with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Quality Account 2022/23

CONTENTS

Part 1: Statement on Quality from the Chief Executive

Introduction

I am privileged to present Gloucestershire Health and Care NHS Foundation Trust's Quality Account for 2022 to 2023 in one of my first tasks as the Trust's new Chief Executive.

It was clearly another challenging year, against the backdrop of ongoing recovery from the Covid pandemic. However, I am proud to be able to report that the Trust, under the leadership of my predecessor Paul Roberts, not only met the challenges the organisation was presented with but has enhanced the quality of many of the services it provides.

The Trust has also, over the last year, undergone a comprehensive inspection by the Care Quality Commission, which resulted in us being graded as 'good'. CQC head of inspection Karen Bennett-Wilson congratulated GHC on ensuring it was 'continuing to uphold a good standard of care and treatment.' One of our services – community end of life care – was judged to be outstanding in the caring domain and the CQC's report highlighted many other examples of very good care and treatment.

There is, of course, always room for improvement and we will never be complacent. There is a stringent process for checks and balances and the organisation constantly encourages feedback from our colleagues and the people who use our services. That feedback is used to ensure a continuous cycle of improvement and we also have a thriving Quality improvement network which feeds into our services every day.

I'd like to thank everyone involved in keeping services safe and delivering high quality care throughout the past year – we are very fortunate to have such skilled and dedicated colleagues supporting the people we serve.

To the best of my knowledge the information contained in this report is an accurate representation of the year's events.

Best wishes

Douglas Blair
Chief Executive

Part 2.1: Looking ahead to 2023/24

Quality priorities for improvement 2023/24

The recognition of the impact of Covid-19 and system recovery aligned with higher than expected demand has required NHS providers to refocus services in order to meet the sustained need and ensure we can be responsive around the challenges this presents. It was agreed with the Gloucestershire Integrated Care Board (ICB) that the Quality Indicators and priorities for improvement established in 21/22 would be continued in 22-23. The existing quality metrics were developed in a period where full access to stakeholders were limited and at a time where the main focus was managing a global pandemic. Acknowledging these challenges, we were committed to develop quality priorities that reflected our ambitions within the Trust Quality Strategy. We continue to build on this mandate and our aspirations to a total quality management approach and focus on the contribution of people to develop changes in our culture, processes and practice – a philosophy applied to the way the whole organisation manages change and decision-making. It is based on the concept that continual improvement towards a quality aim provides better services, increases quality and reduces costs. The Care Quality Commission (CQC) Well Led Inspection in 2022 gives good assurance that our governance structures provide a good foundation for growth and are the gateway for our ambitions to be an outstanding provider of healthcare in Gloucestershire. We are in the process of updating these priorities for 23-25 and aim to develop and embed these over the next 2 years and will be in step with the remainder of the Quality Strategy. Our focus over this time with support of our stakeholders is as follows:

- Tissue Viability (TVN) - with a focus on reducing performance through improvement in the recognition, reporting, and clinical management of chronic wounds.

- Dementia Education - with focus on Increase staff awareness of dementia through training and education, to improve the care and support that is delivered to people living with dementia and their supporters across Gloucestershire.

- Falls prevention – with a focus on reduction in medium to high harm falls within all inpatient environments based on 2021/22 data.

- End of Life Care (EoLC) – with a focus on patient centered decisions, including the extent by which the patient wishes to be involved in the End of Life Care decisions.

- Friends and Family Test (FFT) – with a focus of building upon the findings of the 22/23 CQC Adult Community Mental Health Survey action plan.

- Reducing suicides – with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services.

- Reducing Restrictive Practice – with a focus on continuing our strategy in line with the Southwest Patient Safety Strategy to include restraint and rapid tranqulisation.

- Learning disabilities – with a focus on developing a consistent approach to training and delivering *trauma informed* Positive Behavioral Support (PBS) Plans in line with National Learning Disability Improvement Standards. This includes training all learning disability staff in PBS by April 2025.

- Children's services – with a focus on the implementation of the SEND and alternative provision improvement plan.

- Embedding learning following patient safety incidents – with a focus on the implementation of the Patient Safety Improvement Plan.

- Carers – with a focus on achieving the Triangle of Care Stage 3 accreditation.

We have therefore agreed with our Trust Board and Governors to implement the above 11 Gloucestershire Health & Care (GHC) Quality Priorities. This enables the facilitation of an ongoing focus, shining a light on quality within the organisation and channelling improvements within care delivery in Gloucestershire.

Our quality ambitions are always underpinned by the three pillars of quality:

- Always effective – embedding a culture of continuous improvement in all of our services.
- Great experience – making sure everyone's experience is personalised and is consistently the best it can be.
- Consistently safe – people who use and deliver our services consistently receive intervention free from harm and which provides the most benefit.

In addition, and to support a number of national initiatives all of the priorities will have golden threads that support our agendas around personalisation, co-production and shared decision making.

The key performance indicators will be agreed in the Quality Contract with the ICB. The Trust will schedule regular performance reviews with the ICB to monitor progress. Internal oversight and scrutiny will be provided via the Quality Committee and the Board.

Part 2.2: Statements relating to the quality of NHS services provided

Review of services

The purpose of this section of the report is to ensure we have considered the quality of care across all our services, which we undertake through comprehensive reports on all services to the Quality Committee (a sub-committee of the Board).

Between April 2022 and March 2023, Gloucestershire Health and Care NHS Foundation Trust provided or sub-contracted the following NHS health services.

Our services are delivered through multidisciplinary and specialist teams. They are:

- One Stop Teams providing care to adults with mental health needs and those with a learning disability;
- Minor Injury and Illness Units MIIU's
- Intermediate Care Mental Health Services (Primary Care Mental Health Services and Improving Access to Psychological Therapies – Lets Talk);
- Recovery Teams and Accommodation Teams
- Specialist services including Early Intervention, Mental Health Acute Response Service, Crisis Resolution and Home Treatment, Assertive Outreach, Managing Memory, Children and Young People Services, Eating Disorders, Intensive Health Outreach Team, and the Learning Disability Intensive Support Service & Reablement
- Inpatient mental health and learning disability care.
- Community services in peoples' homes, community clinics, outpatient departments, community hospitals, schools and GP practices; District nursing, Integrated Community Team, Rapid Response and podiatry etc

- In-reach services into acute hospitals, nursing and residential homes and social care settings;
- Seven community hospitals, provide nursing, physiotherapy, reablement in community settings;
- Health visiting, school nursing and speech and language therapy services for children;
- Other specialist services including sexual health, heart failure, community dentistry, diabetes, intravenous therapy (IV), tissue viability, Wheelchair Assessment and community equipment.

Gloucestershire Health and Care NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income for patient care activities in 2022/23 represents 97% of the total income generated by Gloucestershire Health and Care NHS Foundation Trust for 2022/23.

Participation in clinical audits and National Confidential Enquiries

National Clinical Audits

During 2022/23, there were 8 national clinical audits which related to mental health and physical health services provided by Gloucestershire Health and Care NHS Foundation Trust.
During this period**,** Gloucestershire Health and Care NHS Foundation Trust participated in 100% of the national clinical audits.

The national clinical audits that Gloucestershire Health and Care NHS Foundation Trust was eligible for and participated in during 2022/23 are as follows:

Clinical audits	Participated Yes/No	Reason for no participation	Teams
Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls	Yes	N/A	Community Hospital Inpatients and Mental Health Inpatients
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Pulmonary Rehabilitation Audit	Yes	N/A	Pulmonary Rehabilitation Team
National Audit of Cardiac Rehabilitation	Yes	N/A	Cardiac Rehabilitation Team
National Audit of Care at the End of Life (NACEL)	Yes	N/A	Community Hospital Inpatients
National Clinical Audit of	Yes	N/A	GRIP (Early Intervention in Psychosis) Team

Psychosis (NCAP) Early Intervention in Psychosis			
National Diabetes Footcare Audit	Yes	N/A	Podiatry Service
Sentinel Stroke National Audit Programme (SSNAP)	Yes	N/A	The Vale Stroke Unit and Early Supported Discharge Team
UK Parkinson's Audit	Yes	N/A	Occupational Therapy, Physiotherapy and Speech and Language Therapy Teams

The reports of national clinical audits are reviewed by the provider when they are published and Gloucestershire Health and Care NHS Foundation Trust acts to improve the quality of healthcare provided where required. An example of this is given below:

Audit title	Details of the audit and the actions that were taken as a result of the audit
Sentinel Stroke National Audit Programme (SSNAP)	In the latest available data (Quarter 3 – October-December 2022) Gloucestershire Health and Care NHS Foundation Trust's overall SSNAP score was A (A = is the assigned level by the national team for those audits over 80 points). Upon reviewing the audit results, the team noticed that the Speech and Language Therapy score had decreased from the previous quarter. The team concluded that patients did not appear to be receiving the standard 45-minute sessions, five days a week, due to two main factors: • Higher than usual level of Speech and Language Therapy staff absence through sickness and annual leave after return from maternity leave. • Inequitable distribution of Rehabilitation Assistant hours. Rehabilitation Assistants' duties include carrying out treatment programmes for all three therapies, Occupational Therapy, Physiotherapy and Speech and Language Therapy. Priority has not always been given to Speech and Language Therapy sessions, or they are shortened in order to fit between Occupational Therapy and Physiotherapy. The whole team discussed this and a system has been put in place to assist with prioritisation so that adequate support is given for Speech and Language Therapy sessions.

National Confidential Enquiries

Gloucestershire Health and Care NHS Foundation Trust participated in one National Confidential Enquiry: Transition from child to adult health services. Once the report has been published by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), it will be reviewed and any actions required to improve the quality of care provided will be taken.

Local clinical audit activity

The reports of 76 local clinical audits were reviewed by Gloucestershire Health and Care NHS Foundation Trust in 2022/23. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality of healthcare provided by our services:

Audit title	Details of the audit and the actions that were taken as a result of the audit
Perioperative Audit	The Association for Perioperative Practice (AfPP) has designed a Perioperative Audit Tool which is a resource that supports practitioners to identify and implement effective risk management strategies. The audit tool is designed for auditors to use during the perioperative pathway of each individual patient or can be used to concentrate on specific areas of practice. Stroud and Tewkesbury Theatres used the tool to assess compliance with all of the AfPP standards. Overall the theatres demonstrated good compliance with the AfPP standards, with both Stroud and Tewkesbury theatre scoring 91% of the criteria as fully compliant. The audit did highlight a number of areas where the theatres were not fully compliant. Some of the areas for improvement are highlighted below, along with the actions being taken to improve: • Legal and Ethical Considerations- There was no contingency plan in place for relatives to be given the opportunity to pay their last respects in the department and in private if requested / appropriate. Both sites would use discretion if this situation were to occur, but a Standard Operating Procedure is being developed to address this. • Education - A training needs analysis had not been developed for either department. The Theatre Managers are in the process of completing this, with the support of the Trust's education team. • Intraoperative Care - There was no guidance on the different types of body piercings and safe techniques for removal if appropriate in place at either site. A Standard Operating Procedure has been developed for both sites. • Use and Handling of Surgical Instruments – All staff new to the department should receive training on the use, handling and storage of instruments as part of their induction plan. This was not present in the induction pack at Tewkesbury Theatre so it will be added. A re-audit is planned for March 2024, following implementation of the detailed action plan.
Out of Hours Dental Clinical Record Keeping Audit	Dentists are required to make and keep contemporaneous, complete and accurate patient records. Good, accurate record keeping is essential for patient safety. This audit reviewed a sample of records completed by each dentist working in the Out of Hours service. Many of the aspects reviewed in the audit were present in all of the records, however:

Audit title	Details of the audit and the actions that were taken as a result of the audit
	• evidence of patients' medical history was only found in just over half of the electronic patient records reviewed. Medical history is completed on a paper form so the information is available but it is not always transferred to the electronic patient record in a timely manner. • another area for improvement that was identified was the recording of social history; this was recorded in just over a third of the records reviewed. The results of the audit were shared with the team at the Dental Audit Meeting to highlight the areas requiring improvement. Record Keeping guidance has been shared with the team, particularly with new members of the team, to ensure they are aware of the record keeping standards that are expected. A re-audit is planned for June 2023 to ensure that the actions have been implemented and practice has improved.
Approved Mental Health Professional (AMHP) Report Audit	Approved Mental Health Professionals (AMHPs) are professionals who are legally approved to carry out certain duties under the Mental Health Act 1983 (MHA). The AMHP report is used to provide a record of an assessment carried out by an AMHP under section 13 of the Mental Health Act (MHA) 1983 as also outlined in the Mental Health Act Code of Practice. An AMHP report can also be used to record the consideration of extensions, transfers and revocations of orders under the Mental Health Act. The aim of this audit was to establish a baseline standard in order to improve the quality of AMHP reports across Gloucestershire. The objective of the audit was to identify if reports are being completed to the quality standards as identified in the AMHP Report Writing Guidance. The audit highlighted the following key findings: • A high number of reports provided a good quality description and analysis of assessments. • Information within reports that is being transferred from other sources needs to be accurately cited. • AMHPs are sufficiently evidencing the identification of Nearest Relative and analysis around consultation. • There is a high percentage of reports that do not mention or allude to mental capacity. • Reports are sufficiently evidencing interview with the patient and discussion with the assessing team. • A high percentage of reports identified a legal outcome of the assessment. • There are inconsistencies amongst AMHPs on how the "Method of Conveyance" section is completed. • A high percentage of AMHPs explained why rights under the Mental Health Act may not have been given to patient or Nearest Relative. • 87% of reports were written within 7 days of the assessment by the AMHP. It is essential that reports are written in a timely manner. The audit key findings have resulted in the following actions being taken: • AMHP Report Writing Guidance has been amended and updated.

Audit title	Details of the audit and the actions that were taken as a result of the audit
	• The AMHP Service Manager has reminded hub and community AMHPs on the importance of citation when information is copied from other sources within reports. • The AMHP Service Manager has recommended AMHPs document assumed mental capacity where relevant within reports. • A request has been submitted to Clinical Systems to change the "Method of Conveyance" section in the AMHP report. The AMHP Service Manager has issued guidance to AMHPs on completing this section as an interim measure. • The AMHP Service Manager has reminded all AMHPs about the timeframe for completing reports. A re-audit will take place in May 2023.

Participation in clinical research

Research activity in Gloucestershire Health and Care NHS Foundation Trust in 2022/23

The number of patients receiving relevant health services provided or subcontracted by Gloucestershire Health and Care NHS Foundation Trust in 2022/23 that were recruited during that period to participate in National Institute for Health Research Portfolio research approved by a research ethics committee was **161**. No target was set for 2022/23 due to the continued impacts of the COVID-19 Pandemic.

This participation was across **17** different studies in Mental Health, Dementia and Neurodegenerative Diseases and Stroke. This level of recruitment is lower than the previous year's total of **353** participants (from 29 studies). The legacy of the Covid-19 pandemic has led to a reduction of recruitment and many other trusts around the country are seeing lower recruitment in the same well. We are hoping to see a recovery of the portfolio in the coming financial year, but it is slow and we cannot predict any future impacts from COVID.

In 2022/23, the Trust registered and approved **26** studies in the following clinical areas:

- **19** in Mental Health Services
- **2** in Health Services and Delivery
- **1** in Dementia Services
- **1** in Stroke
- **1** in Public Health.
- **1** in Diabetes
- **1** in Cancer

Although there is still a focus on mental health studies, the variety in other studies reflects the continuing benefits of the merger which will hopefully accelerate as we have more opportunities to diversify post COVID.

The breakdown of study type included:

- **14** non-commercial portfolio studies
- **7** non-commercial, non-portfolio studies, of which **6** were service evaluations.
- **5** academic/student projects

The reduction in number of studies opened in 2022/23 from 41 to 26 is another reflection of the continued impact of the COVID pandemic with fewer studies being opened overall. We similarly expect to see more studies opening as recovery from the pandemic continues into 2023/24 and beyond.

More detail of the recruiting studies and the services from which they were recruited is shown in Table 1 below.

GHC Research

The usual Key Performance Indicators (KPIs) used by the National Institute for Health Research to assess activity in NHS Trusts were suspended in 2020/21 due to the Covid-19 pandemic and the related impacts on recruitment to National Institute for Health research (NIHR) Portfolio Studies.

In 2022/23 the NIHR issued new KPIs for Partner Organisations to be measured against. Fig 1 shows these KPIs and current (March 2023) performance for the Network as a whole. The data for GHC is currently limited due to the low number of studies being opened and even smaller number closing during the 2022/23 financial year.

Commercial activity in GHC has dropped since last year as interim data analyses concluded that Gantenerumab was not effective in the patient population it was being studied in. This mean the immediate closure of 3 of our Dementia studies and the pulling of a 4th which we were in the process of setting up.

We only have 2 commercial studies currently recruiting, but are in the process of opening 2 more and exploring connections with other sponsors to open more studies.

Sadly, the Research Champion role has had to come to an end in 2022/23 due to funding issues. If more funding becomes available in the near future we will explore opportunities to revisit the Champion initiative.

However, for 2022/23 we were awarded additional funding for a Research Doctor to join the team and they started in post in November 2022. We are hoping they will be able to support the Research Delivery Team with some of the clinical requirements of our portfolio as well as acting as Principal Investigator.

Budgets for 2023/24 have been announced and GHC will receive £251,553 compared to £245,250 for 2022/23. National budgets have not increased significantly, so local budget increases have also been low, with uplifts largely provided to offset some of the increase costs from the annual pay award.

In 2022/23 GHC was in receipt of £20k of research Capability Funding which has been used to support our Clinical Directors. In 2023/24 we have been awarded £25k and this will be used to support the Clinical Directors once more.

In addition to this, for 2023/24 we are in receipt of £11,981 additional funding for a band 7 Pharmacist to support study delivery at the Fritchie Centre and another year's funding for the Research Doctor of £19,924. This funded was awarded through an additional funding call from the Clinical Research Network West of England.

Research Strategy

A new GHC Research and Innovation Strategy is almost finalised and is just going through the final trust committees before being fully ratified.

Table 1 - Studies Recruiting in Gloucestershire Health and Care NHS Foundation Trust – 2022/23				
Project Short title	**Project Full title**	**Disease area**	**Project type**	**No.**
TOGETHER Version 1	Trialling an optimised social groups intervention in services to enhance social connectedness and mental health in vulnerable young people: A feasibility study.	Mental Health	Non-commercial portfolio	29
PPIP2	The PPIP study aims to understand if some cases of psychosis are caused by immune system problems in some people.	Mental Health	Non-Commercial portfolio	22
Genetic Links to Anxiety and Depression (GLAD)	NIHR mental Health BioResource for Depression and Anxiety.	Mental Health	Non-commercial portfolio	17
RECREATE: a cluster randomised trial.	A multicentre cluster randomised controlled trial evaluating the clinical and cost – effectiveness of an intervention to reduce sedentary behaviour in stroke survivors incorporating an internal pilot phase and embedded process evaluation.	Mental Health	Non-commercial portfolio	15
Quantitative MRI in the NHS – Memory clinics/QMIN - MC	Quantitative MRI of Brain Structure and Function in NHS Memory Clinics.	Dementia sand Neurodegenerative Diseases	Non-commercial portfolio	13
Self-Harm in Eating Disorders	NIHR mental Health BioResource for Depression and Anxiety.	Mental Health	Non-commercial portfolio	14
MINDfulnessand Response in Staff Engagers (NHS) – MINDARISE – V1.3	A longitudinal mixed methods study ofMINDfulness and response in staff Engagers (NHS)	Mental Health	Non-commercial portfolio	8
SCENE (Workpackage5)	A randomised controlled trial of a structured intervention for expanding social networks in psychosis.	Mental Health	Non-commercial portfolio	7
STRATA	A multicentre double-blind placebo-controlled randomised trial of Sertraline for Anxiety in adults with a diagnosis of Autism (STRATA)	Mental Health	Non-commercial portfolio	11

NCISH	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	Mental Health	Non-commercial portfolio	8
Sleep – impulsivity Behaviour (SIB) study	Sleep Impulsivity Behaviour (SIB) study: examining pathways to self – harm in children with autism and intellectual disability.	Dementias and Neurodegenerative Diseases	Non-commercial portfolio	5
RCT of group CBT for men with IDD and harmful sexual behaviour	RCT of group CBT for men with intellectual and/or developmental disabilities and harmful sexual behaviour:	Mental Health	Non-commercial - portfolio	4
National Centre for Mental Health (NCMH)	National Centre for Mental Health (NCMH)	Mental Health	Non-commercial portfolio	4
OPTIMA RCT	Online parent training for the Initial management of ADHD Referrals: a two-arm parallel randomised controlled trial of a digital parenting intervention implemented on a treatment waitlist.	Mental Health	Non-commercial portfolio	2
FASTBALL MCI	Fast – Periodic- Visual – Stimulation – a new technique for assessing memory in Alzheimer's disease.	Dementias and Neurodegenerative Diseases	Non-commercial portfolio	1
4725 EVOKE plus- Semaglutide in people with early Alzheimer's disease	A randomised double-blind placebo-controlled clinical trial investigating the effect and safety of oral semaglutide in subjects with early Alzheimer´s disease (EVOKE plus)	Dementias and Neurodegenerative Diseases	Commercial portfolio	1
4730 EVOKE - Semaglutide in people with early Alzheimer's disease	A randomised double-blind placebo-controlled clinical trial investigating the effect and safety of oral semaglutide in subjects with early Alzheimer´s disease (EVOKE)	Dementias and Neurodegenerative Diseases	Commercial portfolio	1

Table 2

CRN West of England Performance Report - Current Month

Month	Mar-23	Current Month Target	Current Month Actual
Data cut date	06/03/2023		
Data sources	All FY Recruitment Summary, 2022-23 CRN High Level Objectives ODP application, All Portfolio ODP application, CRN West of England PRES Dashboard 22/23		
Recruitment activity	All recruitment activity		68,463
	Recruitment to commercial contract studies		1,092
	Recruitment to COVID-19 studies		17,547
High Level Objectives			
Efficient Study Delivery Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period	Percentage of commercial contract studies closed to recruitment in 2022/23 which have achieved their recruitment target	80%	78%
	Percentage of non-commercial studies closed to recruitment in 2022/23 which have achieved their recruitment target	80%	97%
	Percentage of open to recruitment commercial contract studies which are predicted to achieve their recruitment target	60%	64%
	Percentage of open to recruitment non-commercial studies which are predicted to achieve their recruitment target	60%	64%
Provider Participation Widen participation in research by enabling the involvement of a range of health and social care providers	Percentage of General Medical Practices with recruitment in NIHR CRN Portfolio studies	45%	53%
	Percentage of NHS Acute trusts with recruitment in NIHR CRN Portfolio studies every quarter	99%	100%
	Percentage of NHS Acute trusts with recruitment in commercial contract NIHR CRN Portfolio studies every quarter	70%	100%
	Percentage of NHS Ambulance, Care and Mental Health trusts with recruitment in NIHR CRN Portfolio studies every quarter	95%	100%
Participant Experience Demonstrate to people taking part in health and social care research studies that their contribution is valued	Number of NIHR CRN Portfolio study participants responding to the Participant in Research Experience Survey	1,332	1,960
	% YTD target met		147%

Use of the Commissioning for Quality and Innovations (CQUIN) framework

A proportion of Gloucestershire Health and Care NHS Foundation Trust's income is typically informed by achieving quality improvement and innovation goals agreed between Gloucestershire Health and Care NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. However, due to the impact of Covid-19 the national CQUIN scheme was paused in 22/23 and payment associated with the CQUIN's that were identified as relevant to the Trust were provided for as block payment agreement with our local commissioners.

In 22/23 we continued to progress a number of improvement and innovations and despite the challenges of the pandemic we were able to make progress in the following areas:

Goal name	Applicable To
Staff Flu Vaccinations	Community and Mental Health
Assessment Diagnosis and Treatment of Lower Leg Wounds	Community
Assessment and Documentation of Pressure Ulcer Risk	Community
Biopsychosocial Assessments by MH Liaison services	Mental Health
Use of Anxiety Disorder Specific measures in IAPT	Mental Health
Cirrhosis Tests for Alcohol Dependent Patients	Mental Health
Malnutrition Screening	Community
Outcome Measurement across Specified MH services.	Mental Health

The CQUINs were allocated as follows:

Liaison Diversion

Goal name	Description
Suitable Service users offered Women's Pathway	Identified users offered identified pathway.
Suitable Service users offered Peer Support	Identified users offered peer support
Outcomes known for all referrals into External Services.	Outcomes identified

2023/24 CQUIN Goals

Liaison Diversion

Goal name	Description
Suitable Service users offered Women's Pathway	Identified users offered identified pathway.
Suitable Service users offered Peer Support	Identified users offered peer support
Outcomes known for all referrals into External Services.	Outcomes identified

Gloucestershire Health and Care National CQUINs

Goal name	Applicable To
Staff Flu Vaccinations	Community and Mental Health
Assessment Diagnosis and Treatment of Lower Leg Wounds	Community
Assessment and Documentation of Pressure Ulcer Risk	Community
Use of Anxiety Disorder Specific measures in IAPT	Mental Health
Reducing the need for restrictive practice in adult/older adult settings	Mental Health
Malnutrition Screening	Community
Outcome Measurement across Specified MH services.	Mental Health

Statements from the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. From April 2010, all NHS trusts have been legally required to register with the CQC. Registration is the licence to operate and to be registered. Providers must, by law, demonstrate compliance with the requirements of the CQC (Registration) Regulations 2009.

Gloucestershire Health and Care NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "Good" overall. The following services make up our statement of purpose as an organisation and we are registered to undertake the following regulated activities:

- Assessment or medical treatment to persons detained under the Mental Health Act 1983;
- Diagnostic and screening procedures;
- Treatment of disease, disorder or injury;

- Personal care;
- Surgical procedures;
- Family planning services; and
- Termination of pregnancies.

Gloucestershire Health and Care NHS Foundation Trust has no conditions on its registration.

The CQC has not taken enforcement action against Gloucestershire Health and Care NHS Foundation Trust during 2022/23.

Gloucestershire Health and Care NHS Foundation has not participated in any special reviews or investigations by the CQC during the reporting period.

During 22/23 the CQC undertook Mental Health Act (MHA) visits to the following wards. These visits by the CQC are to assess how we comply with the MHA Code of Practice which sets out clear guidance to our registered medical practitioners, approved clinicians, managers and staff of hospitals on how we should proceed when undertaking duties under the MHA.

The CQC will ensure that we can evidence the guiding principles when applying the principles of the MHA and when we are making decisions to use the legislation.

The five guiding principles should be considered when making all decisions in relation to care, support or treatment provided under the Act:

- Least restrictive option and maximising independence
- Empowerment and involvement
- Respect and dignity
- Purpose and effectiveness, and
- Efficiency and equity

Empowerment and involvement of patients and carers, and dignity and respect are key principles underpinning the MHA and we aim to ensure as an organisation we can evidence our approaches to our regulators.

Location	Date
Priory Ward – Wotton Lawn Hospital	30th August 2022
Greyfriars Ward – Wotton Lawn Hospital	13th September 2022
Abbey Ward – Wotton Lawn Hospital	14th December 2022
Willow Ward – Charlton Lane Hospital	30th January 2022
Mulberry Ward - Charlton Lane Hospital	31st January 2023
Honeybourne - Mental Health Recovery Unit	20th January 2023
Laurel House - Mental Health Recovery Unit	3rd March 2023
Berkeley House - Learning Disability Inpatients	8th February 2023

Overall, feedback has been very positive and although there are some areas that we need to improve upon the MHA Inspectors did not raise any immediate concerns in relation to how we apply the MHA. There are were some common themes across a number of our Mental Health inpatient wards and these included some variation in our referral to the Independent Mental Health Advocate, delays in referrals to the Second Opinion Approved Doctors and some variation in the completion of T2 & T3's which are the legal forms that relate to prescribed medication. Where areas of improvement are required each service will complete and Provider Action Statement which outlines in detail the steps required to improve in the areas identified. These plans are monitored with the CQC relationship

manager and form part of our routine internal governance arrangements to ensure we can evidence and assure on the work we need to complete.

During April and May 2022, the Trust underwent a CQC Core and Well-Led inspection which resulted in an overall rating of "GOOD". There were two 'must do' recommendations and we have a statutory requirement to address these under the provisions of our registration with the CQC. The points relate to practice in our acute wards for adults of working age and psychiatric intensive care units:

- Ensure that patients are monitored in accordance with national guidelines following the use of rapid tranquilisation.
- Ensure that there are personal emergency evacuation plans (PEEP) for all patients who may need assistance to evacuate a building or reach a place of safety in the event of an emergency.

We have completed the improvements needed to address the PEEP plans and we are making progress in achieving a sustainable improvement to how we monitor and record our interventions for people who have been in receipt of rapid tranquilisation.

There were additional 'should do' recommendations that CQC observed during their inspection that would serve to strengthen our practice. The majority of these have now been addressed, however there remains open actions which are forming part of a wider Trust improvement workstreams, examples of which are:

- Improve the recording of supervision on Care to Learn.
- Improve the use and recording of care plans on clinical records.
- Ensuring that staff do not exceed working time regulations.
- Ensuring the service record the involvement of patients and carers clearly.

Charlton Lane Hospital (CLH) was subject of an independent inspection in March 2022. This was an unannounced inspection as we had informed the CQC of a quality issue. CLH rating was changed to 'requiring improvement ' as a result of this inspection. We had already begun working to improve the service at the time of the visit. The following areas were identified for areas of improvement:

- The service must have processes in place to oversee staffs' understanding and application of the Mental Capacity Act.
- The service must ensure that there are systems and processes to safely prescribe, administer and store medicines.
- The service must ensure that dedicated female lounges are provided and are not used for other reasons in order to meet Department of Health guidelines.

We have completed the areas of improvement related to Mental Capacity Act and dedicated female lounges. We made some immediate changes to our system and processes regarding medication and this has generated a wider quality improvement in the service and will be completed in Q1 of 2023.

There were a number of 'should do' recommendations that have progressed and update have been provided to the CQC.

Overall, we have completed 73% of the recommendations in total. Some areas of improvement were addressed immediately and some have formed part of a wider improvement plan and we will continue to progress these in 2023.

We have a good working relationship with the CQC and we meet with our relationship manager on a regular basis to demonstrate our progress on our plans. This includes an opportunity to share our wider developments and quality priorities to demonstrate our approach to continuous improvement.

One of the areas of improvement relates to our annual self-assessment programme and this forms part of a rolling state of preparedness for regulation. We base this programme around the 5 CQC

domains of Caring, Responsive, Effective, Safe and Well-Led. This provides a focus for our teams to drive our ambitions of being an 'outstanding' Trust.

Quality of Data

Reliable data underpins the effective provision of healthcare services both at a delivery and a management level. It is essential for maximising performance, informing service improvements and creating reliable insight to inform decision making. However, to be of use, data needs to be of high quality, timely, comprehensive, and accurately captured.

Gloucestershire Health and Care NHS Foundation Trust submitted data to the following at the required quality maturity levels during 2022/23 (based on latest national position as of November 2022, month 8);

- The patient's valid NHS number was: **99.3%** (National Average: 81.9%) for Emergency Care (ECDS); **100**% for Community Services (CSDS) and **100%** for Mental Health Services (MHSDS) and **100%** for Improving Access to Psychological Therapies (IAPT);

- The patient's valid General Practitioner Registration Code was: **98.7%** (National Average 88.4%) for Emergency Care (ECDS); **100**% for Community Services (CSDS), **100%** for Mental Health Services (MHSDS) and **100%** Improving Access to Psychological Therapies (IAPT).

Furthermore, Gloucestershire Health and Care NHS Foundation Trust has achieved the following key system changes during 2022/23 to support our wider business planning objectives:

- A newly integrated, single data warehouse platform brought multiple data sources together from various clinical and corporate systems into one place. This now incorporates data from five clinical systems, workforce systems, finance systems, electronic rostering, training and the Trust's safety/ incident reporting system. Utilising a single Trust hierarchy, this approach offers the organisation a master data table that offers significant intelligence potential for the years ahead. Furthermore, integrated dashboards presenting this information in a single place are now available for almost 50% of services.

- Deployment of a newly developed Mental Health and Learning Disability Cohorting tool to inform population health management and better understand equality opportunities across service caseloads

- Service level forecasting for Improving Access to Psychological Therapies (IAPT) and Eating Disorders to support patient access performance improvement.

- SystmOne Simplicity delivery for Physical Community Health services which included a significant data warehouse restructure, SystmOne clinical system reconfiguration, clinical pathway mapping and data quality improvements to rebuild ESDS, CSDS and CDS dataset submissions and begun the redevelopment of the mandated Patient Level Information and Costing Systems (PLICS) requirements for 2023/24.

Information Governance

Gloucestershire Health and Care NHS Foundation Trust's (GHC) 21/22 Data Security and Protection Toolkit (DSPT) submission was an overall score of standards met and was graded as **'Green'**. GHC is fully expecting to submit a similarly compliant return in June 2023 for the 22/23 year.

Clinical Coding

Gloucestershire Health and Care NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022/2023 by the Audit Commission.

Learning from Deaths

During 2022-2023, 489 Gloucestershire Health and Care NHS Foundation Trust (GHC) patients died.

This comprised the following number of deaths, which occurred in each quarter of that reporting period:
175 in the first quarter;
112 in the second quarter;
89 in the third quarter;
113 in the fourth quarter.

By 3 April 2023, 56 case record reviews and 13 investigations had been carried out in relation to the 489 deaths included above.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:
30 in the first quarter;
22 in the second quarter;
24 in the third quarter;
15 in the fourth quarter.

1, representing 0.20% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

0 representing 0% in the first quarter;
0 representing 0% in the second quarter;
1 representing 1.12% in the third quarter;
0 representing 0% in the fourth quarter;

These numbers have been estimated using Structured Judgement Review (SJR). For deaths of:

- Mental health patients; the Royal College of Psychiatrists (RCPsych) Mortality Review Tool 2019 is employed;
- Learning disability (LD) patients; a similar Trust-developed SJR tool is utilised which pre-dates the RCPsych tool. This approach has been maintained to allow consistency with the Learning Disability Mortality (death) Review (LeDeR) programme;
- Physical health patients; a range of questions based on SJR tools is being used to assess the standard of care provided to patients that die during an inpatient stay at a community hospital.
- The numbers above do not include open investigations and reviews.

Case record reviews are discussed at Mortality Review Group (MRG) meetings chaired by a Clinical Director and Quality Lead (Mortality, Engagement and Development).

For any deaths meeting Serious Incident or Clinical Incident criteria, a full Comprehensive Investigation was carried out, including Root Cause Analysis.

Learning

The Trust has identified the following learning points in relation to deaths reported in 2022/23:

Mental Health & Learning Disability Services

- Where End of Life care is being provided and the patient's presentation is complex, treating medics can liaise with palliative care consultants regarding patients who need complicated pharmacokinetic and pharmacodynamic decisions to be made.

- All the diagnoses (physical and mental health) should be clearly documented within the care record, and clinicians must be knowledgeable of all the prescribed and non-prescribed medications a patient is taking and ensure that this is clearly documented and regularly reviewed.

- There remain a number of electronic patient records systems in place across the range of services, and there is no one central place where a full risk history can be viewed. The development of a Single Care Record System will continue to be progressed.

- Where a patient with Lewy Body Dementia or Alzheimer's presentation changes in an unusual way, and there is a suspicion that there is an 'out of the ordinary' development, you should have a low index of suspicion and consider a follow up scan in these circumstances to identify other potential factors.

- Staff supporting patients who are taking an antipsychotic drug and are overweight, should consider providing dietary advice including taking small mouthfuls and cutting food up into smaller pieces to minimise the risk of choking.

- Staff should give consideration to a form of delirium or delusional disorder if it is felt that symptoms are pushing beyond generalised anxiety.

- After a patient is discharged from inpatient care, the receiving community team must update the risk assessment and care plans, ensuring that these are robust and personalised.

- Staff must ensure that when a patient with capacity decides to disregard the advice given by a health professional, this unwise decision must be clearly documented within the patient's record.

- Teams must be mindful of historical Section 117 Aftercare provision for patients that are new to Gloucestershire.

- When a patient is in contact with a range of specialist services, staff should contact these for advice and collateral information.

- Inpatients who are close to discharge must be given information which makes clear what community services will provide and who they will be engaging with.

- When using the Best Interest Framework, staff must always consider and document the positive actions that can be taken to support a patient and under what circumstances.

- Staff working in a mental health or learning disability team and are supporting someone with respiratory issues should check what services the patient is in receipt of and link with the Trusts Respiratory Service for advice or training.

- CPR is effective in maintaining oxygenation and therefore buys time until the arrival of an AED and other trained care. Guidelines provide clarity that CPR should continue until the arrival of the ambulance or community first responders to improve outcomes from out of hospital cardiac arrest.

- Staff must be familiar with the signs of Sepsis and courses of action available.

- Review of local demographic data for community mental health patients (age vs. deprivation) does show a correlation between reduced deprivation and living longer.

- Staff must be familiar with the requirements of the Triangle of Care and, whenever, applicable ensure that families are actively involved in care.

- Staff should be aware of how online pro-suicide resources can impact upon the risk to vulnerable patients.

Community Hospitals

- When providing End of Life care to patients who have a range of physical health comorbidities and Alzheimer's who present with challenging behavior, advice can be sought from the later life consultant psychiatrists and palliative care consultants.

- Staff can contact the End of Life Lead for advice regarding recognition of the dying patient and attend an End of Life Masterclass to increase their knowledge.

- Staff must ensure that they are familiar with processes for Best Interest Decision Making

- Staff must be familiar with the CHC Fast Track Framework that was published prior to the pandemic and updated in May 2022. This includes clear guidance around patients rapidly deteriorating, and also guidance for patients with a degenerative condition that can be anticipated. This allows staff to act in the patients' best interests.

- Miconazole must be prescribed as first line treatment for oral thrush.

- Early use of syringe drivers for patients receiving end of life pain relief is indicated rather than transdermal patches.

- Staff must be familiar with the medical management of COVID in inpatient settings, especially the use of oxygen, Dexamethasone and neutralizing monoclonal **antibodies (**nMABS).

- For hospital acquired pneumonia, or pneumonia after Covid-19, first line treatment is Doxycycline or Cotrimoxazole. Hospital-acquired pneumonia is less likely to be caused by *Streptococcus pneumoniae* and be sensitive to penicillin.

- In the absence of a next of kin, or where a dying patient expressly forbids any contact be made with their family, the Trust's Legal Services Team offer advice and support regarding the patient's Will, funeral arrangements (including the payment of this) and last wishes.

- Where there are complex family dynamics and the patient is very clear about limitations on information sharing, agree a clear plan with them about controls to minimize the risk of personal information being inadvertently disclosed.

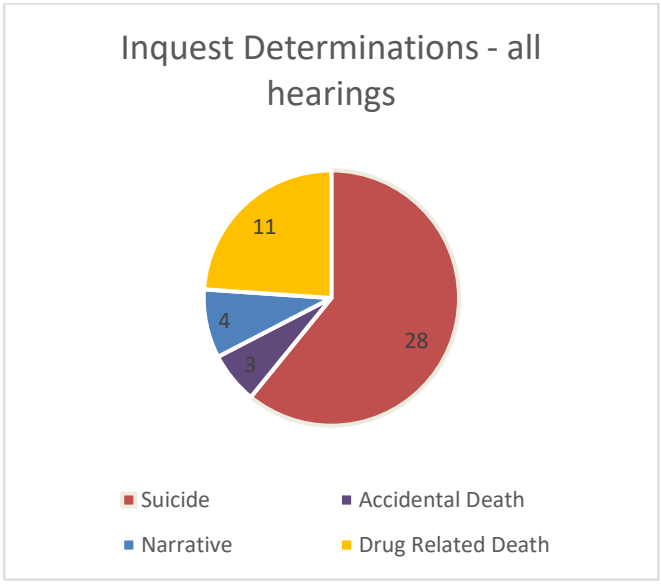
- The acute trust now provides a Frailty Direct Attend service offering same day diagnosis and advice, staff need to be familiar with the inclusion/exclusion criteria and referral process.

- Best practice is for Medical Certificate for the Cause of Death (MCCD) to be issued within 5 days of death. They are to be issued by an appropriate doctor who looked after the patient in the last illness and last 28 days of life. If a patient dies in a community hospital before being reviewed by a community hospital doctor, their regular GP or an attending doctor from the acute trust may be able to support completing a MCCD.

- Ensure that next of kin details are documented within the patient's record.
- Write patient's name clearly above the bed so that all staff/agency/bank workers are aware of this in the event of emergency.

Coronial Activity

During the reporting period, 46 inquests were heard (not all these deaths occurred during the reporting period) which touched on the deaths of Trust patients. The outcomes of these inquests are shown in the graph below. Based on the outcomes of inquests *suicide prevention* remains a key priority for the Trust.



No Prevention of Future Deaths Reports were issued to the Trust during 2022/23. This is a good indicator that the Trust implements appropriate recommendations following investigations and is able to assure HM Coroners, through evidence, that care is of a good standard and identified learning is robustly carried out.

Medical Examiner

The Medical Examiner (ME) service in Gloucestershire provides independent scrutiny of deaths which are not subject to inquest, and an opportunity for the bereaved to raise concerns to a doctor not involved in the care of the deceased person. During 2022/23 all-natural cause deaths occurring in community hospitals and at Charlton Lane Hospital were reviewed by the Medical Examiner service.

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. Examples of feedback from families given the ME service about the care provided is shown below.

'No concerns with care or cause of death given – had wonderful care, could not fault anything'.

'Care was exceedingly good, could not have done more.'

'The care was brilliant – very kind staff…'

'Fantastic care – could not have had better care. Also provided great support to family members.'

'Appreciated all the care – huge care, so blessed, can't praise the staff enough. Staff so supportive and the honesty was a breath of fresh air.'

'Incredible nurses – wonderful care'

No complaints or concerns were raised by families to the ME service.

Actions Taken

For all deaths which are investigated as either serious incident or clinician incidents, bespoke action plans are developed. These are progressed by the Patient Safety Team in collaboration with operational staff and identified action owners. Key aspects of these are further explored through the Trust's evolving Embedding Learning process, jointly facilitated by the Patient Safety Team and the Freedom to Speak Up Guardian.

Where there is novel learning following Structured Judgement Reviews at the Mortality Review Groups, *learning on a Page* documents are produced to reflect the learning from individual cases in a succinct and accessible format. These are disseminated throughout the organisation via the operational governance structures and are also presented in the quarterly Learning from Deaths reports.

Findings relating to the local demographic data for community mental health patients (age vs. deprivation) showing the correlation between reduced deprivation and living longer continue to be fed into the current workstream which is addressing community mental health team transformation.

Impact of Actions Taken

This year, the Learning from Deaths process was subject to an Internal Audit undertaken by the Trust's auditors BDO and the outcome published in November 2022. This audit concluded that.

The Trust has a well-established review process to ensure all applicable deaths are reviewed through an SJR and MRG discussion. MRG meetings are effective in challenging the care delivered and seeking to understand the learning that can be derived and applied more widely across the Trust.

We note whilst there is evidence that learning is shared onwards through the Trust this process has not been formally described and documented within a Trust policy. There are also further opportunities to improve the action plans and MRG terms of reference.

We have therefore concluded a moderate design opinion and substantial operational effectiveness opinion.

In addition, the report on the fourth round (2022) of the National Audit of Care at End of Life (NACEL) was published in February 2023. The audit has demonstrated some good and positive end of life care practice in the Community Hospitals, including:

- Good recognition of dying (94% of patients notes recorded patient might die within hours or days, UK average was 87%)
- Well documented evidence of a range of assessments having been completed in the individuals plan of care (and improvement from last audit) e.g. 97% of case notes recorded patient's hydration and nutrition status was assessed daily once the dying phase was recognised (UK average was 79%)
- Good prescribing of anticipatory medications, 100% of patients had been prescribed anticipatory medication and 90% were administered.
- Excellent feedback from families regarding the care received by the person who died, 100% felt the quality of care was good, excellent or outstanding (UK average was 71%)

- Excellent feedback from families regarding their needs being met and the emotional and practical support they received, 100% agreed or strongly agreed (UK average was 54%)
- 90% of staff felt they worked in a culture that prioritises care, compassion, respect and dignity.

Staff confidence levels have improved from last year and staff felt more confident in the following areas:

- How to access specialist palliative care advice (100% agree or strongly agree)
- How to respond to requests to die outside of the hospital (60% agree or strongly agree)
- How to assess and manage pain (90% agree or strongly agree)

A few areas identified as needing improving last audit have shown a marked improvement, however, further improvement can still be made:

- When reviewing the individual's care plan the benefits of starting, stopping or continuing interventions was not always documented.
- Conversations with the patient and family regarding the use of anticipatory medication were not always documented.

This outcome of this audit provides significant assurance that End of Life care is of a high standard, and the outputs and learning from mortality reviews is a key element in supporting staff to achieve and maintain these standards.

The CQC inspection carried out in April and May 2022 reviewed community End of Life care and provided the following rating in August 2022

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community end of life care	Good	Good	Outstanding	Good	Good	Good

Previous Reporting Period

By 4 April 2023, 24 case record reviews and 21 investigations completed after 31st March 2022 related to deaths which took place before the start of the reporting period.

2, representing 0.30% of these patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using Structured Judgement Review (SJR). For deaths of:

- Mental health patients; the Royal College of Psychiatrists (RCPsych) Mortality Review Tool 2019 is employed;
- Learning disability (LD) patients; a similar Trust-developed SJR tool is utilised which pre-dates the RCPsych tool. This approach has been maintained to allow consistency with the Learning Disability Mortality (death) Review (LeDeR) programme;
- Physical health patients; a range of questions based on SJR tools is being used to assess the standard of care provided to patients that die during an inpatient stay at a community hospital.

For any deaths meeting Serious Incident or Clinical Incident criteria, a full Comprehensive Investigation was carried out, including Root Cause Analysis.

4, representing 0.60% of the total patient deaths during the period 1 April 2021 – 31 March 2022 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Part 2.3: Mandated core indicators 2020-21

There are a number of mandated Quality Indicators which organisations providing mental health services are required to report on, and these are detailed below. The comparisons with the national average and both the lowest and highest performing trusts are benchmarked against other mental health service providers.

1. **The percentage of patients aged 0-15years and 16 years and over readmitted to hospital which forms part of the Trust, within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period**

	Quarter 1 2022-23	Quarter 2 2022-23	Quarter 3 2022-23	Quarter 4 2022-23
Gloucestershire Health and Care NHS Foundation Trust 0-15	0%	0%	0%	0%
Gloucestershire Health &CareNHS Foundation Trust16 +	5.81%	5.63%	5.88%	2.74%

Gloucestershire Health and Care NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust does not have child and adolescent inpatient beds;
- Service users with serious mental illness are readmitted to hospital to maximise their safety and promote recovery;
- Service users on Community Treatment Orders (CTOs) can be recalled to hospital if there is deterioration in their presentation.

Gloucestershire Health and Care NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Continuing to promote a recovery model for people in contact with services;
- Supporting people at home wherever possible by the Crisis Resolution and Home Treatment Teams.

2. **The percentage of staff employed by, or under contract to, the Trust during the reporting period who responded positively to "*If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation*"**

	NHS Staff Survey 2020	NHS Staff Survey 2021	NHS Staff Survey 2022
Gloucestershire Health and Care NHS Foundation	79.5%	78.6%	73.9%
National Average Score	70.4%	64.9%	62.9% (all NHS trusts) 63.6% (MH, LD, Comm trusts)
Worst Trust Score	47.2%	45.0%	40.1% (MH, LD, Comm trusts
Best Trust Score	84.2%	82.4%	79.6% (MH, LD, Comm trusts

- The GHC Trust score is less than the previous year however we remain in the top quartile and well above the national average score which has remained as last year.

3. Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

	NHS Community Mental Health Survey 2019	NHS Community Mental Health Survey 2020	NHS Community Mental Health Survey 2021	NHS Community Mental Health Survey 2022
Gloucestershire Health and Care	7.7	7.7	7.7	7.7
Lowest score in England	6.0	6.4	6.3	6.2
Highest score in England	7.7	8.0	7.9	8.4

Gloucestershire Health and Care NHS Foundation Trust considers that this data is as described for the following reasons:

- Our results were 'better' than most Trusts for 9 of the 29 questions (30%) and 'about the same' as other Trusts for the remaining 21 questions (70%). These results represent a decrease when compared with our results from last year's survey (Better = 43%, about the same = 57%), and is more in line with the 2019 survey (Better = 38%, about the same = 62%).

The Trust is categorised as performing 'better' than most of the other mental health trusts in 8 of the 12 domains (67%) (2020 survey: 5 out of 12, (42%).

Gloucestershire Health and Care NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by focusing on action in the following areas:

- Crisis Care: ensuring people have access to crisis care at the time of need and they receive the help they need when contact the Crisis Team.
- Talking Therapies: ensuring talking therapies is explained in an understandable way and service users are involved in decision making.

Part 3: Looking back: a review of quality during 2021/22

Introduction

Quality Priorities 2022-2023:

In support of our overarching quality ambitions our physical, mental health, learning disability, children's and specialist services undertook the following quality improvement priorities which have been agreed with commissioning bodies and were reported upon quarterly to will be reported upon quarterly. This is to facilitate an ongoing focus on quality for the organisation in order to improve care for the people we seek to serve in Gloucestershire the priorities will be reviewed with stakeholders in order to inform our reporting in 23/24. They will be underpinned by the mandate set out in the Quality Strategy and will reflect our 3 pillars in terms of Effectiveness, Safety and user Experience.

Priority	Description	Status
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
2	Falls prevention – with a focus on reduction in medium to high harm falls based on 2020/21 data . Developing a falls collaborative within the One Gloucestershire Integrated Care System	Achieved
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 advanced care planning and the ReSPECTV3 form, and increasing symptom management training for staff to support non - cancer patients.	Achieved
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. Overall, 54% of complaints were closed within 3 months and 86% with six months; as such, the target for the year was not met. However, the target for 6 months was achieved in H2 (2nd half of the reporting year).	Partially Achieved
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
	Reducing suicides - with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve	

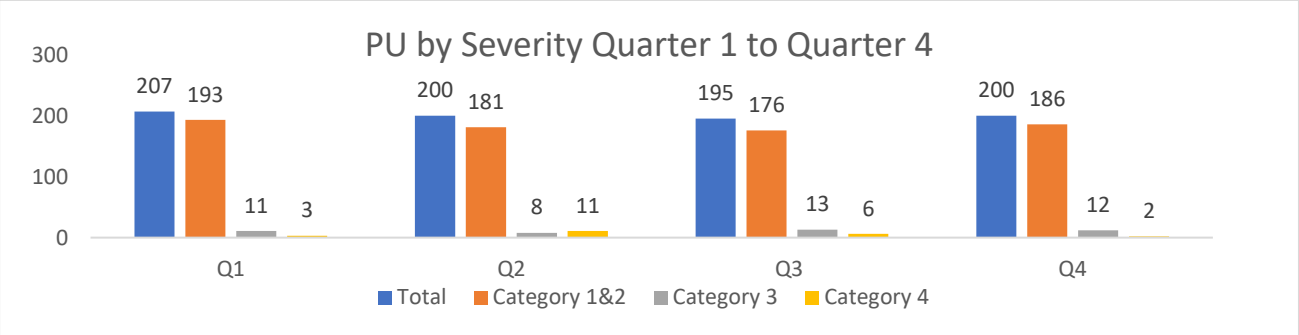
6	awareness, support, and timely access to services. We will work to the aspirations of the Zero suicide Alliance to support the aim for zero suicides within our mental health inpatient units by 2022.	Achieved
7	Learning disabilities - a focus on the Hospital /personal Passport utilisation, and roll out of the Oliver McGowan Tier 1 and tier 2 training programme .The trust aims to train 90% of our workforce. We achieved 81% overall.	Partially Achieved
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 .	All actions within our sphere of influence achieved.
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	Achieved

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 the year the frequency and severity of pressure ulcers has remained relatively static with an overall reduction of 7 (3.3%) seen between Q1 and Q4.

- 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 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.

- Although there has been some variation in quarterly data over the year we have achieved an overall year on year reduction. This is a significant achievement when considering that GHC have had an increase in admissions to CoHo inpatient beds with pre-existing tissue viability/pressure ulcers. This has also coincided with an increase on the community nursing caseload with people who are referred in with pre-existing conditions. Woven into these challenges are those with reduced mobility arising from COVID infections over the year. Overall the recovery rates have improved throughout the year reducing the impact for those presenting with a pressure ulcer.



Target achieved H1 - Yes
Target achieved H2 - Yes
Overall - Achieved

Next steps: Continuation of the Quality Priority to 23-24 and associated reporting of year on year analysis.

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 resulting in medium to high harm in the first half of 21-22 (H1) compared to the similar timeframe in 22-23 evidenced that there was an increase 12 falls therefore the reduction target for H1 was not achieved. Analysis showed that there was a spike in Q1 where 12 falls were recorded, this has been further explored and there are no emerging trends relating to specific patients or locations or organisational learning.
	
	• In the second half of the year (H2) the trend changes to display a reduction in the number of falls by 11. When looking at the year as a whole the change is negligible however quarter on quarter data this year evidences a reduction. There is continuing work being undertaken in relation to establishing contributory factors. Teams will be working colligatively across the organisation linking with QI and the Countywide Falls group to review data and establish any root causes or identify system improvements.
	
	• The leadership of the Trust wide Falls group has been transferred to the Nursing Quality and Therapies directorate (NQT) to ensure consistency of practice, and a strong focus on evidence-based falls prevention in all areas of GHC.
	
	• This refreshed group is looking to produce and implement a framework with the ambition of:
	  • A reduction in the number, and impact of falls in both **community and inpatient** settings, (hence widening the reach of the indicator)
	  • Improving both staff **and patient awareness** of falls risks,
	  • Reduce the 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.

Year	No	Year	No
Q1 20-21	6	Q1 21-22	5
Q2 20-21	6	Q2 21-22	4
Q3 20-21	4	Q3 21-22	5
Q4 20-21	4	Q4 21-22	14

Target achieved H1 - No Target achieved H2 - Yes Overall - Achieved

Next steps: Continuation of the Quality Priority to 23-24 and associated reporting of year on year analysis.

EFFECTIVE	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 advanced care planning and the ReSPECTV3 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. The planned objectives and targets for Q2 Q3 and Q4 were achieved and are detailed below.		
Commentary	• 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.		
Quality Priority Plan	Q1	Q2	Q4
	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:** Achieve a reduction in number of EoLc complaints **Confident:** Annual evaluation of Masterclass feedback **Competent** Annual evaluation of Masterclass attendance

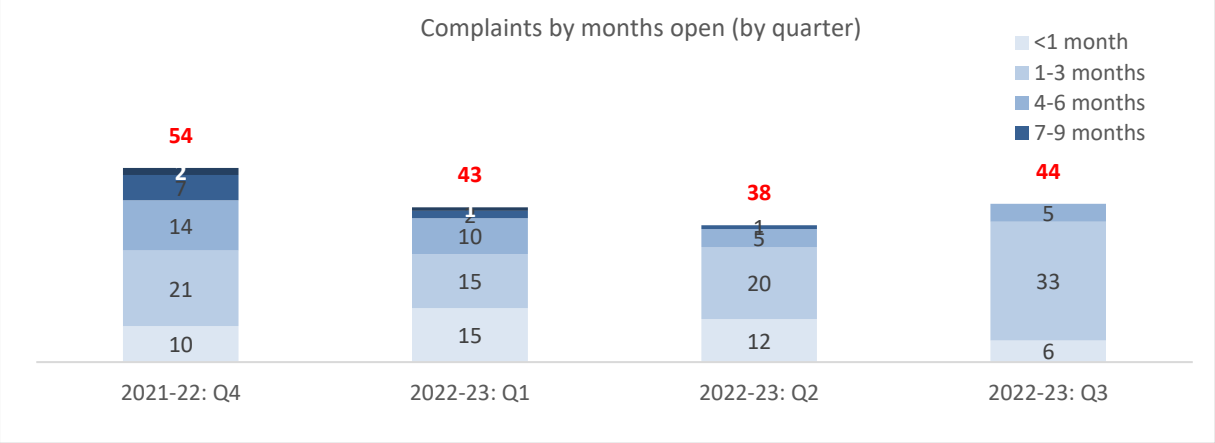
Plan achievements - Reduction in number of EoLc complaints. Celebrate and share good practice/ compliments	• The EoL lead is involved in complaints or concerns at an early stage in the process to enable issues to be addressed in a compassionate and timely manner and at a point where a real difference can be made to the care path for the patient. Data from 2021/22 compared to 2022/23 evidenced a 50% reduction in the number of formal complaints that related to EoL. • During Q2, "Dying Matters week" was held and well received. Service Directors from community teams and CoHo's routinely share a monthly summary of compliments received, the CQC Report (where EoL care was specifically inspected across GHC, and was rated as "good" for Safe, effective, responsive and well led" and **"outstanding**" for caring) was shared internally and externally. • The NACEL audit which benchmarks EoL care against other NHS providers took place in September 2022 and demonstrated that GHC were above the national average with scores of good and excellent being recorded.
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	• The education Programme was collaboratively developed following discussions with Community Hospital staff and District Nurse teams EoL Masterclass dates were available for staff to self-book throughout the year resulting in positive feedback from attendees stating that the course outcomes were achieved and the course was either "very beneficial" or "beneficial" to their present role. • Face to Face (F2F) sessions for non-registered practitioners were held at Charlton Lane Hospital (CLH) on 8th December and 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. • Communication skills training for call handlers and ward clerks who have difficult conversations with families are being planned. • Specific Comms skills training for Registered staff is also being planned for 23/24 Masterclasses.
Plan - Number of people attending education and training	• 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

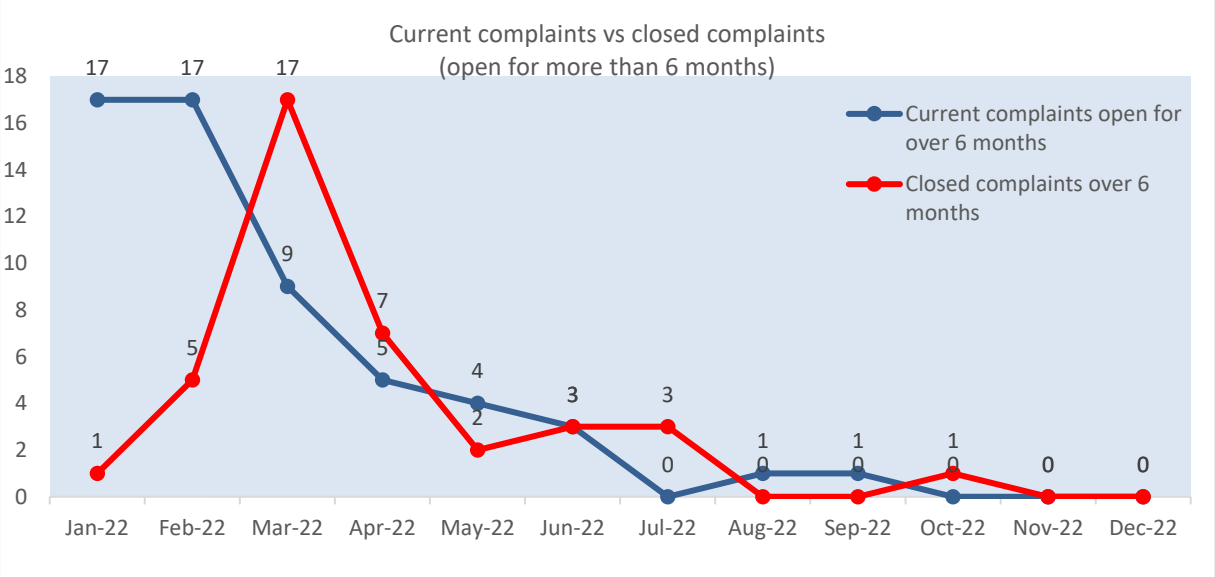
	5 different Masterclass sessions. Q4 – 163 people attended 11 Masterclasses.
Develop and share workstreams with Experts by Experience (EbE)	• The difficult story of an Expert by Experience (ExbE) whose dad experienced EOL care at home has been filmed and plans are in place to share the film during Dying Matters week May 2023 with the aim to educate.

Target achieved H1 - Yes
Target achieved H2 - Yes
Overall - Achieved

Next steps: Continuation of the Quality Priority to 23-24.

PATIENT EXPERIENCE	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 – Our aim is to achieve a 95% of all complaints to be closed within 3 months and 100% of all complaints to be closed within 6 months.
Commentary	• At the beginning Q2 of 2022/23 there were **43** open complaints, **21%** of which had been open for more than six months and **0** of which had been open for more than twelve months. • At the beginning Q3 of 2022/23 there were **38** open complaints, **6%** of which had been open for more than six months and **0** of which had been open for more than twelve months. • At the beginning Q4 of 2022/23 there were **44** open complaints, **0%** of which had been open for more than six months and **0** of which have been open for more than twelve months. • Overall, 54% of complaints were closed within 3 months and 86% with six months; as such, the target for the year was not met. However, the target for 6 months was achieved in H2.* • 100% of complaints were acknowledged within 3 days, which met the national target (up from 94% in 2021/22) • *1 x complaint referred to PHSO due to complexity and challenge, which is reported in our figures for this period. • The tables below show the difference in activity in H1 & H2 and demonstrate significant gains in H2.





Target achieved H1 - No
Target achieved H2 - Yes
Overall - Partially achieved

Next steps: Continuation of the Quality Priority to 23-24.

PATIENT EXPERIENCE	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 .
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. • 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

Action	Status
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 free text question for respondents to add additional information. Monitoring of feedback from this question will be ongoing.
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 provide 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?'* • Q4: A QI project has been initiated to consider how the FFT is used within clinical teams across the Trust
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 – N/A Target achieved H2 - Yes Overall - Achieved	Next steps: Continuation of the Quality Priority to 23-24.

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 2023.**
Performance	**Target** – To establish an outcome of zero suicides within our mental health inpatients 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.	• 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 was revised to include training requirements and ratified in Q4 • The mental health inpatient ligature audit cycle 2022/23 was 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. All reduced ligature capital works identified for WLH (windows, doors and door top alarms) were completed by March 2023 • 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 'It's 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 in Q4, this is now 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 were distributed during Q4. • The 'It's 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 distributed during Q4 • The Stay Alive app was refreshed during Q2, liaison with the App Developers will occur during 2023/34 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
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 during 2023/24 following the Trust's review of the 2023 NCISH Report published in Q4.

Plan 6 – To fully engage with the Gloucestershire Suicide Prevention Partnership Forum, 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 is in the process of refreshing its workplan for 2023/24. • 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 continues to be promoted through the refreshed Letter of Hope and Safe to Talk about Suicide leaflets.

GHC have worked diligently to support the initiatives and have achieved against the 6-point plan however and it is pleasing to note that there were zero reported suspected inpatient suicides during 2022/23.

Target achieved H1 - NA
Target achieved H2 - Y
Overall - Achieved

Next steps: Continuation of the Quality Priority to 23-24.

PATIENT EXPERIENCE	QUALITY PRIORITIES 2022-2023
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 Q4. To provide an update and focus on the utilisation of patient passports** .
Commentary	• 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 has developed and is now delivering Train the Trainer courses in line with its contract with HEE. These began in November 2022 and were due to be completed by March 2023. However, take-up of places was lower than anticipated and it is likely that the contract will need to be extended to offer some additional dates. • 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 77.3% inclusive of staff bank and **82.1%** if Staff Bank staff are excluded. • 335 members of staff (GHC) have completed the Tier 2 training. • There have 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.

Target achieved H1 – N/A
Target achieved H2 - N
Overall - Partially Achieved

Next steps: Continuation of the Quality Priority to 22-24.

EFFECTIVE	QUALITY PRIORITIES 2021-2022
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 adult's 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. • No further data requests were received in 22-23 to enable reporting in line with the NCEPOD study therefore the target was not achieved but the mitigation for this is that the circumstances were beyond organisational control and the appropriateness of this indicator will be reviewed .

The reason that this target was not achieved is outside of the control of GHC therefore the required analysis work will be undertaken as soon as data is received which not within our sphere of influence.

Target achieved H1 - NA
Target achieved H2 - NA
Overall - NA

Next steps: To
refocus the Quality Priority on the implementation of the SEND improvement plan.

EFFECTIVE	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 Q4 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 then be reported upon via Improving Care Group. • The events which were well received 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 are 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

Narrative	Number
SI Incidents on a page included in Patient Safety Team 9PST) monthly reports since April 2022	6
Clinical Incidents on a page included in PST monthly reports since April 2022	7

Target achieved H1 - Y Target achieved H2 - Y Overall - Achieved

Next steps: Continuation of the Quality Priority to 23-24.

Quality Dashboard Highlights

The Trust Quality Dashboard is informed by 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.

The dashboard forms a key role in our Quality Management System and informs a number of quality forums and committees within the Trust governance structures as well as a vehicle to inform our ongoing quality relationship with our Commissioners, System Partners and our Regulators. It includes a range of information across all of our services and has a core reporting element which is linked to our Quality Strategy and the priorities that we set on an annual basis.

The dashboard provides a monthly overview of our activity and focuses on the following core areas:

- Patient and Carer Experiences & Non-Executive Director audits – provides an overview of Compliments, Complaints, Concerns, FFT and progress on the team's activity.
- Patient Safety – provides an overview of clinical incidents in month and a detailed breakdown on the levels of harm and progress on how we embed learning. It also includes our work around Closed Cultures and eliminating the risk of patient abuse.
- Quality Priorities & CQUINs – provides an overview on the quarterly milestones and progress on the areas of development.
- Length of stay – provides an overview on the length of stay in our inpatient's services in Mental Health and Community Hospitals. It looks at trends and barriers to discharge.
- Quality Improvement Hub – provides an overview of the various projects being undertaken and an overview on staff training for quality improvement methodologies.
- Safeguarding – provides an overview of all safeguarding activity within the Trust and our relationship with the local authority.
- Trustwide Physical Health Focus – provides an overview on infections rates, tissue viability, fall and end of life pathways.
- Safer Staffing – provides an overview of our safety staffing numbers, vacancies across our clinical services and recruitment of healthcare professionals.
- Operational Hotspots – provides an overview on those services that have highlighted an enhanced need for surveillance. This could include waiting list data, treatment times, vacancy and statutory and mandatory training data.
- Non-Executive Director (NED) Quality Visits – provides an overview and feedback from the multiples visits our NEDs complete with services over the year.

The quality account has provided updates for all of these core areas during 2022 & 23.

Outreach Vaccination Team (OVT)

The Outreach Vaccination Team (OVT) support the national immunisation programme by offering vaccinations including Covid and Flu to the people of Gloucestershire in four core areas of activity:

- Community based pop-up sessions in areas with low vaccine uptake and underserved communities offering Covid and sessional flu vaccines (over 300 vaccinations sessions held including; inpatients, housebound, venues supporting the homeless, food banks, community centers, warm spaces, sports clubs, libraries, village halls, students as well as health and social care staff). Administered 3911 Covid and 1456 Flu vaccines.

- Support the national call for Making Every Contact Count (MECC) in which public facing staff engage with patients, service users and members of the public as an opportunity to support and encourage or consider behavior change such as stopping smoking to improve individual people's health and wellbeing. The OVT offer health care advice including blood pressure checks, sign-post people to free local services and partner organisations at community pop-up vaccination and MECC sessions.

- Unfortunately, in the UK and locally, we are starting to see a decline in childhood immunisation uptake. The Access for All Gloucestershire is an NHS project reviewing the planning and delivery of childhood immunisation services across Gloucestershire. The OVT is collaborating with systems partners to increase uptake of pre-school boosters and measles/mumps and rubella as part of the Access for All Gloucestershire project.

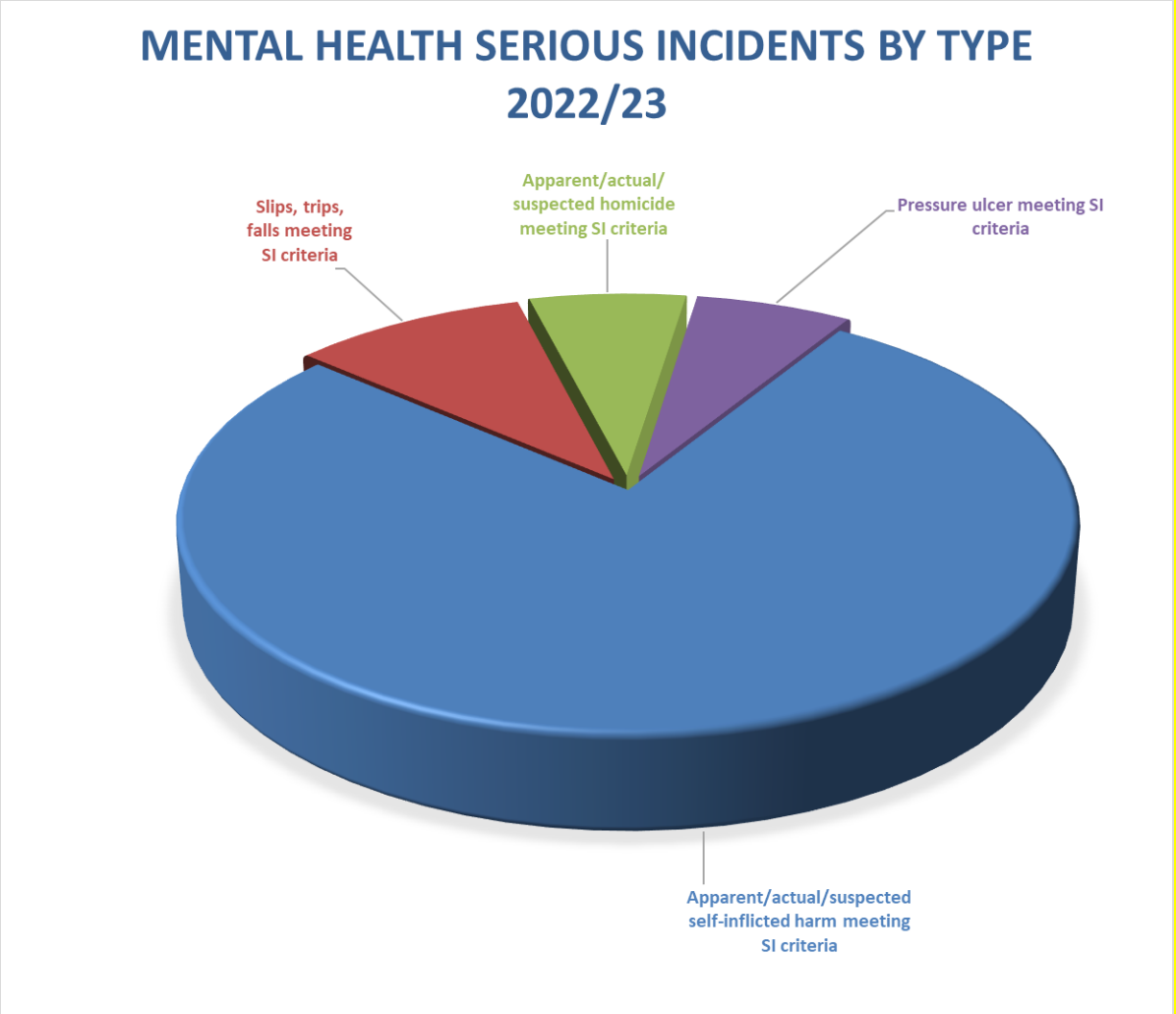
- The OVT work jointly with system partners to support offering routine immunisations to asylum seekers in the county such as measles/mumps/rubella and diphtheria/tetanus and polio.

The Outreach Vaccination Team continue to actively champion vaccination uptake and outreach within Gloucestershire through ongoing engagement with community leaders/networks and partner organisations.

Serious Incidents reported during 2020/21

Mental Health Services

By the end of 2022/23, **31** Serious Incidents Requiring Investigation (SIRI) were reported by the Trust. The classification of these incidents reported are shown below.



All serious incidents were investigated by a dedicated team of clinicians, all of whom have been trained in root cause analysis techniques.

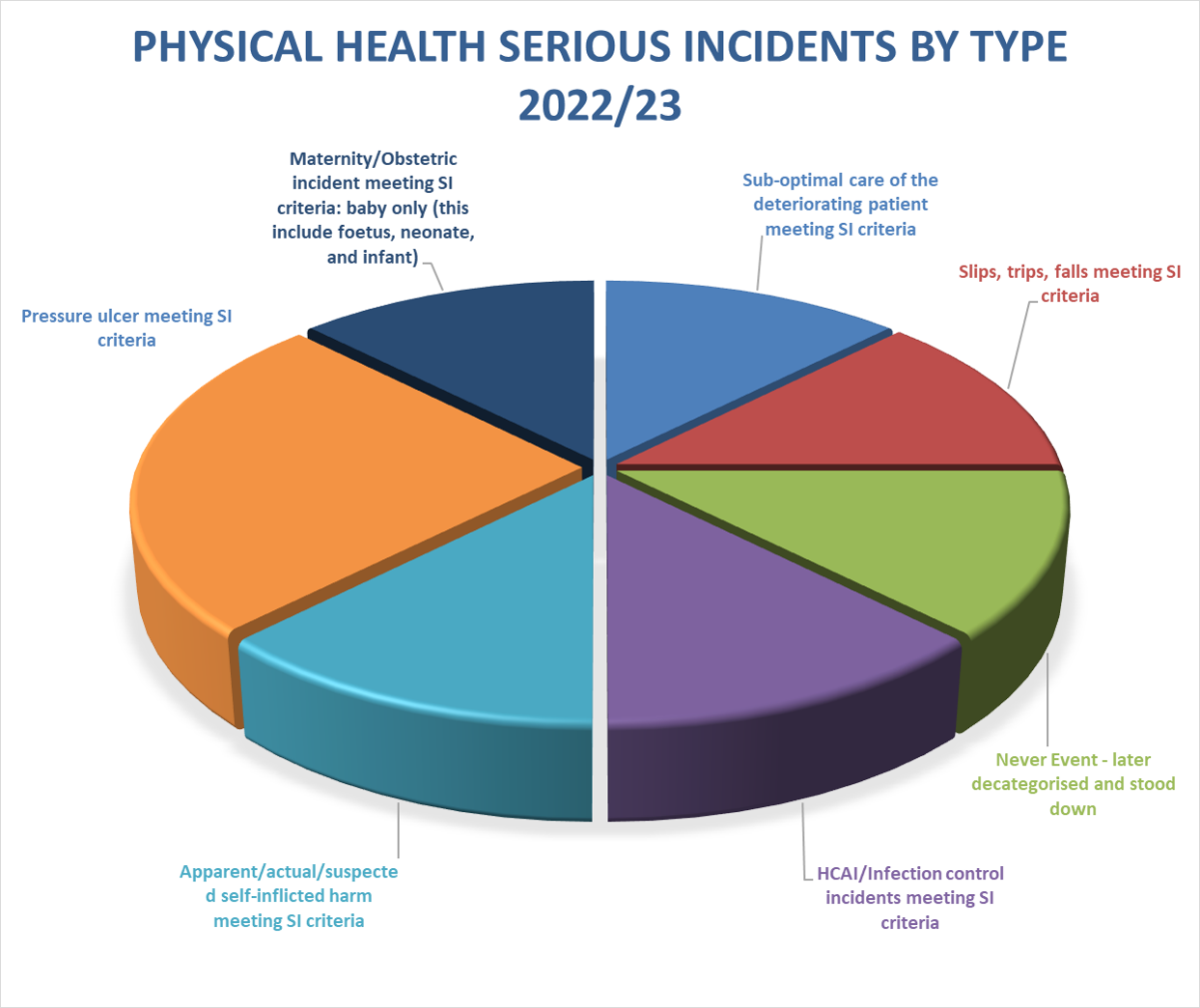
24 incidents related to self-inflicted injury and do refer to suspected and attempted suicide incidents. 17 such incidents resulted in the patient's death. Two Mental Health Homicide incidents were declared during 2022/23.

During 2022/23 the core group of Family Liaison Officers (FLOs) was impacted due to the cohort of volunteers becoming unavoidably focussed on their clinical responsibilities and ongoing pandemic requirements. In the interim the clinical team and serious incident investigators provided the offer of additional supportive contact with these families. Funding to attend appropriate PABBS (Postvention Assisting those Bereaved by Suicide) training provided by Suicide Bereavement UK has been secured. There will be additional recruitment of Family Liaison Officers and a relaunch of the FLO Service during 2023/24.

The Trust shares copies of our investigation reports regarding suspected suicides with the Coroner in Gloucestershire to assist with the Coronial investigations.

Physical Health Services

For 2022/23, the Trust reported **8** Serious Incidents Requiring Investigation (SIRI). The classification of these incidents is seen below.



All the SIRIs declared were investigated by a dedicated team of clinicians, all have been trained in root cause analysis techniques.

The Never Event declared was fully investigated and agreed to not meet criteria for a Never Event or a Serious Incident; it was stood down and declassified. The Maternity/ Obstetric incident related to a deteriorating infant open to Health Visiting Service which occurred the previous year but was reinvestigated during 2022/23.

Duty of Candour

Duty of Candour (DoC) is an essential part of a positive, open and safe culture within the organisation. Service users have a right to be informed about all elements of their care and treatment, and as a provider we have a responsibility to be open and honest with those in our care. DoC is closely linked to a 'just culture' and should not be an 'add on' or focused only on compliance – it needs to be part of a wider commitment to safety, learning and improvement.

Professional DoC is an individual health and care professional's responsibility and is regulated by the healthcare professional bodies, for example the NMC, GMC and HCPC. Statutory DoC is the Trust's responsibility and is regulated by the CQC.

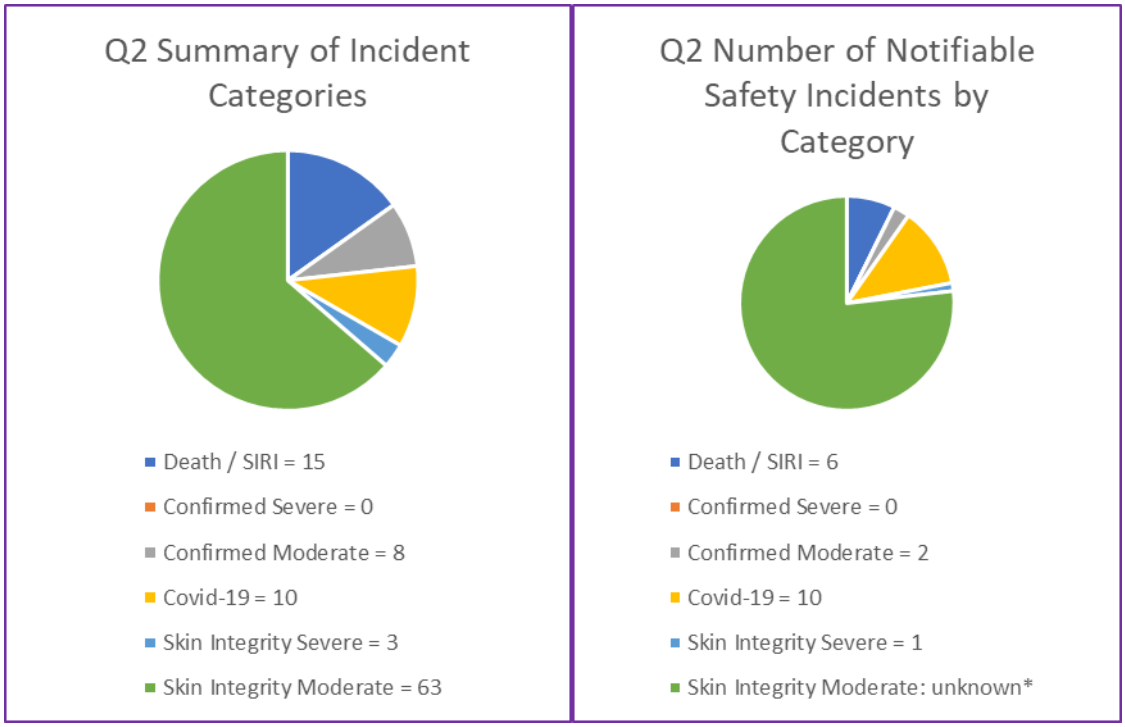
CQC Regulation 20: Duty of Candour or "specific" DoC was updated in summer 2022 and applies to what are called 'notifiable safety incidents' (NSI). These are incidents that happen under GHC care that cause a moderate or severe harm, or death, and where something unintended or unexpected has happened during the care or treatment.

If a notifiable safety incident is identified, Regulation 20 requires a specific procedure to be followed which includes: informing the relevant person face-to-face of the incident, apologising, providing a true account of what has happened, explaining what further enquiries or investigations are appropriate and offering reasonable support. This must be followed up in in writing, including the apology and any updates, and a secure written record kept of all meetings and communications.

The Trust needs to be able to demonstrate that these criteria have been met to provide assurance to the CQC. Part of the DoC Assurance Lead role is to ensure the Trust has evidence through clinical, Datix and patient safety records.

Since the merger the Trust had been reviewing all serious incidents requiring investigation (SIRIs) for DoC compliance but had not yet included moderate and severe harm incidents. On review of the incident data, it became evident there were two main areas of concern for the Trust: self-harm and pressure ulcers. Skin integrity incident numbers are high, and both types of incidents are complex due to the terminology 'unintended or unexpected'. This poses challenges as patient engagement with care and treatment varies considerably with these incident types.

The table below highlights the results of the Quarter 2 2022-23 DoC review.



**Note: Skin Integrity Moderate harm incidents: it is not known how many met the NSI threshold. This has been highlighted and reported appropriately and is recognised as an ongoing work in progress.*

To understand the regulation in more detail the we have sought clarification from NHS Resolution and a specialist lawyer and met with two equivalent community mental and physical health NHS Trusts known to be demonstrating good DoC practice. Over the last 9 months DoC has been discussed at many internal meetings with involvement of specialist nurses and an expert with lived experience aiming to fully understand the organisation's current level of compliance, and where the focus for improvement needed to be.

GHC resources have been developed aiming to support staff and clarify DoC reasoning to improve understanding and compliance. 'Real life' GHC case studies have been collated that more accurately reflect the type and complexity of incidents experienced within the Trust including self-harm, pressure ulcers, infection prevention and control and psychological harm.

Datix recording of DoC has been made mandatory requiring a higher level of detail to enable a more in-depth understanding of current compliance and to identify learning and areas for improvement.

Staff training has been revamped and is carried out face to face where possible, much more focused on staff support, engagement, discussion and two-way feedback with an understanding of the concerns, challenges and complexities. There are always new and interesting scenarios raised by staff that promote healthy debate, discussion and further learning. Emphasis has been made on staff wellbeing following incidents, and that saying sorry does not mean accepting liability but is the first step in learning from what has happened.

Applying Regulation 20: DoC to moderate and severe harm incidents is a significant change in practice and although much has improved there is still some way to go in the understanding and application. As each financial quarter is reviewed for DoC assurance it is anticipated that progress will continue to be evidenced through Datix reporting, clinical and patient safety records and the increasing number of staff contacting the DoC Lead to discuss complex cases and ask for support. Collaborative working with the Patient Safety, Patient and Carer Experience and Quality Assurance teams is also enabling progress and positive change.

The CQC Trust wide inspection report in 2022 identified that staff 'understood the duty of candour and had clear processes in place'. The organisation can now demonstrate a strengthened understanding and more robust processes to evidence specific Regulation 20: DoC in practice.

Research (NHSR 2018*) shows that following an incident what really matters to service users is a timely and meaningful apology, an open explanation, and the reassurance that organisations will try to prevent similar things happening to others. DoC in practice addresses all these concerns and is an integral part of embedding a culture of openness that keeps patient care and safety at the heart of GHC care, in keeping with our Trust values.

*NHSR 2018: Behavioural insights into patient motivation to make a claim for clinical negligence. The Behavioural Insights Team.

Physical health care in mental health settings

We aim to improve the physical healthcare of patients with mental health and learning disabilities within Gloucestershire. This year has seen increased collaborative working between mental and physical healthcare teams, which has benefitted our service users immensely. We now have two full time Physical Health Nurses working alongside colleagues within our Mental Health inpatient hospitals, providing advice and care for our patients.

The focus last year on increasing the uptake of the Annual Physical Health Check for people with a Severe and Enduring Mental Illness (SMI), has been validated by an uptake in completed health checks of 75% of our Recovery services, and over 1500 individual completed checks overall within the community. Funding has now been secured to increase the three Healthcare Assistants working

on this project to six, which will mean we can also offer to help screen patients with SMI in primary care and not necessarily known to us in GHC. This year, we will focus on increasing the interventions that we can offer to people identified as being at risk of physical health deterioration from their health checks.

Our team organised and ran a full day Wound Care Study Day for nurses from mental health and learning disabilities. This was very well attended and provided staff with the opportunity to learn about simple wound care and healing, as well as familiarising themselves with wound care products from the GHC formulary.

A multi-disciplinary focus group rolled out a 'Menopause Matters' awareness programme for our female patients. This has meant providing information, and running awareness sessions for ladies who may not be able to access this information otherwise. We have also been fortunate to win a grant from the Queen's Nursing Institute, towards creating 'The Sanctuary Garden' within Wotton Lawn Hospital which will be a female only safe space to provide a peaceful and calming environment for ladies to receive both physical and mental healthcare.

We continue to offer a bespoke service for improving physical healthcare to patients who find it difficult to access traditional physical health services provided by the NHS. Whether this be providing hands on care at home, health screening outside of the usual setting or being a patient's advocate to enable reasonable adjustments to be made to attend mainstream services, we aim to provide parity of esteem for all our patients.

Shown below in the picture are staff exploring the beginnings of the Sanctuary .

Reduction in length of stay

The detrimental effect that a prolonged hospital admission has upon a patient is well evidenced. The Enhanced Pathway 2 (EP2) Programme commenced on Jubilee ward in Stroud last summer. The aim was to test out actions to engage patients, carers and colleagues in activities which would reduce the average length of stay patients spend in Community Hospital beds.

As a ward led programme, it sought ideas and creative ways of working to help test and learn to seek out the impactful actions which really enabled people to regain independence sooner, recover from illness or injury in a more positive risk-enabled way and to get home more proactively. Many of the actions were simple and cost-neutral or low cost; bringing in carer support groups, creating resources for patients and families available at the bed side, linking with local voluntary charities and social enterprise groups to bring in connective recreation to occupy people and help motivate them to engage again in meaningful recreation.

The team recognised their own knowledge gaps and have worked closely with colleagues in the patient flow and social care teams to develop better understanding of the diverse discharge pathways

now in operation and to ensure patient and carer expectations are supported throughout their time with us.

They have trialled new ways of working with 7-day therapy support to ensure people received a therapy assessment within 24 hour of admission and had co-created goal plans in place, enabling positive-risk, early mobilisation and clearer understanding of what matters to the patient. Alongside this a new Health and Reablement role has been introduced to take the skills of experienced Health Care Assistants and build up their knowledge of reablement and rehabilitation, enabling rehab across the days (and nights) and to weave it into all activities and interactions. An Onward Care Lead was introduced and has become a pivotal link for families enabling key information exchange to help shape collaborative discharge plans much sooner. Health Coaching training is being introduced to ensure the whole care team are thinking about the way they interact, how they support peoples wishes and needs and how they help people to navigate a brighter future after a hospital admission.

The new roles and new ways of working have permitted a change in tempo on the ward, there is a reduced average length of stay compared to comparator wards and FFT data has remained strong. The culture continues to develop and the learning is now being rolled out across all inpatient wards to share the great work achieved and the impact seen.

Picture below shows the therapy team during one of their bed dancing sessions, adding music and movement to people on the ward and uplifting energy.

Freedom to Speak Up

The Trust continues to invest full-time in the Ambassador for Cultural Change, a unique role which incorporates the Freedom to Speak Up Guardian. The Guardian operates independently, impartially and objectively on all matters relating to speaking up in the workplace, taking a highly visible leadership role in promoting the culture of speaking up, including trust and confidence in the processes themselves and promoting learning and improvement. The wider remit is to play a key role in promoting a culture of transparency and safety and she also has an important role in assisting the Trust in protecting staff from suffering detriment through speaking up.

The Freedom to Speak Up Guardian is supported by a network of Champions who play an important role in encouraging colleagues to speak up at the earliest reasonable opportunity. Following a very successful Speak Up Month in October 2022, the network has been refreshed as more colleagues enquired about becoming a Champion. The commitment by the Freedom to Speak Up Guardian is to ensure that our champions receive ongoing support and development through sharing successes, challenges, best practice and learning.

Throughout this year 2022-23, 77 cases (individual colleagues) were raised to the Freedom to Speak Up Guardian compared to 54 cases 2021-22, 120 cases in 2020-21 and 60 in 2019-20. Some colleagues may raise a concern that covers more than one theme.

Themes of speaking up

Theme	Number
Patient safety/quality	8
Bullying and/or harassment	17
Worker safety/wellbeing	38
Inappropriate Attitudes/or behaviours	28
Systems and/or process	9

The Freedom to Speak Up Guardian role is part of a much bigger picture, supporting our organisational culture to make 'Freedom to Speak Up for Everyone'.

The Freedom to Speak Up Guardian is leading on our Civility Saves Lives work aimed at raising awareness of the impact of incivility on team and individual performance, thus patient safety outcomes are affected and there is a negative impact on clinical performance. A coproduction approach with four teams to design as a 'test and learn' for Civility Saves Lives has progressed with this approach to be shared throughout the organisation.

A positive speaking up culture is reflected nationally in the People Plan and People Promise, and locally in our strategic commitments to High Quality Care and being a Great Place to Work. It is a core component in our health and wellbeing offer, in our 'Strong Voice' commitment to colleagues, and this was reflected in our recent CQC inspection in August 2022.

'Staff felt able to raise concerns without fear of retribution. Work had taken place within the trust to address concerns raised, to ensure that staff felt comfortable to speak up. We saw evidence of how the trust had responded to concerns in one of the hospitals and had put an action plan in place to address these. The learning from this was disseminated to ensure this was embedded across the trust and address any potential cultural issues within the trust.'

Feedback continues to be positive from colleagues who have accessed the Freedom to Speak Up Guardian and is reflected in the NHS Staff Survey 2022. Nationally the NHS Staff Survey 2022 data re raising concerns and speaking up has declined. Within our organisation the data has declined slightly although we remain above our benchmark comparators and the national figures.

Learning from speaking up is fundamental to an open and honest culture and through continued work with our leaners. The results of the 2022 National Education and Training Survey (NETS) is positive as the Trust has improved in all areas of speaking up and is above the national and south west benchmark.

Other options available to colleagues within the Trust include:

Paul's Open Door - Paul's Open Door is a confidential portal to share with our Chief Executive any issues colleagues think he should be aware of or ask for a response to something they are concerned about. There are also opportunities to make suggestions for improvement.

Work in Confidence - is available as a safe, anonymous and confidential web-hosted system on our intranet pages or directly via a portal to enable colleagues to enter into a conversation to obtain further advice and support from various colleagues.

Our Freedom to Speak Up Guardian continues to Co-Chair the South West Guardian Network, and is a respected leader locally and nationally, with a brilliant track record of promoting and encouraging the development of a 'speaking truth to power' culture. They challenge the system in a way that ensures that they are respected by colleagues far and wide, and continues to contribute to both local and national work.

Staffing in adult and older adult community mental health services

We are embarking on a review of community MH services, ensuring value and efficiency, reducing variation and mapping skill mix and establishment to capacity and need. This is alongside Community Mental Health Transformation which includes working with wider systems partners and VCSE colleagues and introducing new models of working and new roles. Discussions have started with commissioning colleagues and IPS Grow leads around setting achievable and realistic targets for 23/24.

NHSI indicators 2022/2023

The following table shows the NHS Improvement (NHSI) Mental Health metrics that were monitored by the Trust during 2021/22. Lower scores have been attributed to service disruption on data quality support and additional assurance work due to Covid – 19 being paused through the pandemic. These areas are planned to be recovered during 2022/23. The decrease in % of compliance in community figures can be attributed to the fact that we are now offering an Annual Physical health Check (APHC) to all our service users rather than those just on the Care Programme Approach (CPA). We have recently employed 3 x HCA's to complete the health checks in the community to ensure that improvement in delivery of this is targeted.

		National Threshol	2020-2021 Actual	2021-2022 Actual	2022-2023 Actual
1	Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	**86.4%**	**80.95%**	**69.2%**
2	Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas: -inpatient wards -early intervention in psychosis services -community mental health services (people on CPA)	 NA NA NA	 **78%** **83%** **67%**	 **68%** **74%** **28%**	 **68%** **72%** **70.7%**
3	Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database)	50%	**50.4%**	**52.9%**	**50.5%**

	Waiting time to begin treatment (from IAPT minimum dataset - treated within 6 weeks of referral - treated within 18 weeks of referral	 75% 95%	 **99%** **99%**	 **99.6%** **99.9%**	 **99.6%** **99.9%**
4	Admissions to adult facilities of patients under 16 years old.	NA	1	1	0

The table below reports out of area placements for adult mental health services and shows a slight increase on last year's figure which was 950 . This is indicative of the service pressures and levels of patient acuity faced by the services. All out of area placements are monitored by a range of teams to ensure our patients are receiving services which are safe, effective and provide a good experience.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year
Average Bed Days	25	64	114	190	167	65	85	10	105	125	13	0	963

CQC Adult Community Mental Health Survey 2022

Enabling people to have positive experiences of NHS services which meet their needs and expectations is a key national strategic goal and is an underpinning core value of Gloucestershire Health and Care NHS Foundation trust .

The Care Quality Commission (CQC) requires that all providers of NHS mental health services in England undertake an annual survey of patient feedback. For the 2022 survey, Gloucestershire Health and Care NHS Foundation commissioned Quality Health to carry out this work. The CQC makes comparison with 53 English NHS mental health care provider's results of the same survey and the results are published on the CQC website. The Care Quality Commission (CQC) requires that all providers of NHS mental health services in England undertake an annual survey of patients in their care.

The CQC will use results from the survey to build an understanding of the risk and quality of services and those who organise care across an area. Where survey findings provide evidence of a change to the level of risk or quality in a service, provider or system, CQC will use the results alongside other sources of people's experience data to inform targeted assessment activities.

Survey Domain	Score	Rating
Health and Care Workers	7.5	Somewhat Better
Organising Care	8.6	Better
Planning Care	7.3	Somewhat Better
Reviewing Care	7.7	Better
Crisis Care	6.5	Same

Medicines	7.6	Somewhat Better
NHS talking Therapies	7.3	Same
Support and wellbeing	5.5	Better
Feedback	2.5	Same
Overall views of care services	7.5	Somewhat Better
Overall experience	7.4	Better
Responsive care	8.1	Same

The Trust's response rate was 29% (358 responses). This is above the national average of 21%. However, both the Trust's and the national response rates have decreased from the 2021 survey (Trust 34%, national average 26%).

The results show that despite a slight decrease in satisfaction in some questions, the Trust scored 'better' than most of the other mental health trusts in 8 of the 12 domains (67%) (2021 survey: 5 out of 12, 42%). Caution should, however, be taken when comparing results with previous years due to the impact of the Coronavirus pandemic.

Where service user experience is best (compared with national average)
Organising care: Service users being told who is in charge of organising their care and services **Reviewing care:** Service users meeting with NHS mental health services to discuss how their care is working **Medicines** NHS Metal health worker checked with service user how they are getting on with their medicines **Support and wellbeing** Service users being given support with their physical health needs Service users being given help or advice with finding support for finding or keeping work

Where service user experience could improve (compared with national average)
NHS Talking Therapies: Service users not as involved as they wanted to be in deciding which NHS talking therapies to use NHS talking therapies not explained to service users in a way they could understand **Crisis Care:** Service users not getting the help needed when they last contacted the crisis team How service users felt about the length of time to get through to the crisis team **Organising care:** Service users not always getting the help they needed the last time they contacted the person in charge of organising their care

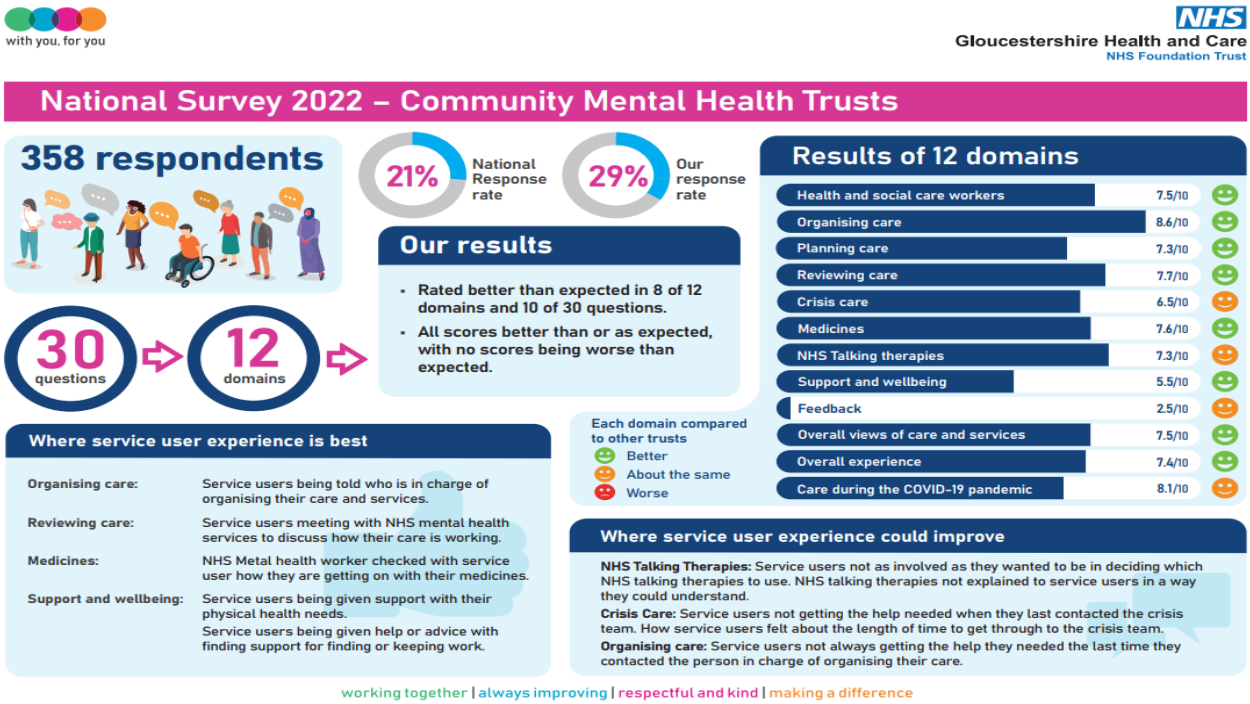
As in previous years, GHC has scored well across most survey questions, being classed as 'better than expected' or the same as other trusts in all of the questions. However, some areas have been identified where further development and continued effort may enhance the experience of people using our services specifically identified as requiring improvement are :

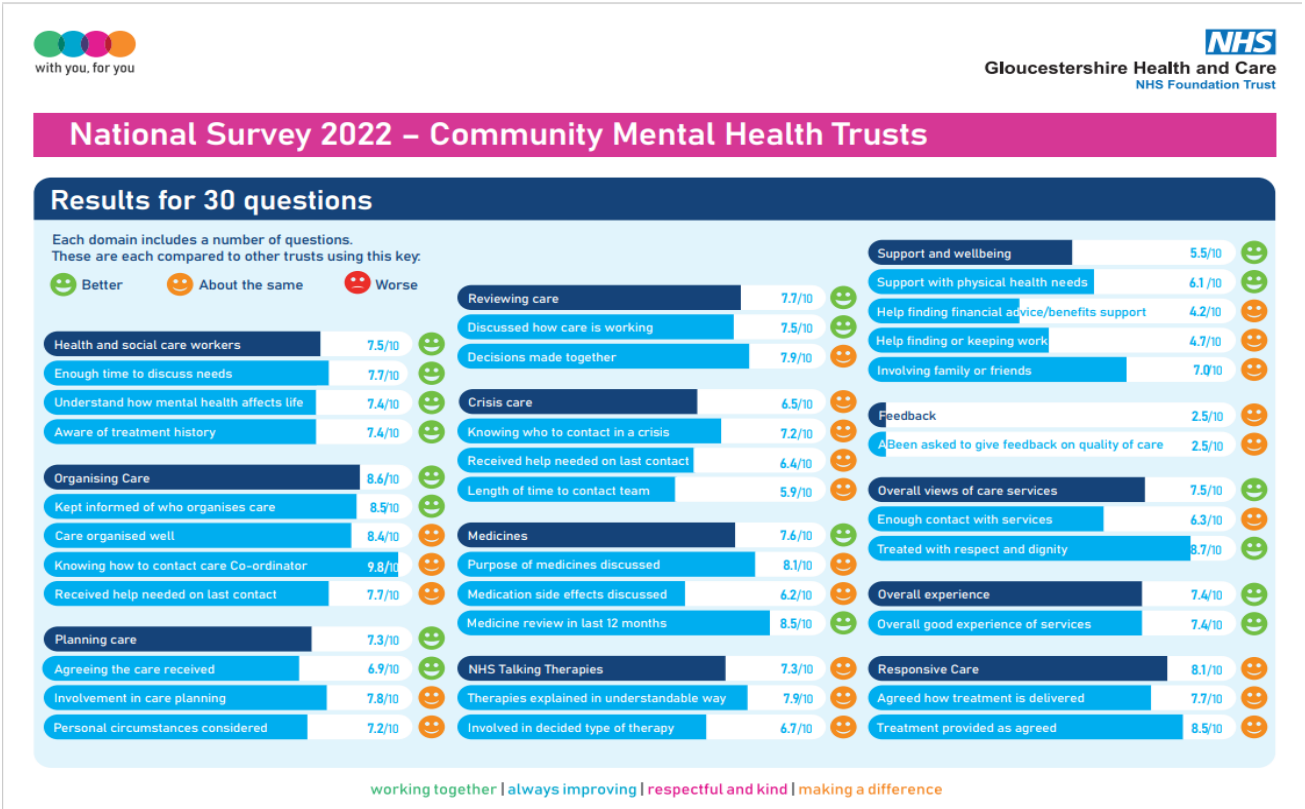
- Crisis care
- NHS Talking Therapies
- Organising Care

These results represent a slight decrease when compared to our results from last years' service user feedback in the same survey, however caution must be shown in comparing results due to the Coronavirus pandemic. The Trust continues to score high in comparison to other trusts in most of the survey domains. An action plan will be co-produced with senior operational and clinical leaders in partnership with the service user survey Reference Group, progress will be monitored via Improving Care Group. A mid-year update will be provided to Quality Assurance Group. The outcome of the action plan will then be presented to the Improving Care Group before being finally presented to the Quality Committee in January 2024.

Full details of this survey questions and results can be found on the following website:

All Files - NHS Surveys or by contacting the patient and Carer experience team.





Annual NHS Staff Survey 2022

The Trust participates in the annual NHS Staff Survey. While colleagues also have a wide variety of routes to feed back their views and experiences of work, the Staff Survey provides the most in-depth and comprehensive analysis of how colleagues view the Trust as an employer and as a provider of care.

The most recent results present a very positive and improving view of how colleagues rate the Trust as an employer and benchmark favourably against peers. Within the South West, the Trust's overall ratings were ranked 1st= amongst NHS provider trusts. This was an improvement from the previous year's 3rd place.

The key headlines from the Trust's 2022 Staff Survey results are:

- Response rate increased from 53% to 54.9%, improving from 46% in 2020 to 53% in 2021 and 55% in 2022. This compares with the average national NHS response rate of 46%.
- Ratings improved in six of seven People Promise themes
- Ratings stayed level or improved in 88% of sub-theme ratings, with only one sub-theme slightly lower than in 2021
- 88% of sub-thematic ratings improved or remained unchanged, with only one sub-theme slightly less than 2021
- In the themed additional categories for Staff Engagement and Morale, results improved from 2021 and remained above sector average.
- 4% improvement on colleagues agreeing the Trust takes positive action on Health and Well-being
- Decreases in the % of staff thinking of leaving the Trust

- 2-4% positive increases in staff feeling they have the both the opportunity and are able to access learning and development activity
- Increases on positive scores on all questions relating to immediate line manager support/relationship

Across the 9 People Promise Themes, colleagues rated the Trust better than average in eight and average on one, reversing the two below average ratings in 2021, with an increase in ratings for "We are a Team" and "We Work Flexibly".

Theme	National Benchmarking Group Average	2022 GHC score
We are compassionate & inclusive	7.5	7.7
We are recognised & rewarded	6.3	6.4
Each have voice that counts	7.0	7.1
We are safe and healthy	6.2	6.3
We are always learning	5.7	5.8
We work flexibly	6.7	6.7
We are a team	7.1	7.2
Staff Engagement	7.0	7.2
Morale	6.0	6.2

69.8% of colleagues would **recommend the Trust as a place to work** -- a 1% increase from 68.2% in 2021. This was 7% better than the average for the Trust's benchmark group and compares with all NHS organisation average of 57.4%.

73.9% of colleagues would **recommend the Trust to receive care**, a year on year decline from 2021 (78%) and 2020 (79.5%) results. However, this compares positively with the average all NHS organisations rating of 62.9% - a notable decline area across England from the 2021 survey.

Historically the Staff Survey was only issued to substantive colleagues and excluded Bank workers. For the 2022 Staff Survey all NHS organisations were provided with an option to run an additional survey for Bank Only workers.

For the Bank Staff Survey results, key Trust headlines include:

- Four of the Seven People Promise themes were higher the bank comparator score.
- From available sub themes scores, three out of five (61%) were above the Bank score average

Our priorities

Whilst the Staff Survey results for 2022 are positive, we recognise that are differences between directorate scores as well as thematic elements to address with room for more improvement. Our priorities for the year, based on the survey results will therefore be to:

- Support Directorates to find new ways of meeting and communicating results; supporting ideas such as directorate and team engagement initiatives where appropriate.
- Drill down within Directorates to determine which pockets of staff report that they struggle to meet conflicting demands on their time, seeking solutions to mitigate this. Actions will also directly feed stress at work, absence and health and wellbeing indicators.
- Ensure 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.

- Whilst coverage of appraisals is positive in the 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.

PLACE Assessments

The PLACE Assessments were completed between September 2022 and the beginning of January 2023. This is the first set of assessments to be published since 2019 and the first set that have taken place for the organisation as Gloucestershire Health and Care. Planning for the assessment period starts in the summer and Facilities Colleagues co-ordinate the assessments.

Due to the pandemic the official assessment period for 2020 did not take place. In 2021 Trusts were encouraged to complete assessments without patient assessors using the 'PLACE Lite' module which allows you to carry out ad hoc assessments.

It should be noted that the assessments must be viewed as an opportunity to improve where points have been lost. Comparisons by site and by year are not encouraged as the criteria and areas assessed can change and so comparisons may be misleading.

Exception reports have been circulated to all Matrons and Site Managers with the Facilities Mangers copied in. An organisational action plan has been drawn up and updates will go to the Improving Care Group which meets monthly.

It was noted in the HSJ that the Trust was in the top five performers for cleanliness for Mental Health Trusts. The Trust will continue to use PLACE Lite as a tool to monitor areas for improvement.

Gloucestershire Health and Care NHS Foundation Trust - 2022 Results								
Site Name	**Cleanliness**	**Food Overall**	**Organisational Food**	**Ward Food**	**Privacy, Dignity and Wellbeing**	**Condition Appearance and Maintenance**	**Dementia**	**Disability**
Berkeley House	97.86%	94.48%	90.45%	100.00%	87.80%	98.33%		84.72%
Charlton Lane Hospital	100.00%	95.18%	91.67%	100.00%	95.59%	99.18%	88.75%	84.66%
Cirencester Hospital	100.00%	93.02%	89.36%	97.44%	87.06%	99.18%	69.51%	68.60%
Dilke Hospital	100.00%	92.97%	87.59%	100.00%	86.21%	99.30%	93.88%	90.19%
Honeybourne Hospital	100.00%	95.18%	91.67%	100.00%	92.86%	98.33%		85.53%
Laurel House	100.00%	94.19%	89.58%	100.00%	90.24%	97.50%		81.43%
Lydney Hospital	99.70%	93.32%	89.18%	97.73%	89.74%	98.88%	87.50%	88.01%
North Cots Hospital	100.00%	91.47%	87.59%	96.15%	90.48%	99.34%	89.26%	87.02%
Stroud Hospital	99.79%	88.54%	89.18%	87.80%	81.82%	100.00%	74.57%	73.39%
Tewkesbury Hospital	99.38%	90.60%	89.18%	92.31%	88.46%	99.18%	71.53%	72.06%
Vale Hospital	98.55%	93.33%	88.65%	97.92%	78.18%	95.49%	75.00%	72.73%
Wotton Lawn Hospital	100.00%	95.24%	91.67%	100.00%	95.54%	98.94%		85.29%
Organisational Average	**99.81%**	**93.31%**	**90.00%**	**97.47%**	**89.86%**	**98.91%**	**80.63%**	**80.74%**
National Average	**98.00%**	**90.20%**	**91.00%**	**90.30%**	**86.10%**	**95.80%**	**80.10%**	**82.50%**
Upper quartile	99.80%	95.60%	94.80%	98.80%	94.70%	99.20%	93.20%	93.00%
Lower quartile	97.90%	89.70%	88.40%	90.00%	84.30%	94.10%	78.60%	79.60%
Lowest	66.50%	54.60%	60.60%	39.40%	48.20%	62.50%	53.50%	41.20%
Highest	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Median	99.10%	93.10%	91.80%	95.70%	90.50%	97.40%	86.10%	86.20%

Key

Above National Average	
In Upper Quartile	
Below National Average	
In Lower Quartile	

Quality Improvement

Over the last year the Quality Improvement (QI) hub has continued to work with colleagues in building a culture of QI across the organisation, and through systemwide collaborations developing their specialist skills to support, coach and teach colleagues, experts by experience and partner organisations, in utilising improvement tools to improve outcomes and benefits.

Using the Joly et al 2013 maturity scoring tool, over the course of 2022, the organisation moved into **progressing** defined as: *some QI experience and capacity but often lacking commitment. Often have minimal opportunities for QI integration throughout the agency and are less sophisticated in their application and approach*. This was collectively scored by different members of the organisation in July 2022. The narrative for this year, from the perspective of the QI hub, is that the organisation is demonstrating a higher level of maturity moving more towards **Achieving**: defined as having *fairly high levels of QI practice, a commitment to QI and an eagerness to engage in the type of transformational change described by QI experts.* This is due to be rescored in May 2023.

Observations tell us that there are a greater number of conversations happening across the trust in different areas that use QI language and the tools, such as the PDSA cycle, are more commonly being used to structure pieces of work. Significantly there is greater permission being granted openly and facilitated from Senior Leaders to ensure QI becomes a part of everyday practice. The numbers attending training have increased not only for the basic skills and knowledge training but also in leading QI projects and more people are talking passionately and championing its use. To date 491 staff have attended Bronze training (basic skills and knowledge), 382 of the current workforce and 17 the Silver (leading a QI project).

There are still challenges to progressing work towards sustained improvement both in terms of data but also in embedding work across all staff groups and service areas. One of these challenges is ensuring true authentic co-design and co-production with staff and patients, carers and their families and the other ensuring that decision making around QI is driven by the data, so that work is truly reflective of identified and clearly defined problems and therefore we are focusing our improvement efforts on areas that are truly meaningful and will add value to all as opposed to putting stress on an already stretched workforce. Both of these form the basis of our business objectives for 2023-2024.

Detailed below are examples of 2 work streams currently ongoing within the organisation

Improving the standard of observations on Priory Ward, Wotton Lawn Hospital

The case study reflects on the challenges of developing a higher level of QI maturity within the Trust.

What was the problem?

As part of a serious incident investigation, data showed that when hourly observations were being performed on Priory Ward, Wotton Lawn Hospital, the exact time the observation was being carried out was not being recorded. Trust policy and NICE guidance states that the exact time the patient is observed should be recorded, as well as their location. A random sample of the observations sheets showed that frequently, all 18 patients on the ward would be recorded as being seen at the exact same time. Where there was variation in time, this was frequently in a consecutive order across the patients, i.e. patients in rooms 1-5 seen at 14:00, patients in rooms 5-11 seen at 14:01 and so on.

What did the project team do?

The project team spent some time trying to define the problem, which is often a challenging element in quality improvement. They decided to focus on improving the quality of engagement with patients as part of observations but found it challenging to consider how to gather data to evidence this. They

carried out a survey with patients and staff, which they could then re-run in order to establish a baseline.

As well as staff from the ward, the project team also included an expert by lived experience, who had previously been a patient at Wotton Lawn Hospital. However, there were challenges around gathering data, acuity of the ward, and levels of staff engagement. The project team decided to reassess the project and questioned whether they were focusing on the right problem. They decided they needed to ensure the foundations of hourly observations were in place before focusing on the challenge of engagement. After gathering historic data to provide a baseline on the percentage of variation in times recorded on observations (outcome measure) and the length of time taken to complete observations (balancing measure). The baseline data on the percentage of variation of times recorded on the hourly observations was 22%. This meant that there was a high occurrence of the same time being recorded consecutively.

Where do we want to be?

To see 95% variation in times recorded on the hourly observation sheets on the early and late shifts on Priory Ward at Wotton Lawn Hospital by 5 May 2023.

How are we going to get there?

The ward staff decided they would like to try recording the hourly observations to the hour, minute and second, supported by a digital watch attached to the observations sheet. The ward manager would communicate to staff that this was how they would be recording hourly observations going forward. Data showed that the majority of the time, staff were recording the hourly observations in this way, although this was sometimes more of a challenge when there were bank and agency staff working. The project team agreed to try a second PDSA cycle by putting a sheet on the front of the observations folder explaining what the process was.

The ward also trialled using an Improvement Kata board, which aims to make improvement a habit through the use of regular huddles and coaching sessions. The board was really well received by the ward, with regular coaching taking place and proved beneficial in widening engagement and ownership on the ward of the project, as well as retaining focus.

Where are we now?

There is a currently a 91% level of variation in the recorded times on the hourly observation sheets based on the random and hourly sample combined. This is based on counting the number of non-consecutive times that are recorded on the observations sheet, evidencing that the actual time a patient is seen is more likely to be recorded. This data is as of 24th April 2023, with further data currently being collated. The project team has agreed that once they achieve their target of 95% they will then look to sustain this.

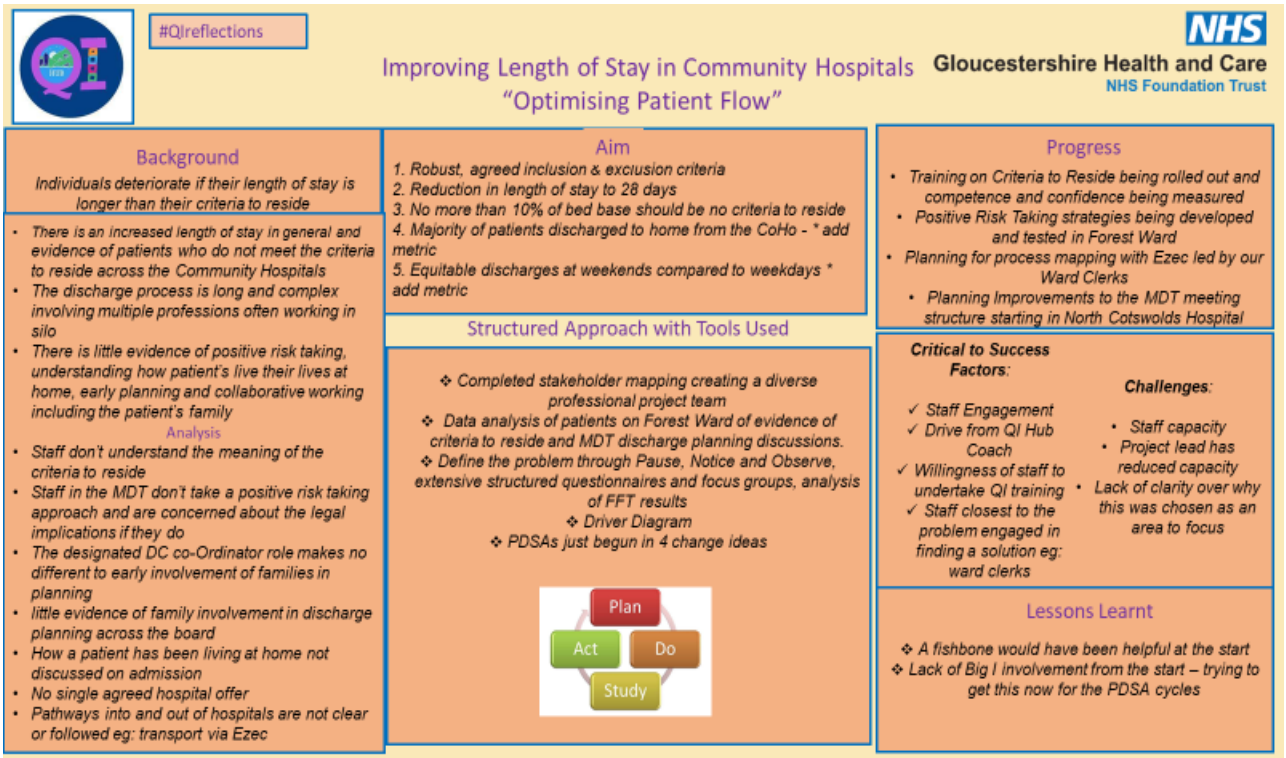
The use of the new system has also started to be used on the late shift and more frequent observations, even though these are not in the scope of the project.
Some staff had concerns that this meant observations were going to take longer to complete but the balancing measure of the time taken to complete observations showed this had increased, on average from 2 minutes to 7 minutes. However, it was important that these staff concerns were addressed and the improvement kata board supported this through the regular coaching and discussions about why the project was happening.

What have we learnt?

- Break big problems down into smaller tasks, for example focusing on improving the quality of recording of observations first.
- Involve experts by lived experience
- The Improvement Kata board really supported staff to feel able to lead change in their area of work, supporting the Trust strategic objective of being a great place to work.
- The board provided a valuable focal point and generated further conversations about the project, including raising awareness for bank and agency staff.
- Understand the data
- Ward ownership of the project was really important in driving it forward

Optimising patient Flow in Community Hospitals

The second case study illustrates how quality improvement supports staff in feeling able to influence and affect change in their area of work, thus helping to spread QI culture.



Electronic Data Management System (EDMS).

The Trust has a large quantity of historical paper health records, which are currently kept in commercial storage. Additionally, there are issues with the document storage functionality of the trust's two main clinical systems (RiO and SystmOne). These include a file size limit, so files sometimes have to be split or compressed, an issue on SystmOne where records with a large number of documents are slow to open and documents can be difficult to find on both systems.

A corporate risk has been raised:
"There is a risk that clinicians may not be able to access complete patient records in a timely manner to support diagnosis and treatments. This is because patient records (including some photos & videos) are stored in a number of different locations making ready access a challenge. These include, clinical systems, network drives and paper records in storage locations."

The Electronic Document Management System (EDMS) project aims to address these issues by implementing the CITO EDMS. This will create one place where all of the Trust's paper and electronic documentation can be stored including historical paper health records, documents and editable letters currently stored on RiO and documents and letters currently stored on SystmOne.

CITO will enable sharing of information between the trust's Mental and Physical Health teams, improved searching/filtering capabilities, additional features such as Optical Character Recognition (OCR), Bookmarking/tagging, thumbnails, etc. and better information sharing with our ICS partners via integration with JUYI and automated sending of letters via MESH.

To date, the project team have completed scanning and quality checking the trust's historical paper mental health records and have started work on learning disabilities and physical health records. We are on track to deliver read-only access to scanned mental health records by late May 2023. A full go-live for mental health services is planned for July 2023, with CITO as a fully integrated solution within the patient record on RiO. We are working towards a go-live for physical health services towards the end of 2023.

Fidelity Testing

As an organisation we have developed a new process during this reporting period to test the fidelity of completed actions and this will form a core function of the quality directorate functions. The aim of the fidelity testing is to employ a standardised system to review individual actions following assurance being submitted indicating that actions and recommendations have been completed through various sources of learning.

The actions will have been identified through a number of different areas (although not limited to):

- Clinical Audit
- NICE Guidance
- CQC/PAS Action plans
- CQC Self-Assessment/Peer Review
- Clinical Incidents
- Serious Incidents/Patient Safety Incident Reviews
- PCET Upheld Actions

Process

Six months after an action has been closed down the reviewer will revisit the original action plan and engage in a range of tests to ensure the learning from the action has been embedded. The testing may involve a review of policy, standard operation procedures, healthcare records, ward team visits,

interviewing staff and patients where relevant to the action. The fidelity test will be a collaborative process and ideally be undertaken with at least one member of the originating team.

The standard template below has been developed to help evidence the embedded learning outputs. This a blend of ideas from Len Bowers Safe wards, NICHE feedback and builds on current Trust governance structures. The reviewer will need to provide additional evidence of the embedded nature of the action. Each recommendation has the original score and our current assessment based on the programme of work thus providing organisational assurance that action have been implemented and then embedded where required.

Rating System is set out below:

Score	Assessment category
0	Insufficient evidence to support action progress / action incomplete / not yet commenced
1	Action commenced
2	Action significantly progressed
3	Action completed but not yet tested
4	Action complete, tested and embedded
5	Can demonstrate a sustained improvement

0 None of the identified actions have been initiated
1 All actions have an action owner, have commenced and assurance criteria agreed and documented
2 Review of the actions provides evidence that actions identified have significantly progressed and there is evidence to support this
3 Actions have been completed but have not been tested within the clinical environment
4 Actions have been completed and tested, evidence has been provided to give assurance that actions are embedded into clinical practice.
5 This Action can only be completed after actions have been tested within clinical practice for a sustained period of between 6 -12 months or as identified by the Quality Assurance team. Clinical audit should be used where appropriate. Following the completion of the rating score 5 the action will be closed.

The outputs from the fidelity testing programme will be incorporated into our Quality Assurance Governance structures and a summary of the activity will be provided in the Quality Account for 23/24.

Guardian of safe working

The Trust has a Consultant and Guardian of Safe Working Hours who provides the Trust Board with quarterly reports about the Trust's performance on junior doctors' rotas and rest periods. These quarterly Board reports summarise all exception reports, work schedule reviews and rota gaps, and provide assurance on compliance with safe working hours by both the Trust and doctors in approved training programmes. The purpose of the regular reports is to give assurance to the Board that doctors in training are safely rostered and that their working hours are compliant with the Terms and Conditions of Service.

A summary of exception reporting and rota gaps for the year 1st April 2022 to 31st March 2023 is shown below.

Date	No. of reports	Resolutions
April 2022 to June 2022	2	1 – Additional payment
July 2022 to September 2022	4	2 – No further action
October 2022 to December 2022	3	3 – Additional payment
January 2023 to March 2023		

22-06-23

Healthwatch Gloucestershire Response to Gloucestershire Health and Care NHS Foundation Trust Quality Account 2022/23

Statement from Healthwatch Gloucestershire

Thank you for sharing the Quality Accounts for Gloucestershire Health and Care Foundation Trust for 22/23.

We commend the Trust on their achievements, such as the very positive results of the staff survey, considering the challenges being faced since the covid pandemic, the merger and also within the wider context of the NHS. We are pleased to see the Good overall CQC inspection results and that Community End of Life achieved an Outstanding rating. It was good to read a thanks from the new CEO to his skilled and dedicated colleagues for their hard work in achieving this.

Healthwatch Gloucestershire are also very supportive of the work being done around admission avoidance and facilitating hospital discharge and care at home. We note that this has had good outcomes and that learning is being shared across all inpatient wards.
Healthwatch Gloucestershire welcomes the priorities for this year being centred around personalisation, co-production and making improvements for service users and staff through learning from safety incidents.

We appreciate the complexities involved with Mental Health services and do recognise the actions and improvements made in response to the Charlton Lane inspection. We are glad to see the importance being placed on Duty of Candour and Freedom to Speak Up to promote an open and safe environment for both service users and staff across all services.

We also acknowledge that work is continuing to consolidate the Trust's two patient record computer systems and understand that this will be an ongoing challenge to resolve.

Healthwatch Gloucestershire is particularly pleased that one of our Board members has a seat on the council of Governors. This reinforces our positive working relationship with the Trust and gives a voice to Healthwatch to enable us to champion the views of the public.

We congratulate the Gloucestershire Health and Care Foundation Trust on their accomplishments during the period and look forward to continuing to work together.

NHS Gloucestershire Integrated Care Board response to Gloucestershire Health and Care NHS Foundation Trust's Quality Accounts 2022/23.

NHS Gloucestershire Integrated Care Board (ICB) welcomes the opportunity to provide comments on the quality account prepared by Gloucestershire Health and Care NHS Foundation Trust (GHCNHSFT) for 2022/23. The recovery from the COVID-19 pandemic during the past year continues

to pose major challenges to both health and social care in Gloucestershire and the ICB recognises that commitment to quality has remained a high priority to GHCNHSFT services.

We acknowledge and thank GHCNHSFT for supporting our Gloucestershire journey into an Integrated Care System and recognise their valued contribution and collaborative work with all system partners to deliver a system wide approach to maintaining and continuously improving the quality of commissioned services and outcomes for the people of Gloucestershire.

The ICB commends the approach taken by GHCNHSFT on the progress with digital, enabling reliable timely data underpinning the effective provision of their healthcare services and will continue to support the projects. It is great to see that the organisation is using data for forecasting, improving the Access to Psychological Therapies (IAPT) and Eating Disorders.

The Trust continues to identify the learning in relation to deaths reported in 2022/23 in both their inpatient and community settings and we acknowledge that no Prevention of Future Deaths Reports were issued to the Trust during 2022/23. We congratulate them regarding their processes which ensures they have appropriate recommendations following investigations, enabling them to assure HM Coroner, through evidence, that care is of a good standard and identified learning is robustly carried out. The ICB welcomes the independent scrutiny of deaths provided by the Medical Examiner (ME) during 2022/23 on all-natural causes of deaths occurring in community hospitals and at Charlton Lane Hospital. It is reassuring to see that the feedback from the Medical Examiner service continues to provide significant assurance that the care provided to inpatients at the time of their death was of a good standard reinforced by positive feedback from families. The Internal Audit undertaken on Learning from Deaths supports the processes the trust has in place and the learning from mortality reviews is a key element in supporting staff to achieve and maintain these standards.

The ICB congratulates and thanks the trust on the high standard of End-of-Life care. There are a number of mandated Quality Indicators which organisations providing mental health are required to report on, with benchmarking data being made available for comparison with other Trusts. It is pleasing to note that the Trust is categorised as performing ‘better’ than most of the other mental health trusts in 8 of the 12 domains.

The Trust has undergone several CQC visits and inspections over the last year, including a comprehensive inspection which resulted in being graded as ‘good’. The ICB congratulates GHC on this achievement and the excellent community end of life care service which was judged to be outstanding in the caring domain. The CQC’s report also highlighted many other examples of very good care and treatment. The ICB further recognises that Gloucestershire Health and Care NHS Foundation Trust current registration status is “Good” overall and that the CQC has not taken enforcement action against GHCNHSFT during 2022/23. The trust underwent a Core and Well Led inspection which resulted in an overall rating of ‘Good’ and we are pleased to support the Trust on the two ‘must do’ recommendations. We acknowledge the hard work that GHCNHSFT has undertaken to improve the service, following the unannounced inspection of Charlton Lane Hospital (CLH) when rating was changed to ‘requiring improvement'. The organisation has fostered an open and transparent relationship with the CQC and the ICB, giving us the opportunity to share quality priorities demonstrating the Trust’s approach to continuous quality improvement.

The ICB acknowledges the achievement of the quality priorities against the backdrop of another very challenging year. We are supportive of the continuation of those priorities to support quality ambitions for physical, mental health, learning disability, children’s and specialist services in 23/24. It is reassuring to see the continuation of the embedding of learning and innovation.

The ICB are aware of several serious incidents reported in the past year and will continue to work with the Trust in relation to the management of these serious incidents and we acknowledge the work of the dedicated team of clinicians for the comprehensive investigations conducted. We look forward to supporting the roll-out of the Patient Safety Incident Response Framework over the next year with a focus on learning and quality improvement The Trust Quality Dashboard provides both the Trust

and ICB with the ability to identify and monitor early warning signs and quality risks, informing several quality forums and committees within the system governance structure.

The ICB would like to thank the Outreach Vaccination Team who continue to actively champion vaccination uptake amongst the harder to reach communities within Gloucestershire. Through their work of ongoing engagement with community leaders/networks and partner organisations, along with the school immunisation service, they have achieved some of the best vaccination rates in the country.

It is pleasing to see the Trust continues to invest in the Ambassadors for Cultural Change and the use of the Freedom to Speak Up Guardians encouraging colleagues to speak up at the earliest reasonable opportunity. This was reflected in the CQC report and in the positive results of the NHS Staff Survey 2022. The ICB acknowledges and congratulates the Trust on their continued work in supporting an open and honest caring culture.

The ICB congratulates the Trust on the 2022 Staff Survey results which shows a very positive and improving view of how their staff rate the Trust. The ranking of =1st within the South West, is an excellent improvement from the previous year's 3rd place and evidences the ongoing cultural work. The increase of staff recommending the Trust as a place to work against the challenges of the last year shows GHCNHSFT's commitment to the well-being of their staff.

The ICB acknowledges the content of the Trust's Quality Account and looks forward to collaborating with them, alongside system partners, to provide high quality, safe and effective care for the people of Gloucestershire going forward. The ICB wishes to confirm that to the best of our knowledge we consider that the Quality Account contains accurate information in relation to the quality of services provided by Gloucestershire Health and Care Foundation NHS Trust during 2022/23.

Dr Marion Andrews-Evans Executive Chief Nurse, NHS Gloucestershire

Gloucestershire Health Overview and Scrutiny Committee response to Gloucestershire Health and Care NHS Foundation Trust's Quality Accounts 2022/23.

To follow.

Annex 2: Statement of Directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality Accounts (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the quality account.

In preparing the quality account, Directors are required to take steps to satisfy themselves that:

- the content of the quality account meets the requirements set out in the *NHS foundation trust annual reporting manual 2020/21* and supporting guidance *Detailed requirements for quality reports 2019/20*

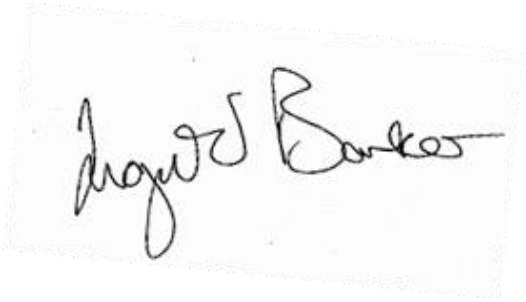
- the content of the quality account is not inconsistent with internal and external sources of information including:

  - Board minutes and papers for the period April 2022 to March 2023
  - papers relating to quality reported to the Board over the period April 2022 - March 2023
  - feedback from Commissioners dated June 2023
  - feedback from local Healthwatch organisations dated June 2023
  - feedback from overview and scrutiny committees dated to follow
  - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2023
  - the 2020 CQC national patient survey dated 2022
  - the 2020 national NHS staff survey dated March 2023
  - CQC inspection reports .

- the Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality Account.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Ingrid Barker
Chair **Date: 29/06/2023**

Douglas Blair
Chief Executive **Date: 29/06/2023**

Annex 3: Glossary

BMI	Body Mass Index
CCG	Clinical Commissioning Group
CPA	Care Programme Approach: a system of delivering community service to those with mental illness
CQC	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care.
CQUIN	Commissioning for Quality & Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
CYPS	Children and Young Peoples Service
DATIX	This is the risk management software the Trust uses to report and analyse incidents, complaints and claims as well as documenting the risk register.
ECG	An electrocardiogram (ECG) is a test that is used to check the heart's rhythm and electrical activity.
GHC	Gloucestershire Health and Care NHS Foundation Trust
GRiP	Gloucestershire Recovery in Psychosis (GriP) is [2]gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis.

HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine Measure of clinical outcome used by English mental health services.
ICS	Integrated Care System. NHS Partnerships with local councils and others which take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
IAPT	Improving Access to Psychological Therapies
Information Governance (IG) Toolkit	The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against a list of 45 Department of Health Information Governance policies and standards.
LeDer	Learning Disabilities Mortality Review. It is a national programme aimed at making improvements to the lives of people with learning disabilities
MCA	Mental Capacity Act
MHMDS	The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every service user
NHSI	NHSI is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament.
MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
NHS	The National Health Service refers to one or more of the four publicly funded healthcare systems within the United Kingdom. The systems are primarily funded through general taxation rather than requiring private insurance payments. The services provide a comprehensive range of health services, the vast majority of which are free at the point of use for residents of the United Kingdom.
NICE	The National Institute for Health and Care Excellence (previously National Institute for Health and Clinical Excellence) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NIHR	The National Institute for Health Research supports a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
NPSA	The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.
PAM	Patient Activation Measure: This is a tool to measure a patient's skill, knowledge and confidence to manage their long-term conditions.

PBM	Positive Behaviour Management
PHSO	Parliamentary Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
PLACE	Patient-Led Assessments of the Care Environment
PROM	Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective.
PMVA	Prevention and Management of Violence and Aggression
ReSPECT	This is a plan created through a conversation between a patient and a healthcare professional which includes their personal priorities for care, particularly for those people who are likely to be nearing the end of their lives.
RiO	This is the name of the electronic system for recording service user care notes and related information within the Trust's mental health services.
ROMs	Routine Outcome Monitoring (ROMs)
SIRI	Serious Incident Requiring Investigation, previously known as a "Serious Untoward Incident". A serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the trust or NHS. In the context of the Quality Account, we use the standard definition of a Serious Incident given by the NPSA
SMI	Serious mental illness
SJR	Structured judgement reviews. A process to effectively review the care received by patients who have died
SystmOne	This is the name of the electronic system for recording service user care notes and related information within the Trust's physical health services.
VTE	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis.

Annex 4: How to contact us

About this report

If you have any questions or comments concerning the contents of this report or have any other questions about the Trust and how it operates, please write to:

Douglas Blair
Chief Executive
Gloucestershire Health & Care NHS Foundation Trust
Edward Jenner Court
1010 Pioneer Avenue
Gloucester Business Park
Brockworth
Gloucester
GL3 4AW

Telephone: 0300 421 8100 Email: GHCComms@ghc.nhs.uk

Other comments, concerns, complaints and compliments

Your views and suggestions are important us. They help us to improve the services we provide.

You can give us feedback about our services by:

- Speaking to a member of staff directly;
- Telephoning us on 0300 421 8313;
- Completing our Online Feedback Form at www.ghc.nhs.uk
- Completing our Comment, Concern, Complaint, Compliment Leaflet, available from any of our Trust sites;

- Using one of the feedback screens at selected Trust sites
- Contacting the Patient & Carer Experience Team at experience@ghc.nhs.uk
- Writing to the appropriate service manager or the Trust's Chief Executive

Alternative formats

If you would like a copy of this report in large print, Braille, audio cassette tape, or another language, please telephone us on 0300 421 7146.