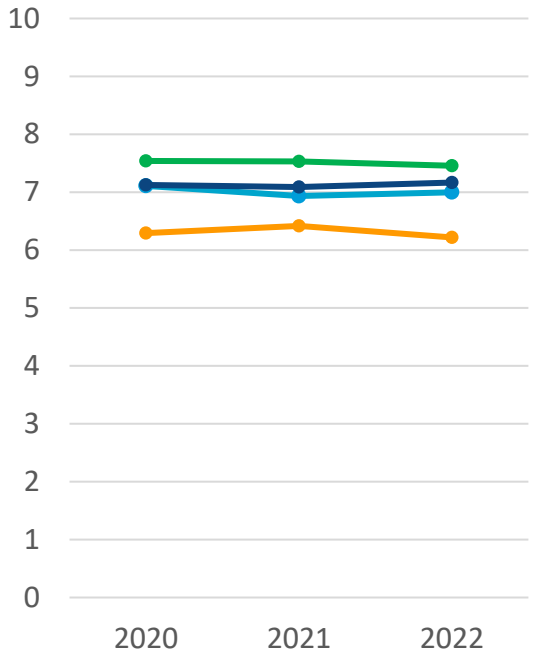
Theme: Staff Engagement

All staff



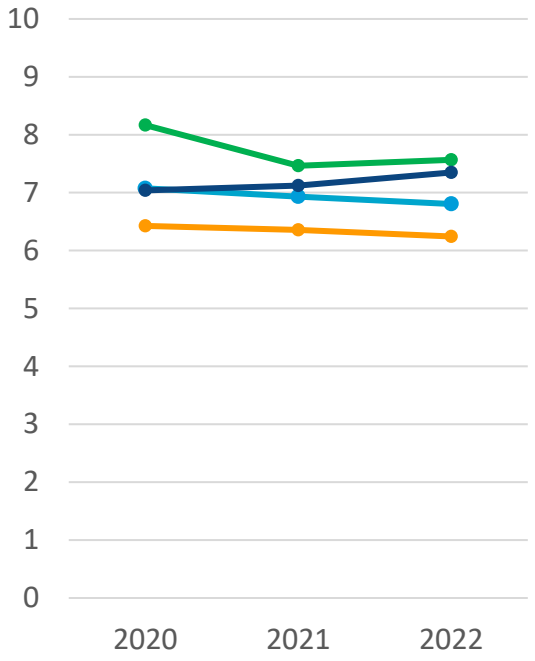
	2020	2021	2022
Your org	7.2	7.2	7.2
Highest	7.5	7.4	7.4
Average	7.2	7.0	7.0
Lowest	6.6	6.5	6.2
Responses	2022	2365	2486

Worked on Covid-19 specific ward or area



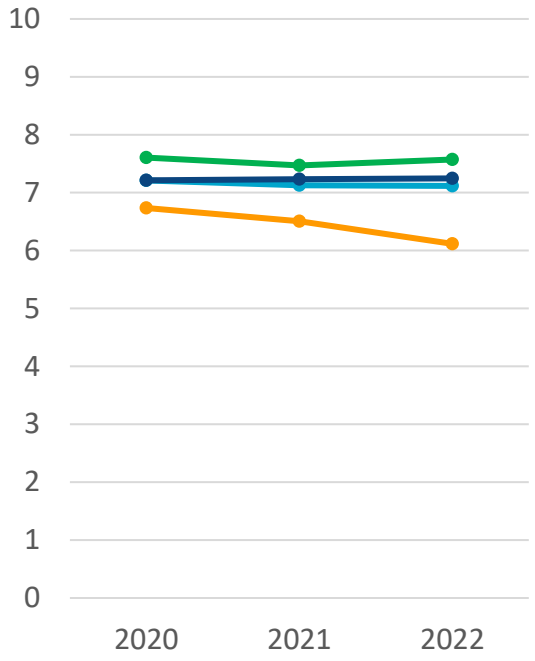
	2020	2021	2022
Your org	7.1	7.1	7.2
Highest	7.5	7.5	7.5
Average	7.1	6.9	7.0
Lowest	6.3	6.4	6.2
Responses	560	630	623

Redeployed



	2020	2021	2022
Your org	7.0	7.1	7.3
Highest	8.2	7.5	7.6
Average	7.1	6.9	6.8
Lowest	6.4	6.4	6.2
Responses	401	400	175

Required to work remotely / from home



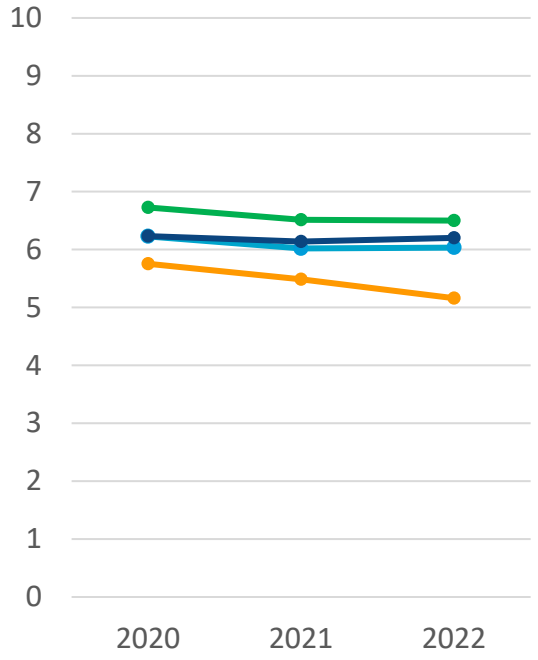
	2020	2021	2022
Your org	7.2	7.2	7.2
Highest	7.6	7.5	7.6
Average	7.2	7.1	7.1
Lowest	6.7	6.5	6.1
Responses	1086	1403	1226

Survey Coordination Centre NHS

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

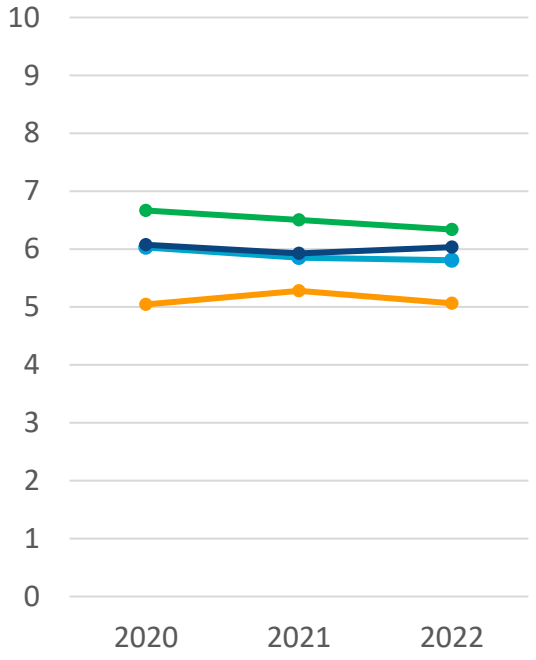
Theme: Morale

All staff



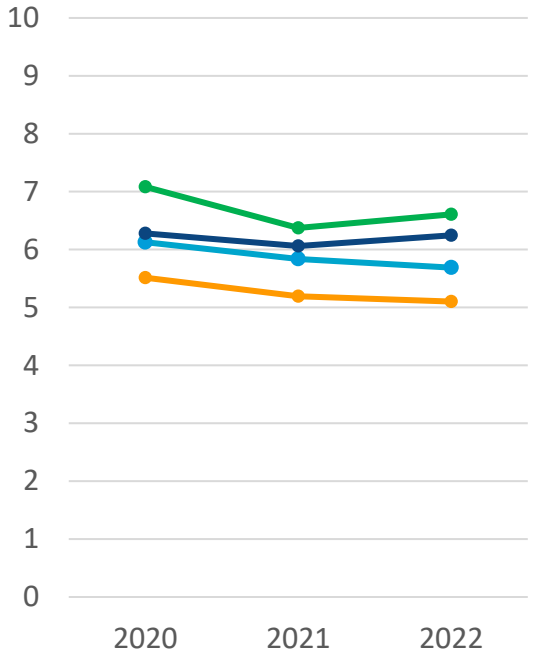
	2020	2021	2022
Your org	6.2	6.1	6.2
Highest	6.7	6.5	6.5
Average	6.2	6.0	6.0
Lowest	5.8	5.5	5.2
Responses	2022	2365	2484

Worked on Covid-19 specific ward or area



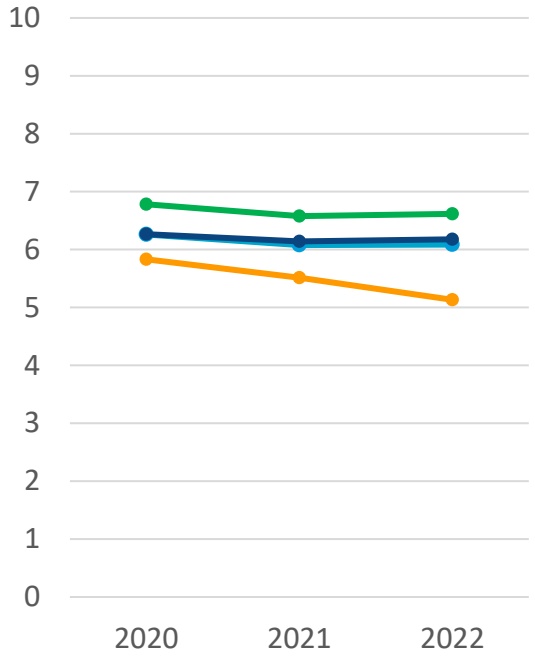
	2020	2021	2022
Your org	6.1	5.9	6.0
Highest	6.7	6.5	6.3
Average	6.0	5.9	5.8
Lowest	5.0	5.3	5.1
Responses	560	630	622

Redeployed



	2020	2021	2022
Your org	6.3	6.1	6.2
Highest	7.1	6.4	6.6
Average	6.1	5.8	5.7
Lowest	5.5	5.2	5.1
Responses	401	400	175

Required to work remotely / from home



	2020	2021	2022
Your org	6.3	6.1	6.2
Highest	6.8	6.6	6.6
Average	6.3	6.1	6.1
Lowest	5.8	5.5	5.1
Responses	1086	1403	1226

Survey Coordination Centre

NHS

People Promise element – We are compassionate and inclusive

Questions included:

Compassionate culture – Q6a, Q23a, Q23b, Q23c, Q23d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q20

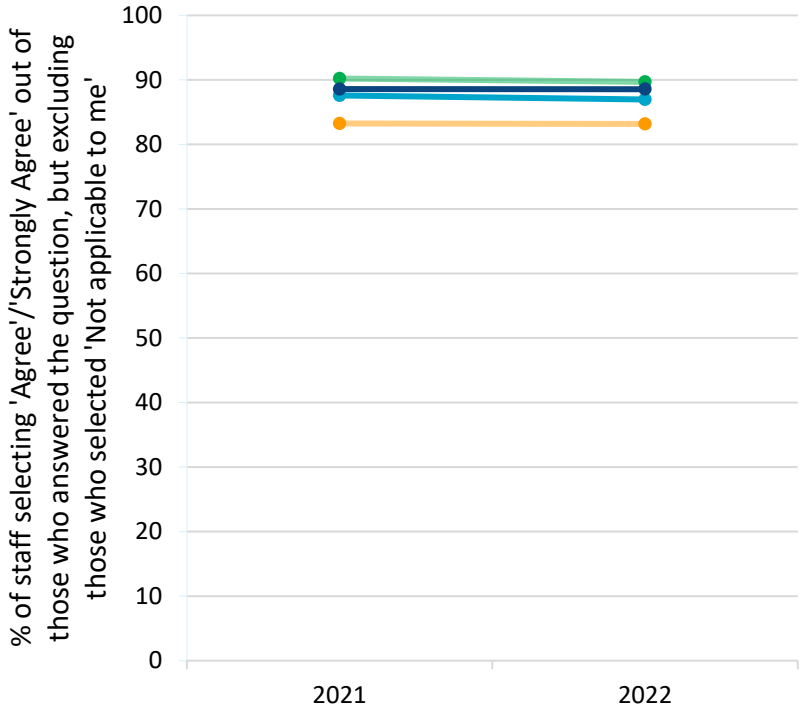
Inclusion – Q7h, Q7i, Q8b, Q8c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

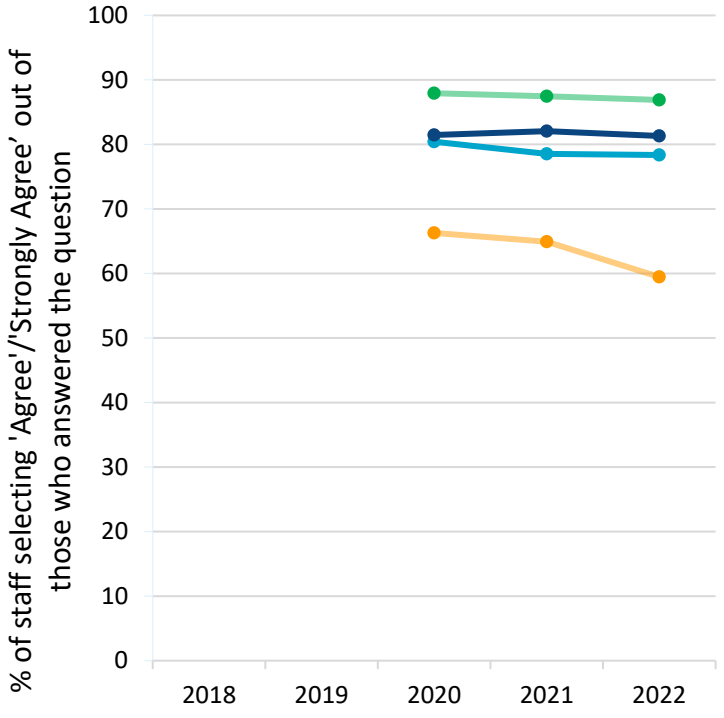
NHS

Q6a I feel that my role makes a difference to patients / service users.



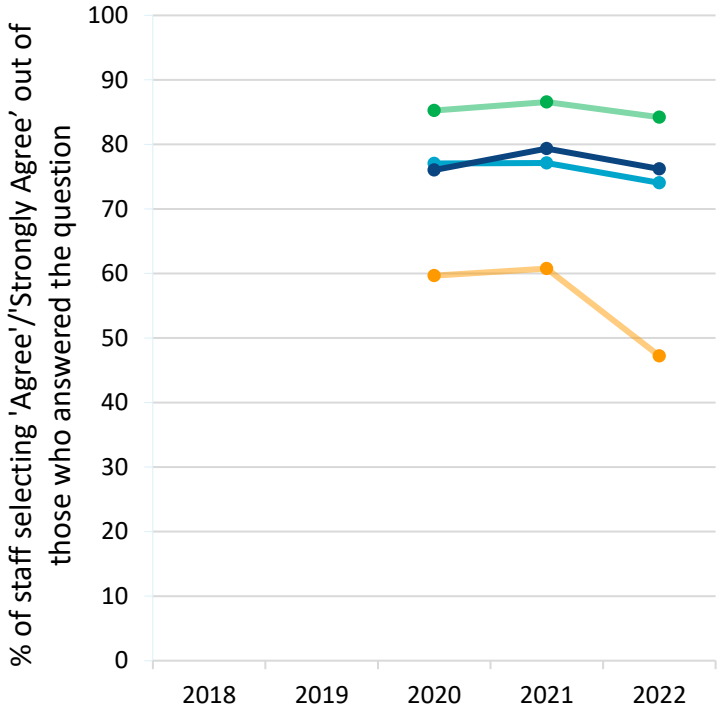
	2021	2022
Your org	88.6%	88.6%
Best	90.2%	89.7%
Average	87.6%	87.0%
Worst	83.2%	83.2%
Responses	2266	2405

Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Your org	-	-	81.5%	82.0%	81.3%
Best	-	-	87.9%	87.5%	86.9%
Average	-	-	80.4%	78.5%	78.3%
Worst	-	-	66.3%	64.9%	59.5%
Responses	-	-	2010	2359	2482

Q23b My organisation acts on concerns raised by patients / service users.

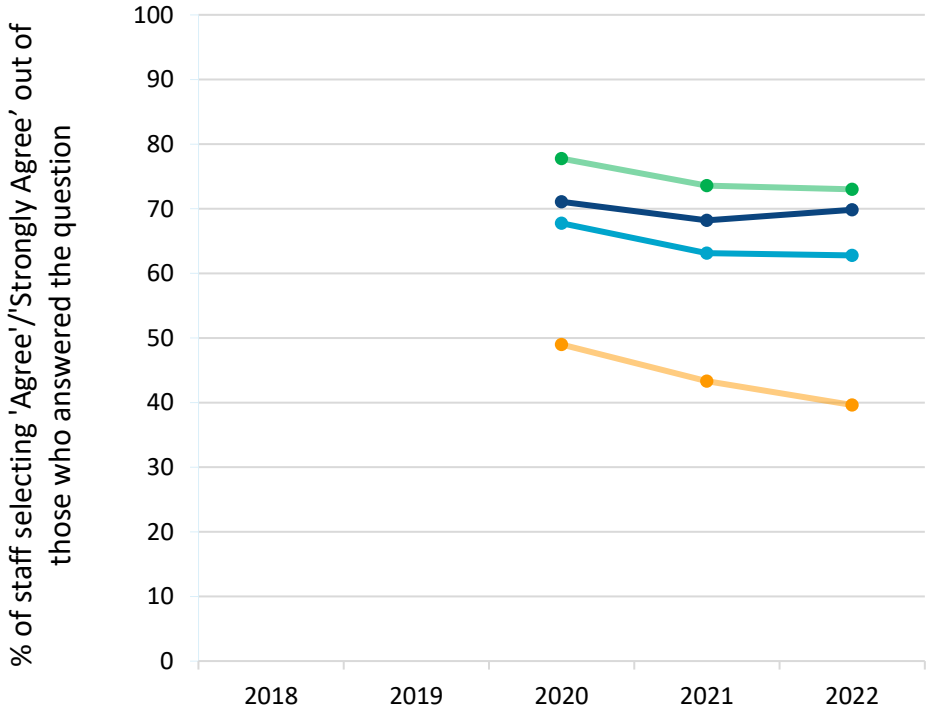


	2018	2019	2020	2021	2022
Your org	-	-	76.0%	79.3%	76.2%
Best	-	-	85.3%	86.6%	84.2%
Average	-	-	77.1%	77.1%	74.0%
Worst	-	-	59.7%	60.8%	47.2%
Responses	-	-	2009	2353	2480

Survey Coordination Centre

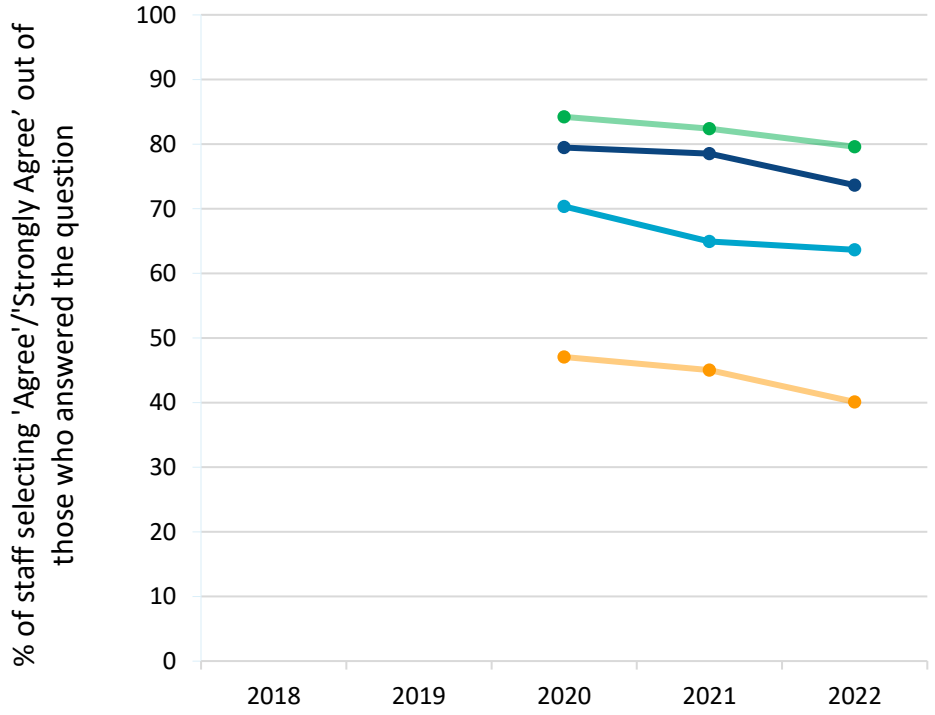
NHS

Q23c I would recommend my organisation as a place to work.



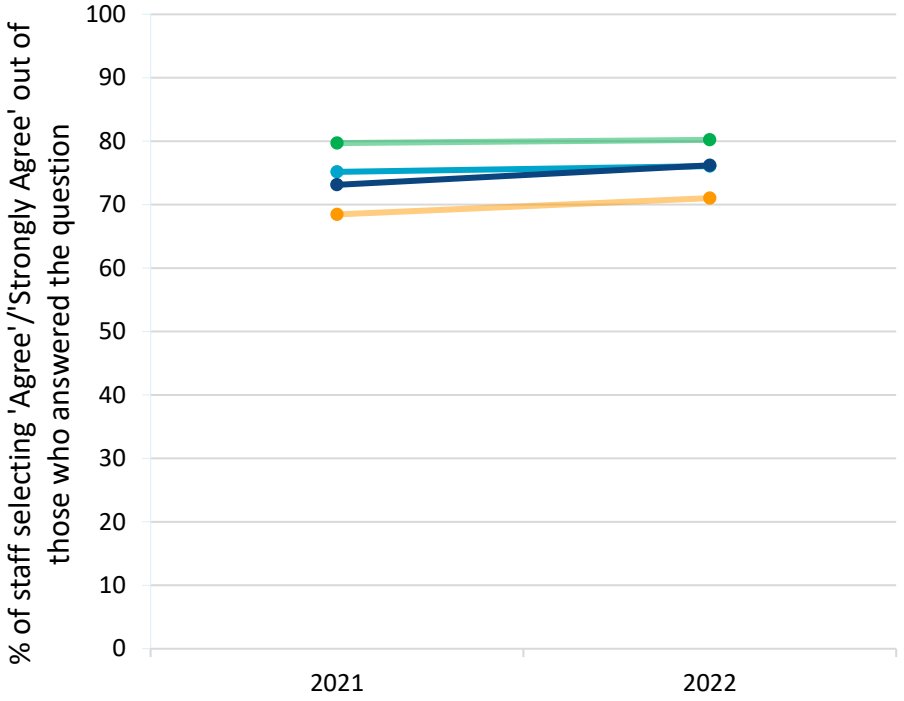
	2018	2019	2020	2021	2022
Your org	-	-	71.1%	68.2%	69.8%
Best	-	-	77.8%	73.6%	73.0%
Average	-	-	67.8%	63.1%	62.8%
Worst	-	-	49.0%	43.3%	39.6%
Responses	-	-	2011	2352	2482

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



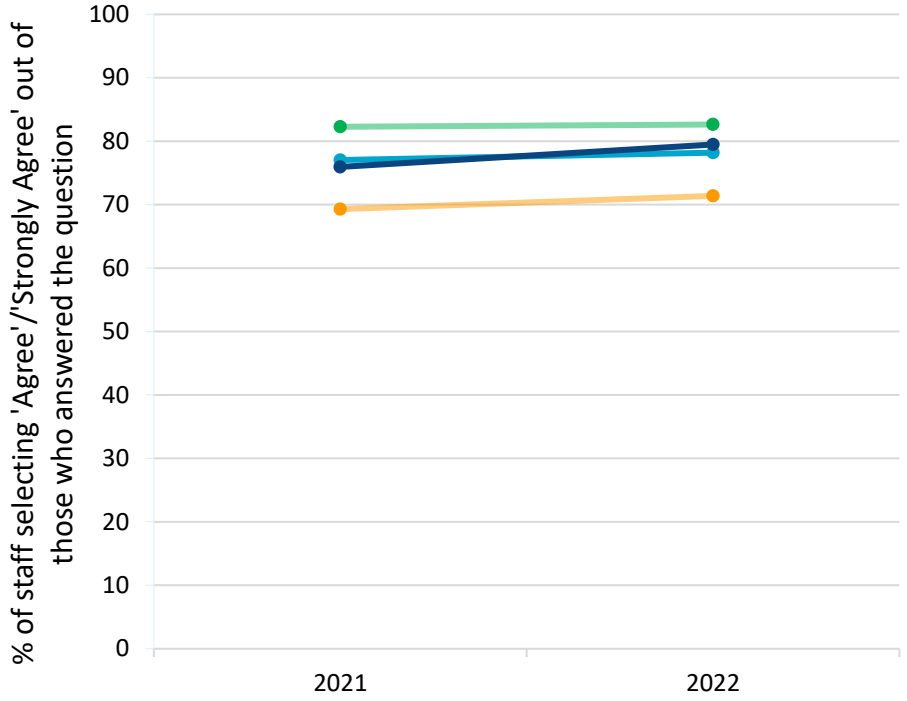
	2018	2019	2020	2021	2022
Your org	-	-	79.5%	78.5%	73.7%
Best	-	-	84.2%	82.4%	79.6%
Average	-	-	70.4%	64.9%	63.6%
Worst	-	-	47.1%	45.0%	40.1%
Responses	-	-	2008	2356	2476

Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022
Your org	73.1%	76.2%
Best	79.7%	80.2%
Average	75.2%	76.1%
Worst	68.4%	71.0%
Responses	2354	2476

Q9g My immediate manager is interested in listening to me when I describe challenges I face.

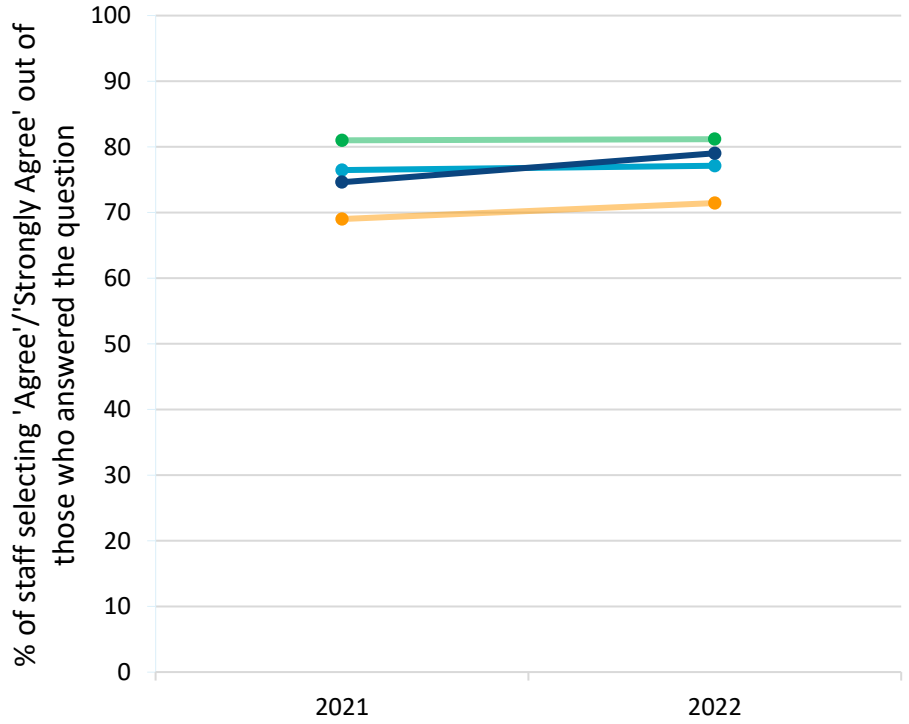


	2021	2022
Your org	75.9%	79.5%
Best	82.3%	82.6%
Average	77.0%	78.2%
Worst	69.3%	71.4%
Responses	2363	2482

Survey Coordination Centre

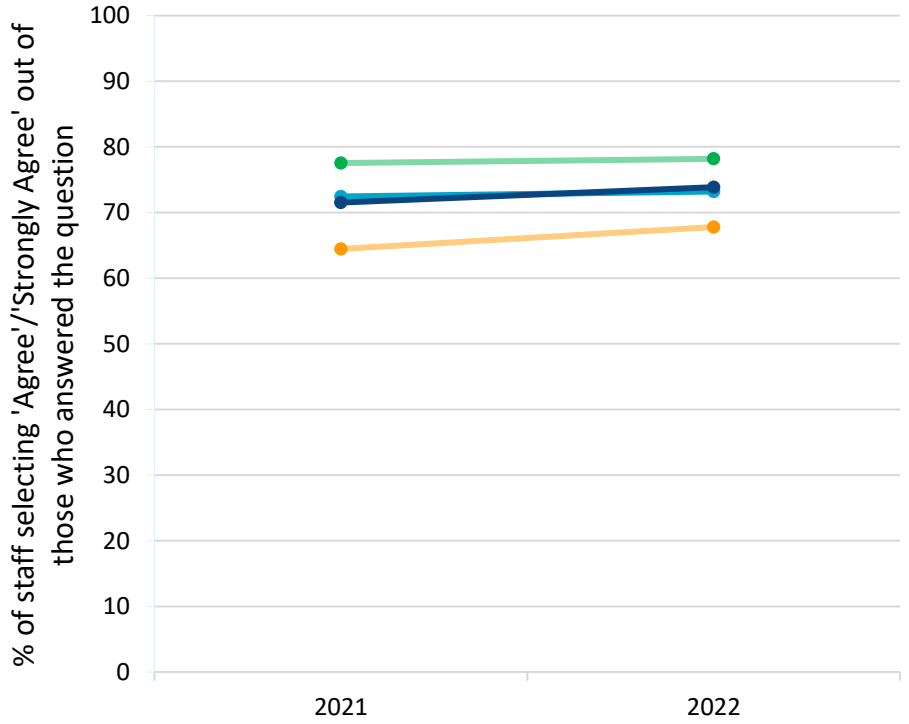
NHS

Q9h My immediate manager cares about my concerns.



	2021	2022
Your org	74.6%	79.0%
Best	81.0%	81.2%
Average	76.5%	77.1%
Worst	69.0%	71.4%
Responses	2361	2480

Q9i My immediate manager takes effective action to help me with any problems I face.

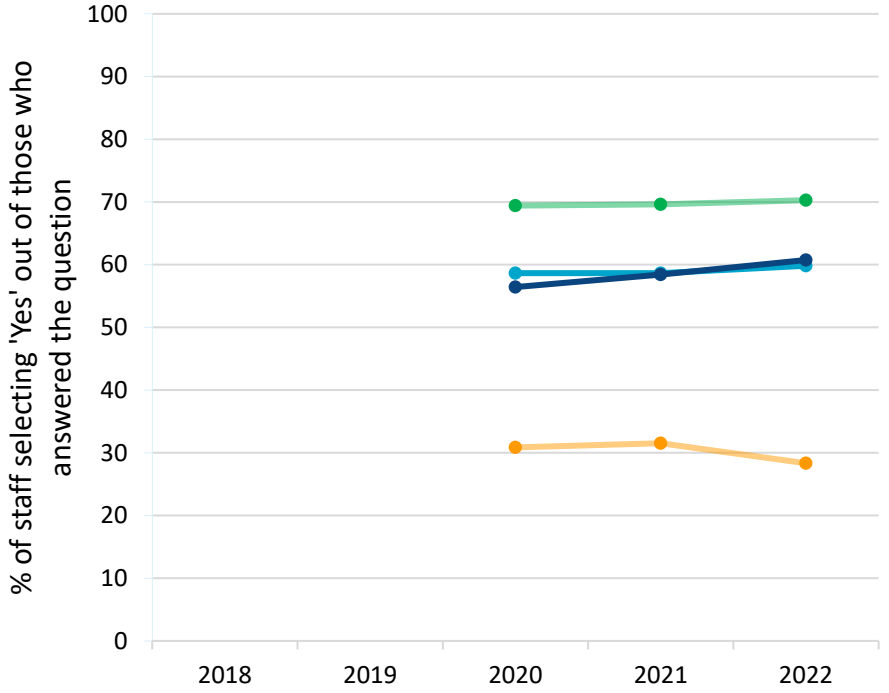


	2021	2022
Your org	71.5%	73.9%
Best	77.5%	78.2%
Average	72.4%	73.2%
Worst	64.5%	67.8%
Responses	2354	2474

Survey Coordination Centre

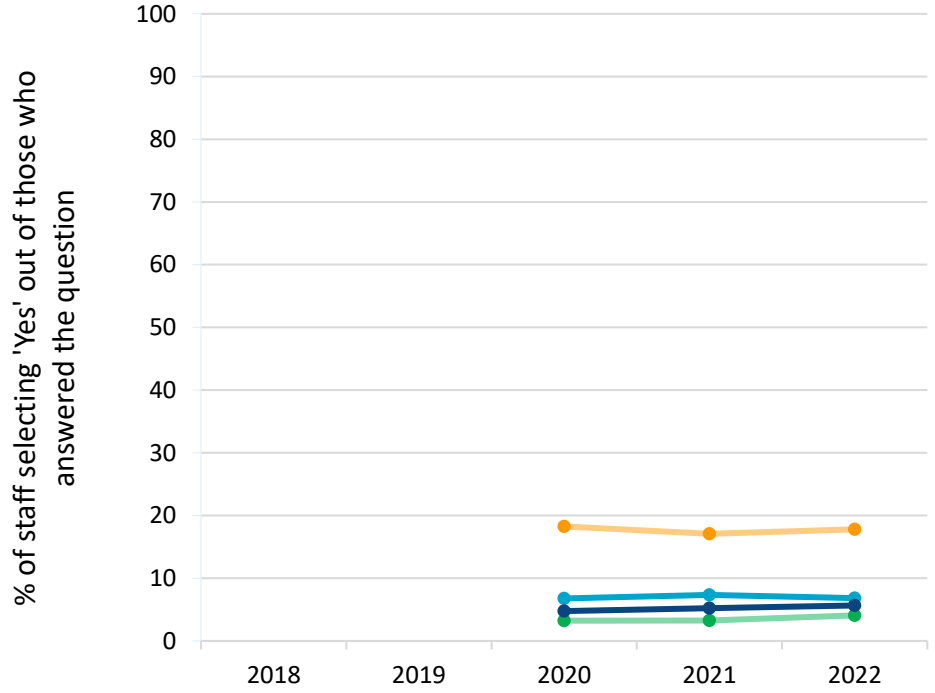
NHS

Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



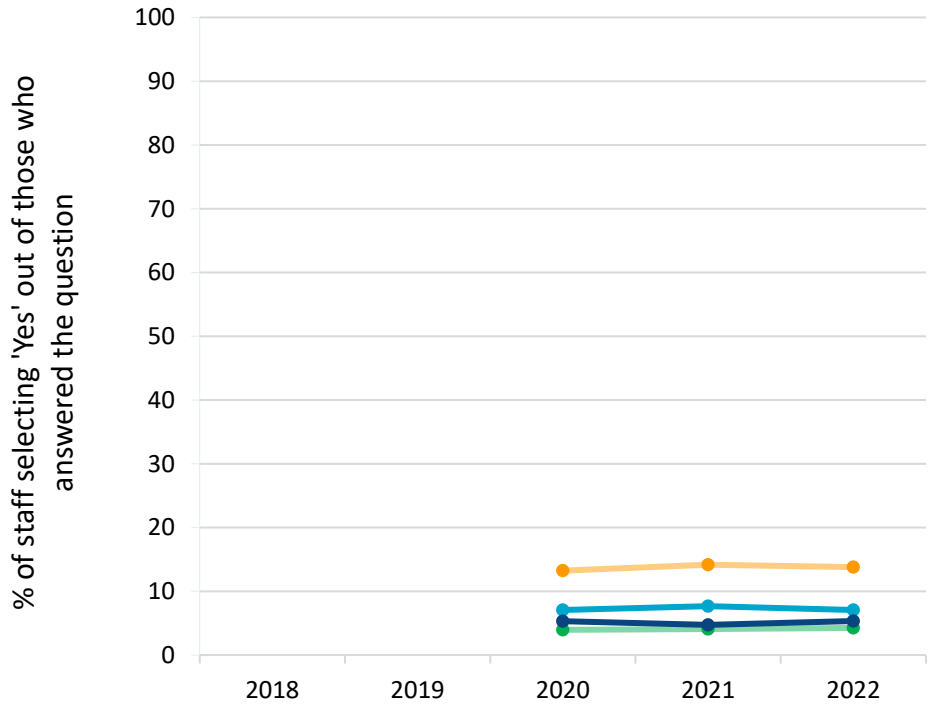
	2018	2019	2020	2021	2022
Your org	-	-	56.4%	58.4%	60.7%
Best	-	-	69.4%	69.6%	70.3%
Average	-	-	58.7%	58.6%	59.8%
Worst	-	-	30.9%	31.5%	28.3%
Responses	-	-	2020	2341	2465

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



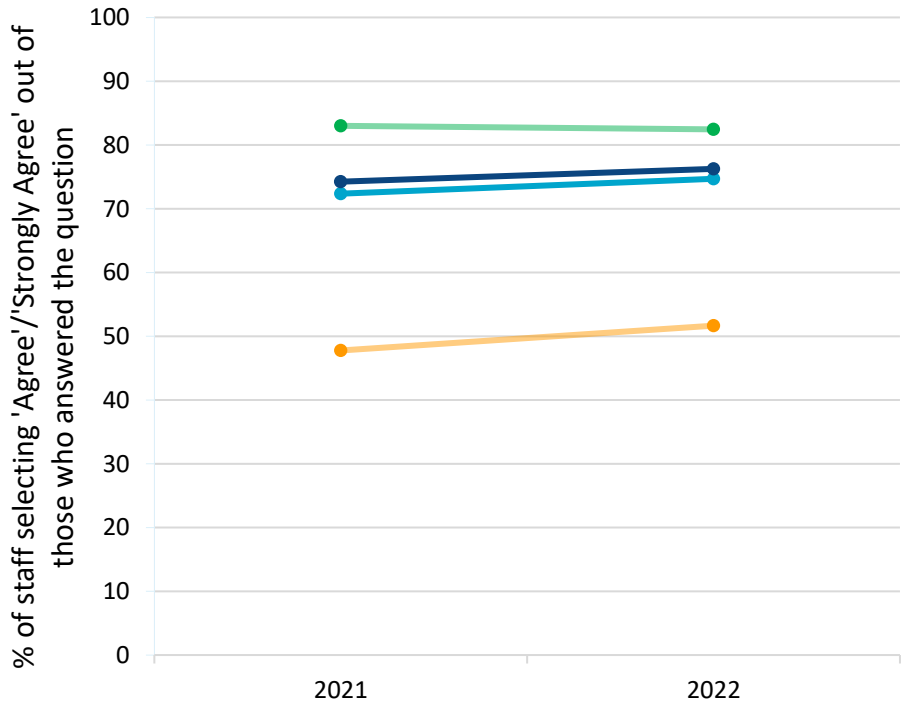
	2018	2019	2020	2021	2022
Your org	-	-	4.8%	5.2%	5.7%
Best	-	-	3.2%	3.3%	4.1%
Average	-	-	6.8%	7.3%	6.8%
Worst	-	-	18.3%	17.1%	17.8%
Responses	-	-	2010	2355	2477

Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2018	2019	2020	2021	2022
Your org	-	-	5.3%	4.7%	5.3%
Best	-	-	4.0%	4.1%	4.3%
Average	-	-	7.1%	7.7%	7.1%
Worst	-	-	13.2%	14.2%	13.8%
Responses	-	-	2006	2344	2466

Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

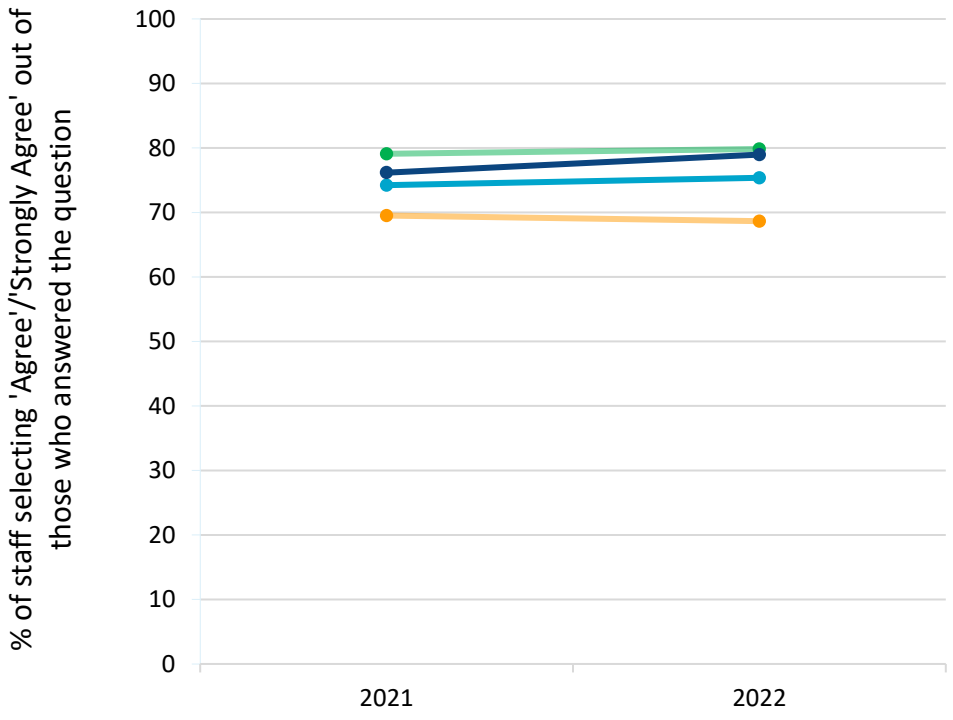


	2021	2022
Your org	74.2%	76.3%
Best	83.0%	82.5%
Average	72.4%	74.7%
Worst	47.8%	51.7%
Responses	2356	2484

Survey Coordination Centre

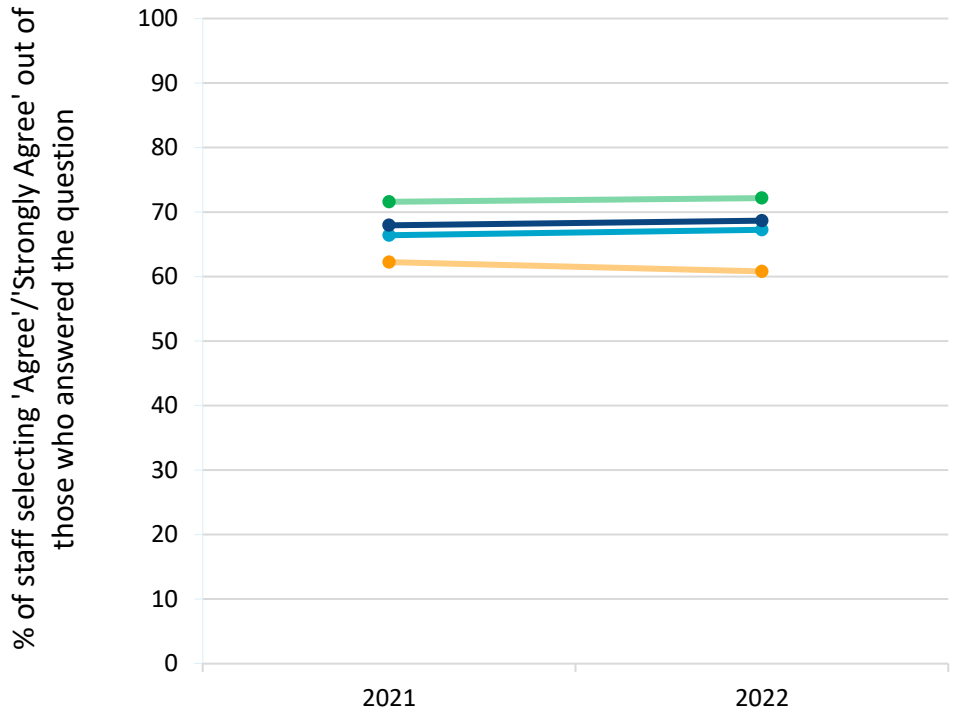
NHS

Q7h I feel valued by my team.



	2021	2022
Your org	76.2%	79.0%
Best	79.1%	79.8%
Average	74.2%	75.4%
Worst	69.5%	68.6%
Responses	2354	2474

Q7i I feel a strong personal attachment to my team.

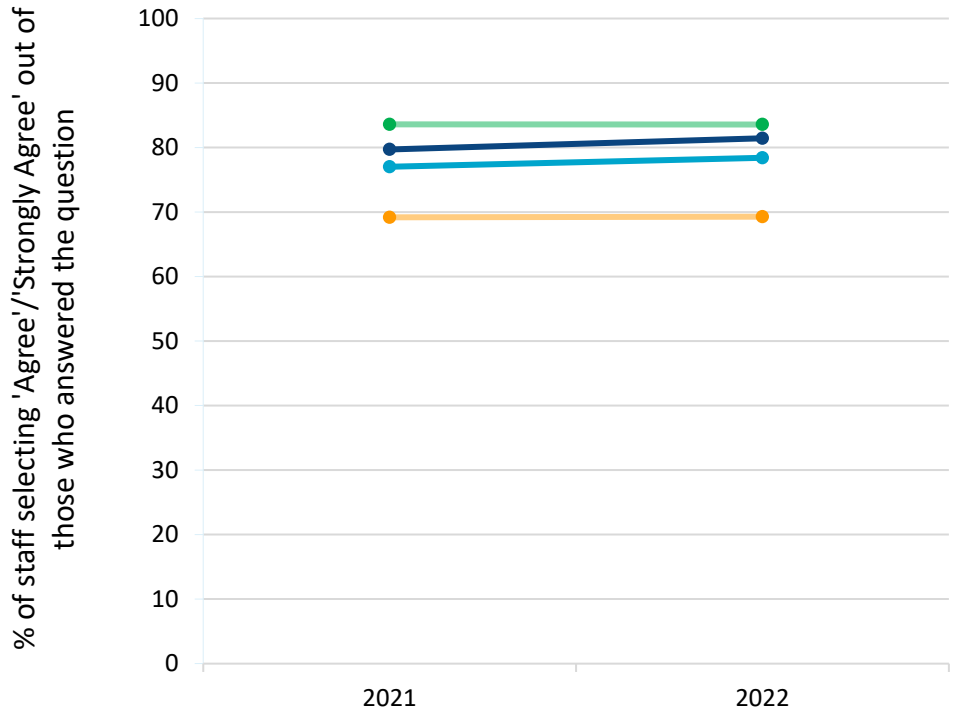


	2021	2022
Your org	68.0%	68.7%
Best	71.6%	72.2%
Average	66.4%	67.3%
Worst	62.2%	60.8%
Responses	2357	2473

Survey Coordination Centre

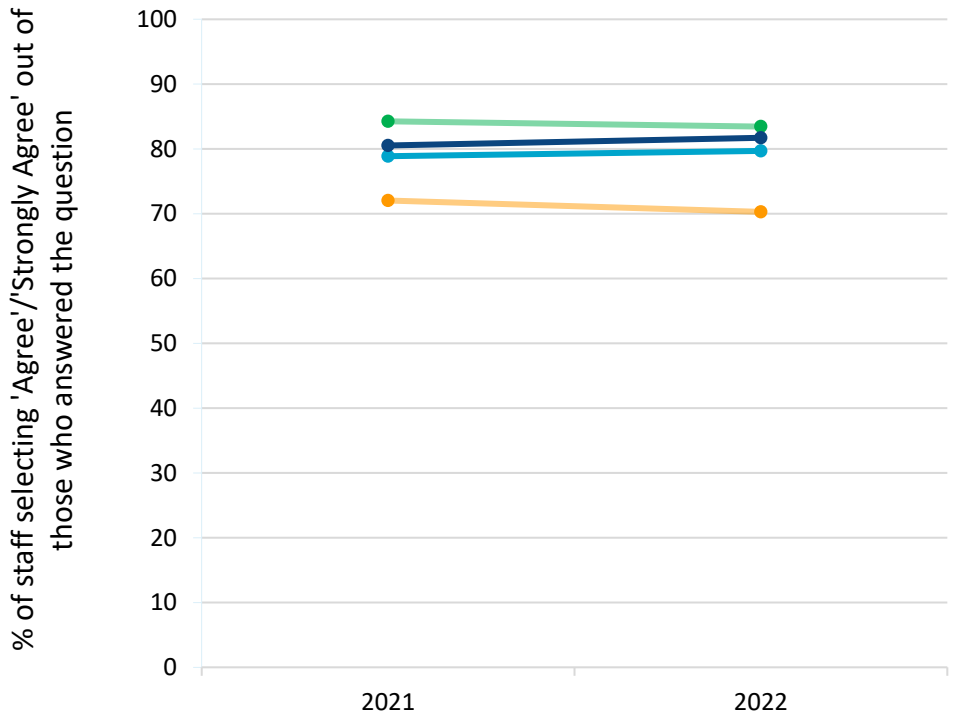
NHS

Q8b The people I work with are understanding and kind to one another.



	2021	2022
Your org	79.7%	81.4%
Best	83.6%	83.6%
Average	77.0%	78.4%
Worst	69.2%	69.3%
Responses	2356	2472

Q8c The people I work with are polite and treat each other with respect.



	2021	2022
Your org	80.5%	81.7%
Best	84.3%	83.4%
Average	78.9%	79.7%
Worst	72.0%	70.3%
Responses	2356	2470

Survey Coordination Centre

NHS

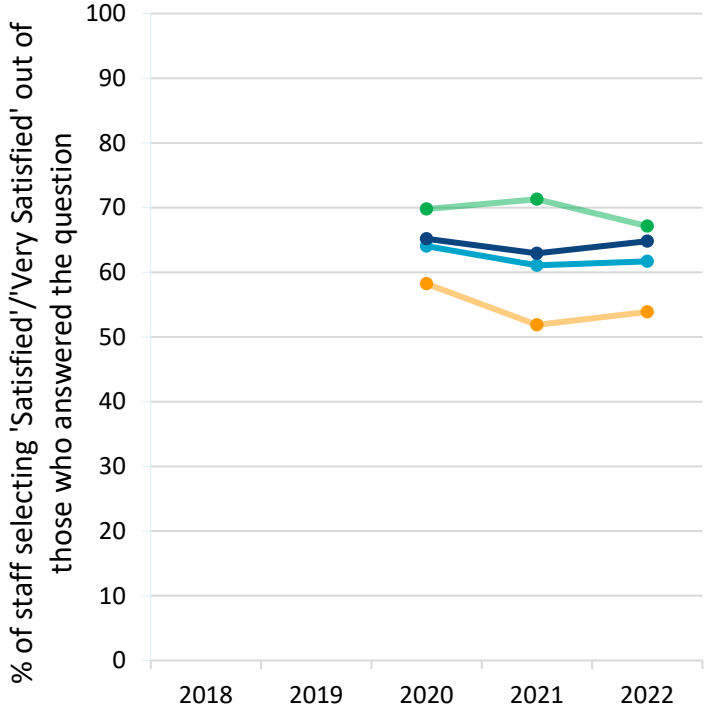
People Promise element – We are recognised and rewarded

Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

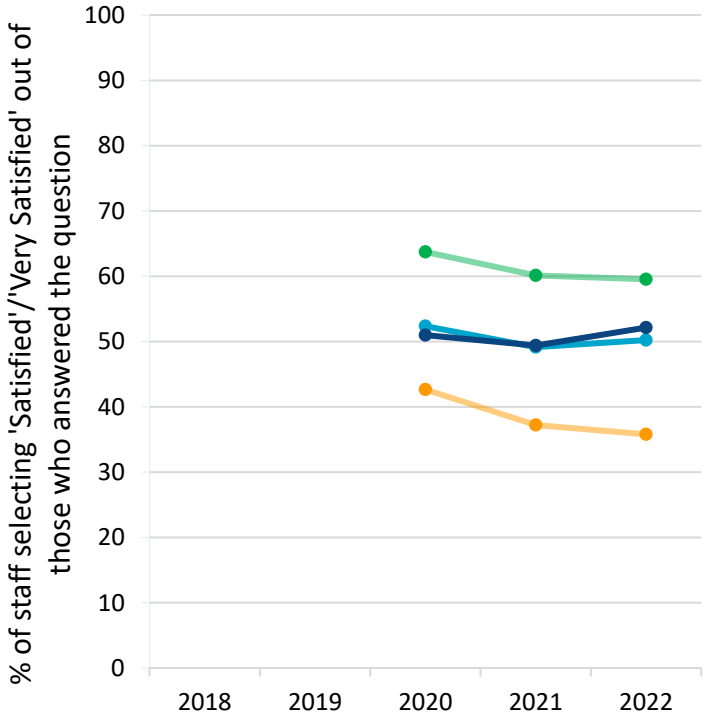
Survey Coordination Centre NHS

Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



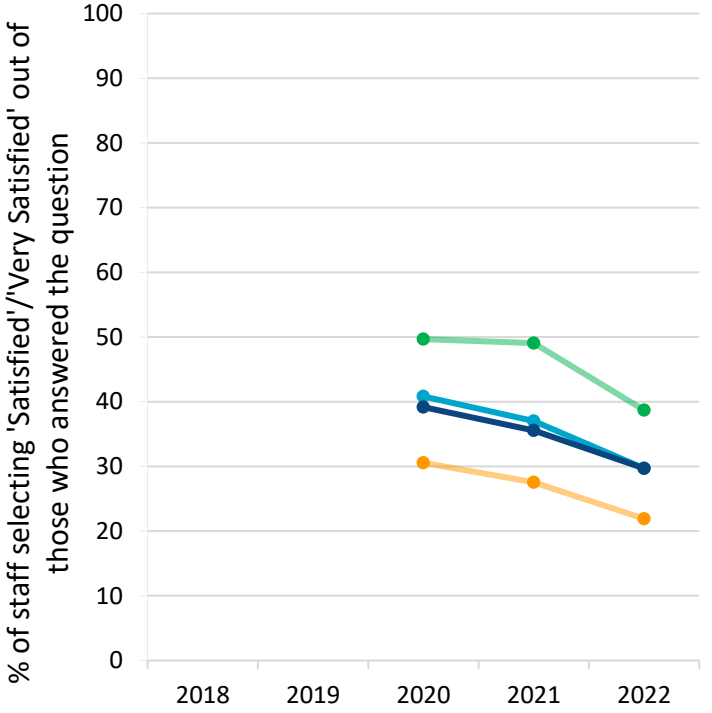
	2018	2019	2020	2021	2022
Your org	-	-	65.2%	62.9%	64.8%
Best	-	-	69.8%	71.3%	67.1%
Average	-	-	64.1%	61.1%	61.7%
Worst	-	-	58.2%	51.9%	53.9%
Responses	-	-	2010	2358	2476

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



	2018	2019	2020	2021	2022
Your org	-	-	51.0%	49.4%	52.1%
Best	-	-	63.7%	60.1%	59.5%
Average	-	-	52.4%	49.1%	50.2%
Worst	-	-	42.6%	37.2%	35.8%
Responses	-	-	2012	2357	2469

Q4c How satisfied are you with each of the following aspects of your job? My level of pay.

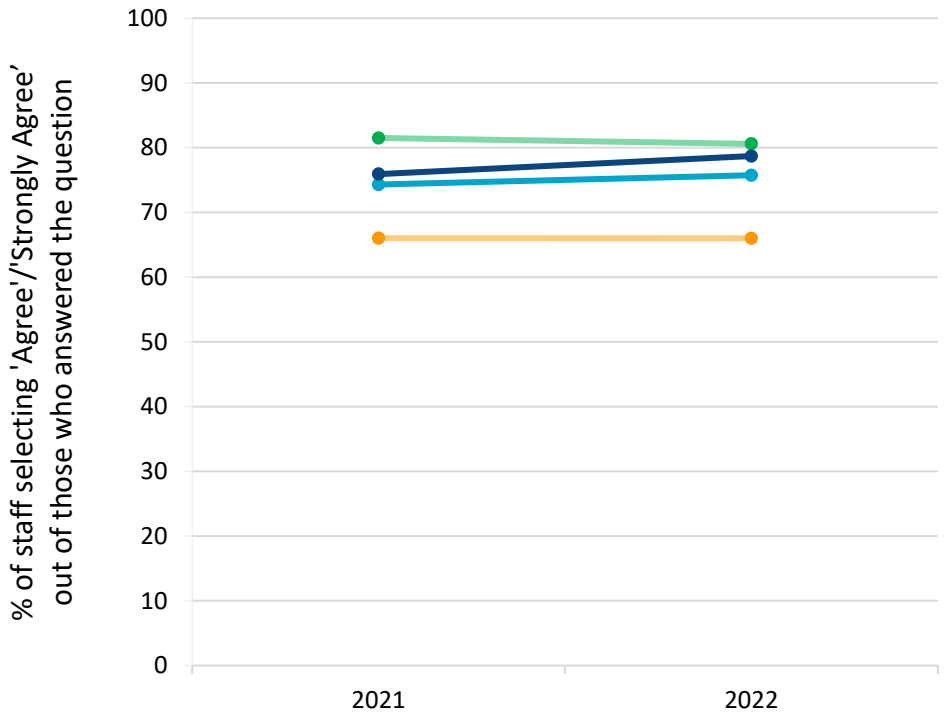


	2018	2019	2020	2021	2022
Your org	-	-	39.2%	35.5%	29.7%
Best	-	-	49.7%	49.0%	38.7%
Average	-	-	40.8%	37.0%	29.7%
Worst	-	-	30.5%	27.5%	21.9%
Responses	-	-	2011	2356	2473

Survey Coordination Centre

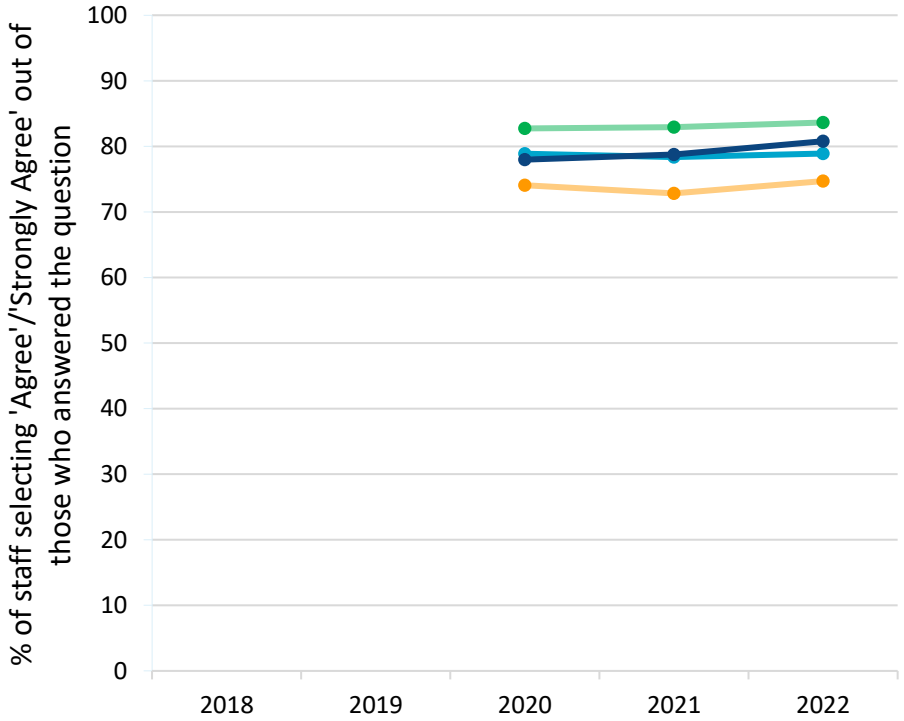
NHS

Q8d The people I work with show appreciation to one another.



	2021	2022
Your org	75.9%	78.7%
Best	81.5%	80.6%
Average	74.3%	75.7%
Worst	66.0%	66.0%
Responses	2351	2474

Q9e My immediate manager values my work.



	2018	2019	2020	2021	2022
Your org	-	-	78.0%	78.8%	80.8%
Best	-	-	82.7%	82.9%	83.7%
Average	-	-	78.9%	78.4%	78.9%
Worst	-	-	74.1%	72.8%	74.7%
Responses	-	-	2017	2357	2482

Survey Coordination Centre

NHS

People Promise element – We each have a voice that counts

Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

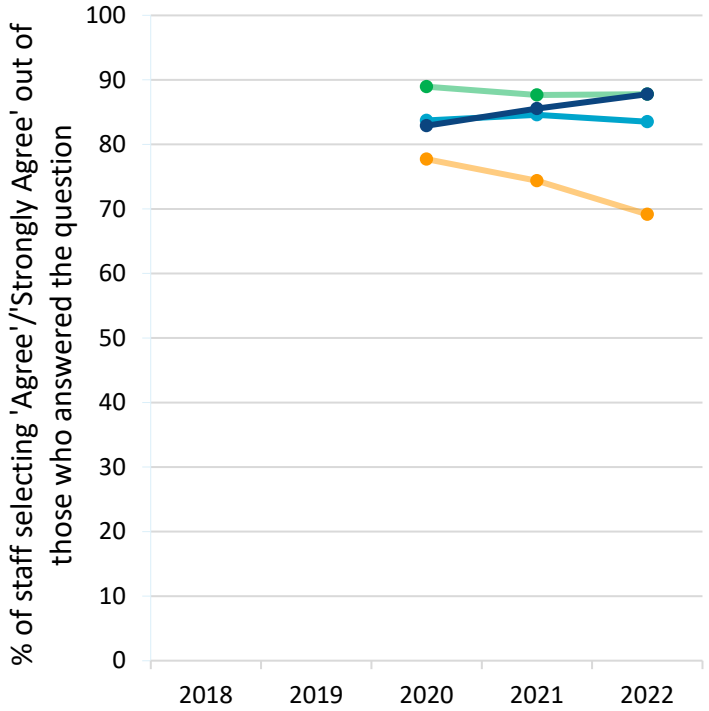
Raising concerns – Q19a, Q19b, Q23e, Q23f

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

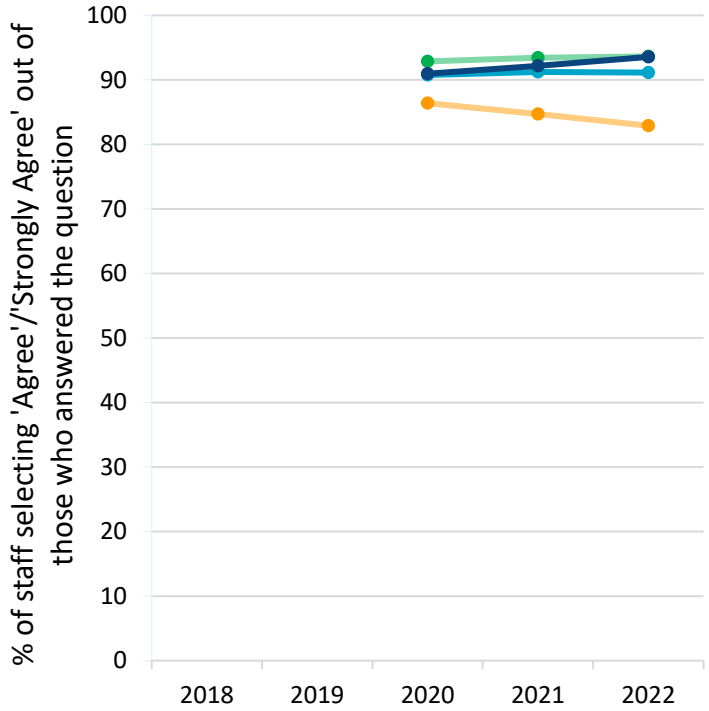
NHS

Q3a I always know what my work responsibilities are.



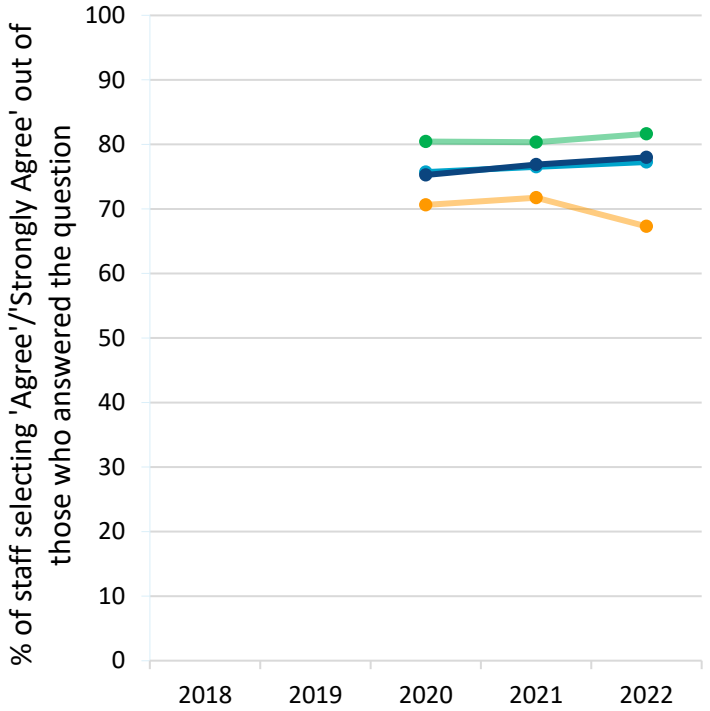
	2018	2019	2020	2021	2022
Your org	-	-	82.9%	85.6%	87.8%
Best	-	-	88.9%	87.7%	87.8%
Average	-	-	83.7%	84.6%	83.5%
Worst	-	-	77.7%	74.4%	69.2%
Responses	-	-	2012	2363	2481

Q3b I am trusted to do my job.



	2018	2019	2020	2021	2022
Your org	-	-	91.0%	92.2%	93.5%
Best	-	-	92.9%	93.4%	93.6%
Average	-	-	90.7%	91.2%	91.1%
Worst	-	-	86.4%	84.7%	82.9%
Responses	-	-	2005	2362	2480

Q3c There are frequent opportunities for me to show initiative in my role.

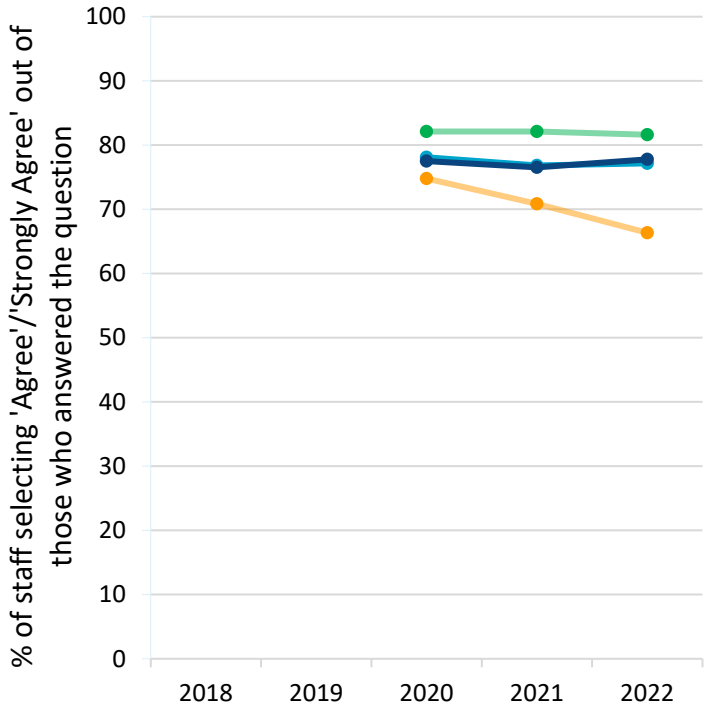


	2018	2019	2020	2021	2022
Your org	-	-	75.3%	76.9%	78.0%
Best	-	-	80.4%	80.4%	81.6%
Average	-	-	75.7%	76.5%	77.3%
Worst	-	-	70.6%	71.7%	67.3%
Responses	-	-	2015	2357	2474

Survey Coordination Centre

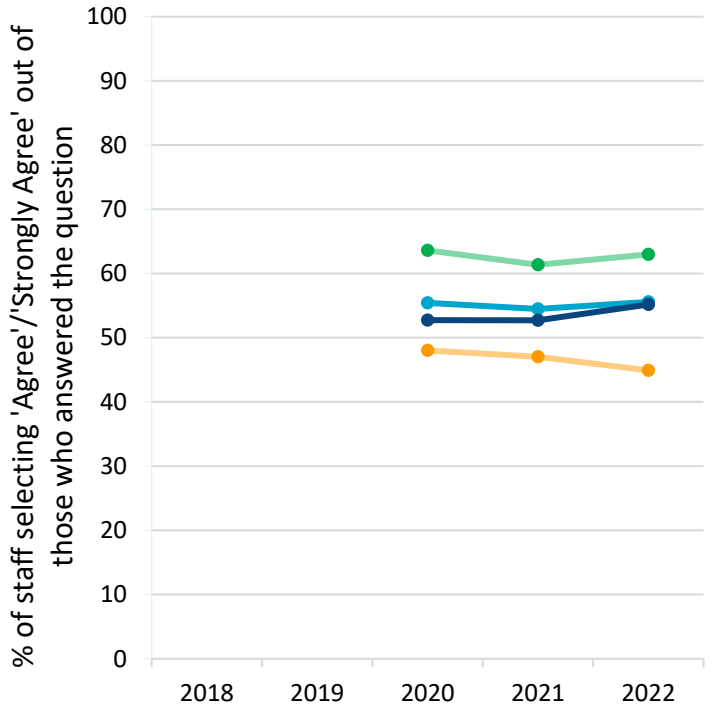
NHS

Q3d I am able to make suggestions to improve the work of my team / department.



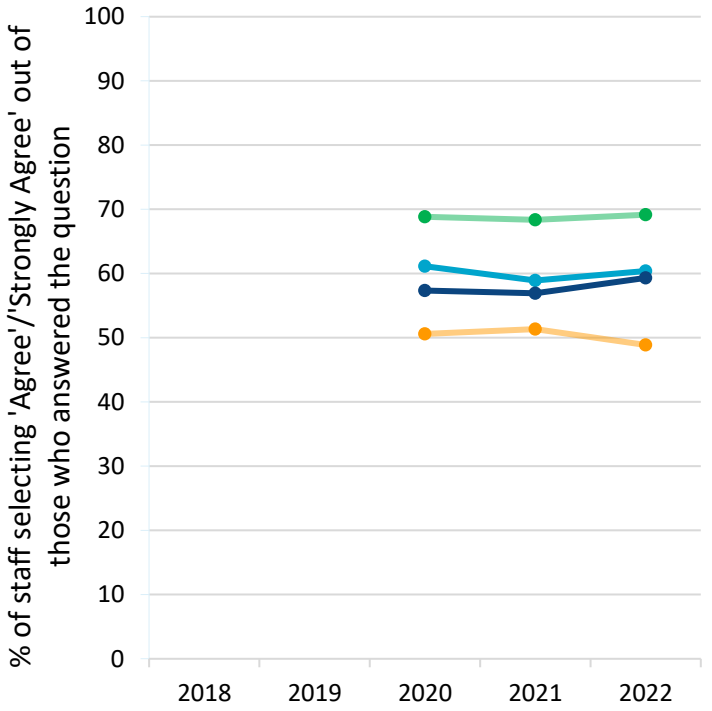
	2018	2019	2020	2021	2022
Your org	-	-	77.5%	76.5%	77.8%
Best	-	-	82.1%	82.1%	81.6%
Average	-	-	78.1%	76.8%	77.1%
Worst	-	-	74.8%	70.9%	66.3%
Responses	-	-	2015	2353	2474

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	-	-	52.7%	52.7%	55.2%
Best	-	-	63.6%	61.3%	63.0%
Average	-	-	55.4%	54.5%	55.6%
Worst	-	-	48.0%	47.0%	44.9%
Responses	-	-	2009	2356	2481

Q3f I am able to make improvements happen in my area of work.

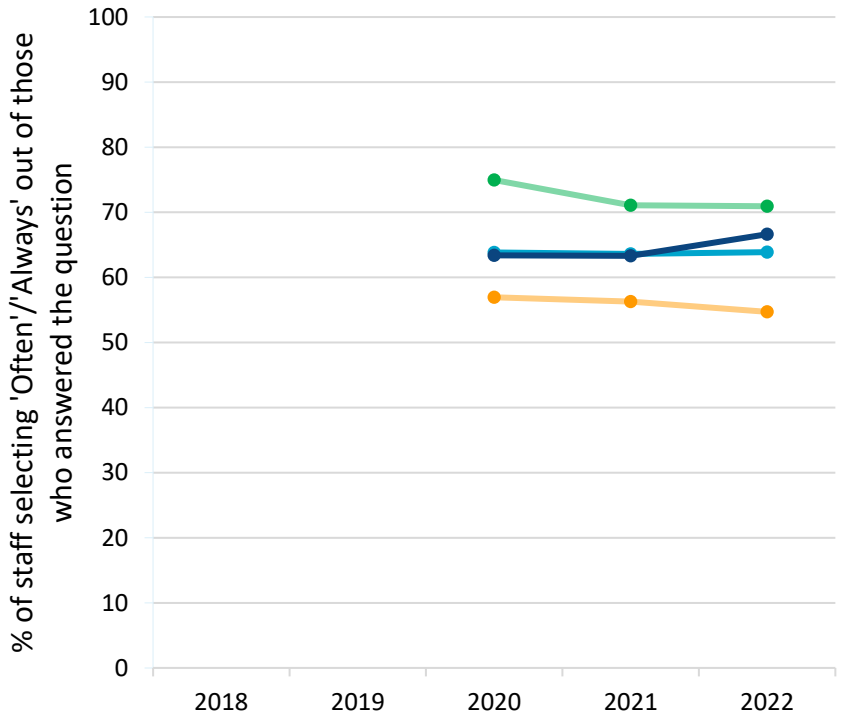


	2018	2019	2020	2021	2022
Your org	-	-	57.3%	56.9%	59.3%
Best	-	-	68.8%	68.4%	69.1%
Average	-	-	61.1%	58.9%	60.4%
Worst	-	-	50.6%	51.3%	48.9%
Responses	-	-	2003	2338	2475

Survey Coordination Centre

NHS

Q5b I have a choice in deciding how to do my work.

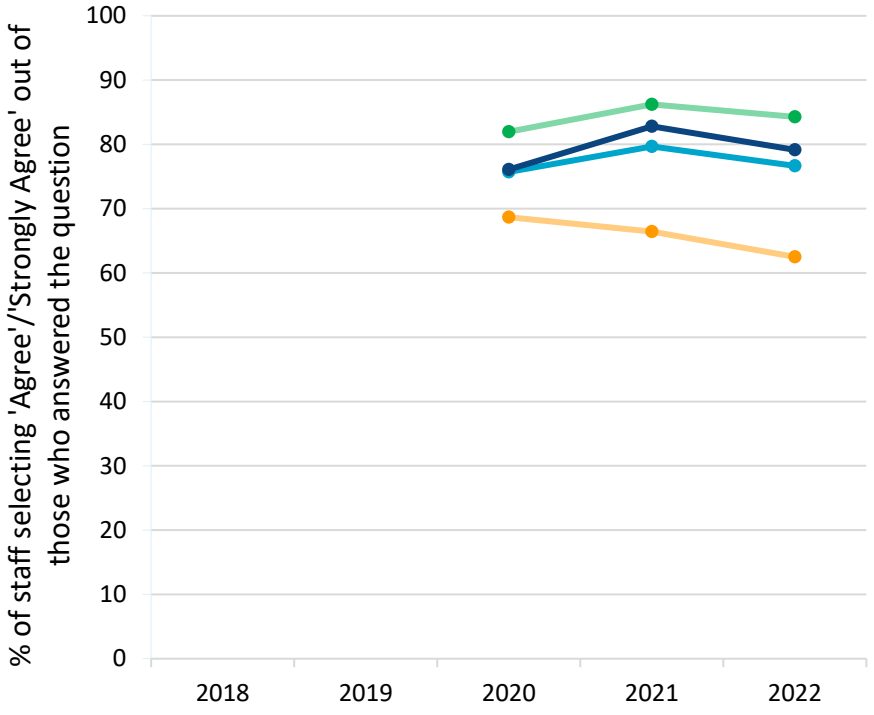


	2018	2019	2020	2021	2022
Your org	-	-	63.4%	63.3%	66.6%
Best	-	-	75.0%	71.1%	70.9%
Average	-	-	63.8%	63.6%	63.9%
Worst	-	-	56.9%	56.3%	54.7%
Responses	-	-	2010	2349	2475

Survey Coordination Centre

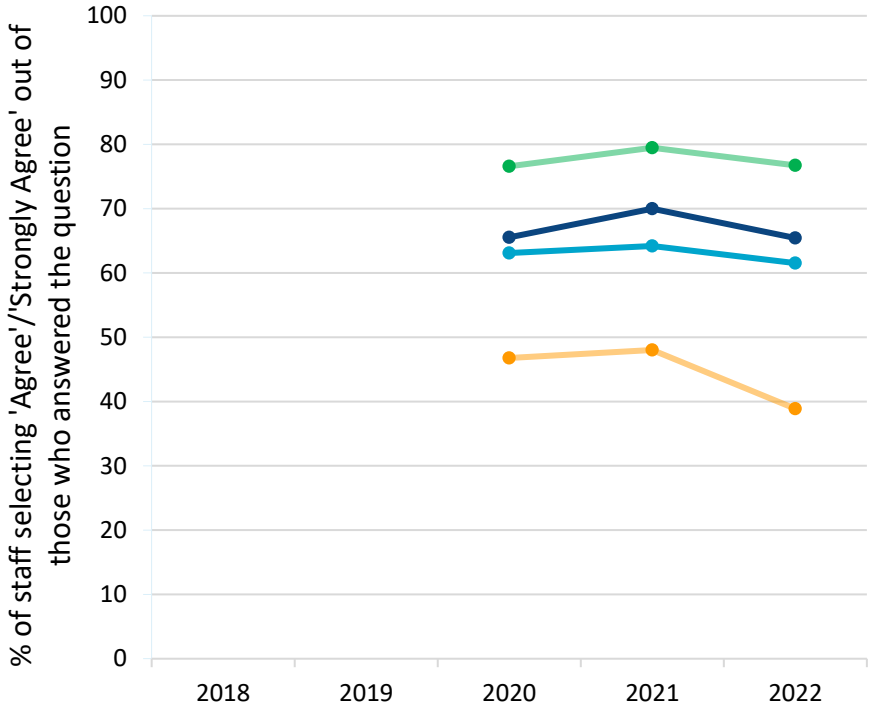
NHS

Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	-	-	76.1%	82.8%	79.1%
Best	-	-	82.0%	86.2%	84.3%
Average	-	-	75.7%	79.7%	76.7%
Worst	-	-	68.7%	66.4%	62.5%
Responses	-	-	2011	2357	2477

Q19b I am confident that my organisation would address my concern.

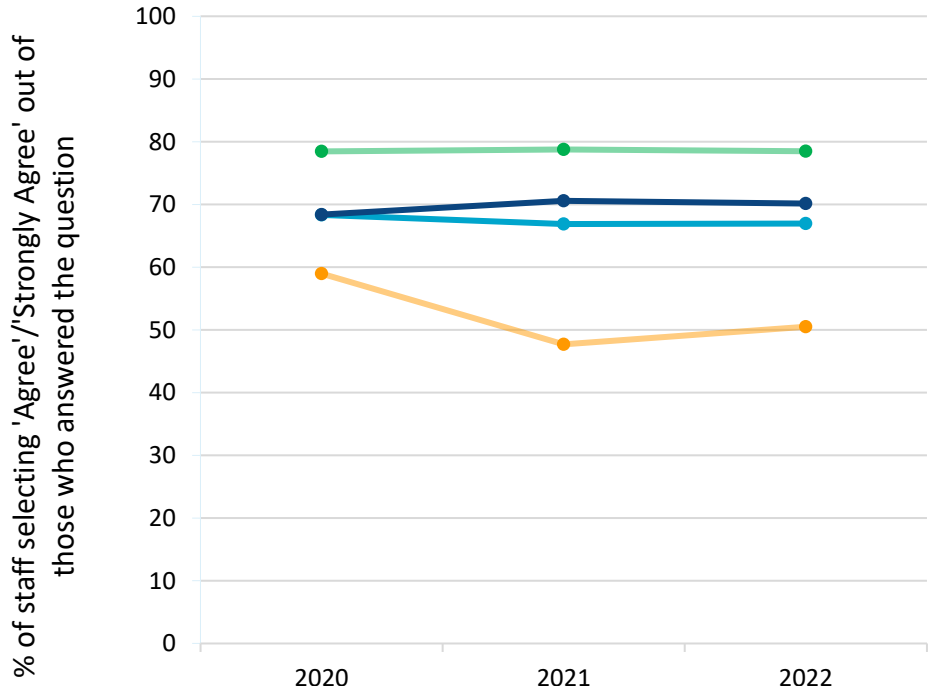


	2018	2019	2020	2021	2022
Your org	-	-	65.5%	70.0%	65.4%
Best	-	-	76.6%	79.5%	76.7%
Average	-	-	63.1%	64.2%	61.5%
Worst	-	-	46.8%	48.0%	38.9%
Responses	-	-	2006	2349	2467

Survey Coordination Centre

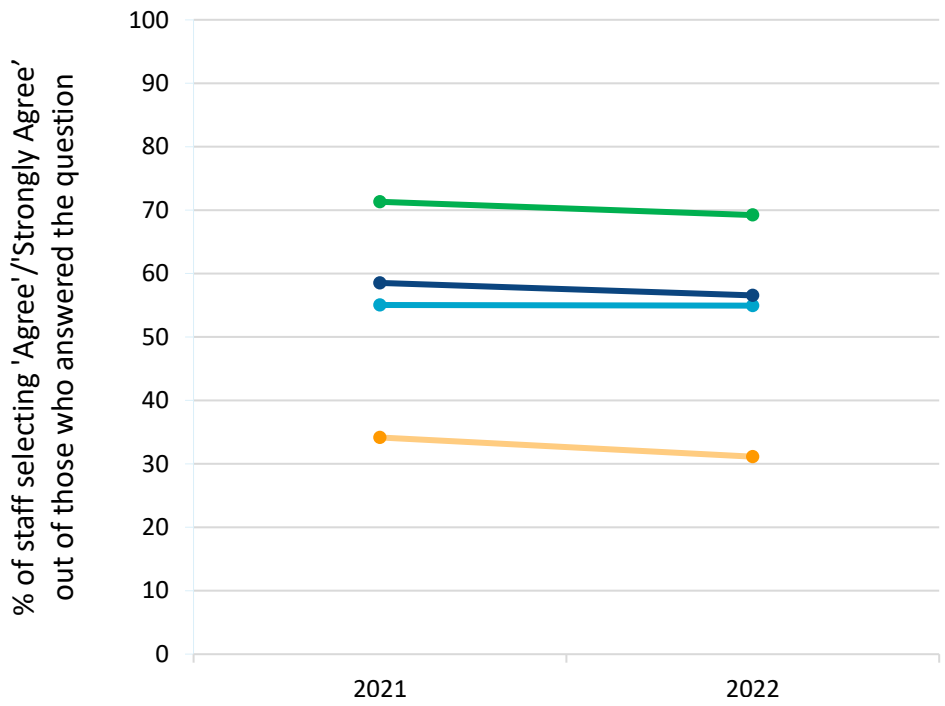
NHS

Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	68.4%	70.6%	70.1%
Best	78.5%	78.8%	78.5%
Average	68.3%	66.9%	67.0%
Worst	59.0%	47.7%	50.5%
Responses	2006	2357	2475

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	58.5%	56.6%
Best	71.3%	69.2%
Average	55.0%	55.0%
Worst	34.2%	31.1%
Responses	2354	2480

Survey Coordination Centre

NHS

People Promise element – We are safe and healthy

Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

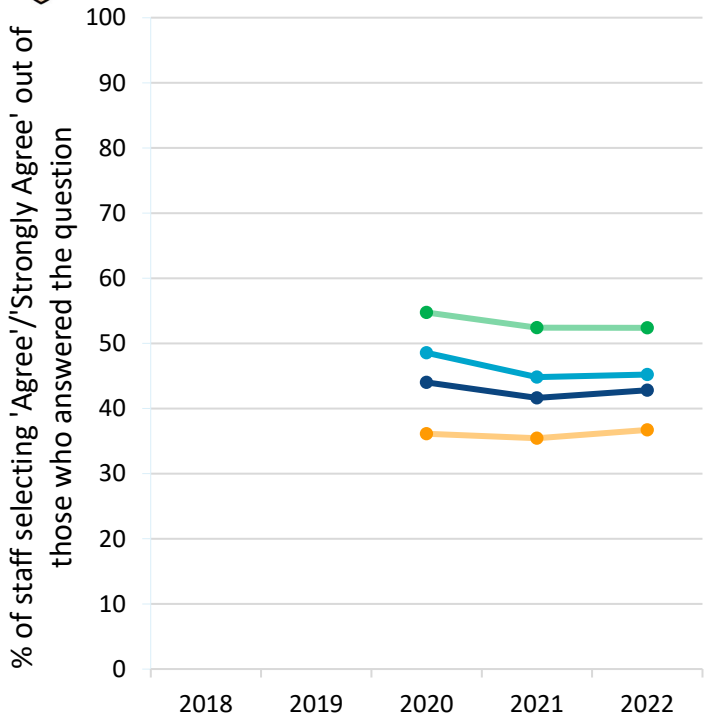
Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

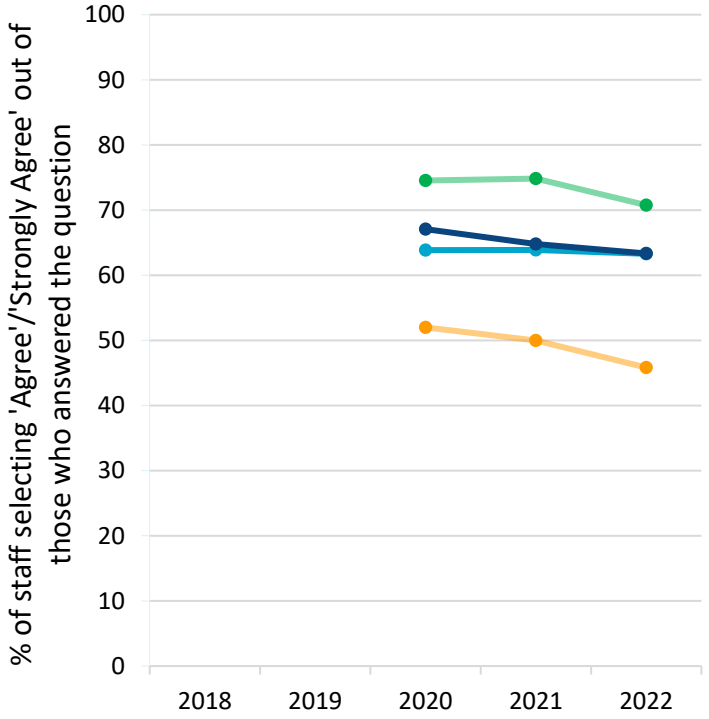
NHS

Q3g I am able to meet all the conflicting demands on my time at work.



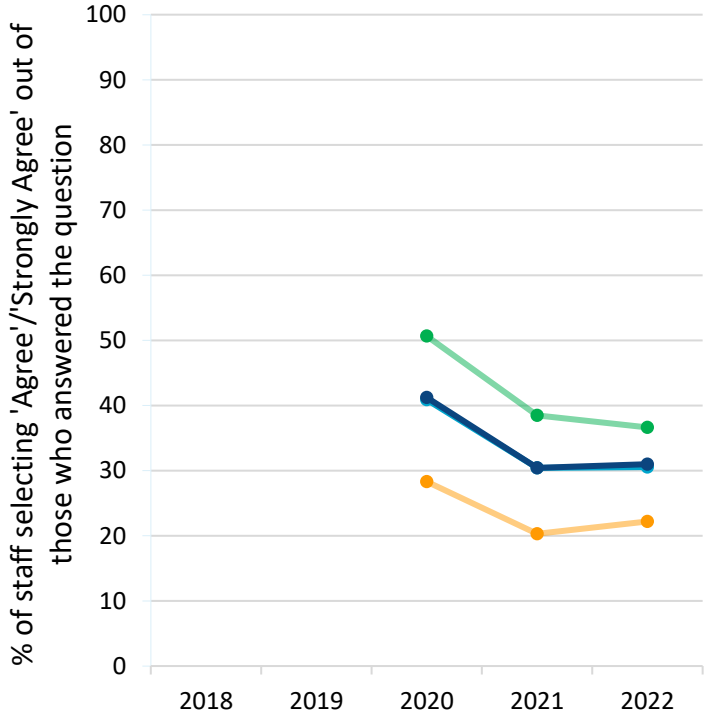
	2018	2019	2020	2021	2022
Your org	-	-	44.0%	41.6%	42.8%
Best	-	-	54.8%	52.4%	52.4%
Average	-	-	48.6%	44.8%	45.2%
Worst	-	-	36.1%	35.4%	36.7%
Responses	-	-	2010	2350	2471

Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	-	-	67.1%	64.8%	63.4%
Best	-	-	74.5%	74.8%	70.8%
Average	-	-	63.8%	63.9%	63.3%
Worst	-	-	52.0%	50.0%	45.8%
Responses	-	-	2010	2339	2466

Q3i There are enough staff at this organisation for me to do my job properly.

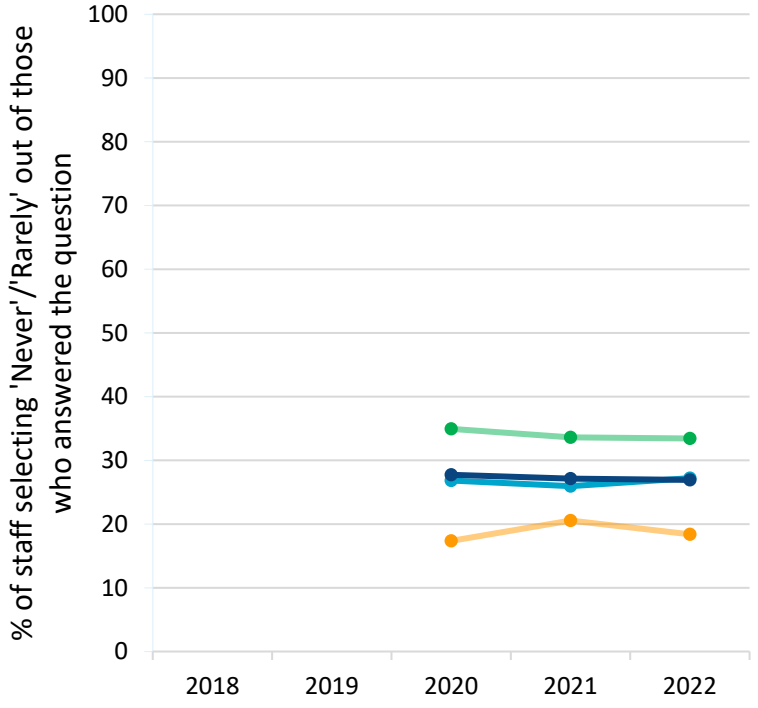


	2018	2019	2020	2021	2022
Your org	-	-	41.2%	30.4%	31.0%
Best	-	-	50.7%	38.5%	36.6%
Average	-	-	40.9%	30.4%	30.5%
Worst	-	-	28.3%	20.3%	22.2%
Responses	-	-	2008	2355	2477

Survey Coordination Centre

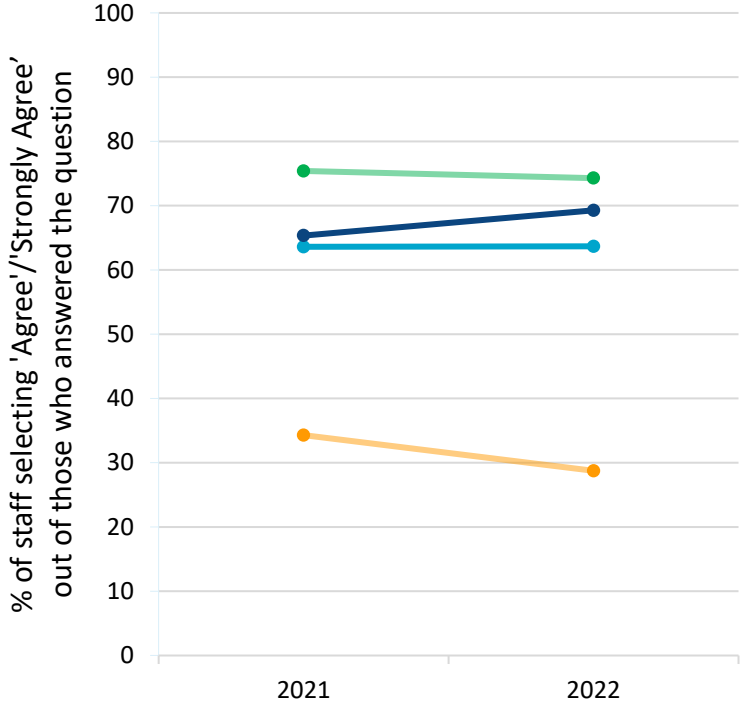
NHS

Q5a I have unrealistic time pressures.



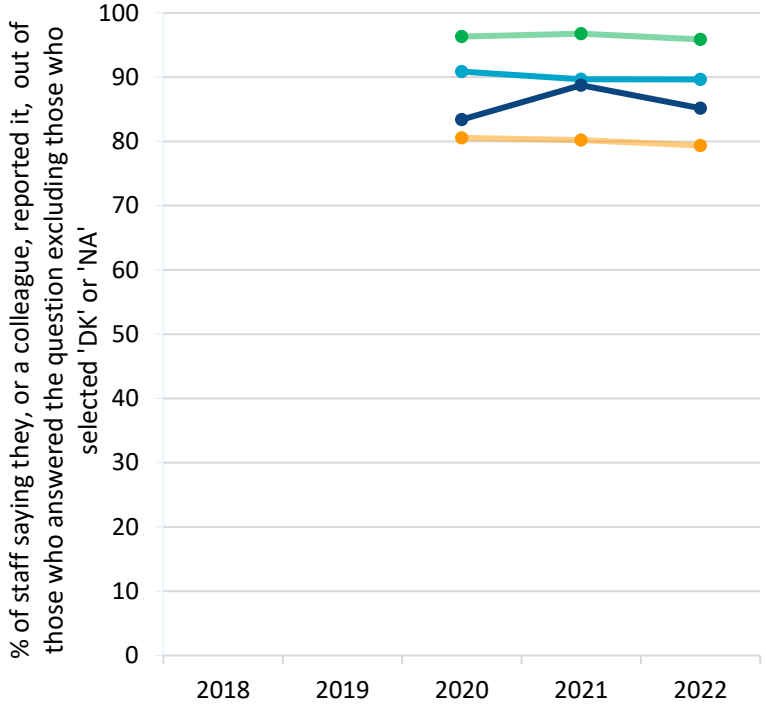
	2018	2019	2020	2021	2022
Your org	-	-	27.7%	27.1%	26.9%
Best	-	-	34.9%	33.6%	33.4%
Average	-	-	26.8%	26.0%	27.2%
Worst	-	-	17.4%	20.6%	18.4%
Responses	-	-	2016	2361	2478

Q11a My organisation take positive action on health and well-being.



	2021	2022
Your org	65.3%	69.3%
Best	75.4%	74.3%
Average	63.6%	63.7%
Worst	34.3%	28.7%
Responses	2333	2463

Q13d The last time you experienced physical violence at work, did you or a colleague report it?

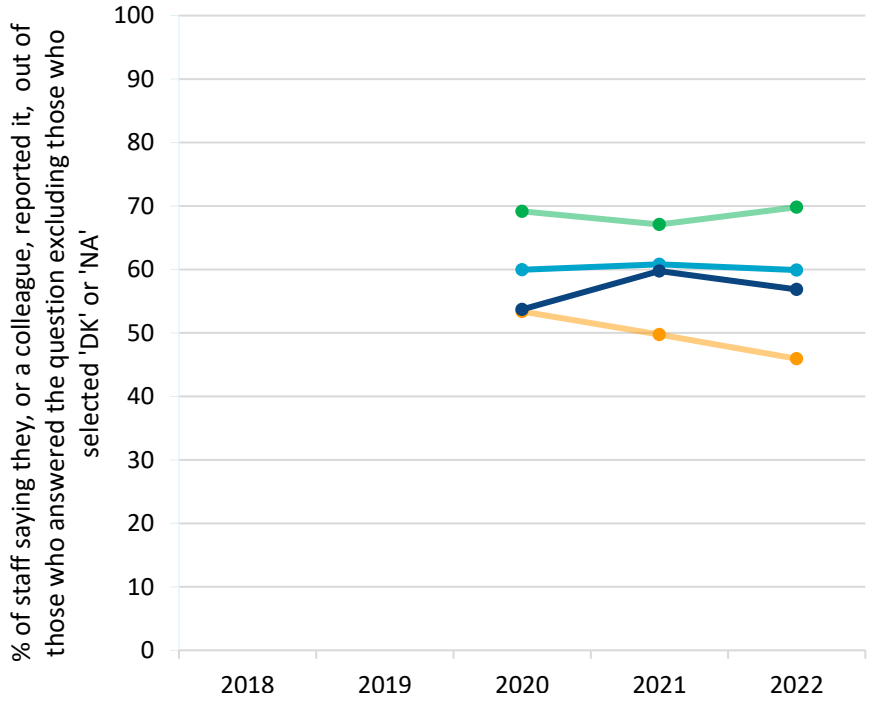


	2018	2019	2020	2021	2022
Your org	-	-	83.4%	88.7%	85.2%
Best	-	-	96.3%	96.8%	95.9%
Average	-	-	90.9%	89.7%	89.6%
Worst	-	-	80.5%	80.2%	79.4%
Responses	-	-	227	236	263

Survey Coordination Centre

NHS

Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

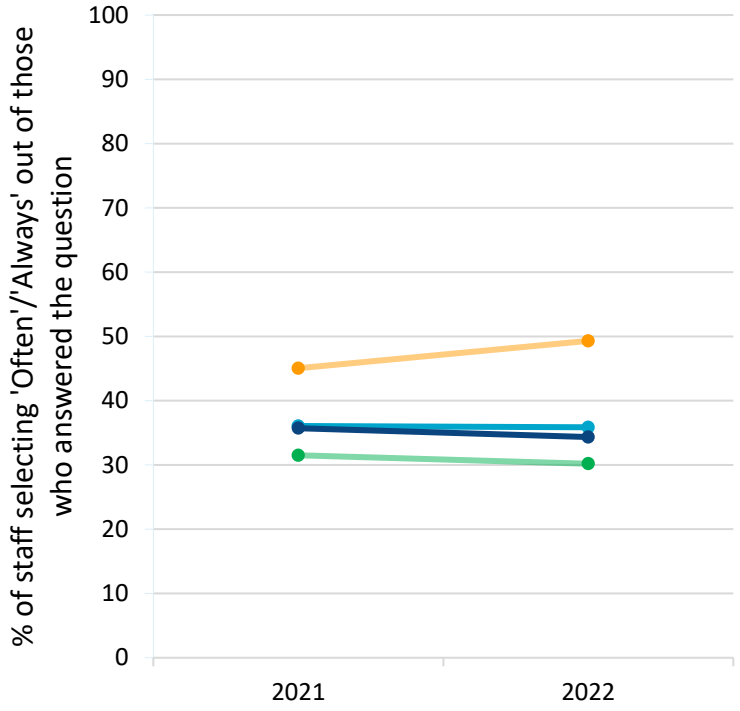


	2018	2019	2020	2021	2022
Your org	-	-	53.7%	59.8%	56.9%
Best	-	-	69.2%	67.1%	69.8%
Average	-	-	60.0%	60.8%	59.9%
Worst	-	-	53.4%	49.7%	45.9%
Responses	-	-	667	759	787

Survey Coordination Centre

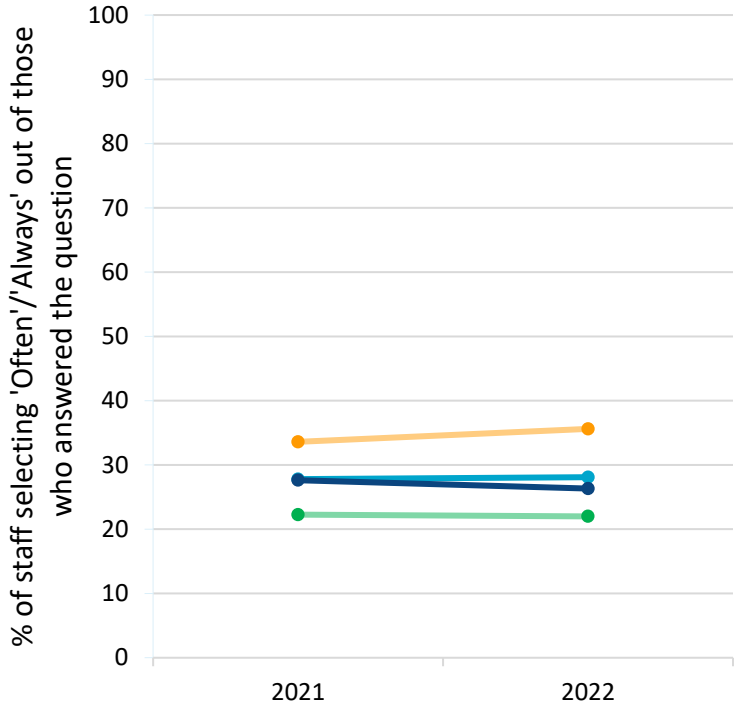
NHS

Q12a How often, if at all, do you find your work emotionally exhausting?



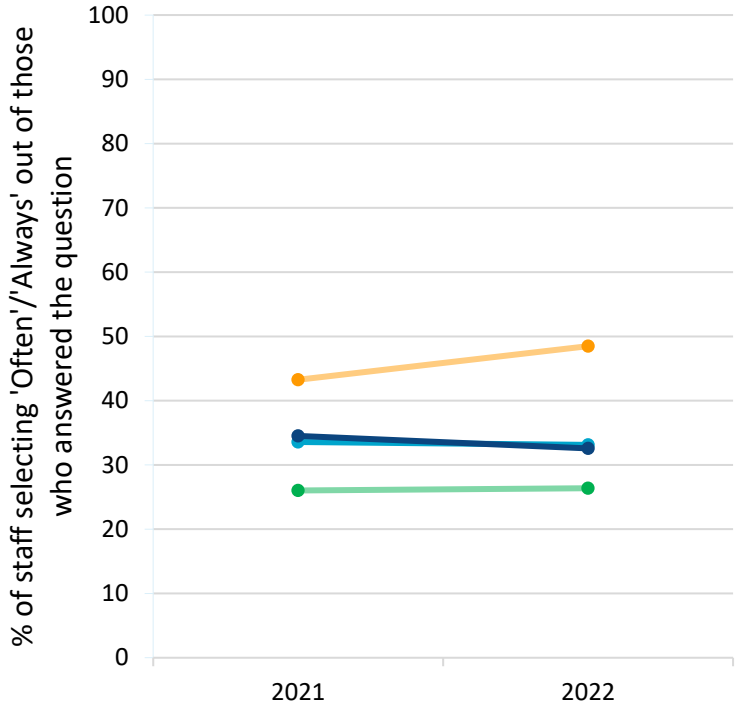
	2021	2022
Your org	35.7%	34.3%
Best	31.5%	30.2%
Average	36.1%	35.8%
Worst	45.1%	49.3%
Responses	2359	2479

Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022
Your org	27.6%	26.3%
Best	22.3%	22.0%
Average	27.8%	28.1%
Worst	33.6%	35.6%
Responses	2354	2477

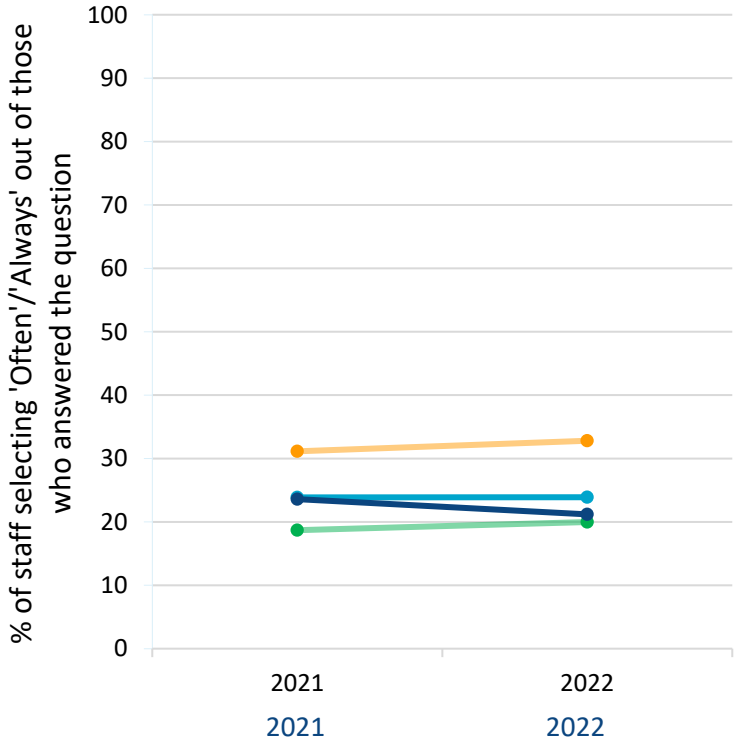
Q12c How often, if at all, does your work frustrate you?



	2021	2022
Your org	34.5%	32.6%
Best	26.0%	26.4%
Average	33.6%	33.1%
Worst	43.2%	48.5%
Responses	2354	2476

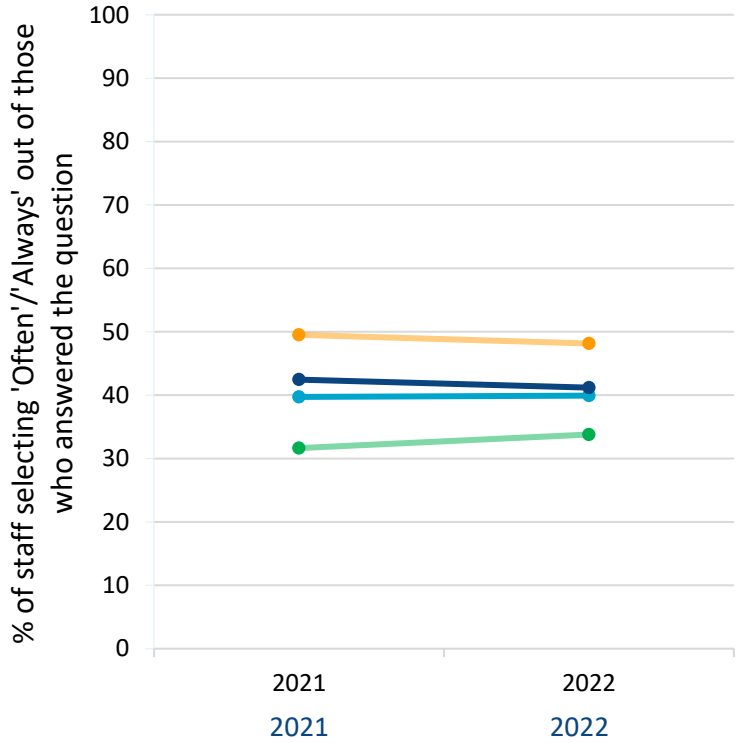
Survey Coordination Centre NHS

Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



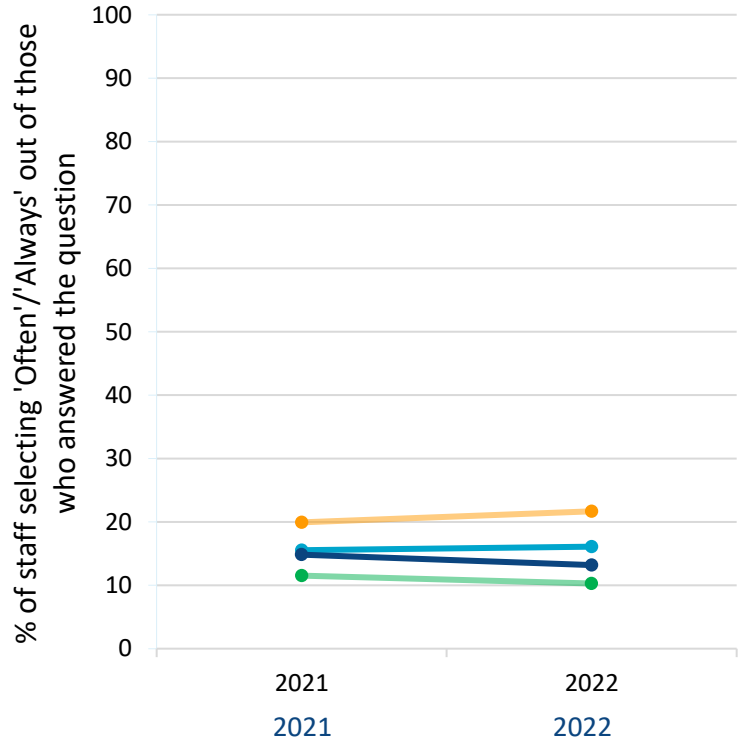
	2021	2022
Your org	23.6%	21.2%
Best	18.7%	20.0%
Average	23.9%	23.9%
Worst	31.1%	32.8%
Responses	2355	2475

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



	2021	2022
Your org	42.5%	41.2%
Best	31.6%	33.8%
Average	39.7%	39.9%
Worst	49.5%	48.2%
Responses	2344	2475

Q12f How often, if at all, do you feel that every working hour is tiring for you?

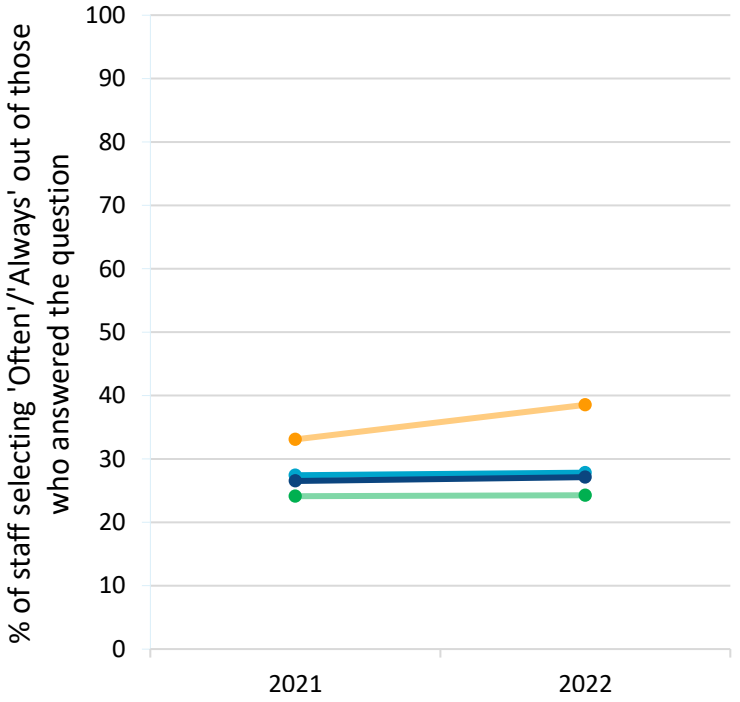


	2021	2022
Your org	14.8%	13.2%
Best	11.5%	10.3%
Average	15.5%	16.1%
Worst	19.9%	21.7%
Responses	2348	2470

Survey Coordination Centre

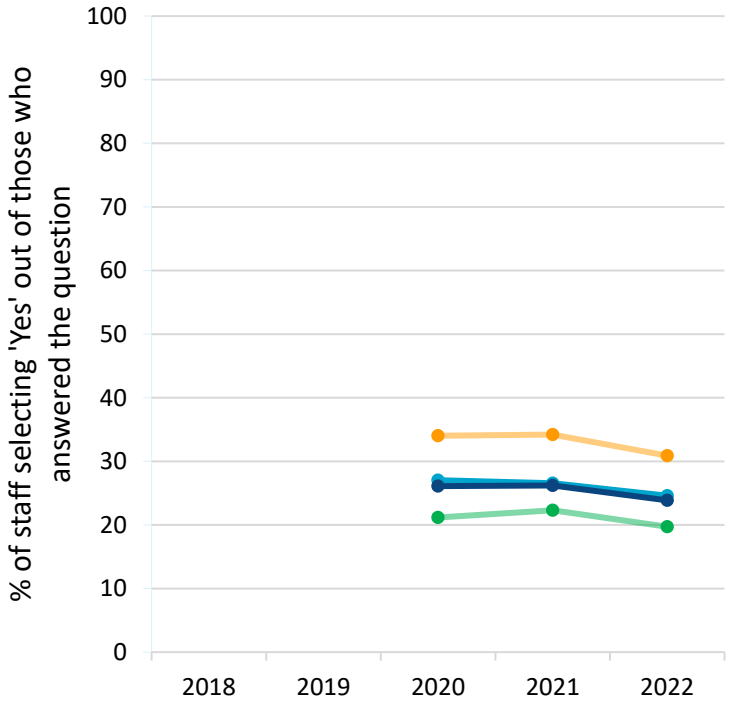
NHS

Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



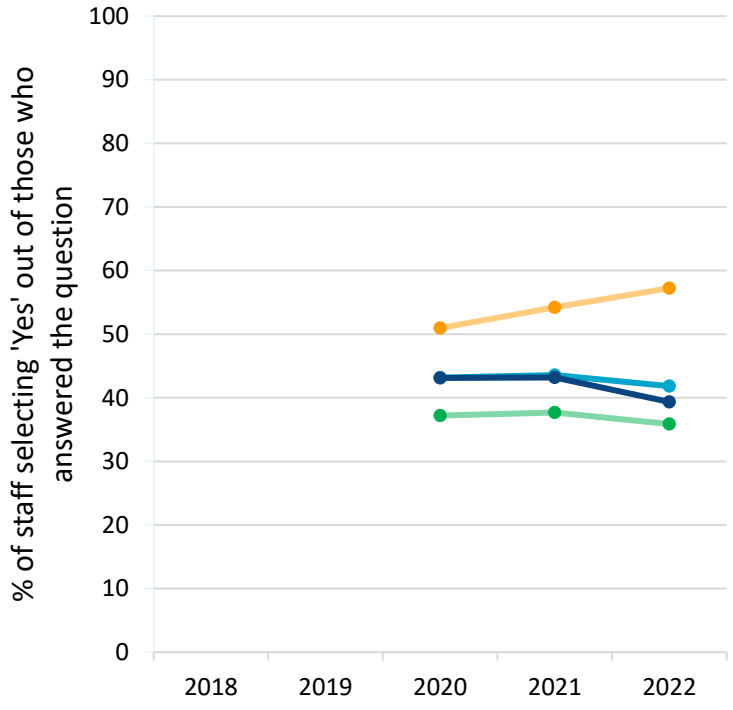
	2021	2022
Your org	26.5%	27.1%
Best	24.1%	24.3%
Average	27.4%	27.8%
Worst	33.1%	38.5%
Responses	2356	2475

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



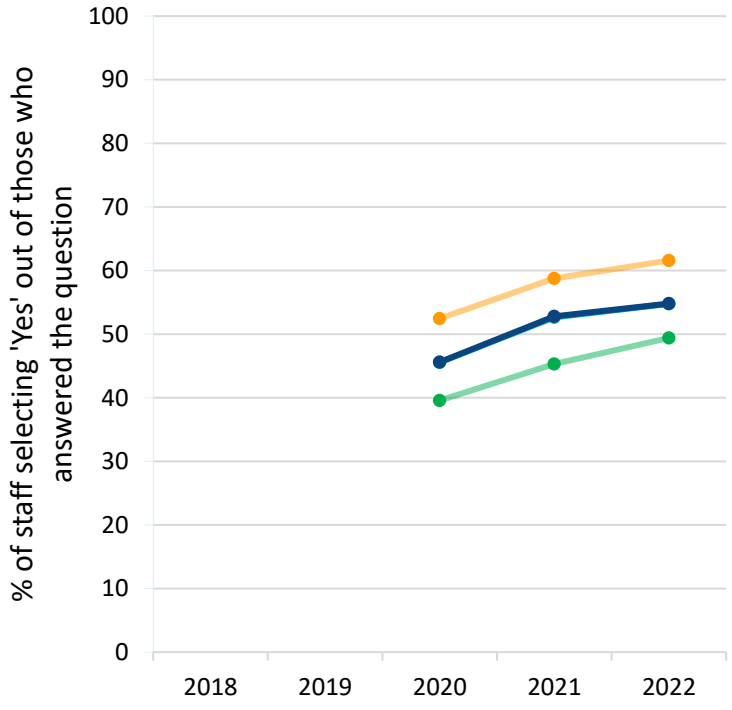
	2018	2019	2020	2021	2022
Your org	-	-	26.1%	26.2%	23.9%
Best	-	-	21.2%	22.3%	19.7%
Average	-	-	27.0%	26.5%	24.6%
Worst	-	-	34.0%	34.2%	30.9%
Responses	-	-	2009	2350	2468

Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2018	2019	2020	2021	2022
Your org	-	-	43.1%	43.2%	39.3%
Best	-	-	37.2%	37.7%	35.9%
Average	-	-	43.2%	43.6%	41.8%
Worst	-	-	50.9%	54.2%	57.2%
Responses	-	-	2011	2349	2471

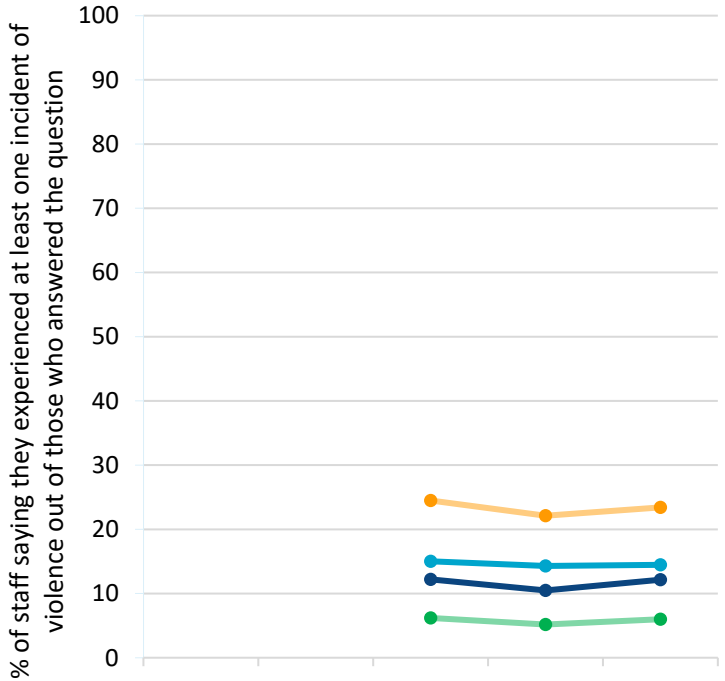
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2018	2019	2020	2021	2022
Your org	-	-	45.6%	52.8%	54.8%
Best	-	-	39.6%	45.3%	49.4%
Average	-	-	45.5%	52.7%	54.7%
Worst	-	-	52.4%	58.7%	61.6%
Responses	-	-	2011	2353	2468

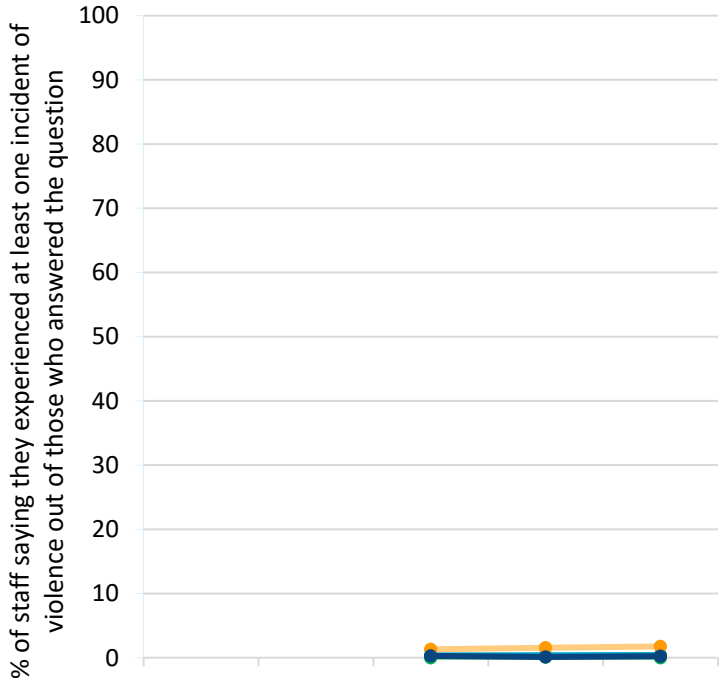
Survey Coordination Centre NHS

Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



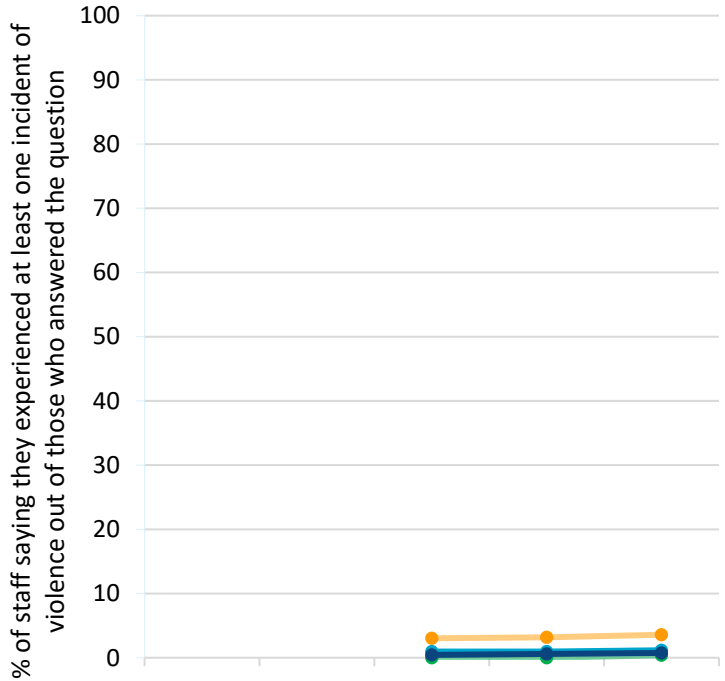
	2018	2019	2020	2021	2022
Your org	-	-	12.2%	10.5%	12.1%
Best	-	-	6.2%	5.2%	6.0%
Average	-	-	15.0%	14.3%	14.5%
Worst	-	-	24.5%	22.1%	23.4%
Responses	-	-	2016	2355	2473

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2018	2019	2020	2021	2022
Your org	-	-	0.3%	0.1%	0.2%
Best	-	-	0.0%	0.1%	0.0%
Average	-	-	0.4%	0.4%	0.4%
Worst	-	-	1.3%	1.6%	1.8%
Responses	-	-	2008	2344	2462

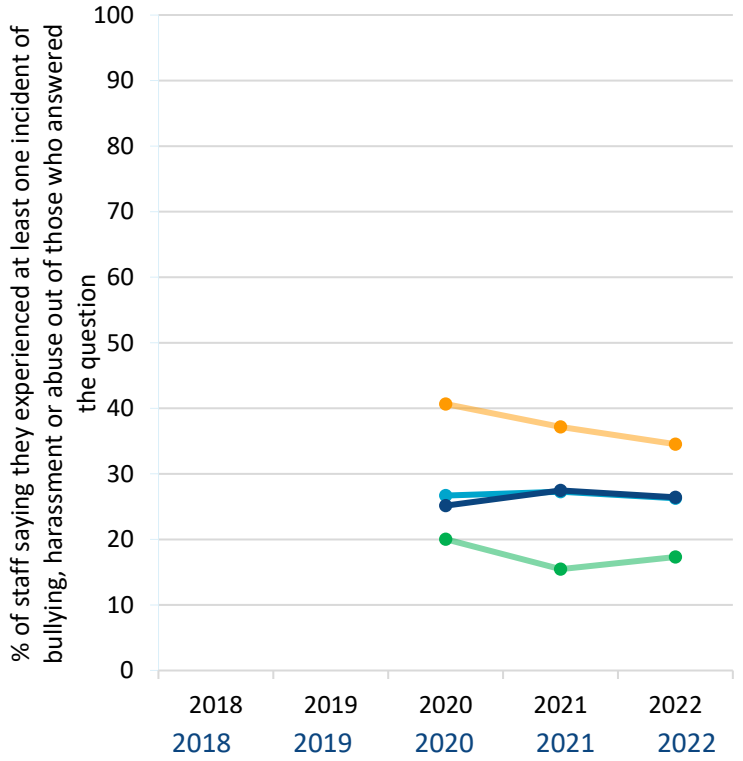
Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



	2018	2019	2020	2021	2022
Your org	-	-	0.5%	0.6%	0.7%
Best	-	-	0.0%	0.0%	0.4%
Average	-	-	1.0%	1.0%	1.2%
Worst	-	-	3.0%	3.2%	3.6%
Responses	-	-	1996	2314	2449

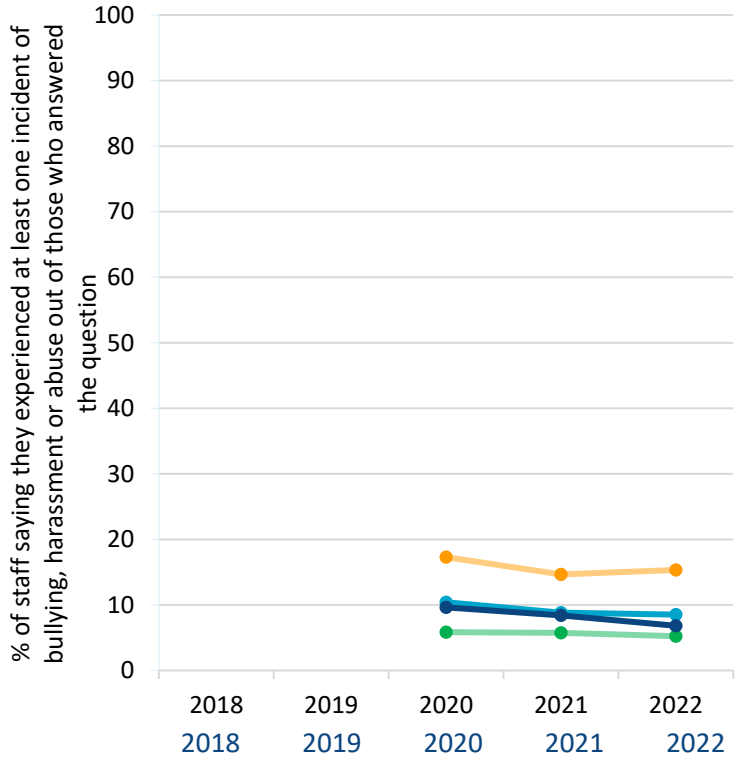
Survey Coordination Centre NHS

Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



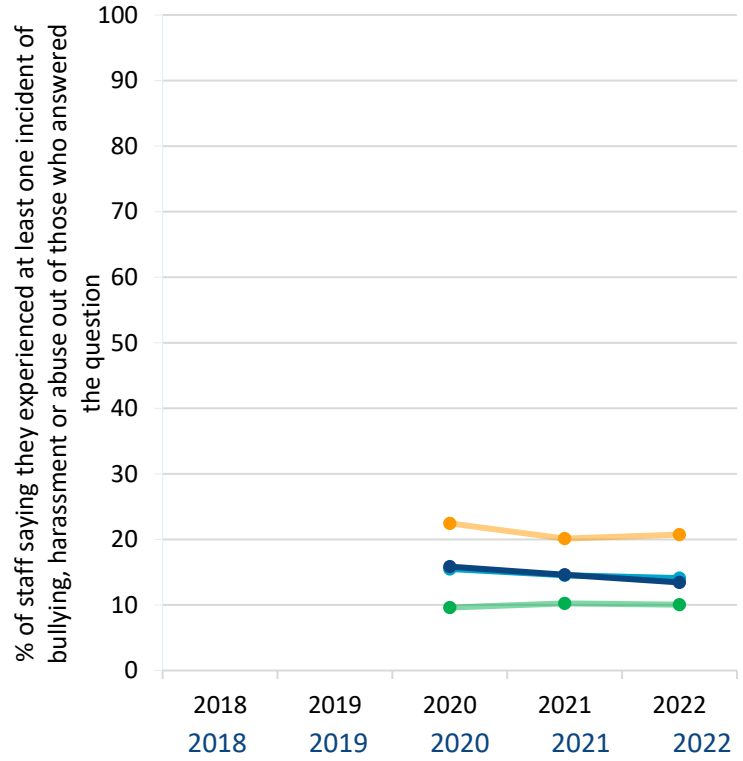
	2018	2019	2020	2021	2022
Your org	-	-	25.2%	27.5%	26.4%
Best	-	-	20.0%	15.5%	17.3%
Average	-	-	26.7%	27.3%	26.3%
Worst	-	-	40.6%	37.2%	34.5%
Responses	-	-	2007	2350	2470

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



	2018	2019	2020	2021	2022
Your org	-	-	9.6%	8.4%	6.8%
Best	-	-	5.8%	5.8%	5.2%
Average	-	-	10.4%	8.8%	8.5%
Worst	-	-	17.3%	14.7%	15.3%
Responses	-	-	2003	2338	2456

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



	2018	2019	2020	2021	2022
Your org	-	-	15.9%	14.6%	13.4%
Best	-	-	9.6%	10.2%	10.0%
Average	-	-	15.5%	14.5%	14.1%
Worst	-	-	22.5%	20.1%	20.7%
Responses	-	-	1982	2316	2450

Survey Coordination Centre

NHS

People Promise element – We are always learning

Questions included:

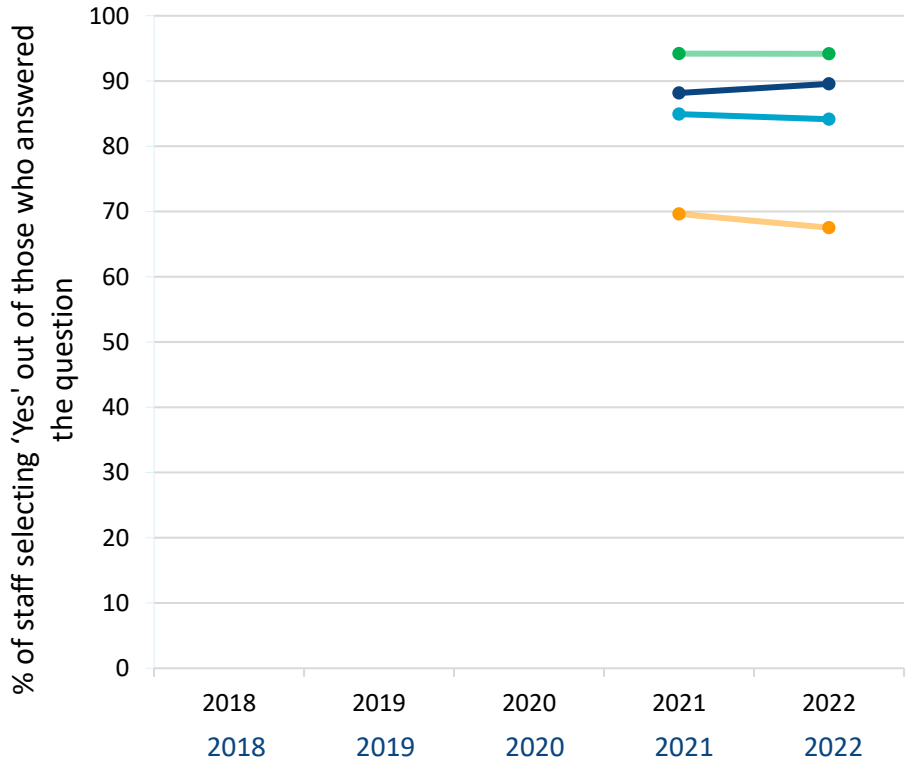
Development – Q22a, Q22b, Q22c, Q22d, Q22e

Appraisals – Q21b, Q21c, Q21d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

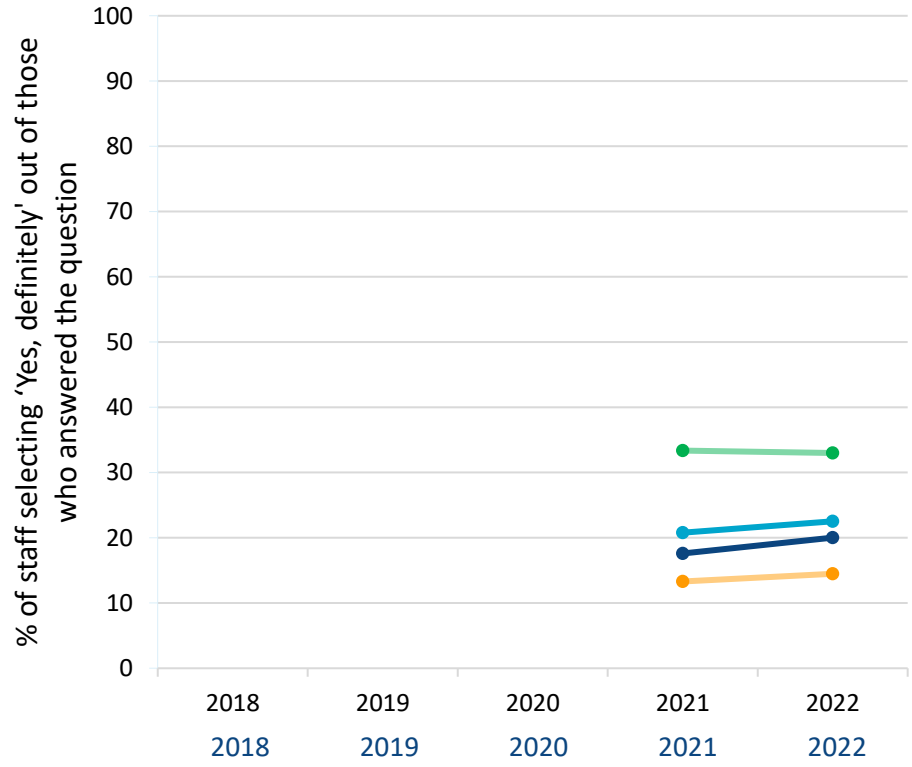
*Q21a is a filter question and therefore influences the sub-score without being a directly scored question.

Q21a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2018	2019	2020	2021	2022
Your org	-	-	-	88.2%	89.6%
Best	-	-	-	94.2%	94.2%
Average	-	-	-	84.9%	84.1%
Worst	-	-	-	69.6%	67.5%
Responses	-	-	-	2344	2463

Q21b It helped me to improve how I do my job.

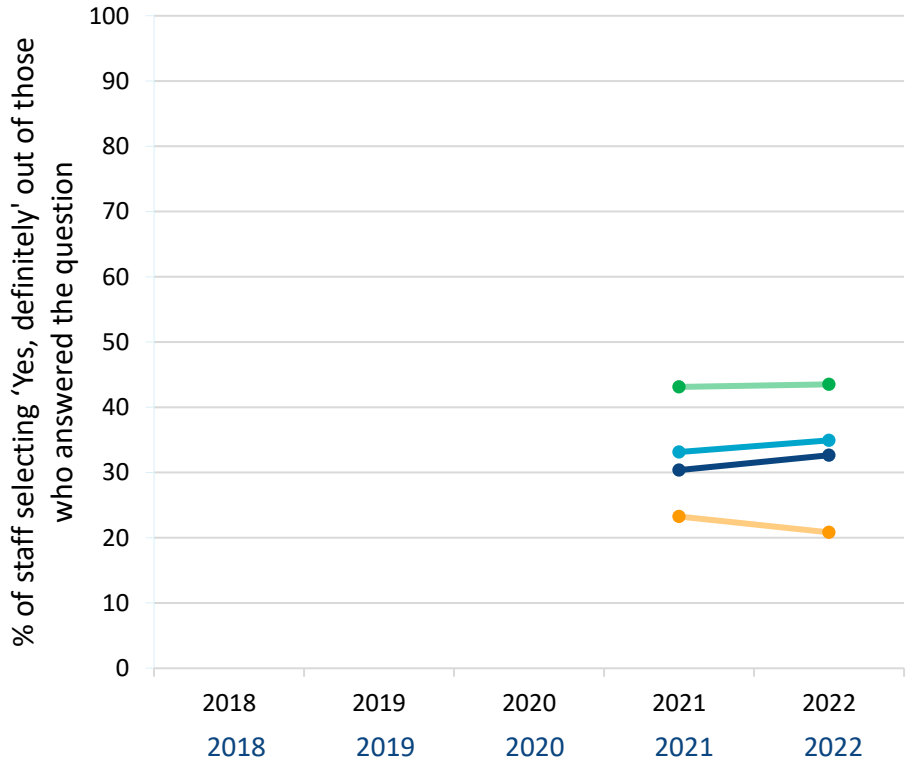


	2018	2019	2020	2021	2022
Your org	-	-	-	17.6%	20.0%
Best	-	-	-	33.4%	33.0%
Average	-	-	-	20.8%	22.5%
Worst	-	-	-	13.3%	14.5%
Responses	-	-	-	2058	2198

Survey Coordination Centre

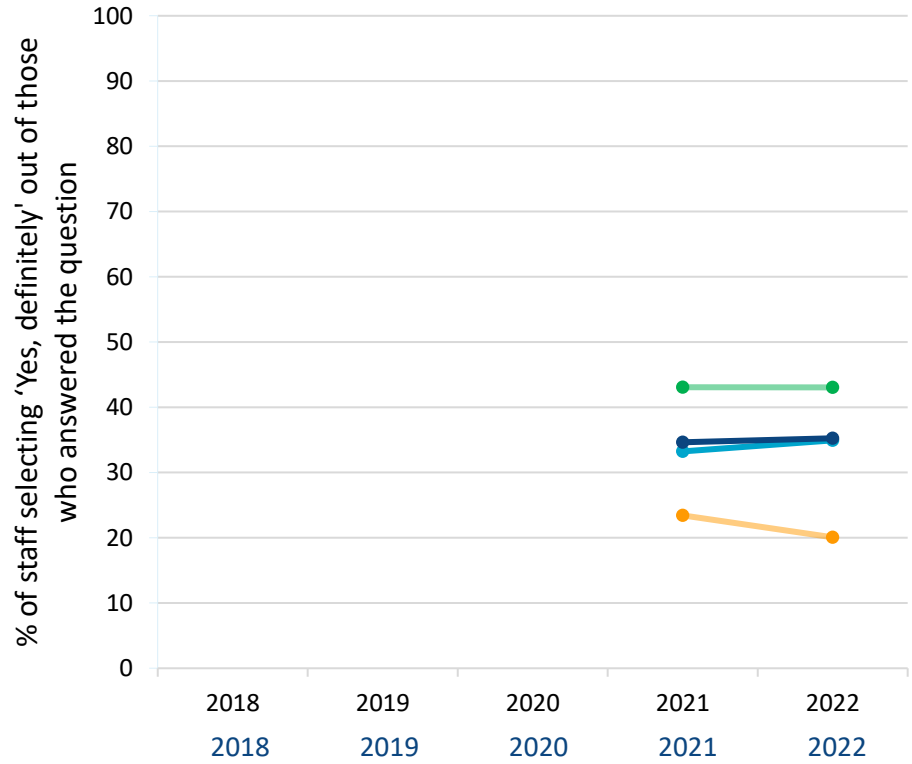
NHS

Q21c It helped me agree clear objectives for my work.



	2018	2019	2020	2021	2022
Your org	-	-	-	30.4%	32.7%
Best	-	-	-	43.1%	43.5%
Average	-	-	-	33.1%	34.9%
Worst	-	-	-	23.3%	20.8%
Responses	-	-	-	2058	2195

Q21d It left me feeling that my work is valued by my organisation.

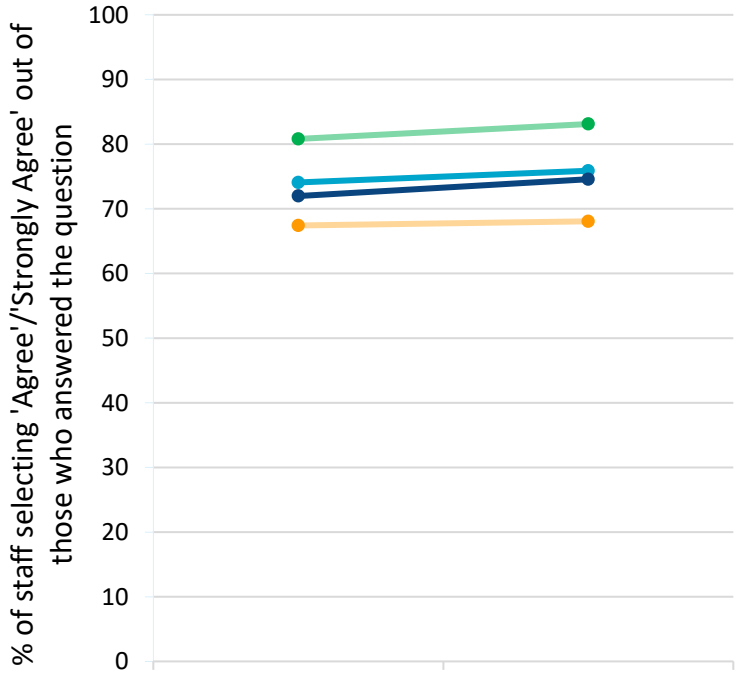


	2018	2019	2020	2021	2022
Your org	-	-	-	34.6%	35.2%
Best	-	-	-	43.1%	43.1%
Average	-	-	-	33.2%	34.9%
Worst	-	-	-	23.4%	20.1%
Responses	-	-	-	2056	2199

Survey Coordination Centre

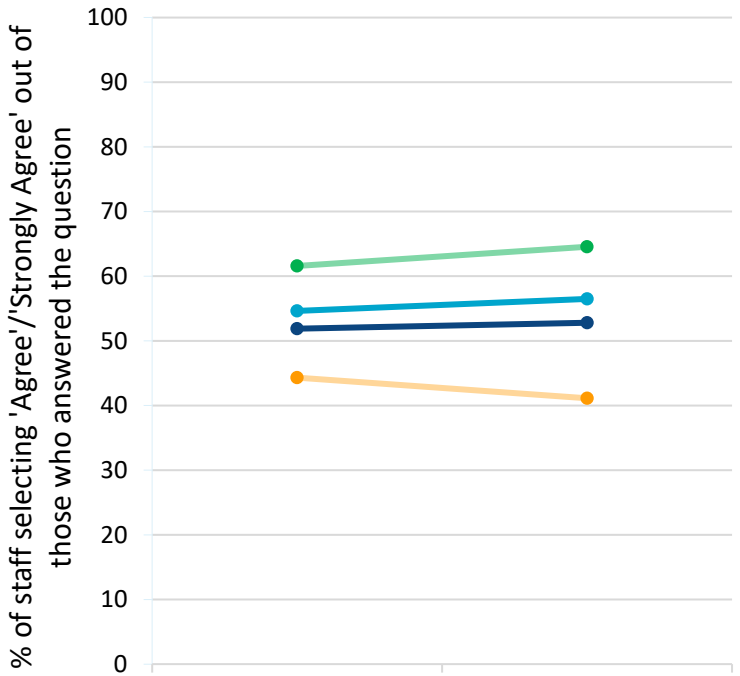
NHS

Q22a This organisation offers me challenging work.



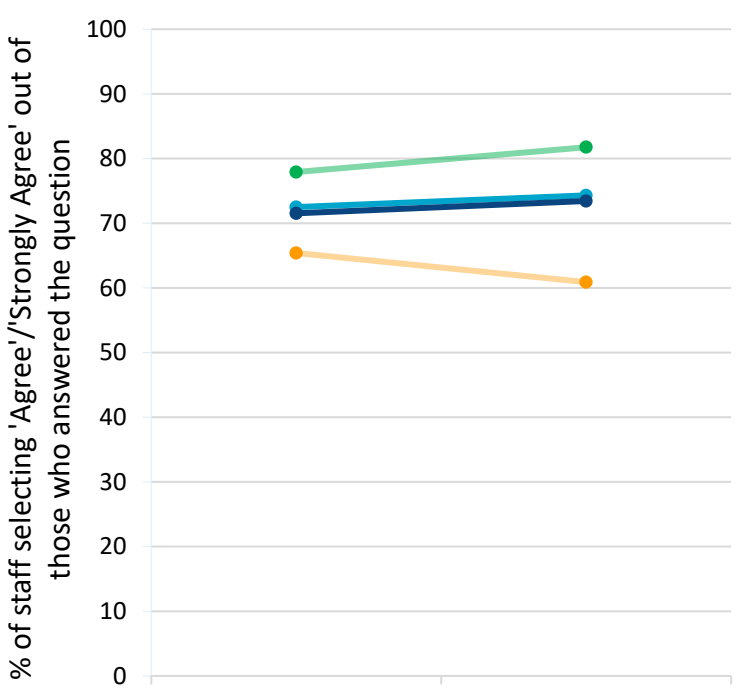
	2021	2022
Your org	72.0%	74.6%
Best	80.8%	83.1%
Average	74.1%	75.9%
Worst	67.4%	68.1%
Responses	2355	2485

Q22b There are opportunities for me to develop my career in this organisation.



	2021	2022
Your org	51.9%	52.8%
Best	61.6%	64.5%
Average	54.6%	56.5%
Worst	44.3%	41.1%
Responses	2354	2482

Q22c I have opportunities to improve my knowledge and skills.

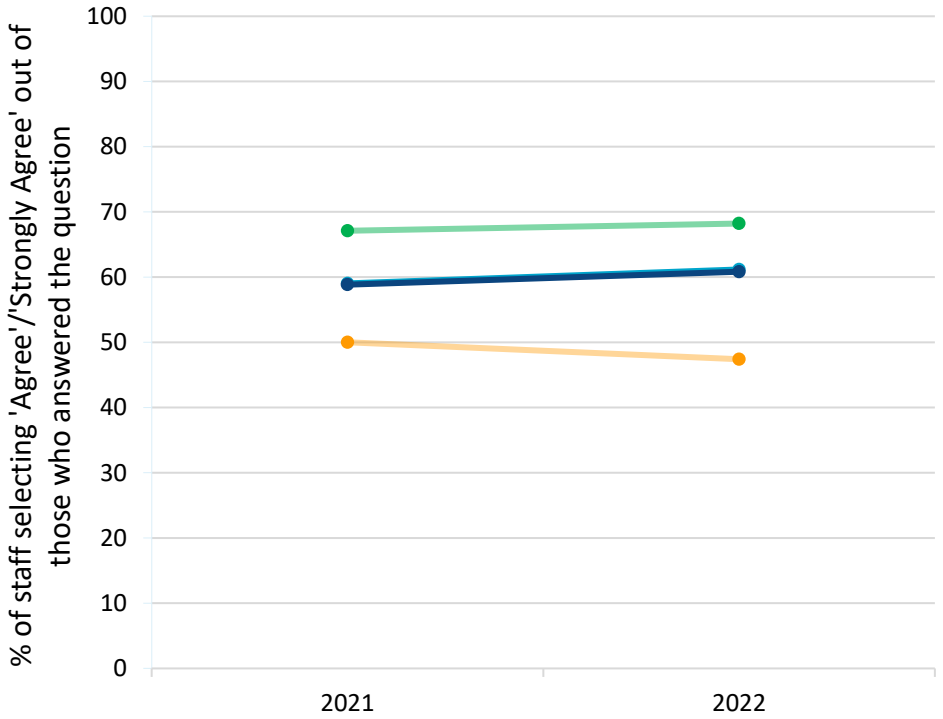


	2021	2022
Your org	71.5%	73.4%
Best	77.9%	81.8%
Average	72.5%	74.3%
Worst	65.4%	60.9%
Responses	2358	2481

Survey Coordination Centre

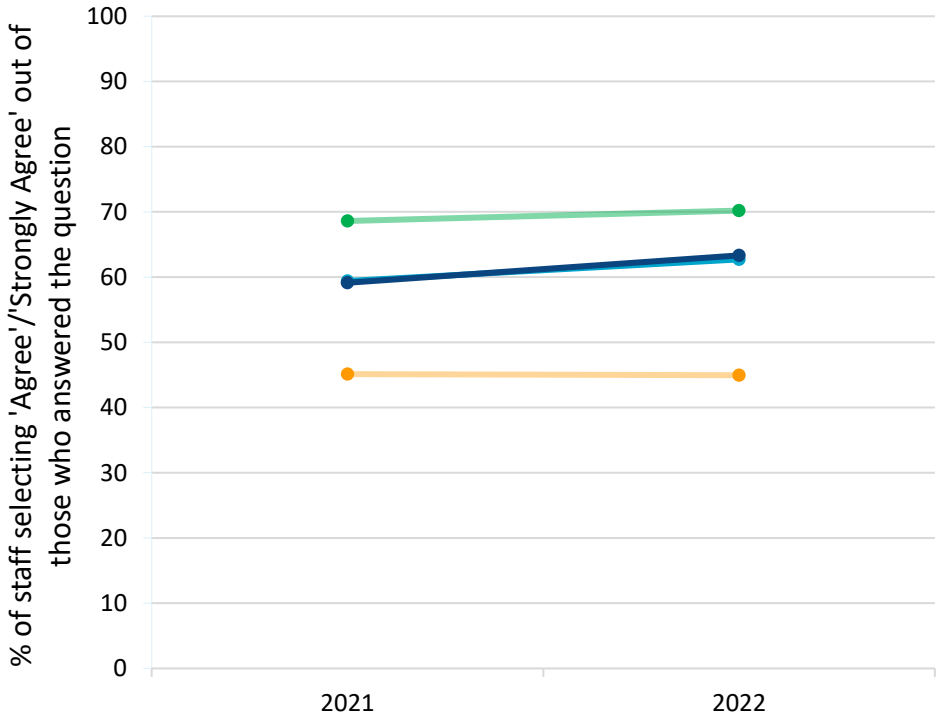
NHS

Q22d I feel supported to develop my potential.



	2021	2022
Your org	58.8%	60.8%
Best	67.1%	68.2%
Average	59.0%	61.2%
Worst	50.0%	47.4%
Responses	2352	2483

Q22e I am able to access the right learning and development opportunities when I need to.



	2021	2022
Your org	59.1%	63.3%
Best	68.6%	70.2%
Average	59.4%	62.7%
Worst	45.1%	44.9%
Responses	2351	2483

Survey Coordination Centre

NHS

People Promise element – We work flexibly

Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

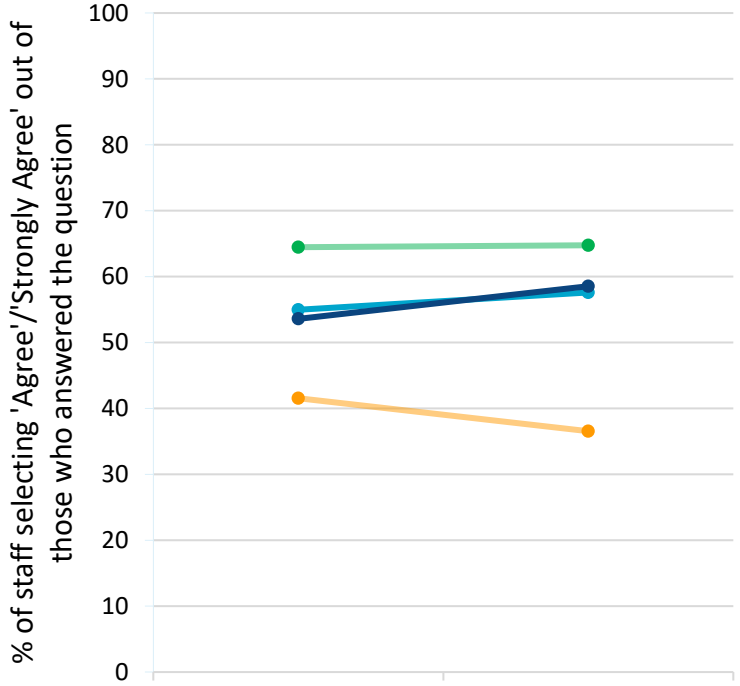
Flexible working – Q4d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

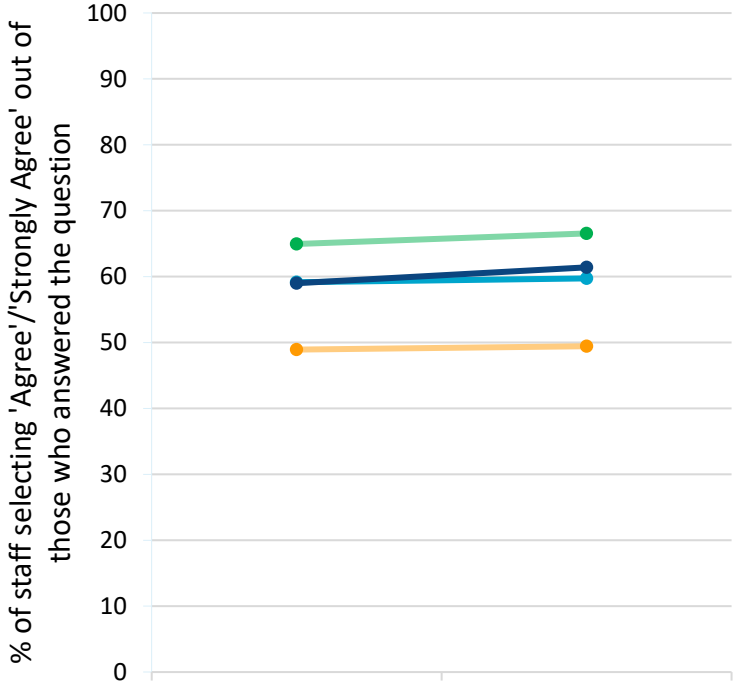
NHS

Q6b My organisation is committed to helping me balance my work and home life.



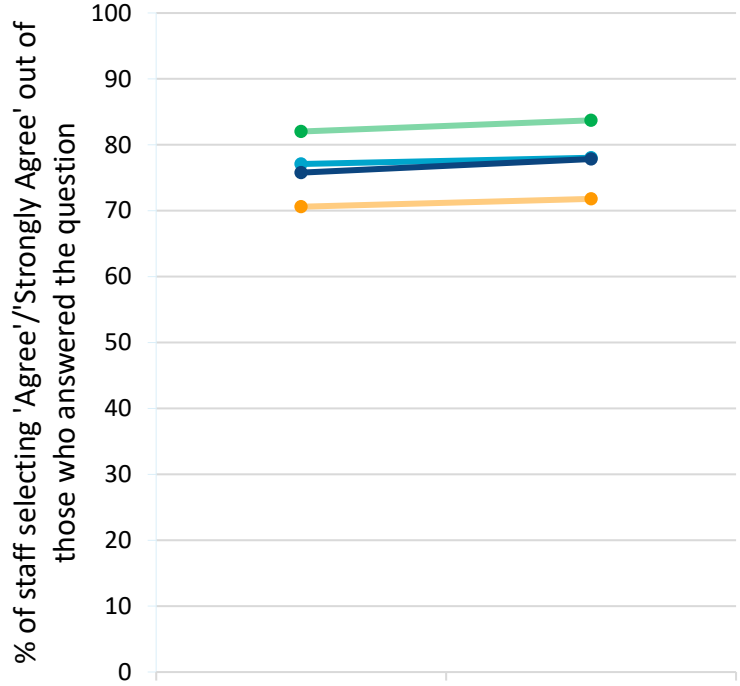
	2021	2022
Your org	53.6%	58.5%
Best	64.5%	64.7%
Average	55.0%	57.6%
Worst	41.5%	36.6%
Responses	2360	2476

Q6c I achieve a good balance between my work life and my home life.



	2021	2022
Your org	59.0%	61.4%
Best	64.9%	66.5%
Average	59.1%	59.7%
Worst	48.9%	49.4%
Responses	2359	2479

Q6d I can approach my immediate manager to talk openly about flexible working.

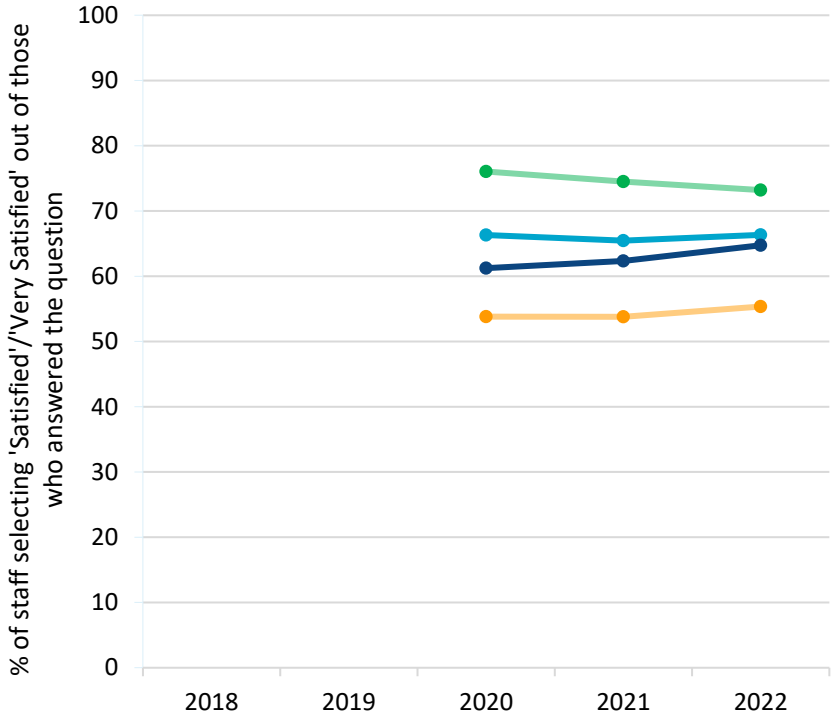


	2021	2022
Your org	75.8%	77.8%
Best	82.0%	83.7%
Average	77.1%	78.0%
Worst	70.6%	71.8%
Responses	2360	2482

Survey Coordination Centre

NHS

Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.

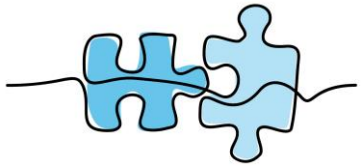


	2018	2019	2020	2021	2022
Your org	-	-	61.2%	62.3%	64.7%
Best	-	-	76.1%	74.5%	73.2%
Average	-	-	66.3%	65.5%	66.3%
Worst	-	-	53.8%	53.8%	55.4%
Responses	-	-	2013	2356	2472

Survey Coordination Centre

NHS

People Promise element – We are a team



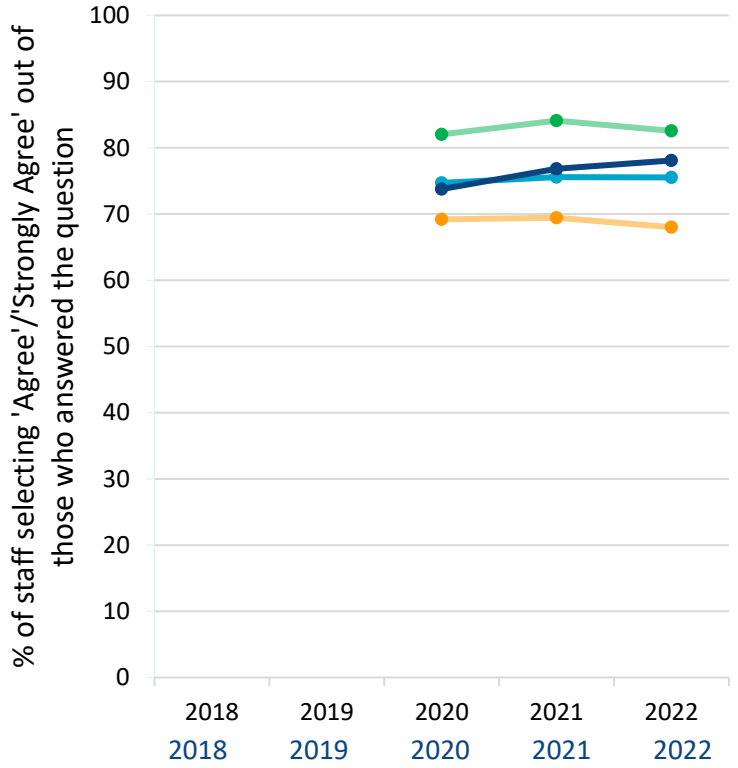
Questions included:

Teamworking – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

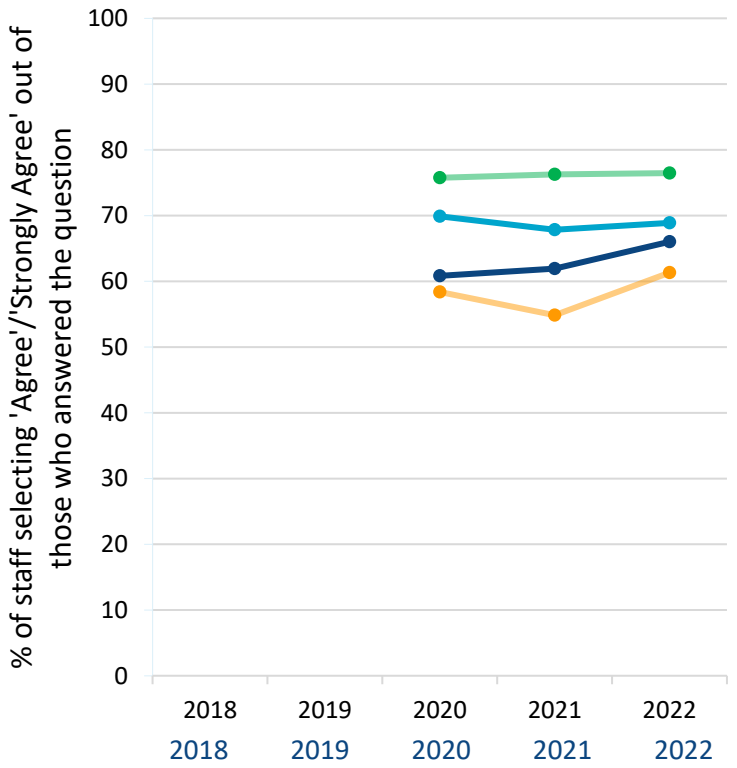
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q7a The team I work in has a set of shared objectives.



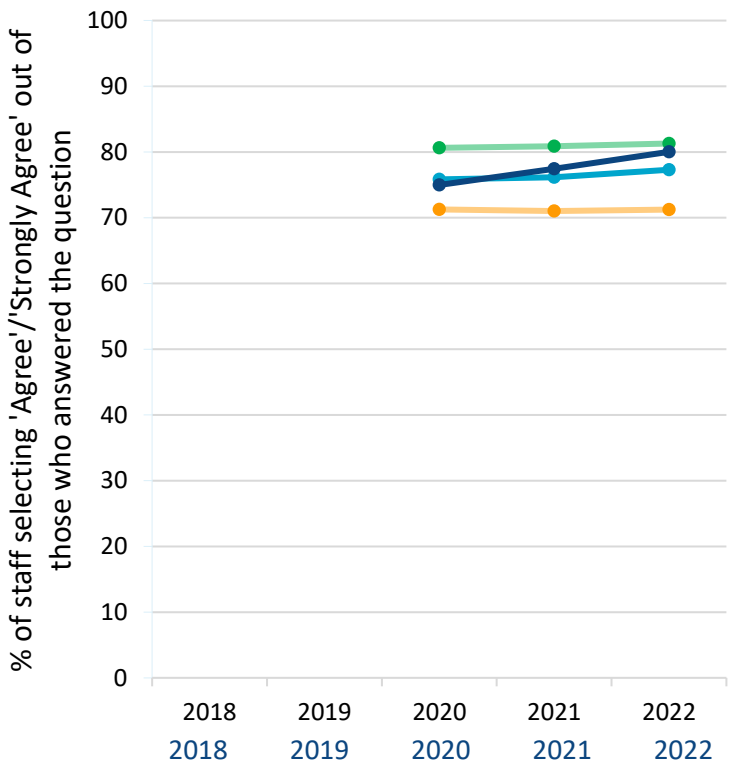
	2018	2019	2020	2021	2022
Your org	-	-	73.8%	76.8%	78.1%
Best	-	-	82.0%	84.1%	82.6%
Average	-	-	74.7%	75.6%	75.5%
Worst	-	-	69.2%	69.4%	68.0%
Responses	-	-	2004	2359	2480

Q7b The team I work in often meets to discuss the team's effectiveness.



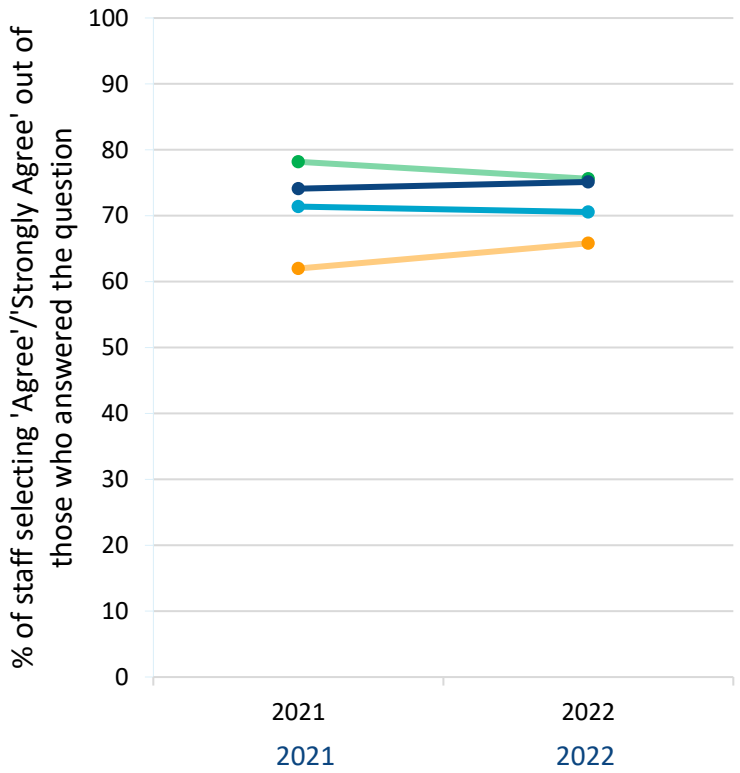
	2018	2019	2020	2021	2022
Your org	-	-	60.8%	61.9%	66.0%
Best	-	-	75.8%	76.3%	76.5%
Average	-	-	69.9%	67.9%	68.9%
Worst	-	-	58.4%	54.9%	61.3%
Responses	-	-	2009	2360	2481

Q7c I receive the respect I deserve from my colleagues at work.



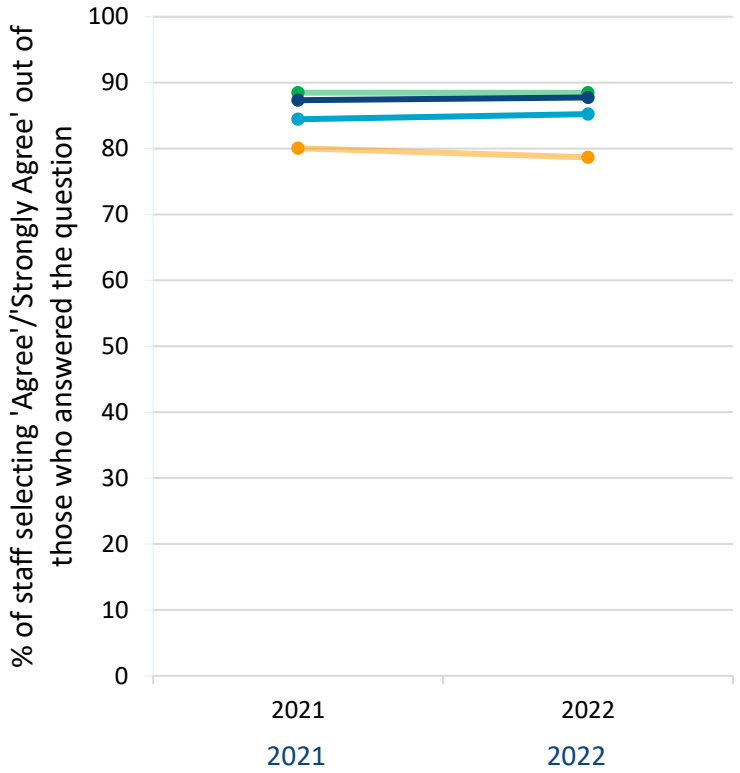
	2018	2019	2020	2021	2022
Your org	-	-	75.0%	77.5%	80.0%
Best	-	-	80.6%	80.9%	81.3%
Average	-	-	75.8%	76.1%	77.3%
Worst	-	-	71.3%	71.0%	71.2%
Responses	-	-	2014	2362	2481

Q7d Team members understand each other's roles.



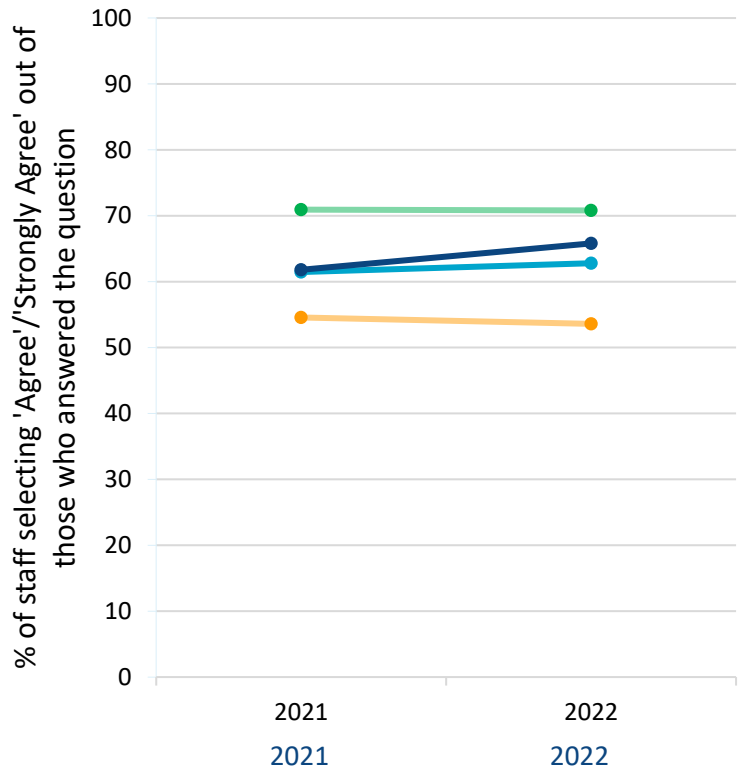
	2021	2022
Your org	74.1%	75.1%
Best	78.2%	75.6%
Average	71.4%	70.6%
Worst	62.0%	65.8%
Responses	2359	2477

Q7e I enjoy working with the colleagues in my team.



	2021	2022
Your org	87.3%	87.7%
Best	88.5%	88.5%
Average	84.4%	85.2%
Worst	80.0%	78.7%
Responses	2362	2479

Q7f My team has enough freedom in how to do its work.

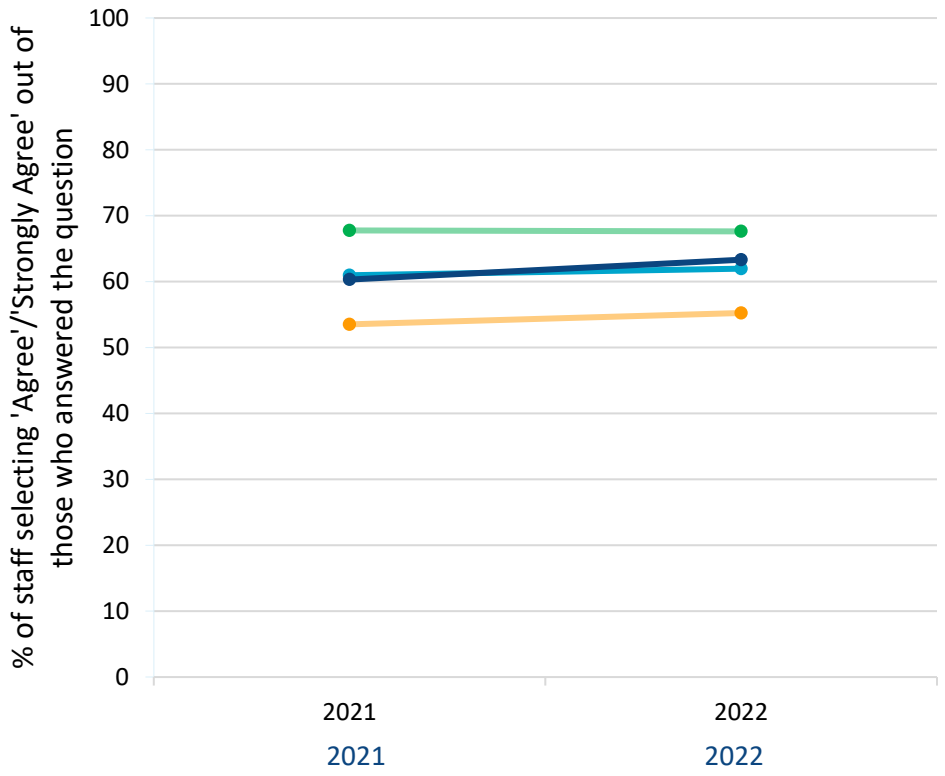


	2021	2022
Your org	61.8%	65.8%
Best	70.9%	70.8%
Average	61.5%	62.8%
Worst	54.6%	53.6%
Responses	2357	2472

Survey Coordination Centre

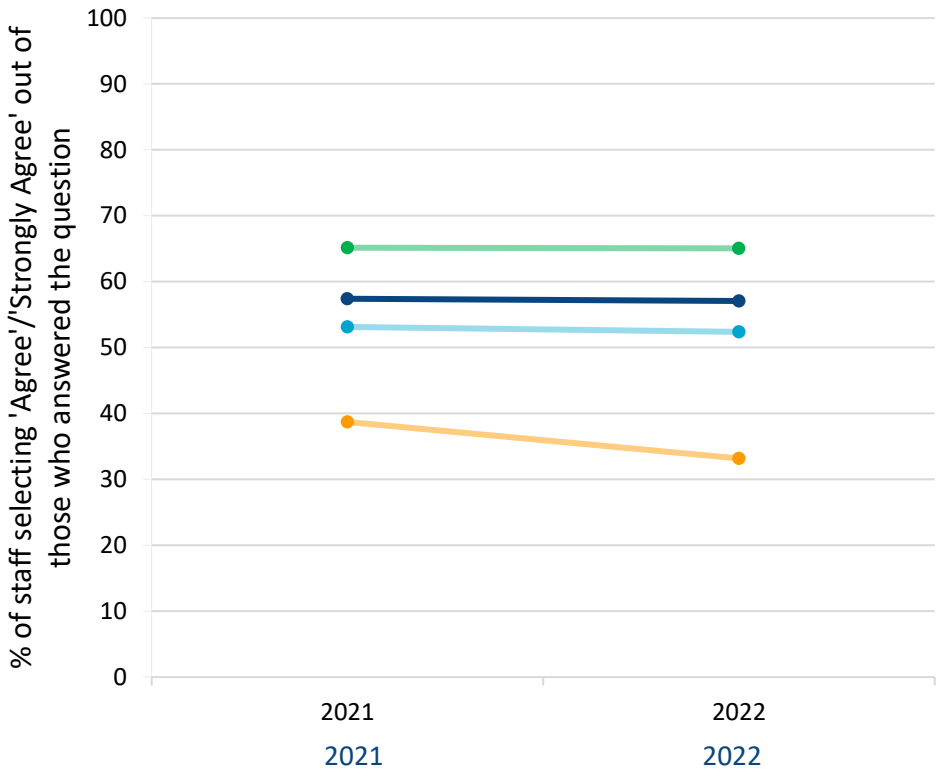
NHS

Q7g In my team disagreements are dealt with constructively.



	2021	2022
Your org	60.3%	63.3%
Best	67.8%	67.6%
Average	61.0%	62.0%
Worst	53.5%	55.2%
Responses	2357	2475

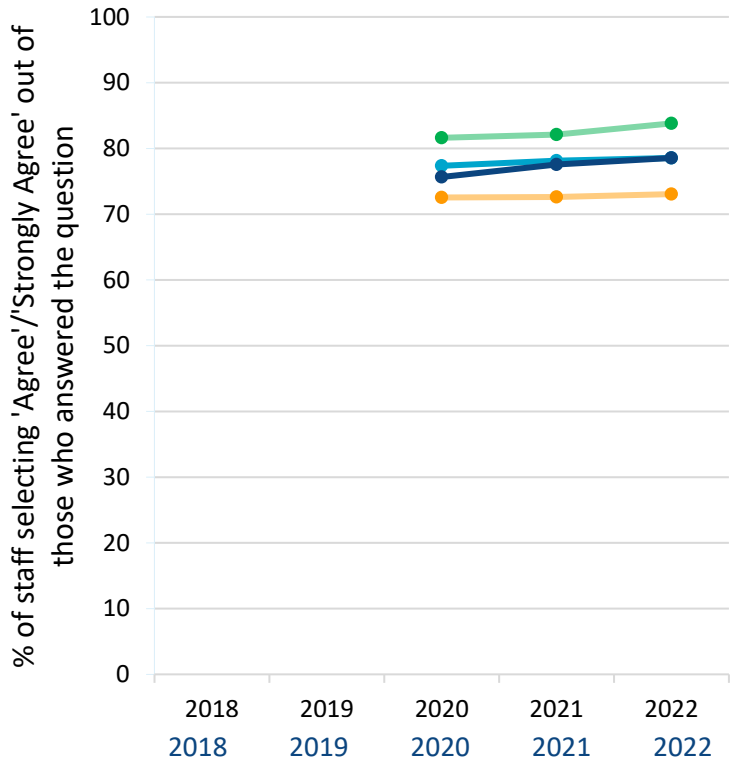
Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022
Your org	57.4%	57.1%
Best	65.1%	65.0%
Average	53.1%	52.4%
Worst	38.7%	33.2%
Responses	2353	2471

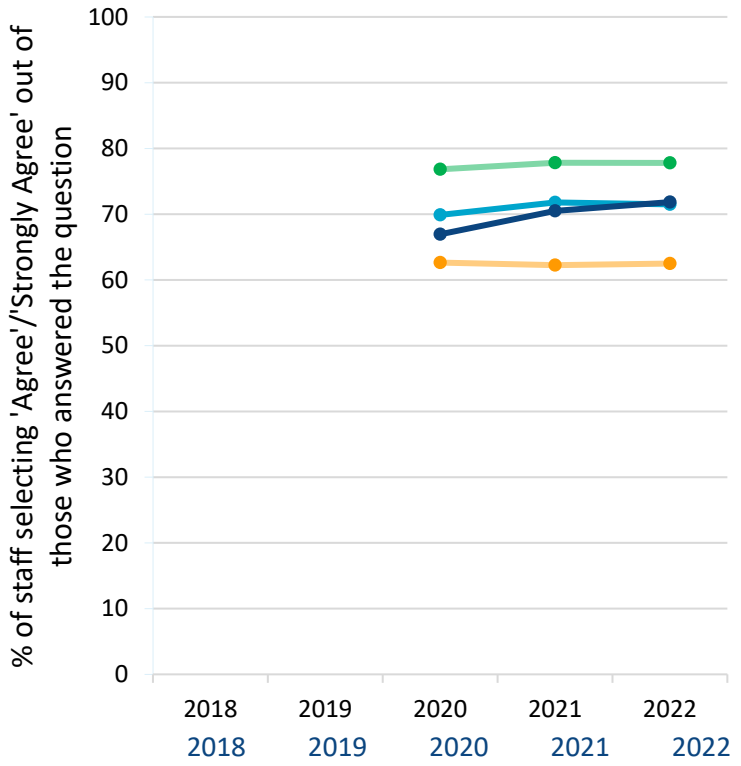
Survey Coordination Centre NHS

Q9a My immediate manager encourages me at work.



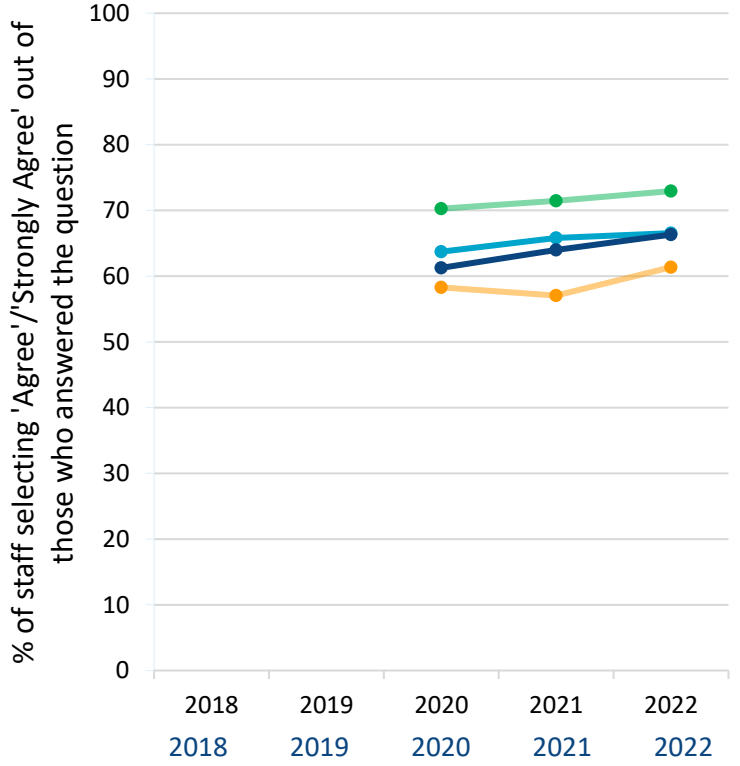
	2018	2019	2020	2021	2022
Your org	-	-	75.7%	77.6%	78.5%
Best	-	-	81.6%	82.1%	83.8%
Average	-	-	77.4%	78.1%	78.5%
Worst	-	-	72.5%	72.6%	73.1%
Responses	-	-	2016	2362	2481

Q9b My immediate manager gives me clear feedback on my work.



	2018	2019	2020	2021	2022
Your org	-	-	66.9%	70.5%	71.8%
Best	-	-	76.8%	77.8%	77.8%
Average	-	-	69.9%	71.8%	71.5%
Worst	-	-	62.6%	62.3%	62.5%
Responses	-	-	2013	2363	2480

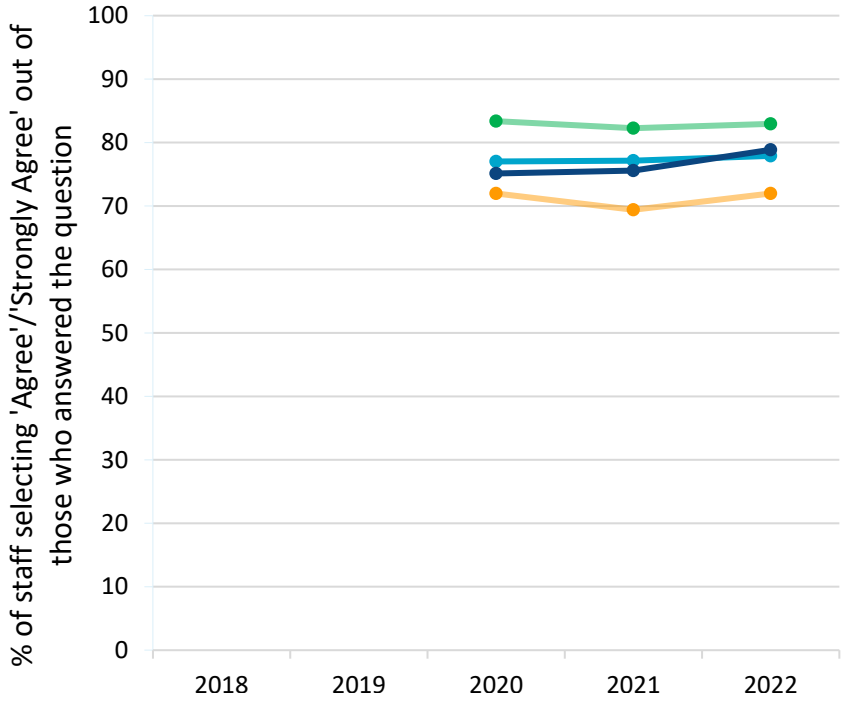
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2018	2019	2020	2021	2022
Your org	-	-	61.3%	64.0%	66.3%
Best	-	-	70.3%	71.5%	72.9%
Average	-	-	63.7%	65.8%	66.6%
Worst	-	-	58.3%	57.0%	61.3%
Responses	-	-	2010	2359	2479

Survey Coordination Centre NHS

Q9d My immediate manager takes a positive interest in my health and well-being.



	2018	2019	2020	2021	2022
Your org	-	-	75.1%	75.6%	78.9%
Best	-	-	83.4%	82.3%	83.0%
Average	-	-	77.0%	77.2%	77.9%
Worst	-	-	72.0%	69.4%	72.0%
Responses	-	-	2012	2360	2480

Survey Coordination Centre

NHS

Theme – Staff engagement

Questions included:

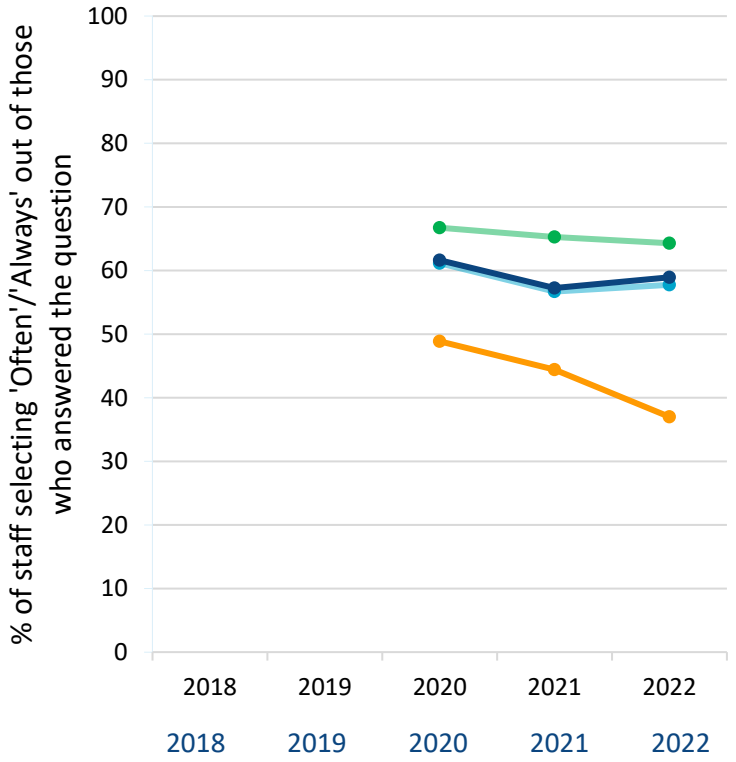
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q23a, Q23c, Q23d

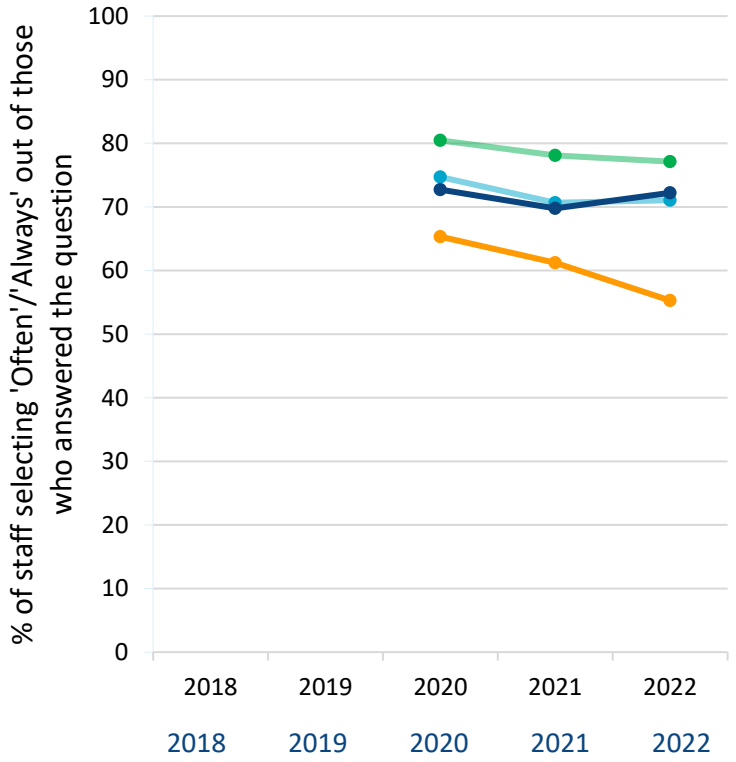
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



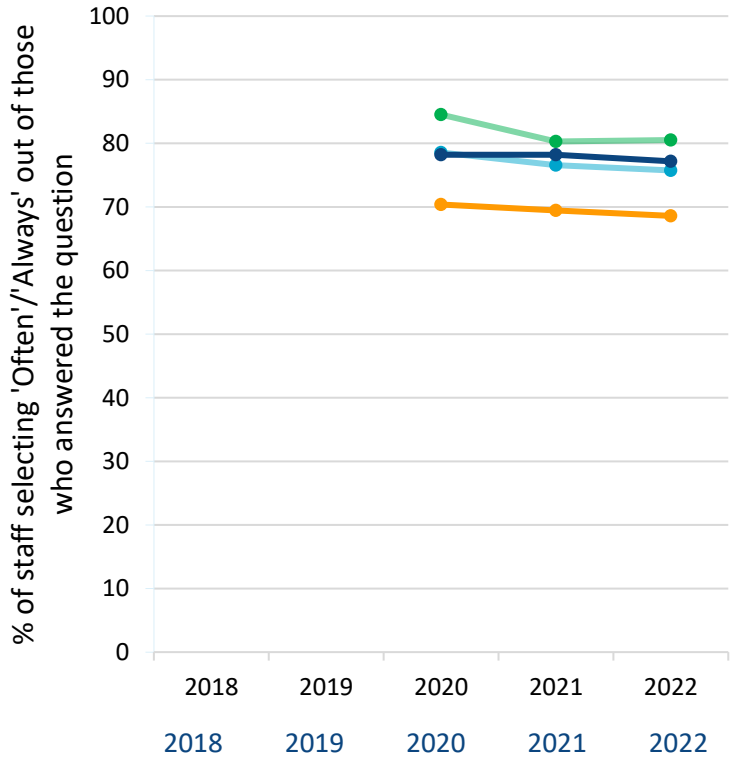
	2018	2019	2020	2021	2022
Your org	-	-	61.6%	57.3%	58.9%
Best	-	-	66.7%	65.3%	64.3%
Average	-	-	61.1%	56.7%	57.8%
Worst	-	-	48.9%	44.4%	37.0%
Responses	-	-	2016	2358	2478

Q2b I am enthusiastic about my job.



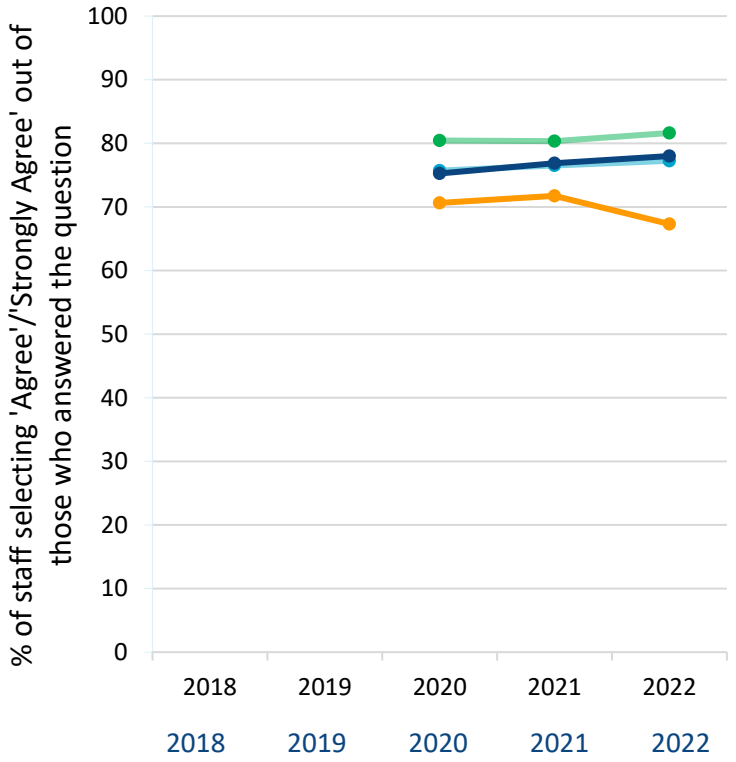
	2018	2019	2020	2021	2022
Your org	-	-	72.7%	69.8%	72.2%
Best	-	-	80.5%	78.1%	77.1%
Average	-	-	74.7%	70.7%	71.1%
Worst	-	-	65.3%	61.2%	55.3%
Responses	-	-	2004	2348	2470

Q2c Time passes quickly when I am working.



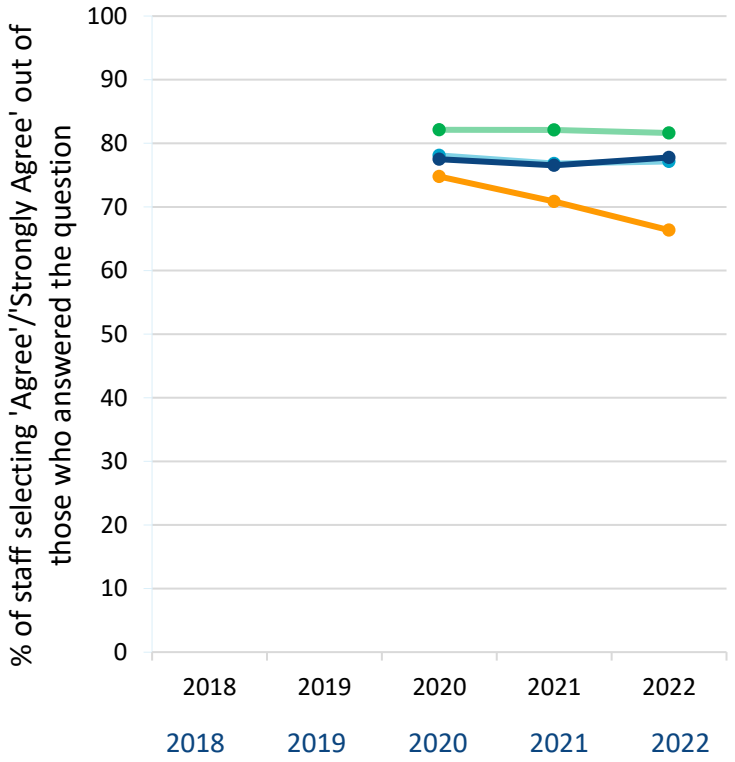
	2018	2019	2020	2021	2022
Your org	-	-	78.2%	78.2%	77.2%
Best	-	-	84.5%	80.3%	80.5%
Average	-	-	78.6%	76.6%	75.7%
Worst	-	-	70.4%	69.4%	68.6%
Responses	-	-	2004	2348	2465

Q3c There are frequent opportunities for me to show initiative in my role.



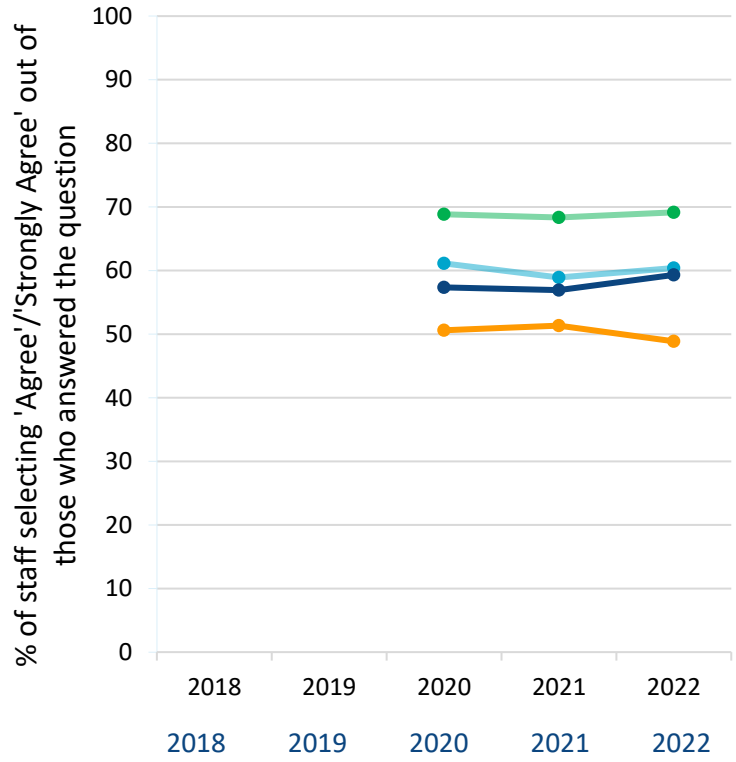
	2018	2019	2020	2021	2022
Your org	-	-	75.3%	76.9%	78.0%
Best	-	-	80.4%	80.4%	81.6%
Average	-	-	75.7%	76.5%	77.3%
Worst	-	-	70.6%	71.7%	67.3%
Responses	-	-	2015	2357	2474

Q3d I am able to make suggestions to improve the work of my team / department.



	2018	2019	2020	2021	2022
Your org	-	-	77.5%	76.5%	77.8%
Best	-	-	82.1%	82.1%	81.6%
Average	-	-	78.1%	76.8%	77.1%
Worst	-	-	74.8%	70.9%	66.3%
Responses	-	-	2015	2353	2474

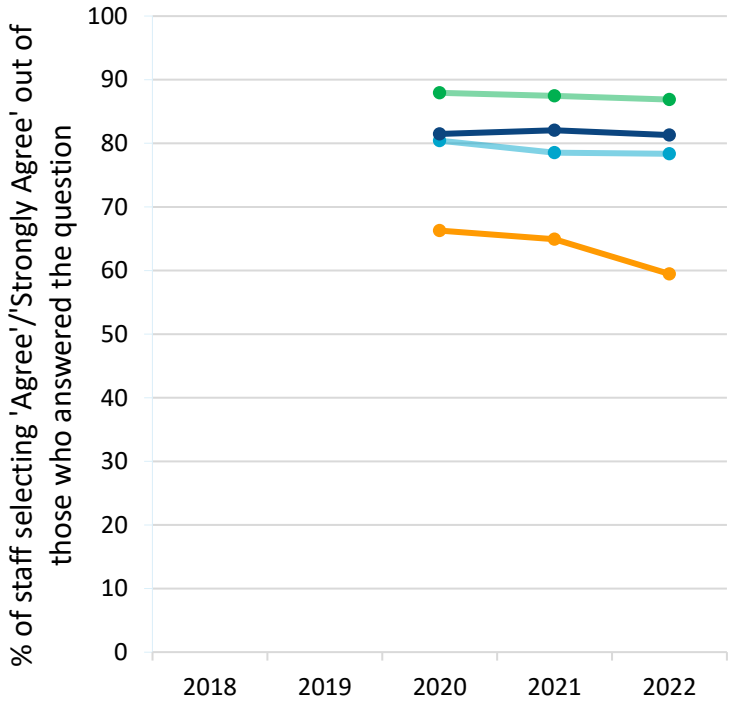
Q3f I am able to make improvements happen in my area of work.



	2018	2019	2020	2021	2022
Your org	-	-	57.3%	56.9%	59.3%
Best	-	-	68.8%	68.4%	69.1%
Average	-	-	61.1%	58.9%	60.4%
Worst	-	-	50.6%	51.3%	48.9%
Responses	-	-	2003	2338	2475

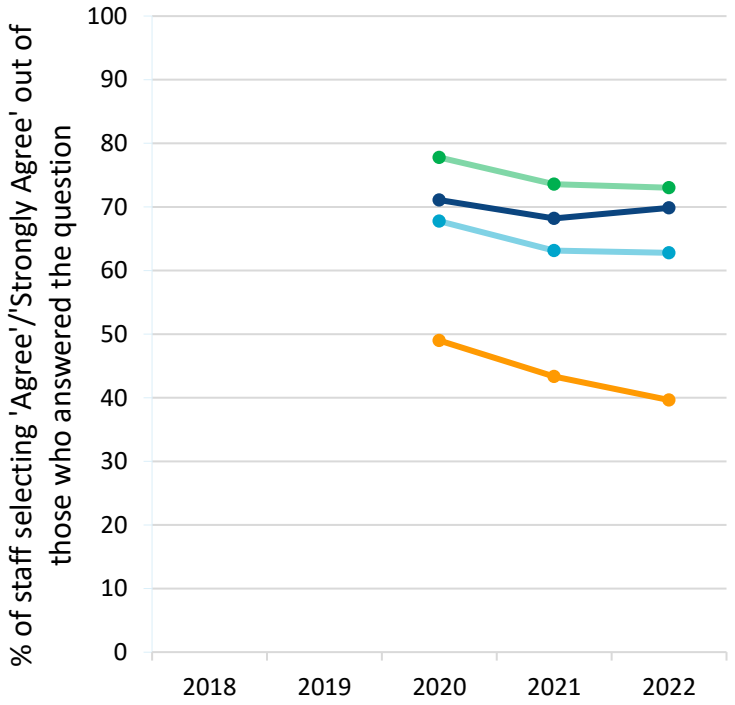
Survey Coordination Centre NHS

Q23a Care of patients / service users is my organisation's top priority.



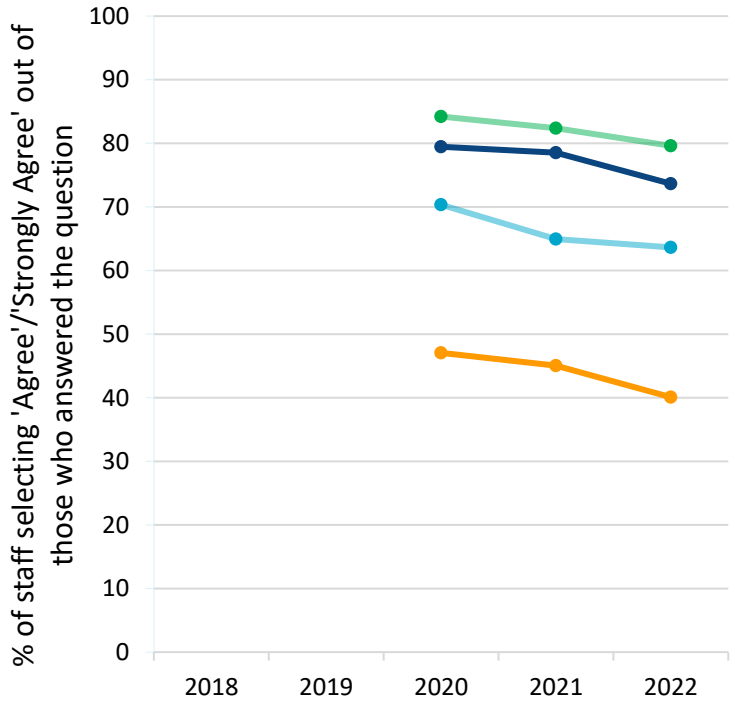
	2018	2019	2020	2021	2022
Your org	-	-	81.5%	82.0%	81.3%
Best	-	-	87.9%	87.5%	86.9%
Average	-	-	80.4%	78.5%	78.3%
Worst	-	-	66.3%	64.9%	59.5%
Responses	-	-	2010	2359	2482

Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	-	-	71.1%	68.2%	69.8%
Best	-	-	77.8%	73.6%	73.0%
Average	-	-	67.8%	63.1%	62.8%
Worst	-	-	49.0%	43.3%	39.6%
Responses	-	-	2011	2352	2482

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2018	2019	2020	2021	2022
Your org	-	-	79.5%	78.5%	73.7%
Best	-	-	84.2%	82.4%	79.6%
Average	-	-	70.4%	64.9%	63.6%
Worst	-	-	47.1%	45.0%	40.1%
Responses	-	-	2008	2356	2476

Survey Coordination Centre

NHS

Theme - Morale

Questions included:

Thinking about leaving – Q24a, Q24b, Q24c

Work pressure – Q3g, Q3h, Q3i

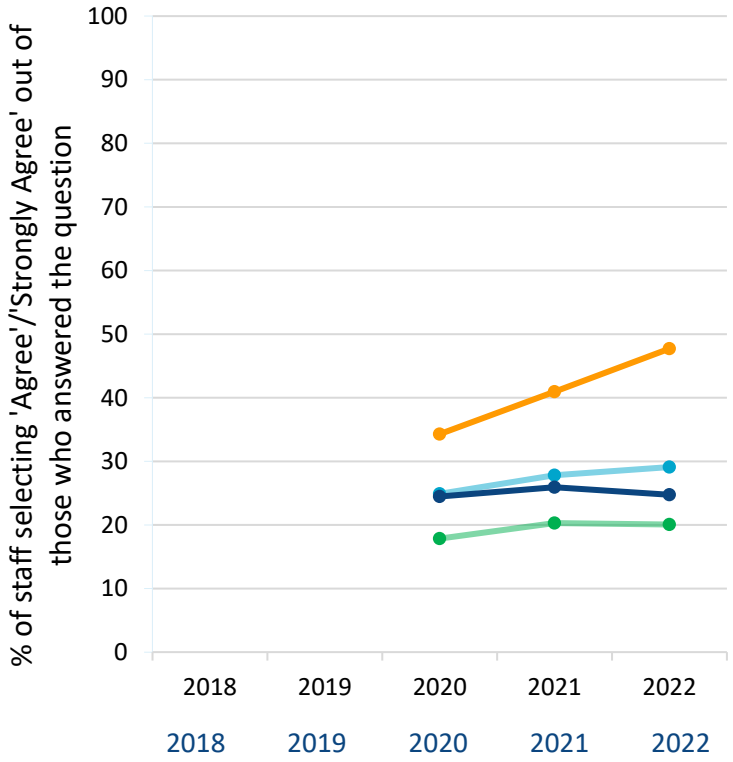
Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

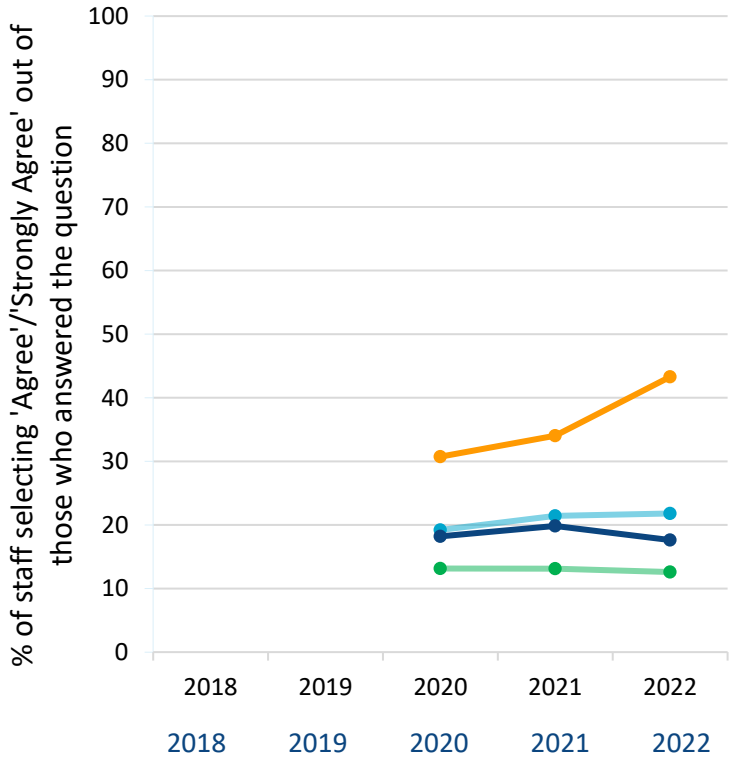
NHS

Q24a I often think about leaving this organisation.



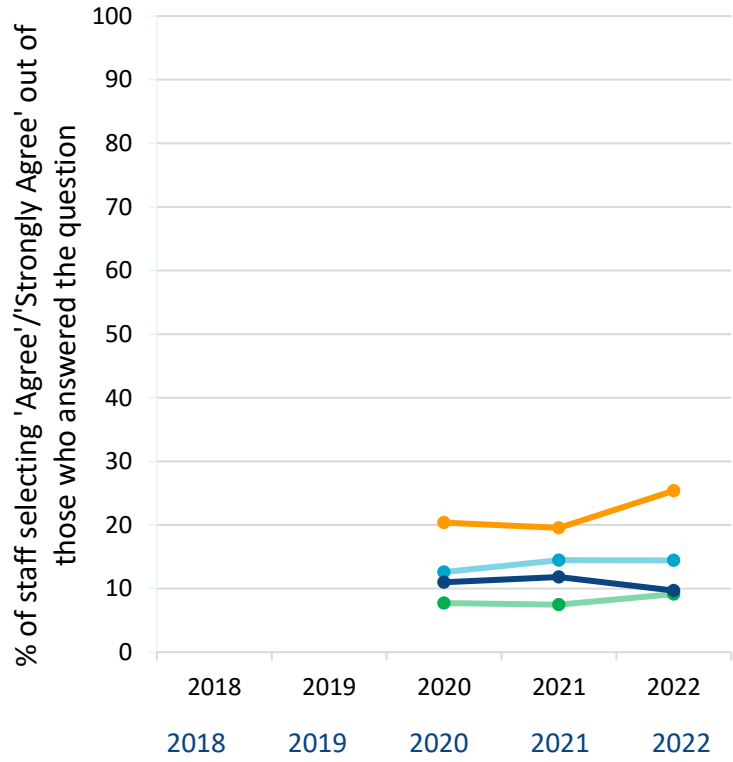
	2018	2019	2020	2021	2022
Your org	-	-	24.5%	25.9%	24.8%
Best	-	-	17.9%	20.3%	20.1%
Average	-	-	24.9%	27.8%	29.1%
Worst	-	-	34.3%	41.0%	47.7%
Responses	-	-	2016	2364	2489

Q24b I will probably look for a job at a new organisation in the next 12 months.



	2018	2019	2020	2021	2022
Your org	-	-	18.2%	19.8%	17.6%
Best	-	-	13.1%	13.1%	12.6%
Average	-	-	19.2%	21.4%	21.8%
Worst	-	-	30.7%	34.0%	43.3%
Responses	-	-	2008	2357	2483

Q24c As soon as I can find another job, I will leave this organisation.

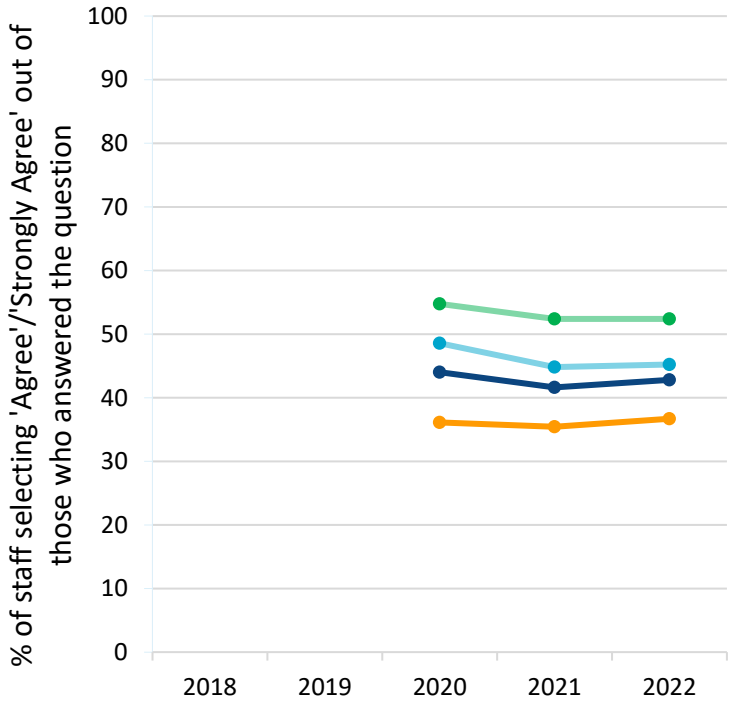


	2018	2019	2020	2021	2022
Your org	-	-	11.0%	11.8%	9.7%
Best	-	-	7.7%	7.5%	9.1%
Average	-	-	12.6%	14.5%	14.4%
Worst	-	-	20.4%	19.5%	25.4%
Responses	-	-	2006	2348	2471

Survey Coordination Centre

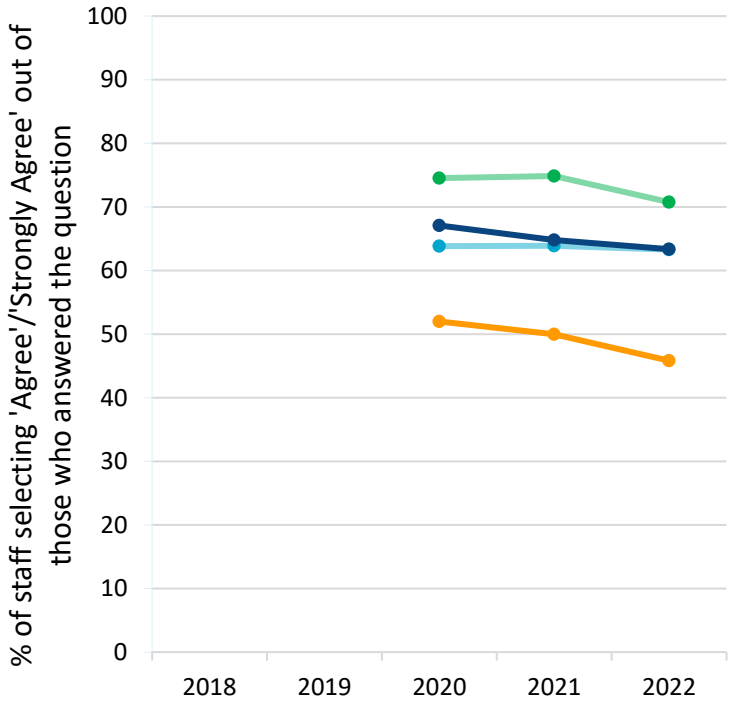
NHS

Q3g I am able to meet all the conflicting demands on my time at work.



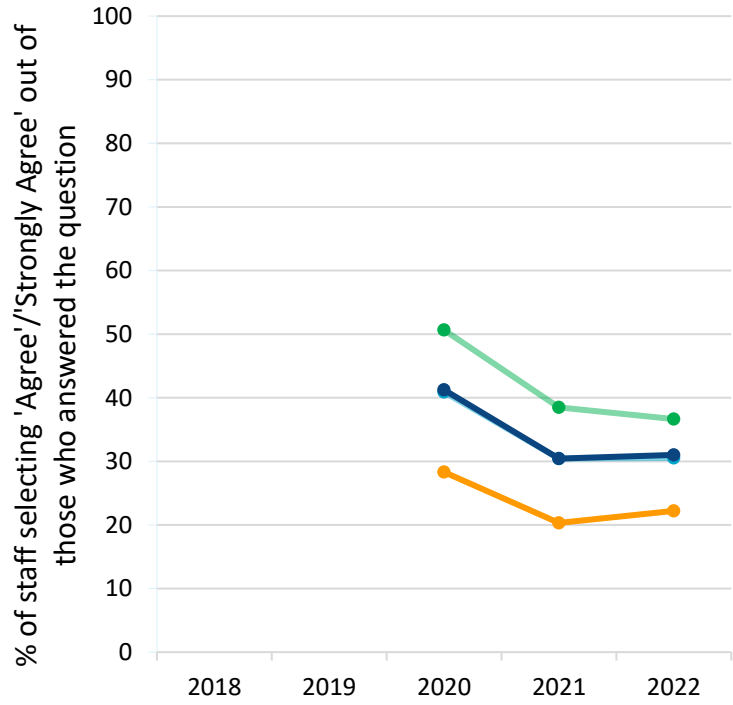
	2018	2019	2020	2021	2022
Your org	-	-	44.0%	41.6%	42.8%
Best	-	-	54.8%	52.4%	52.4%
Average	-	-	48.6%	44.8%	45.2%
Worst	-	-	36.1%	35.4%	36.7%
Responses	-	-	2010	2350	2471

Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	-	-	67.1%	64.8%	63.4%
Best	-	-	74.5%	74.8%	70.8%
Average	-	-	63.8%	63.9%	63.3%
Worst	-	-	52.0%	50.0%	45.8%
Responses	-	-	2010	2339	2466

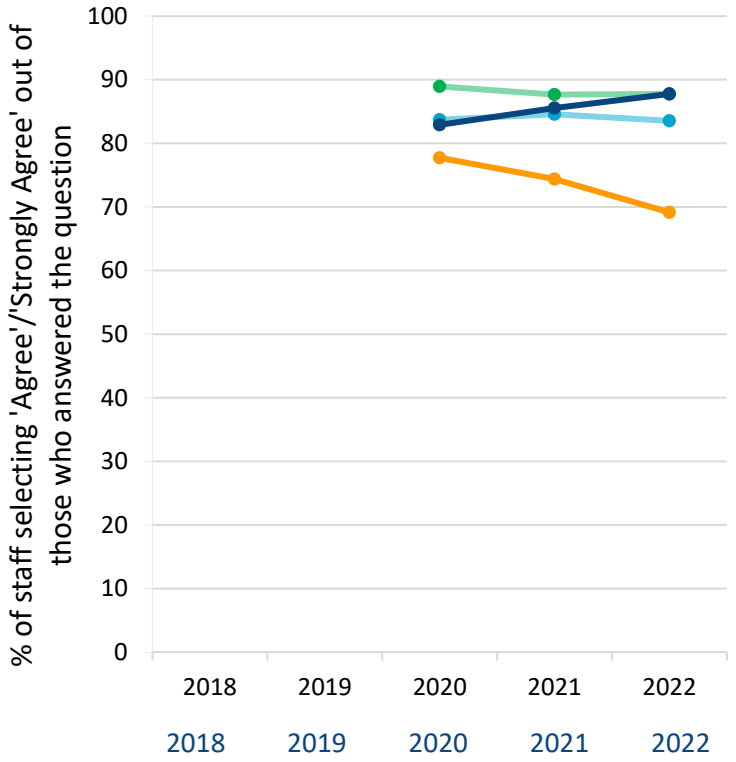
Q3i There are enough staff at this organisation for me to do my job properly.



	2018	2019	2020	2021	2022
Your org	-	-	41.2%	30.4%	31.0%
Best	-	-	50.7%	38.5%	36.6%
Average	-	-	40.9%	30.4%	30.5%
Worst	-	-	28.3%	20.3%	22.2%
Responses	-	-	2008	2355	2477

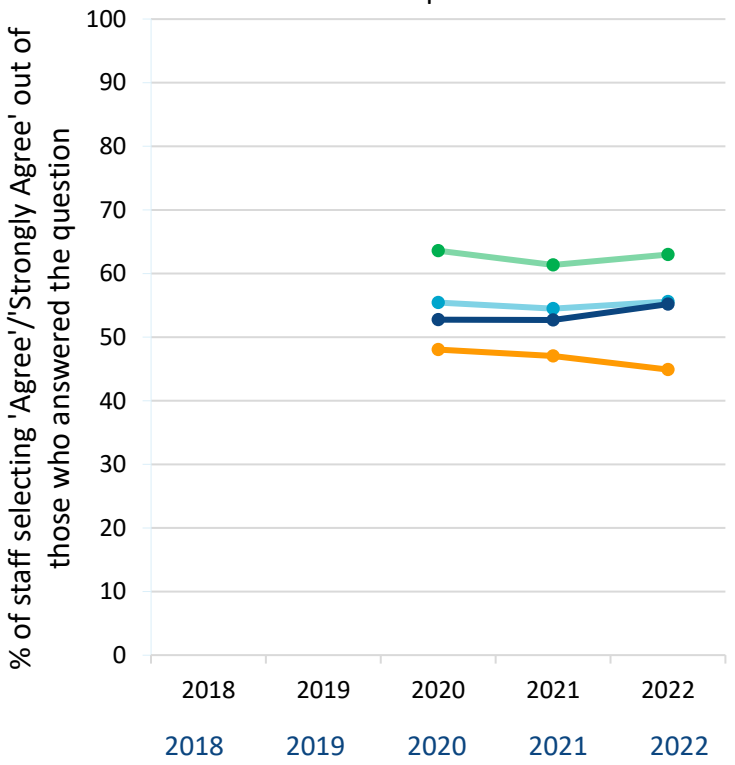
Survey Coordination Centre NHS

Q3a I always know what my work responsibilities are.



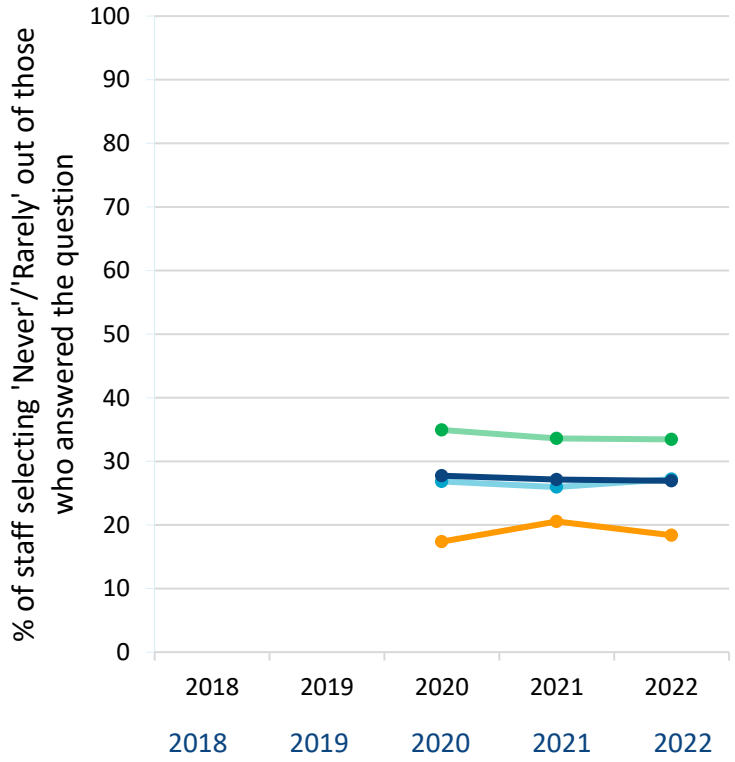
	2018	2019	2020	2021	2022
Your org	-	-	82.9%	85.6%	87.8%
Best	-	-	88.9%	87.7%	87.8%
Average	-	-	83.7%	84.6%	83.5%
Worst	-	-	77.7%	74.4%	69.2%
Responses	-	-	2012	2363	2481

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	-	-	52.7%	52.7%	55.2%
Best	-	-	63.6%	61.3%	63.0%
Average	-	-	55.4%	54.5%	55.6%
Worst	-	-	48.0%	47.0%	44.9%
Responses	-	-	2009	2356	2481

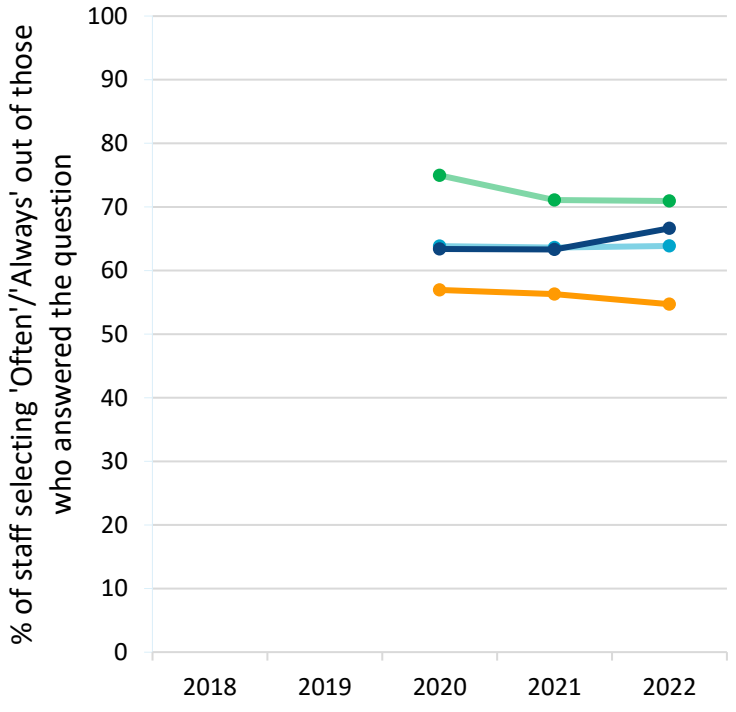
Q5a I have unrealistic time pressures.



	2018	2019	2020	2021	2022
Your org	-	-	27.7%	27.1%	26.9%
Best	-	-	34.9%	33.6%	33.4%
Average	-	-	26.8%	26.0%	27.2%
Worst	-	-	17.4%	20.6%	18.4%
Responses	-	-	2016	2361	2478

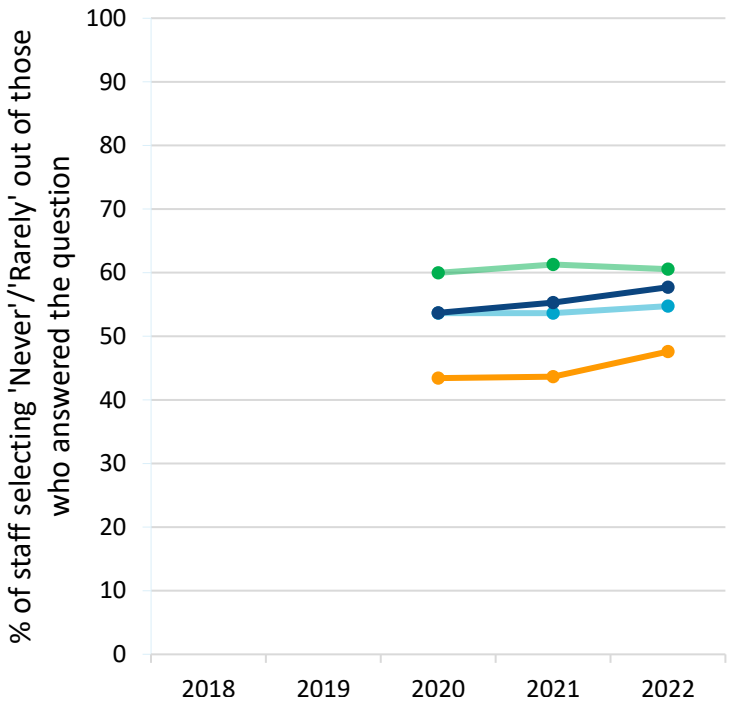
Survey Coordination Centre NHS

Q5b I have a choice in deciding how to do my work.



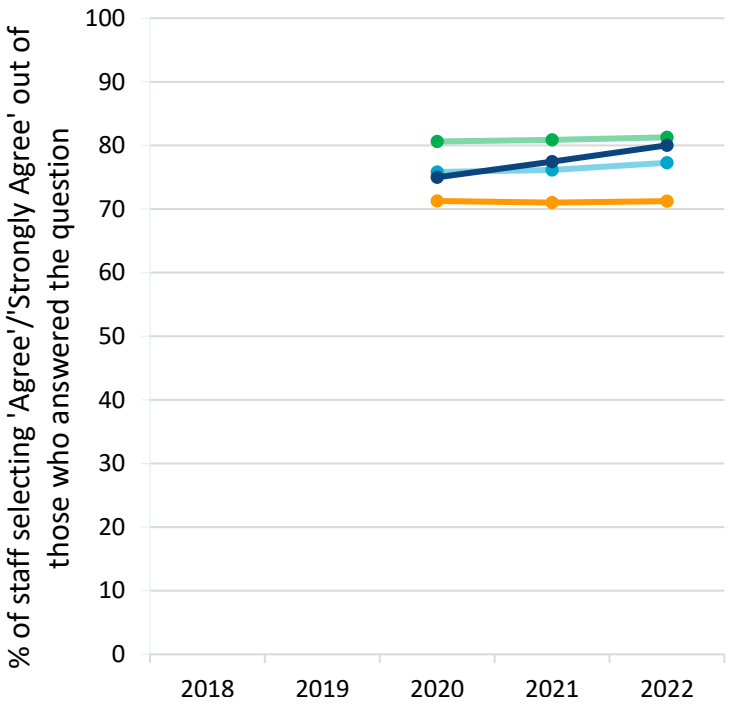
	2018	2019	2020	2021	2022
Your org	-	-	63.4%	63.3%	66.6%
Best	-	-	75.0%	71.1%	70.9%
Average	-	-	63.8%	63.6%	63.9%
Worst	-	-	56.9%	56.3%	54.7%
Responses	-	-	2010	2349	2475

Q5c Relationships at work are strained.



	2018	2019	2020	2021	2022
Your org	-	-	53.7%	55.3%	57.7%
Best	-	-	60.0%	61.3%	60.6%
Average	-	-	53.6%	53.6%	54.8%
Worst	-	-	43.4%	43.6%	47.6%
Responses	-	-	2013	2358	2477

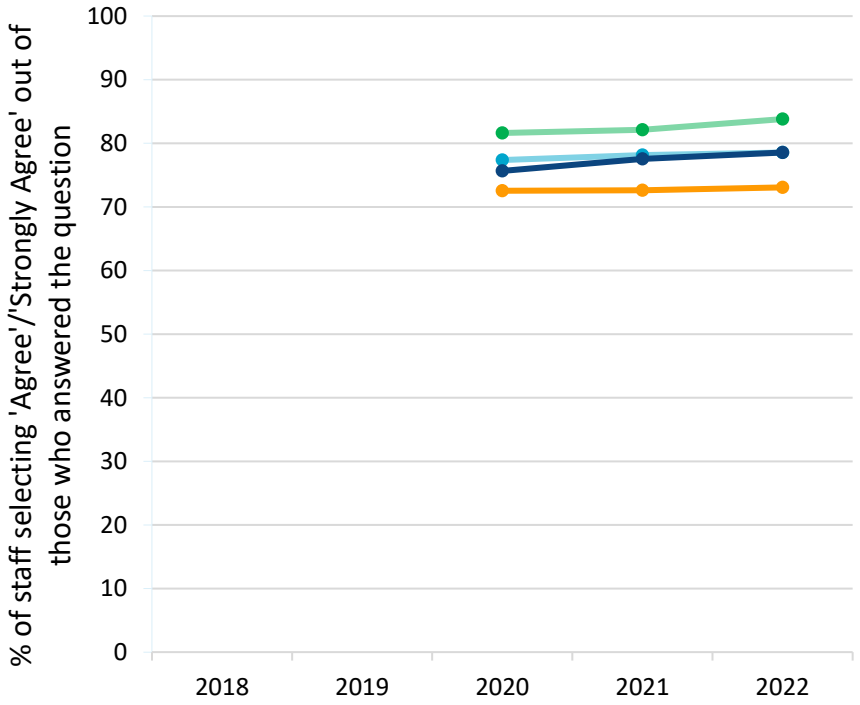
Q7c I receive the respect I deserve from my colleagues at work.



	2018	2019	2020	2021	2022
Your org	-	-	75.0%	77.5%	80.0%
Best	-	-	80.6%	80.9%	81.3%
Average	-	-	75.8%	76.1%	77.3%
Worst	-	-	71.3%	71.0%	71.2%
Responses	-	-	2014	2362	2481

Survey Coordination Centre NHS

Q9a My immediate manager encourages me at work.



	2018	2019	2020	2021	2022
Your org	-	-	75.7%	77.6%	78.5%
Best	-	-	81.6%	82.1%	83.8%
Average	-	-	77.4%	78.1%	78.5%
Worst	-	-	72.5%	72.6%	73.1%
Responses	-	-	2016	2362	2481

Question not linked to People Promise elements or themes

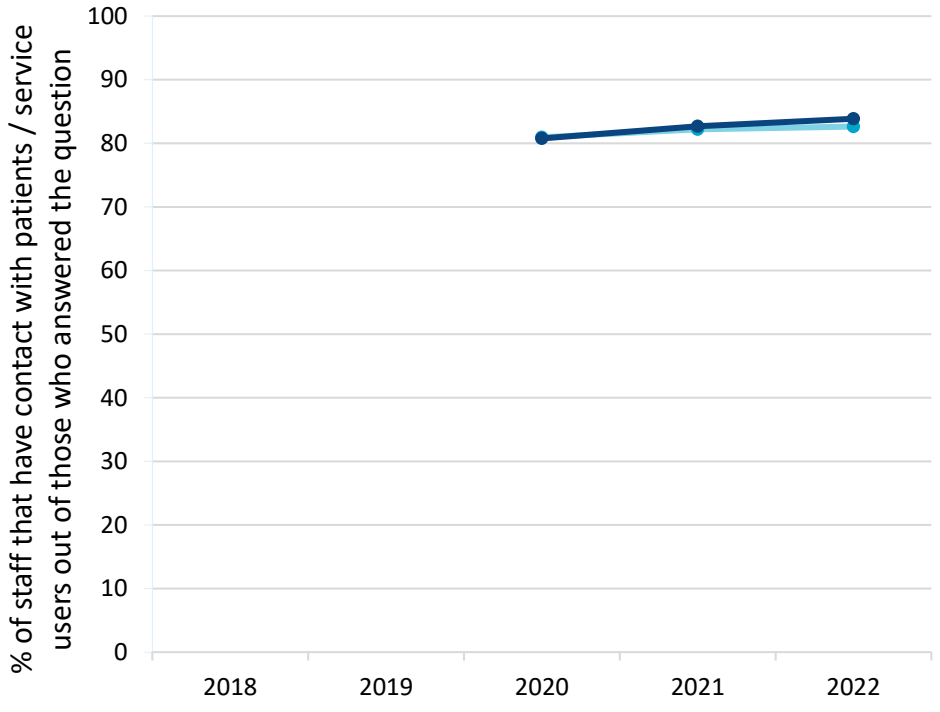
Questions included:
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

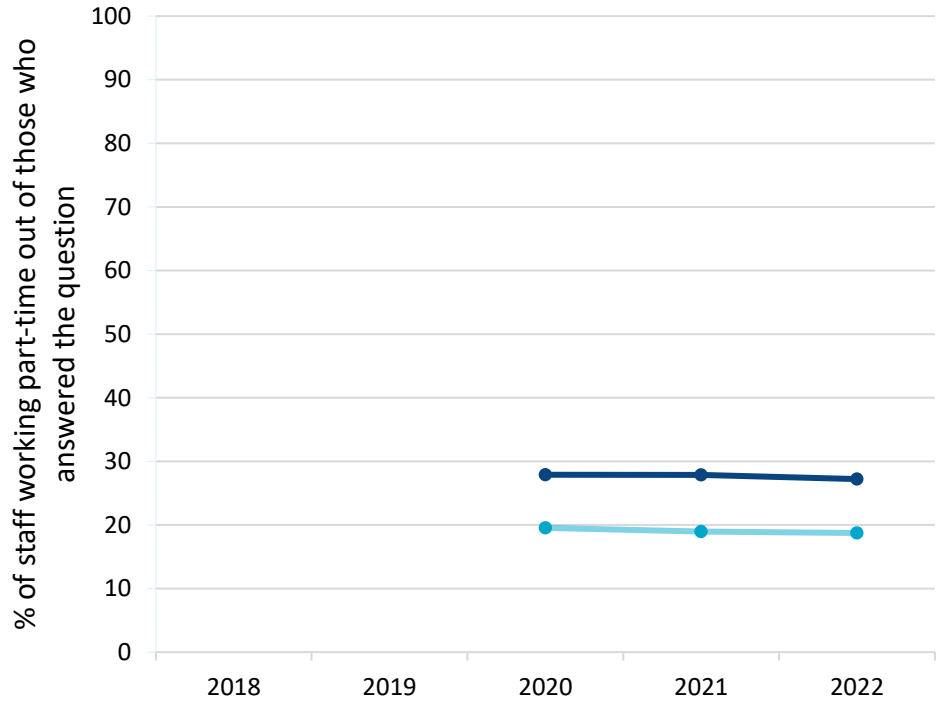
NHS

Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



	2018	2019	2020	2021	2022
Your org	-	-	80.8%	82.7%	83.9%
Average	-	-	80.9%	82.2%	82.6%
Responses	-	-	2011	2349	2474

Q10a How many hours a week are you contracted to work?

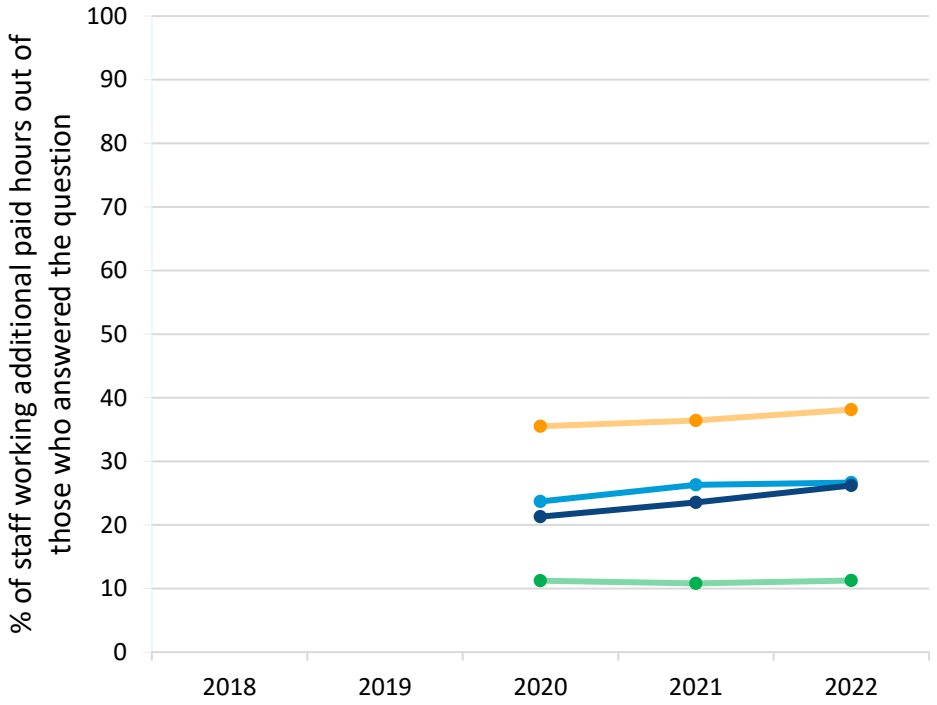


	2018	2019	2020	2021	2022
Your org	-	-	27.9%	27.9%	27.2%
Average	-	-	19.5%	19.0%	18.7%
Responses	-	-	1904	2217	2337

Survey Coordination Centre

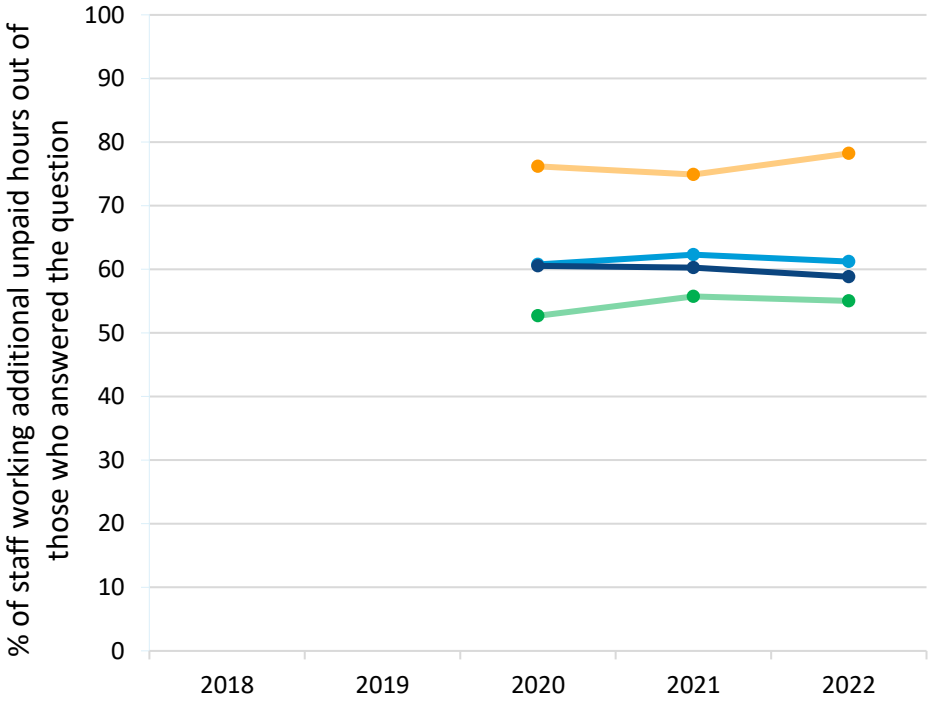
NHS

Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	-	-	21.3%	23.5%	26.2%
Lowest	-	-	11.2%	10.8%	11.3%
Average	-	-	23.7%	26.3%	26.7%
Highest	-	-	35.5%	36.4%	38.1%
Responses	-	-	1922	2271	2370

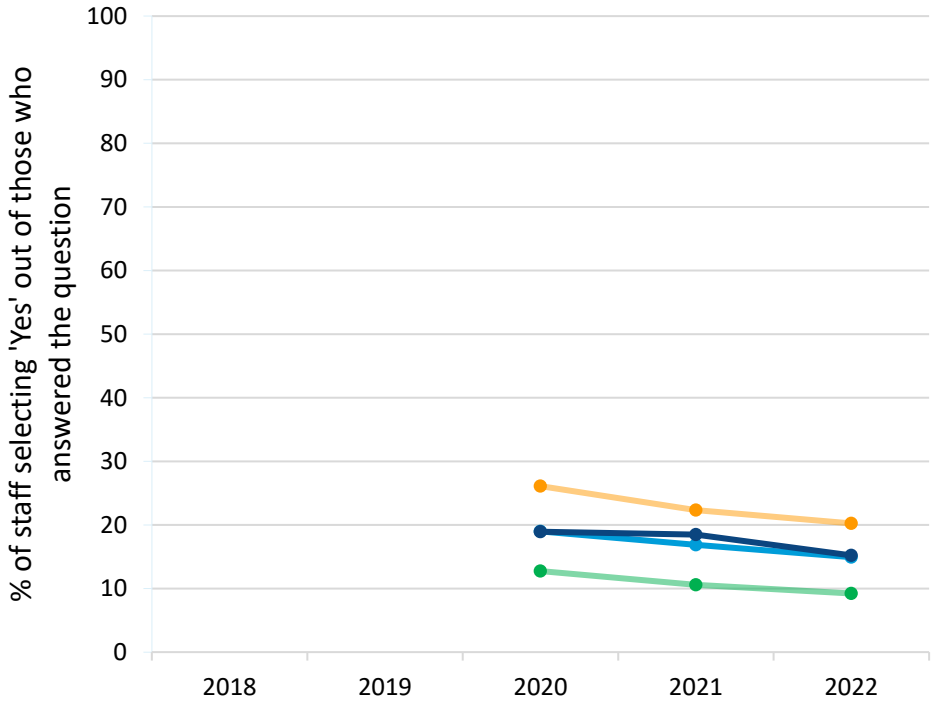
Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	-	-	60.5%	60.3%	58.8%
Lowest	-	-	52.7%	55.7%	55.0%
Average	-	-	60.8%	62.3%	61.2%
Highest	-	-	76.2%	74.9%	78.2%
Responses	-	-	1964	2306	2407

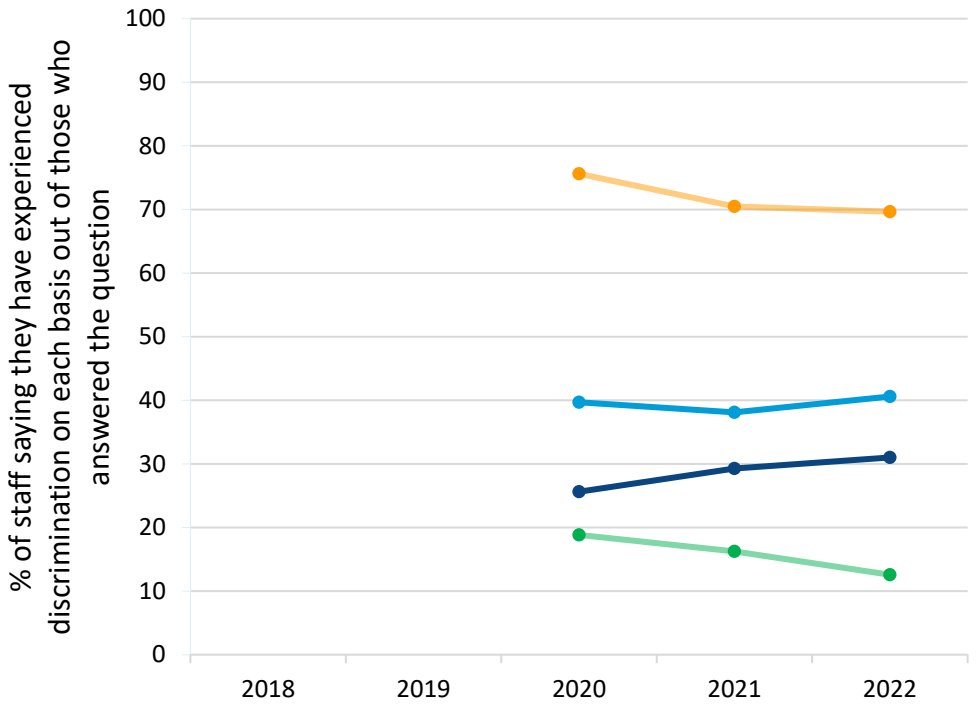
*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q11e Have you felt pressure from your manager to come to work?



	2018	2019	2020	2021	2022
Your org	-	-	18.9%	18.5%	15.2%
Best	-	-	12.7%	10.6%	9.2%
Average	-	-	19.0%	16.9%	14.9%
Worst	-	-	26.1%	22.3%	20.2%
Responses	-	-	913	1206	1306

Q16c.1 On what grounds have you experienced discrimination? - Ethnic background.

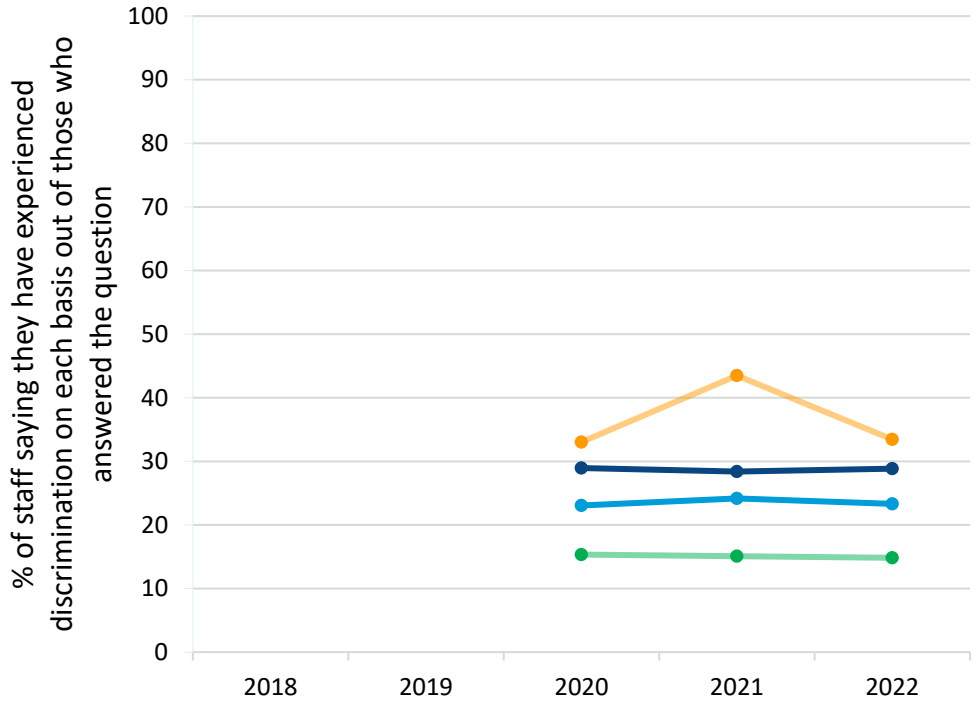


	2018	2019	2020	2021	2022
Your org	-	-	25.6%	29.3%	31.0%
Best	-	-	18.8%	16.3%	12.6%
Average	-	-	39.7%	38.1%	40.6%
Worst	-	-	75.6%	70.5%	69.6%
Responses	-	-	178	190	239

Survey Coordination Centre

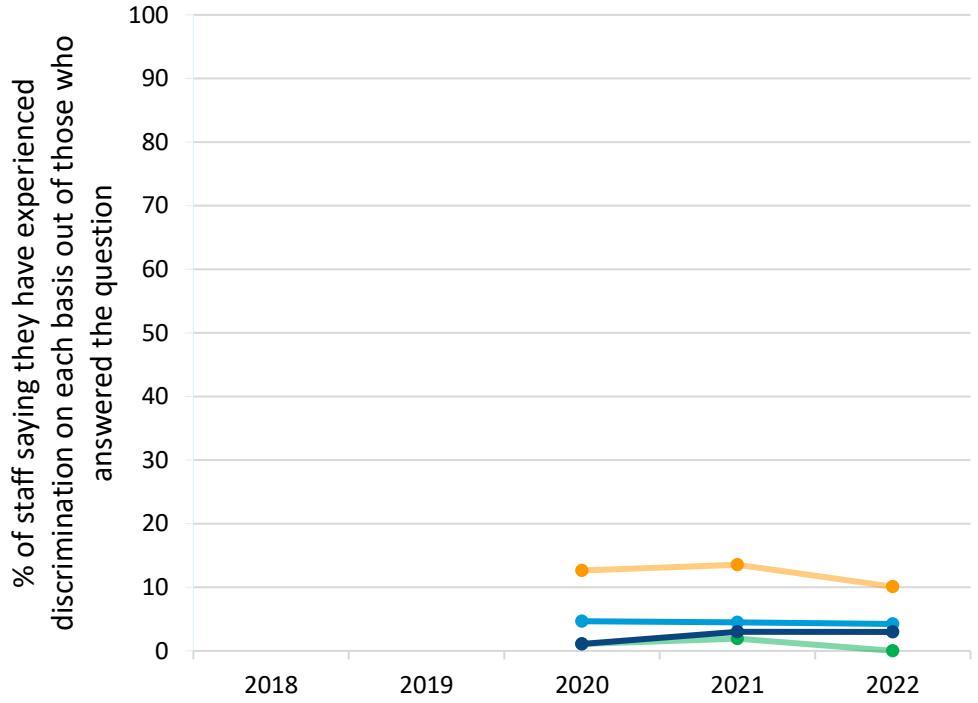
NHS

Q16c.2 On what grounds have you experienced discrimination? – Gender.



	2018	2019	2020	2021	2022
Your org	-	-	28.9%	28.4%	28.9%
Best	-	-	15.3%	15.1%	14.8%
Average	-	-	23.1%	24.2%	23.3%
Worst	-	-	33.0%	43.5%	33.4%
Responses	-	-	178	190	239

Q16c.3 On what grounds have you experienced discrimination? – Religion.

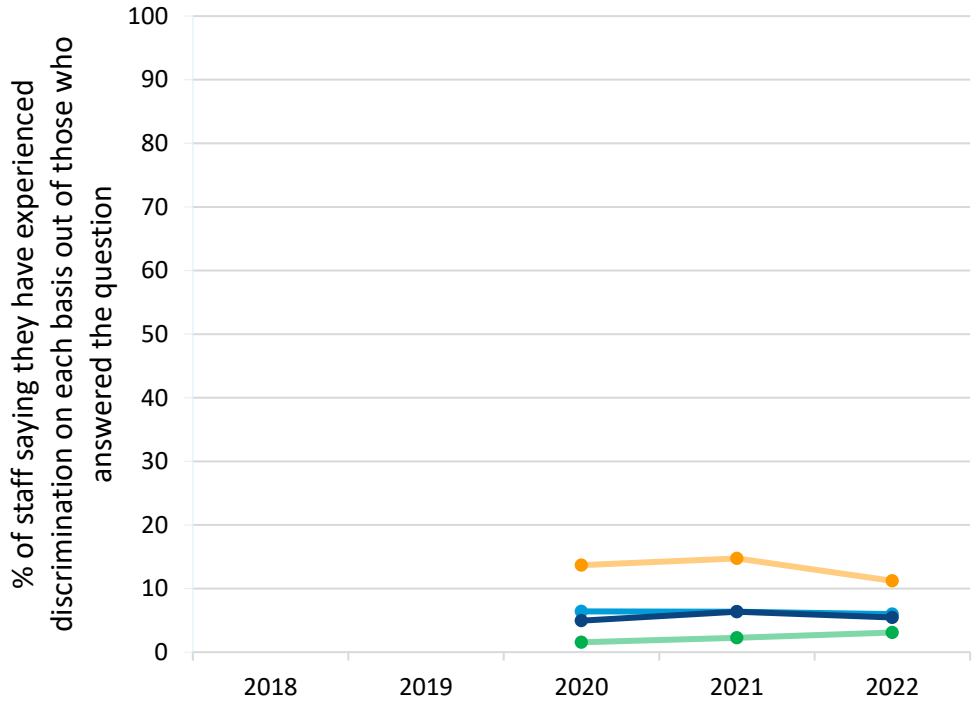


	2018	2019	2020	2021	2022
Your org	-	-	1.1%	3.0%	3.0%
Best	-	-	1.1%	1.9%	0.0%
Average	-	-	4.7%	4.5%	4.2%
Worst	-	-	12.6%	13.5%	10.1%
Responses	-	-	178	190	239

Survey Coordination Centre

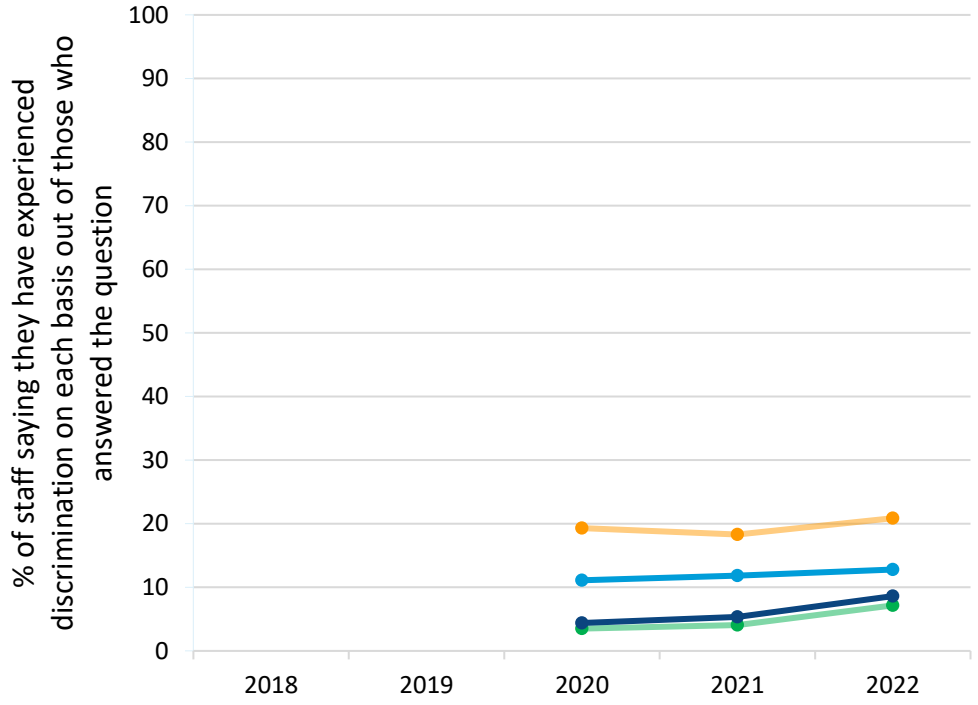
NHS

Q16c.4 On what grounds have you experienced discrimination? – Sexual orientation.



	2018	2019	2020	2021	2022
Your org	-	-	4.9%	6.4%	5.5%
Best	-	-	1.5%	2.2%	3.1%
Average	-	-	6.4%	6.4%	6.0%
Worst	-	-	13.7%	14.7%	11.2%
Responses	-	-	178	190	239

Q16c.5 On what grounds have you experienced discrimination? – Disability.

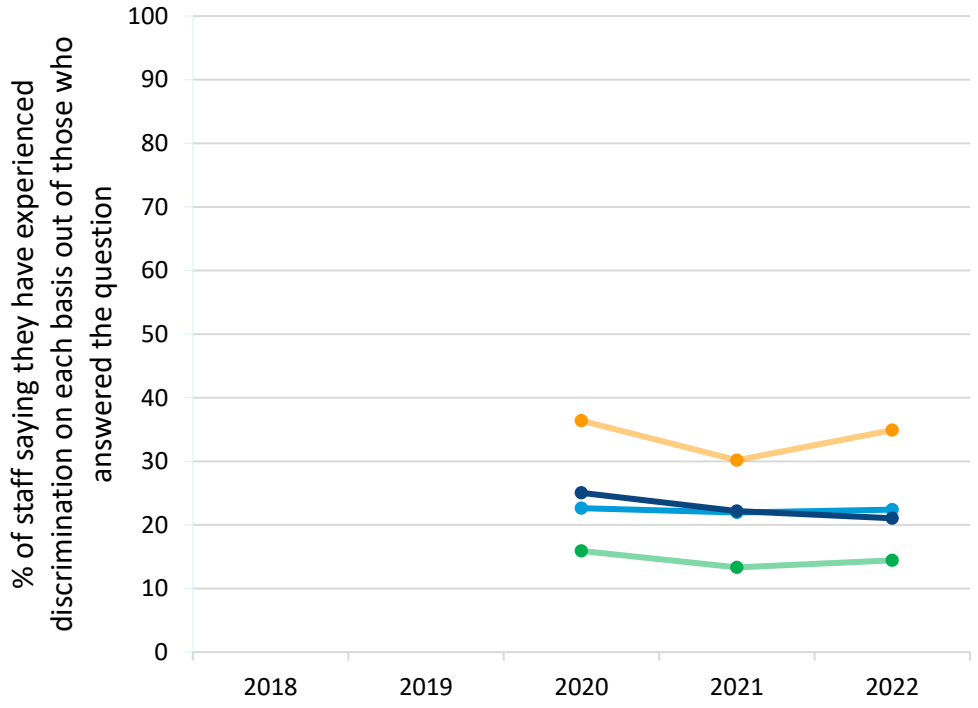


	2018	2019	2020	2021	2022
Your org	-	-	4.4%	5.4%	8.6%
Best	-	-	3.5%	4.1%	7.2%
Average	-	-	11.1%	11.8%	12.8%
Worst	-	-	19.3%	18.3%	20.9%
Responses	-	-	178	190	239

Survey Coordination Centre

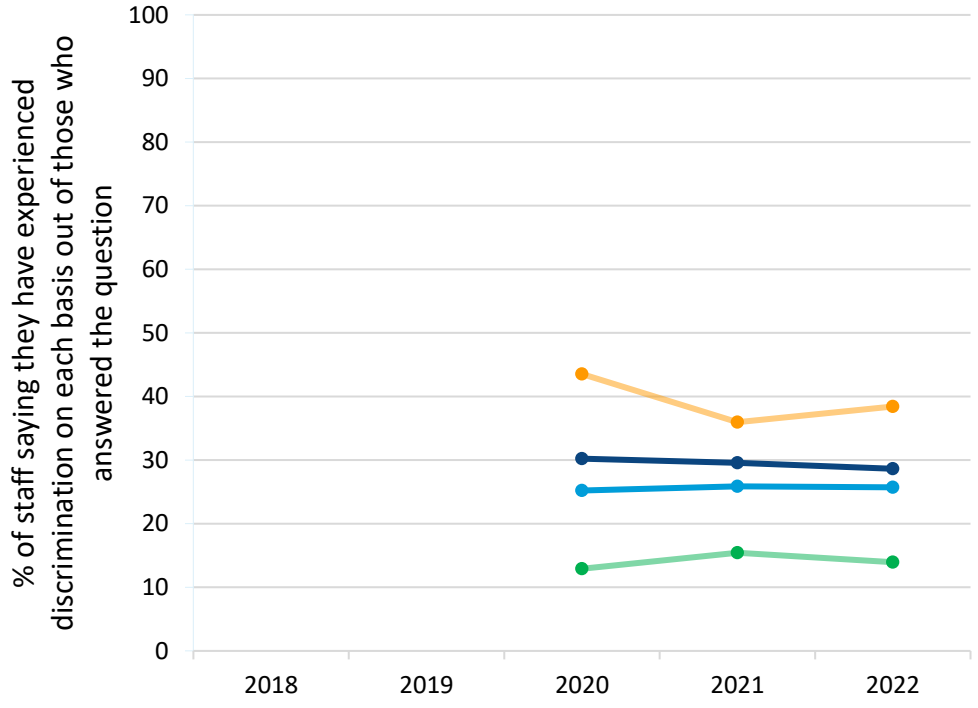
NHS

Q16c.6 On what grounds have you experienced discrimination? – Age.



	2018	2019	2020	2021	2022
Your org	-	-	25.1%	22.2%	21.1%
Best	-	-	15.9%	13.3%	14.4%
Average	-	-	22.6%	22.0%	22.4%
Worst	-	-	36.4%	30.2%	34.9%
Responses	-	-	178	190	239

Q16c.7 On what grounds have you experienced discrimination? – Other.

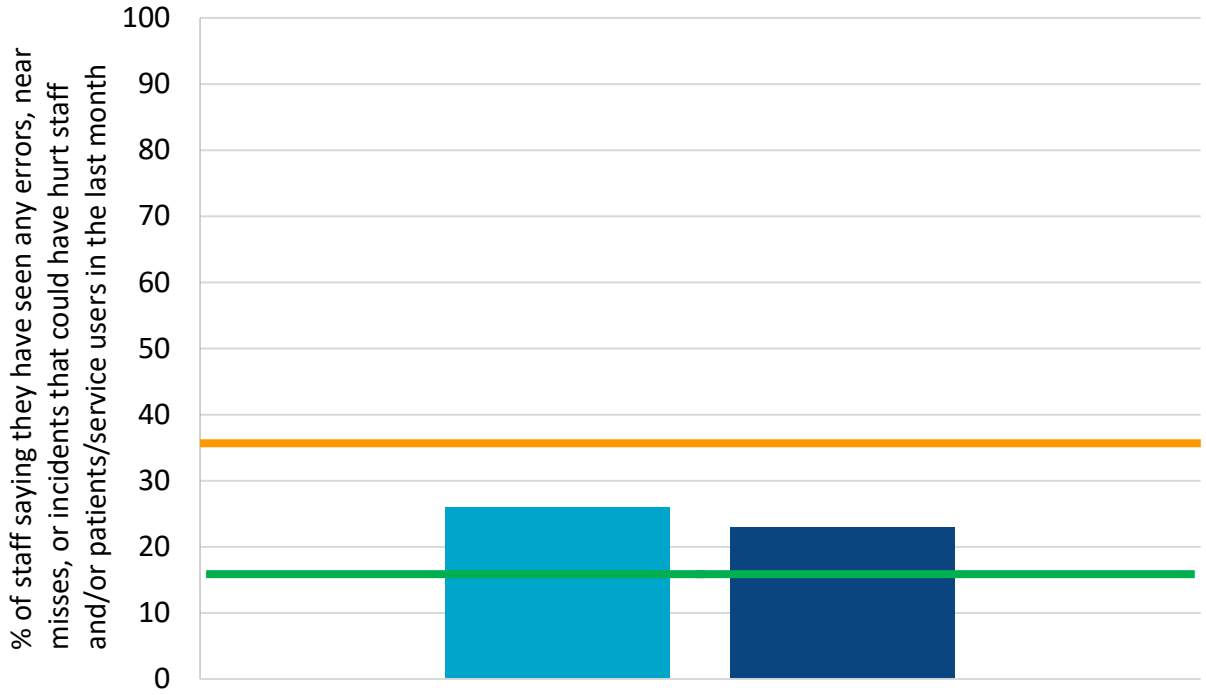


	2018	2019	2020	2021	2022
Your org	-	-	30.2%	29.6%	28.6%
Best	-	-	12.9%	15.4%	13.9%
Average	-	-	25.2%	25.9%	25.7%
Worst	-	-	43.5%	36.0%	38.4%
Responses	-	-	178	190	239

Survey Coordination Centre

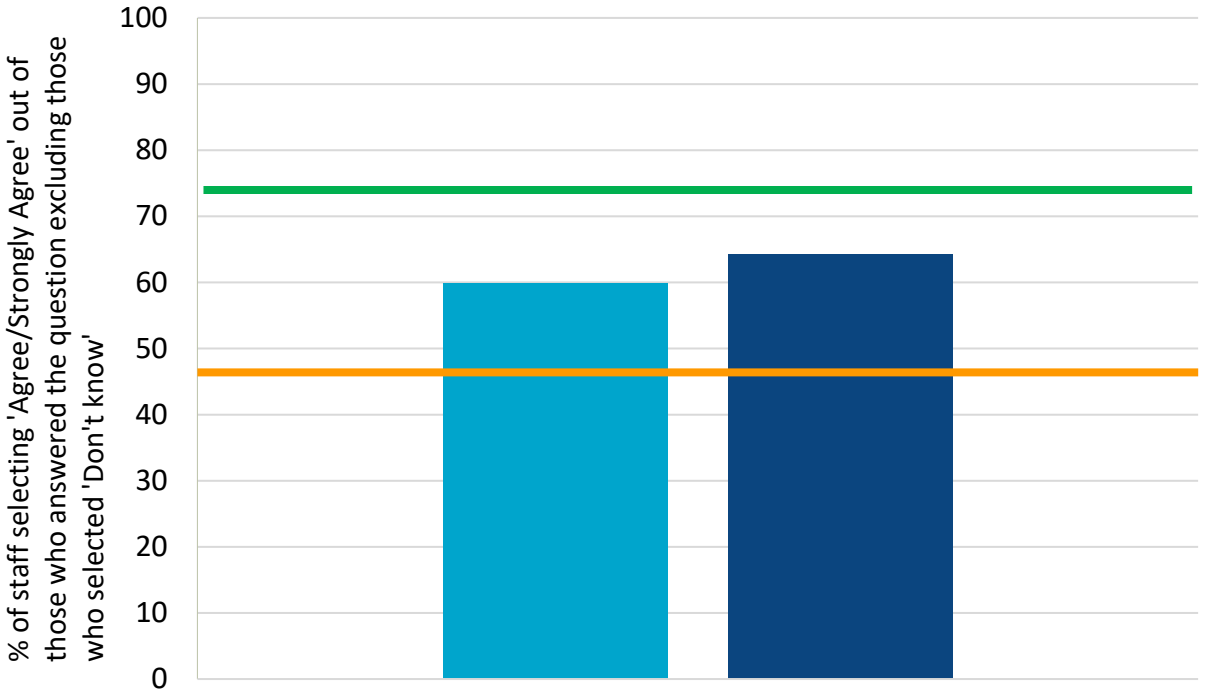
NHS

Q17 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



	2022
Your org	23.0%
Best	15.9%
Average	26.0%
Worst	35.7%
Responses	2472

Q18a My organisation treats staff who are involved in an error, near miss or incident fairly.

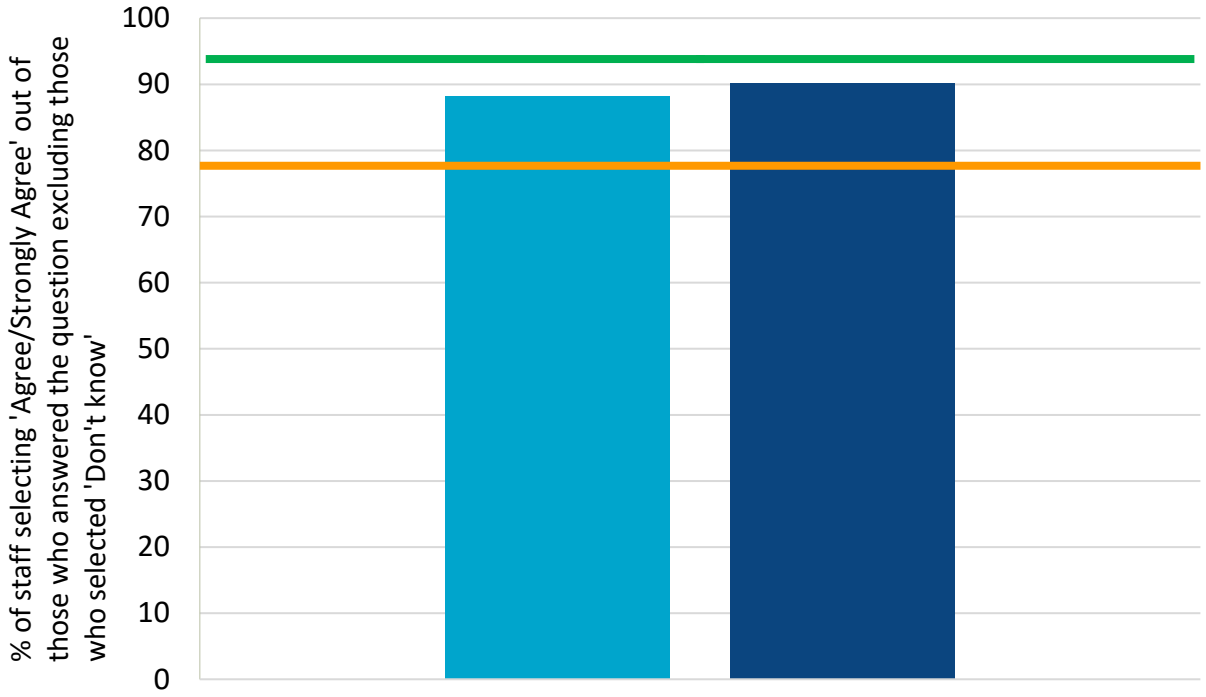


	2022
Your org	64.2%
Best	74.0%
Average	59.9%
Worst	46.4%
Responses	1854

Survey Coordination Centre

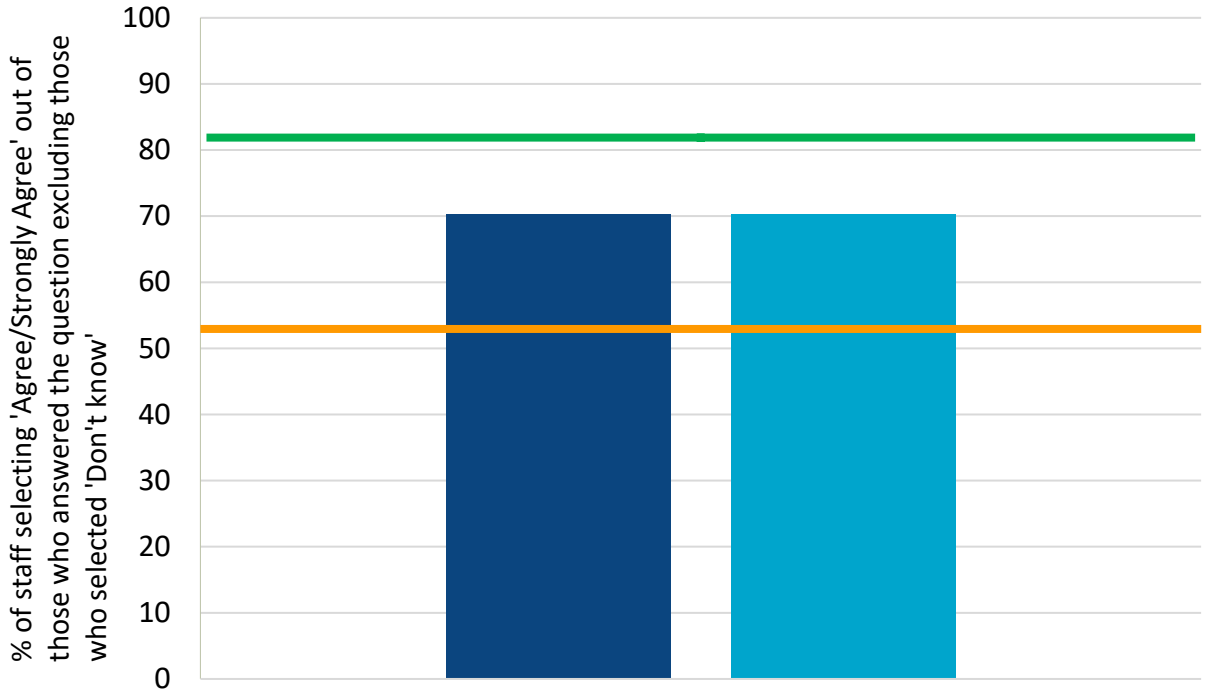
NHS

Q18b My organisation encourages us to report errors, near misses or incidents.



	2022
Your org	90.2%
Best	93.8%
Average	88.3%
Worst	77.7%
Responses	2395

Q18c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.

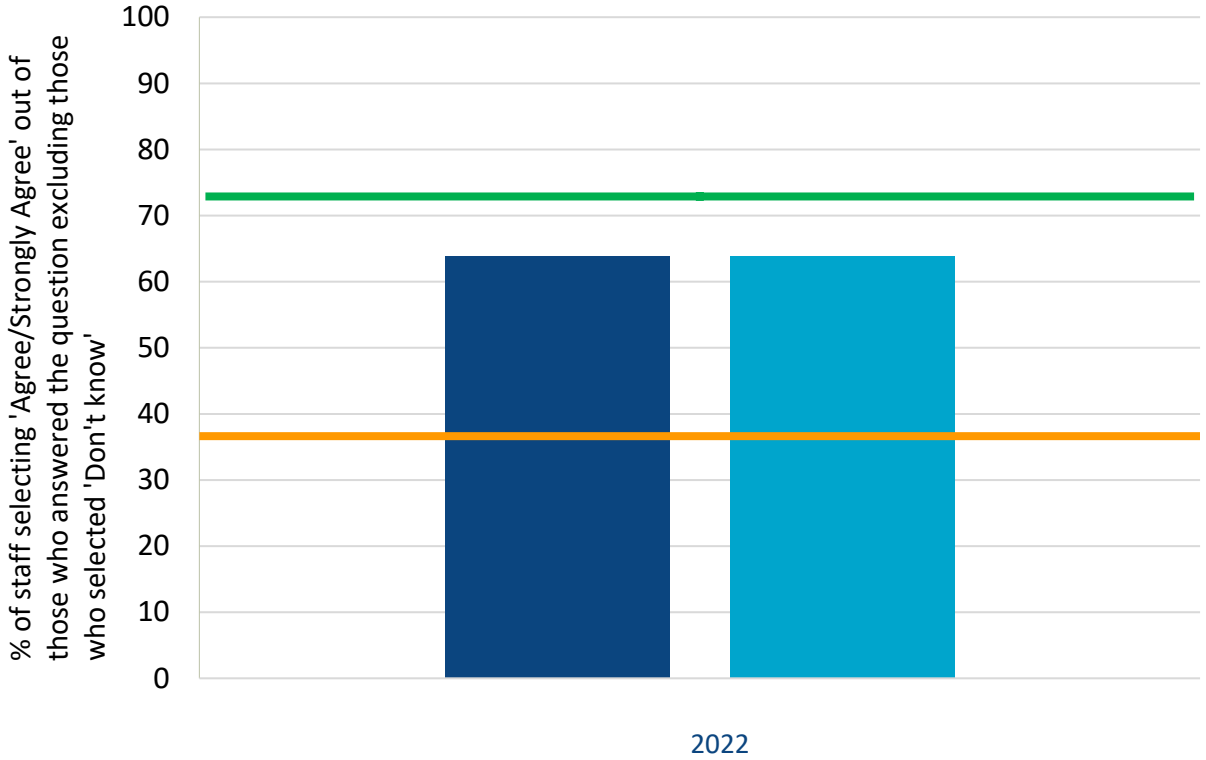


	2022
Your org	70.3%
Best	81.9%
Average	70.3%
Worst	52.9%
Responses	2153

Survey Coordination Centre

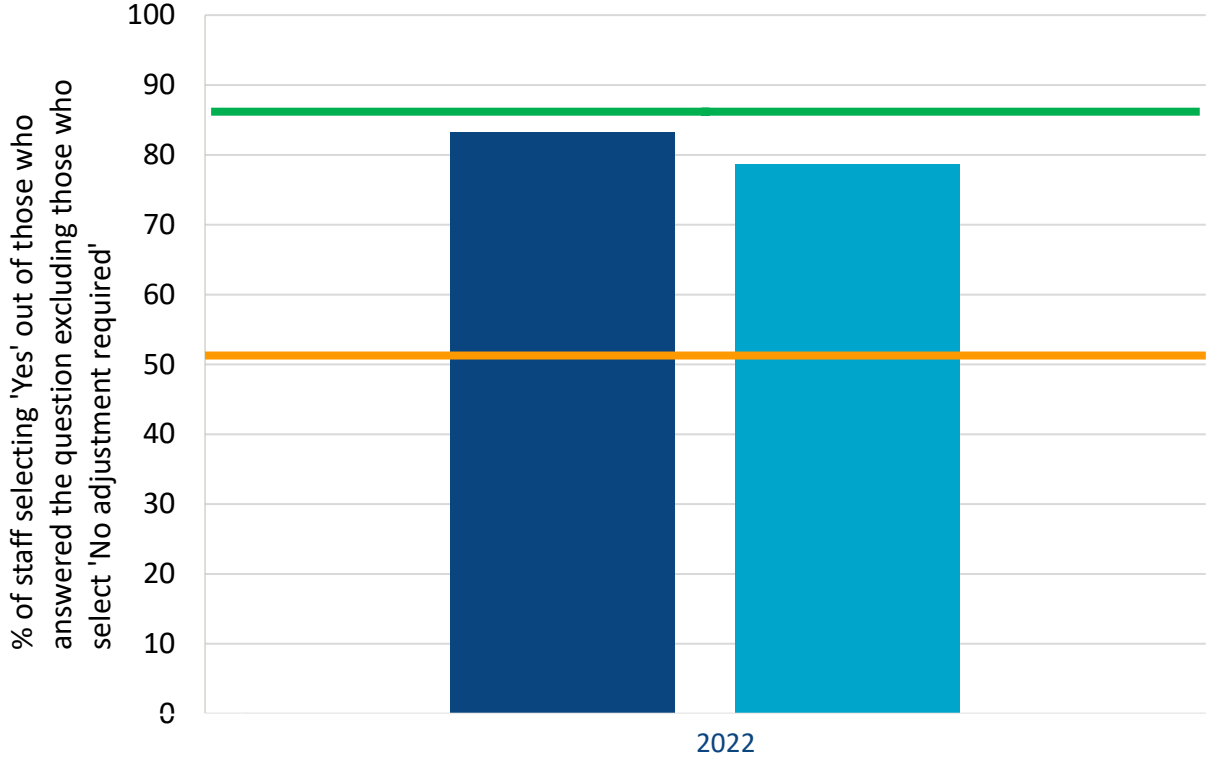
NHS

Q18d We are given feedback about changes made in response to reported errors, near misses and incidents.



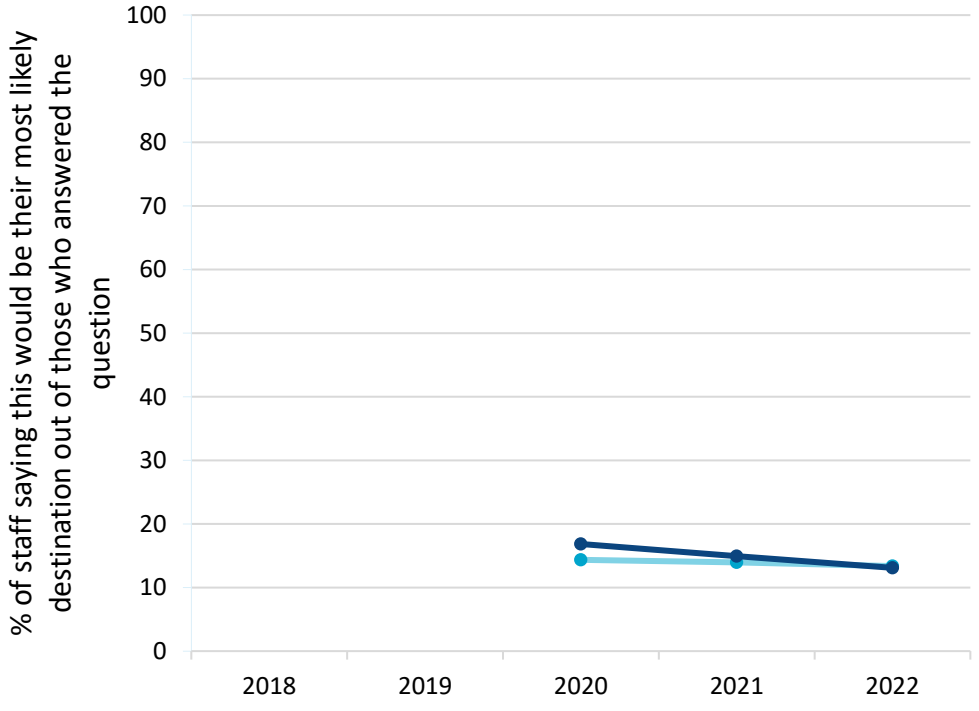
Your org	63.9%
Best	72.9%
Average	63.9%
Worst	36.6%
Responses	2211

Q30b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



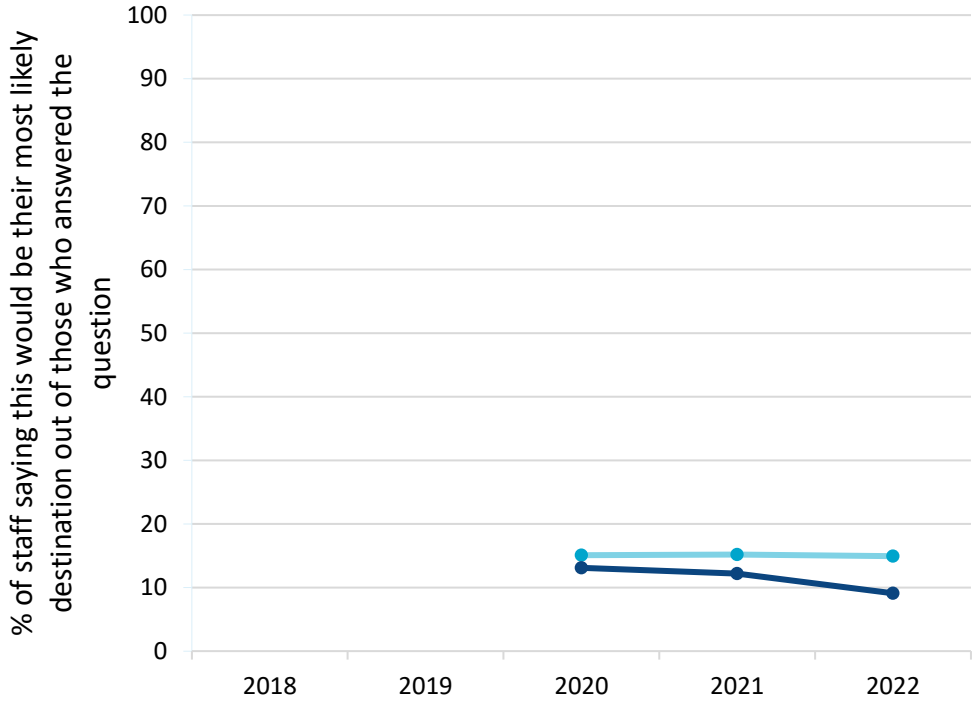
Your org	83.3%
Best	86.2%
Average	78.7%
Worst	51.3%
Responses	377

Q24d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



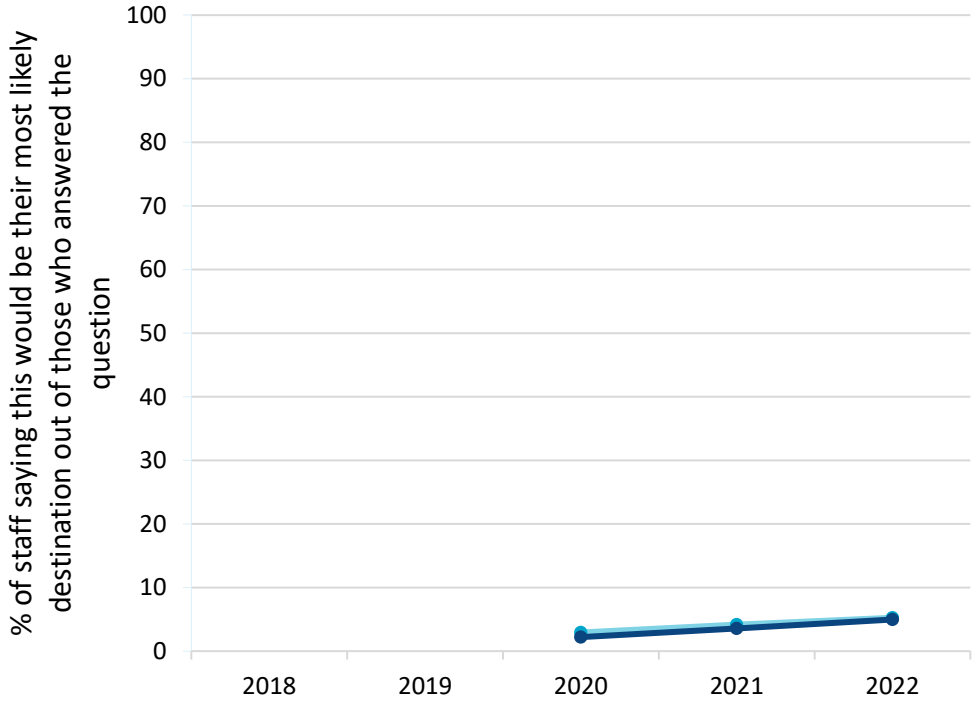
	2018	2019	2020	2021	2022
Your org	-	-	16.8%	14.9%	13.1%
Average	-	-	14.4%	14.0%	13.4%
Responses	-	-	1817	2097	2153

Q24d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



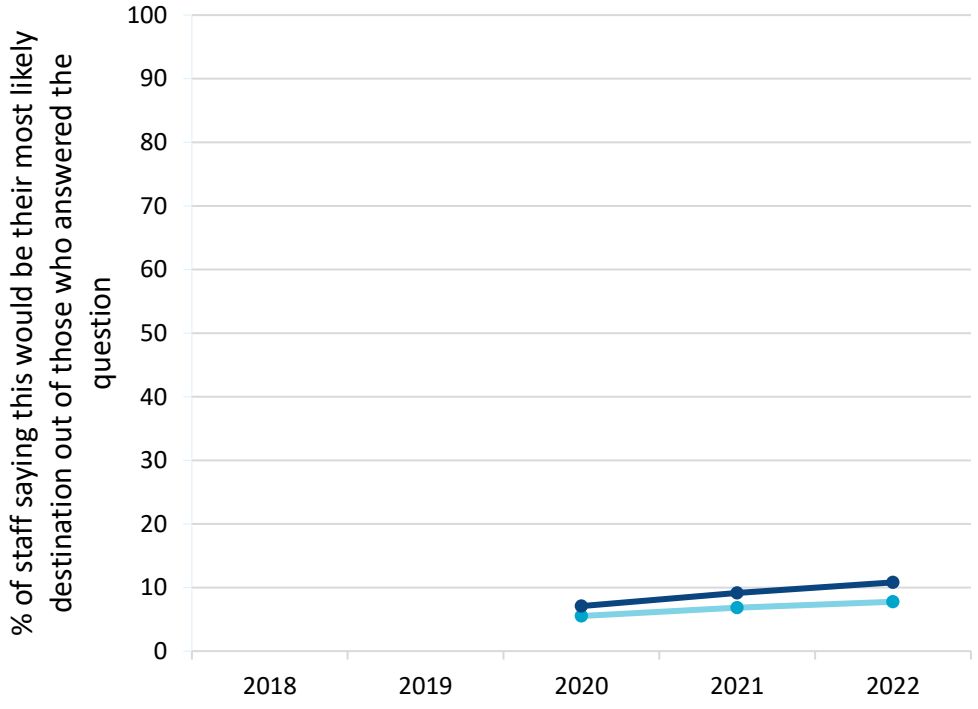
	2018	2019	2020	2021	2022
Your org	-	-	13.1%	12.2%	9.1%
Average	-	-	15.1%	15.2%	14.9%
Responses	-	-	1817	2097	2153

Q24d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



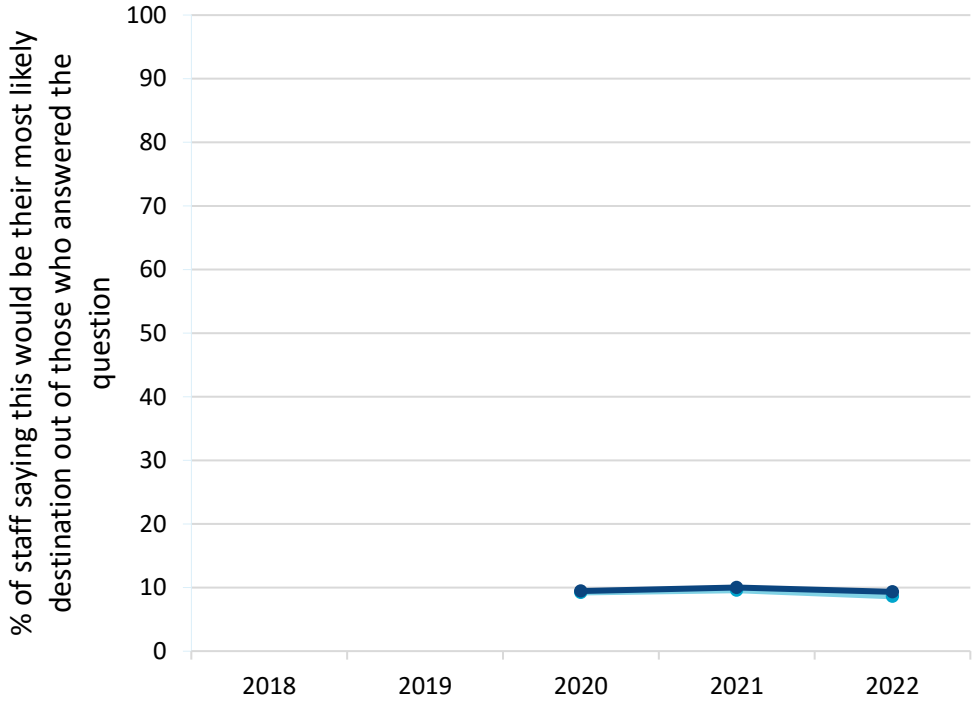
	2018	2019	2020	2021	2022
Your org	-	-	2.2%	3.6%	5.0%
Average	-	-	2.9%	4.2%	5.3%
Responses	-	-	1817	2097	2153

Q24d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



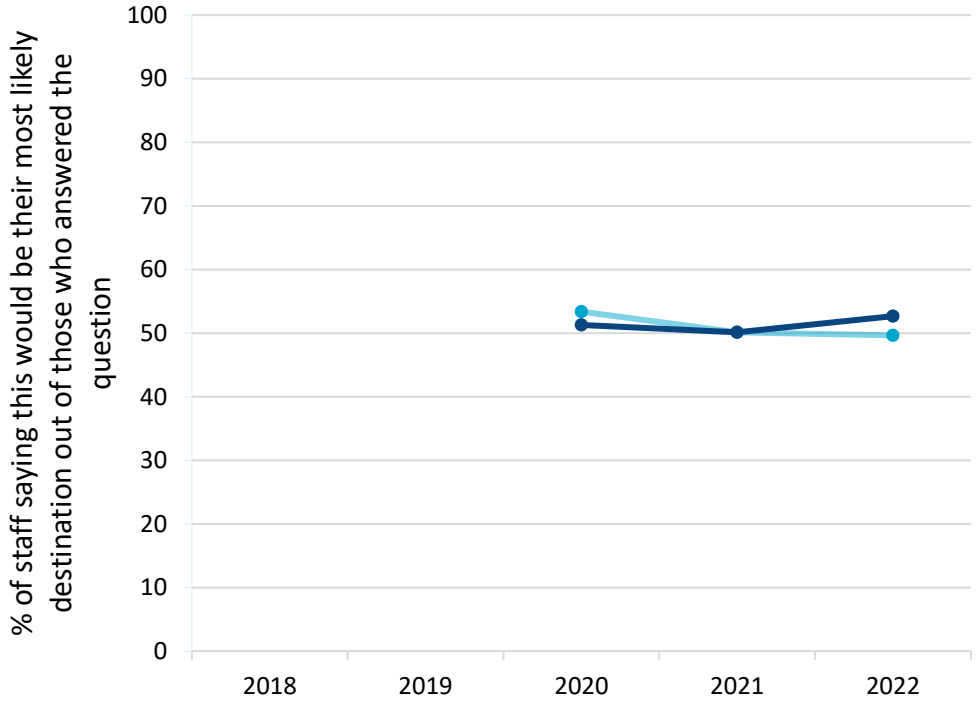
	2018	2019	2020	2021	2022
Your org	-	-	7.1%	9.2%	10.8%
Average	-	-	5.5%	6.8%	7.8%
Responses	-	-	1817	2097	2153

Q24d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2018	2019	2020	2021	2022
Your org	-	-	9.5%	10.0%	9.3%
Average	-	-	9.2%	9.6%	8.6%
Responses	-	-	1817	2097	2153

Q24d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2018	2019	2020	2021	2022
Your org	-	-	51.3%	50.1%	52.7%
Average	-	-	53.4%	50.1%	49.7%
Responses	-	-	1817	2097	2153

Survey Coordination Centre

NHS

Workforce Equality Standards

Please note, when there are less than 11 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Equality Standards

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2018-2022 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2022 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q30b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

This year, the text for q30b was updated and the word ‘adequate’ was updated to ‘reasonable’.

The WDES breakdowns are based on the responses to q30a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Workforce Equality Standards

Survey Coordination Centre NHS

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
		For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined
5	14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	14b & 14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
8	16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
		For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness
4ai	14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4aii	14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4aiii	14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4b	14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
6	9e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	30b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Survey Coordination Centre

NHS

Workforce Race Equality Standards (WRES)

N.B.
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WRES charts are unweighted.

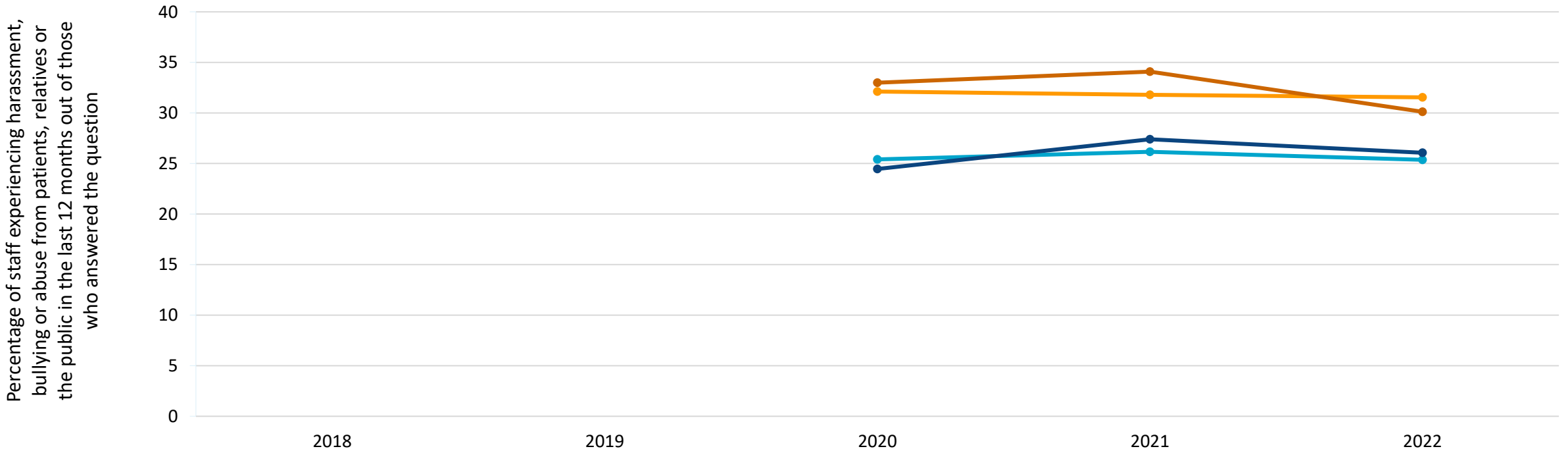
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre

NHS

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



	2018	2019	2020	2021	2022
White staff: Your org	-	-	24.5%	27.4%	26.1%
All other ethnic groups*: Your org	-	-	33.0%	34.1%	30.1%
White staff: Average	-	-	25.4%	26.2%	25.4%
All other ethnic groups*: Average	-	-	32.1%	31.8%	31.5%
White staff: Responses	-	-	1893	2201	2275
All other ethnic groups*: Responses	-	-	97	132	166

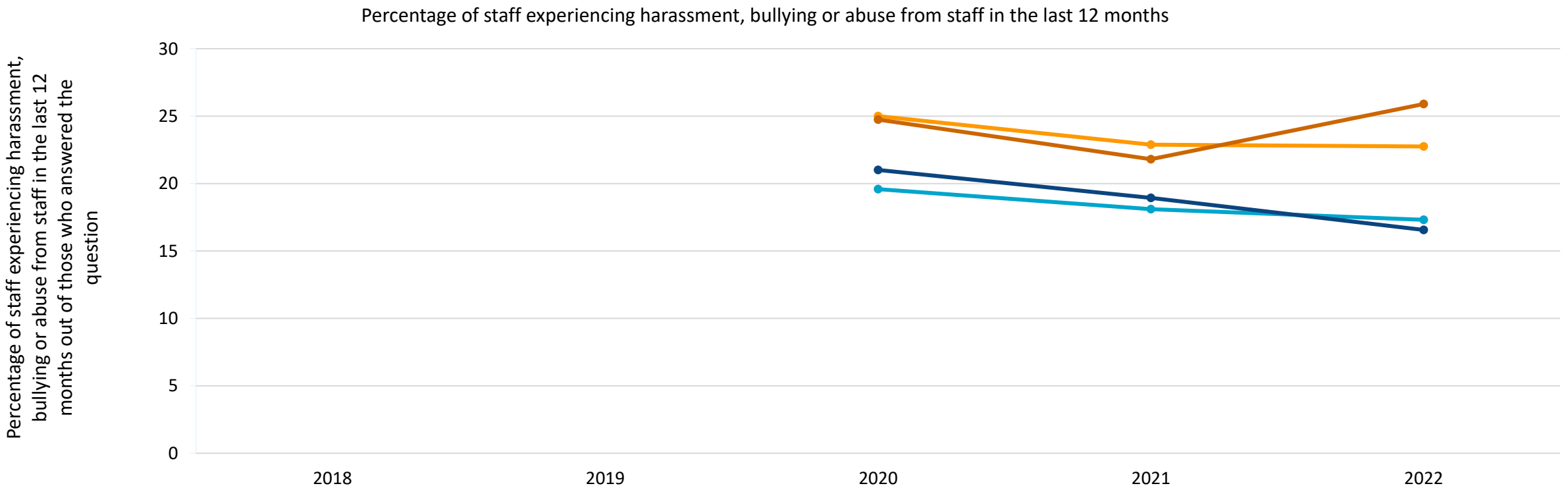
*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

Workforce Race Equality Standard (WRES)

Survey Coordination Centre

NHS



	2018	2019	2020	2021	2022
White staff: Your org	-	-	21.0%	18.9%	16.6%
All other ethnic groups*: Your org	-	-	24.7%	21.8%	25.9%
White staff: Average	-	-	19.6%	18.1%	17.3%
All other ethnic groups*: Average	-	-	25.0%	22.9%	22.8%
White staff: Responses	-	-	1899	2197	2276
All other ethnic groups*: Responses	-	-	97	133	166

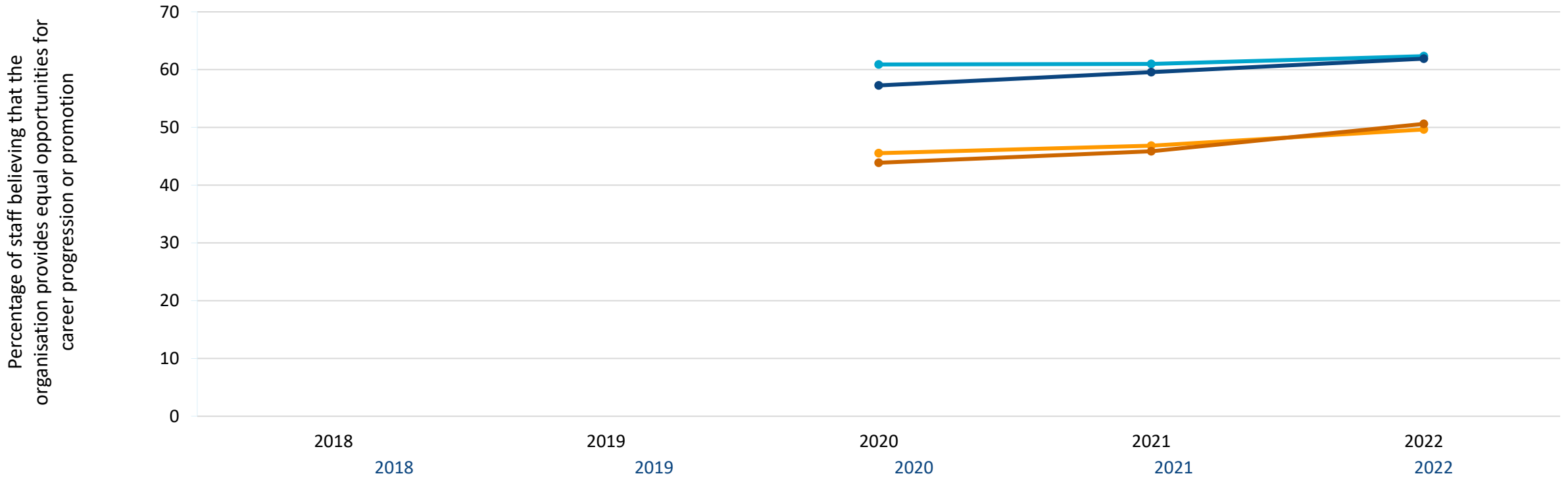
*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



	2018	2019	2020	2021	2022
White staff: Your org	-	-	57.3%	59.6%	61.9%
All other ethnic groups*: Your org	-	-	43.9%	45.9%	50.6%
White staff: Average	-	-	60.9%	61.0%	62.3%
All other ethnic groups*: Average	-	-	45.5%	46.8%	49.6%
White staff: Responses	-	-	1905	2191	2270
All other ethnic groups*: Responses	-	-	98	133	166

*Staff from all other ethnic groups combined

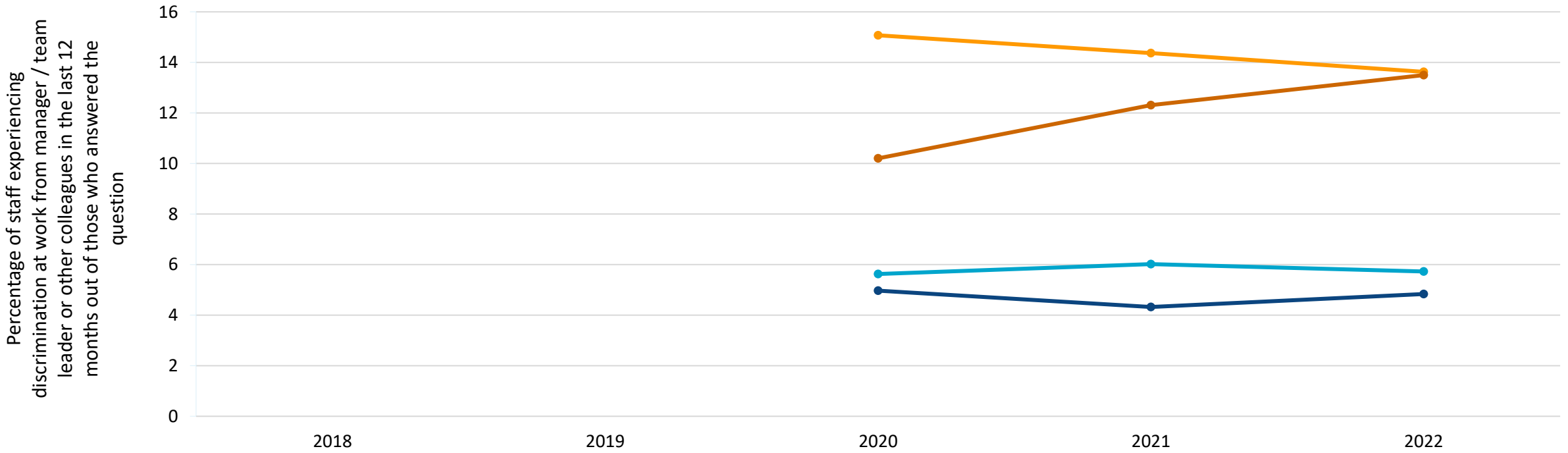
Average calculated as the median for the benchmark group

Workforce Race Equality Standard (WRES)

Survey Coordination Centre

NHS

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2018	2019	2020	2021	2022
White staff: Your org	-	-	5.0%	4.3%	4.8%
All other ethnic groups*: Your org	-	-	10.2%	12.3%	13.5%
White staff: Average	-	-	5.6%	6.0%	5.7%
All other ethnic groups*: Average	-	-	15.1%	14.4%	13.6%
White staff: Responses	-	-	1891	2197	2274
All other ethnic groups*: Responses	-	-	98	130	163

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

Survey Coordination Centre

NHS

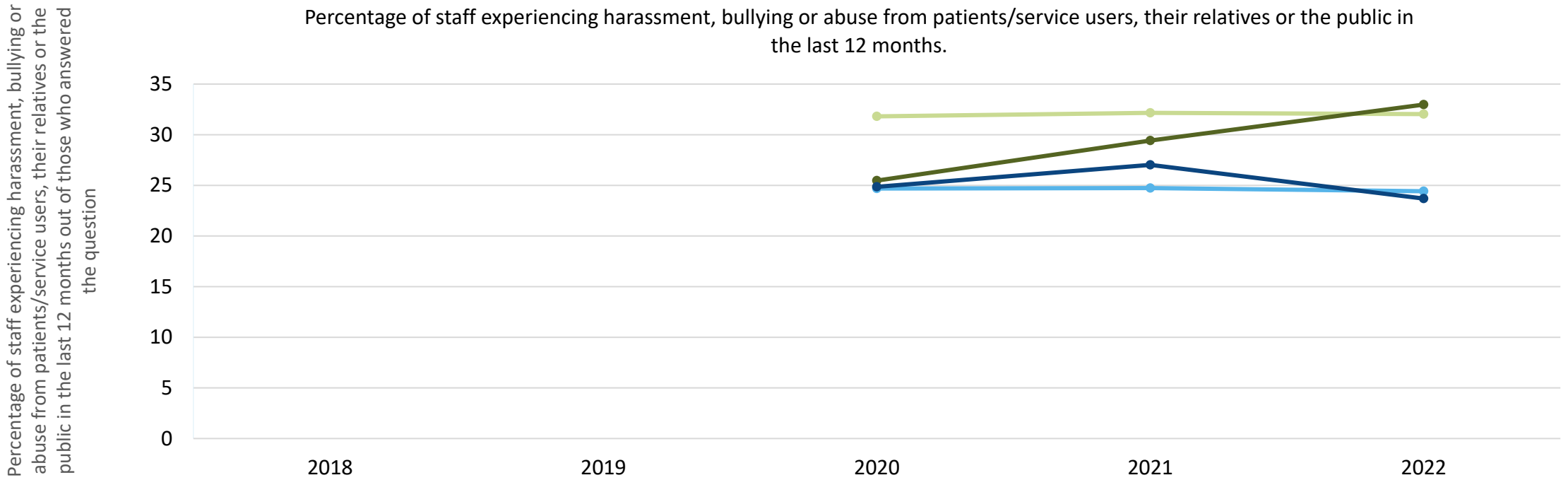
Workforce Disability Equality Standards (WDES)

N.B.
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WDES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Disability Equality Standards

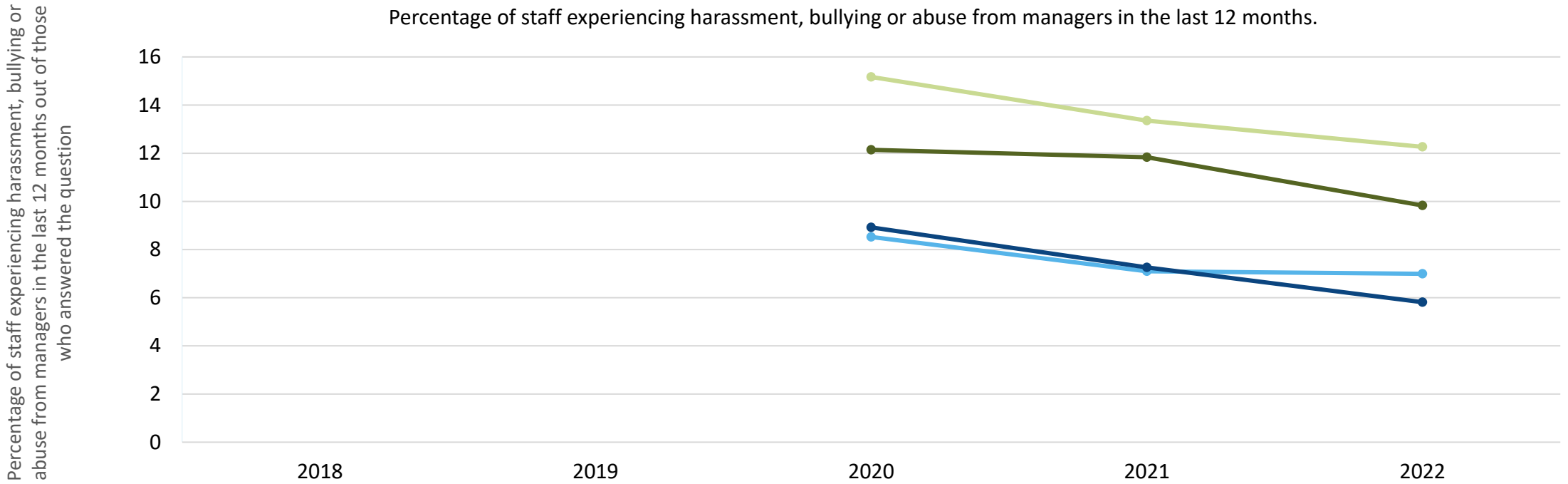
Survey Coordination Centre NHS



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	-	-	25.5%	29.4%	33.0%
Staff without a LTC or illness: Your org	-	-	24.9%	27.0%	23.7%
Staff with a LTC or illness: Average	-	-	31.8%	32.2%	32.0%
Staff without a LTC or illness: Average	-	-	24.7%	24.7%	24.4%
Staff with a LTC or illness: Responses	-	-	420	588	652
Staff without a LTC or illness: Responses	-	-	1573	1743	1802

Workforce Disability Equality Standards

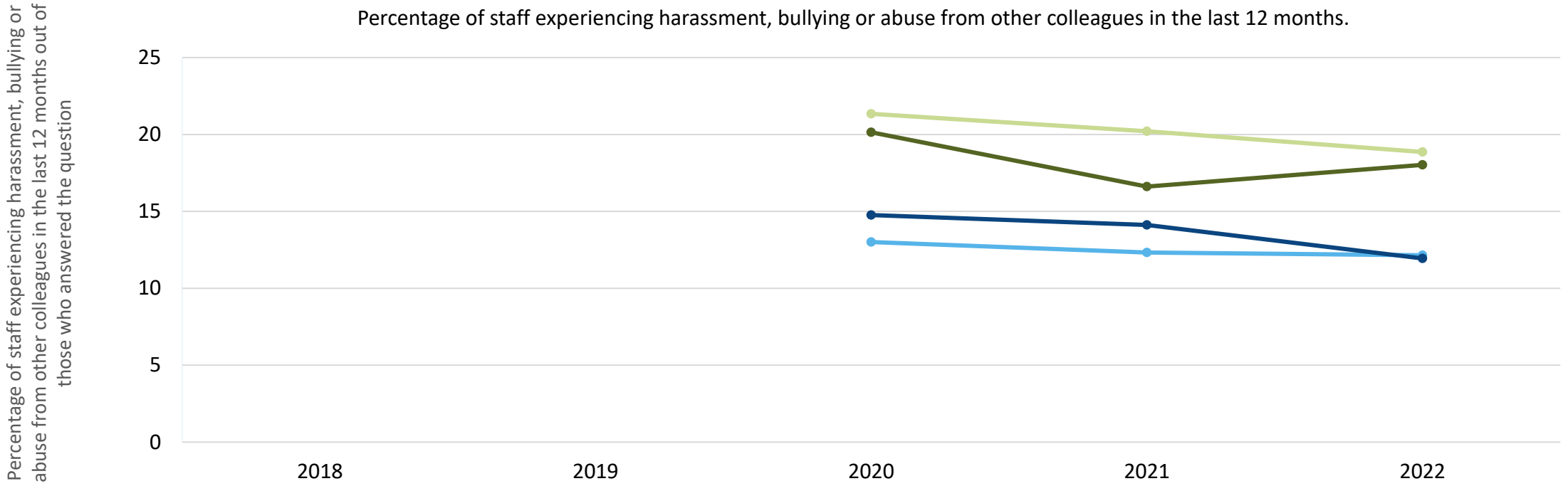
Survey Coordination Centre NHS



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	-	-	12.1%	11.8%	9.8%
Staff without a LTC or illness: Your org	-	-	8.9%	7.3%	5.8%
Staff with a LTC or illness: Average	-	-	15.2%	13.4%	12.3%
Staff without a LTC or illness: Average	-	-	8.5%	7.1%	7.0%
Staff with a LTC or illness: Responses	-	-	420	583	651
Staff without a LTC or illness: Responses	-	-	1569	1736	1789

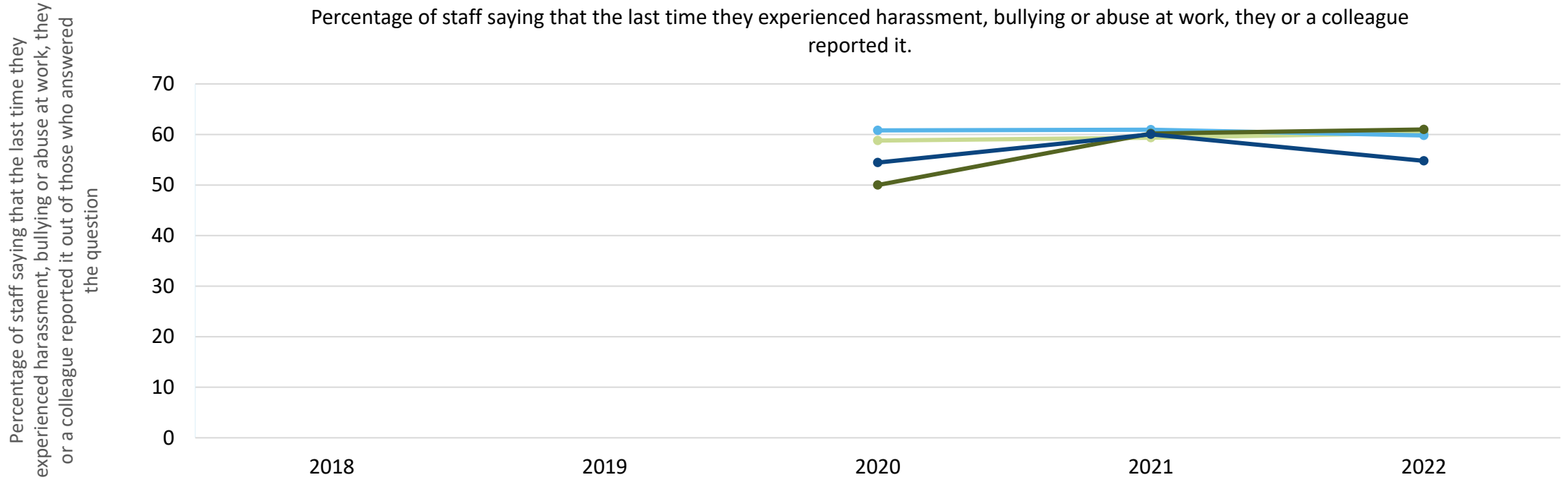
Workforce Disability Equality Standards

Survey Coordination Centre NHS



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	-	-	20.1%	16.6%	18.0%
Staff without a LTC or illness: Your org	-	-	14.8%	14.1%	11.9%
Staff with a LTC or illness: Average	-	-	21.3%	20.2%	18.9%
Staff without a LTC or illness: Average	-	-	13.0%	12.3%	12.1%
Staff with a LTC or illness: Responses	-	-	417	584	649
Staff without a LTC or illness: Responses	-	-	1551	1714	1784

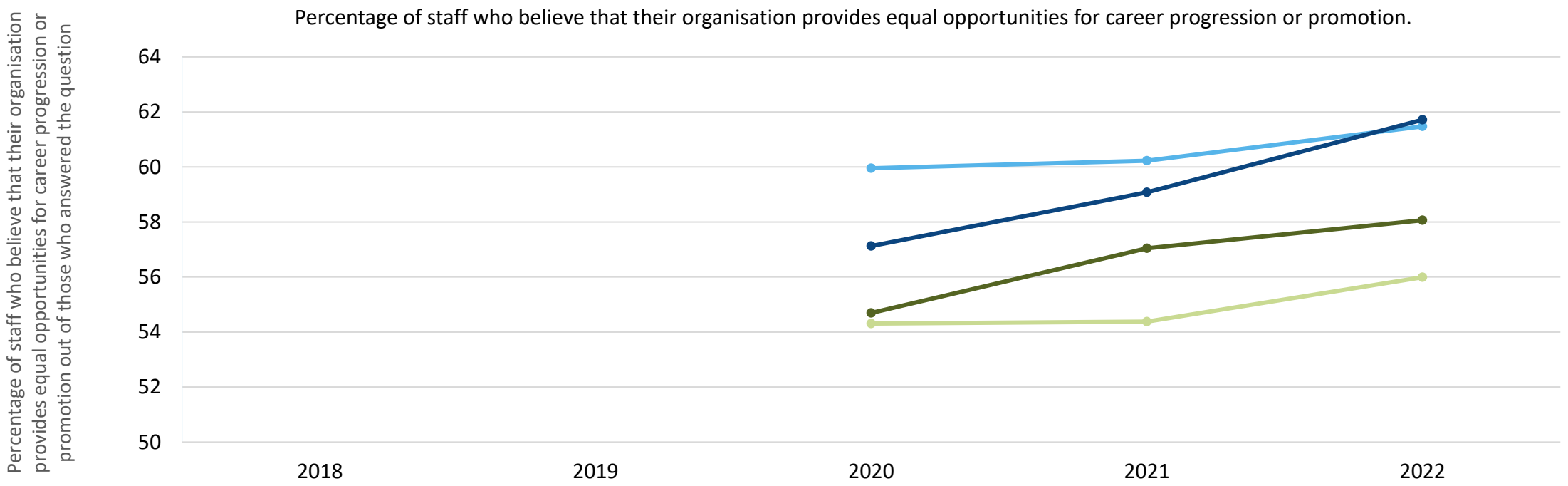
Workforce Disability Equality Standards



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	-	-	50.0%	60.2%	61.0%
Staff without a LTC or illness: Your org	-	-	54.5%	60.0%	54.8%
Staff with a LTC or illness: Average	-	-	58.8%	59.4%	60.3%
Staff without a LTC or illness: Average	-	-	60.8%	61.0%	59.8%
Staff with a LTC or illness: Responses	-	-	156	211	259
Staff without a LTC or illness: Responses	-	-	505	543	522

Workforce Disability Equality Standards

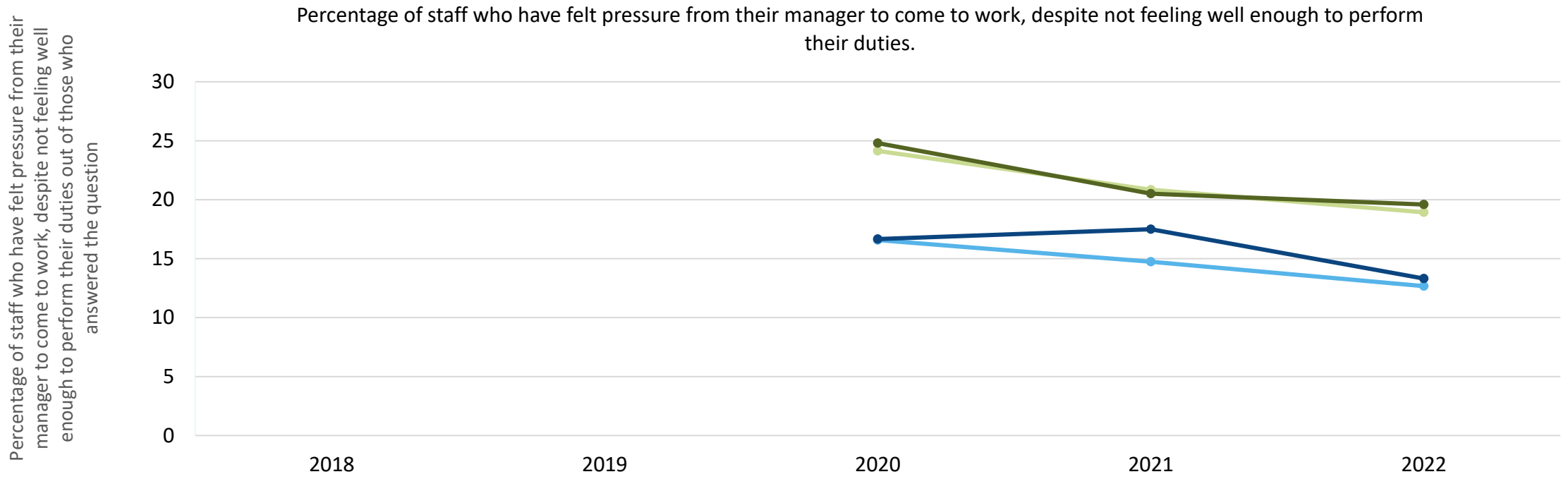
Survey Coordination Centre NHS



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	-	-	54.7%	57.0%	58.1%
Staff without a LTC or illness: Your org	-	-	57.1%	59.1%	61.7%
Staff with a LTC or illness: Average	-	-	54.3%	54.4%	56.0%
Staff without a LTC or illness: Average	-	-	60.0%	60.2%	61.5%
Staff with a LTC or illness: Responses	-	-	426	582	651
Staff without a LTC or illness: Responses	-	-	1579	1740	1797

Workforce Disability Equality Standards

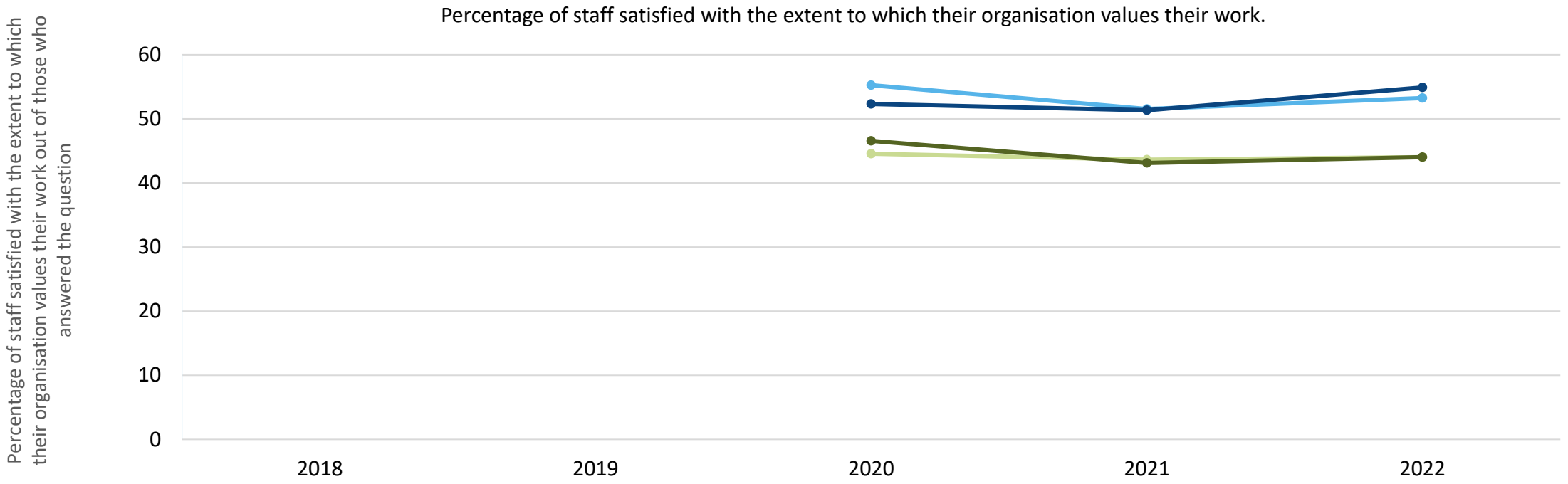
Survey Coordination Centre NHS



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	-	-	24.8%	20.5%	19.6%
Staff without a LTC or illness: Your org	-	-	16.7%	17.5%	13.3%
Staff with a LTC or illness: Average	-	-	24.1%	20.8%	18.9%
Staff without a LTC or illness: Average	-	-	16.6%	14.7%	12.7%
Staff with a LTC or illness: Responses	-	-	254	390	444
Staff without a LTC or illness: Responses	-	-	654	806	849

Workforce Disability Equality Standards

Survey Coordination Centre NHS

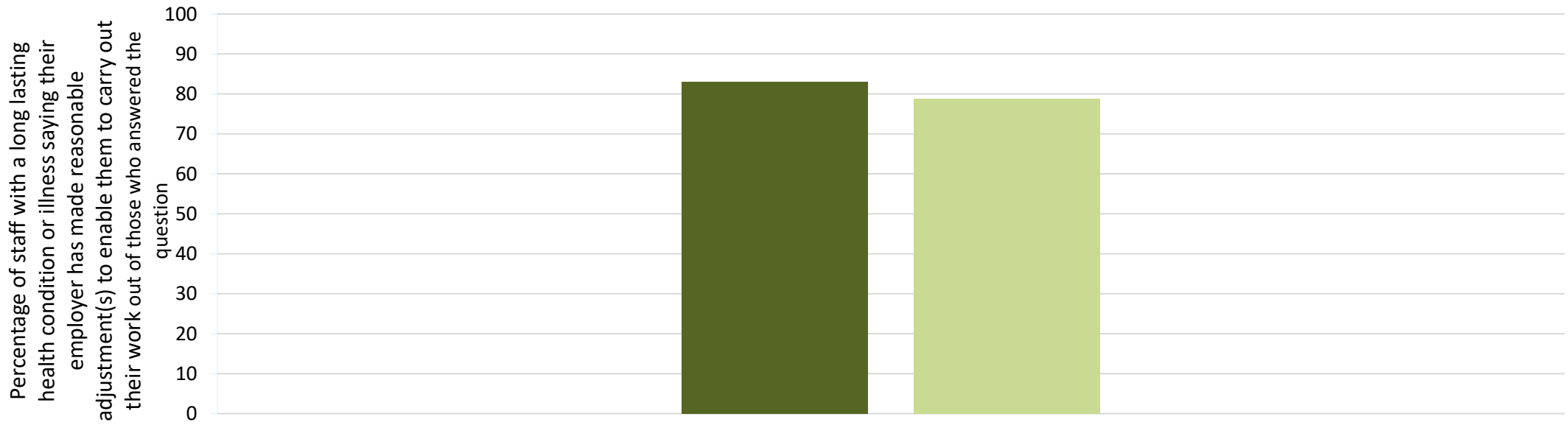


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	-	-	46.6%	43.1%	44.0%
Staff without a LTC or illness: Your org	-	-	52.3%	51.3%	54.9%
Staff with a LTC or illness: Average	-	-	44.6%	43.6%	44.0%
Staff without a LTC or illness: Average	-	-	55.2%	51.5%	53.2%
Staff with a LTC or illness: Responses	-	-	423	589	652
Staff without a LTC or illness: Responses	-	-	1573	1749	1798

Workforce Disability Equality Standards

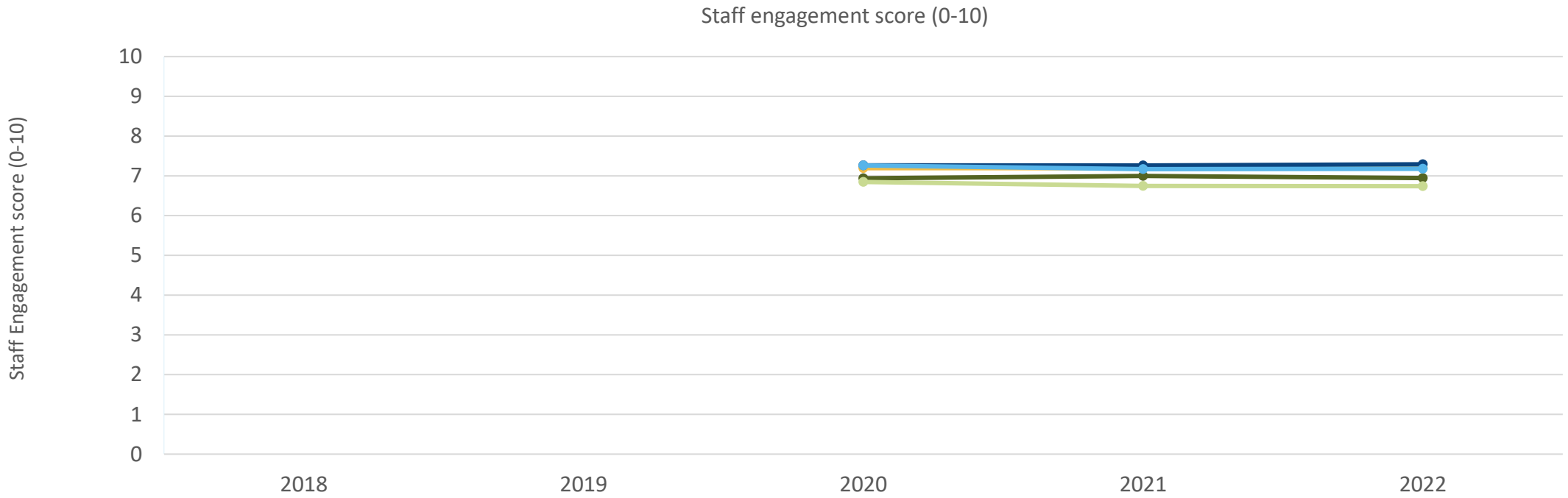
Survey Coordination Centre NHS

Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.



	2022
Staff with a LTC or illness: Your org	83.0%
Staff with a LTC or illness: Average	78.8%
Staff with a LTC or illness: Responses	377

Workforce Disability Equality Standards



	2018	2019	2020	2021	2022
Organisation average	-	-	7.2	7.2	7.2
Staff with a LTC or illness: Your org	-	-	6.9	7.0	6.9
Staff without a LTC or illness: Your org	-	-	7.3	7.3	7.3
Staff with a LTC or illness: Average	-	-	6.8	6.7	6.7
Staff without a LTC or illness: Average	-	-	7.3	7.2	7.2
Staff with a LTC or illness: Responses	-	-	427	590	652
Staff without a LTC or illness: Responses	-	-	1579	1755	1815

N.B. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

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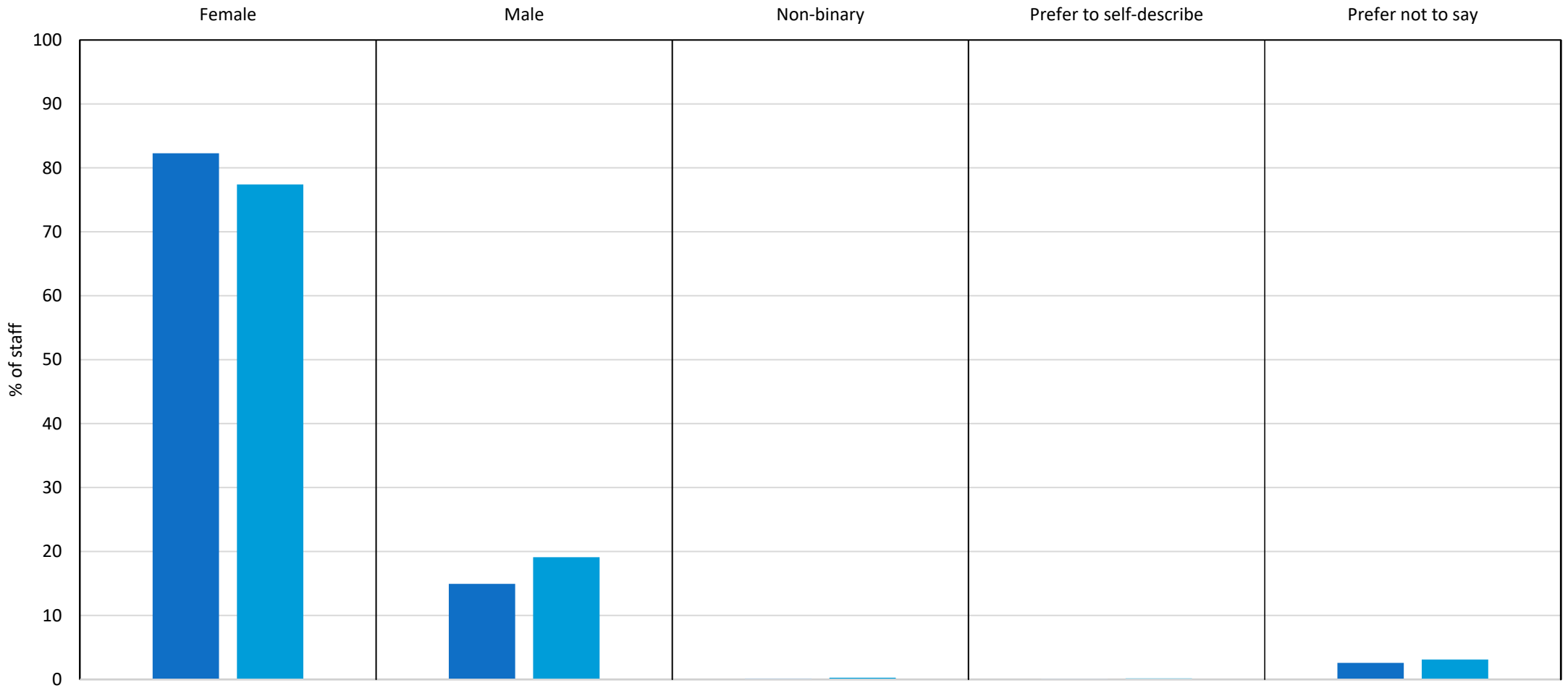
NHS

About your respondents

This section will show demographic information for 2022.

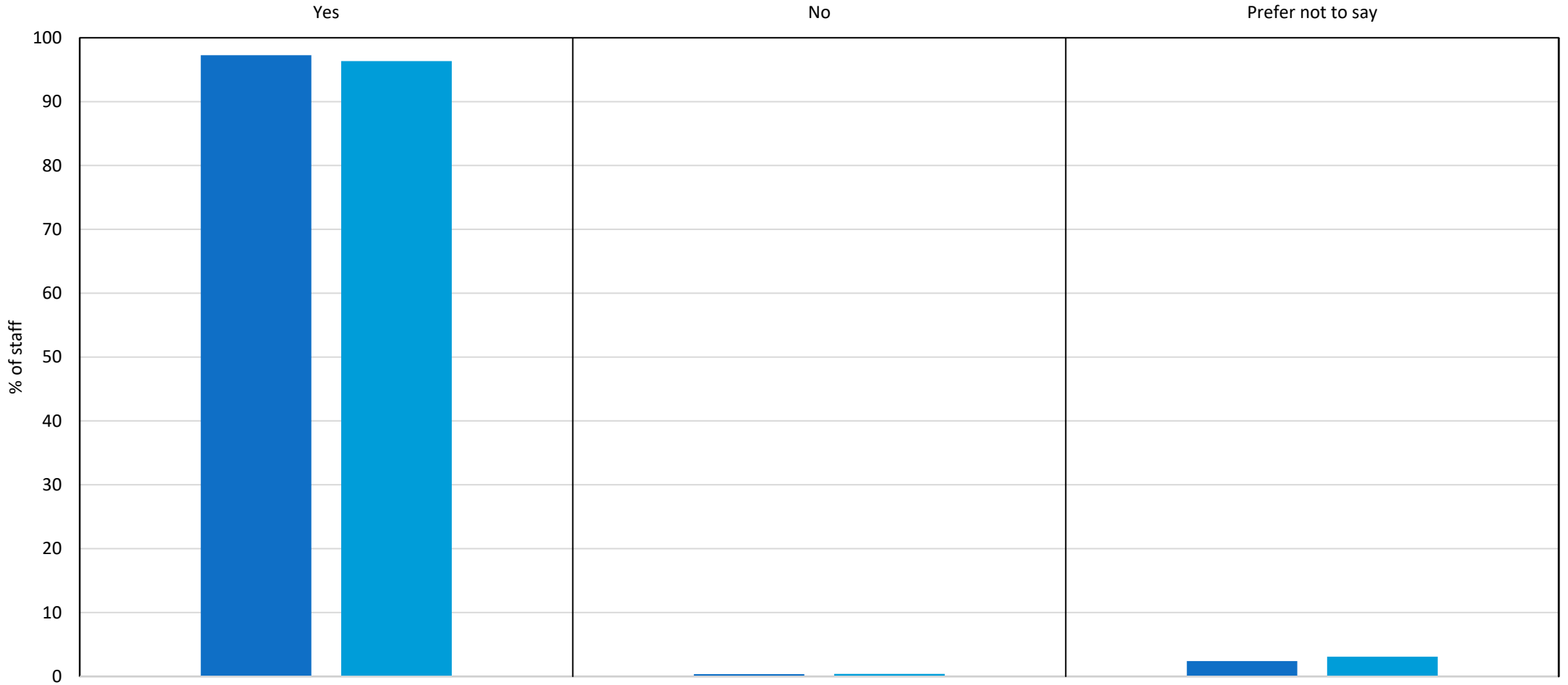
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Background details - Gender



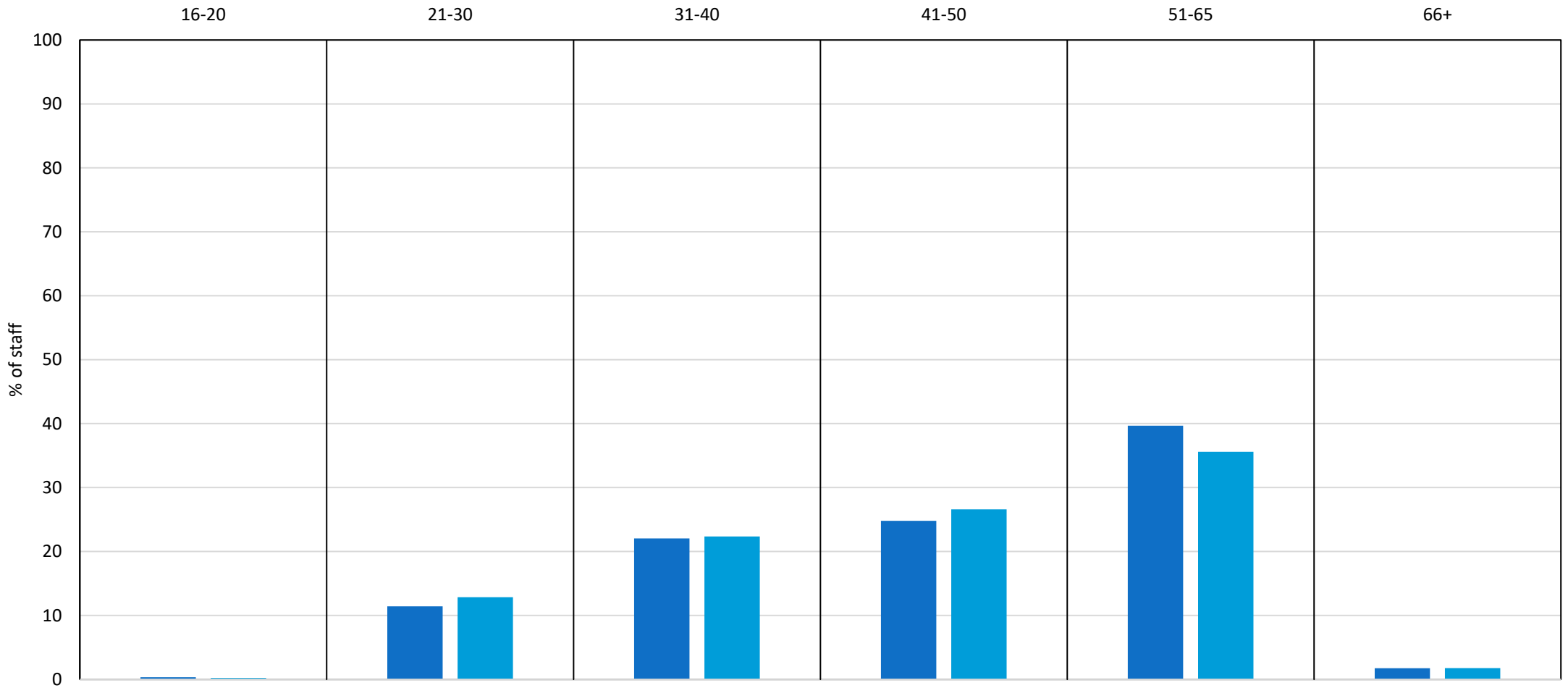
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	82.3%	14.9%	0.1%	0.1%	2.6%
Average	77.4%	19.1%	0.3%	0.2%	3.1%
Responses	2483	2483	2483	2483	2483

Background details – Is your gender identity the same as the sex you were assigned at birth?



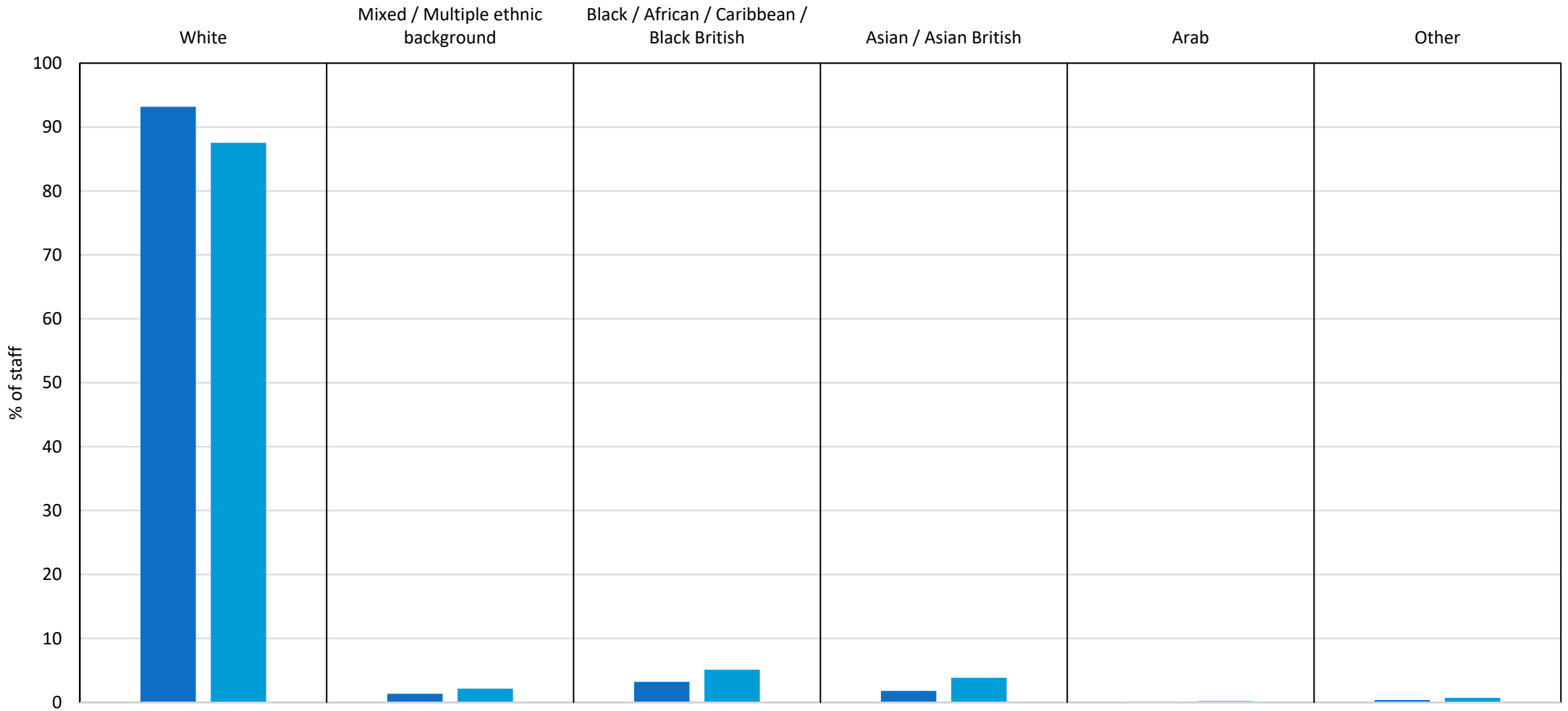
	Yes	No	Prefer not to say
Your org	97.3%	0.3%	2.4%
Average	96.4%	0.4%	3.1%
Responses	2345	2345	2345

Background details - Age



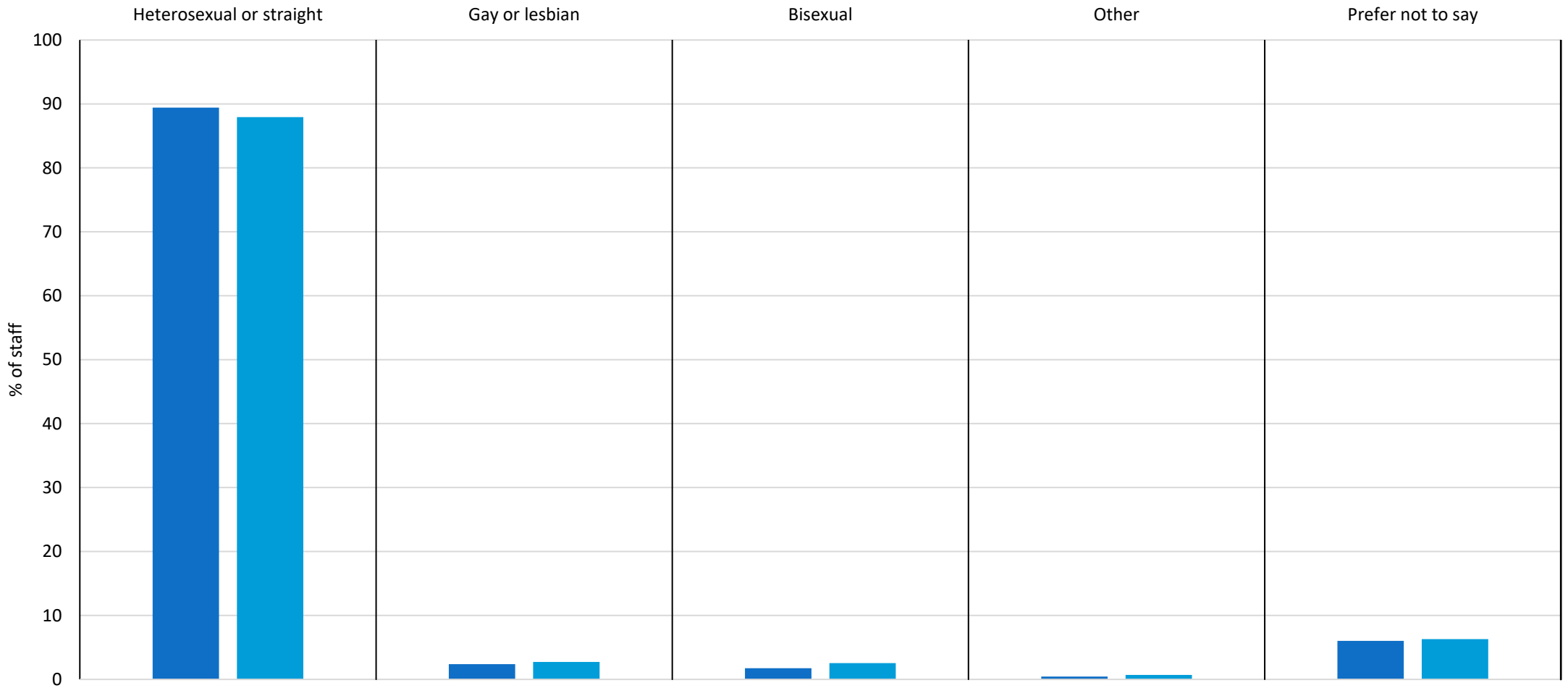
	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.3%	11.4%	22.0%	24.8%	39.7%	1.7%
Average	0.2%	12.9%	22.3%	26.6%	35.6%	1.8%
Responses	2460	2460	2460	2460	2460	2460

Background details - Ethnicity



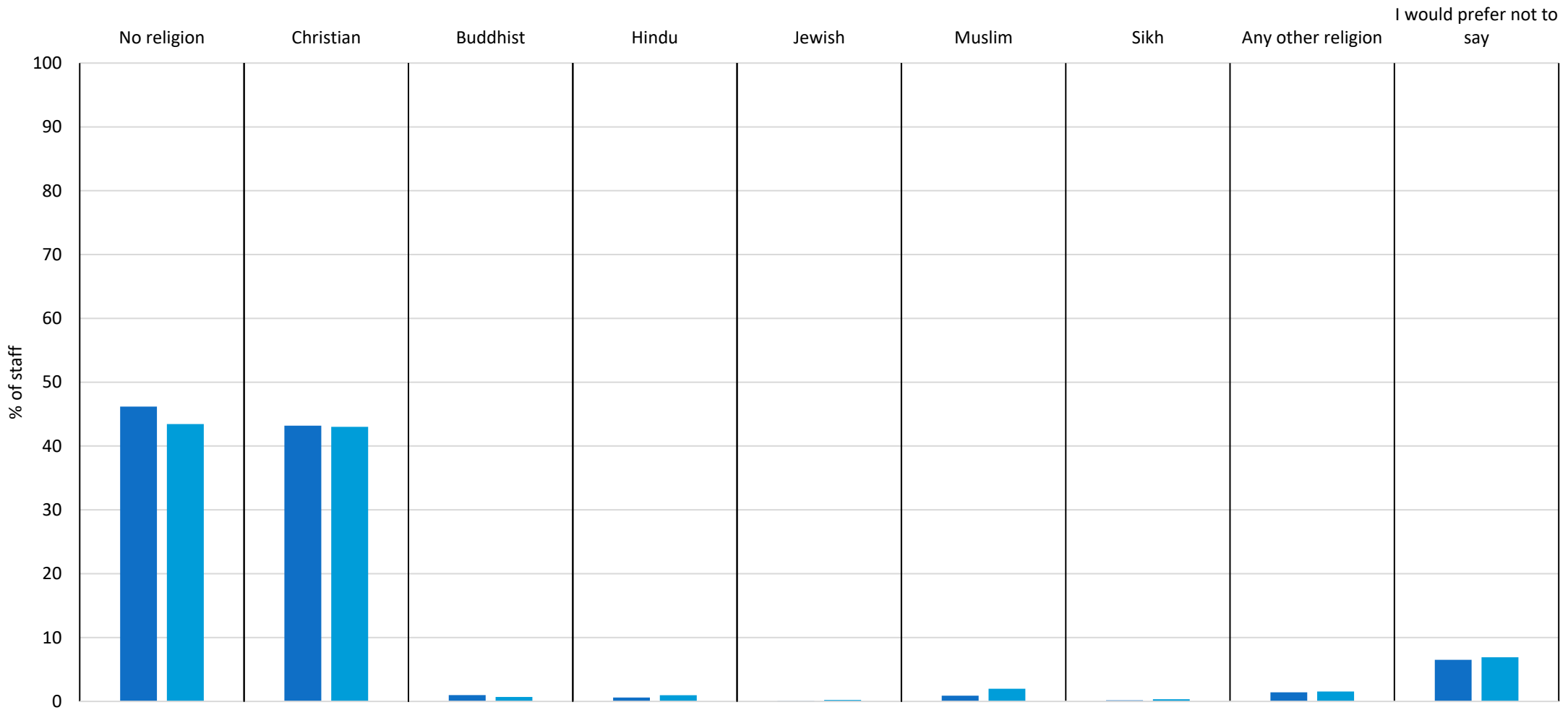
	White	Mixed / Multiple ethnic background	Black / African / Caribbean / Black British	Asian / Asian British	Arab	Other
Your org	93.2%	1.3%	3.2%	1.8%	0.1%	0.4%
Average	87.5%	2.1%	5.1%	3.8%	0.2%	0.7%
Responses	2462	2462	2462	2462	2462	2462

Background details – Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	89.4%	2.4%	1.7%	0.4%	6.0%
Average	87.9%	2.7%	2.5%	0.7%	6.3%
Responses	2475	2475	2475	2475	2475

Background details - Religion



	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	46.2%	43.2%	1.0%	0.6%	0.1%	0.9%	0.2%	1.4%	6.5%
Average	43.4%	43.0%	0.7%	1.0%	0.2%	2.0%	0.3%	1.5%	6.9%
Responses	2471	2471	2471	2471	2471	2471	2471	2471	2471

Background details – Long lasting health condition or illness

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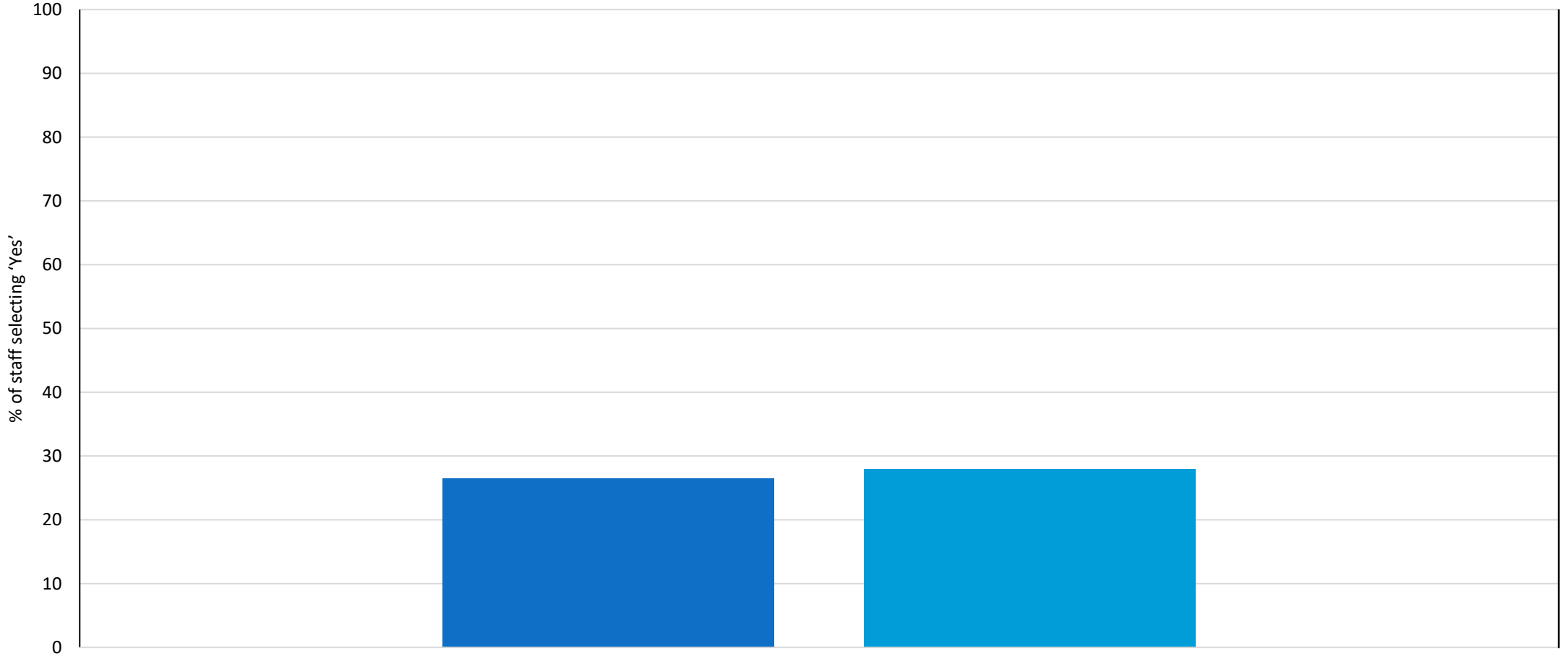
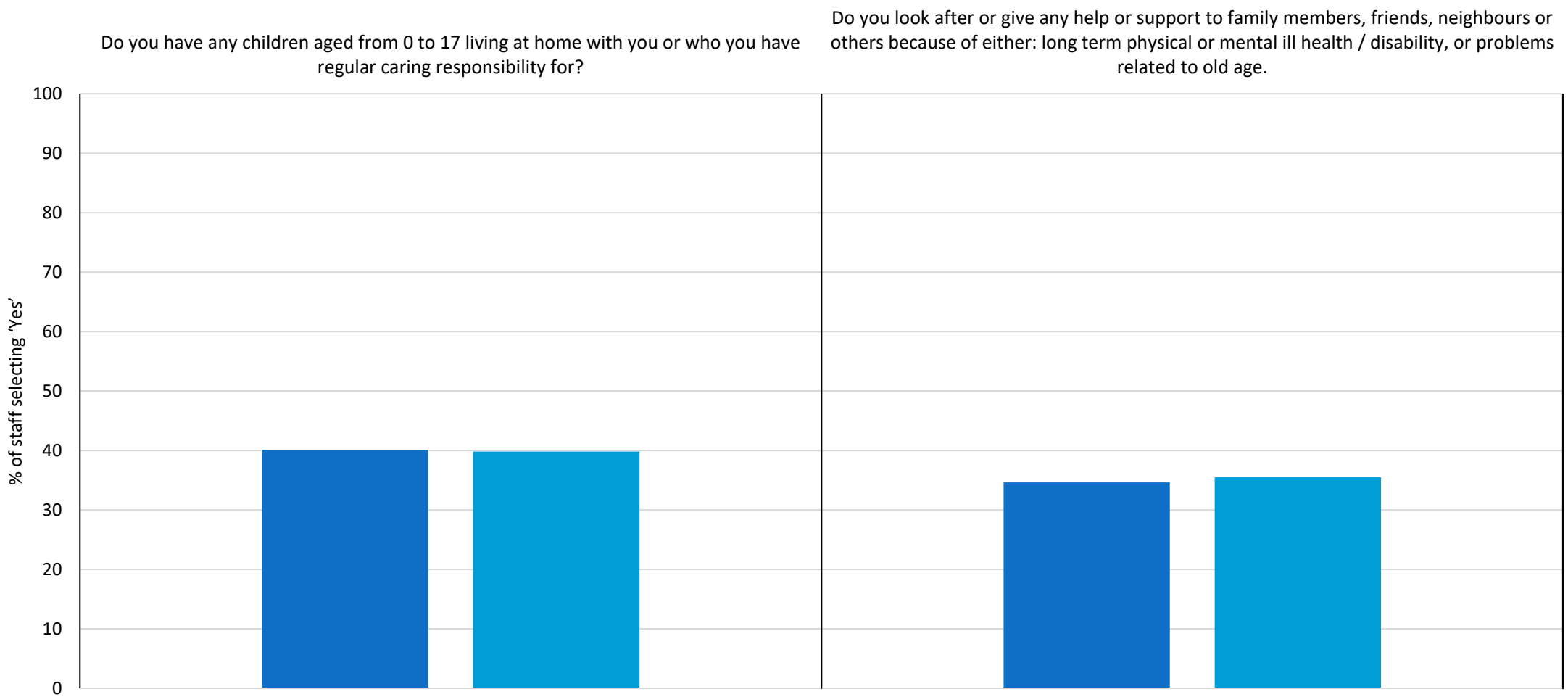
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



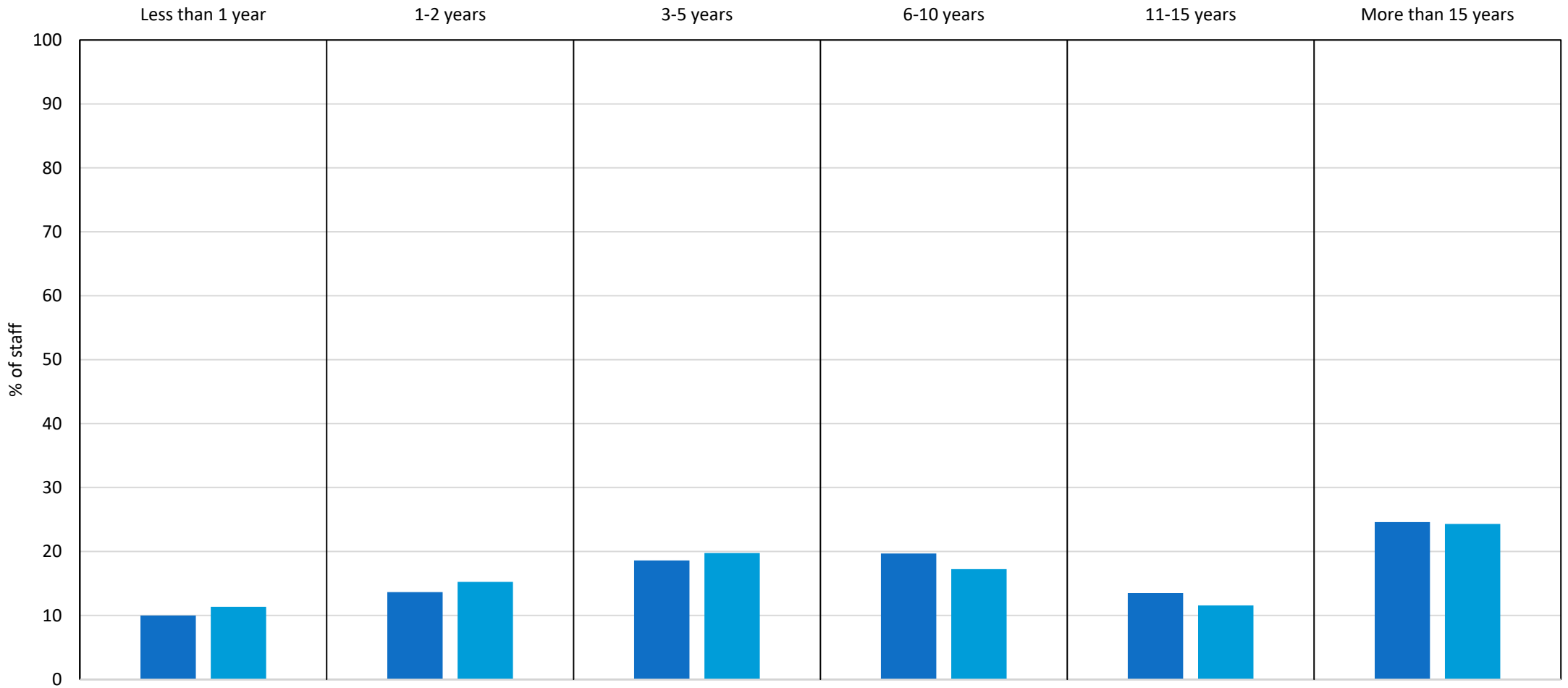
Your org	26.4%
Average	27.9%
Responses	2473

Background details – Parental / caring responsibilities



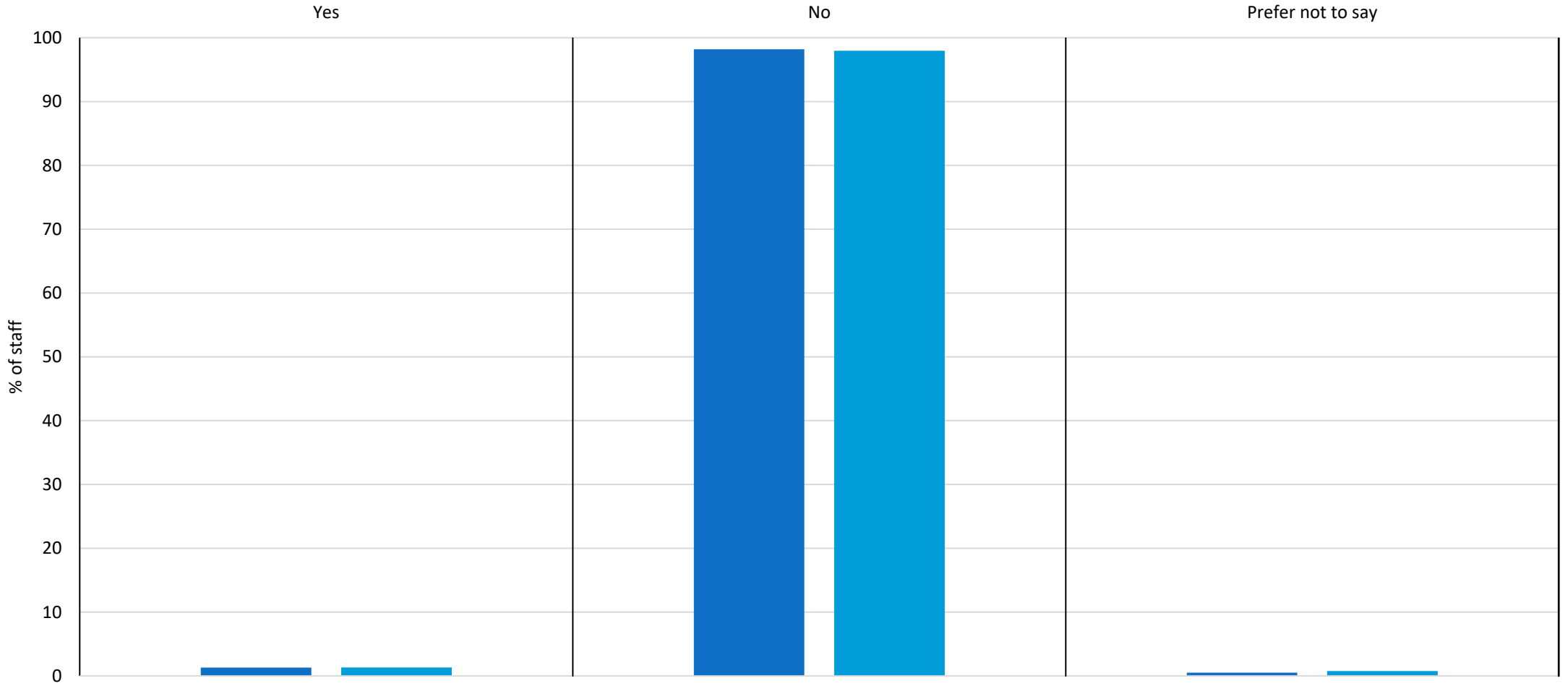
Your org	40.1%	34.6%
Average	39.8%	35.5%
Responses	2461	2446

Background details – Length of service



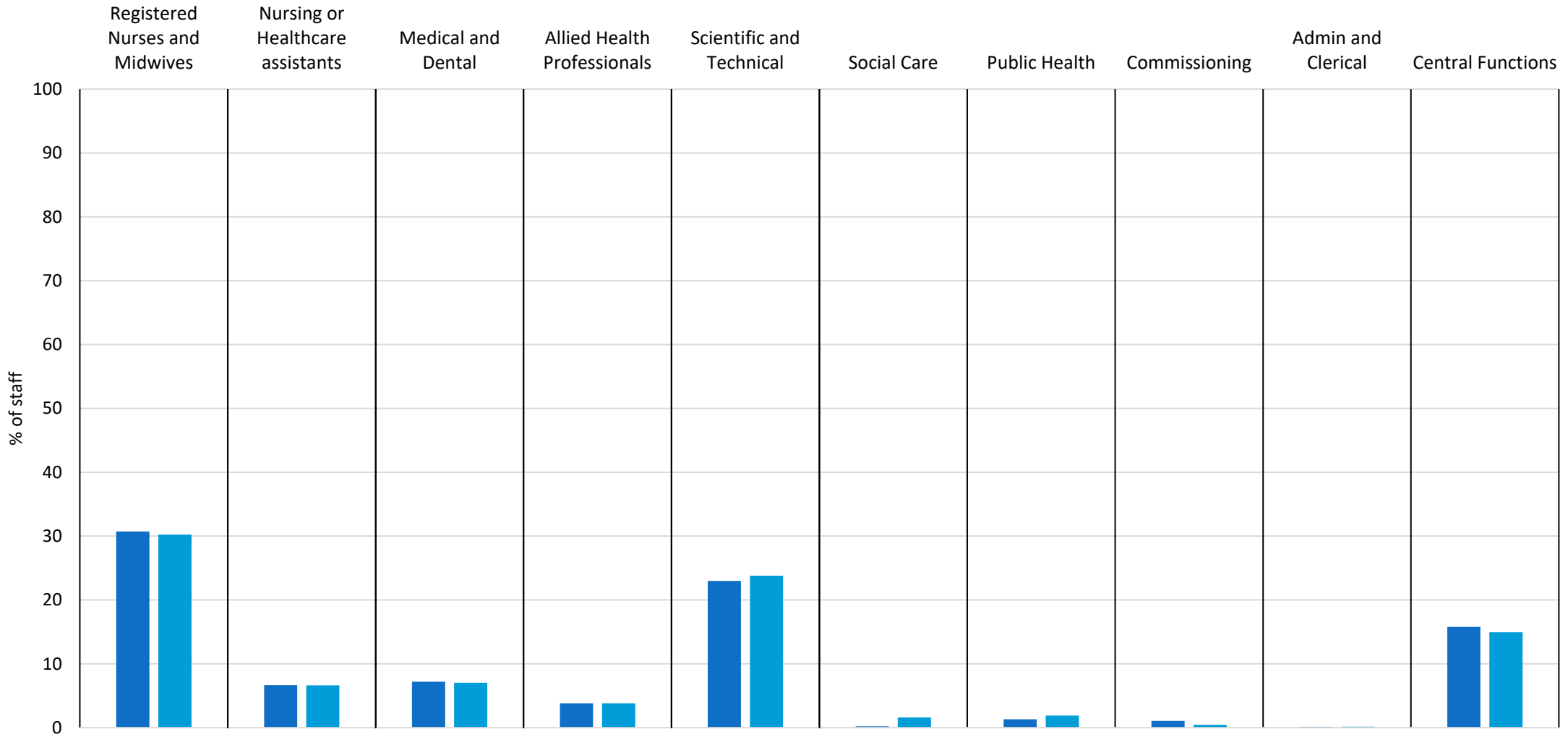
	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	10.0%	13.6%	18.6%	19.7%	13.5%	24.6%
Average	11.4%	15.2%	19.8%	17.2%	11.6%	24.3%
Responses	2484	2484	2484	2484	2484	2484

Background details – When you joined this organisation were you recruited from outside of the UK?



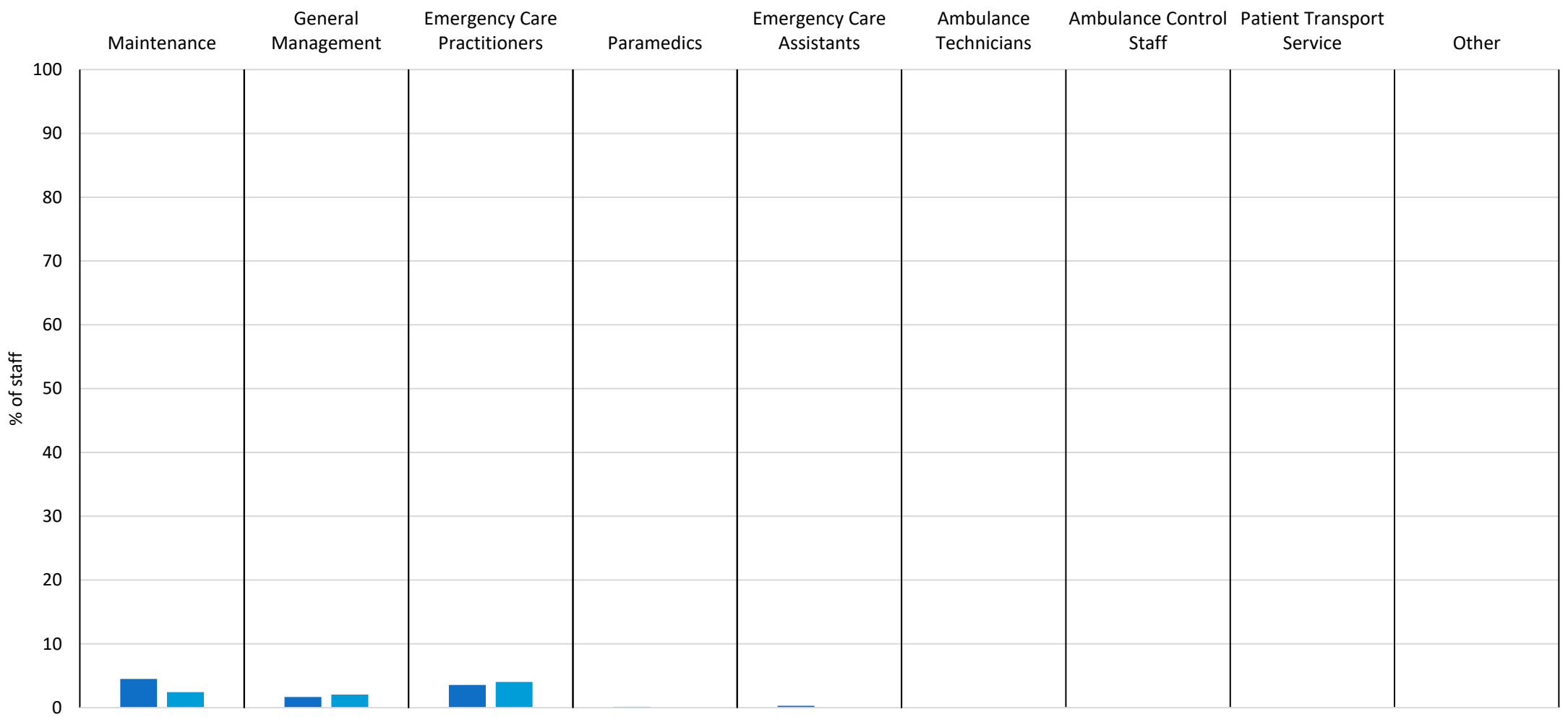
	Yes	No	Prefer not to say
Your org	1.3%	98.2%	0.5%
Average	1.3%	98.0%	0.8%
Responses	2379	2379	2379

Background details – Occupational group



	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions
Your org	30.7%	6.7%	7.2%	3.8%	23.0%	0.2%	1.3%	1.1%	0.1%	15.8%
Average	30.2%	6.6%	7.0%	3.8%	23.8%	1.6%	1.9%	0.4%	0.2%	14.9%
Responses	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445

Background details – Occupational group



	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	4.5%	1.7%	3.6%	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%
Average	2.4%	2.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	2445	2445	2445	2445	2445	2445	2445	2445	2445

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Appendices

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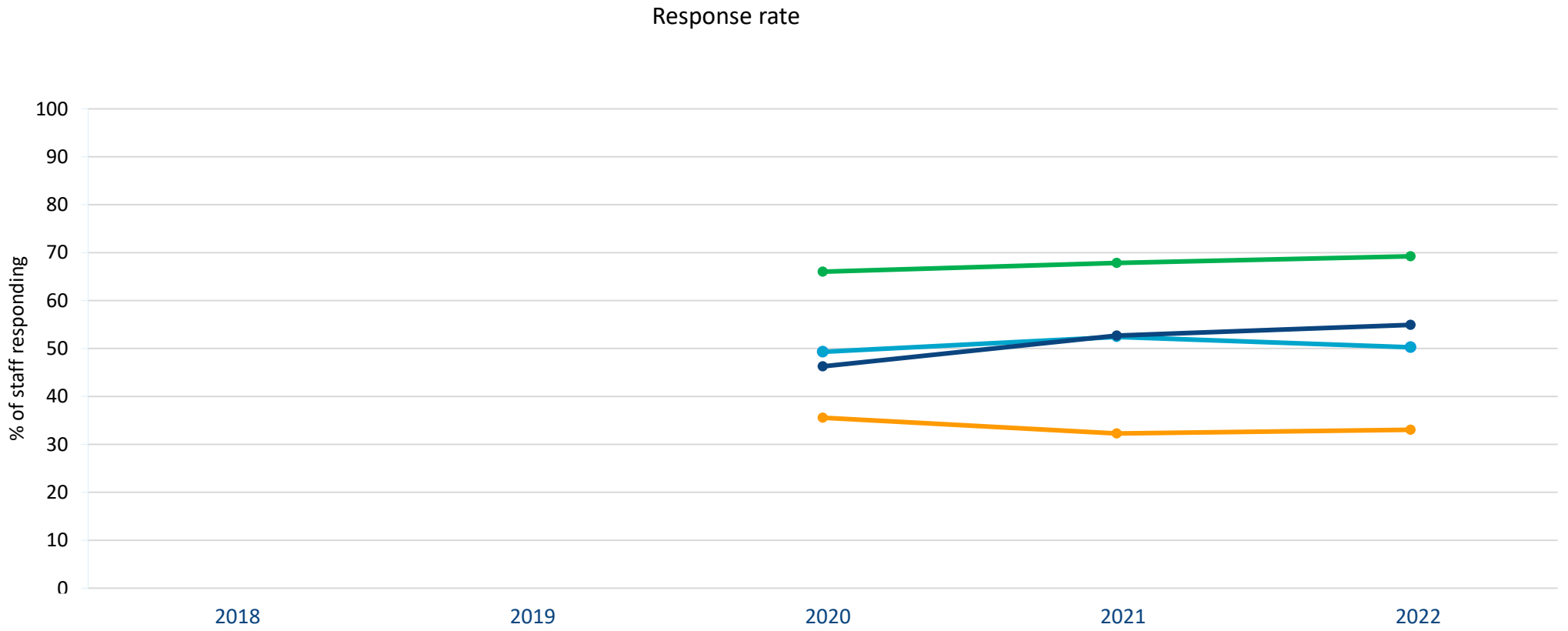
Appendix A: Response rate

Appendix A: Response rate



	2018	2019	2020	2021	2022
Your org	-	-	46.3%	52.7%	54.9%
Highest	-	-	66.0%	67.9%	69.2%
Average	-	-	49.3%	52.4%	50.3%
Lowest	-	-	35.6%	32.3%	33.0%
Responses	-	-	2023	2367	2492

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Appendix B: Significance testing 2021 vs 2022

Appendix B: Significance testing – 2021 vs 2022

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The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.6	2366	7.7	2482	Not significant
We are recognised and rewarded	6.4	2361	6.4	2477	Not significant
We each have a voice that counts	7.1	2351	7.1	2464	Not significant
We are safe and healthy	6.3	2348	6.3	2457	Not significant
We are always learning	5.7	2286	5.8	2420	Significantly higher
We work flexibly	6.6	2354	6.7	2469	Significantly higher
We are a team	7.0	2364	7.2	2480	Significantly higher
Themes					
Staff Engagement	7.2	2365	7.2	2486	Not significant
Morale	6.1	2365	6.2	2484	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence. For more details please see the technical document.

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Appendix C: Tips on using your benchmark report

Appendix C: Data in the benchmark reports

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

Key points to note

The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the Staff Survey website.

A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.

People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

N.B. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2022.

Appendix C: 1. Reviewing People Promise and theme results

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When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

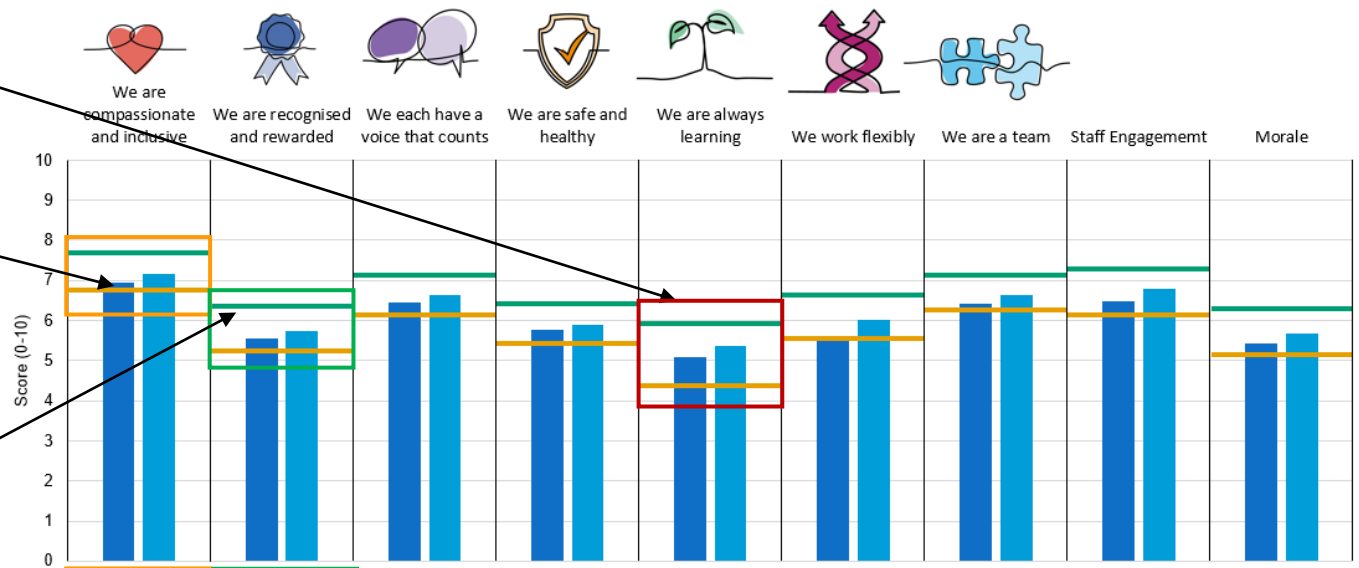
It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.0	5.5	6.4	5.8	5.1	5.6	6.4	6.5	5.4
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	8284	8225	8175	8244	7877	8187	8264	8288	8294

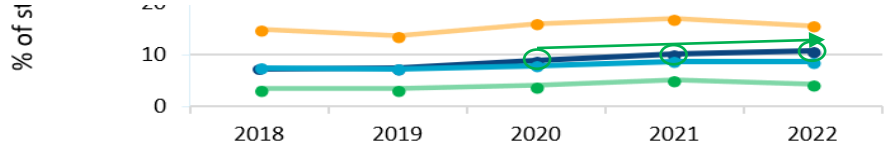
Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Survey Coordination Centre NHS

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.



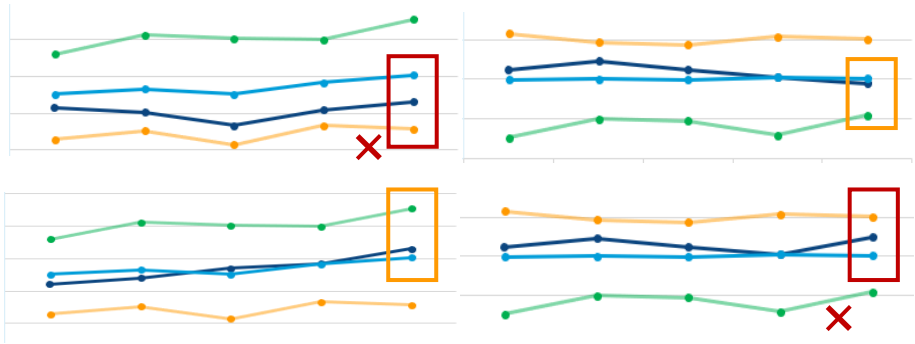
	2018	2019	2020	2021	2022
Your org	7.3%	7.4%	8.9%	10.2%	10.8%
Best	3.4%	3.4%	4.0%	5.1%	4.2%
Average	7.5%	7.3%	7.9%	8.8%	8.7%
Worst	14.9%	13.8%	16.1%	17.2%	15.7%

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the '**Question results**' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results.** Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



✕ = Negative driver, org result falls between average & worst benchmarking group result for question

Appendix C: 3. Reviewing question results

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

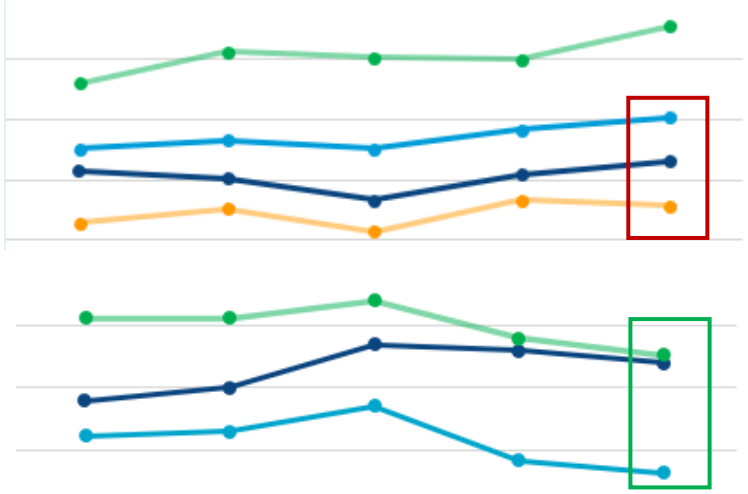
Identifying questions of interest

- **Pre-defined questions of interest – key questions for your organisation**

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

- **Identifying questions of interest based on the results in this report**

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Survey Coordination Centre

NHS

Appendix D: Additional reporting outputs

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Appendix D: Additional reporting outputs

Survey Coordination Centre NHS

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other local results

Local Dashboards: Online dashboards containing results for each participating organisation, similar those provided in this report, with trend data and benchmark results for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.

Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for Gloucestershire Health and Care NHS Foundation Trust.

National results

National Dashboards: Online dashboards containing national results for NHS trusts with trend data for up to five years where possible. These dashboards show the results for different trust types and include the full breakdown or response options for each question.

Regional / System overview and **Regional / System breakdown** Dashboards containing results for each region and each ICS.

Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

Survey Coordination Centre

NHS

Gloucestershire Health and Care NHS Foundation Trust

2022 NHS Staff Survey

Breakdown report

Contents (1)

Contents (2)

This directorate report for Gloucestershire Health and Care NHS Foundation Trust contains results by breakdown for People Promise element and theme results from the 2022 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the 'Your org' scores reported in this directorate report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

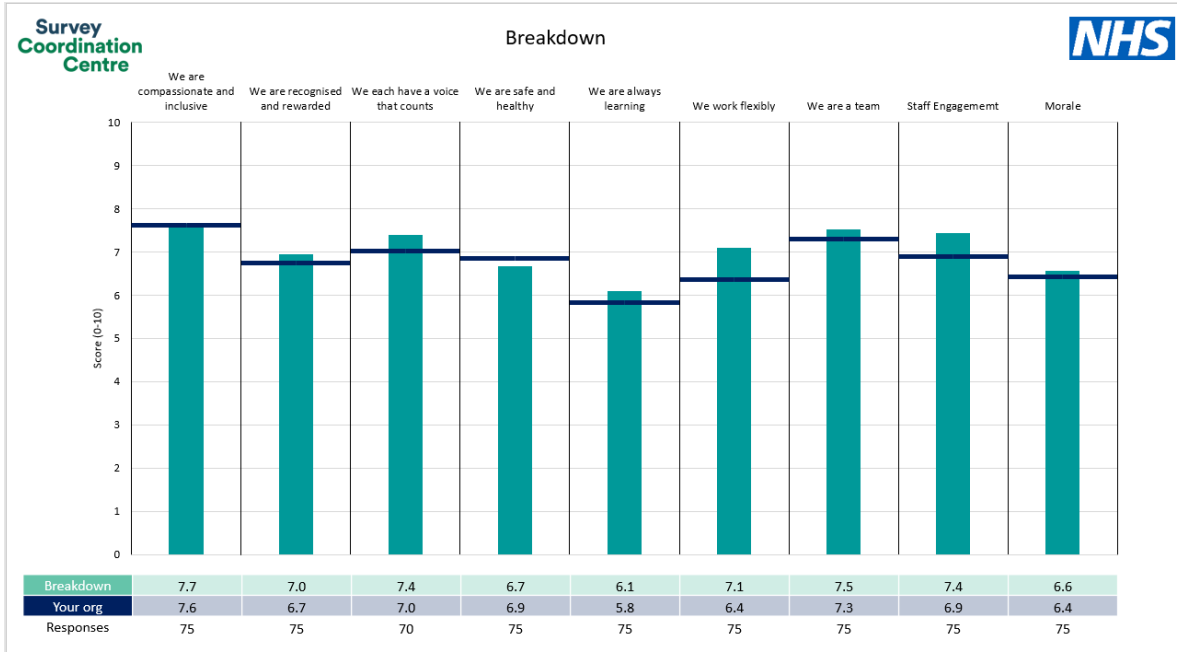
The breakdowns used in this report were provided and defined by Gloucestershire Health and Care NHS Foundation Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a directorate is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score

The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the directorate and trust scores.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	7.0	7.4	6.7	6.1	7.1	7.5	7.4	6.6
Your org	7.6	6.7	7.0	6.9	5.8	6.4	7.3	6.9	6.4
Responses	75	75	70	75	75	75	75	75	75

! Note: when there are less than 11 responses in a group, results are suppressed to protect staff confidentiality, for some organisations this could mean that all breakdown results are suppressed.

Survey Coordination Centre

NHS

Breakdowns 1

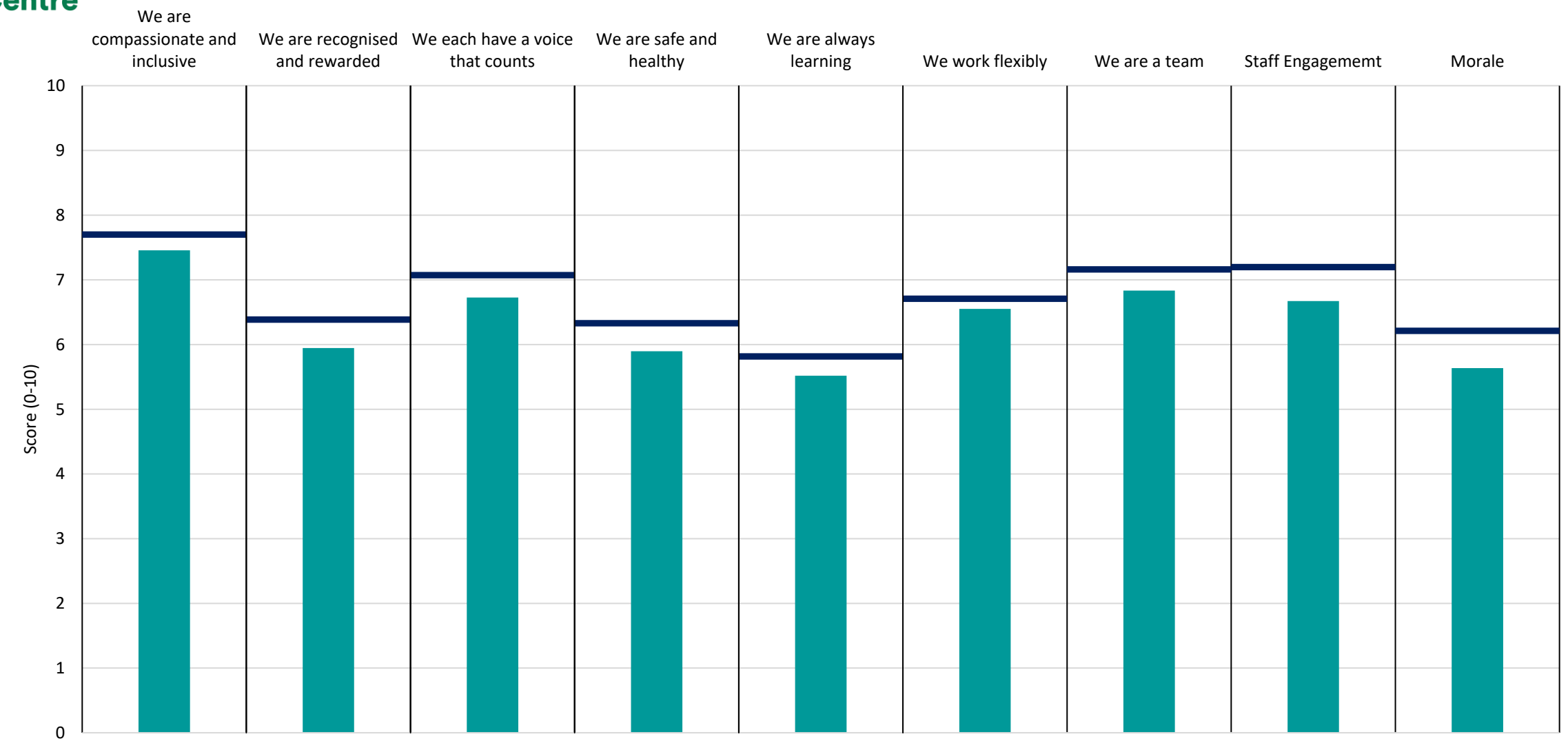
Gloucestershire Health and Care NHS Foundation Trust

2022 NHS Staff Survey

Survey Coordination Centre

Adult Comm Therapy & Equip

NHS

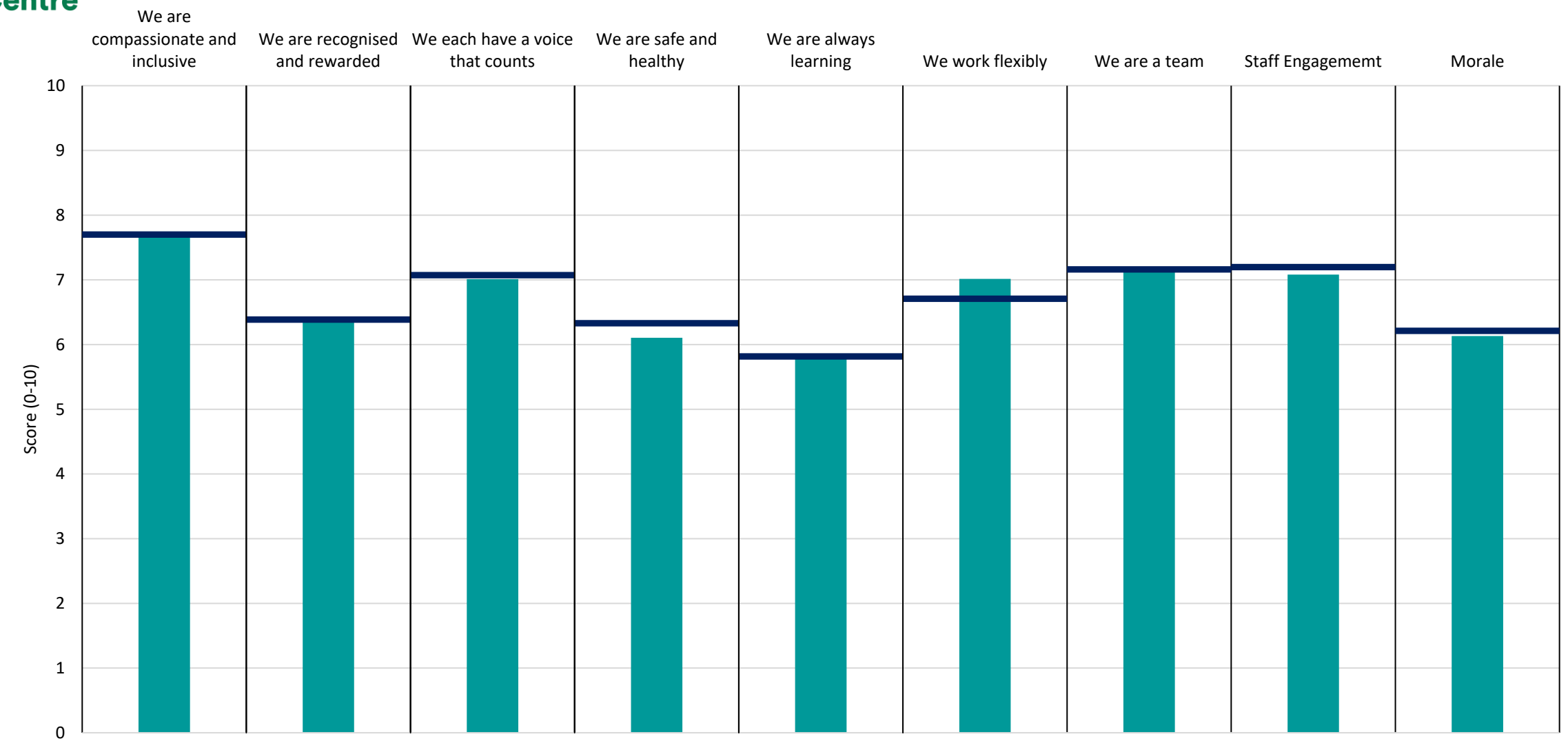


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.5	5.9	6.7	5.9	5.5	6.6	6.8	6.7	5.6
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	101	101	101	101	97	101	101	101	101

Survey Coordination Centre

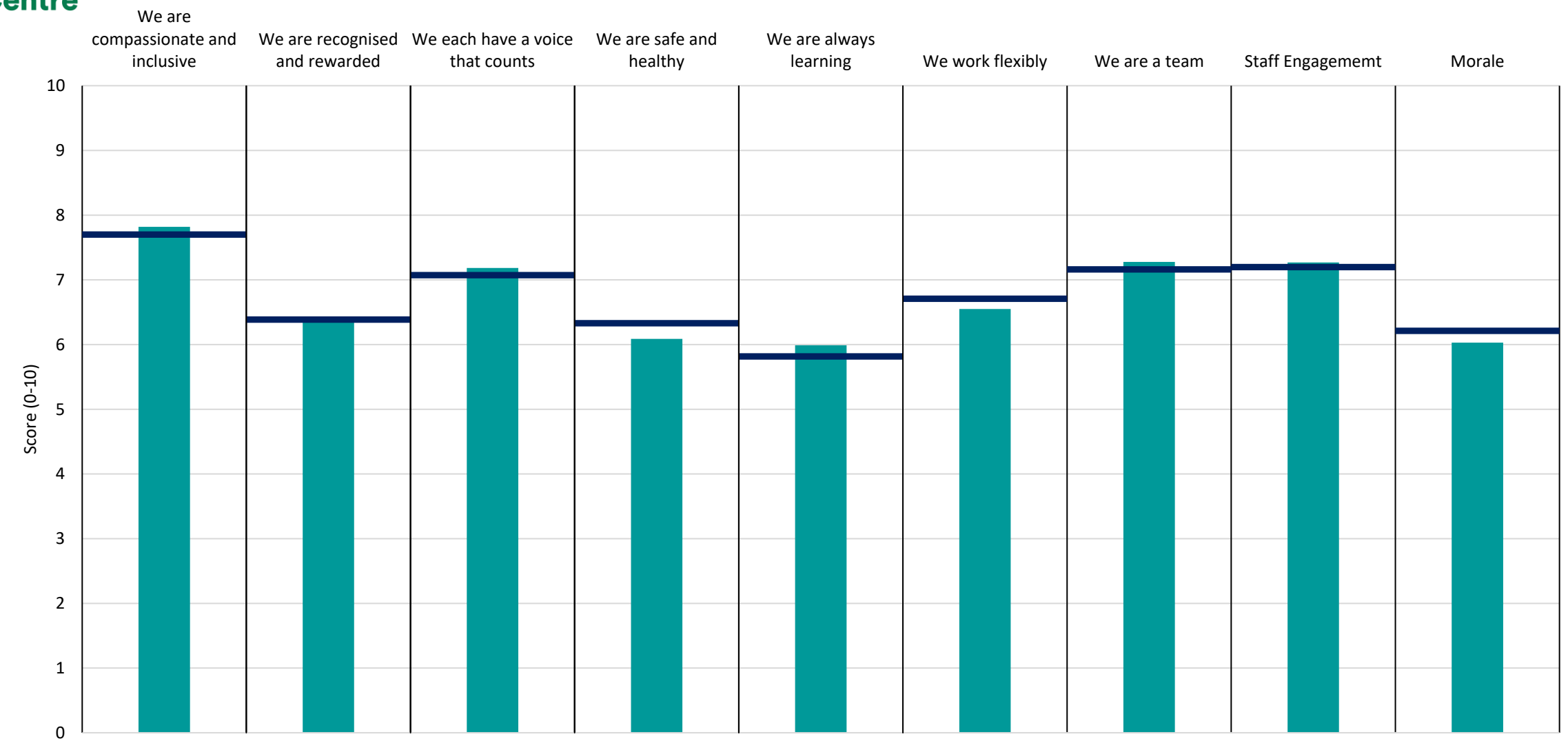
Adult Community MH & LD

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	6.4	7.0	6.1	5.8	7.0	7.2	7.1	6.1
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	206	205	204	202	203	205	206	206	206

Adult Community Physical Health

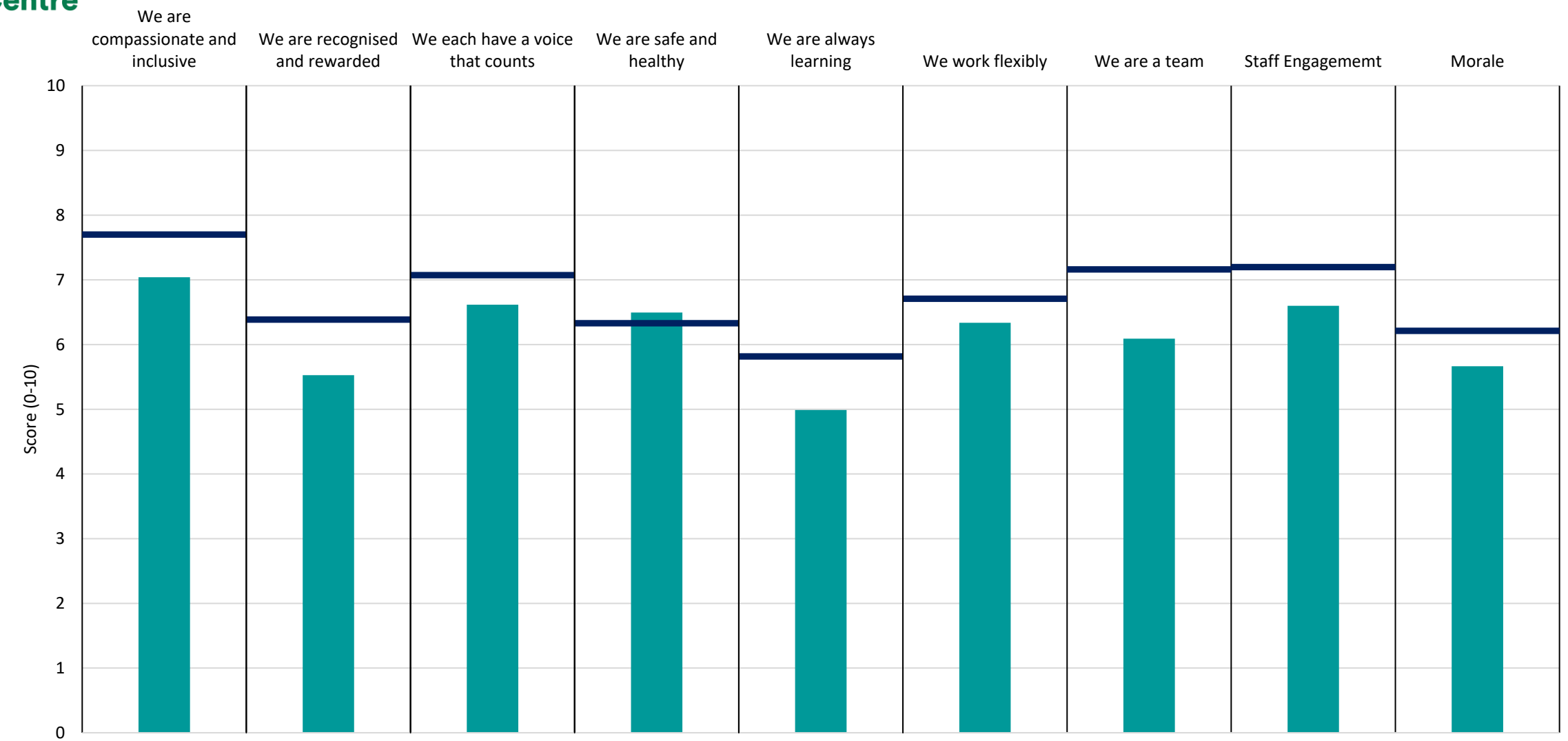


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.8	6.4	7.2	6.1	6.0	6.5	7.3	7.3	6.0
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	284	285	282	283	280	284	285	285	285

Survey Coordination Centre

CYPS Management & Admin

NHS

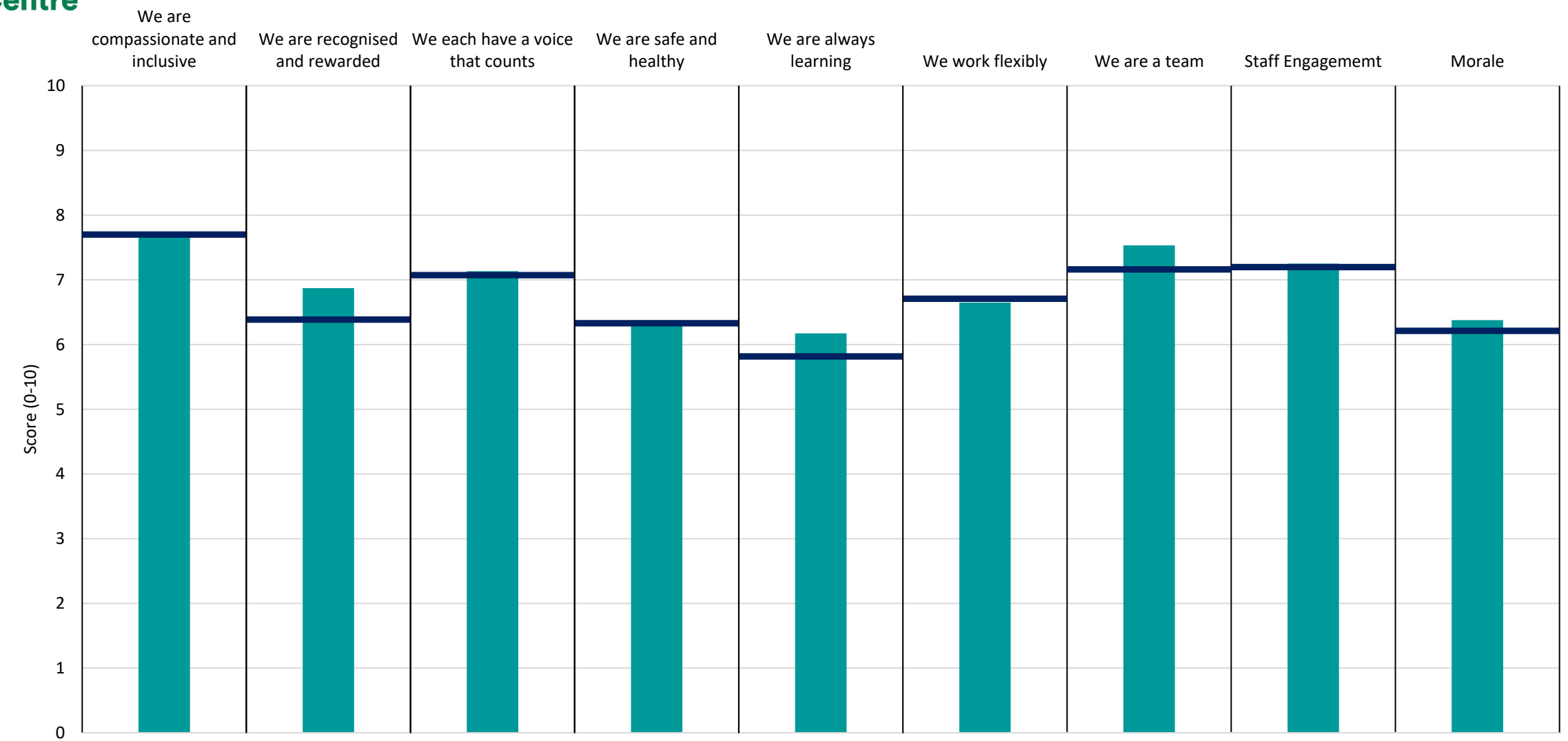


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.0	5.5	6.6	6.5	5.0	6.3	6.1	6.6	5.7
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	55	55	55	56	55	55	56	56	56

Survey Coordination Centre

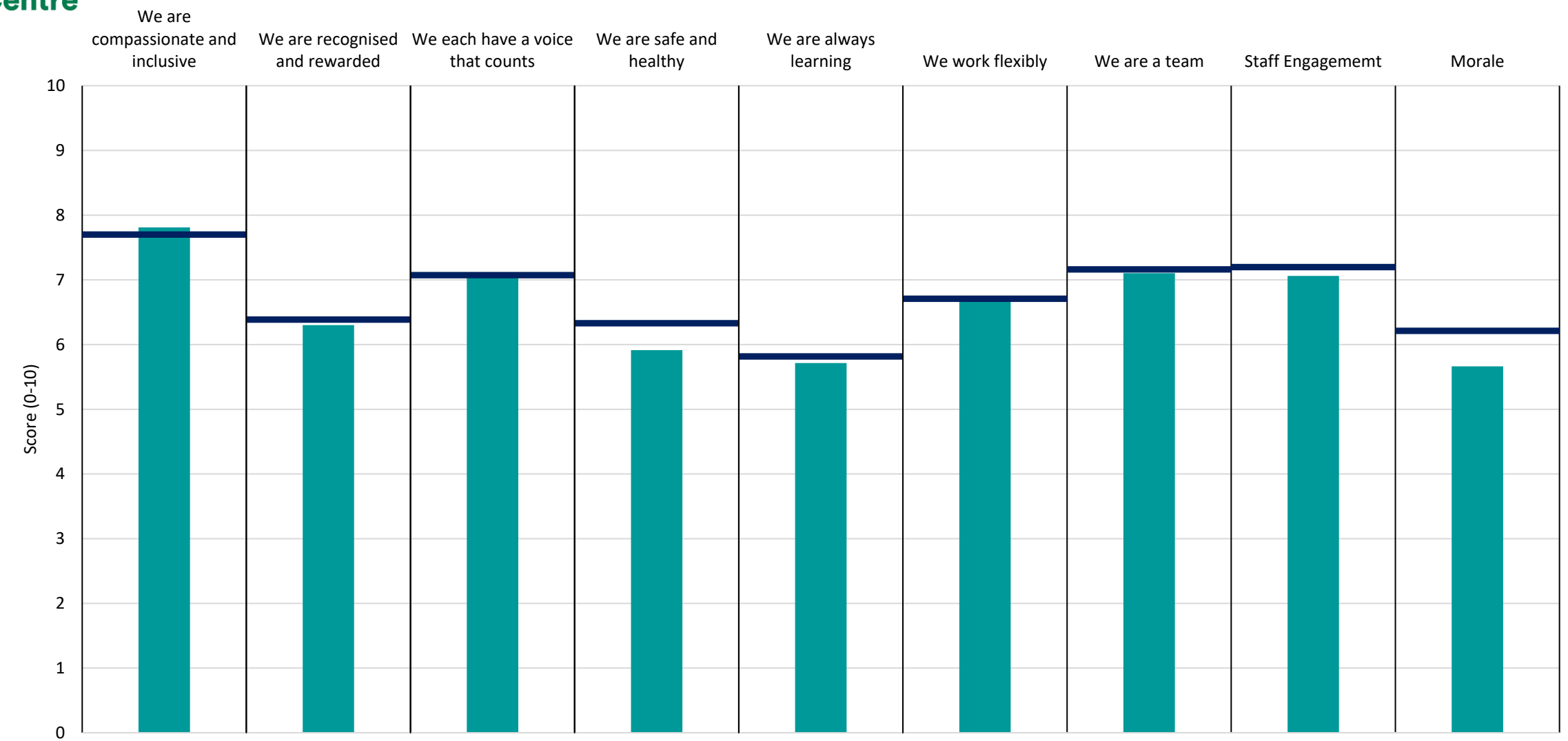
CYPS Mental Health

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	6.9	7.1	6.4	6.2	6.6	7.5	7.3	6.4
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	78	78	78	78	77	78	78	78	78

CYPS Physical Health

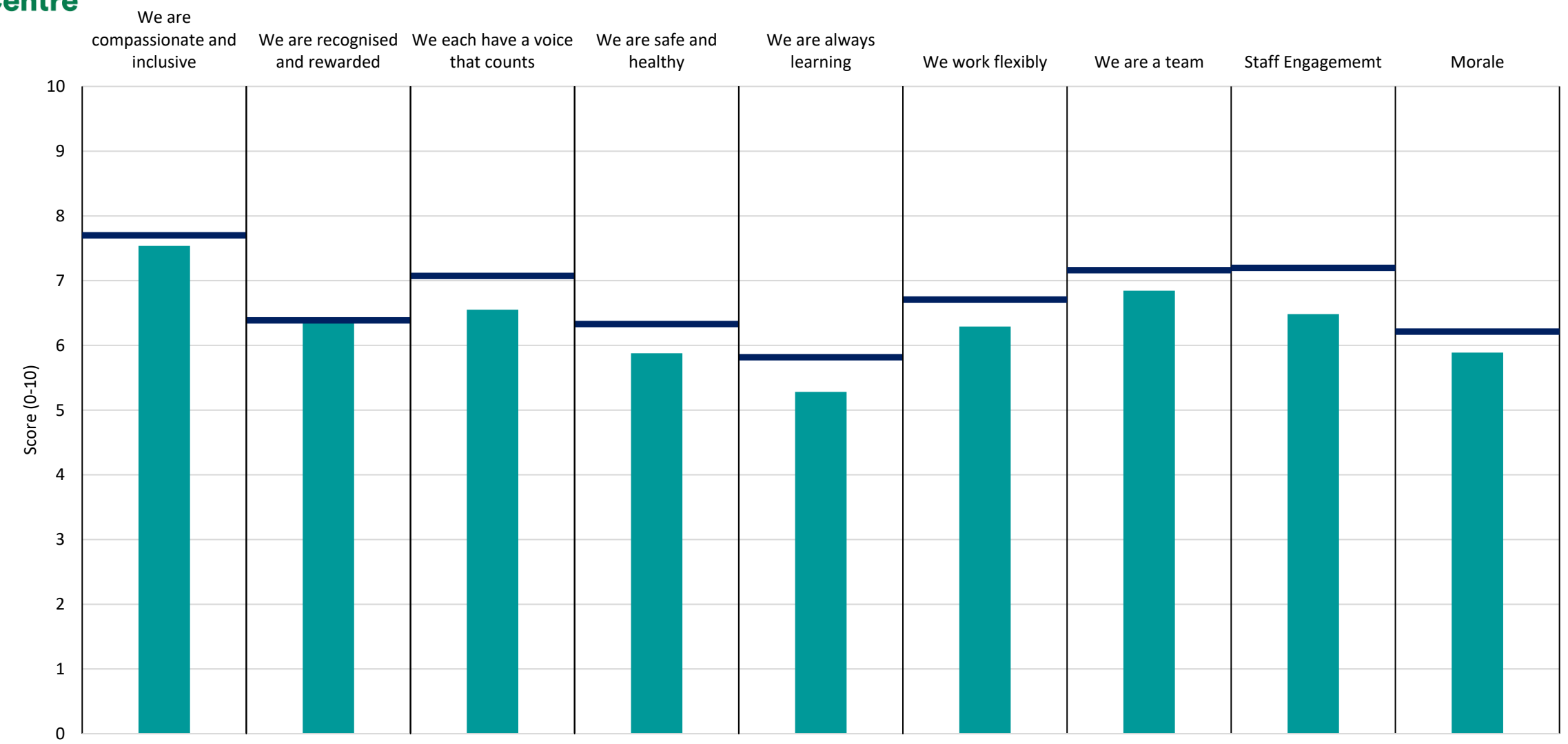


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.8	6.3	7.0	5.9	5.7	6.7	7.1	7.1	5.7
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	163	163	163	163	161	163	162	163	163

Survey Coordination Centre

Entry Level Services

NHS

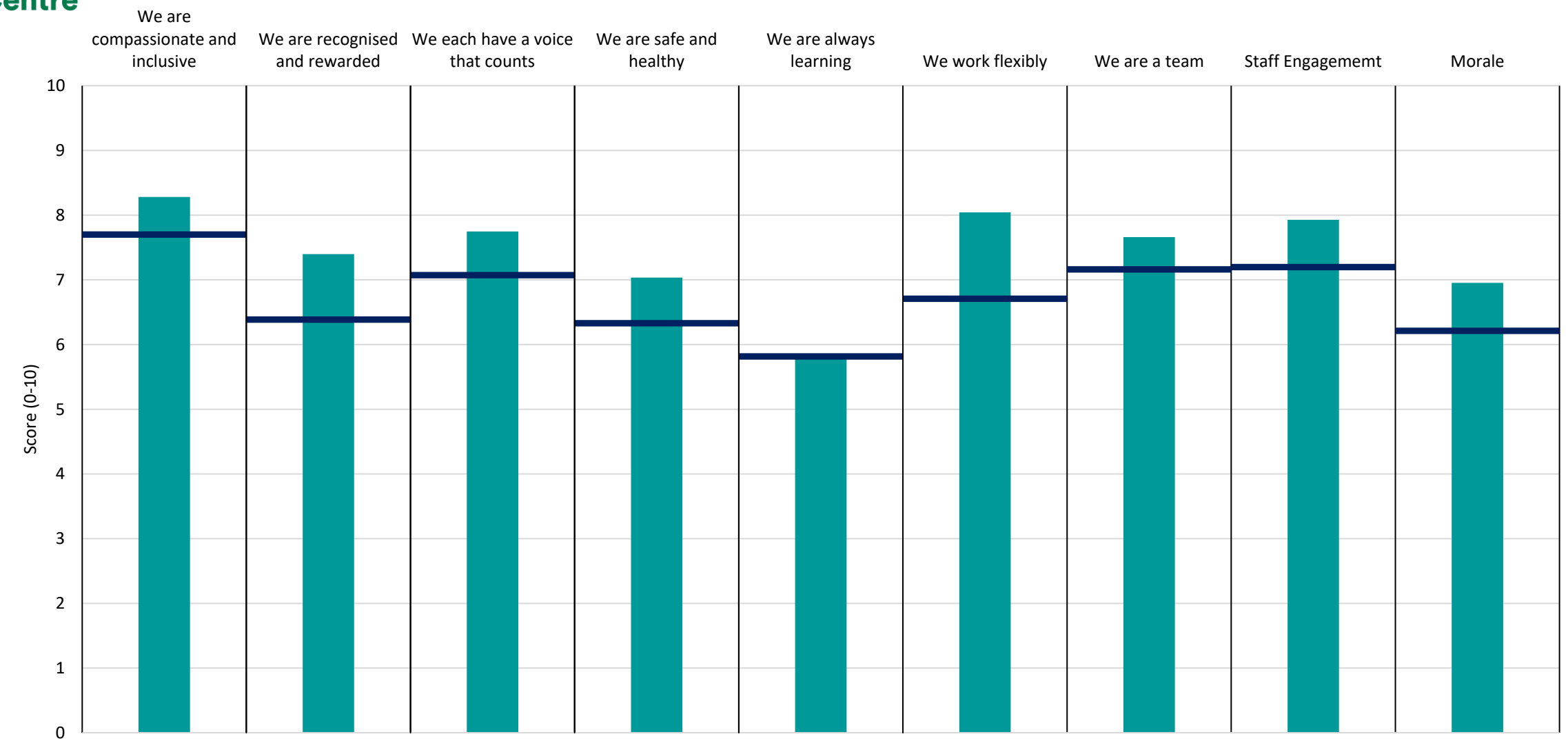


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.5	6.4	6.6	5.9	5.3	6.3	6.8	6.5	5.9
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	92	92	92	92	91	91	92	92	92

Survey Coordination Centre

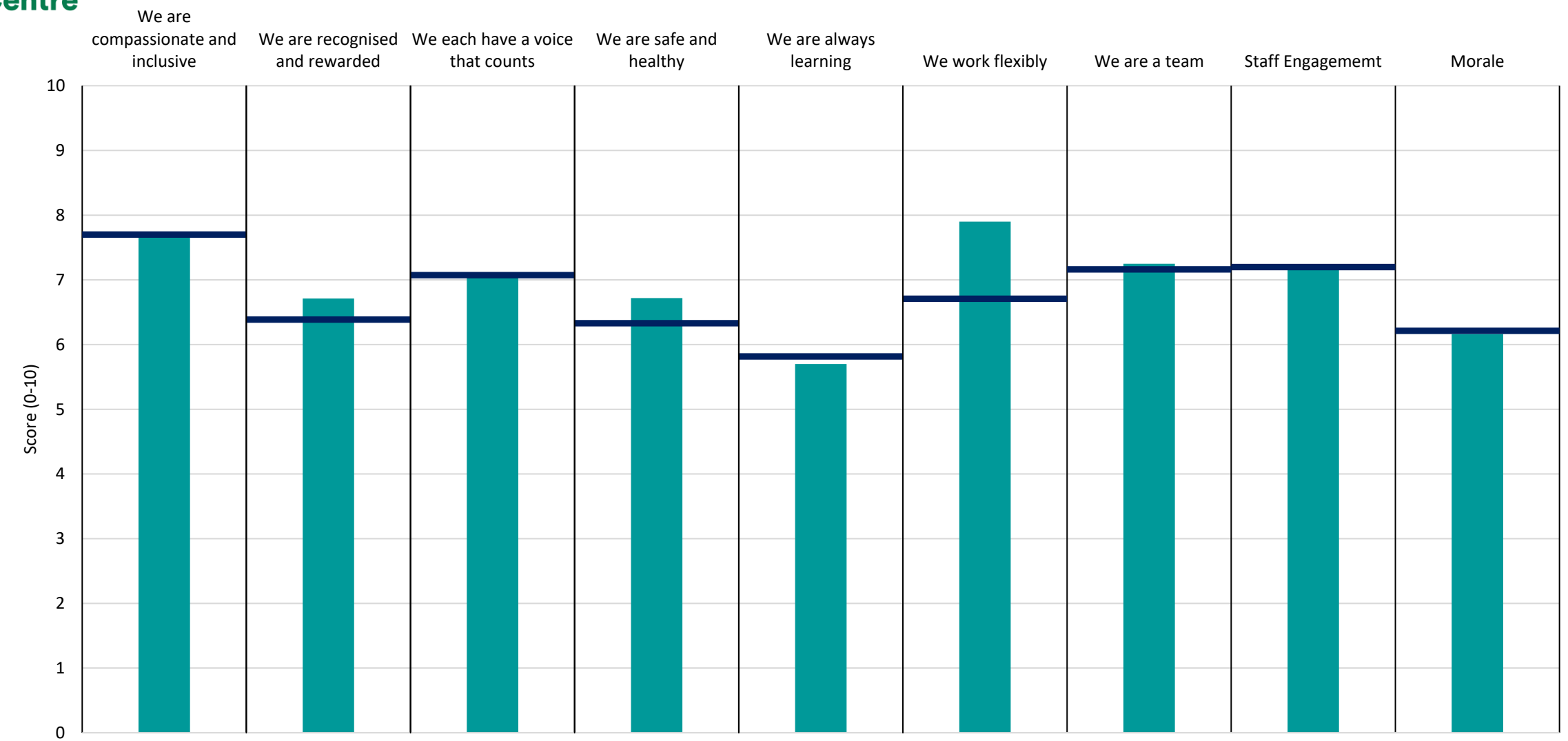
Executive

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	8.3	7.4	7.7	7.0	5.8	8.0	7.7	7.9	7.0
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	33	33	33	33	31	33	33	33	33

Finance

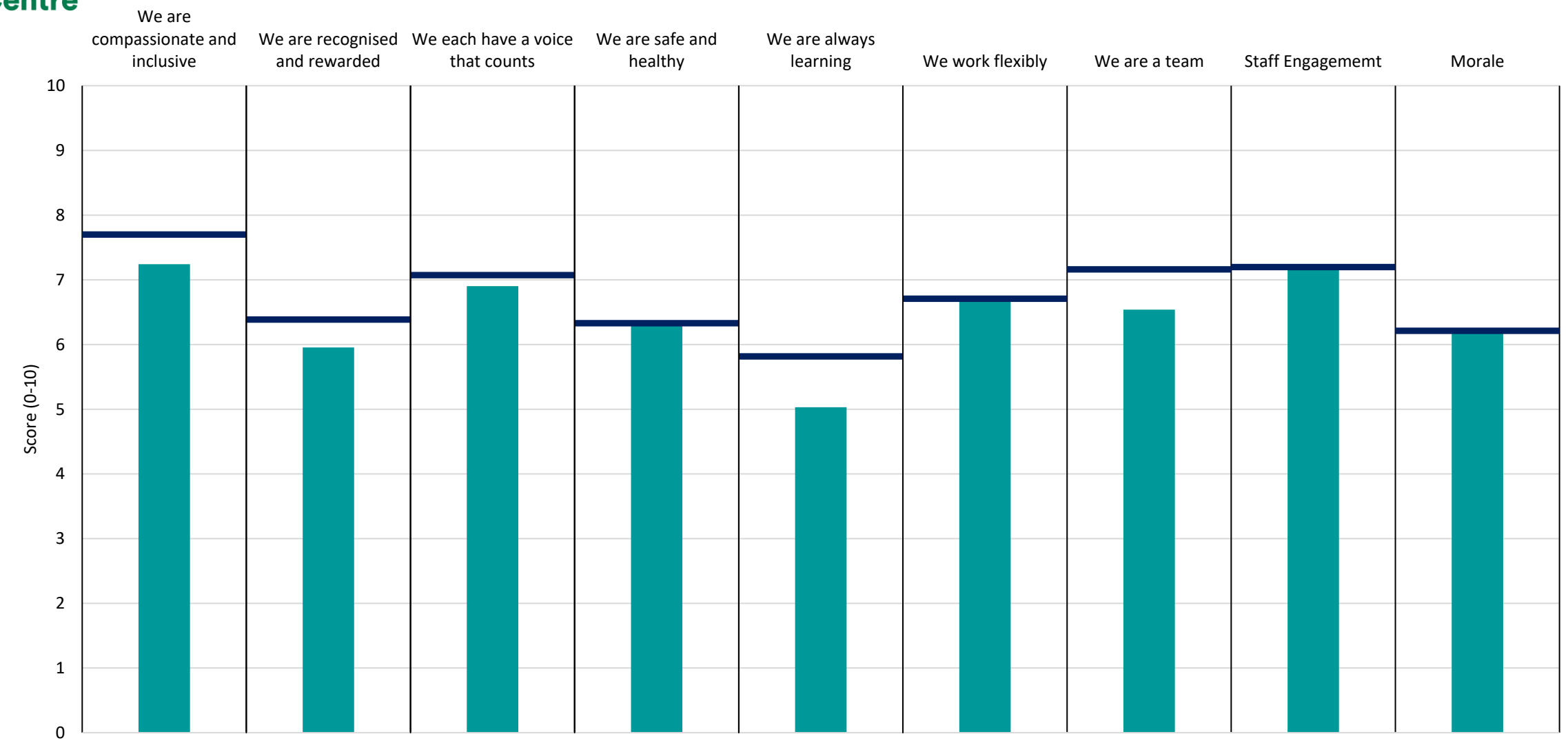


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	6.7	7.1	6.7	5.7	7.9	7.2	7.2	6.2
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	51	51	51	51	46	51	51	51	51

Survey Coordination Centre

Finance - Estates

NHS

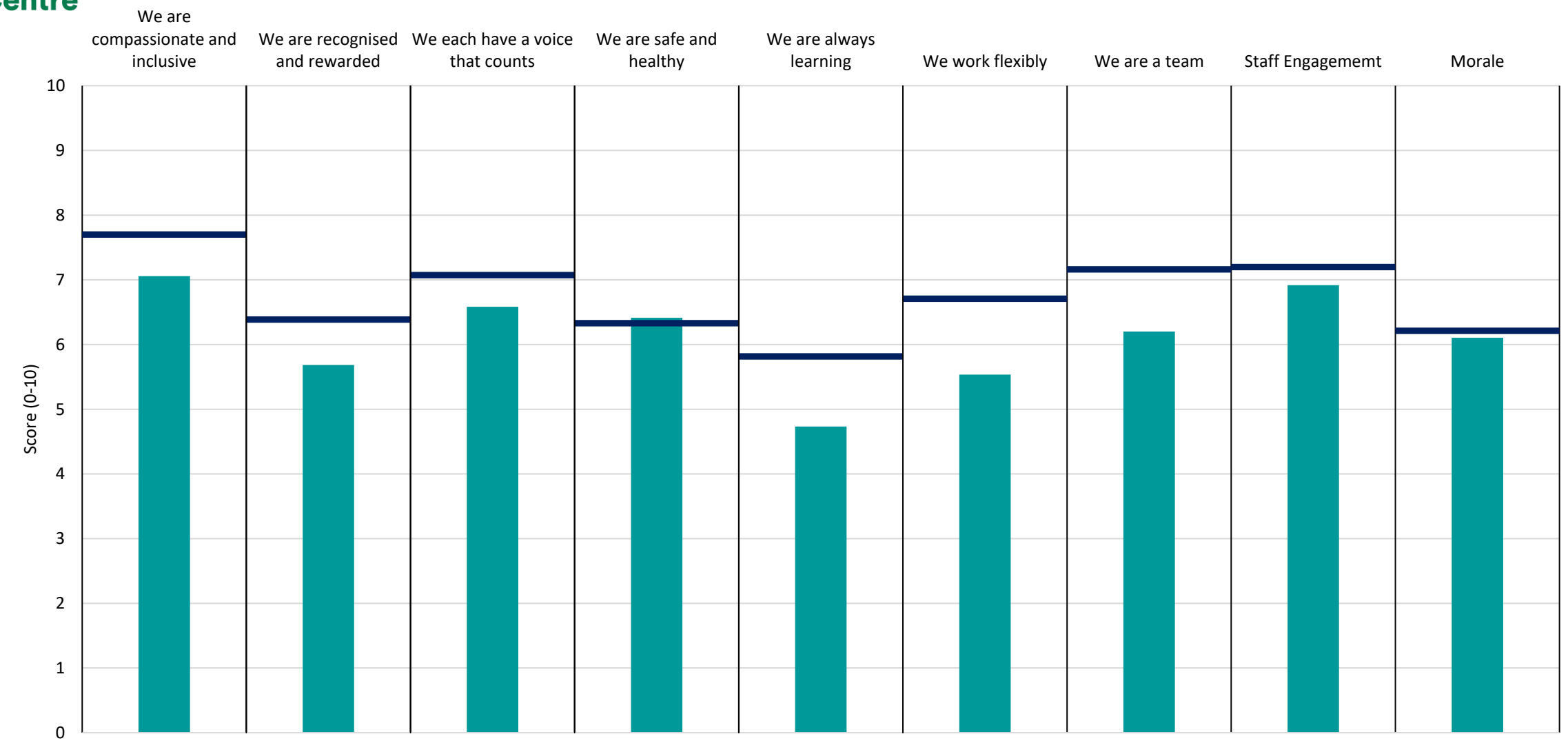


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.2	6.0	6.9	6.4	5.0	6.7	6.5	7.2	6.2
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	33	33	33	33	33	32	33	33	33

Survey Coordination Centre

Finance - Facilities

NHS

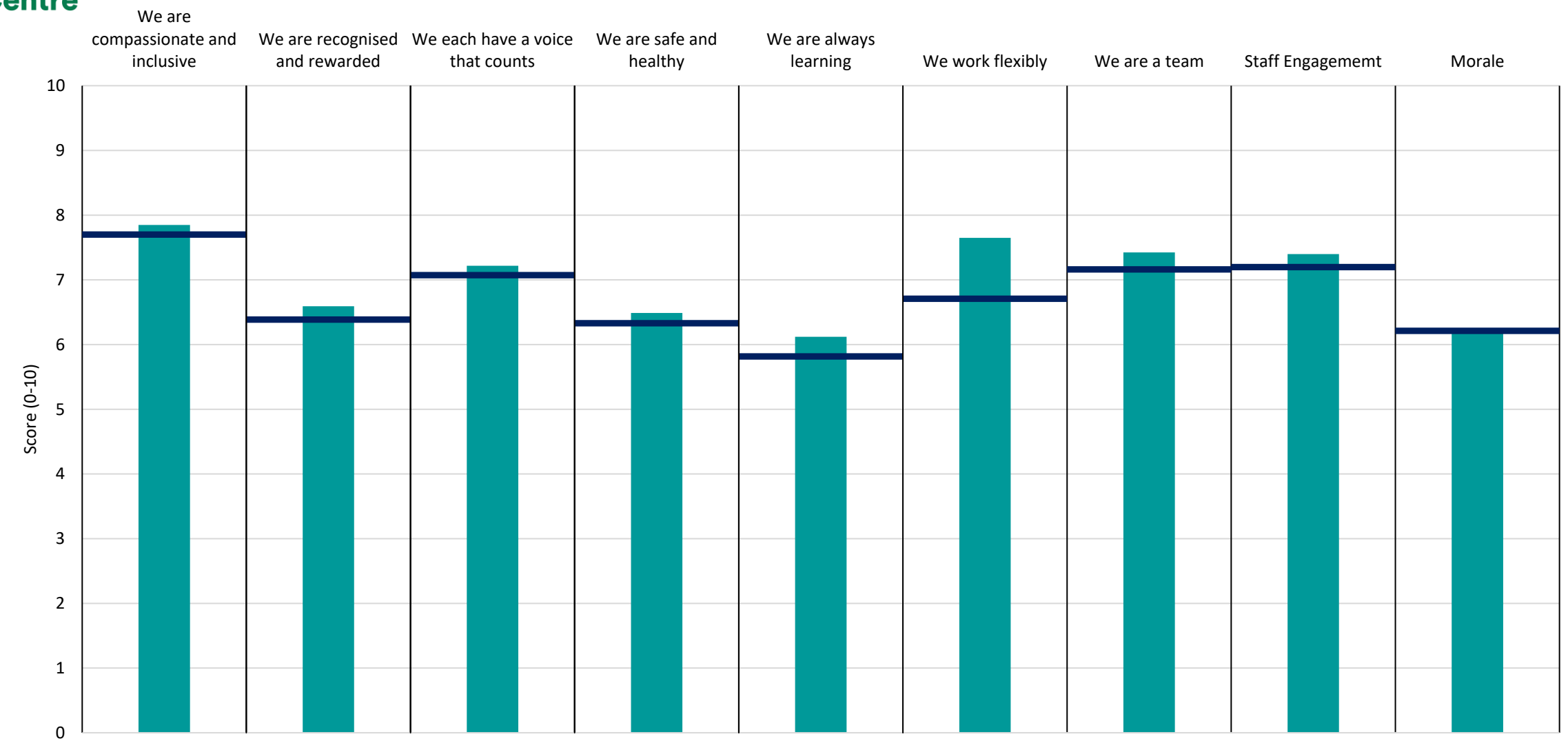


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.1	5.7	6.6	6.4	4.7	5.5	6.2	6.9	6.1
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	101	101	96	90	95	98	101	102	102

Survey Coordination Centre

Finance IT

NHS

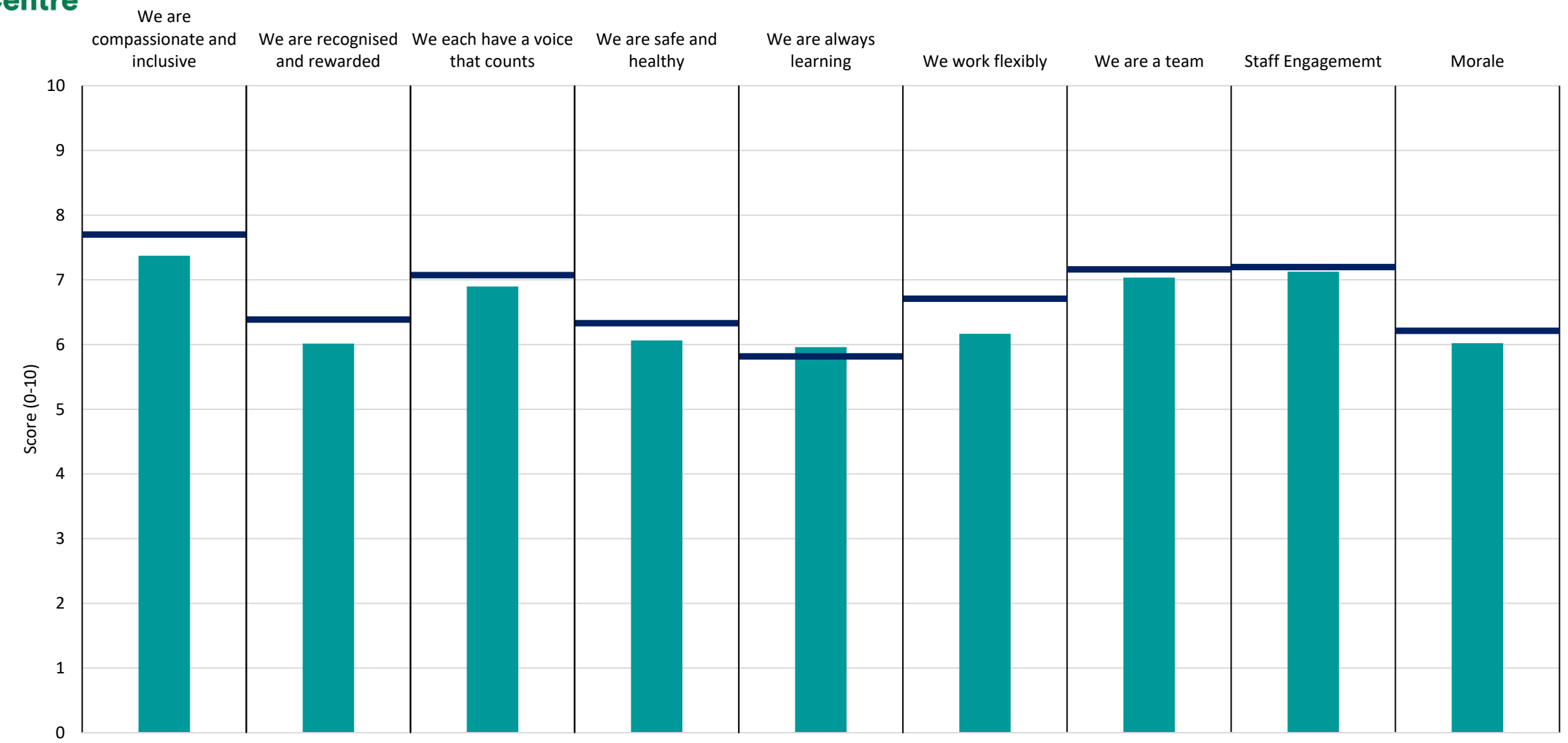


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.8	6.6	7.2	6.5	6.1	7.6	7.4	7.4	6.2
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	56	56	54	56	53	56	55	56	56

Survey Coordination Centre

Hospitals Mental Health

NHS

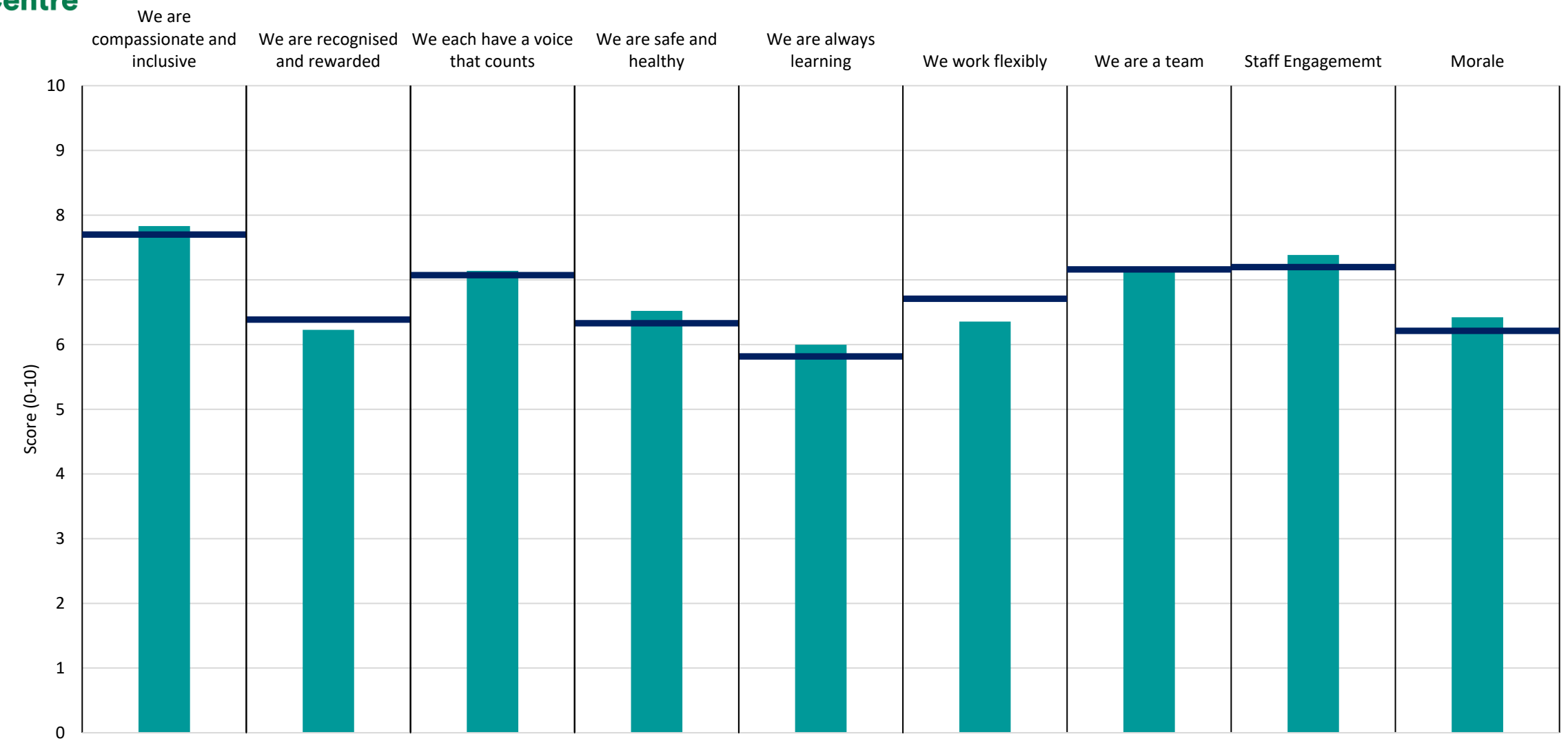


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.4	6.0	6.9	6.1	6.0	6.2	7.0	7.1	6.0
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	174	174	171	169	173	173	172	175	173

Survey Coordination Centre

Hospitals Physical Health

NHS

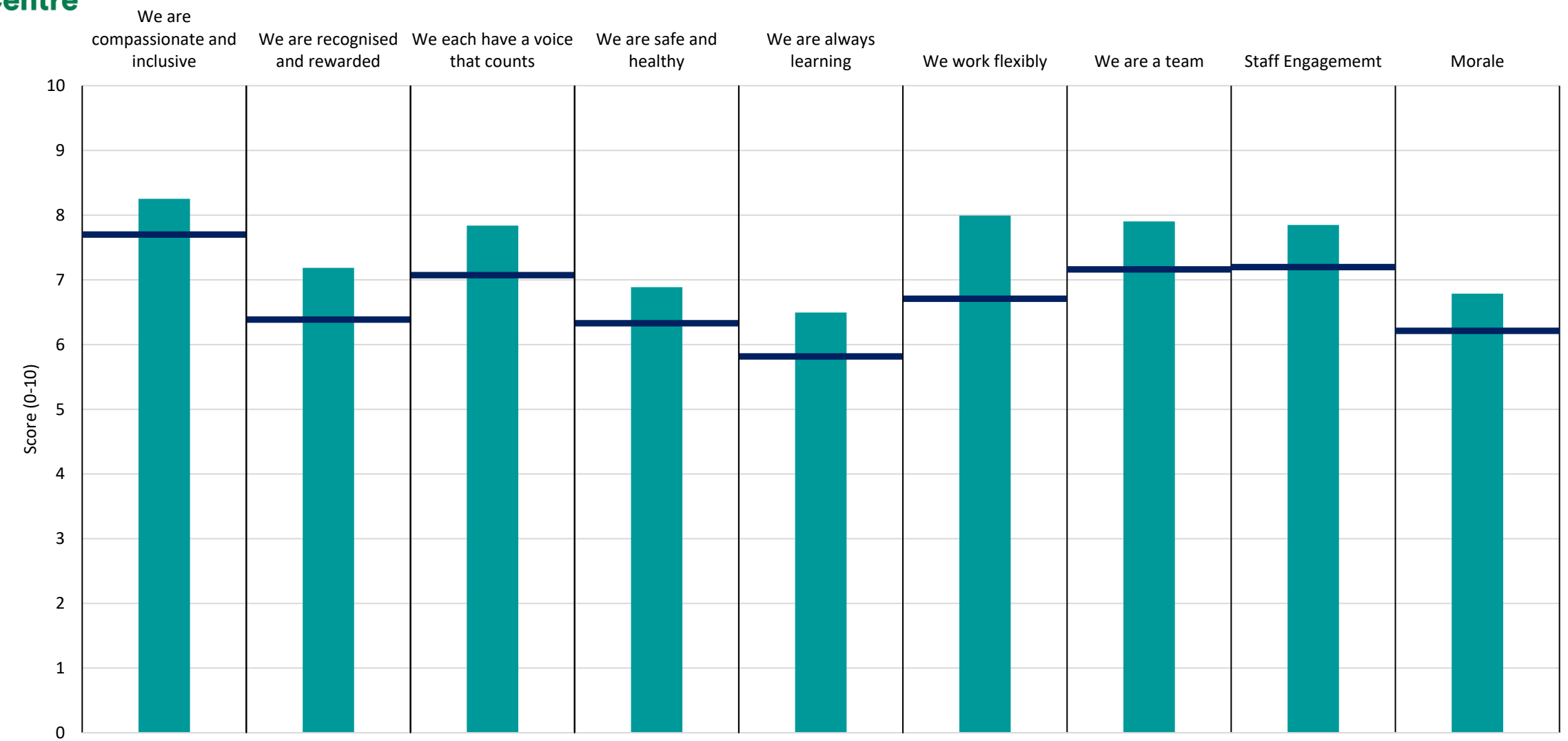


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.8	6.2	7.1	6.5	6.0	6.4	7.2	7.4	6.4
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	343	342	342	342	328	342	343	343	343

Survey Coordination Centre

Human Resources

NHS

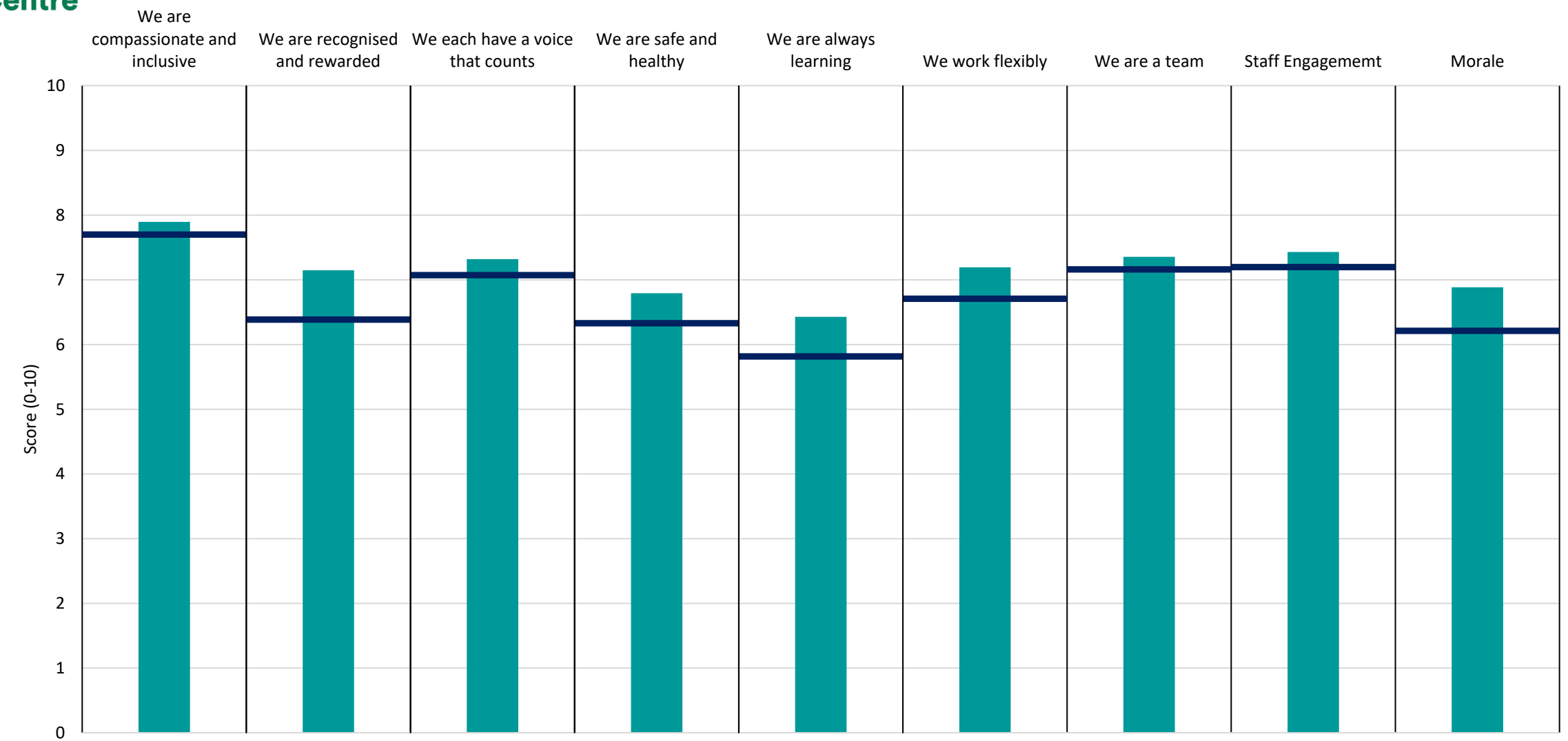


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	8.3	7.2	7.8	6.9	6.5	8.0	7.9	7.8	6.8
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	118	117	117	118	116	117	118	118	118

Survey Coordination Centre

Medical

NHS

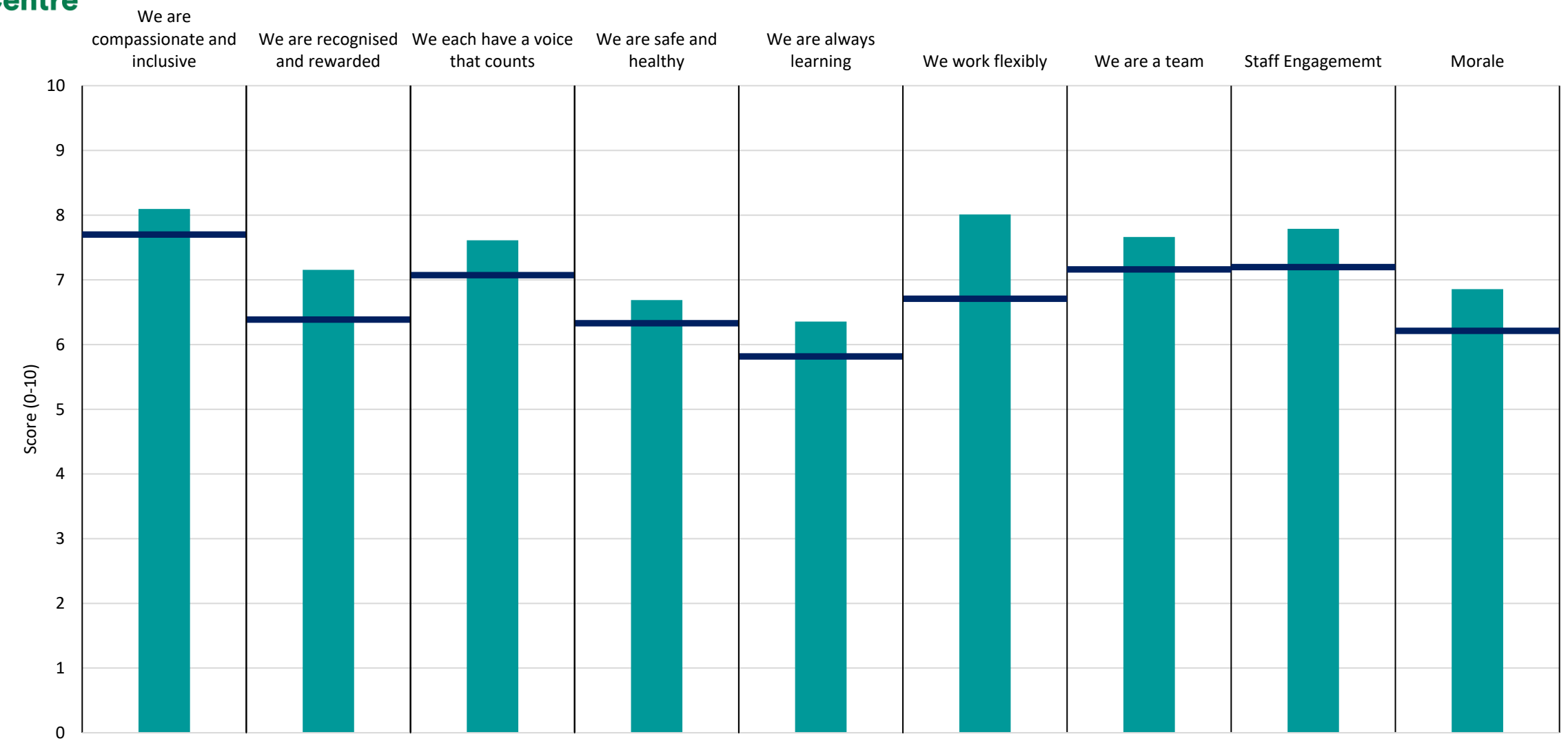


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.9	7.1	7.3	6.8	6.4	7.2	7.4	7.4	6.9
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	103	102	103	103	100	102	103	103	103

Survey Coordination Centre

Nursing, Therapies & Quality

NHS

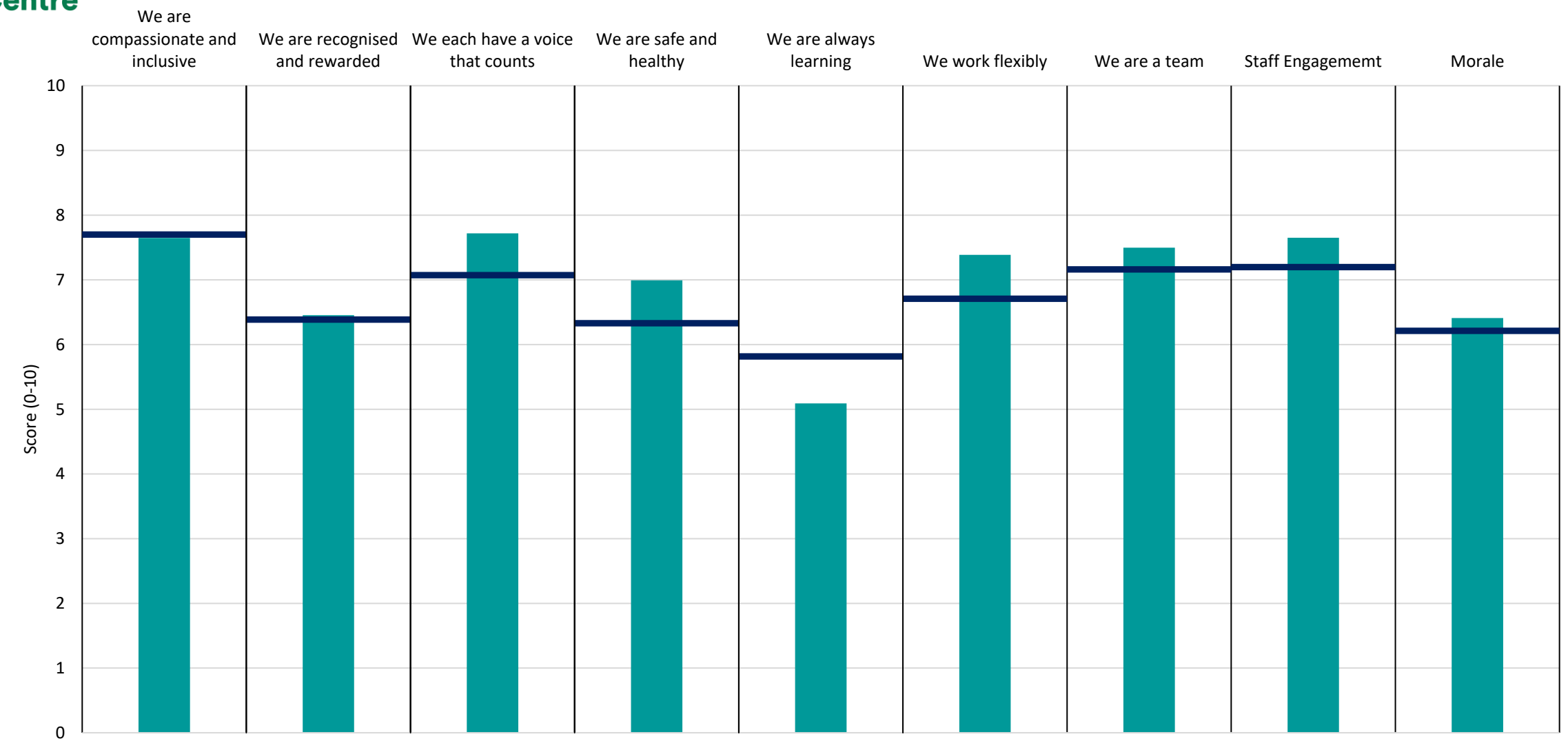


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	8.1	7.2	7.6	6.7	6.4	8.0	7.7	7.8	6.9
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	97	97	97	96	94	97	97	97	97

Survey Coordination Centre

Operations Management & Resilience

NHS

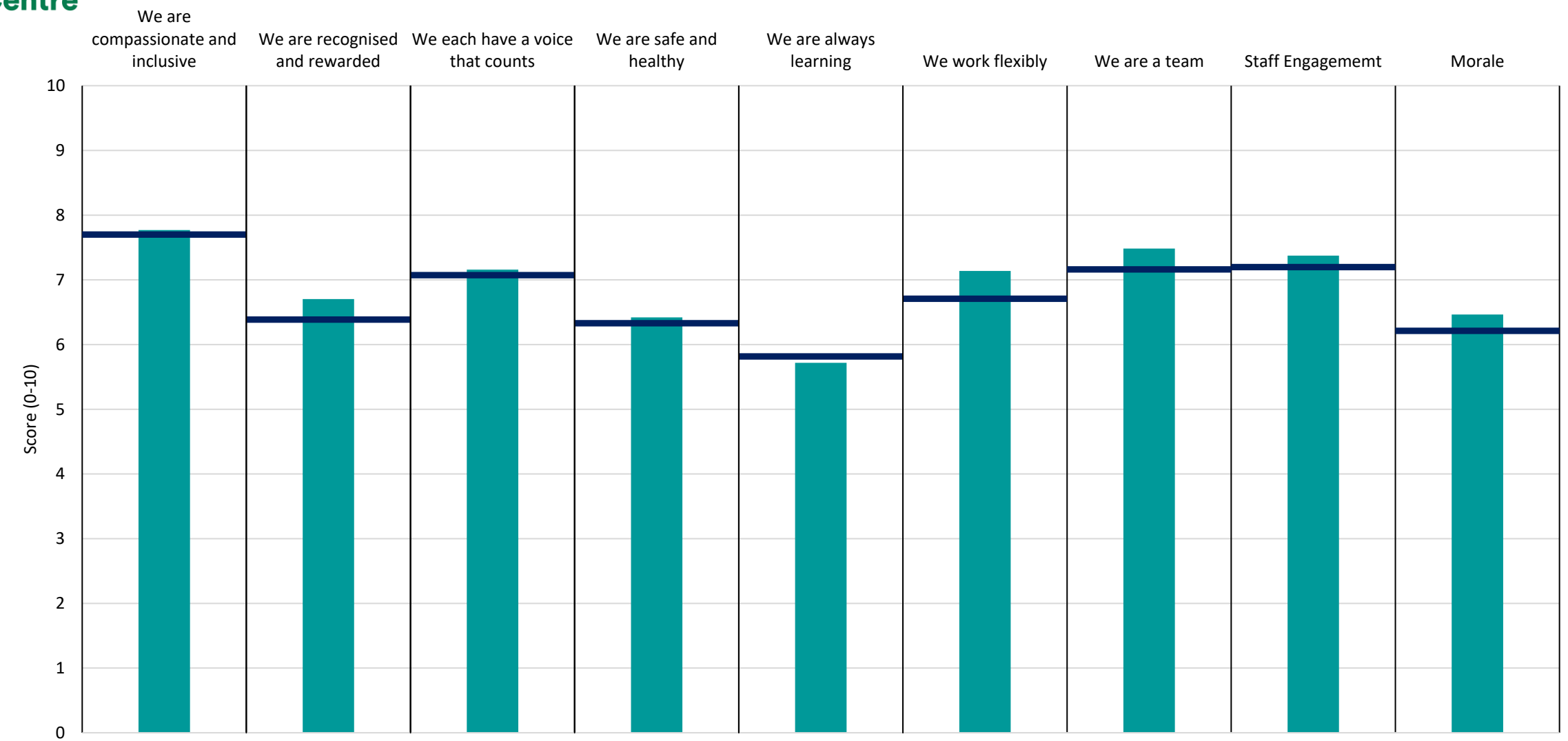


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.6	6.5	7.7	7.0	5.1	7.4	7.5	7.7	6.4
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	11	11	11	11	11	11	11	11	11

Survey Coordination Centre

Specialist Mental Health

NHS

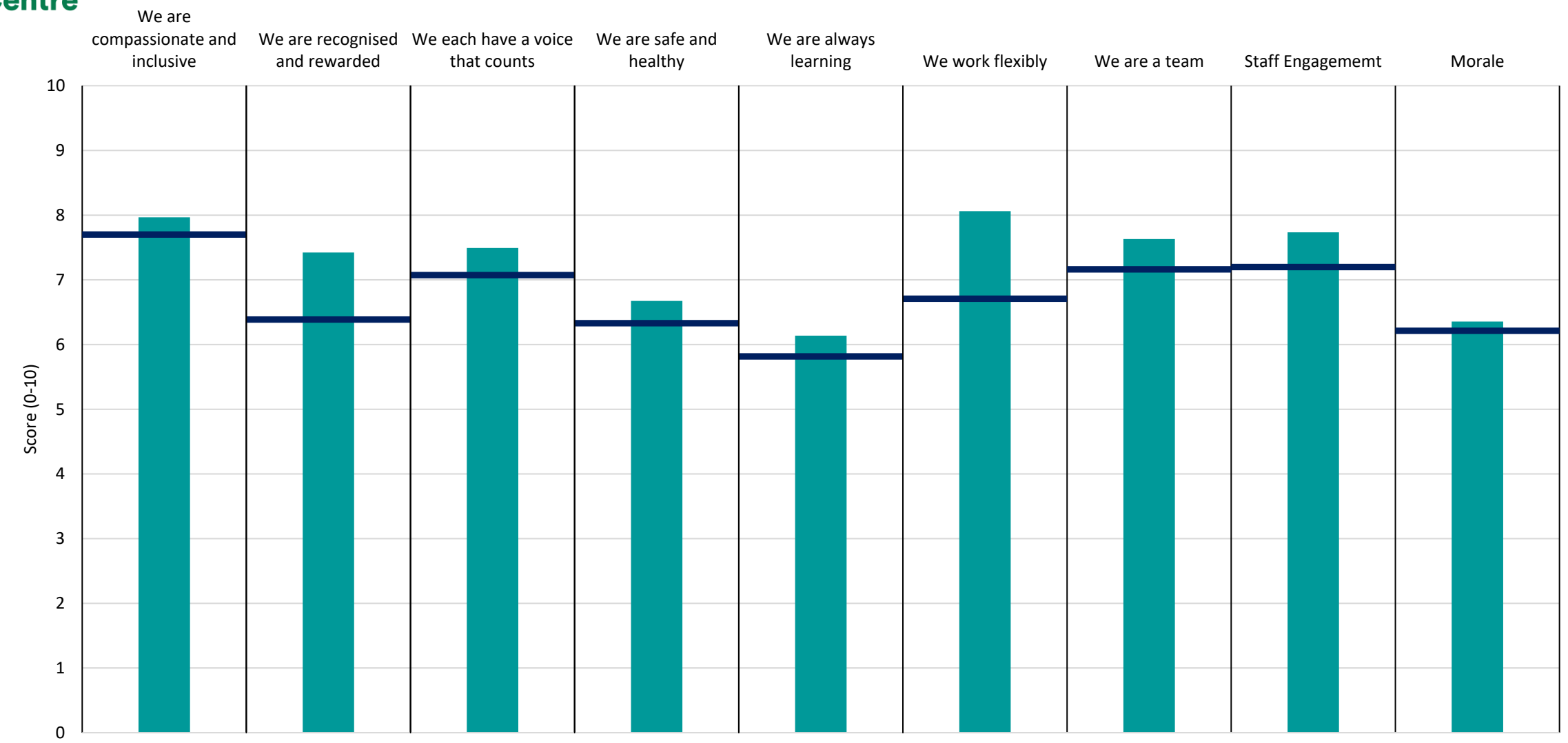


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.8	6.7	7.2	6.4	5.7	7.1	7.5	7.4	6.5
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	77	77	77	76	77	77	77	77	77

Survey Coordination Centre

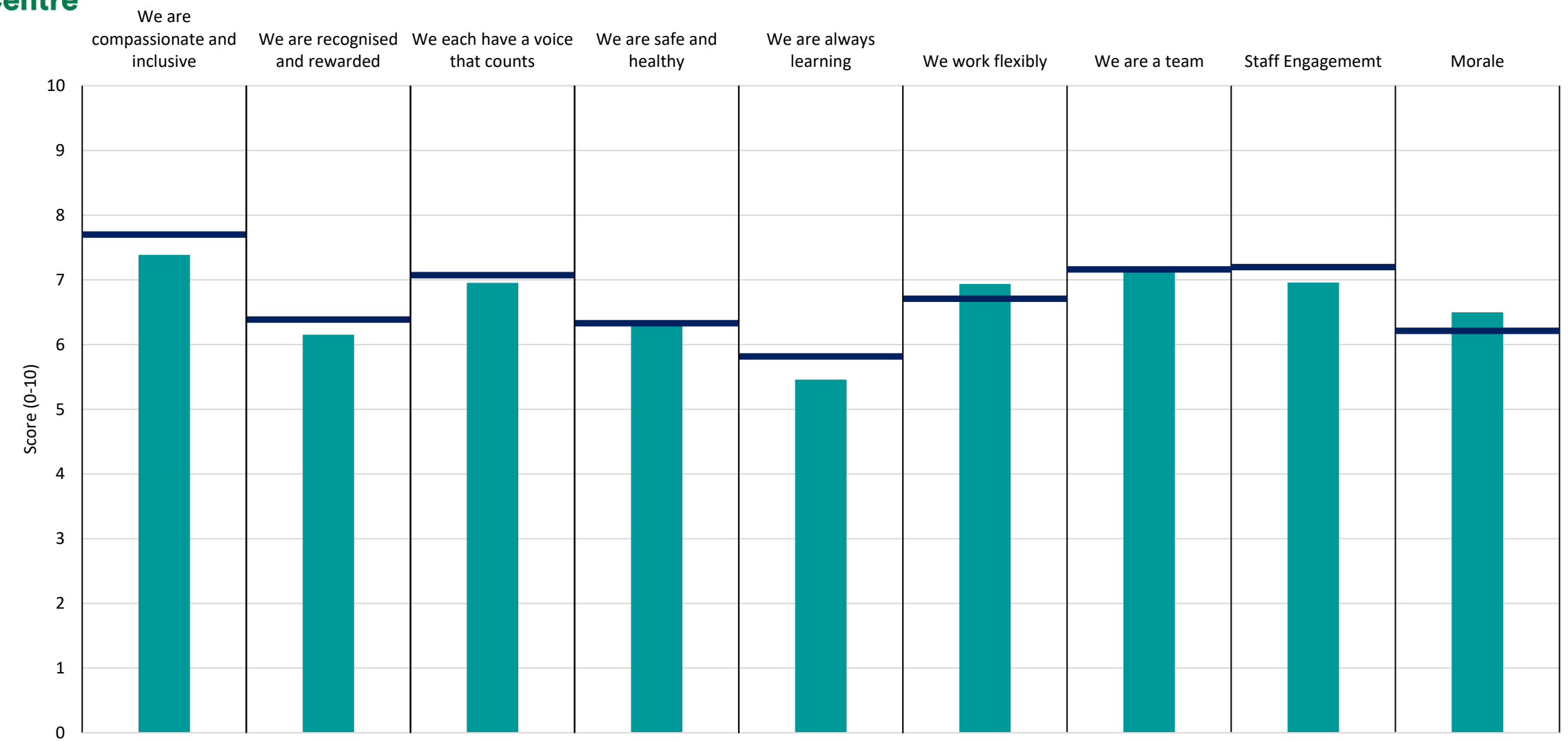
Strategy & Partnerships

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	8.0	7.4	7.5	6.7	6.1	8.1	7.6	7.7	6.4
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	26	26	26	26	26	26	26	26	26

Urgent Care & Spec Svcs MH

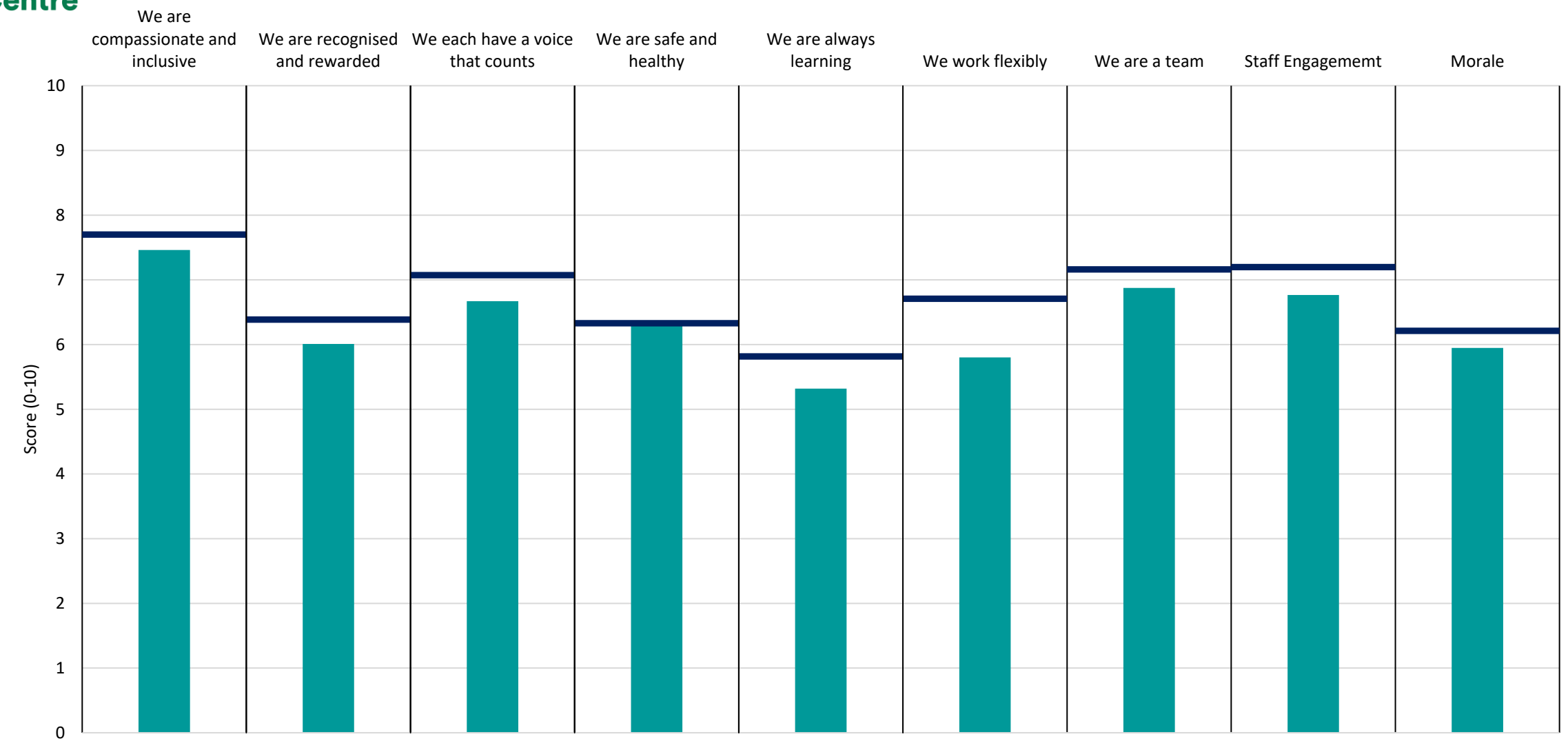


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.4	6.2	7.0	6.3	5.5	6.9	7.1	7.0	6.5
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	50	49	50	50	48	48	50	50	50

Survey Coordination Centre

Urgent Care & Spec Svcs PH

NHS



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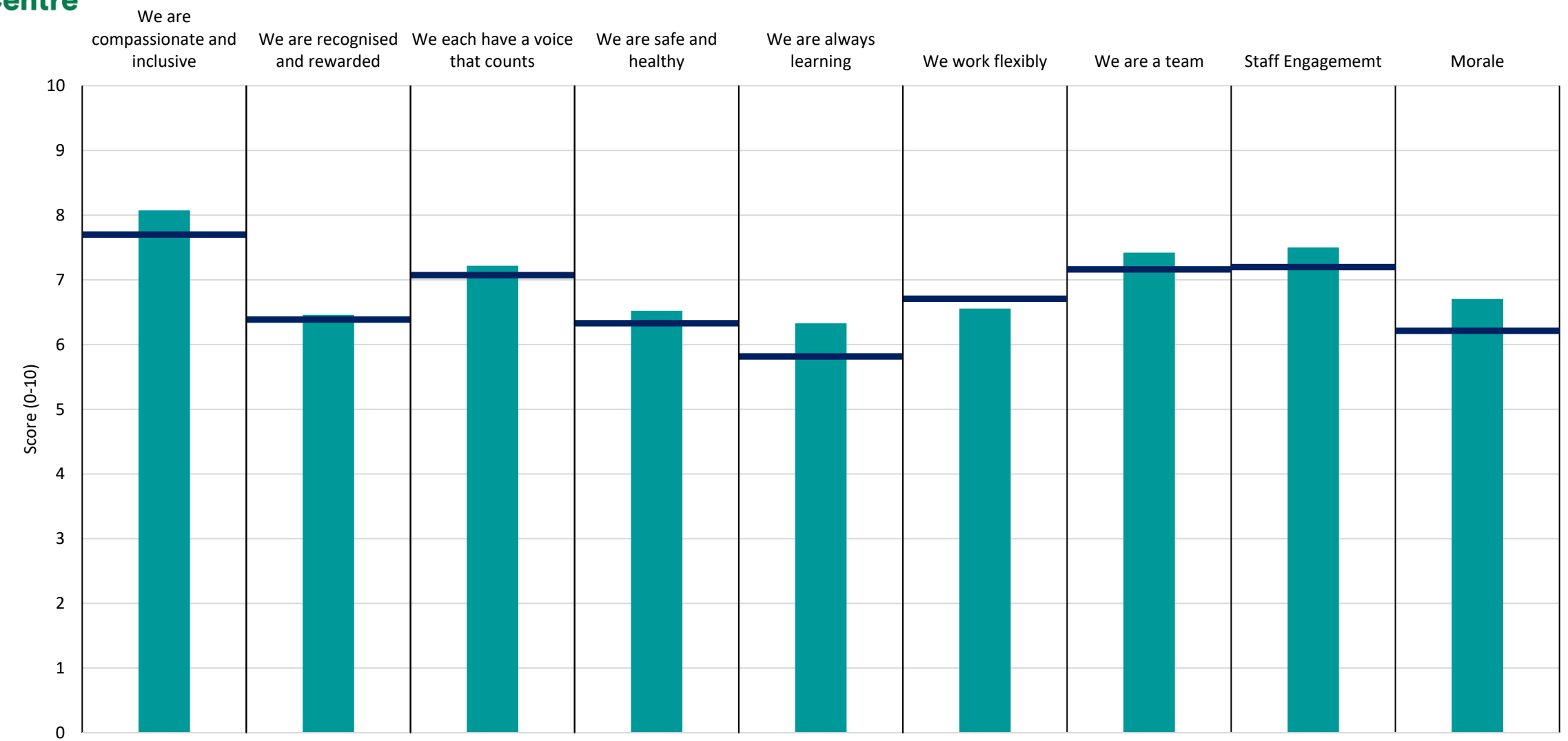
Breakdown	7.5	6.0	6.7	6.3	5.3	5.8	6.9	6.8	5.9
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	181	180	179	179	176	180	181	181	181

Urgent Care MIiU



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	8.1	6.5	7.2	6.5	6.3	6.6	7.4	7.5	6.7
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	49	49	49	49	49	49	49	49	49

Survey Coordination Centre

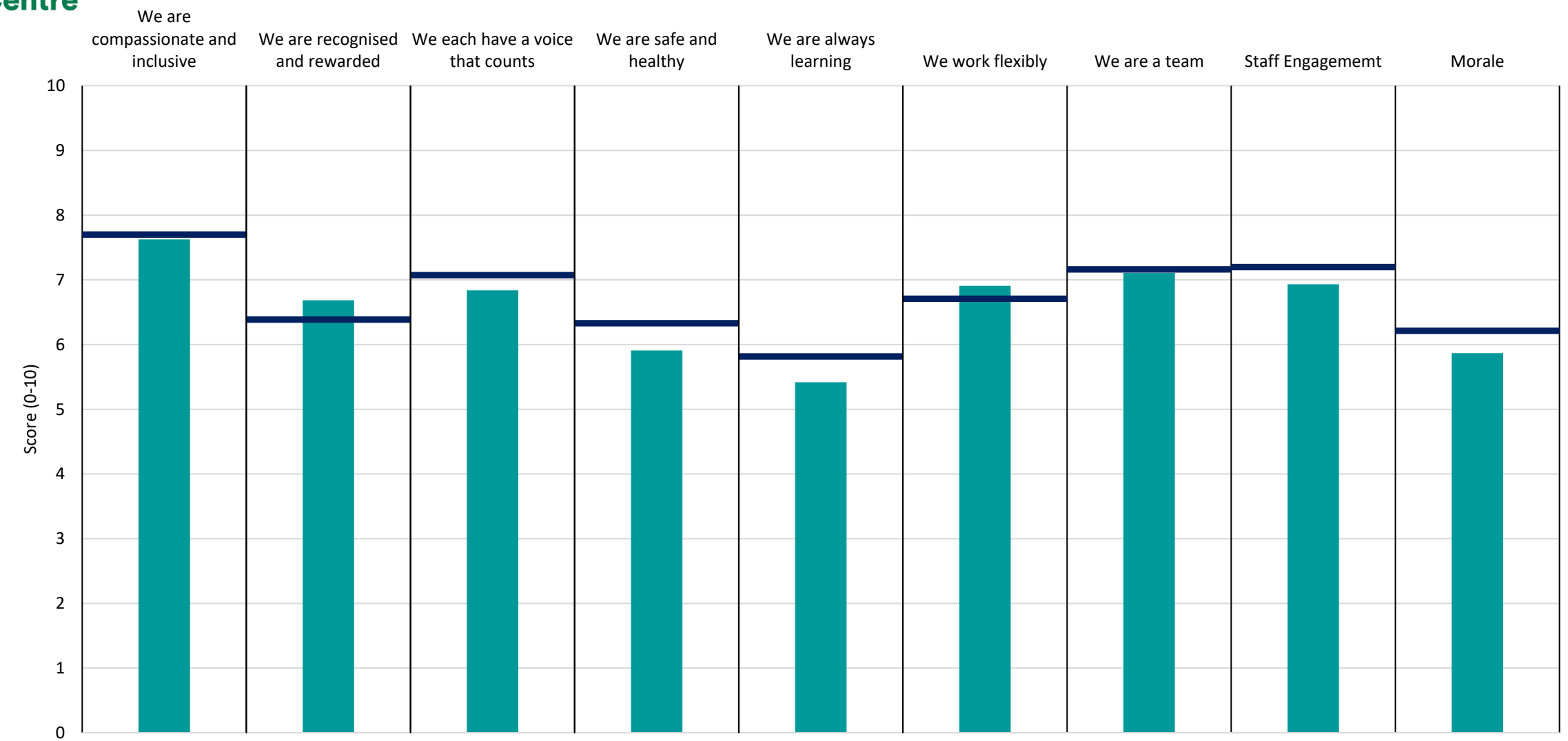
NHS

Breakdowns 2

Gloucestershire Health and Care NHS Foundation Trust

2022 NHS Staff Survey

Add Prof Scientific and Technic

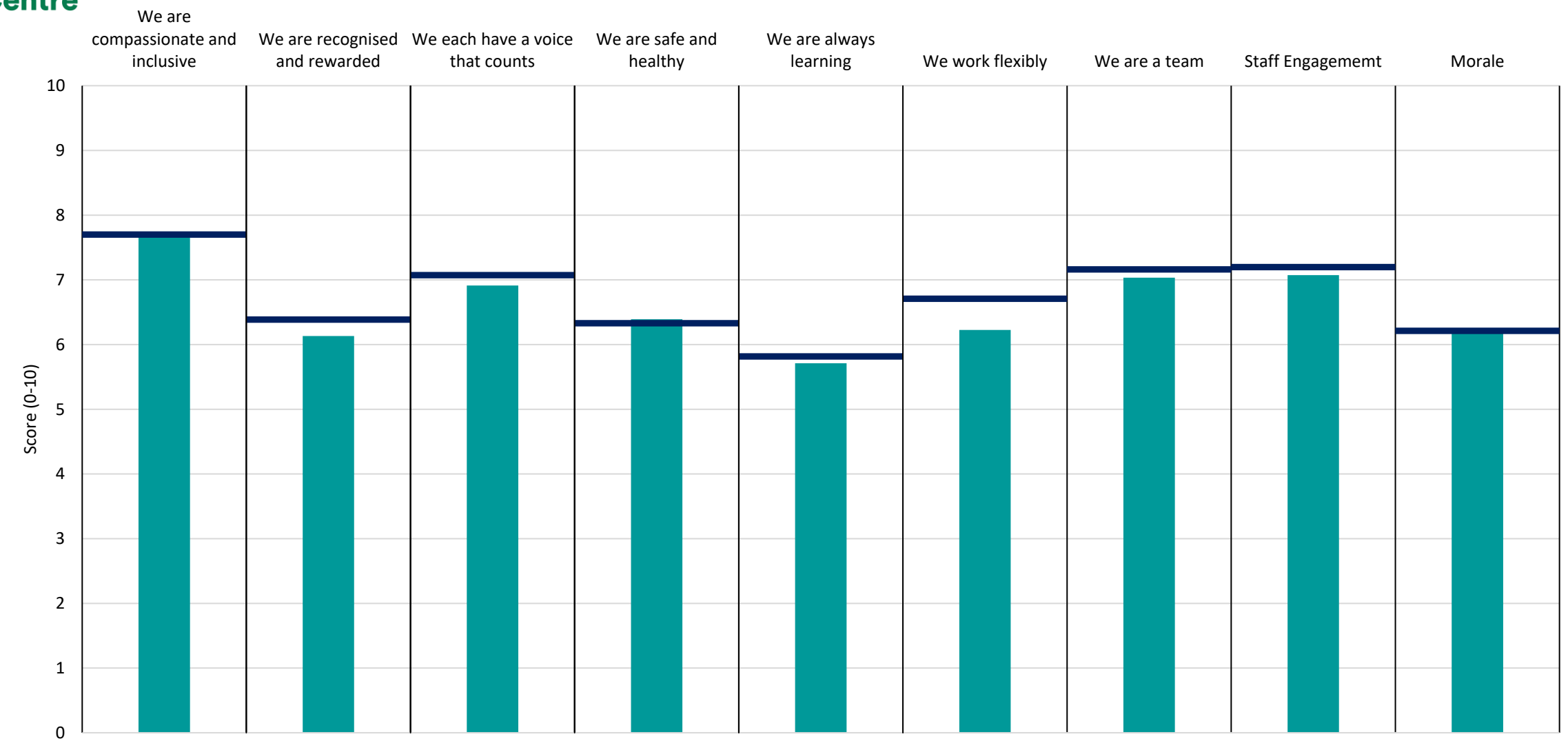


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.6	6.7	6.8	5.9	5.4	6.9	7.1	6.9	5.9
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	117	117	117	117	116	116	117	117	117

Survey Coordination Centre

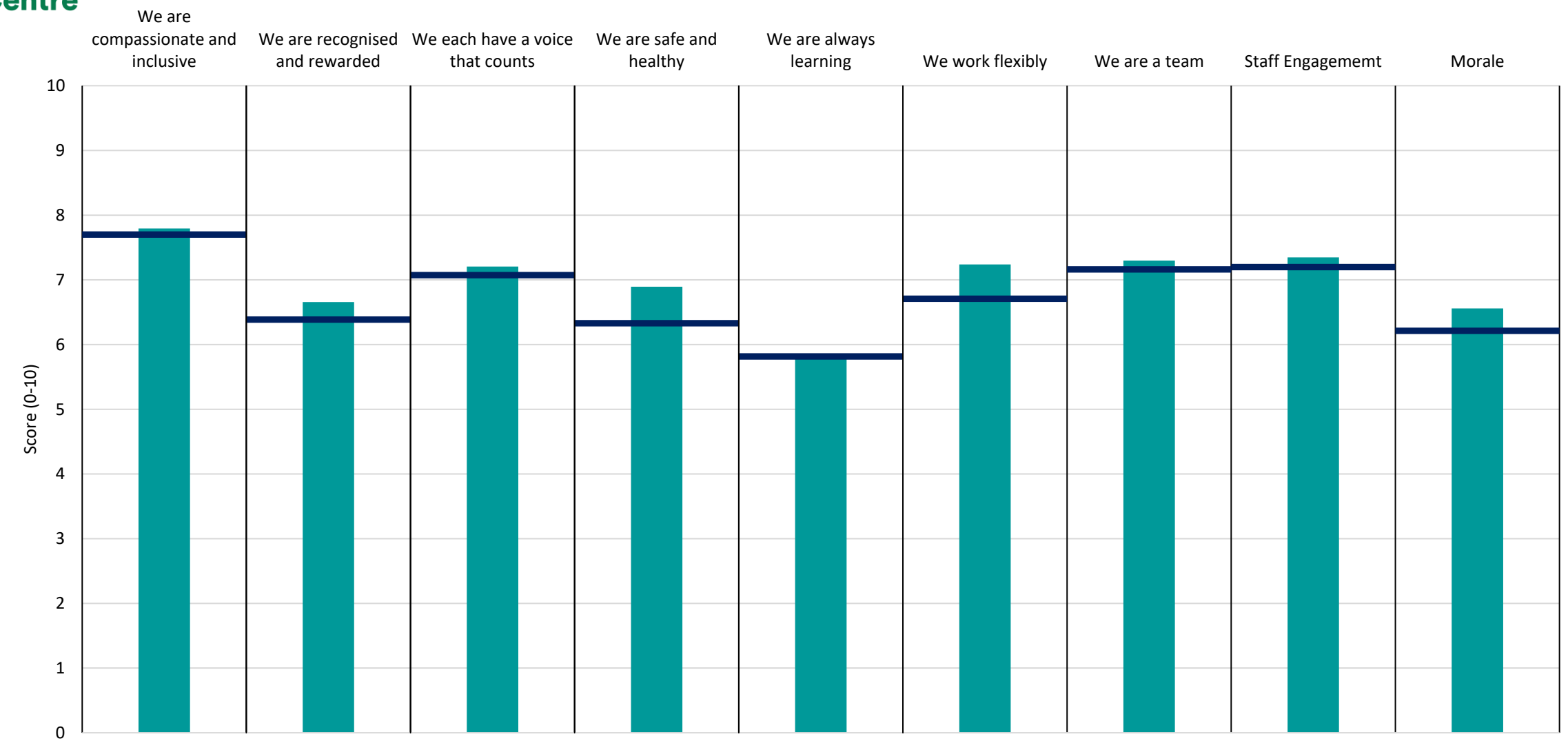
Additional Clinical Services

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	6.1	6.9	6.4	5.7	6.2	7.0	7.1	6.2
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	470	471	464	460	454	469	469	471	470

Administrative and Clerical

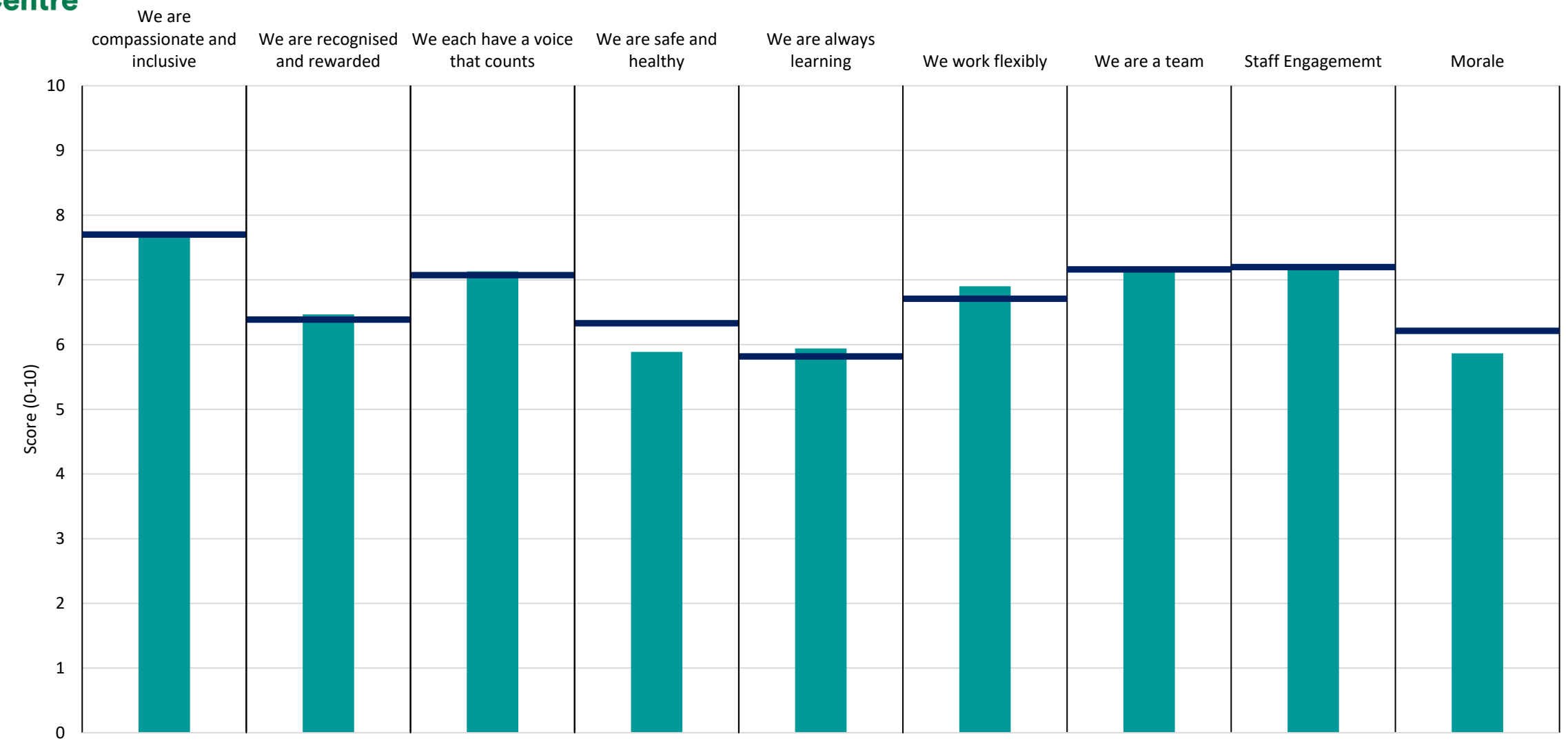


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.8	6.7	7.2	6.9	5.8	7.2	7.3	7.3	6.6
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	710	709	705	709	688	708	710	711	711

Survey Coordination Centre

Allied Health Professionals

NHS



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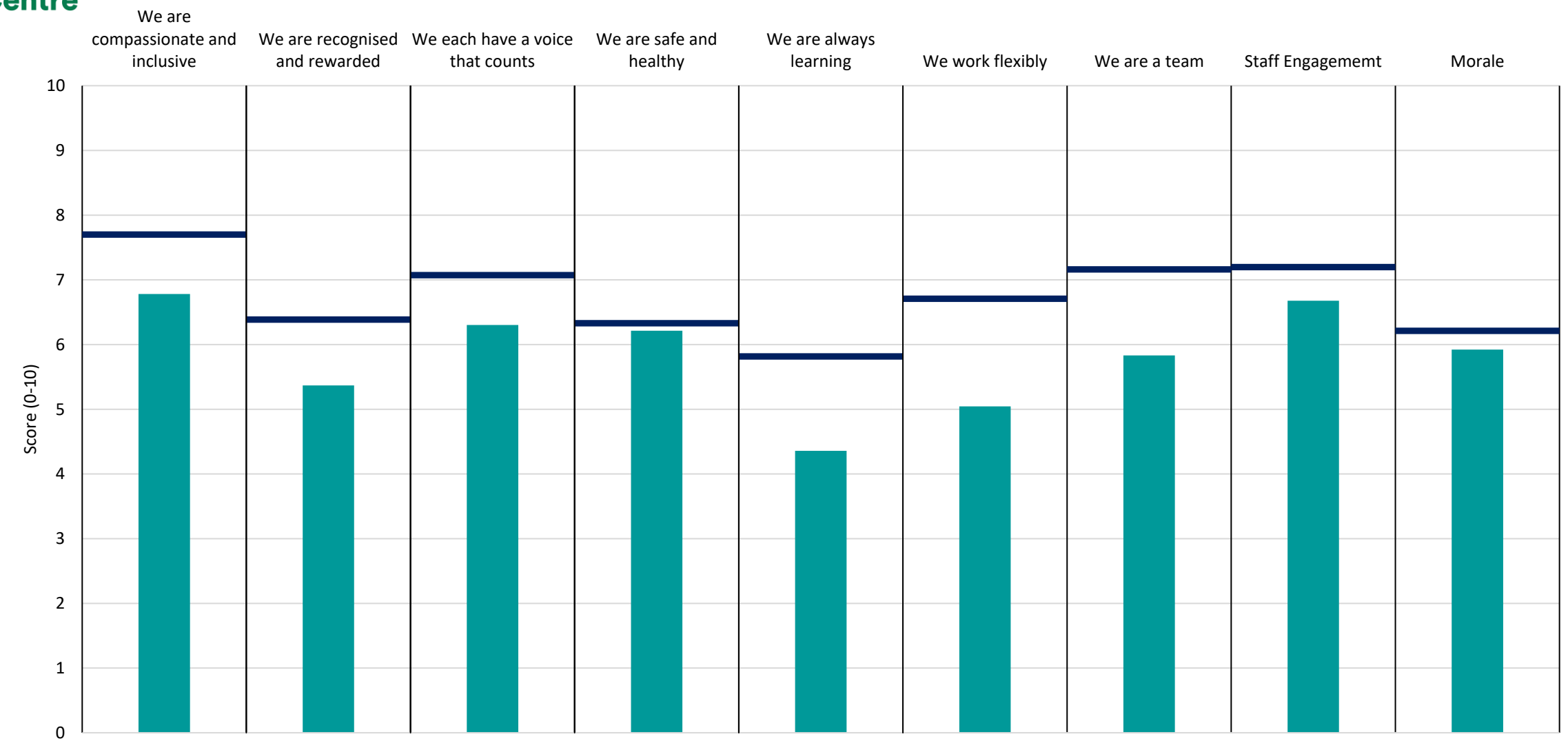
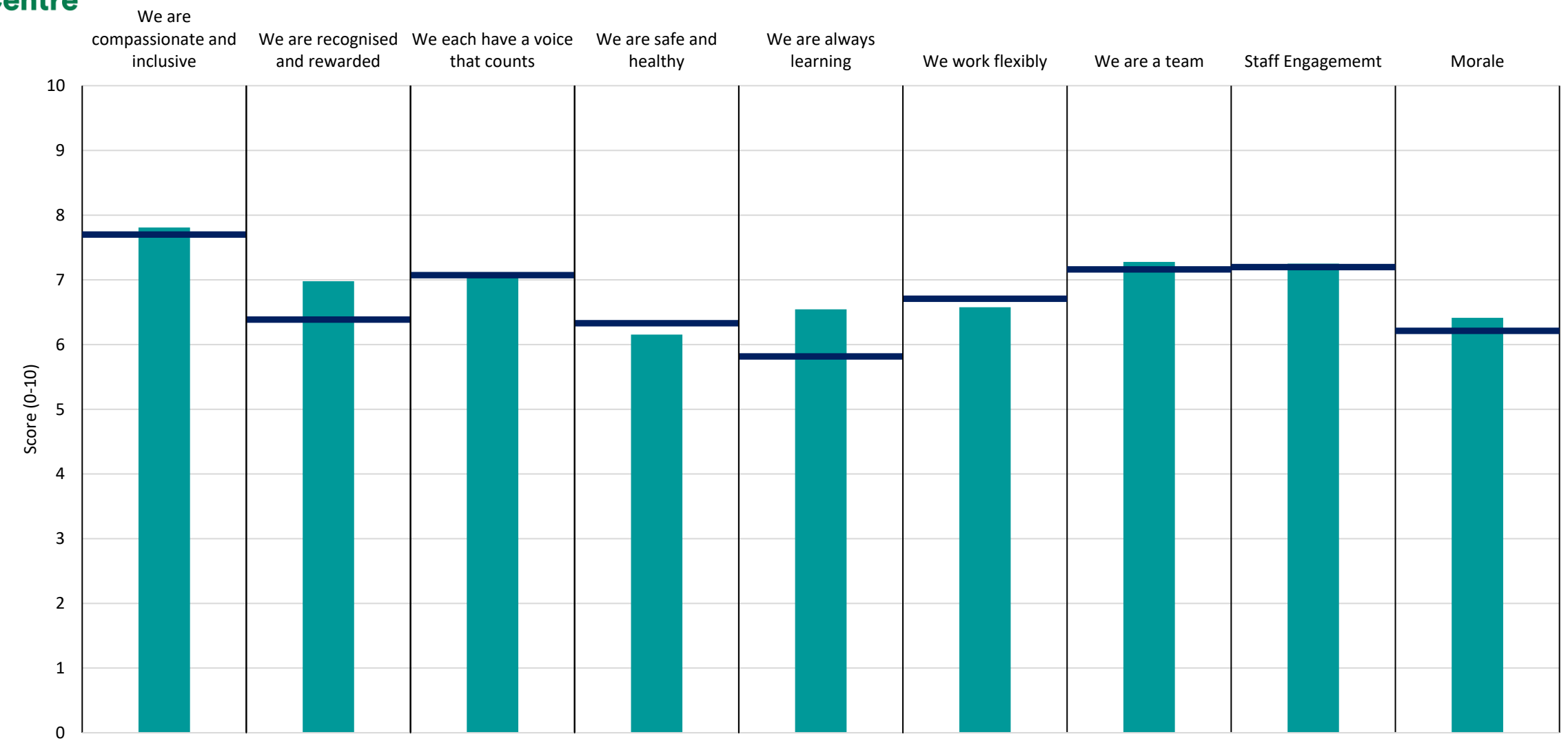
Breakdown	7.7	6.5	7.1	5.9	5.9	6.9	7.1	7.2	5.9
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	328	328	328	327	323	328	328	328	328

Estates and Ancillary



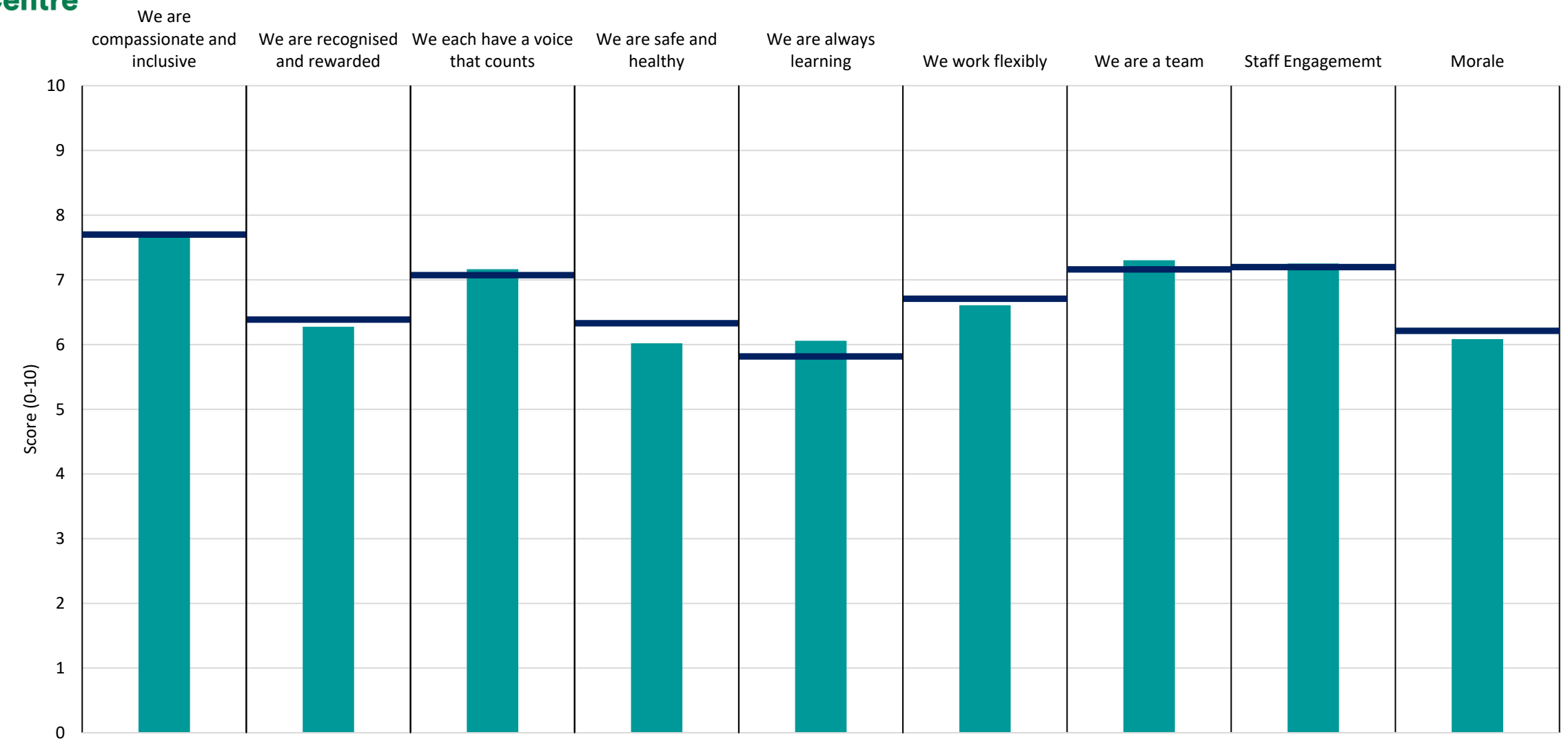
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.8	5.4	6.3	6.2	4.4	5.0	5.8	6.7	5.9
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	97	98	92	86	91	94	97	98	98

Medical and Dental



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.8	7.0	7.0	6.2	6.5	6.6	7.3	7.2	6.4
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	71	70	71	71	70	70	71	71	71

Nursing and Midwifery Registered



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	6.3	7.2	6.0	6.1	6.6	7.3	7.3	6.1
Your org	7.7	6.4	7.1	6.3	5.8	6.7	7.2	7.2	6.2
Responses	689	684	687	687	678	684	688	690	689

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 15/0323

REPORT TO: **TRUST BOARD PUBLIC SESSION, 30 MARCH 2023**

PRESENTED BY: Neil Savage, Director of HR & OD

AUTHOR: Andrew Mills, Associate Director, Workforce Systems, Planning & Temporary Staffing

SUBJECT: **GENDER PAY GAP REPORT 2022**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:
Decision ☑ Endorsement ☑ Assurance ☐ Information ☑

The purpose of this report is to:

Inform the Board of the 2022 gender pay gap across Gloucestershire Health & Care NHS Foundation Trust, and, provide an update on related actions from the last report alongside an outline of next steps and actions supported by the Appointments and Terms of Service (ATOS) Committee.

Recommendations and decisions required

The Board is asked to:

- **Note** the current report
- **Agree** the next steps and actions (supported by ATOS)
- **Agree** to publish this report on the Trust website and submit the data to the government website
- **Agree** the statement that will be published on the Trust website and via the government website.

Executive summary

From previous meetings, the Board will recollect that the UK Gender Pay Gap legislation requires NHS Trusts to annually publish a series of details and calculations highlighting the workforce's gender pay gap. For this past year's report, the information and report must be published on the Trust website and Gov.UK by 30th March 2023.

Public and private sector organisations with 250 or more employees, are also required to publish their gender pay gap information on their own website and also on the Government website. Employers that fail to report on time or report inaccurate data will be in breach of the regulations and risk facing legal action from the Equality and Human Rights Commission.

This report contains the statutorily required calculations, presenting the pay gap against the six indicators. These are calculated from the Trust's workforce on the required date in 2022 and are summarised below:

- **Mean average gender pay gap**. Women earn less than men by 15.13%. This compares with a previous 2021 gap of 17.09%.
- **Median average gender pay gap**. Women earn less than men by 7.09%. This compares with a previous 2021 gap of 4.31%.
- **Mean average bonus gender pay gap**. Women are paid more than men by 7.25%. This compares with a previous 2021 gap of -11.8%.
- **Median average bonus gender pay gap**. Women are paid more than men by 40%. This compares with a previous 2021 gap of 16.67%.
- **Employee numbers by quartile.** The proportion of men and women (when divided into four groups) ordered from lowest to highest pay shows there are a higher proportion of women in all quartiles and the gap closes with progression toward the upper quartile.

The Trust's People Strategy makes a specific strategic commitment to equality, diversity and inclusion. In agreeing this, the Board committed to being "a fair organisation that celebrates diversity and ensures real equality and inclusion. People will be able to bring their hearts to work, free from bullying or discrimination." Reducing and ultimately removing the pay gap is a key element to operationally delivering on this commitment alongside our actions on the Workforce Race and Disability Equality Schemes.

While this past year's data generally presents a modest improving picture for the Trust, it also shows that there is still far to go to reach equity. It also continues to demonstrate the scale of challenge and the inherent inequity in the nation more widely. At scale and sustainable improvements require amendments to legislation, continued application of good practice, such as positive action, alongside changes in education, careers advice, flexible working, and a leadership culture that consistently values diversity.

Finally, in line with the national requirements, the Trust needs to reconsider its statement of commitment to reducing the pay gap and ATOS have recommended that the Board endorses the detailed statement of intent as described later in the report.

Corporate Considerations	
Quality implications	The Trust strives to provide equality for all colleagues, leading to increased levels of colleague satisfaction and ultimately improved patient care.
Resource implications:	By failing to recognise and address issues of equality, colleague turnover could increase and also increase the amount of casework by responding to claims of detrimental treatment.
Equalities implications:	The Equalities Act 2010 sets out the duties of the Trust in relation to equality generally, and the gender pay gap specifically. The Equality and Human Rights Commission gives guidance which the Trust endeavours to meet. This report is intended to progress the agenda to meet these duties and guidance and to ensure compliance.
Risk implications:	Failure to provide equality of opportunity may result in claims of discrimination, damage to the reputation of the Trust as a fair employer with resultant impact on retention and recruitment.

WHICH TRUST VALUE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?			
Working together	P	**M**aking a difference	P
Always improving	P		
Respectful and kind	P		

Reviewed by:		
Neil Savage, Director of HR & Organisational Development	Date	21 March 2023

Where in the Trust has this been discussed before?		
Gender Pay Gap Reporting has been in place since 2018 and has been reported annually to ATOS and the Board of Directors.	Date	2019, 2020, 2021, 2021
What consultation has there been?		
Women's Leadership Network	Date	February 2023

Explanation of acronyms used:	ESR – Electronic Staff Record VSM – Very Senior Manager GHC - Gloucestershire Health and Care NHSFT ATOS – Appointment and Terms of Service Committee HEI – Higher Education Institutes

GENDER PAY GAP REPORT 2022

1. CONTEXT & DEFINITIONS

UK legislation requires employers with over 250 employees to publish annually a range of statutory calculations showing the size of the pay gap between their woman and man employees. There are two sets of regulations, one mainly for the private and voluntary sectors, which became effective from 2017. The second, mainly for public sector organisations, took effect from March 2017, reportable by the end of March 2018.

The Government has required subsequent rounds of reporting to be published on both the Trust's and the Government's websites by 30 March annually. The data is based on a snapshot of the workforce on 31 March of the previous year. This report it is based on data drawn from the Trust's ESR from 31 March 2022.

These results must be accompanied by a written statement of confirmation from the Chief Executive or another appropriate person. In the Trust we have made this statement on behalf of the Board. Any actions should also be published outlining how the organisation plans to reduce the gender pay gap.

Gender pay reporting is different to equal pay. This is important and often a point of confusion and misunderstanding. Definitions are outlined below.

Equal pay deals with the difference in pay between men and women doing the same or similar jobs or jobs of equal value. It is unlawful to pay people unequally because of their gender and has been since the adoption of the Equal Pay Act, 1970 which prohibited less favourable treatment between men and women in terms of pay and conditions of employment.

This differs from the **gender pay gap** which shows the difference in the **average (or mean) pay** between all men and all women in the workforce. If the workforce has a high gender pay gap, this may indicate a number of issues to deal with, and the individual calculation can help to identify what these issues are.

NHS Agenda for Change terms and conditions of service contain the national pay and conditions of service for NHS colleagues other than VSMs and medical staff. The majority of Trust colleagues work under these national NHS terms and conditions. These terms were introduced in 2004 with the express intention of removing pay inequalities. The terms cover over 1 million workers and harmonises their scales and career progression arrangements across previously separate pay groups. Colleagues are expected to progress through pay bands irrespective of gender. The Agenda for Change job evaluation process enables jobs to be matched to national job profiles and allows Trusts to evaluate jobs locally to determine in which pay band post should sit.

Medical and Dental colleagues have different sets of terms and conditions, depending upon their seniority. However, these too are based on the principles of equal opportunity and are set across a number of pay scales for basic pay, which have varying thresholds within them. Directors have been appointed on similar equal opportunity job evaluation methods, informed by the national NHS

Improvement VSM Guidance and benchmarked using national surveys, for example from NHS Providers, regional and local labour market data.

By means of wider background and context, the national 2021 gender pay gap reported in 2022 varies substantially between regions. Regional variations in the gender pay gap are likely to be caused by differences in the types of jobs and industries. It is higher in every region of England than in Northern Ireland (negative 4.6%) and Scotland (3.7%). In Wales, whilst the gender pay gap increased, it is still below what it was before the coronavirus pandemic. In Northern Ireland, the gender pay gap is affected by a higher proportion of women working in the public sector where pay rates for some jobs are higher than in the private sector. From the 2022 national picture, this is a very different pattern from 1997, when the gender pay gap was relatively equal between the regions.

Most regions are returning to levels similar to the pre-pandemic period (2019); however, while London has continued to decrease it stands out as the main region where the gender pay gap has reduced least since 1997 level. Drivers of the gender pay gap are numerous and although jobs in London are more skewed to higher-skilled occupations, the relative change in proportion of full-time jobs by occupation since 1997 shows a similar pattern in London to that of the whole UK, meaning that factors beyond this need to be considered for the capital. Further details on regional variations are included in Appendix 1. This demonstrates how much further progress is needed to remove the gender pay gap within the Trust and the wider NHS, which mirrors it performance.

2. Gender Pay Gap Indicators

Employers must publish the results of six calculations showing their:

1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Average bonus gender pay gap as a mean average
4. Average bonus gender pay gap as a median average
5. Proportion of men receiving a bonus payment and proportion of Women receiving a bonus payment
6. Proportion of men and Women when divided into four groups ordered from lowest to highest pay.

It should be noted that Consultant Medical colleagues are now the only employees to receive bonus payments within the Trust in the form of either national or local Clinical Excellence Awards.

3. Gender Pay Gap Analysis

Table 1 – Employee by assignment as at 31 March 2022.

	Totals			
AfC Pay Grade	**Female**	**% makeup**	**Male**	**% makeup**
Band 1*	23	92%	2	8%
Band 2	647	88%	91	12%
Band 3	790	84%	149	16%
Band 4	422	87%	65	13%
Band 5	840	89%	108	11%
Band 6	998	85%	175	15%
Band 7	472	84%	89	16%
Band 8 - Range A	141	80%	36	20%
Band 8 - Range B	51	75%	17	25%
Band 8 - Range C	11	69%	5	31%
Band 8 - Range D	8	62%	5	38%
Band 9	2	67%	1	33%
Other	100	56%	79	44%
Totals	4505	85%	822	15%

The percentages in table 1 remain similar to previous years' data 84% women and 16% men, with a 1% reduction in the number of women making up the workforce.

* NB Band 1 roles are typically part-time roles in Facilities. While all Trusts have previously closed entrance to new Band 1 roles, in line with national terms, all these colleagues were given the option to accept Band 2 roles. Across NHS Trusts a small number of Band 1 colleagues rejected this offer, as it meant they would lose benefits / Universal Credit and be worse off from a pay rise. All GHC colleagues in this situation are provided with an annual review opportunity with their manager and HR to reconsider accepting a Band 2 role. The number of Band 1 colleagues within GHC has now reduced to under 20 (February 2023) since this reporting data was gathered. The proposed higher spot rate for Band 2 proposed by the Secretary of State for Health and the planned work to potentially move a number of Band 2 roles to Band 3 in 2023 are expected to impact the pay gap for 2024.

Table 2– Average and Median Hourly Rates – all eligible staff and pay schemes.

Gender	Avg. Hourly Rate '22	Avg. Hourly Rate '21	Median Hourly Rate '22	Median Hourly Rate '21
Female	£17.13	£16.11	£16.13	£15.34
Male	£20.35	£19.43	£17.36	£16.04
Difference	£3.22	£3.32	£1.23	£0.69
Pay Gap %	15.85%	17.09%	7.09%	4.31%

The figures above show a reduction in the average hourly and median pay gaps.

Table 3 – Number of employees – Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	1,052 (1,044)	151 (157)	87 (87)	13 (13)
2	1,031 (1,027)	174 (176)	86 (85)	14 (15)
3	1,019 (1,034)	176 (165)	85 (86)	15 (14)
4	968 (953)	247 (253)	80 (79)	20 (21)

(Previous year's figures in brackets)

Table 3 above shows a reasonably static workforce in relation to gender breakdown although a slight increase in the percentage in the higher quartiles for female employees.

Table 4 – Average Bonus* Gender Pay Gap

Gender	Avg Bonus Pay '22	Avg. Pay '21	Median Bonus Pay '22	Median Bonus Pay '21
Male	£9,654.98	£10,288.53	£7,540.02	£9,048.00
Female	£10,354.92	£8,972.59	£10,555.98	£10,555.98
Difference	-£699.94	£1,315.95	-£3,015.96	-1,507.98
Pay Gap %	-7.25%	12.79%	-40%	-16.67%

The figures in table 4 above illustrates a reversal in payments of bonus pay showing women are paid more than men in both average and median.

* NB The only bonus pay the Trust operates is the Clinical Excellence Award Scheme, which is solely open to Medical Consultants who have been in post for at least one year.

Table 5 – Proportion of Men and Women receiving a bonus against the overall totals

Year	Total	Gender		% of total		Number receiving a bonus		% receiving bonus	
		Male	Female	Male	Female	Male	Female	Male	Female
2021	126	52	74	41%	59%	19	6	15%	5%
2022	132	50	82	38%	62%	18	6	14%	5%

Figures in the above table illustrates there has been no change in the number of women consultants receiving a Clinical Excellence Award but it also shows a percentage reduction in the number of men receiving an award. As part of previous pay gap actions agreed, the Trust has strived to communicate and encourage applications from women and also BAME colleagues, alongside providing extension training and support to maximise the quality of applications.

4. CONCLUSIONS AND NEXT STEPS

4.1 Conclusions

The headline figure based on all eligible Trust employees and pay schemes indicated that the gap continues to slowly close and women are paid 15.85% less on average than men against a previous year of 17.09% and 18.63% in the year before that. However, at this rate, it would take circa another 13 years for the gender pay gap to be neutralised.

The gap for median (middle point) earnings in the Trust stands at 7.09% compared to 4.31% in 2021 and 7.55% in 2020.

The data shows that 85% (84% in 2021) of the Trust's substantive workforce were women, and ideally an analysis would show this is broadly reflected in each of the Agenda for Change pay bands, Medical and Dental pay and VSM / Executive Board level pay.

However, as with previous years, the gender split in the pay bands still suggests that there is less opportunity for women in more senior roles and/or that jobs for this group are less attractive.

Even allowing for the availability of promotional opportunities, the pay gap will only close gradually due to a complex range of factors including incremental pay progression, student pipeline recruitment changes (via HEIs) and with a significant shift in the number of senior and very senior managers and clinician appointments. From the route of the student pipeline, with training and career progression it takes many years to rise through the nationally set pay bands.

Changes in working patterns, turnover, positive action in targeted recruitment advertising (particularly for director and deputy director level), improved flexible working and wider choices about career breaks, will all continue to factor into this,

alongside improved gender ratios in our apprenticeship and degree supply chain, particularly in medical school, nursing and allied health professionals.

Gender pay gap reporting has to include all earnings including bonus payments. The only payments that fall into this category are Clinical Excellence Awards (CEA) and these can only be applied to and awarded to Medical Consultants. Although there was a relatively even divide in the numbers of men and women consultants, considerably more men than women have traditionally applied for these payments, thereby being a significant contributing factor to the Trust's overall average pay gap. This pattern has historically been repeated across the NHS, particularly in Acute, Acute Specialist Mental Health and Learning Disability Trusts in view of the low number of medics in the latter. Both men and women were in receipt of lower CEAs during the reporting period and the median bonus pay gap has now reversed. However, the 2022 CEA round has recently completed, and been approved by ATOS and in view of the lower number of awards alongside the equal distribution to all consultants of the unused CEA funds, the gender is expected to be less weighted in women's favour for the next reporting round.

The gender pay gap is also significant at Executive Director level with an average hourly rate which is 11.28% lower for women than men. Six of the post holders were men and two were women. There may be a further positive shift with this in light of ATOS's most recent benchmarking exercise and subsequent remuneration decisions after the current reporting period.

The recent CEO appointment process did not enable the appointment of a woman. This will again present a continued impact on the Executive Director level gender pay gap.

The Trust has regularly stated its full commitment to equality of opportunity across the whole organisation and should recognise from the most recent data that there remains much further work to be done to close the gender pay gap. Evidence suggests that progress will not be achieved quickly or exclusively by internal organisational actions, requiring a wider shift in education policies, societal attitudes and behaviours. However, there are clear actions the Trust can continue to take to make a positive difference.

4.2 Actions taken in the past year

The Trust has continued to take positive action in actively encouraging women to participate in our various local leadership development offers including the One Gloucestershire Elements, Flourish, Thrive, Leading Better Care Together and the programmes. The impact and success of these is regularly assessed as part of their programme reviews, with input from the external programme developers and trainers. However, with the relatively short time frame, it is difficult to determine the impact these development programmes are having on the pay gap.

The Trust also offered colleagues the opportunity of undergoing the national Women of Colour in Leadership career development programme starting in December 2022, however, no applications where submitted.

The Trust's Flexible Working Policy was reviewed in 2021 and updated to better support the use and accessibility of flexible and non-standard working. However, we have commenced a policy refresh with staff side based on our experiences of what is possible through the pandemic and new national guidance and will being finalising additional changes by end of Q4 2022/23. Positively, staff rating of flexible working in the Trust has improved in the 2022 Staff Survey outcomes.

The Trust reviewed of its equality and diversity training offers in year, providing a new Recruitment Training offer for managers and have continued to encourage positive action where possible to shift the representation needed at senior levels. Induction training is provided to all new colleagues. For existing colleagues, there is a mandatory requirement to complete Equality, Diversity and Human Rights Level 1 training every three years. Additional diversity training is provided for teams through the Social Inclusion Team and for leaders and managers through the Leading Better Care Together programme.

Coaching and buddying offers have been offered to colleagues to assist with career development, and for medics, also with CEA applications. We refreshed our wider coaching and mentoring network offers, relaunching the Reciprocal Mentoring Programme and implementing the Mye-coach System for colleagues most recently in Q4 2021/22. The following colleagues are providing coaching and being coached through the offer.

Myecoach data 2022					
Tot no. of coaches	26	Male	8	Female	18
Tot no. of coachees	51	Male	3	Female	48

The Deputy Chief Executive/Director of Finance has continued with personal support on the development of the Trust's Women's Leadership Network. Both this and the previous year's gender pay gap and related actions were shared and discussed with the network alongside ideas for action.

The reciprocal mentoring scheme has been reviewed, refreshed and relaunched in March 2023 as an ICS wide scheme hosted by the Trust, to further encourage and support career development for women, ethnic minorities, LGBTQI+ and disabled colleagues.

4.3 Consultation

The 2022 Gender Pay Gap has been shared with the Women's Leadership Network, with a discussion on the network's ideas of what actions would further

help. These have been incorporated into the following section outlining the proposed action plan. Following this it was considered at the most recent ATOS Committee.

4.4 Recommended Action Plan

Following discussions with the network and wider colleagues the following actions are recommended by ATOS to further progress reducing the Trust's pay gap.

Action 1: Provision of a Leadership & Management Development Workshop for members of the Women's Leadership Network.

Aim: to provide a well-advertised showcase and Q and A session to ensure women colleagues are aware of the breadth of leadership and management development opportunities available within the Trust, the ICS, the region and nationally.

Timescale: Quarter 1 '23

Lead: Ruth Thomas, Associate Director of Learning & Development, with Anis Ghanti, Head of Leadership and OD

Action 2: Athena Swan Charter Review Group

Aim: To determine what lessons can be learned and opportunities gleaned from the Athena Swan Charter, a framework used across the globe to support and transform gender equality within higher education and research. The Charter was established in 2005 to encourage and recognise commitment to advancing the careers of women in science, technology, engineering, maths and medicine employment, the Charter is now being used to address gender equality more broadly, and not just barriers to progression that affect women.

Timescale: Quarter 2 '23

Lead: Neil Savage, Director of HR & OD

Action 3: Clinical Impact Award Training Session & Buddying System

Aim: To continue providing training, upskilling and support to applicants for Clinical Impact Awards to ensure that the Trust Bonus Pay gap is as equitable as possible.

Timescale: Quarter 2 '23 (to be confirmed following the expected guidance on the future local CIAs, noting that this may not impact until 2024)

Leads: Dr Amjad Uppal, Medical Director, and Neil Savage, Director of HR & OD

Action 4: Following completion of Delve Talent Management Programme Pilot, through the evaluation process and participant 121 discussions, identify additional actions and targets to strengthen the development support provided for women who are aspiring leaders or directors within the Trust.

Aim: To listen to aspiring women leaders in the Trust to ensure that needs are met and suitable career development options are maximised to improve internal promotion opportunities.

Timescale: Quarter 3 '23

Lead: Anis Ghanti, Head of Leadership and OD

Action 5: Provision of Development Session to address the psychological barriers to women in leadership development and career progression

Aim: To devise a session targeted at members of the Women's Leadership Network to identify and address psychological barriers to leadership/ progression for women, which will then aim to feed into improved uptake of Trust, ICS, regional and national development programmes.

Timescale: Quarter 2 '23

Lead: Maddie King, Organisational Development Expert

5.0 RECOMMENDATIONS

The Board is asked to:

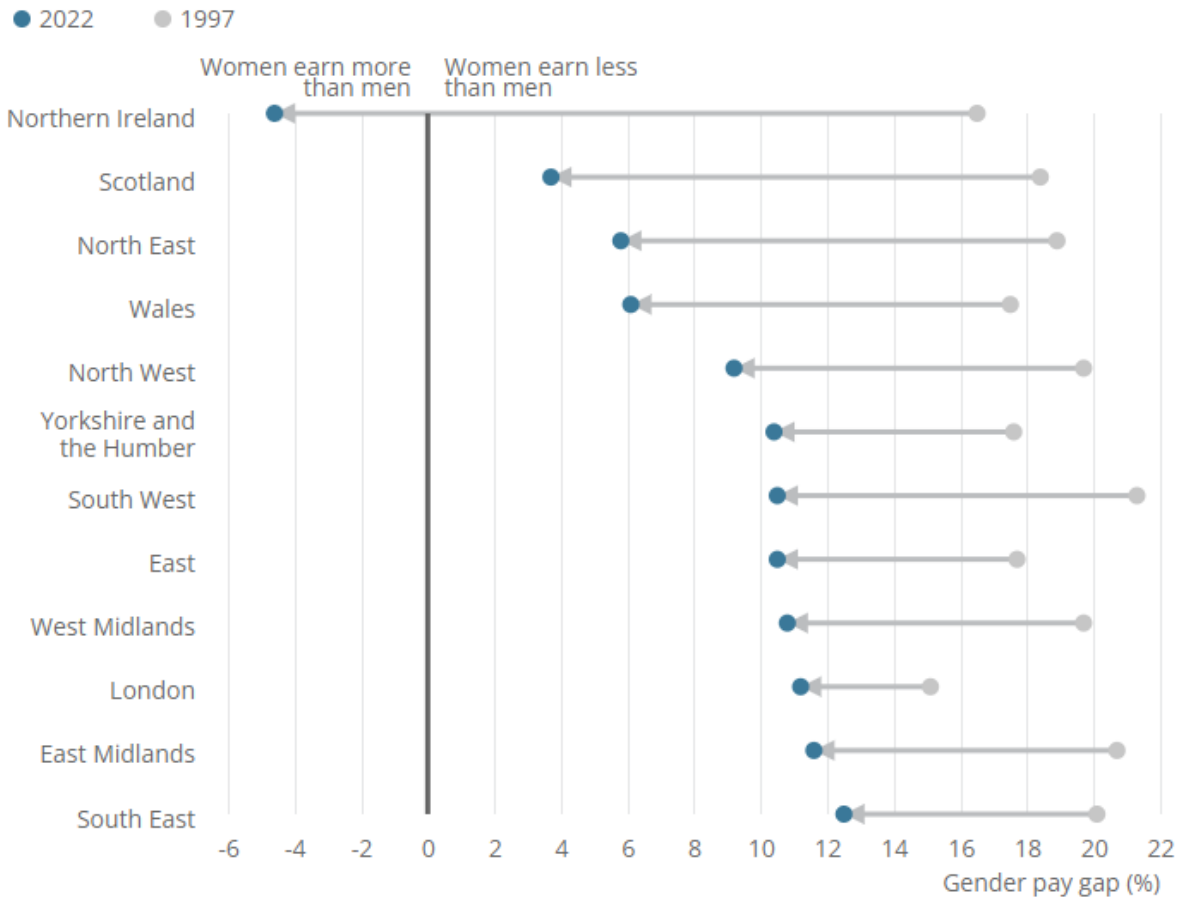
- **Note** the current report
- **Agree** the proposed actions as recommended by ATOS
- **Agree** to publish this report on the Trust website and submit the data to the government website
- **Agree** the ATOS recommended statement **(below in bold**), to be approved by the whole Board, that will then be published on the Trust website and via the government website.

"The Board of Gloucestershire Health and Care NHS Foundation Trust confirms its commitment to ongoing monitoring and analysis of its Gender Pay Gap data and to developing the appropriate actions which will reduce and eradicate this gap over time.

Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove the gender pay gap."

Appendix 1

Gender pay gap for median gross hourly earnings (excluding overtime) for full-time employees, by work region, UK, April 1997 and 2022



Source: Office for National Statistics – Annual Survey of Hours and Earnings (ASHE)

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AGENDA ITEM: 16/0323

REPORT TO:	**TRUST BOARD PUBLIC SESSION, 30 MARCH 2023**
PRESENTED BY:	Ingrid Barker, Chair
AUTHOR:	Ingrid Barker, Chair
SUBJECT:	**REPORT FROM THE CHAIR**

If this report cannot be discussed at a public Board meeting, please explain why.	N/A

This report is provided for:
Decision ☐ Endorsement ☐ Assurance ☑ Information ☑

The purpose of this report is to
To update the Board and members of the public on my activities and those of the Non-Executive Directors to demonstrate the processes we have in place to inform our scrutiny and challenge of the Executive and support effective Board working.

Recommendations and decisions required

The Board is asked to:

- **Note** the report and the assurance provided.

Executive summary

With March being Paul's final Trust Board, I would like to take this opportunity formally to place on record my personal thanks and those of the Board to Paul for his commitment and dedication to the Board and Trust. Arrangements are being made to provide colleagues with an opportunity to give Paul a retirement send off. I wish Paul a very healthy and happy retirement.

This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas:

- Board developments – including updates on Non-Executive Directors
- Governor activities – including updates on Governors
- Working with our system partners
- Working with our colleagues
- National and regional meetings attended and any significant issues highlighted

Risks associated with meeting the Trust's values
None.

Corporate considerations	
Quality Implications	None identified
Resource Implications	None identified
Equality Implications	None identified

Where has this issue been discussed before?
This is a regular update report for the Trust Board.

Appendices:	**Appendix 1** Non-Executive Director – Summary of Activity – January and February 2023 **Appendix 2** Non-Executive Director Portfolios from 2nd March 2023

Report authorised by:	**Title:**
Ingrid Barker	Chair

REPORT FROM THE CHAIR

1. INTRODUCTION AND PURPOSE

This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas:

- Board developments
- Governor activities
- Working with our system partners
- Working with our colleagues
- National and regional meetings attended and any significant issues highlighted

2. BOARD UPDATES

2.1 Non-Executive Director (NED) Update:

- The Non-Executive Directors and I continue to meet regularly as a group, and meetings took place on 14th February and 21st March. NED meetings are helpful check in sessions as well as enabling us to consider future plans and reflect on any changes we need to put in place to support the Executive and to continuously improve the way we operate.

- As advised at January Trust Board, following the successful appointment of our new Associate NED, Vicci Livingstone-Thompson, we have taken the opportunity to review the Non-Executive **Portfolios** to ensure that we best utilise the skills and experience that individual NEDs bring to our Board and Committee Structure. The revised portfolios are attached as an appendix and were implemented from 2nd March.

- As I recently communicated, Lorraine Dixon, Associate Non-Executive Director has been successful in securing an appointment as Professor and Director of the School of Nursing and Midwifery at Oxford Brookes University and will leave the Trust at the end of May. I am very pleased for Lorraine, but recognise that for the Trust, this is a loss as we had only recently secured Lorraine as an Associate NED for the Board as a University nominee and Lorraine has already made a strong contribution. Consideration will now be given to next steps.

- I continue to have regular meetings with the **Vice-Chair and Senior Independent Director**, along with individual 1:1s with all Non-Executive Directors.

2.2 Trust Board Meetings:

Board Development:

- We continue to devote significant time to our Board Development Programme and how we ensure that transformation remains central to the way we work, whilst the necessary focus is maintained on ensuring high quality care and colleagues' wellbeing. As previously reported at Trust Board, we are currently designing the next phase of our Board development programme and the Head of Governance and I have met with a number of potential partners to discuss this. An update on progress will be provided in due course.

- A seminar on **Implications of the new Mental Health Act** took place on 2nd March. This informative session was led by Simon Lindsay, Partner at Bevan Brittan LLP. The session was also attended by a number of consultant and other clinical colleagues. The seminar focussed on the reform of the Mental Health Act and the impact on Trust services and Liberty Protection Safeguards, the new roles, responsibilities and processes.

- On 23rd February we met for a stimulating Board development session focussing on **Great Place to Work**. This session, facilitated by Neil Savage, Director of HR and OD focussed on the national and Integrated Care System picture and priorities, the Trust's People Strategy and Board Assurance Framework (BAF) risks and mitigation.

3. GOVERNOR UPDATES

- I continue to meet on a regular basis with the **Lead Governor Chris Witham,** and we met on 16th February along with Trust Secretary / Head of Corporate Governance, Lavinia Rowsell, and Assistant Trust Secretary, Anna Hilditch, to discuss agenda planning for the Council of Governors meeting on 15th March and matters relating to our Council of Governors.

- Our **programme of visits** to sites for Trust Governors is progressing well with a number of visits now confirmed. These visits offer Governors the opportunity to see our sites, speak to colleagues and to gain a better understanding of the services we provide. Non-Executive colleagues accompany Governors on each of the visits.

- A further **Quarterly Staff Governor meeting** took place with NEDs on 7th February with Team Working as the topic for discussion. Further meetings are in the process of being organised.

- A **Council of Governors meeting** took place on 15th March where the Council received updates on our business planning process for 2023/24, received and discussed the CQC Community Mental Health Patient Survey Results 2022 and received the proposed timeline for our Quality Account.

- The election for two staff Governor positions commenced on Tuesday 14th March. We are seeking colleagues to represent our **Health & Social Care Professionals** class, and our **Medical, Dental & Nursing** class (vacancy for qualified nursing staff). The election is due to close on 3rd April.

- The Governors' **Membership and Engagement Committee** took place on 15th February. The Committee reviewed the positive progress against the Trust's current Membership & Engagement Strategy and associated action plan, considered options to develop a more engaged membership and discussed potential membership engagement opportunities coming up during the year. This is a Governor committee, chaired by myself, but we are fortunate to have colleagues in attendance at this forum from Communications, Partnership & Inclusion and the Trust Secretariat to provide guidance and expertise.

- A meeting of the Nominations and Remuneration Committee took place on 1st March.

4. NATIONAL AND REGIONAL MEETINGS

Since the last meeting of the Trust Board in January, I have attended the following national meetings and visits:

- **NHS Confederation Mental Health Chairs' Network** – meetings take place weekly and I attend when my diary permits. At the last meeting, we were joined by NHS Employers Chief Executive Danny Mortimer, who led on a very interesting discussion on workforce challenges.

5. WORKING WITH OUR PARTNERS

I have continued my regular meetings with key stakeholders and partners where the working of the health and care system and the way we can mutually support each other are key issues for consideration. Highlights are as follows:

- Along with Director of Strategy and Partnerships, I attended the County Council's **Health Overview and Scrutiny Committee** on 14th March. The meeting primarily focused on updates from NHS Gloucestershire on the recent CQC Inspection of the Out of Hours Service and a review of performance against the Gloucestershire Urgent and Emergency Care Winter Sustainability Plan 2022-23. We also received updates on the extension of temporary service changes to maternity services and the Integrated Care Board.

- **A meeting of the Integrated Care Board** took place on 29th March where a number of important operational and strategic issues were discussed. Graham Russell, Vice Chair and I were in attendance. Further detail of the meeting is provided in the CEO's report. Prior to the meeting, we were invited to attend the **ICB leavers' lunch** where we had the opportunity to bid farewell to colleagues leaving the Trust and ICB.

- **ICB Board Development Sessions** take place on a bi-monthly basis and the Chief Executive and Graham Russell attended on **22nd February**. Unfortunately, due to diary constraints I was unable to attend on this occasion.

- As you will see from the NEDs activity report, they continue to represent the Trust on a variety of **ICB Committees** including; the Audit Committee, System Resources Committee and System Quality Committee.

- The **Chair of Gloucestershire Hospitals NHSFT**, **Deborah Evans**, and I meet on a regular basis to discuss matters of mutual interest. We continue to deepen understanding of our Trusts' work together and Deborah, Clive Lewis, ICB Non-Executive Director and I undertook an informative **joint visit** on 21st February to the **Eating Disorder Services** at Brownhills Centre. We met and received briefings from James Lewis-Watkins, Eating Disorders Service Manager and Alice Hosking, Deputy Service Director for Community, Physical Health, Mental Health and Learning Disabilities Entry Services. It was brilliant to see the passion and enthusiasm of the team and the creative approach to making opportunities for peer support workers given the obvious value they add. I would like to thank James and Alice for taking time out of their busy schedules in order to facilitate the visit.

  On 28th February Deborah, Julie Soutter, ICB Non-Executive Director and I visited the **Early Supported Discharge Team and Stroke Unit** at The Vale. We received briefings from Juliette Richardson, Deputy Service Director Community Hospitals and Angela Dodd, Therapy Lead Stroke Rehabilitation. Since the visit, Deborah and Julie have spoken very highly of the Team, which I would echo, testament to Trust colleagues' hard work. Once again, I would like to thank Juliette and Angela for facilitating this informative and interesting visit.

- I meet on a quarterly basis with **Dame Gill Morgan, Chair of the NHS Gloucestershire Integrated Care Board** and **Deborah Evans, Chair of the Gloucestershire Hospitals NHS Foundation Trust** and the last meeting took place on 22nd March.

- I had an informative meeting with Kim Forey, Director of Integrated Commissioning (joint post with Gloucestershire County Council) and Donna Miles, Head of Integrated Commissioning (Community Care) on 8th March where we discussed **Section 75 / 76 and 256 agreements** and **funding flows**.

- I met with **Joanna Scott, Mental Health Co-ordinator, Gloucestershire VCS Alliance** on 14th February, **Mark Yates, Chair of Herefordshire and Worcestershire Health and Care NHS Trust,** on 28th March, **Stephen Otter, Chair of SWAST** to discuss matters of mutual interest.

6. WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

- Annual meetings with the County's MPs continue and the Chief Executive and I met virtually with **Laurence Robertson, MP for Tewkesbury** on 3rd March.

  A meeting with **Mark Harper, MP for the Forest of Dean** and **Siobhan Baillie, MP for Stroud** is in the process of being scheduled.

- On 22nd February I was delighted to host a visit to the new Forest of Dean hospital site by **Air Marshal Sir Dusty Miller, KBE, High Sherriff of Gloucestershire**. We were accompanied by **Roger Deeks, Vice Lord Lieutenant** and **Councillor Julia Gooch**, Chair of Forest of Dean District Council. We had the opportunity to meet with Trust colleagues who will transfer to the new hospital upon completion. I am delighted to advise that construction of the new hospital is well under way with an anticipated opening date of Spring 2024.

- As part of ongoing discussions regarding the official opening of the Forest of Dean hospital, **Roger Deeks, Vice Lord-Lieutenant of Gloucestershire** and I attended the first Forest of Dean Stakeholders meeting on 8th February where a variety of planning discussions took place.

- On 1st March I met with committee member **Glynis Halling** from **Dr Charley's Luncheon Club** based in the Forest of Dean. Dr Charley's operated a weekly lunch club in Coleford for older and disabled people for almost 50 years until the pandemic in 2020 when the club closed. In June the club reopened however due to difficulties, the hard decision was taken to permanently close. Following the closure, Dr Charley's luncheon club made a very generous donation towards Lydney and Dilke hospitals and at the meeting Glynis and I discussed the possibilities for use of the of the donation in the new Forest of Dean hospital.

- At the invitation of **Tim Gwilliam**, Leader of Forest of Dean District Council and also Service Manager for Arch Care Rehab Services, on 16th March, Graham Russell visited **Carpenter House** which is located in Gloucester and provides supported accommodation for people with mental health problems. They had the opportunity to meet the team and importantly some of the residents and clients who benefit from this wonderful facility.

- The Chief Executive, Director of Strategy and Partnerships and I held a quarterly meeting with the **Chairs of the County's Leagues of Friends** on 23rd March. This was an opportunity for the Trust to provide updates on a number of important activities that have been taking place over the last few months, including an update on the new Forest of Dean hospital. The next meeting will be held in June.

7. ENGAGING WITH OUR TRUST COLLEAGUES

- I continue to meet with Douglas Blair, Trust Chief Executive designate on a regular basis. The meetings are an opportunity for Douglas and I to discuss Trust business and preparations for Douglas' arrival in April.

- To assist with the kickstart of our **One Gloucestershire Reciprocal Mentoring Programme**, I was pleased to record a message of support for this valuable programme. Reciprocal Mentoring is where individuals from groups who are usually underrepresented work as equal partners with senior leaders in the process of mutual learning. I myself have benefited from Reciprocal Mentoring and would encourage Trust colleagues to participate.

- I am **informally visiting** the Trust's services across the county and had an interesting visit to the **Criminal Justice Liaison Service** and **Police Custody Suite** at Police Headquarters, Waterwells on 14th February where I met Andy Webb, Team Manager and Trust colleagues. On 28th February, I visited **Dental and Lymphoedema Services** at Southgate Moorings where I met with Lisa Bradley, Dental Services Manager. My thanks go to Andy and Lisa for facilitating my visit to their services.

- I carried out a **quality visit** on 15th March with Marc Acock from the **Cheltenham Crisis Team**. I spent time in discussion with Marc and his Team based at Pavilion Lexham Lodge.

- I continue to attend the Trust's Committees on a rotational basis and I regularly attend the **Working Together Advisory Group**. I attended the **Resources Committee** on 23rd February and **Quality Committee** on 2nd March.

- I participated in the judging panel for the **Better Care Together Awards** on 16th February. There were 184 nominations across the eight categories, and the panel spent a whole day at Churchdown Community Centre carefully considering and choosing a shortlist of 3 entries per category. The panel comprised of a Governor, Experts by Experience and Trust colleagues representing our teams and services. The standard of nominations was incredibly high and it was very difficult to shortlist some categories – one in particular included 65 nominations to consider. Our final shortlist is a great mix of entries from physical health, mental health, inpatient, community and learning disability services with some really innovative and impressive examples of projects and initiatives being showcased.

  A very enjoyable **Better Care Together Awards Ceremony** took place at Gloucester Rugby Club on 23rd March.

- I joined the **Senior Leadership Network Meeting** on 21st February.

- As part of my regular activities, I continue to have a range of virtual **1:1 meetings with Executive colleagues**, including a weekly meeting with the

Chief Executive and regular meetings with the Trust Secretary/Head of Corporate Governance.

As always, I continue to try to make myself available to support colleagues and recognise their endeavours.

I recorded a Vlog for colleagues following the last Board meeting which highlighted issues discussed and key decisions.

I also have an active presence on social media to fly the GHC flag and highlight great work across the county.

8. NED ACTIVITY

The Non-Executive Directors continue to be very active, attending meetings in person and virtually across the Trust and where possible visiting services.

See **Appendix 1** for the summary of the Non-Executive Directors activity for January and February 2023.

9. CONCLUSION AND RECOMMENDATIONS

The Board is asked to **NOTE** the report and the assurance provided.

Appendix 1

Non-Executive Director – Summary of Activity – 2nd January – 28th February 2023

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Dr Stephen Alvis	Bite Sized Briefing Associate NED Focus Group Interviews NEDs Meeting Council of Governors: Development Session and Networking Quality Visit – Eating Disorders Service Introduction meeting with Lorraine Dixon Senior Leadership Network Mental Health Legislation Scrutiny Committee Serious Incident Investigation Review Meeting Mental Health Act Managers Forum Quarterly Staff Governor/NED Meeting MHAM personal developmental review Bite-Sized Briefing NEDs Meeting Informal NED drop-in session with Gill Morgan	GGI National NED Development Programme	Quality committee Board Development Session Board – Public Board – Private Audit and Assurance committee
Steve Brittan	ICB System Resources Committee Associate NED Focus Group Interviews NEDs Meeting Council of Governors: Development Session and Networking Catch up meeting with James Powell Resources Committee agenda planning meeting Forest of Dean Committee discussion and agenda setting Quarterly Staff Governor Meeting Private meeting with Auditors NEDs Meeting Introduction meeting with Lorraine Dixon	Bishop's Breakfast – leading through challenging times	Board Development Session Board – Public Board – Private Audit & Assurance Committee Forest of Dean Assurance Committee Board Development: GPTW Resources Committee

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	Environment Maturity Review Meeting Informal NED drop in session with Dame Gill Morgan		
Marcia Gallagher	Meeting with Chair NEDs Meeting Council of Governors: Development Session and Networking Community MH Transformation - Stakeholder Engagement Associate NED Focus Group Interviews SI Review Meeting with Lavinia Rowsell Quarterly Staff Governors Meeting Forest Health Forum Meeting Women's Leadership Forum Internal and External Auditors Meeting NEDs Meeting NED/Lay Members Meeting Pre-Appraisal discussion with Chair Senior Leadership Forum	GG1-Lean Governance	Quality Committee Board – Public Board – Private Great Place to Work Committee Audit and Assurance Committee Board Development Session Resources Committee
Sumita Hutchison	1:1 with Neil Savage Associate NED Focus Group Interviews NEDs Meeting Council of Governors: Development Session and Networking MHLS Committee pre-meet Senior Leadership Network Quality Visit to Stroud General Hospital MIIU Unit		Board Development Session Board – Public Board – Private MHLS Committee

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Jan Marriott	Working together Advisory Group Meeting with Governor at Young Gloucestershire Quality Committee pre-meet with John Trevains 1:1 with FTSU Guardian NEDs Meeting Council of Governors: Development Session and Networking Quality Assurance Group Quality Visit – CEN Team Meeting Associate NED Focus Group Interviews 1:1 Dir. Strategy and Partnerships re Working Together Advisory Group 1:1 Service Director re Reducing Reoffending Quarterly Staff Governor Meeting NED Meeting ICB Quality committee Quality Assurance Group (part) 1:1 with Lorraine Dixon 1:1 with John Trevains Introduction to staff survey Heat maps meeting	Lean Governance: Good Governance Institute	Board Development Session Board – Public Board – Private Quality Committee Great Place to Work committee (part) Audit and Assurance Committee Board Development: GPTW Membership and Engagement committee
Graham Russell	1:1 with Chair ICB Board Development Gloucestershire Neighbourhood Transformation Committee HRH Princess Royal visit to Montpellier Gardens		Board Development Session Forest of Dean Assurance Committee Board Development
Nicola de Iongh	NEDs Meeting Associate NED Focus Group Interviews 1:1 with Chair NHSP Board Development Programme NED Induction Council of Governors: Development Session and Networking		Board Development Session Board – Public Board – Private Great Place to Work Committee Board Development Resources Committee

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	Tewkesbury MIIU Quality Visit NEDs Meeting Informal NED Drop-In Session		

Lorraine Dixon	1:1 with Chair Introduction meeting with Neil Savage Introduction meeting with Angela Potter Introduction meeting with Amjad Uppal Introduction meeting with Lavinia Rowsell Introduction meeting with Paul Roberts Introduction meeting with Steve Alvis Introduction meeting with Sandra Betney Introduction meeting with Chris Witham NEDs Meeting Introduction meeting with Marcia Gallagher Introduction meeting with Steve Brittan Introduction meeting with Graham Russell Introduction meeting with Jan Marriott Introduction meeting with David Noyes Introduction meeting with Helen Goodey		

Appendix 2

Non-Executive Director Portfolios
From: 2nd March 2023

NON-EXECUTIVE DIRECTOR	LOCALITY	CHAMPION	AUDIT *	RESOURCES	QUALITY	MHLS	GREAT PLACE TO WORK	CHARITABLE FUNDS	ATOS	FOREST ASSURANCE	WORKING TOGETHER	ICS
Graham Russell (Vice-Chair) Graham.russell@ghc.nhs.uk	Stroud		X				C		X	VC		Board
Marcia Gallagher (Senior Independent Director – SID) Marcia.gallagher@ghc.nhs.uk	Forest	• Health, Safety and Security	C		X			VC	X			Audit
Dr Stephen Alvis Steve.alvis@ghc.nhs.uk	Cotswolds			X	VC	VC (C MHAMF)			X	X		
Steve Brittan Steve.brittan@ghc.nhs.uk	Tewkesbury		X	C					X	C		Resources
Sumita Hutchison Sumita.hutchison@ghc.nhs.uk	Greater England & Wales	• Wellbeing Guardian		*		C	VC (C Diversity Network)	C	X			
Jan Marriott Jan.marriott@ghc.nhs.uk	Cheltenham	• FTSU	VC		C				X		C	Quality

Nicola de Iongh nicola.de-iongh@ghc.nhs.uk	Gloucester			VC			X		X			
Lorraine Dixon (Associate) Lorraine.dixon@ghc.nhs.uk							X					
Vicci Livingstone-Thompson (Associate) vicci.livingstone@ghc.nhs.uk											X	

**All NEDs are members but 4 are nominated as regular attendees*

Quality/Resources link – Steve A **Quality/Great Place to Work link** – Graham Russell **Resources/Great Place to Work link** – Nicola de Iongh

* SH to attend Resources Committee when items relating to sustainability are scheduled for discussion

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AGENDA ITEM: 17/0323

REPORT TO: **TRUST BOARD PUBLIC SESSION, 30 MARCH 2023**

PRESENTED BY: Chief Executive Officer & Executive Team

AUTHOR: Paul Roberts, Chief Executive Officer

SUBJECT: **REPORT FROM THE CHIEF EXECUTIVE OFFICER & EXECUTIVE TEAM**

If this report cannot be discussed at a public Board meeting, please explain why.	N/A

This report is provided for:
Decision ☐ Endorsement ☐ Assurance ☒ Information ☒

The purpose of this report is to

Update the Board on significant Trust issues not covered elsewhere as well as on my activities and those of the Executive Team.

Recommendations and decisions required

The Board is asked to **note** the report.

Executive Summary

The report summarises the work led by or participated in by the Chief Executive (CEO) since the last Board meeting. In doing so it demonstrates the wide-ranging involvement and activity of the Trust and leadership team inside and outside the organisation. As an Executive Team we remain focused on managing the impact of continuing service pressures across all services and the Gloucestershire system and on recovery of services from the impact of the pandemic. In the context of these operational pressures, we prioritise meeting the needs of our service users, supporting colleagues, and achieving the aims set out in our Trust Strategy. Industrial action has continued to provide an additional operational challenge for the team.

The report focuses on joint work, within Gloucestershire, the South-West region and more widely, to ensure we work closely with others to join-up care, share resources and learn from each other.

As well as updates on the activity and focus of the CEO, this report provides an update on several trust developments such as the new medical facility in Stroud, the Let's Talk rebrand and the upcoming CEO transition.

Risks associated with meeting the Trust's values
None identified

Corporate considerations	
Quality Implications	Any implications are referenced in the report
Resource Implications	Any implications are referenced in the report
Equality Implications	None identified

Where has this issue been discussed before?
N/A

Appendices:	Report attached

Report authorised by:	**Title:**
Paul Roberts	Chief Executive Officer

CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

1.0 CHIEF EXECUTIVE CONTEXT AND ENGAGEMENT

1.1 New Chief Executive

This is **my last Board meeting** as Chief Executive, I would like to thank Board members for all their support over the last five years. It has been eventful, at times challenging, but it has been a great privilege to serve in Gloucestershire, our health and social care system and our Trust of which I am incredibly proud.

As previously advised, following a rigorous recruitment process, a new Chief Executive Officer has been appointed as my successor. Following my retirement on 16th April, **Douglas Blair** will take up the role on 17th April.

I wish him well in this role – he is joining an outstanding, compassionate, and caring group of colleagues – and I am sure he will fit in well.

1.2 "*Let's Talk*" Rebrand

Our Let's Talk service is being renamed. It will soon become **NHS Gloucestershire Talking Therapies** as part of a national rebranding exercise that will see all Improving Access to Psychological Therapies (IAPT) services using the same name across the country by the end of 2023.

Following an extensive national consultation process which received more than 3,600 responses, NHS Talking Therapies has been voted the most accessible name, and the easiest one to understand, by a wide range of staff, charities, patients and the general public. It will be accompanied with a tagline 'for anxiety and depression', to provide clarity on what conditions the service is for and to support appropriate referrals. You will soon begin seeing the new name and branding but please be assured – the name may be changing but the service and contact/referral information will remain the same.

1.3 Marking Ramadan - March / April 2023

Many of our Muslim colleagues will now be celebrating Ramadan in March and April. As the Islamic calendar is based around the lunar cycle, the Holy month of Ramadan rotates by approximately 10 days each year. This year, it is expected to begin on or around **22nd March and end on 20 April** – to be confirmed dependent on moon sighting.

During Ramadan, Muslims fast, abstain from pleasures and pray. It is also a time for families to gather and celebrate. Eid (Eid al-Fitr) is the celebration that marks the end of Ramadan.

This year the **NHS Muslim Network is inviting NHS allies and friends to join a day of fasting as part of the NHS Ramadan Challenge**. The aim of this is to understand and experience how Muslim colleagues feel when they are fasting for Ramadan and to show allyship, gratitude and to experience what the less fortunate go through. Further information can be found here - #NHSRamadanChallenge – NHS Muslim Network

The NHS Muslim Network has also developed guidance including specific advice around the implications for fasting in Ramadan for staff and how line managers and colleagues can support colleagues who are fasting. Further details can be found here - Ramadan and Eid Guidance 2023 – NHS Muslim Network

1.4 New healthcare facility in Stroud

Her Royal Highness, the Princess Royal, performed the **official opening of the Five Valleys Shopping Centre**, in Stroud, which includes the **Five Valleys Medical Practice** on 15th March.

The building, which was formerly occupied by Woolworths and Poundland, has been completely refurbished by and now includes the town's library, alongside the GP surgery – part of which is occupied by our **physiotherapy and podiatry teams**.

1.5 Internal engagement and developments

Virtual **Senior Leadership Network** (SLN) meetings took place on 24th January, 21st February and 28th March. These meetings take place monthly and provide an opportunity to discuss leadership issues critical to delivering the Trust strategy and mission.

The January meeting focussed on the **upcoming industrial action**, with operational updates from David Noyes, Chief Operating Officer, and workforce updates from Ali Koeltgen, Deputy Director of HR. Dr Marie O'Neill, Clinical Psychologist and Clinical Lead for The Wellbeing Line, provided an update on the **Wellbeing Line** and the new **Adverse Experiences pathway** (further information provided later on in the report). There was also a discussion on **Staff Health and Wellbeing** led by Neil Savage, Director of HR and OD, Alison James, Service Director, Working Well, and Anis Ghanti, Head of Organisational Development & Leadership.

The February meeting provided updates on the **Clinical Systems Vision Project**, **Loop** (the new Employee Online E-rostering App) and **Staff Benefits**. Joby Scaria, GHC Catering Manager, provided an overview of the **Nutrition and Hydration Week**, which ran from 13th to 19th March. This annual event has a shared, global objective to reinforce, energise and create activity and engagement to promote nutrition and hydration as a fundamental element to maintaining health and wellbeing within health and social care. The main theme for this year's campaign was Gut Health and colleagues organised a range of events for our hospitals and sites to mark the occasion.

The SLN meeting on 28th March will be covered in the May Board report.

Monthly **Bite-Size** briefing sessions continue to be held as digital events and are led by an Executive or a Deputy. They are open for all Trust employees to attend and provide an opportunity for colleagues to ask questions, seek clarification and make suggestions on ways the Trust can be improved. The Bite-Size sessions help to ensure effective communication across the Trust and provide an opportunity for the staff voice to be heard directly by the Executive team. All sessions are recorded and shared soon afterwards, on both the intranet and in our Staff Facebook group.

Weekly **Executive Director Meetings** continue, where collectively the Executive team oversee the day-to-day, and longer-term executive management of the Trust. These meetings are broadened on a bi-monthly basis for the **Trust Senior Team Meetings**, which bring senior management and clinical leaders from across the Trust together to provide advice to the Executive on the direction and operational management of the Trust and provide feedback on staff experience. These regular meetings enable wider engagement in, and ownership of, key decisions affecting our organisation including priority setting, system engagement and strategic planning.

At the **Trust Senior Team Meeting** on 14th February, I provided the Chief Executive update, which included a summary of the Trust Board meeting held on 26th January. The main topic of the meeting was the **GHC transformation programme and budget setting and business planning**, with focussed discussion led by the both the Strategy and Partnerships and Finance Directorates. There were also several updates from the **Diversity Network Chairs**, including Women's Leadership Network, RCAN, LGBTQ and Disability Awareness.

I attended the **Better Care Together Awards** ceremony on the afternoon of 23rd March at Gloucester Rugby Club's Kingsholm Stadium to celebrate the outstanding commitment, dedication, care, compassion and expertise of our colleagues.182 nominations were received, and our judging panel, chaired by Trust Chair Ingrid Barker, had the difficult task of whittling them down to select the shortlist and the winners. Our Communications team did an excellent job organising this event and I was thrilled to be able to celebrate the many successes of our staff and teams. Further information about the preparation for the event is provided in the Chair's report.

On 27th January I took part in the **second Length of Stay workshop** organised by the Operations Directorate and facilitated by **Matthew Hall, Chief Operating Officer at Hereford and Worcestershire Health and Care NHS Trust**. This face to face session forms part of a series of four workshops aimed at finding workable solutions to the challenges the system faces around reducing the length of stay on acute wards. There were several excellent presentations looking at the progress made to date, working towards a shared system-wide philosophy and tackling barriers to improve patient flow. It was encouraging to see the attendees' enthusiasm, which was illustrated by the lively discussions and the excellent contribution from all who attended. A task and finish group has now been established, led by Derek Hammond (Interim Deputy Chief Operating Officer), to take forward this important piece of work. By utilising the skills, knowledge and leadership of our colleagues, the Trust is

committed to finding collaborate solutions to significantly reduce our Length of Stay. There is a further session scheduled to take place on 27th March (after this report is written).

On 2nd March, along with other Executive colleagues, I attended the **Adverse Events Wellbeing Workshop** organised by **The Wellbeing Line**. The workshop was also attended by Team Leads, both clinical and non-clinical, to raise awareness and provide further information about the new support offer for staff following an Adverse Event. The Adverse Events pathway sits alongside work being developed by the Patient Safety Team in relation to Serious Incidents (SI), however it goes beyond that to acknowledge that staff might need support with a range of distressing events that do not necessarily fit SI criteria. The informative session covered the following important topics:

- The development and rationale for the pathway;
- Where the support sits in relation to other work already developed and developing within the Trust (eg: reflective practice, restorative supervision);
- An explanation of the 5 levels to obtaining support;
- Consultation and support for Team Leads – how to look after yourself and support your team;
- Discussion about "natural responses" to adverse and potentially traumatic events.

The session was well attended with over 120 colleagues taking part and it was encouraging to see proactive engagement in discussions about this crucial support offer which has been developed to meet the needs of all our staff and support their long term wellbeing.

Corporate Inductions, held fortnightly, continue to provide an excellent opportunity for the Executive team personally to welcome new colleagues to the Trust, introduce our core values, and ensure that everyone feels included from the outset. Members of the Executive team joined the sessions throughout February and March to provide the executive overview and welcome.

I attended the **Joint Negotiating and Consultative Forum** (JNCF) on 29th March (after this report was written) to provide the Chief Executive update.

I provided the Chief Executive's update at the **Non-Executive Directors meeting** on 14th February. David Noyes, Chief Operating Officer, attended the meeting on my behalf on 21st March.

I attended the **League of Friends' Chairs meeting** on 23rd March to provide the Chief Executive update. Further information about this meeting is included in the Chair's report.

I attended the **GHC Council of Governors meeting** on 15th March. Further details on this meeting are provided in the Chair's report.

I attended the **Appointment and Terms of Service (ATOS)** meeting on 1st March to provide an update to the committee on the Executive Directors' interim reviews.

There have been a number of **Board development sessions and seminars** over the past two months:
23rd February – Great Place to Work
2nd March – Implications of the new Mental Health Act

The details of these sessions are included in the Chair's report.

There was a face-to-face **Executive Development Session** on the afternoon of 21st February at which the team explored the current operational pressures each team is facing and the key priorities for 2023/24. The session provided an opportunity to discuss the upcoming transition with the arrival of a new Chief Executive in April and how the team will prepare for this.

On 9th February I had an introductory meeting with **Sharon Buckley, our new Deputy Chief Operating Officer – Service Group 2 (physical health)**, who joined the Trust on 12th December. Sharon joined us from Herefordshire and Worcestershire Health and Care NHS Trust and brings with her an extensive portfolio of strategic and operational experience.

On the same day, I also had an introductory meeting with **Kerry Jones, our new interim Service Director for Mental Health and Learning Disability Inpatient and Urgent Care.**

On 4th April we will offer a fond farewell to **Dr Phillip Fielding**, who is retiring from his post as **Deputy Medical Director for Community Services**. Phillip has been a respected colleague and has added significant value to our Trust and the wider NHS throughout his career. We wish Phillip all the very best in his retirement.

1.6 Mental Health Focus

My own focus on mental health is local, regional and national to progress the mental health agenda as the wider impacts of the pandemic continue to manifest themselves and as mental health services consider how to recover services which have suffered significant impacts. Throughout these conversations and meetings, it is evident that all colleagues and partners believe in the importance of mental health services and are working hard to ensure the best possible service is given across the Trust.

I attended the monthly **South West (Regional) Mental Health CEO's** (now chaired by Dominic Hardisty, Chief Executive of Avon and Wiltshire Partnership NHS Trust). This group acts as the overarching governance summit for the regional South West NHS Provider Collaborative and provides an opportunity for CEO colleagues to raise key issues about mental health services across the region and to offer mutual support. The meeting on 17th February provided an update from NHS England and Improvement on workforce and regional priorities, looking at system accountability. There was a further meeting on 17th March (after this report was written).

The national NHS England **Mental Health Trusts CEO meetings**, chaired by Claire Murdoch, National Mental Health Director, and attended by Regional Leads and Senior Responsible Officers, continue to take place on a monthly basis. These sessions provide useful updates on mental health, learning disabilities and autism, as well as provide a forum for Mental Health Trust Chief Executives to discuss any current national issues.

Until recently when I relinquished my chairing role, I had monthly meetings with **Director of the SW Mental Health Provider Collaborative, Anne Forbes** and I continue to meet **Director Commissioning (South West), NHS England and Improvement, Rachel Pearce** to discuss mental health service issues across the South West.

On 16th February I chaired the **South West Mental Health Programme Board.** The meeting provided an opportunity for a discussion on the South West performance and an update was provided on the regional Digital Mental Health Programme. Updates were also provided by regional colleagues on the South West priority area for older people, workforce issues and the upcoming quarter 3 deep dive focus topic. In light of my retirement next month, Sue Harriman, Chief Executive of Bath and North East Somerset, Swindon and Wiltshire ICB have agreed to chair the Programme Board in the future.

I chaired the **Community Mental Health Transformation (CMHT) Partnership Board meeting** on the 7th February where we undertook a stock-take of progress made to date in the transformation as we near the end of Year 2. The key areas to note included:

- **Additional Role Reimbursement Scheme (ARRS)** are mental health practitioners based within primary care focusing on providing additional capacity and a direct patient interface within GP surgeries. We have successfully recruited 11.4wte against a target of 15wte by the end of March 2023 and recruitment is ongoing. Feedback from primary care and patients is extremely positive with a number of practices requesting additional capacity.

- **Training Needs for VCSE partners** – We have contracted dedicated training including Mental Health First Aid to be delivered as well as Trauma Informa Care training provided by a VCSE partner.
- **Transformed model for CMHT including seamless transfers of care and treatment** – the new service model outlining the role of the Locality Community Partnership (LCP) and the use of Dialog continues to develop ready for a test and learn approach starting in the Forest of Dean.

- **Complex Emotional Need (CEN) Service** has undergone a full transformational review with strong engagement and co-production from colleagues, partners, service users including Experts by Experience and Peer Support Workers focusing on Gloucester City as its starting base. A roll out plan is now being developed to take this across the whole of the county.

- **Recruit VCS Peer Support Workers** - We have two peer support workers employed by GHC now embedded within the CMHT core programme team. They are currently focussed on our implementation and evaluation of the DIALOG patient outcome measure, along with expert by experience work groups hosted by Inclusion Gloucestershire.

- **Review options for replacement of CPA (Care Programme Approach)** – Dialog is being trialled in the Forest by the team and appropriate VCS partners with extremely positive feedback. Dialog will be utilised as an assessment and outcome measure, in trial with VCSE providers and our secondary mental health teams. We will then incorporate it into the Assessment Care Management Policy Trust wide after April 2023 and build on this to co-produce the personalised care planning approach which will replace CPA.

- **Physical health checks in SMI** - working proactively with primary care colleagues and with the support from Independence Trust we have seen the number undertaken increase from 3.6% to our current performance of 49% against a target of 65%. We are in the process of recruiting a dedicated team of staff to work across existing GHC caseloads and also provide a direct service into GP surgeries to address the health checks required which are in the region of 4,800 per year.

1.7 Tackling Inequalities

I have continued to develop my work as **lead CEO for tackling inequality** for Gloucestershire. I regularly convene and attend meetings that seek to respond to and in the longer term prevent the systematic inequalities brought to light by the pandemic, as well as the long-standing inequalities which were already recognised.

February was **LGBTQI+ history month** - an annual event aimed at promoting equality and diversity by increasing the visibility of lesbian, gay, bisexual and transgender (LGBT+) people, their history, lives and their experiences in the curriculum and culture of educational and other institutions, and the wider community.

It was an opportunity to raise awareness on matters affecting the LGBT+ community, to make educational and other institutions safe spaces for all LGBT+ communities; and to promote the welfare of LGBT+ people so they contribute fully to society and lead fulfilled lives, thus benefiting society as a whole.

Our Trust is proud to promote the NHS as an inclusive workplace for all colleagues and everyone is welcome to join our LGTBQI+ Network, whether it be as a member of the community or as an ally, to help bring about positive change.

Equality, Diversity and Inclusion continues to be at the core of how we operate as a Trust and my involvement in the wider agenda helps us achieve our aims in this regard.

I am part of the **Health Inequalities Panel** established by Gloucestershire County Council and the ICS. This is designed to provide oversight of the wider inequality agenda and, in particular, to provide co-ordination of the Health and Wellbeing Programme and the ICS Programme.

On 9th March I attended the **South West Equality, Diversity and Inclusion (EDI) sub-group meeting**. At the meeting there was a presentation and in-depth discussion on the 'Leading for Inclusion' Strategy, including gaining members commitment to the five steps for inclusive HR. There was also a presentation from the Mindful Employer, providing information about its service provision, performance and projections.

Our **reciprocal mentoring programme**, aimed at enhancing equality, diversity and inclusion within our Trust, has now been extended to reach out across Gloucestershire at an ICS (system wide) level. Reciprocal mentoring is where individuals from minority groups work as equal partners with senior leaders in the process of learning from each other. The aim is to build a mutually beneficial understanding and insight into the difficulties and barriers colleagues from minority groups often face.

On 7th February I joined the **Tea and Talk session** hosted by the Equality, Diversity and Inclusion (EDI) team and Race and Cultural Equality staff Network (RCAN) as part of **Race Equality Week**. The session provided an opportunity for discussion around what the teams can do, and are doing already, to drive Race Equality at GHC.

Race Equality week (REW), which took place from 6th to 12th February, is an annual UK-wide movement uniting thousands of organisations and individuals to address barriers to race equality in the workplace. GHC have joined the national REW team this year and the theme for 2023 is #ItsEveryonesBusiness because tackling race inequality is everyone's business.

I recorded a short video ahead of Race Equality week to provide my thoughts on race equality and how everyone can make a difference:
https://youtu.be/6D5Jzn2fT3Y

We continue to progress the work we are doing with **Walk In My Shoes (WIMS)** a community led group providing a pathway for better communication and services between the NHS and minority ethnic communities in Gloucester. We are supporting WIMS in progressing its ambition to become an incorporated charity and attended a meeting with WIMS members and the appointed solicitors on 30th January to further this important work.

I have also attended two meetings with **Dr Habib Naqvi MBE, Chief Executive, NHS Race and Health Observatory** to discuss the Charity Commission's approach

to applications for incorporated charities where the stated objective of the charity is to improve health outcomes through promoting equality, diversity and inclusion (EDI). One of the meetings was also attended by Shivaji Shiva, partner at VWV solicitors. There is currently a potential barrier to this type of application due to the perceived validity of the evidence linking the promotion of EDI with improved health outcomes and the meeting explored if/how the NHS Race and Health Observatory may be able to help influence this.

On 10th March I had a meeting with **Andrew Fenton, Transformation Director (Population Health & Inequalities), NHS South, Central and West Commissioning Support Unit**, to discuss the **health inequalities agenda for Gloucestershire**. Andrew has been asked by the Gloucestershire ICB and Gloucestershire County Council to examine how the ICS (Integrated Care Board, system and Integrated Care Partnership) is approaching tackling health inequalities and to make some recommendations about how we pursue these responsibilities as a system.

I have regular meetings with **Sonia Pearcey**, the Trust's **Freedom to Speak Up Guardian**. Effective speaking up arrangements help to protect patients and improve the experience of colleagues. I also regularly meet with **Dominika Lipska-Rosecka, the Partnership and Inclusion Manager for GHC**, to keep abreast of the wide range of issues facing our diverse communities in Gloucestershire and discussing ways in which the Trust can help support them.

Our Freedom to Speak Up work sits alongside **Paul's Open Door**, which is a completely confidential way for staff to contact me directly about issues they think I should be aware of or ask for a response to something they are concerned about. This is a well-used application, and I am reassured that colleagues feel able to raise issues with me directly.

1.8 ICB (Integrated Care Board) and System Partners

The Gloucestershire ICB organisation fulfils the commissioning functions for the system; it is responsible for overseeing the day-to-day running of the NHS locally and for developing a plan to meet the healthcare needs of the population. **Dame Gill Morgan is the Chair of the ICB** and **Mary Hutton is the CEO**. I am a Partner Member of the Gloucestershire ICB Board for Mental Health. Learning Disability and Autism.

I meet regularly with **Dame Gill** and **Mary,** to discuss matters arising across Gloucestershire and to keep abreast of any issues facing our partner organisations. I also meet with **Deborah Lee, Chief Executive of Gloucestershire Hospitals Trust**. Our Trust plays an important role in the Gloucestershire system with colleagues working committedly to meet the needs of our community.

ICB Public Board and **ICS Strategic Executive** meetings take place monthly, with a focus on system-wide planning and resilience. Sandra Betney and John Trevains join me as members of the ICB Strategic Executive forum. The regular meetings, held with senior colleagues across the health system, provide updates on

organisational matters and projects and help ensure joined up working by providing a forum to discuss items affecting multiple partners.

I am a voting member of the ICB and have attended the following **ICB Board meetings** over the past two months:

- ICB Public Board on 25th January. The agenda and papers for this meeting can be found here - ICB-Public-Board-papers-25th-Jan-2023.pdf (nhsglos.nhs.uk)
- ICB Confidential Board on 25th January. The session included updates on phase one of Fit for the Future, the system financial positon and the planning and joint forward plan.
- ICB Board Development Day on 22nd February. The session largely focussed on the system urgent and emergency care work being undertaken with Newton Europe. There were also updates on the draft operational plan submission for 2023/24, pharmacy, optometry and dentistry and the Public Health grant.
- ICB Public Board on 29th March.
- ICB Confidential Board on 29th March.

I also attended an **ICB Leavers Lunch** on 29th March to say farewell to a number of senior colleagues retiring from within the Gloucestershire system.

The system Gold Health System Strategic Command, now known as the **ICS Strategic Escalation Group (SEG/Gold)**, continues to take place weekly on Wednesdays. In the past this forum proved essential in overseeing the system response to the Covid-19 pandemic and now provides a regular liaison point between senior leaders in the NHS and social care system to discuss urgent and emergency care. The call was stepped up to take place daily during the RCN industrial action period in order to support the system pressures.

One of our key system partners is **Gloucestershire County Council (GCC)** and the Executive Teams from GHC and GCC meet monthly to ensure good working relations and to promote collaborative working across the system.

On 1st February I attended the **Bishop's Breakfast – Leading through Challenging Times.** This event, held at the Music Works in Gloucester, brought together a range of statutory and community leaders from across Gloucestershire and South Gloucestershire to look at how we can best use our position of leadership to positively influence and support our teams as we navigate through this challenging time. The session provided an opportunity for Gloucestershire's leaders to meet and discuss creative ideas in order to meet the needs of the communities we serve.

On 1st February, Sandra Betney, Deputy CEO and Director of Finance, and I attended a system meeting with Chief Executives and Directors of Finance from the Gloucestershire ICB and the Gloucestershire Hospitals Trust to discuss **finance and planning for the system**. A series of additional meetings took place throughout February and March to provide an opportunity to discuss and agree any outstanding issues in preparation for the 2022/23 financial year end and the start of the new financial period for 2023/24.

I attended the fortnightly **SW Regional Chief Executives** meetings. These meetings are chaired by Elizabeth O'Mahony, South West Regional Director, and provide an opportunity for Chief Executives to review and discuss the current challenges facing them and also the wider strategic issues facing national health care systems.

On 8th March, I attended the virtual **South West Chief Executives Meeting**, organised by Finnamore Associates Limited. The overall purpose of the meeting was to provide an opportunity to reflect on and discuss the current position across the South West, both in the context of our own organisations, and also the wider health and care systems – with the theme of "Ambition in the South West".

On 22nd March I attended the monthly **Community Chief Executives Network Meeting**. These meetings provide a useful opportunity to discuss operational issues facing community Trusts.

On 23rd March there was the **Quarter 3 22/23 SW Regional & National Mental Health Deep Dive meeting**. Derek Hammond, Interim Deputy Chief Operating Officer, attended the meeting on behalf of GHC. Rachel Pearce, Mental Health SRO (SW), and Claire Murdoch, National Director for MH and LDA, were in attendance. The meeting provided a performance overview and planning and data quality updates. All systems were given an opportunity to update the region on community mental health and staff hubs.

On 23rd March I chaired the **One Gloucestershire Improvement and Innovation Board** meeting. The aim of the programme is to nurture an improvement culture across One Gloucestershire that can drive the system's ambitious programmes for transformation. The meeting addressed system improvement capability and developing the strategic approach for the improvement community.

On 31st January, along with the Trust Chair and Director of Strategy and Partnerships, I attended the County Council's **Health Overview and Scrutiny Committee (HOSC).** There was a further meeting on 14th March, attended by the Chair and Director of Strategy and Partnerships. Further detail on these meetings is included in the Chair's report.

The **Health & Well-Being Board** and the **Gloucestershire Health & Well-Being Partnership** have now aligned their meetings and are scheduled to meet on the 28th March to continue to develop the action plan associated with the Integrated Care Partnership interim strategy. As a consequence of the proposed alignment of the two forums revised terms of reference will be presented at the Gloucestershire County Council's Constitution Committee meeting on 31st March 2023. Subject to approval of the recommendations to the Constitution Committee, a report will be presented to Gloucestershire County Council, seeking formal approval of the terms of reference.

On 1st February, Sandra Betney, David Noyes and I joined colleagues from the Gloucestershire County Council and Gloucestershire ICB to discuss the **Enhanced Independent Offer (EIO).** Updates were provided on the HomeFirst and Reablement pathways, objectives and values and an overview of the recruitment

strategy and planned future workforce. These system-wide meeting provide an opportunity to discuss pertinent issues facing the region and ensure collaborative system working to improve our community services. There was a follow up meeting on 21st March to discuss the progress that has been made since the February meeting, David Noyes can provide an update on this if required.

I continue to attend the **Gloucestershire MP briefings**, led by CEOs of the Gloucestershire NHS organisations and senior County Council officers and Leaders which are currently taking place monthly on a Friday afternoon.

I was a member of the **successful interview panel** for the new **ICB Director of People, Culture & Engagement** and following a competitive recruitment process, **Tracey Cox** has been appointed to the role. Tracey joined the organisation (known as NHS Gloucestershire CCG until 1 July 2022), on an interim basis in April last year, providing strategic leadership to the organisation's HR/Organisational Development and Engagement services as they worked through their transition to an ICB. I am confident Tracey will continue to add significant value in her new role.

The Chair and I are in the process of holding our annual meetings with MPs to discuss Trust updates, address any concerns and ensure effective cross communication. The Chair and I held a meeting with **Laurence Robertson MP** on 3rd March.

I continue to act as **Senior Responsible Officer (SRO)** and chair for the **Diagnostics Programme Board**. This programme board is working on progressing the proposals for local Community Diagnostics Hubs (CDH). This project focuses on the development and coordination of networked diagnostic services which are equitable and consistent; aiming to get the right patient to the right test, in the right location, in the fewest number of visits (and referrals) and in the shortest amount of time. The aim is to maximise the limited diagnostic capacity through triage, stratification and prioritisation which is personalised and sustainable across Gloucestershire whilst seeking to invest / innovate and expand existing services so that they meet current and future demands.

The meeting on 15th March was my last meeting as SRO and chair for this programme board. When I retire in April, Sandra Betney, Deputy CEO and Director of Finance, will take over from me as the SRO and chair for this Board.

Kerry O'Hara, Associate Director (Clinical Programme Group, NHS Gloucestershire and I meet monthly to discuss the Diagnostics agenda.

On 10th March I attended the **West of England AHSN Board meeting** to represent the Gloucestershire system. On 17th February I attended the **West of England AHSN Extraordinary Board meeting,** which was convened to review and comment on the AHSN Network Business plan for 2023/24.

The **Medical Staff and Dentistry Committee (MSDC)** convened on 3rd February and 3rd March. I attended to provide the Chief Executive update at these meetings. The **Local Medical Council (LMC)** convened on 16th March. Dr Faisal Khan, Deputy

Medical Director, and Steven Holmes, Service Director for Adult Community, attended the meeting. Active engagement with senior medical colleagues in the trust is an important aspect of the work of the Chief Executive and wider Executive team.

1.9 System Engagement Activities

In February 2023 **Healthwatch Gloucestershire** released a report titled ***Adults with autism: People's experiences of the autism assessment process in Gloucestershire***. The report is based on in-depth conversations with 15 people, an online survey with 12 responses, and online research Key themes that emerged from the report include a need for better information, communication, awareness, and support with people reporting the challenges they faced in navigating the health and care processes. A number of recommendations are included which the Trust welcomes and will continue to work with ICB partners to identify appropriate ways forward. The full report can be accessed via the following link – Adults-with-autism-report-HWG-final-Feb2023.r.pdf (healthwatchgloucestershire.co.uk)

Healthwatch Gloucestershire are also reaching out to refugees or asylum seekers living in Gloucestershire, or community groups that support refugees and/or asylum seekers, to understand their experiences of using publicly funded health and care services. This could be, for example, GP services, hospital appointments and treatment, dentists, pharmacies, or community healthcare services. They aim for a report to be published in late spring.

The Trust is hosting its next **Better Care Together event** on the 27th April 2023 with a focus on ***Personalised Care What Matters to You, supported self-management for long term conditions focus***. There is real excitement and energy around the event with spaces sold out very quickly and a waiting list now in place.

Gloucestershire County Council is seeking views on the support that is offered to people who want to make a lifestyle change and the range of services that support people to give up smoking, achieve a healthier weight, develop healthier drinking habits (alcohol), become more physically active or take other steps to improve their overall health and wellbeing. This will then inform the commissioning of the future service as the current contract for the Gloucestershire Healthy Lifestyles Service (HLS) expires on 31st March 2024.

The consultation is split into 3 separate surveys for three different types of audiences i.e. General Public, Voluntary, Community and Social Enterprise Organisations and Public Sector Organisations and closes on Sunday 16th April 2023.

The current contract for the **Community Meals Service,** commissioned through the County Council, ends on the 31st March and there is no provider looking to take the service forward therefore it will cease in its current format. Alternative provision through voluntary sector is currently being developed to ensure that nobody who needs to continue with delivered meals will have a gap in service provision.

1.10 National Events / Activity

On 31st January I attended **a national briefing from Claire Murdoch, National Director for Mental Health, and Professor Tim Kendall, National Clinical Director**, on the **Serenity Integrated Mentoring (SIM) model**, with the aim of ensuring it is eradicated from practice in mental health services.

On 6th February I had a meeting with **Saffron Cordery, interim CEO at NHS Providers**. The purpose of the meeting was to provide an opportunity for me to share my reflections and lessons learnt over my 35 year career in the NHS, ahead of my retirement next month.

I also attended a meeting with **Sir Julian Hartley**, **newly appointed CEO at NHS Providers**, on 20th March to discuss his new role and my thoughts on the NHS Providers' priorities.

1.11 Service Visits

I continue to carry out **service visits** and on 8th February I visited **North Cotswold Hospital**. The time spent in these locations is always a very valuable experience providing substantial insight into colleagues' experiences within their working environment and how they address the challenges presented by the ever-changing circumstances. I value the opportunity to be able to continue to meet with colleagues and patients, and to be on hand to discuss any topics or issues they would like to raise.

I aim to continue regular service visit as I greatly see the benefit in having these conversations with colleagues to listen, learn, and work together to help make our Trust a great place to work for all.

2.0 INDUSTRIAL ACTION

Planned industrial action has continued across Health, Education and Transport during February and March. For many colleagues who are parents or carers in our Trust, the education strike dates have also presented additional challenges. As a Trust we empathise with colleagues in this situation and have been working to support our staff through these difficult times.

The following NHS strike action has taken place since the last Board meeting:

- Royal College of Nursing (RCN) – 6th and 7th February (acute Trusts only)
- GMB ambulance workers – 6th and 20th February
- Chartered Society of Physiotherapy – 9th February
- British Medical Association (Junior doctors) – 13th to 15th March

As a Trust, we have continued to work in partnership with Trade Union colleagues ensuring that emergency plans and resilience response measures are in place to manage the impact of strike action and keep our patients and service users safe.

The Gloucestershire system has been urging the public to use health services responsibly and use alternative services, such as pharmacies, primary care and minor injury and illness units where possible.

Agenda for Change Pay Negotiation Update

The RCN and GMB paused planned strike action in March as a result of the Government agreeing to engage in discussions about pay. Following the conclusion of the talks involving the Secretary of State for Health and Social Care, trade unions and NHS Employers, NHS Employers has written to all Trusts to update us on the 'offer in principle' which is aimed at resolving the pay dispute.

At a special NHS Staff Council meeting the government confirmed to the Agenda for Change trade unions and employers the details of a revised pay offer for 2022/23 and a proposal for a headline recurrent pay award uplift 2023/24. The AfC trade unions will now consult with their members.

NHS Employers estimates that the consultative process being run by the AfC trade unions will take approximately three to four weeks. During this period of consultation, and pending any final decisions from their members, **the AfC trade unions have agreed to pause all planned industrial action.**

3.0 NHS Staff Survey Results 2022

The **NHS Staff Survey** is the most comprehensive and detailed source of feedback we can gain from colleagues across the Trust. This year, for the first time, the survey also included Bank colleagues. The results will be discussed in detail later in the meeting.

We are delighted that **our results are very favourable** – both in terms of the response rate and the feedback given. While we cannot be complacent and know that there is always more we can do, these results are something we should all be proud of.

We have improved our results in 5 of the 9 themes. **Encouraging** given the year we have all had.

The full survey results for our Trust (and others) are available online here: Working together to improve NHS staff experiences | NHS Staff Survey (nhsstaffsurveys.com) and further information and analysis is provided under a separate agenda item.

4.0 NEW CODE OF GOVERNANCE FOR NHS PROVIDER TRUSTS

The updated Code of Governance for NHS Provider Trusts will come into effect from 1st April 2023. This replaces the 2014 NHS Foundation Trust Code of Governance and sets out an overarching framework for the corporate governance of trusts, supporting delivery of effective corporate governance, understanding of statutory requirements where compliance is mandatory and provisions with which trusts must comply, or explain how the principles have been met in other ways.

'Comply or explain' gives trusts the flexibility to adopt alternative practices and explain how this continues to meet the principles of good governance.

An initial review has been undertaken by the Trust Secretary and in general, the provisions of the Code do not greatly differ from the 2014 version since the statutory roles, responsibilities and liabilities of the Board of Directors have not changed. However, there are some underlying themes which are included for the first time.

- Requirement of the Board to assess the Trust's contribution to the objectives of the Integrated Care Partnership (ICP) and ICB as part of its assessment of its performance with system partners highlighted as key stakeholders,
- Inclusion of the Board's role in assessing and monitoring the culture of the organisation and taking corrective action as required and investing in, rewarding and promoting the wellbeing of its workforce,
- New focus on equality, diversity and inclusion among Board members and training for those undertaking director-level recruitment. The Board should have a plan in place for the Board and senior management of the organisation to reflect the diversity of the local community and/or workforce,
- Greater involvement for NHS England (NHSE) in recruitment and appointment processes for the Board and use of the NHSE remuneration structure for Chair and Non-Executive Director remuneration.

The Trust's Corporate Governance Framework will be assessed against the new Code and adjustments made to any core documents such as Terms of Reference and the Scheme of Delegation. The Trust makes a statement of compliance against the Code in its annual report and consideration will need to be given to the reporting of compliance against the code in 2023/24.

Addendum to "Your Statutory Duties" for Governors

Issued in conjunction with the Code of Governance, the addendum is to the NHS England 'Your statutory duties: A reference guide for NHS Foundation Trust Governors '(2013). This addendum is designed to explain how the legal duties of Foundation Trust Councils of Governors should support system working and collaboration. Council of Governors are now required to form a rounded view of the interests of the 'public at large'.

The addendum is based on the existing statutory duties as set out in the 2006 Act and there are no changes to these. Governor's powers and duties remain the same. The addendum is designed to add clarity and reflect changes in the structures of the NHS.

6.0 CONCLUSION AND RECOMMENDATIONS

*The Board is asked to **NOTE** the report.*

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

Thursday 1 December 2022

Held via Microsoft Teams

PRESENT:	Ingrid Barker (Chair)	Nic Matthews	Graham Hewitt
	Tracey Thomas	Jenny Hincks (part)	Dan Brookes
	Chris Witham	Kizzy Kukreja	Alicia Wynn
	Alan Cole	Mick Gibbons	Jacob Arnold

IN ATTENDANCE: Steve Brittan, Non-Executive Director
Marcia Gallagher, Non-Executive Director
Anna Hilditch, Assistant Trust Secretary
Nicola de Iongh, Non-Executive Director
Jan Marriott, Non-Executive Director
Kate Nelmes, Head of Communications
Paul Roberts, Chief Executive
Lavinia Rowsell, Head of Corporate Governor/Trust Secretary
Graham Russell, Non-Executive Director/Deputy Chair
Neil Savage, Director of HR & OD
Gillian Steels, Governance Support

1. WELCOMES AND APOLOGIES

1.1 Graham Russell, Deputy Chair welcomed colleagues to the meeting. Ingrid Barker joined the meeting from Item 7.

1.2 Apologies had been received from the following Governors: Sarah Nicholson, Erin Murray, Rebecca Halifax, Ruth McShane, Steve Lydon and Ismail Surty. The following Governors did not attend the meeting: Paul Winterbottom, Juanita Paris and Laura Bailey. Apologies had also been received from Steve Alvis and Sumita Hutchison, Non-Executive Directors.

1.3 The Council noted that the Trust had been successful in electing a new Staff Governor representing Management and Administration colleagues. Ali Hartless would join the Council effective from 2 December 2022. Ali would be filling the position of Karen Bennett, whose term as a Governor ended on 26 November.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes from the previous meeting held on 13 July 2022 were agreed as a correct record. It was noted that the Council meeting scheduled for September had taken place “via correspondence” due to this falling during the mourning period for Her Majesty Queen Elizabeth II.

4. MATTERS ARISING AND ACTION POINTS

4.1 The actions from the previous meeting were all listed as complete. There were no other matters arising.

5. UPDATE FROM GOVERNOR PRE-MEETING

5.1 Chris Witham provided a verbal report on those key issues discussed at the Governor pre-meeting. This included a reminder about the extension to the nomination period for Governors wishing to put themselves forward as Deputy Lead Governor, a discussion about SystmOne Simplicity delays, upcoming industrial action and feedback from the Governor visit to the Dilke Hospital.

5.2 It was noted that a global email had since been shared with Governors providing further detail about the planned industrial action and assurances around the actions in place within the Trust and the wider system to manage the position.

6. NOMINATIONS AND REMUNERATION COMMITTEE SUMMARY

6.1 The purpose of this report was to provide a summary to the Council of Governors of the business conducted at the Nominations and Remuneration (N&R) Committee, held on 2 November 2022.

6.2 Following discussions at the previous Committee in September around the appointment of Associate NEDs, it was noted that legal advice had been sought and an agreement drawn up for the new Nominated Associate NED position with the University of Gloucestershire. The appointment of Lorraine Dixon commenced on 24th November 2022. It was noted that Lorraine was delighted to have been nominated and was looking forward to joining the Trust. The advert for the second developmental Associate NED position went live in November, with applications closing shortly. Interviews would take place early in the new year.

6.3 The Committee received the top-level summary outcome of the annual NED skills audit for information. In order to inform future NED recruitment, a skills audit is undertaken annually of the current NEDs, including the Chair. The purpose of the audit is to identify the skills currently on the Board and, what if any, gaps exist, or will be created when individual NEDs retire.

6.4 It is a requirement of the Nominations and Remuneration Committee to review the remuneration and terms of service for the Chair and Non-executive Directors at least annually, taking into due account the performance of the individual and the organisation and make recommendations to the Council. Following the merger of the predecessor Trusts in October 2019, the Committee considered the remuneration of the NEDs and the Chair in light of the new responsibilities within the larger organisation, a new NHSI/E framework and benchmarking data, and made recommendations to the Council of Governors on changes to remuneration levels. It was agreed by the Council that the remuneration of both the NEDs and the Chair would be maintained at the 2019 level for three years (to October 2022) and then reviewed again in light of benchmarking, guidance and related circumstances. The Committee received 2 reports to inform a review after the 3-year pause on remuneration uplifts, and to recommend an increase in remuneration in line with benchmarked data taking into account inflation. Following robust discussion, the Committee supported the decision that further detail was required to ensure an informed decision could be made. The papers would therefore be reworked with additional information and presented back to a reconvened Committee meeting on 13 December.

7. GOVERNOR DASHBOARD

7.1 The Governors received the Governor Dashboard, presenting data up to 30 September 2022. The purpose of this dashboard was to provide a high-level overview on the performance of the Trust through the work of the Board and

Committees, with particular focus on the core responsibilities of governors in holding the NEDs to account for the performance of the Board.

7.2 Two points were discussed at the earlier Governor pre-meet around SystmOne Simplicity and Digital maturity. Steve Brittan, NED and Chair of the Resources Committee advised that a detailed briefing had been received on SystmOne at the last Resources Committee meeting and there had been an increase in the scope of the project. SystmOne was one of the 2 main clinical systems used by GHC, alongside RiO. The system allows data to be uploaded a number of different ways which means that the data capture was not consistent. He noted that this was an ongoing project and would continue into next year and beyond. A Trust wide review of clinical systems was currently being carried out. Graham Hewitt noted that "data would never be perfect" but he queried the level of data quality that the Trust was aiming for and whether this would be achieved by early 2023 to be able to give more assurances around physical health KPIs. Steve Brittan advised that the Trust continued to track those services that were in exception due to SystmOne data issues, with a full review taking place at each Resources Committee.

7.3 The Governors welcomed and noted the dashboard report.

8. HOLDING TO ACCOUNT PRESENTATION – JAN MARRIOTT

8.1 The Council welcomed Jan Marriott, Non-Executive Director to the meeting who provided a presentation as part of the Governor duty of holding the NEDs to account. Jan Marriott was the Chair of the Trust's Quality Committee and the new Working Together Advisory Group (WTAG) which was formed in April 2022.

8.2 Jan opened her presentation by speaking to the Governors about her background and experience. She qualified as a nurse and also has a degree in social policy as well as a MBA. Jan has previously been Director of Nursing and Operations in the NHS in Worcestershire and Gloucestershire as well as with a national independent sector care organisation. She was also Director of Clinical Change in the Gloucestershire Primary Care Trust. Jan said that she cared deeply about nursing as a profession and the provision of high quality, personalised care which is fostered through the empowerment of colleagues and patients/service users. Jan has worked in Gloucestershire since 2002. She Co-Chairs the Gloucestershire Learning Disability and the Physical Disability and Sensory Impairment Partnership Boards as well as being the Independent Chair of the Gloucestershire Mental Health and Wellbeing Partnership Board. Jan said that the rationale for these Boards is that by working together with partners, other agencies and people with lived experience we can coproduce and deliver better strategies to improve the health and lives of the people of Gloucestershire.

Working Together Advisory Group (WTAG)

8.3 The first meeting of the WTAG took place in April 2022, and was set up following the approval of the Trust's Working Together Plan. The ambition of the plan is to have a trust wide culture of working together with the people and communities that we serve. The Group has a diverse membership, including Trust colleagues, experts by experience, partner organisation representatives and Governors. Jan Marriott set out some of the work that had taken place to date by the Group and highlighted the priority areas going forward.

8.4 Chris Witham said that it was excellent to hear about the work of this Group. People often talked about using co-production and co-design but seeing it being put front and centre of a culture change piece was excellent. He said he would welcome receiving updates from the Group at future meetings.

8.5 Alicia Wynn asked how the Trust was capturing the young people's voice as part of this Group. It was agreed that Jan Marriott and Alicia Wynn would meet up outside the meeting to discuss this further.

Quality Committee

8.6 Jan Marriott presented the Council with the Quality Governance structure in place within the Trust which set out the different governance meetings and forums and how they all fed in to each other. Jan advised that the CQC had praised the Trust on this structure at its recent inspection.

8.7 The Quality Committee receive the Quality Dashboard report at each of its meetings and this formed the basis of the Committee's discussions (report also received on alternate months at Trust Board). Jan Marriott assured the Council that this report received robust challenge from the NEDs but also recognition of the improvements being seen in both performance and data collection and presentation.

8.8 The Trust Board receives a Patient Story at each of its Public Board meetings. At the November meeting the Board heard an emotional story relating to end of life services which highlighted a number of areas for improvement. Positively, the Board learned that the presenter had now joined the Trust as an expert by experience and was working alongside team colleagues to develop services and procedures. It was a real demonstration of working together and co-production.

8.9 The Council noted the Quality Priorities for 2022/23 that the Committee focussed on. Jan Marriott advised that the NEDs had challenged the Trusts performance in relation to Falls, pressure ulcers, rapid tranquillisation and restraint, and had subsequently received "deep dives" into these areas at the Committee for assurance.

8.10 Over the past year the Trust had made great progress in its management of complaints, and has processes in place to support people to make complaints and report concerns. To add assurance to this process, the NEDs carry out a quarterly audit of complaints received, reviewing key areas such as timeliness and quality of response. This audit is included within the Quality Dashboard.

8.11 Discussions had taken place to review the mechanisms in place for colleagues to raise concerns confidentially, such as Freedom to Speak Up and Paul's Open Door. More work was required to explore further routes for the reporting of patient safety incidents and concerns as FTSU tended to be used by staff to report HR issues, rarely patient safety issues.

8.12 The Council noted that a quality improvement project was underway with the aim of improving patients' experience of observations and engagement at Wotton Lawn Hospital. The steering group for the project has an expert by lived experience as the co-lead and also includes input from other experts by lived experience, staff from Wotton Lawn, and other colleagues within the Trust. This will ensure the outcomes from the project are patient-centred but also achievable and sustainable. Staff and patients on Priory and Abbey Wards are being asked to complete a survey to establish baseline data, which can then be reassessed following the implementation of the change ideas. Data relating to complaints, Datix, SIs, and compliments will also be analysed in order to evidence improvements. The steering group has started planning the first change idea, which will be to have a preference sheet inside patients' rooms to encourage engagement and personalised care. These will begin being used week commencing 21 November 2022.

8.13 The Quality Committee had oversight of the CQC Action Plan and received regular reports on progress made to date and any areas of concern. Assurance was provided that all actions were tested before they were signed off.

8.14 The Council thanked Jan Marriott for her full and informative presentation. There was a huge amount of good work taking place, and it was agreed that it was helpful and interesting to see how all of the pieces fit together. A good level of challenge was demonstrated from the NEDs, and alongside the complaints audits and regular quality visits gave good assurance of NED engagement and understanding.

9. SERVICE PRESENTATION – COMMUNITY ASSESSMENT & TREATMENT UNIT

9.1 The Council welcomed Dawn Allen, Service Director for Community Hospitals to the meeting who shared a presentation on the Community Assessment and Treatment Unit (CATU) model with the Council.

9.2 CATU commenced in February 2022 as a direct admission, Advanced Clinical Practitioner led unit, operating 7 days a week. The Trust provides 10 beds at Tewksbury Hospital accepting admissions from urgent care, emergency and primary care services. The CATU team will assess, diagnose and treat a range of illnesses and with the support of therapists promote mobility and prevention of deconditioning. The Council received the presentation which set out who the service was aimed at and the type of interventions available.

9.3 The pilot was coming to the end of its first year of operation and an evaluation of the offer had been carried out. In terms of discharge destinations, 37% of patients were discharged home with no onward care needs, 30% were discharged as community hospital admissions and only 3% were transferred to the acute hospital. Based on 22 admissions per month into the existing 10 beds (264 per year) it was identified that CATU could save 2640 acute bed days. Feedback from patients who had used CATU had been sought and had been extremely positive in relation to being kept informed about progress/discharge plans, the receipt of adequate therapy and being treated in a timely way.

9.4 Chris Witham thanked Dawn for the presentation. He said that this was a fantastic development and really demonstrated wider system based thinking which was the way things needed to move. He asked whether colleagues could see this model being replicated in other localities in future. Dawn Allen confirmed that the service would continue and work would be taking place to try and embed it into services across the county.

9.5 Kizzy Kukreja welcomed the presentation and said that this was a huge innovation. She asked for further information about how patients were followed up after discharge from CATU. Dawn Allen advised that patients were discharged into the Home First and Reablement service for tracking and monitoring. She added that the Trust carried out positive risk taking in terms of making decisions to send patients home and a lot of work took place with the voluntary care sector to ensure patients had the necessary aids and tools to support them at home.

9.6 Steve Brittan informed the Council that he had recently carried out a quality visit to CATU. He had spoken to a local GP during the visit who had been really enthusiastic about the service and agreed that it was an excellent initiative.

9.7 Ingrid Barker thanked Dawn Allen for taking the time to attend and present to the Council. She said that the CATU was an excellent example of one of the developments that GHC had put in place to assist with managing system pressures and acute hospital admissions.

10. MEMBERSHIP UPDATE REPORT

10.1 The Council received this report which provided an update on Trust membership activity and statistics for the period up to 23 November 2022.

10.2 An overview of Trust membership was presented and included a breakdown of public members by constituency, ethnicity, disability and age profile. The Council was asked to note that public membership data had remained relatively static over the past few years, with little change in the statistics month on month. As of 23 November 2022, the Trust had 5866 Public members, of which 4952 were in Gloucestershire. Of these public members, 2696 receive communication from the Trust via Email.

10.3 The Council received and noted the content of this report.

11. CHAIR'S REPORT

11.1 The Council received the Chair's Report, which outlined the key activities of the Trust Chair and Non-Executive Directors up to 31 October 2022. It was noted that this report had been presented in full to the Trust Board at its meeting on 24 November.

11.2 Ingrid Barker informed the Council that it continued to be a very busy time but that her report demonstrated that some great work was taking place, both within GHC and with wider system partners.

11.3 Following a competitive recruitment process involving partners, colleagues and a range of stakeholders, Ingrid Barker said that she was delighted to announce the appointment of Douglas Blair as Trust Chief Executive Officer. Douglas would take up the role in 2023 following the retirement in March of Paul Roberts. Ingrid thanked those Governors who had participated in the focus groups as part of the recruitment.

11.4 The Council received and noted the content of this report.

12. CHIEF EXECUTIVE'S REPORT

12.1 Paul Roberts provided the Council with a verbal update on key news and developments.

12.2 As highlighted earlier in the meeting, a global email had been shared with all Governors setting out the Trust's response to industrial action. Two strike dates had been confirmed by the RCN – 15th and 20th December. The Trust was maintaining good local industrial relations, and, currently, there had been no notification about strike action from other unions. GHC was optimistic on the outcome and was confident in its ability to be able to continue to provide services to patients during this time.

12.3 As the Council of Governors had not met since its publication, Paul Roberts said that it was important to formally note the positive outcome from the CQC Inspection.

12.4 The results of the CQC National Patient Survey had now been published and GHC had performed well. The Council would receive a full presentation of the results and next steps at its meeting in March 2023.

12.5 Paul Roberts wished to highlight that the trial had taken place in November of a former patient, William Warrington, who had pleaded guilty to the manslaughter of his parents Valerie and Clive. The Trust is following the mandated serious investigation process which, now the criminal justice process has come to an end can proceed to a conclusion and which, following scrutiny by regulators, will be shared with the family. The Trust has through trusted third parties expressed condolences and regret to the

family, and support has also been offered to Trust colleagues who may have been affected by this incident.

12.6 The Council welcomed this update and noted the huge amount of work taking place. The continued pressure within the system was acknowledged, and it was noted that cross system working was now well established with regular attendance at the ICB Board meetings and governance committees.

13. CHANGES TO THE TRUST CONSTITUTION

13.1 The purpose of this report was to present the Council of Governors with the proposed revisions to the Trust Constitution for approval.

13.2 The Trust Constitution was last reviewed and approved by the Trust Board and Council of Governors in May 2021. Since that time, a full review has been carried out and the Trust has worked closely with its solicitors to ensure that all aspects of the Constitution are up to date and accurate.

13.3 In the main, the Constitution has been updated to strengthen certain areas such as disqualifications, and to ensure that gender neutral language is used throughout. On the advice of the solicitors, certain procedural sections have also been moved out into the Standing Orders for either the Trust Board or Council of Governors.

13.4 There were some areas of the Constitution where a more significant change had been proposed and it was noted that these had previously been discussed and supported by the Trust's Executive Team and the Governors' Nominations and Remuneration Committee. The key changes related to:

- Additional restrictions on Membership (Section 8)
- Clarification on the tenure of Appointed Governors (Section 12 and Annex 3)
- NED and Chair Terms of Appointment (Section 28)

13.5 It was noted that the Constitution would undergo a further review in early 2023 once the new NHS Code of Governance comes into effect, to ensure that it remains compliant and in line with good practice.

13.6 The Council of Governors approved the changes to the Trust Constitution. It was noted that the Trust Board had also received and approved the revised Constitution at its meeting on 24 November 2022.

14. COUNCIL OF GOVERNOR MEMBERSHIP AND ELECTION UPDATE

14.1 The Council received and noted this report which provided an update on changes to the membership of the Council of Governors and an update on progress with upcoming Governor elections.

15. GOVERNOR QUESTIONS LOG

15.1 The Council received and noted the Governor Questions Log up to end of November 2022. The log would be updated and presented at each Council meeting, and any questions received between meetings would be presented in full, alongside the response for Governors' information.

16. GOVERNOR ACTIVITY UPDATE

16.1 Chris Witham informed the Council that he had participated in a Governor visit to the Dilke Hospital earlier in the day. He said that this had been an excellent visit and he was accompanied by Ruth McShane and Marcia Gallagher (NED). This was the first official Governor visit that had taken place since Covid. The Council noted that a

new Matron was in post and she kindly gave a tour of the hospital including outpatients and the wards. Chris Witham said that they had spoken to staff during the visit and it was clear that there had been good engagement around the new Forest Hospital building with colleagues. However, he said that there were some concerns raised about people's roles and it was suggested that there was a need to step up the conversations about services and staffing to be provided at the new hospital and how this would all work. Marcia Gallagher agreed, noting that there was a sense of unease from some of the staff members they had spoken to. It was agreed that this issue would be referred to the FoD Assurance Committee for further consideration.

16.2 Governors were reminded to keep a record of their activity and to ensure that this was sent to the Assistant Trust Secretary when requested in advance of future Council meetings.

17. ANY OTHER BUSINESS

17.1 There was no other business.

18. DATE OF NEXT MEETING

18.1 The next meeting would take place on Wednesday 18 January 2023.

19. PRIVATE SESSION BUSINESS

19.1 The Council of Governors received and approved the minutes from the extraordinary meeting held on 10 November 2022.

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

Wednesday 18 January 2023

at

Churchdown Community Centre

PRESENT:	Ingrid Barker (Chair)	Graham Hewitt	Dan Brookes
	Chris Witham	Kizzy Kukreja	Alicia Wynn
	Alan Cole	Mick Gibbons	Jacob Arnold
	Ismail Surty	Sarah Nicholson	Ruth McShane
	Steve Lydon	Laura Bailey	Bob Lloyd-Smith
	Ali Hartless		

IN ATTENDANCE: Anna Hilditch, Assistant Trust Secretary
Gillian Steels, Governance Support

1. WELCOMES AND APOLOGIES

1.1 Ingrid Barker welcomed colleagues to the meeting, noting that this was the first in person Council meeting in 3 years.

1.2 Apologies had been received from the following Governors: Erin Murray, Rebecca Halifax, Paul Winterbottom, Juanita Paris, Nic Matthews, Tracey Thomas and Jenny Hincks.

1.3 On behalf of the Council, Ingrid Barker welcomed 2 new Governors to their first Council of Governors meeting. Ali Hartless (Staff Governor - Management & Administration) had commenced in post on 2 December 2022, and Bob Lloyd-Smith (Appointed Governor – Healthwatch) had commenced on 3 January 2023.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

Ingrid Barker left the meeting at this point.

3. NOMINATIONS AND REMUNERATION COMMITTEE SUMMARY

3.1 Chris Witham, Lead Governor informed the Council that the paper received for this item set out the discussions that had taken place at the Nominations and Remuneration (N&R) Committee, held on 13 December 2022. The report set out a series of recommendations with regard a proposed remuneration uplift for the Trust Chair and Non-Executive Directors. The Council noted that the N&R Committee had met twice in November and December to discuss this matter, and had been presented with extensive benchmarking to assist it in forming its recommendations.

3.2 However, Chris Witham advised that he had received a letter from Ingrid Barker earlier in the day in relation to this item, and this was read out in full to the Council, as follows:

This morning I have had the opportunity to discuss the report from the Nomination and Remuneration Committee due to be presented the Council of Governors today with the Non-Executive Directors.
First, I would like to say that the Non-Executive Directors and I are very grateful for the support shown by Committee members for their role and performance. We are also very grateful for the recognition implied by the Committee recommending the first uplift

in remuneration levels for three years, following the pay freeze agreed by Council in 2019. As you are aware this recommendation was initiated and agreed by the Nominations and Remuneration Committee following its discussions of options and bench marking in November and December 2022.
As a non-executive team, we are obviously very aware that pay levels within the NHS are currently the subject of dispute and industrial action. We strongly support fair pay for all people working in the NHS and hope that an agreement which appropriately values the efforts of our colleagues is reached between the government and unions as soon as possible.
Until these wider pay issues are resolved we would request that the Council of Governors consider deferring the decision on the recommendations of the Nomination and Remuneration Committee. We feel this is more sensitive to the wider context and appreciate that these recommendations can then be considered in the light of any pay agreement reached in the wider NHS.

3.3 Mick Gibbons welcomed this statement. He said that voting to award pay rises at this point, given that colleagues across the Trust were striking over pay, would not be appropriate. Steve Lydon agreed, noting that this would be morale sapping for other colleagues. He said that it was about principle, and he supported the suggestion that this decision be deferred to a more appropriate time.

3.4 Kizzy Kukreja said that she felt it was important to acknowledge the NEDs decision and make a point of recognising it. Jacob Arnold agreed and suggested that the Council express its thanks to the NEDs for this act.

3.5 Chris Witham said that he remained committed to the recommendations and the direction of travel as set out in the paper; however, he respected the decision made by the NEDs at this time, acknowledging that it was a challenging time for many colleagues, and it was not the wish of the Council to put any undue pressure or attention on the NEDs by making this decision at this time.

3.6 The Council of Governors supported the decision to defer this item to a future meeting.

4. ANY OTHER BUSINESS

4.1 There was no other business.

5. DATE OF NEXT MEETING

5.1 The next meeting would take place on Wednesday 15 March 2023.

MHLS COMMITTEE SUMMARY REPORT
DATE OF MEETING: 25 JANUARY 2023

COMMITTEE GOVERNANCE	• Committee Chair – Sumita Hutchison, Non-Executive Director • Attendance (membership) – 75% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

UPDATE FROM THE TASK AND FINISH GROUP ON THE REFORMS TO THE MHA

Amjad Uppal provided a verbal update from the task and finish group on the reforms to the MHA and the Committee received the draft Mental Health Bill for information purposes.
The Committee was informed that the business case had commenced, and that the team was mindful whether there would be any further changes to be taken in to account. It was acknowledged that resourcing and staffing would be an issue, but that this would not delay the implementation of the mental health act.
The Committee discussed the CTOs and whether there was an ethnic divide of people detained in the Trust's Hospitals and also the number who were detained on CTOs; and agreed a paper would be brought to a future MHLS Committee meeting to support having a stronger grip and focus on the racial and ethnic inequalities

REVIEW OF CQC MONITORING VISITS

The Committee received a presentation on the Review of CQC Monitoring Visits, which informed the Committee of the visits which had taken place to Community Hospitals and also visits which were scheduled.
The Committee was informed that the CQC had visited Willow Ward in November and had visited Honeybourne and Laurel House in the week commencing 16 January.
The Committee was informed that all of the actions for Chestnut Ward and Greyfriars Ward were complete.
Two actions which from the visit to Willow Ward were shared and noted by the Committee.
Positive points which had come from the CQC visit to Willow Ward were shared with the Committee and it was highlighted that patients had been complimentary about staff, bedrooms and the food at Willow Ward. Overall, the feedback received was positive.

USE OF THE MENTAL HEALTH ACT AT GHFT

The Committee received a report on the Use of the Mental Health Act at Gloucestershire Hospitals Foundation Trust (GHFT), which provided assurance about the systems in place to support the Mental Health Act at both Cheltenham General and Gloucestershire Royal Hospitals.
The Report also informed the Committee of the increased MHA activity within the acute hospitals.
The activity increase was highlighted and it was reported that the number of new section 2 activity had increased from 3 to 43, from 2021 to 2022. This was an increase of 1,433%.
The Committee was informed that the section 3 activity had also increased, from 1 in 2021 to 14 in 2022. This was noted as a 1,400% increase.
The report explored the admission routes of patients under both section 2s and section 3 admissions and it was highlighted that the vast majority of patients admitted by mental health units were admitted directly on section 2, with few being admitted formally and then being detained. Where as in comparison with the hospitals trust it was the other way around. This was explored further within the report.

It was reported that the majority of admissions under section 2 in GHFT was due to the availability of appropriate mental health beds. The increase in detaining patients under section 3 in GHFT mainly related to the treatment of people with an eating disorder.

The Committee:

- **Noted** the systems in place;
- **Noted** the increased activity and its implications for the Trust's MHA Administration Service; and **considered** any further action to be taken.

ADJOURNED SECTION 2 TRIBUNALS

The Committee received the Adjourned Section 2 Tribunals report, which informed the Committee of a recent letter from the first-tier tribunal and also provided assurance that the concerns raised were not issues within GHC.

The Committee was informed that the Deputy Chamber President of the First-tier Tribunal has written to Trust Chief Executives about the high proportion of section 2 Tribunals adjourned because of missing report(s), information or witness or because of issues regarding the patient's legal representation.

The Committee **noted:**

- the letter from the Deputy Chamber President of the First-tier Tribunal;
- that the problems raised have not arisen in GHC in the last nine months; and
- the processes in place within GHC to prevent the problems raised.

ANNUAL REVIEW OF MHLS COMMITTEE EFFECTIVENESS & TERMS OF REFERENCE

The Committee received the Annual Review of the Committee Effectiveness and Terms of Reference and **endorsed** the suggested amendments for onward presentation and sign off by the Trust Board.

OTHER ITEMS RECEIVED

The Committee:
Received and **noted** the AMHP Update Report.
Received and **noted** the Reports of Issues Arising from MHAM Reviews
Received and **noted** the Mental Health Legislation Operational Group update.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of the report.

DATE OF NEXT MEETING	Wednesday 26 April 2023

GREAT PLACE TO WORK COMMITTEE SUMMARY REPORT
DATE OF MEETING: 2 FEBRUARY 2023

COMMITTEE GOVERNANCE	• Committee Chair – Sumita Hutchison, Non-Executive Director (Vice Chair) • Attendance (membership) – 85% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

DEEP DIVE – LEADERSHIP & DEVELOPMENT

A presentation was shared with the Committee on Leadership and Development, which provided an overview of the Trust's recent and planned activities to support leadership and development.
The Committee was informed of the Trust's Thrive programme, which included Brilliant Essentials, aimed at [staff] new to leadership and leaders who needed to refresh; and also Leading to Better Care Together, for more experienced leaders.
The modules within the Thrive Programme were shared and it was reported that the self-directed module that most staff booked on to was the Authentic and Compassionate Leadership module.
The Committee was informed of different apprenticeships which were on offer to Trust staff and the aims of the Leadership and Management apprenticeships available were shared.
It was reported that the apprenticeships were fully funded through the GHC levy and were able to run alongside staff job roles. Closed cohorts were shared with GHFT, which were bespoke to the NHS.
The Committee was informed of the uptake on apprenticeship programmes was shared with the Committee, and it was noted that 58 apprenticeships had been completed, across the previous 3 years and 50 were currently being undertaken.
It was highlighted that the results from the working well assessment were positive regarding the Trust's leadership culture and that this was an important achievement recognised.
The next steps were shared with the Committee and it was noted that the results from System-wide Development could be shared at a future Committee meeting.

VIOLENCE & AGGRESSION

The Committee received an update on Violence and Aggression and the impact on staff, following a recommendation from the Audit & Assurance Committee.
Ali Koeltgen, Deputy Director of HR & OD, shared a presentation and highlighted the overarching commitment to health and wellbeing within the People Strategy.
The results from the staff survey were highlighted, which were a response to the question, *in the last 12 months have you personally experienced violence and aggression.*
The results showed a comparison with 2022 and 2021, and showed scores had slightly decreased.
The responses relating to bullying and harassment were highlighted within the staff survey; and the results on experiences shared in 2021 and 2022 were compared. It was noted the results highlighted more people had experienced bullying and harassment, than violence and aggression.
The data of reported incidents by service was shared, which highlighted the largest number of incidents occurred in Wotton Lawn Hospital. This was expected.
The next steps were shared with the Committee, which would include completing the Violence Prevention Standards and also the development and review of regular violence and aggression information through the GPTW Committee.

PERFORMANCE REPORT – WORKFORCE KPIS

The Committee received the Performance Report, workforce KPIs for month 9, which provided a high-level view of the KPIs across the Trust.
Staff movements were highlighted within the report, showing the number of starters and leavers of the Trust. It was noted there had been a net gain of 52.45 WTE over the last 12 months.
The vacancy rates by service area were included in the report. It was noted that Nursing and Midwifery had the highest vacancy rates, followed by administrative and clerical. It was noted that there had been a significant improvement in additional clinical services vacancy rates.
The leavers detail was shared within the report, which showed the reasons why staff leave the Trust. It was noted the most common reason was voluntary. The additional reasons people shared were also included within the report. *Work, life, balance* was noted as being a common reason recorded.
The Committee:

- **Noted** the aligned performance report – workforce KPIs - for December 2022/23
- **Acknowledged** the ongoing impact of the pandemic and service recovery on workforce operational performance, particularly on sickness absence and appraisal compliance.
- **Noted** the report as adequate level of assurance of the Trust's workforce performance measures or that appropriate service action plans are being developed to address areas requiring improvement.

OTHER ITEMS RECEIVED

The Committee:
Received and **noted** the initial Staff Survey Results and noted that the results were embargoed until March 2023.
Received and **noted** the Workforce Risks and the Board Assurance Framework.
Received and **noted** the HR Policy Manual Project Update report.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of the report.

DATE OF NEXT MEETING	Wednesday 29 March 2023

AUDIT & ASSURANCE COMMITTEE SUMMARY REPORT
DATE OF MEETING: 10 FEBRUARY 2023

COMMITTEE GOVERNANCE	• Committee Chair – Marcia Gallagher, Non-Executive Director • Attendance (membership) – 75% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

INTERNAL AUDIT – BDO

The Committee received the Progress Report 2022/23 from BDO, which provided an update on the progress made towards the 2022/23 internal audit plan. The Committee **noted** the progress report, including the timings of forthcoming audit reviews.

The Committee **received** the Learning from Deaths internal audit report for consideration noting there was one medium and two low priority findings. The findings indicated a well-established review process to ensure that all applicable deaths are appropriately reviewed with evidence of onward sharing of learning.

The Committee **received** the HFMA Financial Sustainability Benchmarking Report, which offered a comparison of the Trust against other partners in the system. It was noted the report was for information purposes only, and not for submission.
This was a compliance-based exercise, identifying whether controls were in place against set criteria. The effectiveness of the controls was not reviewed. The report highlighted the scores from each partner organisation for the purpose of identifying any areas of potential shared learning and development.

The Committee **received** the Follow-Up Report, which detailed the progress made by the Trust against recommendations made in audits undertaken by PwC in 2020/21 and 2021/22; and also follow up recommendations that were falling due from the audits completed (by BDO) in 2022/23 to date.

It was agreed the Audit and Assurance Committee would continue to receive assurance on Cyber Security as a standing agenda item until the issues were resolved. Progress would also be raised via the ICB Audit Committee.

The Committee **approved** the draft Internal Audit Plan subject to the review of the reprioritisation of Cyber Security, and **approved** the Internal Audit Charter.

EXTERNAL AUDIT – KPMG

The Committee **received** the External Audit Progress Report and Technical Update, which provided an update on the progress of the external audit for the year ending 31 March 2023, along with a summary of the initial audit risks which had been identified.
The Committee was informed that External Audit Planning had commenced and the following significant risks had been identified for focus:

- Valuation of Land and Building Assets
- Fraudulent Revenue recognition
- Management override of control
- Fraudulent Expenditure recognition
- Value for Money

The proposed increase in external audit fees was highlighted and the Committee was informed this had been re-evaluated when the contract with the Trust had being extended for an additional two years and also to reflect the two new auditing standards.

The Committee **noted** the contents of the Progress Report and the sector updates contained in the appendix.

COUNTER FRAUD, BRIBERY & CORRUPTION

The Committee received the Counter Fraud, Bribery and Corruption Progress Report, which provided an update on the counter fraud work which had been undertaken since November 2022.

The Committee was informed that the Trust's existing Counter Fraud, Bribery and Corruption Policy had been reviewed. This was received as an appendix by the Committee for ratification. The Committee **ratified** the Counter Fraud, Bribery and Corruption Policy.

The Committee **received** the revised Anti-Bribery and Corruption Statement and noted the changes included the appointment of the new CEO. This would be made available on the Trust website.

The Committee **received** the Summary of Counter Fraud Investigations and noted that there were five ongoing investigations, which included two new allegations. Two previous cases had been closed with no fraud identified.

The Committee **received** the Single Tender Waiver Benchmarking Report, which showed an overall national increase in the number of single tender waivers used in 2021/22. The Committee was informed that by headcount, the Trust compared favourably using fewer Single Tender Waivers than similarly sized organisations and comparably with those similarly sized by budget. The Committee was assured the Trust was not an outlier and that single tenders were not being abused by the organisation.

The Committee **received** the Covid 19 Post Event Assurance Report, which provided the findings for the Trust. The Committee was advised that this was a generic report across the country which related to the procurement of goods under 'extreme urgency' and overall identified national savings of £10m from 11 organisations.

The Committee received the PO vs non-PO Report of findings for the Trust, and noted that this was a generic report. It was reported the Trust had ranked 79 out of 210 on non-PO spend. The Committee was **informed** that the Trust's Senior Contracts and Procurement Manager had reviewed the report and stated that despite the high-risk recommendations within the report, due to its generic nature, no specific risks or concerns with the Trust were identified but further work would be undertaken with colleagues to raise awareness and understanding of this issue.

The Committee:
Noted the revised Anti Bribery and Corruption Statement, and the other appendices.
Noted the contents of the report.

FINANCE COMPLIANCE REPORT

The Committee **received** the Finance Compliance report, which provided an update on actions taken under delegated powers.
The Director of Finance highlighted to the Committee the *Better Payment Policy* information, which demonstrated performance of 96.5% year-to-date by value against the national target of 95% for transactions paid within 30 days which was a positive development.
The Director of Finance reported positive movement on both debtors and creditors. At December, non-NHS creditors had fallen by £0.1m since October.

It was reported that the staff overpayment balance amount outstanding at 31 December 2022 was £113,191. The staff overpayment process was being reviewed and added as a topic to monthly Balance Sheet Reviews. It also was reported that the oldest outstanding debts were being reviewed and considered for write off.
The Committee **noted** the report.

CYBER SECURITY ASSURANCE REPORT

The Committee **received** the Cyber Security Assurance Report, which provided assurance on the latest position for Cyber Security for the Trust.
The results from a recent follow-up phishing exercise, which took place for the whole organisation and the target testing with finance team were highlighted. The recent results showed an improvement with 3.3% failing, compared to 18.5% previously. The finance test resulted in an overall failure rate was 12.5% and all colleagues who failed, had now completed follow-up training.
The Committee was informed of two new cyber risks proposed at the previous Digital Group, as a result of ICS Cyber risk conversations. The new risks were:

- Wired Network access - the risk of unauthorised access to information assets via wired network.
- Unmonitored IT Assets - the risk of unmonitored assets including mobile devices leading to risk.

The Committee **noted** the latest Cyber position for GHC including the highlighted risks and updates from a national and ICS position.

OTHER ITEMS RECEIVED

The Committee:
Received and **noted** the Board Assurance Framework and the Corporate Risk Register

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of the report.

DATE OF NEXT MEETING	Thursday 11 May 2023

FOREST OF DEAN ASSURANCE COMMITTEE SUMMARY REPORT
DATE OF MEETING: 25 JANUARY 2023

COMMITTEE GOVERNANCE	• Committee Chair – Steve Brittan, Non-Executive Director • Attendance (membership) – 83% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

CONSTRUCTION UPDATE

The Committee received an update on the progress of the hospital construction. Construction work on the new hospital was going well. The main challenge encountered to date involved a redesign of the x ray room and the Trust took the opportunity to incorporate learning from the upgrade of radiology equipment into other community hospitals to ensure the site was suitably future proofed for any upgrade of radiology equipment in the future. This had resulted in an additional cost of £5k, incurred by the programme and had been factored against the contingency.

It was reported that the detailed specification of furniture and equipment within the 1;50 room layouts were being finalised and that this continued in parallel to the site construction activities. The equipment budget remained an area of risk on the finances and this was being very carefully monitored. This risk was linked to the commissioning programme and that: catering, x ray and endoscopy would all have a significant impact on the way in which the de-commissioning of the existing sites and the transfer of services would be taken forward.

The Director of Strategy and Partnerships acknowledged the good work which Speller Metcalfe were doing with their considerate contractual ratings, and engaging with people around the site.

The Committee **noted** the report and the actions being taken.

WORKFORCE TRANSITION

The Committee received the Workforce Transition Report, which provided an update on the progress with the FoD new hospital workforce work stream. The Director of HR and OD reported a range of engagement and communications activities had taken place. These included: engagement sessions, additional updates, a new hospital newsletter and also informal meetings and FAQs.

The Committee was informed that the workforce modelling had commenced with staffing establishments in the new hospital due to be finalised in the next month. The Trust's Management of Change Policy would be implemented to manage the staff transition ensuring that redeployment opportunities would be maximised including the potential to look at wider Trust vacancies. The Trust would also be seeking redeployment options if necessary from within the local authority, primary care, care home providers and also the Welsh NHS given the proximity of Chepstow Community Hospital and community services.
It was noted that there were no significant workforce risks requiring escalation to the Committee at this stage.
The Committee **noted** the report, assurances and actions being taken.

COMMISSIONING PLANS

The Director of Strategy and Partnerships provided a verbal update on the Commissioning Plans and reported on the complexities with the work being undertaken.

The Committee was informed that there were a number of pieces of existing equipment, which were all interdependent, in terms of moving between the two existing sites in order to reach the final steady state at the new hospital.
In terms of commissioning complexities, it was noted that original conversations had focused on reducing the number of inpatient beds from 47 to 24 and how to phase down the number of inpatient beds and move inpatients. However, it had become apparent there were other interdependent factors that needed to be resolved, prior to the reduction in inpatient beds and moving inpatients.
The Committee was informed that the catering equipment would be required to be moved to the new site. This would impact on the ability to provide hot meals on both of the existing sites.
It was reported that the current assumption, that the x ray equipment would be transferred from Lydney would impact on the minor injury unit, where it currently resided. The Committee was informed that this would take a minimum of 14 weeks to move. The Committee was informed that the above commissioning factors would be developed into a full commissioning proposal for consideration.

NAMING OF THE NEW COMMUNITY HOSPITAL

The Committee received the Naming of the New Community Hospital paper, which provided the approach to the naming of the new hospital and internal departments. It was recommended the name of the new hospital to be: The Forest of Dean Community Hospital. This was following NHSE guidance and the Trust naming policy. The Committee was informed that discussions would also be held on the naming of internal departments within the hospital at a later date. The local Community would be involved with this. The Committee supported naming the new hospital **The Forest of Dean Community Hospital**.

FINANCIAL UPDATE (INCLUDING EARLY WARNING NOTICES)

The Committee received the Finance Update and Early Warning Notices, which provided an update on the progress against the budget and current position.
The financial programme remained on track. Expenditure at month 10 equated to £9.09m. Full year expenditure was expected to be on track to achieve £13.45m against a plan of £13.42m.
The Committee was informed that £101k of the £600k contingency budget had been committed, with only one significant Early Warning Notice in train, which related to the Highways costings and package.
The Committee was informed of an Early Warning Notice, relating to Highways, and the work being undertaken and ongoing discussions taking place to resolve. The components which contributed to the additional costs (from Highways) were shared with the Committee, and the Committee was assured that ongoing dialogue is taking place to mitigate this risk as far as is possible.
The Committee **noted** the report and the actions being taken.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of the report.

DATE OF NEXT MEETING	TBC

RESOURCES COMMITTEE SUMMARY REPORT
DATE OF MEETING: 23 FEBRUARY 2023

COMMITTEE GOVERNANCE	• Committee Chair – Steve Brittan, Non-Executive Director • Attendance (membership) – 86% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE REPORT

The Committee received the Finance Report for month 10, which provided an update of the financial position of the Trust. The month 10 position was £0.639 surplus with a break even forecast. The reduced surplus was due to the risk relating to HCA band 2s and 3s being added as a provision in month 10. The Director of Finance further informed the Committee, that the provision made, was for £1.4m; but this was expected to be higher. This would be adjusted in the report received by the Committee at the next meeting in April.
The Committee was informed that the capital expenditure at the end of January was £11.34m. It was noted this included the FoD New Hospital expenditure.
It was reported the Cost Improvement Programme (CIP) had delivered £4.917m of recurring savings. This was against a target of £5.612m.

BUDGET SETTING 23/24 UPDATE

The Budget Setting 2023/24 update was shared with the Committee. The joint launch with business planning took place in November and cost pressures were reviewed by the Executive. The Committee was informed that £17m was identified. Of this, £1.566m recurring was approved, and £1.066m non-recurring pressures were approved. The progress made was highlighted and the Committee was informed that budget setting meetings had taken place. The main issues which had arisen from the budget setting meetings were shared, and included:

- Inflation
- Delivery of Cost Improvements
- Inpatient staffing
- Cost pressures

The Trust Capital Plan was shared with the Committee, and it was reported the total CDEL for 23/24 was £13.9m. It was noted disposals were incorporated in the amount. The Committee was assured that the plan was affordable in the system. The next steps were shared with the Committee and the final operational plan would be submitted 30 March 2023.

PERFORMANCE REPORT

The Committee received the Performance Report, which provided a high-level view of key performance indicators (KPIs) in exception across the organisation for the period to the end of January (Month 10 of 2022/23). The Director of Finance highlighted the Faster Data Flows project, and noted that this was a national project, which would allow information to be taken directly from clinical systems and then to be reported nationally.

The Committee **noted** the report as a significant level of assurance that the Trust's contract and regulatory performance measures were being met and that appropriate service action plans were being developed to address areas requiring improvement.

BUSINESS PLANNING REPORT – Q3

The Committee received the Business Planning Report, which provided an update on the progress made in achieving the business planning objectives for 2022/23, for the quarter 3 period.

It was reported that 60% of objectives had been completed. 34% of objectives were part achieved, and 6% had not yet been achieved. This showed positive progress and an improvement compared to previous years. The Committee **noted** the progress in the delivery of the business plan.

PERFORMANCE INDICATOR PORTFOLIO REFRESH

The Committee received the Performance Indicator Portfolio Refresh, which outlined the work to date to update this portfolio and improve awareness and engagement to the performance agenda across all levels of the organisation.
The new proposals were:

- revise the existing KPI structure introducing six new domains (three external and three internal) to structure the portfolio
- reviewing all existing indicators for validity and removing or de-escalating where appropriate
- introducing new indicators in alignment with national and local profiles for monitoring
- improve visibility of performance indicators across the organisation

The Committee **noted** the activities undertaken to date to develop a new performance indicator portfolio for the organisation and to present a new dashboard domain structure for 2023/24. The Committee **endorsed** the plans to deliver this ambition.

ASSESSMENT OF FINANCE REPORTING

The Director of Finance shared a presentation on Assessment of Finance Reporting and informed the Committee that this was an area on the HFMA finance and sustainability checklist. The Committee was informed that the HFMA checklist had highlighted financial reporting as a key issue. This was in response to the below questions:

- F1 Has the board agreed the format of the financial reports that it receives, and compared this to alternatives/ examples of good practice (for instance use of statistical process control charts or other forms of presentation)?
- F5 Is the board aware of the cost-benefit of management time spent in preparing board information and has it agreed a proportionate requirement?

The Committee was informed that a survey would be circulated to all Resources Committee, Audit and Assurance Committee and Trust Board members, in order to understand further requirements to be considered with regards to financial reporting. The next steps were shared with the Committee, which included the finalisation of the survey, in order to then seek views from Committee and Board members. The results of the survey would then be reviewed and following this a longer-term development plan would be created for financial reporting. The Committee **supported** the approach proposed.

OTHER ITEMS RECEIVED

The Committee:
Received and **noted** the Service Development Report
Received and **ratified** the Draft System Operational Plan
Received a presentation on System Finance
Received and **noted** the Board Assurance Framework and the Corporate Risk Register

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of the report.

DATE OF NEXT MEETING	Thursday 26 April 2023

APPOINTMENTS AND TERMS OF SERVICE COMMITTEE SUMMARY REPORT
DATE OF MEETING: 1 March 2023

COMMITTEE GOVERNANCE	• Committee Chair – Ingrid Barker, Trust Chair • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

EXECUTIVE DIRECTOR INTERIM PERFORMANCE REVIEW

The Committee received this report which provided a part-year summary review of the performance of the Executive Directors. The appraisals had taken place in February/March in preparation for the handover of the full process and objective setting for 2023/24 to the new CEO.

The report set out a Team performance summary, highlighting four significant contextual issues which had provided the backdrop for the Executive team during 2022/23. In what had been another testing year, the team had become even more cohesive and mutually supportive, and the strength of the team individually and collectively would be a sound foundation on which the new CEO would be able to build his approach to executive leadership of the organisation.

The Committee was presented with the individual summaries which were drawn from the interim appraisal discussions with each director. It was only right that the incoming CEO agreed the detailed objectives for the Executive Directors for 2023/24 but as an interim step, each director had been asked to describe the three priorities that they believed would involve significant capacity and require mutual support over the next few months and these were included in the relevant summaries. The Committee received and discussed the appraisal summaries.

The Committee thanked Paul Roberts for carrying out the appraisals. A huge amount had been achieved over the past year and the Executive Team was performing well.

GENDER PAY GAP ANNUAL REPORT

The purpose of this report was to inform the ATOS Committee of the 2022 gender pay gap across Gloucestershire Health & Care NHS Foundation Trust, to provide an update on related actions from the last report alongside an outline of proposed next steps.

It was noted that the Committee had reviewed the Annual report in detail at its November 2022 meeting. This update report provided information about the outcome of further consultation that had taken place with Trust forums, including the Women's Leadership Network.

The Committee noted this report and agreed the proposed recommendations. The Committee agreed the statement, which would also be presented at the March Board for approval, for onward publishing on the Trust website and via the government website.

CEO APPOINTMENT

The Committee noted that the formal stages of the CEO appointment process had now been successfully completed. Douglas Blair will be commencing on 17th April 2023 and Paul Roberts had agreed to extend his leaving date to 16th April to assist with a smooth handover.

ANNUAL BOARD DECLARATIONS – INCLUDING FIT AND PROPER CHECKS

The purpose of this report was to present the annual Board declarations to the Committee to provide assurance that these have been carried out for 2022/23 and as evidence that the Executive Directors meet the requirements of the 'Fit and Proper Persons Test', as set out within the ATOS Committee terms of reference.

It was noted that there were no issues to be brought to the attention of the Committee following the checks.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of this summary.

DATE OF NEXT MEETING	July 2023

QUALITY COMMITTEE SUMMARY REPORT
DATE OF MEETING: 2 MARCH 2023

COMMITTEE GOVERNANCE	• Committee Chair – Jan Marriott, Non-Executive Director • Attendance (membership) – 100% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

NEW RISKS OR ISSUES

The Director of Nursing, Therapies and Quality reported a new issue for the attention of the Committee, and informed the Committee of issues assigning patients demographic data from SystmOne to the NHS national spine. This risk was on the project's risk register. The Committee was informed that the syncing of Clinical Systems would be carried out later in the week. The Committee was informed that there was an effective SOP in place to safeguard against any loss of patient details, primarily the risk of losing current addresses; and comms had been sent out via Indi-to-go and global emails. The Committee was assured that there was good oversight of the potential risks involved, and the approach taken was sensible.

CRISIS TEAM DEEP DIVE

Martin Griffiths, Deputy Director for Urgent Care Mental Health and Julie Pitman, Crisis Service Manager attended the meeting and shared a deep dive presentation on Crisis and Home Treatment. The presentation provided an overview of the Crisis Service structure, and it was reported that this was a 24/7 service.

The Committee was informed that under the Crisis team umbrella, the team also was responsible for the Maxwell Centre and the police triage car. The details of the police triage service were shared with the Committee, and it was reported the service operated Monday to Thursday, from 2pm until midnight. The police triage team included a band 6 mental health practitioner and a police officer, and were able to take category one responses.

The incidents data was shared with the Committee, and it was reported that the majority of incidents occurred in the Maxwell Centre, and the building had suffered a lot of damage due to the incidents which occurred.

The presentation enabled a good question and answer session from the team including queries developed from recent NED quality visits.

The Committee thanked Martin Griffiths and Julie Pitman for their presentation.

QUALITY DASHBOARD REPORT

The Committee received the Quality Dashboard Report, which provided a summary assurance update on the progress and achievement of quality priorities and indicators across Trust's physical health, mental health and learning disability services.

The update on CQC unplanned mental health inspections to monitor the use of the mental health act was highlighted in the report, and it was reported that positive feedback had been received, and this was also triangulated with feedback received from friends and families (of mental health patients). The dashboard also included information on how the Trust is monitoring closed culture risks post the Edenfield unit scandal.

It was reported CPA compliance levels had dropped slightly during the current month and that this was due to increased staff sickness. This would continue to be monitored.

The Committee was informed that workforce pressures and high demand remained a challenge within the adult Eating Disorder Service. This would continue to be monitored.

CQC ACTION PLAN PROGRESS UPDATE

The Committee received the CQC Action Plan Progress Update, which provided an update on the current status of the CQC 2022 action plan. The report outlined the plan to prepare services who had not yet been inspected by the CQC in the most recent inspection. The Committee was informed that of the 73 CQC actions in the action plan, 53 actions had been completed and submitted to the CQC in the previous year. The remaining 20 actions were monitored on a daily basis by the CQC Manager and areas were supported.

CORPORATE RISK REGISTER

The Committee received the Corporate Risk Register, which provided information and assurance in respect of the Trust's risk management framework to support the Quality Committee to meet its risk management responsibilities under their Terms of Reference. The Committee was informed of one new risk, for the Committee's attention. This was *risk 302 – Clinical records – bulk syncing to the National Spine.*

RESEARCH & INNOVATION STRATEGY 2021 – 2026

The Committee received the Research and Innovation Strategy, 2021 – 2026, which provided a brief overview of the new Research and Innovation Strategy which had been developed to guide the development of the Research function in the organisation for the next 5 years. The Committee was informed of the seven main objectives which were identified, which would develop the Core Trust Research Function and also support the wider Trust Strategic aims. These were:

1. Develop a Core Trust Research Function to support Non-NIHR research, innovation and evaluation
2. Create a Virtual Hub to provide research and evaluation support to local teams and services
3. Explore more opportunities to develop research in collaboration with other local organisations
4. Increase patient and public involvement in research and evaluation that benefits the organisation
5. Increase representation for communities which are traditionally under-represented in research
6. Explore opportunities for additional funding
7. Strengthen promotion and awareness of Research and Innovation to embed a research culture within the organisation.

The Committee **noted** and **endorsed** the R&I Strategy for 2023-2028. This would be presented to the Board in May for approval.

MEDICAL EDUCATION ANNUAL REPORT

The Committee received the Medical Education Annual Report, which provided assurance and information. The Committee was informed that the Trust was the 6th highest ranked NHS Trust in England and Wales in terms of Trainee Satisfaction and for the second consecutive year, GHC was the highest rated trust for Trainer Satisfaction.

OTHER ITEMS RECEIVED

The Committee:
Received and **noted** the Learning from Deaths Report for quarter 3.
Received and **noted** the Board Assurance Framework.
Received and **noted** the Quality Assurance Group (QAG) Summary Report.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of the report.

DATE OF NEXT MEETING	Thursday 4 May 2023