

## TRUST BOARD MEETING PUBLIC SESSION

Thursday, 28 March 2024

**09:30 – 13:30**

To be held at Gloucestershire Deaf Association, Colin Road, Barnwood, GL4 3JL

### AGENDA

TIME	Agenda Item	Title	Purpose	Comms	Presenter
<b>OPENING BUSINESS</b>					
<b>09:30</b>	01/0324	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/0324	Declarations of Interest <ul style="list-style-type: none"> <li>Annual Board Member Declarations 2023/24</li> </ul>	Assurance	Verbal <b>Paper</b>	Chair
<b>09:35</b>	03/0324	Colleague Story Presentation	Assurance	Verbal	A-DoNTQ
<b>10:00</b>	04/0324	Minutes of the meeting held on 25th January 2024	Approve	<b>Paper</b>	Chair
	05/0324	Matters arising and Action Log	Assurance	<b>Paper</b>	Chair
<b>10:05</b>	06/0324	Questions from the Public	Assurance	Verbal	Chair
<b>PERFORMANCE AND PATIENT EXPERIENCE</b>					
<b>10:10</b>	08/0324	Performance Report	Assurance	<b>Paper</b>	DoF
<b>10:30</b>	09/0324	Finance Report	Assurance	<b>Paper</b>	DoF
<b>10:40</b>	10/0324	Quality Dashboard Report	Assurance	<b>Paper</b>	A-DoNTQ
<b>BREAK – 11:10 (10 minutes)</b>					
<b>STRATEGIC ISSUES</b>					
<b>11:20</b>	11/0324	Report from the Chair	Assurance	<b>Paper</b>	Chair
<b>11:30</b>	12/0324	Report from Chief Executive <ul style="list-style-type: none"> <li>CQC Report – Berkeley House</li> </ul>	Assurance	<b>Paper</b>	CEO
<b>11:45</b>	13/0324	Business Planning Objectives 2024/25	Approve	<b>Paper</b>	DoF
<b>12:00</b>	14/0324	Budget Setting 2024/25	Approve	<b>Paper</b>	DoF
<b>BREAK – 12:15 (5 minutes)</b>					
<b>12:20</b>	15/0324	Annual Staff Survey Results 2023	Assurance	<b>Paper</b>	DoHR&OD
<b>12:35</b>	16/0324	Gender Pay Gap Annual Report	Approve	<b>Paper</b>	DoHR&OD

TIME	Agenda Item	Title	Purpose	Comms	Presenter
<b>GOVERNANCE</b>					
12:50	17/0324	Council of Governor Minutes: <ul style="list-style-type: none"> <li>17 January 2024</li> </ul>	Information	<b>Paper</b>	A-DoCG
<b>BOARD COMMITTEE SUMMARY ASSURANCE REPORTS</b>					
<b>TO NOTE</b>	18/0324	Audit & Assurance Committee (8 Feb 24)	Information	<b>Paper</b>	Audit Chair
	19/0324	Resources Committee (22 Feb 24)	Information	<b>Paper</b>	Resources Chair
	20/0324	Great Place to Work Committee (22 Feb 24)	Information	<b>Paper</b>	GPTW Chair
	21/0324	ATOS Committee (6 March 24)	Information	<b>Paper</b>	ATOS Chair
	22/0324	Quality Committee (7 March 24)	Information	<b>Paper</b>	Quality Chair
<b>CLOSING BUSINESS</b>					
13:10	23/0324	Any other business	Note	Verbal	Chair
13:20	24/0324	<b>Date of Next Meetings</b>  <u><b>Board Meetings 2024</b></u> Thursday, 30th May Thursday, 25th July Thursday, 26th September Thursday, 28th November	Note	Verbal	All

## TRUST BOARD – REGISTER OF DECLARATIONS OF INTERESTS 2023/24

NAME	POSITION	DECLARATION OF INTERESTS
<b>Ingrid Barker</b>	Chair	<ul style="list-style-type: none"> <li>• Council Member, University of Gloucestershire (March 2020 - current).</li> <li>• Member, Honourable Company of Gloucestershire (Aug 23 – current).</li> <li>• Faculty Member TPC (The Performance Coach) Health (May 23 – current).</li> <li>• Trustee and Chair Designate of Barnwood Trust (Dec 23 – current).</li> </ul>
<b>Graham Russell</b>	NED/Vice Chair	<ul style="list-style-type: none"> <li>• Chair, Second Step Organisation (2014 – Nov 2023).</li> <li>• Chair, Brunelcare (current).</li> </ul>
<b>Jan Marriott</b>	NED	<ul style="list-style-type: none"> <li>• Co-Chair Glos Learning Disability Partnership Board (2010 - current).</li> <li>• Co-Chair Glos Mental Health &amp; Wellbeing Partnership Board (2015 - current).</li> <li>• Co-Chair, Glos Physical Disability and Sensory Impairment Partnership Board (2018 - current).</li> <li>• Chair, Prime Foundation Charitable Trust (2015 - current).</li> <li>• Committee Member, Community Hospitals Association (1990 - current).</li> <li>• Trustee, Crossroads Gloucestershire (Dec 2020 - current).</li> <li>• Independent Supporter (2017 – current).</li> </ul>
<b>Marcia Gallagher</b>	NED/Senior Independent Director	<ul style="list-style-type: none"> <li>• Chair, Crossroads Gloucestershire (Dec 2018 – Dec 2023)</li> </ul>
<b>Nicola de longh</b>	NED	<ul style="list-style-type: none"> <li>• Trustee, CUC (Committee of University Chairs) (April 2022 - current).</li> <li>• Trustee, Gloucestershire Counselling Service (Jan 2016 - current).</li> <li>• Chair of Council, University of Gloucestershire (October 2019 - current).</li> <li>• Owner/Director, Deiongh consulting ltd (closed).</li> <li>• Member/Chair Designate, Premier Miton Ethical Investment Committee of Reference (Feb 2019/October 2021 - current).</li> <li>• Senior Independent Director, Connexus Housing Group (Sept 2020 - current).</li> <li>• Director, Honourable Company of Gloucestershire (Nov 2022 - current).</li> </ul>
<b>Steve Alvis</b>	NED	<ul style="list-style-type: none"> <li>• Landlord of building leased to The Cam and Uley Family Practice - The Surgery, 42 The Street, Uley, Dursley, Gloucestershire GL11 5SY (2016 - current).</li> </ul>
<b>Steve Brittan</b>	NED <i>(until 31 January 2024)</i>	<ul style="list-style-type: none"> <li>• Director, Entrada Limited (2022 - current).</li> <li>• Director, Xoserve Limited (2020 - current).</li> </ul>

NAME	POSITION	DECLARATION OF INTERESTS
<b>Sumita Hutchison</b>	NED	<ul style="list-style-type: none"> <li>NED, RUH Bath (Sept 2019 - current).</li> <li>Media Manager, Conscious Planet - Volunteer Role (December 2021 - current).</li> <li>Board of Trustees for Avon Wildlife Trust (current).</li> <li>Organisations and PR Co-ordinator for Europe for Save Soil (current).</li> <li>Governor on Bristol Grammar School (current).</li> </ul>
<b>Vicci Livingstone-Thompson</b>	Associate NED	<ul style="list-style-type: none"> <li>CEO of Inclusion Gloucestershire. Loyalty and Professional Interest (financial and non-financial) – employed by an organisation that may deliver some projects commissioned by GHC. Current projects are CMHT Engagement (2016 - current).</li> <li>Trustee of Active Impact. Loyalty and Non-Financial Professional Interest – trustee of a charity that is not currently but may at some point deliver projects commissioned by GHC (2013 - current)</li> </ul>
<b>Douglas Blair</b>	Chief Executive	<ul style="list-style-type: none"> <li>Member of the Gloucestershire ICB Board (April 2023 - current)</li> </ul>
<b>Sandra Betney</b>	Director of Finance	<ul style="list-style-type: none"> <li>Nothing to Declare.</li> </ul>
<b>Neil Savage</b>	Director of HR&OD	<ul style="list-style-type: none"> <li>Associate Director of The Fold CIC (1 Dec 2023 – current).</li> </ul>
<b>Angela Potter</b>	Director of Strategy and Partnerships	<ul style="list-style-type: none"> <li>Nothing to Declare.</li> </ul>
<b>Dr Amjad Uppal</b>	Medical Director	<ul style="list-style-type: none"> <li>Private Clinical Practice as Consultant Psychiatrist (07 Feb 23 – 6 April 24)</li> <li>I personally know the managing director of a company which provides advice and guidance on medical recruitment. All Drs undergo the required recruitment checks (07 Feb 2023 – 06 Feb 2024).</li> </ul>
<b>David Noyes</b>	Chief Operating Officer	<ul style="list-style-type: none"> <li>Nothing to Declare.</li> </ul>
<b>John Trevains</b>	Director of Nursing, Quality and Therapies <i>(until 23 February 2024)</i>	<ul style="list-style-type: none"> <li>Nothing to Declare.</li> </ul>
<b>Helen Goodey</b>	Joint Director, Primary Care/Locality Development	<ul style="list-style-type: none"> <li>Non-Voting Board Member of the NHS Gloucestershire ICB (July 22 – current).</li> </ul>
<b>Hannah Williams</b>	Acting Director of Nursing, Therapies & Quality <i>(from 9 February 2024)</i>	<ul style="list-style-type: none"> <li>Trustee of the Wiggly Worm Charity</li> </ul>
<b>Lavinia Rowsell</b>	Director of Corporate Governance and Trust Secretary	<ul style="list-style-type: none"> <li>Nothing to Declare.</li> </ul>

Gloucestershire Health and Care NHS Foundation Trust - TRUST BOARD REGISTER OF ANNUAL DECLARATIONS 2023-2024

REGISTER OF DECLARATIONS OF INTEREST - Trust Board 2023-2024										
CHAIR & NEDS	Ingrid Barker Chair	Graham Russell NED	Jan Marriott NED	Marcia Gallagher NED	Sumita Hutchison NED	Nicola de longh NED	Steve Alvis NED	Vicci Livingstone-Thompson Asso NED	Steve Brittan NED	
Date received:	29-Feb-24	29-Jan-24	12-Feb-24	24-Jan-24	29-Jan-24	30-Jan-24	29-Jan-24	30-Jan-24	26-Jan-24	
Copy on file:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
EXECUTIVE	Douglas Blair CEO	Sandra Betney DoF/Deputy CEO	Neil Savage DoHR&OD	Dr Amjad Uppal Medical Director	Lavinia Rowsell Dir of Gov/Trust Sec	Helen Goodey JD PC / LD	Angela Potter DoS&P	David Noyes COO	John Trevains DoNTQ	Hannah Williams Deputy DoNTQ
Date received:	29-Jan-24	05-Feb-24	28-Jan-24	06-Feb-24	29-Jan-24	19-Sep-23	09-Feb-24	31-Jan-24	21-Feb-24	27-Feb-24
Copy on file:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No (verbal confirmation)	Yes
FIT AND PROPER PERSONS TEST										
CHAIR & NEDS	Ingrid Barker	Graham Russell	Jan Marriott	Marcia Gallagher	Sumita Hutchison	Nicola de longh	Steve Alvis	Vicci Livingstone-Thompson	Steve Brittan	
Date received:	28-Feb-24	29-Jan-24	12-Feb-24	24-Jan-24	29-Jan-24	30-Jan-24	29-Jan-24	30-Jan-24	26-Jan-24	
Copy on file:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
EXECUTIVE	Douglas Blair	Sandra Betney	Neil Savage	Dr Amjad Uppal	Lavinia Rowsell	Helen Goodey	Angela Potter	David Noyes	John Trevains	Hannah Williams
Date received:	29-Jan-24	05-Feb-24	28-Jan-24	06-Feb-24	29-Jan-24	23-Feb-24	09-Feb-24	31-Jan-24	21-Feb-24	26-Feb-24
Copy on file:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No (verbal confirmation)	Yes
DISQUALIFIED DIRECTOR CHECK										
CHAIR & NEDS	Ingrid Barker	Graham Russell	Jan Marriott	Marcia Gallagher	Sumita Hutchison	Nicola de longh	Steve Alvis	Vicci Livingstone-Thompson	Steve Brittan	
Date actioned:	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	
Reviewer:	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	
EXECUTIVE	Douglas Blair	Sandra Betney	Neil Savage	Dr Amjad Uppal	Lavinia Rowsell	Helen Goodey	Angela Potter	David Noyes	John Trevains	Hannah Williams
Date actioned:	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	27-Feb-24
Reviewer:	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley
INSOLVENCY CHECK										
CHAIR & NEDS	Ingrid Barker	Graham Russell	Jan Marriott	Marcia Gallagher	Sumita Hutchison	Nicola de longh	Steve Alvis	Vicci Livingstone-Thompson	Steve Brittan	
Date actioned:	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	
Screen shot on file	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Reviewer:	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	
EXECUTIVE	Douglas Blair	Sandra Betney	Neil Savage	Dr Amjad Uppal	Lavinia Rowsell	Helen Goodey	Angela Potter	David Noyes	John Trevains	Hannah Williams
Date actioned:	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	23-Feb-24	27-Feb-24
Screen shot on file	Yes	Yes	Yes	Yes	Yes	Yes	No screenshot	Yes	Yes	No screenshot
Reviewer:	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley	K Lumley

## **MINUTES OF THE TRUST BOARD MEETING**

**Thursday, 25 January 2024**

George Watson Memorial Hall, Tewkesbury

### **PRESENT:**

Ingrid Barker, Trust Chair  
Steve Alvis, Non-Executive Director (NED)  
Sandra Betney, Director of Finance  
Douglas Blair, Chief Executive  
Steve Brittan, Non-Executive Director  
Sumita Hutchison, Non-Executive Director  
Nicola de longh, Non-Executive Director  
Jan Marriott, Non-Executive Director  
David Noyes, Chief Operating Officer  
Angela Potter, Director of Strategy and Partnerships  
Graham Russell, Non-Executive Director  
Neil Savage, Director of Human Resources (HR) & Organisational Development  
John Trevains, Director of Nursing, Therapies and Quality  
Dr Amjad Uppal, Medical Director

### **IN ATTENDANCE:**

Lavinia Rowsell, Director of Corporate Governance/Trust Secretary  
Anna Hilditch, Assistant Trust Secretary  
Bren McInerney, Members of the Public  
Kate Nelmes, Head of Communications  
Mo Rashid, Insight NED Development Programme  
Byron Thomas, Member of the Public

## **1. WELCOME AND APOLOGIES**

- 1.1 The Chair welcomed everyone to the meeting. Apologies had been received from Marcia Gallagher, Vicci Livingstone-Thompson and Helen Goodey.

## **2. DECLARATIONS OF INTEREST**

- 2.1 There were no new declarations of interest.

## **3. SERVICE STORY PRESENTATION**

- 3.1 The Board welcomed Claire to the meeting, who was joined by Trust colleague Angela Willan. Claire and Angela were in attendance to speak about the development of a new short film that had been made to increase and encourage the uptake of an Annual Physical Health Check for people with Serious Mental Illness (SMI) within Gloucestershire. A link to the film had been shared with all Board members in advance to enable prior viewing.
- 3.2 The Board noted that the film was a great example of co-production by Gloucestershire Health and Care NHS Foundation Trust, Service users, The Independence Trust and Art Shape. The film, which was funded by the Integrated Care Board (ICB), was entirely designed, scripted, and acted by the above groups. It



would be shared widely on social media, within Gloucestershire Health and Care NHS Foundation Trust Community hubs and General Practitioner (GP) surgeries. It was noted that Art Space had also produced posters, appointment cards and leaflets to be distributed throughout Gloucestershire.

- 3.3 The Board was very pleased to meet Claire in person, as she had kindly attended the Board meeting previously – online via MS Teams - to share her own personal experience of anxiety, coping with a debilitating skin condition, and her subsequent life changing interaction with the Trust's Recovery Team. She said that the service had helped her incredibly and she wouldn't be where she was if it wasn't for the support she had been given. She said that she received a real sense of hope that things can change, and this gave her the positive outlook she needed to move forward. Claire was now an Expert by Experience for the Trust which had been one of her goals when she had spoken to the Board previously.
- 3.4 Claire spoke to the Board about filming the video, which she said that she hoped would take away people's anxieties of taking up the offer of an annual health check. Claire reminded the Board that it was an Annual Health check that she had received that had identified a heart condition that she had not been aware of. This had been identified early and enabled Claire to receive the necessary treatment and care.
- 3.5 Graham Russell asked about the current uptake of Annual health checks for this patient group. Angela Willan advised that it was 68% which was better than average, but demonstrated why the Trust was working closely with partners to promote and encourage people to have one. Angela Potter noted that there had been a change in the way the national teams were pulling the data for annual health checks, focusing in on community data only. She asked the Board to be mindful of this if a dip in performance was seen over coming months.
- 3.6 The Board thanked Claire and Angela for attending and speaking both about the progress Claire had made in her own life, but also about the important message the Trust wanted to share around the provision of Annual Physical Health Checks. Ingrid Barker reflected on the Trust's purpose which was to bring together and provide a joined up mental and physical health care service and this was a prime example. She said that people often spent the time looking at data but not the background and story behind the data. Working with partners to co-produce this work demonstrated the importance of the annual health checks and why people should be encouraged to take up the offer.

#### 4. MINUTES OF THE PREVIOUS BOARD MEETING

- 4.1 The Board **received** the minutes from the previous Board meeting held on 30 November 2023. The minutes were **accepted** as a true and accurate record of the meeting.

#### 5. MATTERS ARISING AND ACTION LOG

- 5.1 Jan Marriott noted a conversation that had taken place at the previous meeting regarding Health Visiting services (see minute 8.11). She had a concern around those

marked as “declined review” as parents were working full-time, meaning that Health Visitors would try to visit the child at their nursery. She said that the Health Visitor assessments were all about seeing the family together in the home setting to enable colleagues to assess for potential safeguarding risks. Jan had suggested the need to look at this in more detail and the potential change in service to better meet family commitments to be considered moving forward. This had not been identified as a specific action from the previous meeting and it was agreed that an action would be picked up for further consideration by the Executive Team. **ACTION**

- 5.2 During the earlier Service User Story, Claire had spoken about the importance of Peer Support Workers in the Trust. Neil Savage said that Pippa Mileham, Lead Peer Support Worker had attended and presented to the Board at its September 2023 meeting. He said that the Board was fully supportive of the Peer Support Worker programme but the necessary strategic framework to develop this further was not yet in place. Discussions had taken place at the Executive Team and the need to progress this was agreed. It was noted that Angela Potter had agreed to facilitate a fact-finding programme, exploring risks, resources and experiences in other Trusts, and this engagement would take place over the coming months, to include engagement with staff, service users and experts. It was agreed that a Peer Support Worker Strategic Framework would be scoped, and a progress report presented at the July Trust Board. **ACTION**

## 6. QUESTIONS FROM THE PUBLIC

- 6.1 There were no questions from the public.

## 7. QUALITY DASHBOARD REPORT

- 7.1 This report provided an overview of the Trust’s quality activities for December 2023.
- 7.2 John Trevains informed the Board that overall, the report demonstrated that some positive work was being carried out and high-quality services were being delivered.
- 7.3 The report highlighted those Quality issues for priority development to the Board:
- Ongoing work regarding quality concerns at Berkeley House, noting ongoing changes with staffing vacancies, delayed discharges and subsequent building infrastructure challenges.
  - Continued focus required in Health Care Support Worker (HCSW) recruitment, noting an increase in Health Care Support Worker vacancies
  - Focussed work within the Safeguarding team reprioritised to address the backlog of Multi-Agency Risk Assessment Conference (MARAC) action plans awaiting administrative uploading to records.
  - To expand current patient safety data set to include themes related to restrictive practice. Particular attention is being applied to improving recording of rapid tranquillisation.
  - To provide in partnership with operational colleague’s additional focus to children’s safeguarding supervision attendance (currently at 61%) and recording of household contact details.



- We are monitoring Human Papillomavirus (HPV) vaccination rates, in light of concerns of lower uptake in comparison to previous yearly activity.
- Following an increase in cases of Measles nationwide we are producing specific guidance for front line staff.

7.4 Those areas showing a positive improvement this month included:

- The Business Intelligence (BI) team have developed a clinical system to automatically report safeguarding referrals to the local authority. The aim is to go live by the end of March 2024 once key new staff are in post within the Safeguarding Team.
- Detail provided this month reports good achievement against the Trust Quality Priorities and Commissioning for Quality and Innovation (CQUIN) activity.
- Third consecutive month of improved performance in Cardio-metabolic assessment within Mental Health inpatients.
- Significant sustained reduction over time in moderate harm falls incidents, much of this can be attributed to falls reduction work at Charlton Lane.
- Good progress has been made in more detailed reporting of Statutory and Mandatory training and Clinical Supervision, but more work is required to be able to use this data for full assurance.

7.5 Nicola de longh asked about the new complaints system and how well this had been embedded and whether there had been any teething problems. John Trevains reported that the new system was working well, and this received a high level of scrutiny at the Quality Assurance Group (QAG). The Board noted that there had been a few more complex complaints received which had extended over the 6-month target. This was highlighted to the Board as the Trust would now class complaints over 6 months as a Never Event. Nicola de longh expressed an interest in this area and said that she would welcome a meeting with the Team Manager. John Trevains agreed to facilitate this. **ACTION**

7.6 Steve Brittan recalled that a change in targets had been proposed for the Children & Young People (CYPS) Occupational Therapy service and he asked for an update on progress with this. David Noyes advised that performance against the 4 weeks urgent appointment target was 50% (there were 2 patients and 1 appointment had been cancelled by the patient). The performance against the 18-week routine appointment was 34%.

7.7 Graham Russell noted the high level of occupancy within Adult MH Inpatient services at Wotton Lawn, and also noted that there had been a delay in discharging 10 patients from the service due to a lack of housing. John Trevains advised that this had been discussed at the Quality Committee and a request for a further update on housing discussions with the Local Authority had been received. The provision of Supported Housing was a system issue, but Graham Russell asked what more Gloucestershire Health and Care NHS Foundation Trust could do to play its part in seeking a solution. It was suggested that more needed to be done to educate people and to give a better understanding of the key issues. John Trevains said that Gloucestershire Health and Care NHS Foundation Trust was fully aware of the position and a lot of work was already taking place to look at delayed transfers of care, housing and onward care

pathways. Douglas Blair agreed to consider where best to escalate these discussions, noting it could potentially be done through the system housing groups.

#### **ACTION**

- 7.8 Sumita Hutchison asked about pressure ulcers and whether there was a good understanding of the areas in the Trust most affected. She said that the Royal United Hospital (RUH) in Bath had not reported a single pressure ulcer for 10 years. John Trevains noted that a deep dive on pressure ulcers had been received at the January Quality Committee. As a community Trust, it was expected that Gloucestershire Health and Care NHS Foundation Trust would see higher numbers of pressure sores than an acute hospital. There was a good understanding of the position within Gloucestershire Health and Care NHS Foundation Trust, and a wider system piece was also underway.
- 7.9 The Board once again welcomed this report, noting the developments underway and the good level of assurance provided.

### **8. NED QUALITY VISITS ANNUAL REPORT**

- 8.1 This report provided a summary of activity relating to Non-Executive Director (NED) Quality visits within the last 12 months. The aim of NED Quality visits is to explore the experience of patients (and their families/carers) and staff in relation to quality of care.
- 8.2 Quality visits by our NEDs are an important way for them to gain improved understanding and insight into our services and to seek assurance around the quality of care: safe, effective, and provides as positive an experience as possible. Quality visits should be approached in the spirit of inquiry rather than monitoring.
- 8.3 The report provided a summary of services visited, common themes arising from the visits, outcomes and a look forward to the next 12 months.
- 8.4 Steve Alvis noted that he had carried out a visit to the Vaccination In-reach Service and the feedback had been included in the report; however, the team had been omitted from the full list of visits that had taken place. It was agreed that the report would be updated to ensure this team was captured. **ACTION**
- 8.5 The Board noted the value that these visits provide with regard to providing an additional layer of quality assurance alongside the Trust's existing agreed mechanisms of quality governance and management. It was noted that a summary of the recommendations and key themes from the visits was presented within the Quality Dashboard quarterly, as well as received via a monthly report to the Executive Team, and now an annual overview at Board.

### **9. PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF)**

- 9.1 The purpose of this report was to provide the Board with the necessary information to be able to endorse the mandatory change in how patient safety incidents will be dealt with in the future.

- 9.2 The Patient Safety Incident Response Framework (PSIRF) is replacing the previous Serious Incident Framework (SIF) in NHS organisations. The Patient Safety Incident Response Framework introduces and promotes a wider range of investigation approaches than were used under the SIF. There are four key aims:
1. Compassionate engagement and involvement of those affected by patient safety incidents.
  2. Application of a range of system-based approaches to learning from patient safety incidents.
  3. Considered and proportionate responses to patient safety incidents.
  4. Supportive oversight focused on strengthening response system functioning and improvement.
- 9.3 The Patient Safety Incident Response Framework forms part of the standard conditions of the NHS Standard Contract. NHS England sought to support trusts to launch the Patient Safety Incident Response Framework in late Autumn of 2023. Gloucestershire Health and Care NHS Foundation Trust has elected to launch with system partners in February 2024.
- 9.4 The Board endorsed the Patient Safety Incident Response Policy, the Patient Safety Incident Response Plan and the Patient Safety Incident Response Framework oversight and responsibilities framework.

## 10. PERFORMANCE DASHBOARD

- 10.1 Sandra Betney presented the Performance Dashboard to the Board for the period December 2023 (Month 9 2023/24).
- 10.2 **Nationally measured domain** - Sandra Betney reported that New psychosis (EI) cases treated within 2 weeks of referral (N04) and Adolescent Eating Disorders routine referral within 4 weeks (N11) were the only indicators under threshold for the period. The Eating Disorder performance was 84.6% against the 96% threshold, however, the Board noted that huge progress had been made and focused work continued in this important area.
- 10.3 **Specialised & directly commissioned domain** – The Board noted that there were 4 health visiting indicators which were slightly behind their thresholds for the period, however, there were currently no concerns about this.
- 10.4 **Integrated Care System (ICS) Agreed domain** - The Board was pleased to note that the Core Child and Adolescent Mental Health Service (CAMHS) 4-week wait indicator was showing improved performance with December achieving 92% over the 80% threshold.
- 10.5 **Board focus domain** – The Board was asked to note that Bed Occupancy levels remained high for December across Mental Health services. Sickness Absence rates (B30) and Workforce Turnover (B31) were in exception, but it was noted that Turnover was a positive position showing continual improvement. The Board noted

that the Turnover data included in the report related to those colleagues leaving the organisation and did not refer to internal turnover or changes.

- 10.6 In terms of workforce indicators, it was noted that a development plan had begun between Business Intelligence (BI) and the Workforce team to present a closer dashboard view on workforce challenges that may otherwise be masked by compliant aggregated indicators. There are currently seven indicators within the performance dashboard covering training, appraisals (2), vacancy, sickness, turnover and annual leave. A draft proposal was expected for discussion within February's Business Intelligence Management Group (BIMG) for presentation to the March Board.
- 10.7 David Noyes presented the Chief Operating Officer report to the Board highlighting key points to note around system flow, Minor Injury and Illness Unit (MIIU) usage, HomeFirst and Forest of Dean Hospital mobilisation. David Noyes said that the system was very busy, and it had been a challenging time with industrial action and difficult weather conditions. However, the Board noted that the Trust's emergency resilience plans had held up well throughout. Admissions to Community Hospitals were on a steady rise, and the average length of stay was now 28 days.
- 10.8 Steve Alvis referred to bed occupancy in the Forest of Dean and asked whether those people currently in the Dilke and Lydney Hospitals were Forest residents. David Noyes advised that an extensive programme was underway as part of the Forest hospital transition, and this was being managed and monitored very closely. He said that he believed the Trust was working towards the provision of local beds for local people but agreed to seek the accurate figures to support this view and report back to the Board. **ACTION**
- 10.9 David Noyes advised that Core CAMHS had seen an unexpected surge in referrals taking it to 575 on the waiting list. This time last year the figure was over 700, but the Trust had been on a pleasingly downward trajectory, reporting 503 in October 2023. This position would be reviewed further. David Noyes added that the number of referrals to CAMHS neurodiversity (Autism and ADHD) continued to climb, with close to 2000 referrals currently waiting a first assessment. The Board noted that a number of practitioners were planning to leave CAMHS over the next 3 months, so the Trust will need to seek recruitment to sustain the recovery that has been seen. Positively, it was noted that the Trust had secured some additional CAMHS consultant support. Sumita Hutchison asked for some assurance around the actions in place to manage this position and the support available for those people waiting. Douglas Blair advised that the previously discussed Multi-Agency Navigation Hub was now up and running and this joint GHC/Local Authority/Education run hub could offer triage and signposting. Nicola de longh said that she had carried out a recent Non-Executive Director Quality Visit to the Hub and she said that this had been an excellent example of working together.
- 10.10 Performance in Children's Speech and Language achieved 100% within 4 weeks for urgent referrals and 72% (18-week target) for routine. However, despite the good work and initiatives in place as previously reported, the Board was asked to be aware that the average waiting time (currently 12 weeks) was increasing, and referrals were

also on the rise. As well as the Speech Labs digital screening and advice platform waiting list initiative, the Trust has successfully achieved a c£1m investment into Early Language Support for Every Child (ELSEC) to deliver the project over 2 academic years, with the aim of identifying and supporting speech, language and communication needs early and outside of specialist services. Jan Marriott asked whether it would be possible to provide further information about this project at a future Quality Committee meeting. **ACTION**

- 10.11 The Board noted the assurance provided and thanked colleagues for this detailed and informative report.

## 11. WORKING AS ONE PROGRAMME UPDATE

- 11.1 The Board welcomed Ellen Rule (Gloucestershire ICB) and Phil Morrison (Newton) to the meeting who provided an update on the Working as One Programme. The new “Working as One” programme aims to better join up and co-ordinate health and care for people and support them to stay healthy, recover quickly following an illness, and ensure that care and treatment are received in the most appropriate place. It is hoped this will lead to a reduction in avoidable hospital admissions and the length of time people who are admitted to hospital need to stay there.
- 11.2 One Gloucestershire partners made a commitment to collectively focus on what works well and bring teams and services together in a positive way to make the improvements and changes necessary. The vision is: *To deliver quality, integrated care for the people of Gloucestershire to support the best possible physical and mental outcomes, enabling them to lead the most happy and healthy lifestyles.* To achieve the joint vision, partners agreed to focus on improving urgent care services so we can avoid emergency admission where possible, deliver the right care, right time, right place for our patients, and promote rapid discharge to the most appropriate place for recovery in a planned way.
- 11.3 Phil Morrison provided a re-cap to the Board on the 6 key principles that the programme transformation approach was based around:
- Put the person at the centre of the change
  - Build on and supports existing system work and relationships
  - Designed by staff. Enabled by leaders
  - Use data & evidence-based decisions in all we do
  - Work in an integrated way to ensure true system and people benefit
  - Sustainable change, and a platform for further improvement
- 11.4 The programme was structured into 5 streams – Prevention, Community Urgent Response and Front Door, Acute Hospital Flow and Decision Making, Intermediate Care, and Access to Care Packages. It was noted that Gloucestershire Health and Care NHS Foundation Trust played a key role across the programme and the presentation highlighted 3 areas of focus and some of the work that had taken place to date within these areas:



Rapid Response Pathways - Increase accepted referrals to Rapid Response from South West Ambulance Service NHS Trust (SWAST) by improved information sharing and triage processes, and maximising Rapid Response capacity

Home First & Reablement - Improve number of starts available through capacity and length of stay improvements, and Improve how effectively we reduce long term social care needs

Pathway 2 (P2) Length of Stay - Working across P2 sites to improve length of stay, both pre- and post- No Criteria To Reside (NCTR), and Anticipate working on similar themes to model ward trial, as well as Community-specific delays e.g. equipment and social care assessment delays.

- 11.5 David Noyes said that there was still a lot more to do this year, noting that trials would continue to be iterated alongside Gloucestershire Health and Care NHS Foundation Trust teams in the first quarter of 2024. As well as the Rapid Response and Intermediate Care Pathways, other Gloucestershire Health and Care NHS Foundation Trust teams involved in trials include the Falls Prevention and Education service, the assessment teams at the front door of the acute hospitals, our Single Point of Access (SPOA) team and their role in complex discharge, and our Occupational Therapy services and how we can best support people with high care package demand. There were a number of workshops planned to collaborate with system partners on a longer-term direction in both Community Urgent Response and Intermediate Care, and to work up the detail of what these models could look like, what they would cost, and what we would need to do differently to work together in a more integrated way. In particular the P2 model and an idea of how many beds the system will need in the community long term is a priority. It was noted that colleagues would continue to launch and iterate trials with front line teams, before scaling and ensuring sustainable benefit.
- 11.6 Ellen Rule said that there was a need to ensure as a system that the changes are sustainable. We are working in an evidence-driven way – and want to build from this towards a single version of the truth in the system around our Urgent and Emergency Care (UEC) flows and outcomes. This will involve a greater visibility of metrics across the system, enabled by bespoke digital tools and dashboards – we are developing a platform where system leadership will have shared access to the key areas of insight as to how the system is performing and how changes are sustained. This will require our Business Intelligence Teams across the system to collaborate, share data, and work together to join up our view of people's journey through our services in health and social care. It will also require us to work differently in how we use this data to make decisions in the system and may challenge how comfortable we all are working in a more transparent manner. Many of our frontline teams will also be equipped with new tools and visibility to deliver, monitor and further improve these ways of working.
- 11.7 Ingrid Barker asked whether there were any headlines to demonstrate how the programme was going and whether any improvements had been seen to date. Ellen Rule said that an example would be the number of people classed as No Criteria to Reside within the Acute Hospital, noting that this number had fallen from 240 to 170, and there was a much better understanding of who these people were and how to manage the position. The Acute Trust was reporting 240 spot purchases whereas



today this had reduced to 110. She said that improvements were being seen. It was still a fragile picture, but she was excited to see the progress.

- 11.8 Ingrid Barker noted that the Board had spent some workshop time looking at developing the future of Community Hospitals and she asked how this would fit in with this programme of work. David Noyes said that there was a potential for the Community Hospital estate to be more productive and effective and there was a need to look at GHC's own resources by way of identifying effectiveness gains.
- 11.9 The Board thanked Phil Morrison and Ellen Rule for attending and presenting this update. Further updates would be shared with Board colleagues in due course.

## 12. FINANCE REPORT

- 12.1 At month 9 the Trust has a surplus of £3.166m compared with a plan of £0.149m. The Trust's reported forecast position is a £3m surplus in line with the system forecast at month 8. Capital spend to month 9 is £8.644m against an original plan of £11.058m. Cash at the end of month 9 is £46.231m.
- 12.2 The Cost improvement programme has delivered £4.116m of recurring savings against a year-to-date plan of £4.659m. Forecast is £5.443m against plan of £5.443m. Non-recurring savings have been delivered to date of £3.843m compared with the plan of £3.33m. Forecast is £4.440m against plan of £4.440m.
- 12.3 The Trust spent £5.989m on agency staff up to month 9. This equates to 3.7% ytd of total pay, excluding centrally funded employers' contribution to pensions of 6.3%, and matches the agency expenditure ceiling of 3.7%. December agency spend continued on a downward trend of previous months at 3.05% of total pay. The Board noted that this was a key area of focus for the Trust.
- 12.4 The System position at month 9 is a £1.752m favourable variance to plan, an improvement of £7.195m on last month. The reported system forecast is a £1.651m deficit related to industrial action costs.
- 12.5 The Board was asked to note that Gloucestershire Health and Care NHS Foundation Trust had now achieved all 3 of its system risk share indicators and targets, including the target for improving rapid response demand and capacity by 3% which was still reported as "not achieved" at the last Board meeting in November.
- 12.6 In terms of risks, it was noted that there was a risk that the system treatment of S117 costs may change and lead to increased costs for the Trust. Sandra Betney advised that the decision had been made to split all cases 50/50 between the Integrated Care Board (ICB) and Local Authority (LA). This was a commissioning issue, but as a system there was a risk that this would sit with Gloucestershire Health and Care NHS Foundation Trust. Steve Alvis noted that this had been discussed at the Mental Health Legislation Scrutiny (MHLS) Committee meeting the previous day.

### 13. CHAIR'S REPORT

- 13.1 The Board received the Chair's Report which highlighted the activity of the Trust Chair and Non-Executive Directors since the previous meeting of the Board in November. Key areas of focus remain ensuring effective system working, ensuring equality, diversity and inclusion are at the heart of how we work as a Trust and that the voice of the Trust is heard locally and nationally to ensure the needs of our community are understood and inform policy and practice.
- 13.2 Ingrid Barker advised that this would be the final Board meeting for Steve Brittan, who would stand down as Non-Executive Director on 31 January. Steve joined the Trust as an Associate Non-Executive Director in May 2020 and was subsequently appointed as a Non-Executive Director from 17 September 2020. Steve's background in the digital field has given a fresh perspective to the Board's considerations. During his tenure, Steve has been a valued and committed Non-Executive Director, chairing both the Resources Committee and Forest of Dean Assurance Committee. On behalf of the Board, Ingrid Barker thanked Steve for this contribution to the Trust and wished him all the best for the future.
- 13.3 In light of Steve's Brittan's resignation, Ingrid Barker advised that she had taken the opportunity to review the Non-Executive Director Portfolios to ensure that we best utilise the skills and experience that individual Non-Executive Directors bring to our Board and Committee Structure. The revised portfolios were attached for information and would be implemented from 1<sup>st</sup> February 2024.
- 13.4 Ingrid Barker informed the Board that this would also be the final Board meeting for John Trevains, Director of Nursing, Therapies and Quality. John would be leaving the Trust later in February so colleagues would have the opportunity to see him before his departure, but on behalf of the Board Ingrid expressed her thanks to John for his commitment, dedication and efforts over what had been a challenging time, noting his professional and hands on leadership throughout the Covid pandemic.
- 13.5 The Board noted the content of the Chair's report and the activity updates included within it covering attendance at regional and national meetings and events, and local meetings with partner organisations.

### 14. CHIEF EXECUTIVE'S REPORT

- 14.1 Douglas Blair presented this report which provided an update to the Board and members of the public on his activities and those of the Executive Team since the last meeting in November.
- 14.2 Douglas Blair had continued to carry out service visits, team meetings and to 'hot desk' from different sites. He said that he had welcomed the opportunity to meet with colleagues, learn about their roles and understand any of the challenges facing their service areas.

- 14.3 The Board noted that Angela Potter, Director of Strategy and Partnerships, had shared her plans to retire from her role at the end of May 2024. Angela began her NHS career as a frontline nurse and recently undertook the return to practice course, with a view to working part time in clinical settings once again. On behalf of the Board, Douglas thanked Angela for her dedication and commitment over the past four years. It was noted that work would be taking place to consider the next steps in terms of recruiting a replacement.
- 14.4 The new Forest of Dean Community Hospital was due to open in Spring 2024 and the Trust has now commenced its transition plans with a focus on reducing the inpatient beds at Lydney Hospital, with inpatient beds being consolidated at the Dilke Hospital prior to moving the inpatient service over to the new community hospital. This will take us several weeks to ensure that we achieve a safe transition to the reduced bed numbers. Douglas Blair advised that the Trust had moved forward with the purchase and installation of the new x-ray machine which was anticipated to be delivered at the end of January. This equipment is complex to commission and will take approximately 14 weeks, therefore we are aiming for it to be operational at the new hospital in early April. Until the new machine is ready, we will not move the Minor Injury & Illness service which will remain at Lydney Hospital along with the existing x-ray service until the new x-ray is operational.
- 14.5 Further to the update provided to the Board in September, following additional work undertaken in partnership with the appointed Structural Engineer, it has now been confirmed that the Trust's estate has been given the "all clear" and we can state with confidence we have no Reinforced Autoclaved Aerated Concrete (RAAC) in any of our premises.
- 14.6 The Community MH Transformation (CMHT) programme continues to make good progress with the Locality Community Partnerships (LCPs) embedded now in Forest of Dean, Newent and Gloucester City and implemented in Stroud. Cheltenham and Tewkesbury town will now go live in February 2024 and the Cotswolds Locality Community Partnership is due to commence in March. We have completed a successful round of small grant applications from our Voluntary Sector partners with over £100,000 allocated across 11 bids. As we were significantly over-subscribed we have been able to secure a further allocation of funds and will be aiming to open up a 2nd round of grant applications shortly.
- 14.7 The Board noted the content of the Chief Executive's Report and recognised the huge amount of work that continued to take place by all members of the Executive Team, locally and nationally.

## **15. COUNCIL OF GOVERNOR MINUTES**

- 15.1 The Board received and noted the minutes from the Council of Governor meeting held on 22 November 2023.

## **16. BOARD COMMITTEE SUMMARY REPORTS**

### **16.1 Great Place to Work Committee**

The Board received and noted the summary report from the Great Place to Work Committee meeting held on 7 December 2023.

Graham Russell noted that the Committee had received the Integrated Care System (ICS) One Gloucestershire People Strategy which had been developed following engagement sessions with partners and key stakeholders. The key themes of the Strategy included: Recruitment and retention, enabling information in care delivery and people services, valuing and looking after our people, and Education, training and talent development. The Committee acknowledged there would always be differing priorities within the System, but that having an integrated people strategy for the system was positive and the right thing to do. The Committee suggested that it would merit some additional focus on key priority areas being identified with emphasis on fewer key objectives that could be well delivered given capacity and resource constraints. It would also be helpful to get a keener sense of how the ICS can best facilitate improved system working and add sustained and measurable value to the health and social care workforce in the longer term. These key points would be fed back to the Integrated Care Board for consideration.

### **16.2 Charitable Funds Committee**

The Board received and noted the summary report from the Charitable Funds Committee meeting held on 7 December 2023.

### **16.3 Resources Committee**

The Board received and noted the summary report from the Resources Committee meeting held on 20 December 2023.

### **16.4 Forest of Dean Assurance Committee**

The Board received and noted the summary report from the Forest of Dean Assurance Committee meeting held on 20 December 2023.

### **16.5 Working Together Advisory Committee (WTAC)**

The Board received and noted the summary report from the Working Together Advisory Committee meeting held on 10 January 2024.

### **16.6 Quality Committee**

The Board received and noted the summary report from the Quality Committee meeting held on 11 January 2024.

Jan Marriott advised that the Committee had received additional detail within the Quality Dashboard report, reporting good achievement against the Trust Quality Priorities and Commissioning for Quality and Innovation (CQUIN) activity. A summary of quality priority activity in H1 2023-24 was presented. This was a 2-year work programme and a definitive compliant/non-compliant rating would be issued at the end of Quarter 8. The Committee had welcomed Trust colleagues to the meeting who

provided a more detailed update on a selection of the quality priorities, including Tissue Visibility, Dementia Education and Carers.

**16.7 Appointments and Terms of Service Committee (ATOS)**

The Board received and noted the summary report from the ATOS Committee meeting held on 16 January 2024.

**16.8 Mental Health Legislation Scrutiny Committee**

The Board noted that a meeting of the Mental Health Legislation Scrutiny Committee had taken place the previous day, 24 January 2024. A written summary report from this meeting would be presented at the next Board meeting in March 2024 for the record.





**17. ANY OTHER BUSINESS**




17.1 There was no other business.

**18. DATE OF NEXT MEETING**

18.1 The next meeting would take place on Thursday, 28 March 2024.

## TRUST BOARD **PUBLIC** SESSION: Matters Arising and Action Log – 28 March 2024

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

Meeting Date	Item No.	Action Description	Assigned to	Target Completion Date	Progress Update	Status
25 January 2024	5.1	A conversation had taken place at the previous meeting regarding Health Visiting services and the need to look at this in more detail around the potential change in service to better meet family commitments. This had not been identified as a specific action from the previous meeting and it was agreed that an action would be picked up for further consideration by the Executive Team.	David Noyes	May 2024	At the moment the service is very much home based in terms of offer, but there are a number of factors that indicate we may need to transform our approach; we need to do more analysis and thinking on this topic and the Executive will review a paper in April. Verbal report back to Board in May 2024	
	5.2	It was agreed that a Peer Support Worker Strategic Framework would be scoped and a progress report presented at the July Trust Board.	Angela Potter	July 2024	Scheduled for July Board	
	7.5	John Trevains agreed to facilitate a meeting for Nicola de longh with the PCET Team Manager to discuss the new complaints system and its implementation.	Hannah Williams	March 2024	Complete	



Meeting Date	Item No.	Action Description	Assigned to	Target Completion Date	Progress Update	Status
	7.7	The Board noted the concerns around delayed discharges from IP MH Services due to housing issues. Douglas Blair agreed to consider where best to escalate these discussions, noting it could potentially be done through the system housing groups.	Douglas Blair	May 2024	This is currently being followed up with ICB colleagues to ensure we have maximised our influence in existing partnership arrangements	
	8.4	It was agreed that the Annual NED Quality Visits report would be updated to ensure the Vaccination Inreach Service team was captured as a completed visit.	Hannah Williams	March 2024	Complete	
	10.8	Steve Alvis referred to bed occupancy in the Forest of Dean and asked whether those people currently in the Dilke and Lydney Hospitals were Forest residents. David Noyes agreed to seek the current figures and report back to the Board	David Noyes		(At 25 Jan) We had 27 patients across both Forest sites, with 19 resident in the Forest locality.  (At 7 March) We have 24 patients at the Dilke, with 15 resident in the Forest locality	
	10.10	Further information about the Early Language Support for Every Child (ELSEC) project to be presented at a future Quality Committee meeting.	Hannah Williams / Trust Secretariat	March 2024	Referred to Quality Committee workplan for future meeting	

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 March 2024**

**PRESENTED BY:** Sandra Betney, Director of Finance and Deputy CEO

**AUTHOR:** Sandra Betney, Director of Finance and Deputy CEO

**SUBJECT:** **PERFORMANCE DASHBOARD FEBRUARY 2023/24  
(MONTH 11)**

If this report cannot be discussed at a public Board meeting, please explain why.	
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**This report is provided for:**

Decision ☐ Endorsement ☐ Assurance ☒ Information ☐

**The purpose of this report is to:**

This performance dashboard report provides a high-level view of performance indicators in exception across the organisation. Performance covers the period to the end of February (Month 11 2023/24). Where performance is not achieving the desired threshold, operational service leads are prioritising appropriately to address issues. Service led Operational & Governance reports are presented to the operational governance forums and more widely account for performance indicators in exception and outline service-level improvement plans. Data quality progress will be more formally monitored through the Data Quality Forum once it is better established in 2024.

**Recommendations and decisions required**

The Trust Board is asked to:

- **Note** the Performance Dashboard Report for February 2023/24 as a **significant level of assurance** that the Trust's performance measures are being met or
- Appropriate service action plans are being developed or are in place to address areas requiring improvement

**Executive summary**

**Business Intelligence (BI) Update**

2022/23 Business Intelligence summary update are presented on page 1, highlighting a focus toward 2024/25 business planning and updating the performance indicator portfolio to incorporate Operational Planning measures and GICB Contract updates for the new year. Also, Statistical Process Control (SPC) methodology is being reviewed in preparation for 2024/25 which BI intend to use to

inform an update on internal indicator thresholds. Revising methodology could increase some exceptions as statistical control limit parameters may be reduced for some indicators.

The Trust's Data Quality Policy has been reviewed and has received some comments from the Business Intelligence Management Group (BIMG). This paper will proceed to the Information Governance (IG) Group in April 2024.

A development plan has begun between Business Intelligence and the Workforce Team to present a closer dashboard view on workforce challenges that may otherwise be masked by compliant aggregated indicators. Initial reporting examples were presented in March's Business Intelligence Management Group, will pass through Executives and will be taken to April's Resources Committee.

### **Chief Operating Report**

The Chief Operating Officer's Report is presented on page 2 of the performance dashboard.

### **Performance Update**

The performance dashboard is presented from page 3 within the Board's four domain format. The overall number of indicators has reduced for the period:

- **Nationally measured domain** (under threshold)  
Adolescent Eating Disorders routine referral within 4 weeks (N11) is the only indicator under threshold for the period but presents an improving position both in performance and waiting numbers.
- **Specialised & directly commissioned domain** (under threshold)  
2 health visiting indicators (S02 & S09) are within Statistical Process Control limits but remain slightly behind their thresholds for the period. Pleasingly, this is a reduced number of indicators in exception within this domain than is routinely monitored.
- **Integrated Care System (ICS) Agreed domain** (under threshold & outside of statistical control rules)  
The only indicator in exception for this period is the Social Care Package Reviews within 8 weeks of commencement (L19). There was only one non-compliant case and that missed its review by one day.
- **Board focus domain** (under threshold & outside of statistical control rules)  
Mental Health (B04) and Physical Health (B05) Bed Occupancy levels both remain consistently high for the period. Ward level breakdowns are provided with Tewkesbury the only ward under threshold. The Data Quality Maturity Index (DQMI) remains in exception due to physical health clinical system challenges. Appraisal and Sickness absence measures remain in exception with Directorate performance noted.
- **Performance to note**  
There are sometimes indicators that are not formally highlighted for exception, but they are useful for Board to be aware of. These indicators are all routinely

monitored by operational and support services within the online Tableau reporting server. This month these highlights (on page 10-11) include:

- Talking Therapies Access Rates (L02) is within statistical process control (SPC) limits, although under threshold and referrals remain low Nationally. Additionally, the measurement of Talking Therapies is changing in 2024/25 from 'Access' to 'Completed Treatments' (Reliable improvement) and the service is already preparing its approach to deliver this.
- Adult Eating Disorders Wait Times (L07 & L08) are within statistical process control, but are highlighted to add context to the adult waiting list numbers which will likely continue to impact the waiting time indicators until the waiting list is reduced. However, there has been a significant improvement in both adult waiting list numbers.

### **Risks associated with meeting the Trust's values**

Where appropriate and in response to significant, ongoing and wide-reaching performance issues; an operationally owned Service led Improvement Plan which outlines any quality impact, risk(s) and mitigation(s) will be monitored through Business Intelligence Management Group.

### **Corporate considerations**

<b>Quality Implications</b>	The information provided in this report can be an indicator into the quality-of-care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service/ care provided. Data quality measures were introduced in 2023/24 and will be monitored through the Operational Data Quality Forum.
<b>Resource Implications</b>	The Business Intelligence Service works alongside other Corporate service areas to provide the support to operational services to ensure the robust review of performance data and co-ordination of the combined performance dashboard and its narrative.
<b>Equality Implications</b>	Equality information is monitored within Business Intelligence reporting. Furthermore, the font size of the report was increased to 14 in March 2024.

### **Where has this issue been discussed before?**

Business Intelligence Management Group (BIMG) on 21 March 2024

### **Appendices**

AI-08.1 – Performance Dashboard Report M11

**Report authorised by:**  
Sandra Betney

**Title:**  
Director of Finance and Deputy CEO

# Performance Dashboard Report & BI Update

*Aligned for the period to the end February 2024 (month 11)*

In line with the planned Performance Indicator Portfolio reconfiguration, this report presents performance indicators across four domains including **Nationally measured, Specialised & Direct Commissioning, ICS Agreed & Board Focus**. The **Operational domain** is presented to the Resources Committee not Board.

In support of these metrics a monthly Operational Performance & Governance summary (with action planning, where appropriate) is routinely presented to the Business Intelligence Management Group (BIMG). An operationally led Quality Forum will also be reporting into BIMG when fully operational and will be led by the Operational Directorate's Operational Governance and Performance Lead.

## Performance Dashboard Summary

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

The Dashboard itself (from page 3) provides a high level view of Performance Indicators in exception across the organisation for the period. Indicators within this report are underperforming against their threshold or are showing special cause variation (as defined by Statistical Process Control SPC rules) and therefore warrant escalation and wider oversight. To note, confirmed data quality or administrative issues that are being imminently resolved will inform any escalation decision unless there has been consecutive, unresolved issues across periods. A full list of all indicators (in exception or otherwise) are available to all staff within the dynamic, online server version of this Tableau report. Services are using this tool to monitor wider performance.

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

Areas of note are presented at the end of the report on pages 10-11 entitled '**Performance to note**'. Indicators within this section *are not in formal exception* but acknowledge either positive progress, possible areas for caution and monitoring or offer context to wider indicators that may be in exception.

## Business Intelligence Summary Update

The Business Intelligence Service has developed its Business Plan to support 2024/25 priorities, and undertaken an indicative assessment of resources to ascertain what wider Operational and Corporate objectives can reasonably be supported in year. BI are also in the process of updating the 2023/24 performance indicator portfolio with 2024/25 operational planning and GICB contractual requirements. These will be integrated into the planned development programme. As planned, Statistical Process Control (SPC) methodology will be reviewed for the new financial year and in addition, learning will be used to inform an update the Performance Dashboard escalation approach for 2024/25, and revise thresholds for internal domains. This will lead to an update of the Performance Management Framework in Q1. An update to the Data Quality Policy is also currently being progressed. Finally, BI have been working with Workforce team and more recently the Finance team, to investigate more granular and integrated Workforce reporting at a service and team level. Prototype reports were presented to BIMG in March and will be taken to the Resources Committee in April.



In the last month, while there remain the inevitable pressure points and escalations across the system, we have managed to sustain a strong offer of flow into Community Hospitals, community based support from community nursing and the urgent community response teams and within the MiiUs. As previously reported the adjustment to admission criteria for community hospitals is having an impact on the number of patients we are able to admit to the CoHo month on month, a rise in average Length of Stay and a rise in the number of patients with no criteria to reside. This will be reviewed as part of the ongoing Working as One programme, and in that context there is cause for some optimism as the programme is helpfully identifying areas of process improvement which have the potential to significantly reduce both NCTR number and length of stay, which would ameliorate the impact of the change and have an overall very positive impact. Our bed occupancy rate is at 97.6% and hasn't been below 92% since Aug 21, but the effectiveness of the CoHo intervention remains strong with the unplanned readmission within 30 days metric sustaining well at under 5%.

MiiU continue to deliver very strongly, achieving the 4 hours target over 99% of the time and continuing to deal with between 300 and 400 patient contacts a day. Rapid Response dealt with 446 referrals in February, achieving almost 82% responded to within 2 hours (target 70%).

Homefirst performance has remained consistent and strong, invariably achieving the 50 starts a week the service is commissioned to deliver, and average length of stay remains really competitive at around or even under 20 days.

In the Forest of Dean, the teams have now come together and are working at the Dilke, while preparing for the next phase of the move into the new facility planned for late April.

Acute Mental Health beds have remained a pressure point for us. Board colleagues are aware of how much energy we have put into efforts to reduce our Length of Stay. After a few weeks of very intense bed pressure, I am personally chairing a weekly oversight group to redouble our efforts in this space; it is too soon to make any sensible conclusions about the impact of this.

In the very challenged core CAMHS service I'm pleased to be able to report that we exceeded the 80% target for referral to assessment within 4 weeks, achieving 82.4%. with an average wait of 18 days. We have no-one who has waited more than 2 years on the list, and the overall numbers have reduced slightly to 563. Our improvement plan continues and is updated monthly, albeit as Board colleagues are aware full recovery in this area will take at least another 12-18 months.

In Children's OT during February the Urgent Referrals (4 week wait) performance was 50% - there were 2 such referrals seen in the month (so one had waited longer than 4 weeks, although they had originally been screened as non urgent but needs changes leading to a re-prioritisation). Routine Referrals (18 weeks) was achieved 26.1% of the time, but as recovery continues the service are focussed on tackling the longest waits as a priority to bring the entire list back into balance. During the month the service completed 397 patient contacts. The service remain focussed on achieving the 18 week routine RTT by the end of April, with measures including additional hours, review and better oversight of number of clinic appointments the team offers and a review of home/school visit wait list to identify efficiencies to increase contacts and reduce wait times. While there remains work to do, this team have made huge progress over the last year almost halving the waiting list and reducing average waits to 13 weeks from 33 in Feb 23.

In children's Physio February performance achieved 42.3% against the 4 week referral to treatment (RTT) target of 95% (up from 36% last month) and 88.7% against the 18 week target (95%) (up from 83.2%). Of 85 urgent referrals, 79% were seen within 6 weeks and 94% within 8 weeks. The service continues to revise its urgent care offer, increasing appointment slots to meet urgent referrals; drop in clinics are also being offered to non-urgent referrals, alongside physio-direct consultations.

**Narrative continued on next page...**



### Continued from last page...

Children's Speech and Language did not receive any urgent referrals this month and achieved 71.8% (18 week target 95%) for routine (194 referrals). The average wait time is currently 12 weeks. I was fortunate enough to visit this team recently and was delighted to see the operation of the new Speech Labs digital tool which offers great potential for safer triage and appropriate prioritisation, as well as enhancing the teams ability to offer advice to parents and carers.

While not yet a significant concern, we are closely monitoring the performance of Echo cardio which is on a downward trajectory and naturally has a knock on impact on our heart failure service.

In Adult ICT physio and OT referral to treatment, OT achieved 86.4% for routine (18 weeks) up from 82.5% last month, and Physio achieved 92.9% for routine at 18 weeks up from 90%.

In Podiatry, performance against 18 week RTT target of 95% has achieved 94.5% in February – I will continue to watch closely to assess the impact of the planned community based drop in clinics with appointments available and vol sector partners in place to seek to reach more people and intervene in issues earlier.

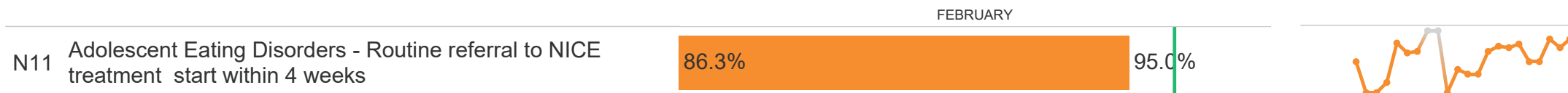
Very pleasingly in MSK Physio the 18 week RTT achieved 97.4% (target 95%) and MSKAPS achieved 98.7% against the 18 week target.

Pleasingly recovery continues very positively in Eating Disorders. The numbers waiting for Adult routine assessment have dropped from 264 last month to 80 at time of writing (and reducing), with urgent adult assessment down from 38 to 16 in same timeframe. Routine Adolescent assessments are down from 27 to 18, and as has been the case for a while the service are completely on top of our highest priority area, urgent adolescents. We remain on track to have all assessment waits into normal limits by the end of March or first week of April at latest. Team capacity (along with partners) can then shift to addressing the treatment lists (164 Adults and 118 Adolescent); the team are working on a trajectory projection for this element (while retaining sufficient capacity to keep on top of ongoing assessments), which should be complete in next few weeks.

## KPI Breakdown

Compliant
  Non Compliant

## National Contract Domain



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

### N11 - Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks

February performance is reported at 86.3% against a performance threshold of 95%. There were 3 non-compliant cases reported in February out of 22.

Achieving expected performance levels remains a challenge and the service continues to offer assessments to patients that have been waiting for an extended period based on a clinical decision of non-urgency. The routine adolescent treatment waiting list was 36 at the end of February, a decrease from January at 47. The Business Intelligence service has produced a waiting list model which provides an indication of capacity required to address the routine treatment waiting list backlog, of which assumptions rely on patients only receiving 20 sessions. Currently 23.9% of the under 19 caseload have received more than 20 treatment appointments. This reflects the challenges within the service of freeing up clinician capacity for patients to be allocated for treatment.

The service continues to contact all new patients referred to the service within 24-72 hours of the receiving the referral to gain more information and to use the opportunity to provide meaningful initial guidance. The Self Help guidance is provided as appropriate and recorded as a treatment start in line with relevant SNOMED coding. The service has faced challenges with contacting patients, parents, and families within the time frame due to not responding to calls. As the service is run during week hours, it restricts the opportunity to contact patients, parents, or families. The service has previously offered out of hours calls by bank staff but has been careful not to do this in case the patient is presenting with complexity or risk. Going forward, each patient will be placed onto a handover sheet where the team will seek to contact each patient/parent/carer, to provide guidance following the referral.

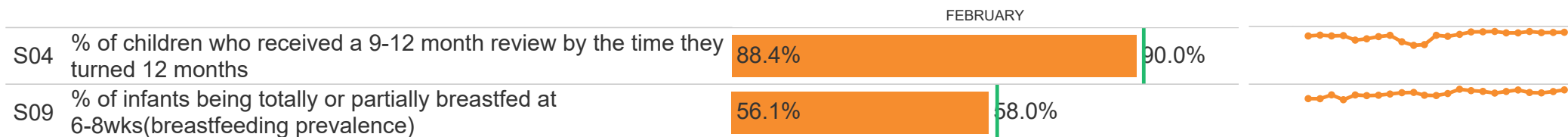
The service continues to work with BEAT (an Eating Disorders Charity) for those waiting for family-based therapy (FBT) and are referring parents and carers to the Developing Dolphins programme at the point of assessment. To date 145 referrals have been made and 25 spaces remain. The service is also referring patients to the Momentum programme that provides guided self help for people with a Binge Eating Disorder, eighty spaces have been made available with all 80 patients now in treatment. The EDS regularly attend meetings with both BEAT and ICB Commissioners to review the financial envelope available for both programmes. The Service continue to work with TIC+ to refer patients to a counselling programme and then discharge from the caseload. Over 200 patients have now been referred to the TiC TEDS programme. TiC regularly attend the service triage, and a support officer is now actively contacting patients to support the referral. A treatment pathway has been secured with the Orri (specialist day treatment clinic) for CYPS aged 16 to 19 that remain on the urgent treatment waiting lists. Sixty-eight spaces were made available. The Orri have received over 90 referrals and all 68 spaces have now been up taken. CEDS and ORRI are now in regular meetings to review and discharge patients from both services who have successfully completed the treatment pathway.

Establishment WTE and skill mix have been reviewed to increase recruitment into hard-to-fill posts. Recent appointments to the service are one band 4 Assistant Clinician and a Band 6 ED Clinician awaiting a start date. The current vacancies are 2 Band 6 ED Clinicians and one band 3 Administrator 12-month full time contract. The service continues to rely on bank staff and staff from the wider trust offering additional hours. This set of indicators has a Service Improvement Plan and is on the Performance Governance Tracker. This is on the risk register ID 149 (Score 16).

## KPI Breakdown

■ Non Compliant

### Specialised Commissioning Domain



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

#### S04 - % of children who received a 9-12 month review by the time they turned 12 months

February performance was 88.4% (January was 87.7%) compared to a performance threshold of 90.0%, with 56 out of 483 infants showing as not having received a 9-12 month review by the time they turned 12 months. Performance is within SPC control limits with 6 consecutive months above the mean.

This month has seen a reduction in the number of non-attendances. It is reassuring to see that every child who is a movement in has a developmental check booked very quickly after notification of the movement in. The movements in are largely from the Forest of Dean who have recently absorbed a section of area previously covered by Wales and have an influx of refugee children into Beachley Barracks.

Exceptions were predominantly due to movement in and out of county (14 instances, 25%), staffing capacity issues with an appointment booked out of timeframe (11 instances, 20%) and first-time non attendance (10 instances, 18%). The remainder were due to declined reviews (7 instances, 12.5%), parental delay with an appointment booked (5 instances, 9%), double non-attendance (6 instances, 10%), parental choice to be seen outside of timeframe (2 instances, 3.5%) and parental delay without an appointment booked (1 instance, 1.5%).

#### S09 - % of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)

February performance was 56.1% (January was 53.9%) compared to a performance threshold of 58.0%, with 202 out of 461 babies recorded as not being totally or partially breastfed at 6-8 weeks. Performance is within SPC control limits.

Performance improved by 2.2% compared to the previous month, but it is still 1.9% below the performance threshold.

Workforce capacity this month has been impacted by maternity leave and annual leave being used prior to the new financial year. Longer waiting lists for tongue tie referrals with some incorrectly triaged patients and a high number of referrals (e.g. the maternity service received 44 on one day) also impacted on capacity and subsequent performance. The Health Visiting services continues to promote referrals to specialist breastfeeding groups, and involves specialist workers and services (such as tongue-tie) to maintain and enhance performance.

#### Improvement plans -

The Midwifery service is understaffed, which affects the specialist feeding and tongue-tie service waiting lists. The Health Visiting service is monitoring and reviewing plans and training such as referral pathways, policies and G-care reviews to ensure consistency and optimise resources.

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Pilot infant feeding assessment and support clinics have been introduced in target areas of Gloucester and the Forest of Dean – these clinics can refer onto tongue tie services or further specialist support as required.

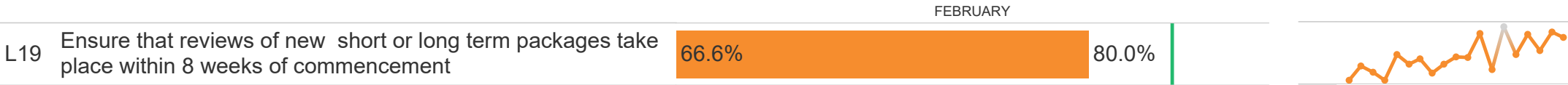
The service has been addressing issues raised by Maternity and Neo-natal Intensive Care Unit teams around information and support provided to families. This should help to ensure families receive correct information and support, supporting key early milk production, maternal confidence, and self-efficacy in breastfeeding. This is crucial – when feeding gets off to a good start, it supports long-term stability.

Liaison and training with Maternity services in Gloucestershire has also resumed ahead of the forthcoming Breastfeeding Friendly Initiative (BFI).

KPI Breakdown

Non Compliant

ICS Agreed Domain



**Performance Thresholds not being achieved in Month** - *Note this indicator has been in exception previously within the last twelve months.*

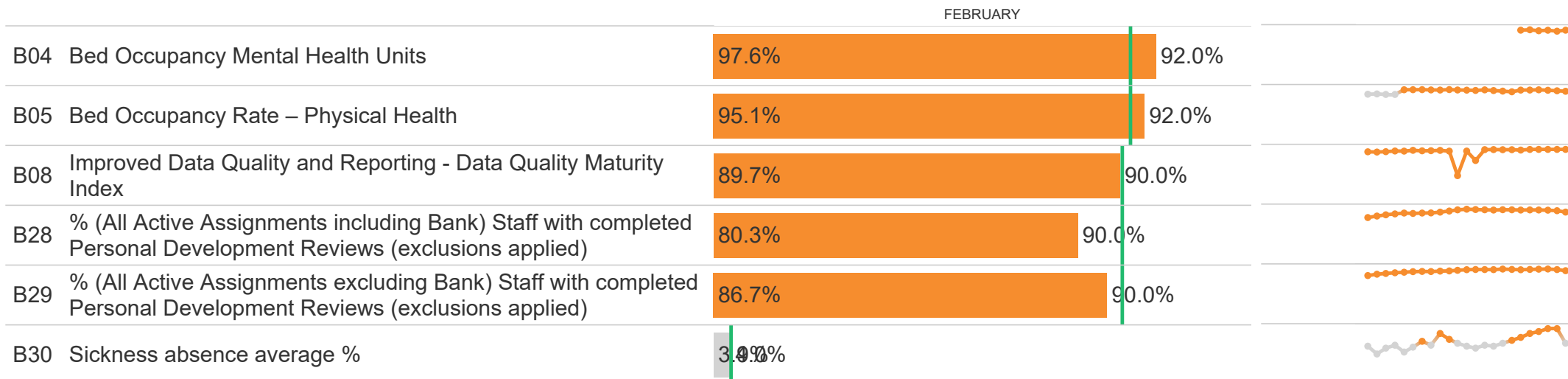
**L19 - Ensure that reviews of new short or long term packages take place within 8 weeks of commencement**

February performance is reported at 66.6% against an 80% performance threshold. There was 1 non-compliant case reported in February. The review exceeded the required 8 weeks by 1 day.

This was unfortunately due to lack of social worker capacity within the locality and the case is being reviewed by the Social Care Specialist who would not normally hold a caseload. It is anticipated that the social care worker vacancy will be filled at the end of April / beginning of May.

## KPI Breakdown

### Board Focus Domain



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

### B04 - Bed Occupancy Mental Health Units

Bed occupancy excluding leave for Mental Health Units in February was 97.6% (January was 95.8% ) against a threshold of 92%. All wards were above the 92% threshold.

#### Adult Acute

- Wotton Lawn – Abbey Ward: 96.7%
- Wotton Lawn Dean Ward: 98.9%
- Wotton Lawn – Kingsholm Ward: 99.8%
- Wotton Lawn – Priory Ward: 99.6%

From the 2022/23 benchmarking report the national mean for bed occupancy in Adult wards was 92.9%.

#### Older Adult

- Charlton Lane – Chestnut Ward: 96.3%
- Charlton Lane – Mulberry Ward: 99.8%
- Charlton Lane – Willow Ward: 98.9%

The national average for Older Adult wards is 86.5%.

For both the Adult and Older persons bed establishment, the Trust is below the national mean number of beds per 100k population. Nationally it is 22.7 per 100k population for adult beds, the Trust has 17.1. For older adult nationally it is 43.5 per 100k, the Trust is 34.3.

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#### PICU

- Wotton Lawn – Greyfriars (PICU) 95.9% compared to a national average of 87.6%.

#### Low Secure

- Montpellier – Low Secure: 96.6% compared to a national average of 88.2%

#### Other Specialist

- Laurel House – Rehab: 95.2%

- Honeybourne – Rehab: 91.7%

*The national average was 76.5%.*

- LD Berkeley House: 100%. Learning disability wards are excluded from the Adult and Older persons benchmarking project.

### **B05 - Bed Occupancy Rate – Physical Health**

Bed occupancy for February is reported at 95.2% (January was 96.5%) against a threshold of 92% and is within SPC control limits. However due to the patients being transferred from Lydney to Dilke in preparation for the opening of the New Forest hospital, beds were not closed on the clinical system at Lydney in a timely fashion. A number of empty beds were still open at the time the snapshot was taken and therefore bed occupancy is under reported; the actual occupancy rate is 96.1%. This has subsequently been changed on the clinical system.

All wards were above the 92% threshold:

- Cirencester Hospital – Windrush Ward (99.2%)
- Cirencester Hospital – Coln Ward (98.4%)
- North Cotswold Hospital (98.9%)
- Lydney Hospital (93.6% - revised figure)
- Stroud Hospital – Cashes Green Ward (98%)
- Stroud Hospital – Jubilee Ward (99.6%)
- Vale Hospital (99.1%)
- Tewkesbury Hospital (91.4%)
- Dilke Hospital (94.3%)

The Benchmarking Community Hospital Bed Survey project was run in 2022/23 and national average bed occupancy was 88.4%.

### **B08 - Improved Data Quality and Reporting - Data Quality Maturity Index**

The latest performance is 89.7% against a performance threshold of 90% . This indicator is an amalgamation of Data quality performance across national data sets as illustrated:

- APC: Admitted patient care data set 99.6%
- CSDS: Community services data set 85.4 %
- ECDS: Emergency care data set 74.3%
- IAPT: Talking Therapies data set 99.7%
- MHSDS: Mental Health services data set 96.9%

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Impacting performance is the ECDS and CSDS due to the challenges in configuration and data capture in SystmOne. The aim is for this to be addressed at the Clinical Record (Data Quality) Governance Forum and future action plans and updates will come from this Forum. To note, improved compliance will come as a result of the Core Assessment work which is within the Clinical Systems Team work plan.

**B28 - % (All Active Assignments including Bank) Staff with completed Personal Development Reviews (exclusions applied)**

Performance for February was 80%, (a drop of 1% from January) and compared to a threshold of 90%. Performance is above the upper SPC chart control limit. The appraisal performance figure includes Bank Staff. *See notes for KPI B29 below.*

**B29 - % (All Active Assignments excluding Bank) Staff with completed Personal Development Reviews (exclusions applied)**

Performance for February is 86% against a performance threshold of 90% and is above the upper SPC control limit. The compliance figure, excluding Bank staff, has dropped 1% compared to last month.

The Finance and Operations Directorate, both at 87% are the highest performing teams, followed by the HR Directorate at 85%. The Executive Directorate is at 82%. Strategy and Partnerships Directorate continues to improve its position and is now at 77% compared to 76% last month.

The lowest performing areas continues to be the Nursing, Therapies and Quality Directorate, although their position has improved from 63% to 66%.

**B30 - Sickness absence average %**

Sickness absence rate in February 2024 was 4.0% however this does not include data from the e-rostering system (Allocate) because it is not available at the time of reporting. When this is included it will be outside SPC. For comparison, the reported sickness absence rate in January 2023, including e-rostering, was 5.4% compared to a threshold of 4%. January details include:

Operations Directorate sickness absence remained at 5.9% in January.

- Adult Community PH, MH & LD (6.4%)
- Countywide (4.6%)
- CYPS (4.4%)
- MH Urgent Care & IP (6.6%)
- Operational Management (3.2%)
- PH Urgent Care & IP (6.4%)

Nursing, Therapies and Quality Directorate sickness absence was 6.1% in January compared to 4.4% in December. The sub-directorates within Nursing, Therapies and Quality that have reported sickness absence above the 4% threshold in January are: Governance and Compliance (7.6%), NTQ Management (7.2%) and Nursing (4.3%)

Strategy and Partnerships Directorate sickness absence was 4.0% in January compared to 7.2% reported in December. The sub-directorate within Strategy and Partnerships that has reported sickness absence above the 4% threshold in December is Engagement at 8.4%.

Executive Directorate sickness absence was 5.1% in January compared to 4.4% in December. The sub-directorate within the Executive Directorate that has reported sickness absence above the 4% threshold in January is Corporate Governance at 6.2%.

*This reflects the sickness absence information on Tableau on 08/03/2024.*

**The following performance indicators are not in exception but are highlighted for note:**

**o L02 - Talking Therapies (IAPT) access rate: Access to psychological therapies for adults should be improved**

February shows a performance of 86.8% against its expected performance threshold, which equates to 1.6% of the prevalent population (1132 people) against a performance threshold of 1.9% (1304 people) and is within SPC (statistical process control) limits.

The service received 1483 referrals for February, which is less than the required 1566 to meet the target. Reduced referral numbers are a national issue, with the most recent southwest delivery report showing that all systems are not achieving the targets set out in the long-term plan, however, Gloucestershire was joint highest in achieving access.

Metrics for next financial year have changed, moving towards a KPI of completed treatments (minimum 2 sessions), rather than 'access' (1 session) in recognition of the number of inappropriate referrals into Talking Therapies for Anxiety and Depression (TTad) services and the challenge of meeting increased access targets experienced nationally. The service has not yet been given its treatment targets for 24/25, therefore, has yet to plan and review its model to meet the new KPI, however are aware that there is an expectation that rapid action is taken where the 90-day KPI exceeds the 10% target. Given this, the service has taken an operational decision to reduce the number of assessment appointments made available in March to ensure they are in a better position to reduce waiting times that effect the 90-day KPI. This decision does mean that the access target for March will be below planned.

The ongoing National NHS Talking Therapies rebrand is part of the national solution to increase appropriate referrals into Talking Therapies for Anxiety and Depression (TTad). The service has started on a significant piece of work to completely renew their website. Every piece of copy is being re written and updated and they have commissioned four media films to be used on the website and across social media to reflect a new branding. Locally, the service has robust systems to contact clients to book into a first appointment as well as implementing a digital choose and book system to make booking easier.

The Service has also been working closely with the communications team to promote the service though social media channels and local events, as well as commissioning a radio Advertising Campaign though Bauer Media Group. This will ensure Gloucestershire wide digital advertising on stations such as Greatest Hits radio. There will be a considerable number of impressions (adverts) per day. All magazine and newspaper advertising has also been renewed. The service has recently employed a marketing manager who will be focused on raising awareness of the service in the local community to increase access, with an aim to also focus on seldom heard (under-represented) groups and those with long term health conditions.

There remain challenges in recruitment to the workforce projections set out in our annual plan in March 2023. External recruitment of qualified staff is difficult, leading to a reliance on training new staff to replace those who have left as well as meeting expansion targets. This is being experienced by other IAPT services in the region. Currently there appears to be more of an issue with High Intensity therapists and the service are continually working to improve this. There has been movement of therapists to other providers who are happy to provide a completely online service, however, this is something the service feel is not right for Gloucestershire.

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**o L07 - Eating Disorders - Wait time for adult assessments will be 4 weeks**

February performance is reported at 30.3% against a 95% performance threshold and is within SPC (statistical process control) limits, however, is being highlighted due to concerns around waiting list numbers. There were 85 non-compliant cases reported in February out of 122. The number of adults waiting for assessment at the end of February was 130, a decrease from January at 271. Low performance levels for this KPI are expected as more patients are seen for assessment. The Business Intelligence service has produced a waiting list model which provides an indication of capacity required to address the routine assessment waiting list backlog and suggests a sustainable waiting list number of 33. The service has adopted a new triage process, and all new patients receive an initial call within 24-72 hours of the service receiving the referral. Self Help guidance is provided as appropriate and is recorded as a treatment start in line with relevant SNOMED coding. The service has now set up a new sub team that's sole aim is to manage the backlog of routine adult and adolescent assessments. The team began assessing the routine waits at the end of January and are aiming to complete up to 80 assessments per week in efforts to clear the backlog by the end of March 2024. The service continues to work with BEAT (an Eating Disorders Charity) for adults on the momentum programme and with TIC plus for under 25's to refer patients to a counselling programme and then discharge from the caseload. Establishment WTE and skill mix have been reviewed to increase recruitment into hard-to-fill posts. Recent appointments to the service are one band 4 Assistant Clinician and a Band 6 ED Clinician awaiting a start date. The current vacancies are 2 Band 6 ED Clinicians and one band 3 Administrator 12-month full time contract. The service continues to rely on bank staff and staff from the wider trust offering additional hours. This set of indicators has a Service improvement Plan and is on the Performance Governance Tracker. This is on the risk register ID 149 (Score 16).

**o L08 - Eating Disorders - Wait time for adult psychological interventions will be 16 weeks**

February performance is reported at 94.8% against a 95% performance threshold and is within SPC (statistical process control) limits, however, is being highlighted due to concerns around waiting list numbers. There were 2 non-compliant cases reported in February out of 39. At the end of February there were 180 adult patients with an assessment completed that were waiting for treatment to commence. A decrease from January at 215. The service continues to focus on reducing waiting times and allocating patients to clinicians for treatment as soon as capacity becomes available. The Business Intelligence service has produced a waiting list model which provides an indication of capacity required to address the routine treatment waiting list backlog, of which assumptions rely on patients only receiving 20 sessions. The model also suggests a sustainable waiting list number of 25. Currently 14.7% of the adult caseload have received more than 20 treatment appointments. This reflects the challenges within the service of freeing up clinician capacity for patients to be allocated for treatment. The service has now set up a new sub team that's sole aim is to manage the backlog of routine adult and adolescent assessments. The service continues to work with BEAT (an Eating Disorders Charity) for adults on the momentum programme and with TIC plus for under 25's to refer patients to a counselling programme and then discharge from the caseload. Establishment WTE and skill mix have been reviewed to increase recruitment into hard-to-fill posts. Recent appointments to the service are one band 4 Assistant Clinician and a Band 6 ED Clinician awaiting a start date. The current vacancies are 2 Band 6 ED Clinicians and one band 3 Administrator 12-month full time contract. The service continues to rely on bank staff and staff from the wider trust offering additional hours. This set of indicators has a Service Improvement Plan and is on the Performance Governance Tracker. This is on the risk register ID 149 (Score 16).

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 March 2024**

**PRESENTED BY:** Sandra Betney, Director of Finance and Deputy CEO

**AUTHOR:** Stephen Andrews, Deputy Director of Finance

**SUBJECT:** FINANCE REPORT FOR PERIOD ENDING 29<sup>th</sup> February 2024

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

**This report is provided for:**

Decision ☒

Endorsement ☐

Assurance ☒

Information ☐

**The purpose of this report is to**

Provide an update of the financial position of the Trust.

**Recommendations and decisions required**

The Trust Board is asked to **NOTE** the month 11 position.

**Executive summary**

- At month 11 the Trust has a surplus of £3.347m compared with a plan of £0.023m
- The Trust's month 11 forecast position is a £1.939m surplus, after deficit risk share and before adjusting income by £956k
- 23/24 net Capital spend to month 11 is £10.809m against an original plan of £13.475m, and the forecast outturn is £13.497m
- Cash at the end of month 11 is £50.013m
- Cost Improvement Programme (CIP) has delivered £4.34m of recurring savings against a ytd plan of £5.18m. Forecast is £5.443m against plan of £5.443m, however £324k is at very high risk of non-delivery.
- Non-recurring savings delivered to date of £4.071m compared with the plan of £4.070m. Forecast is £4.440m against plan of £4.440m.

**Risks associated with meeting the Trust's values**

Risks included within the paper



<b>Corporate considerations</b>	
<b>Quality Implications</b>	
<b>Resource Implications</b>	
<b>Equality Implications</b>	

<b>Where has this issue been discussed before?</b>

<b>Appendices:</b>	AI-09.1 - Finance Report
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<b>Report authorised by:</b> Sandra Betney	<b>Title:</b> Director of Finance and Deputy CEO
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# Finance Report Month 11



- At month 11 the Trust has a surplus of £3.347m compared with a plan of £0.023m
- The Trust's month 11 forecast position is a £1.939m surplus, after deficit risk share and before adjusting income by £956k
- 23/24 net Capital spend to month 11 is £10.809m against an original plan of £13.475m, and the forecast outturn is £13.497m
- Cash at the end of month 11 is £50.013m, an increase of £3m on last month
- Cost improvement programme has delivered £4.34m of recurring savings against a ytd plan of £5.18m. Forecast is £5.443m against plan of £5.443m, however £324k is at very high risk of non delivery
- Non recurring savings delivered to date of £4.071m compared with the plan of £4.070m. Forecast is £4.440m against plan of £4.440m.
- The Trust spent £7.060m on agency staff up to month 11. This equates to 3.59% ytd of total pay, excluding centrally funded employers contribution to pensions of 6.3%, and is below the agency expenditure ceiling of 3.7%.
- System position at month 11 is a £5.237m favourable variance to plan. The reported system forecast is a £0.507m surplus.
- The Trust anticipates that the system treatment of S117 costs will not lead to increased costs for the Trust as an agreement has been reached on the funding arrangements for 23/24

# GHC Income and Expenditure



Gloucestershire Health and Care  
NHS Foundation Trust

	2023/24	2023/24	2023/24	2023/24	2023/24
	NHSE Plan	Original Budget	Revised budget	YTD revised budget	YTD Actuals
Operating income from patient care activities	251,464	252,915	272,184	249,502	248,386
Other operating income	12,792	11,409	18,153	16,640	17,615
Employee expenses - substantive	(184,330)	(201,415)	(218,941)	(200,696)	(172,918)
Bank	(11,698)	(1,704)	(4,146)	(3,801)	(16,480)
Agency	(7,952)	(863)	(985)	(903)	(7,060)
Operating expenses excluding employee expenses	(59,034)	(59,076)	(66,355)	(60,825)	(66,211)
PDC dividends payable/refundable	(2,580)	(2,590)	(2,590)	(2,374)	(2,568)
Finance Income	1,383	1,383	2,725	2,498	2,588
Finance expenses	(153)	(153)	(153)	(140)	(178)
<b>Surplus/(deficit) before impairments &amp; transfers</b>	<b>(108)</b>	<b>(94)</b>	<b>(108)</b>	<b>(99)</b>	<b>3,174</b>
Remove central PPE stock impact					
Remove capital donations/grants I&E impact	108	94	108	99	173
<b>Surplus/(deficit)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,347</b>
WTEs	4433	4457	4615	4615	4592

Budgets don't include full bank and agency budgets as substantive posts are set to reflect true establishment

# GHC I & E Forecasts

Gloucestershire Health and Care  
NHS Foundation Trust

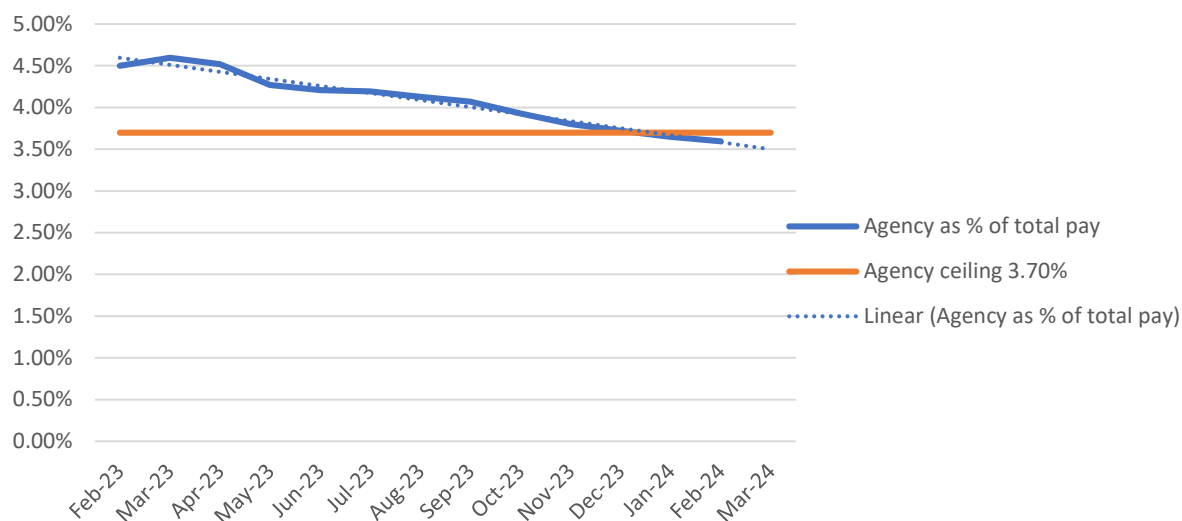
Statement of comprehensive income £000	2023/24	2024/25	2025/26	2026/27	2027/28
	Forecast £000s	Forecast £000s	Forecast £000s	Forecast £000s	Forecast £000s
Operating income from patient care activities	270,536	272,310	276,100	278,318	279,837
Other operating income	18,806	15,278	14,352	14,599	15,101
Employee expenses - substantive	(190,718)	(198,388)	(197,394)	(198,376)	(198,236)
Bank	(17,725)	(17,978)	(19,050)	(19,431)	(19,819)
Agency	(8,060)	(7,152)	(6,926)	(6,970)	(6,978)
Operating expenses excluding employee expenses	(70,879)	(66,095)	(66,863)	(67,813)	(69,475)
PDC dividends payable/refundable	(2,800)	(2,724)	(2,781)	(2,824)	(2,924)
Finance Income	2,776	2,565	2,622	2,565	2,565
Finance expenses	(188)	(160)	(164)	(165)	(169)
<b>Surplus/(deficit) before impairments &amp; transfers</b>	<b>1,748</b>	<b>(2,344)</b>	<b>(103)</b>	<b>(98)</b>	<b>(98)</b>
Remove central PPE stock impact					
Remove capital donations/grants I&E impact	191	87	103	98	98
<b>Surplus/(deficit)</b>	<b>1,939</b>	<b>(2,257)</b>	<b>0</b>	<b>0</b>	<b>0</b>
Recurring savings		(7,725)	(6,689)	(6,657)	(6,675)
Savings as % of budget		2.7%	2.5%	2.5%	2.5%
Non recurring savings		(3,647)	(3,302)	(2,688)	(1,952)
Savings as % of budget		1.4%	1.2%	1.0%	0.7%



# Pay analysis

Pay analysis month 11					
	Budget WTE year to date	Actual WTE year to date	Budget year to date £000s	Actual year to date £000s	Actual ytd as % of Total
Substantive	4,597	4,159	200,696	172,918	88.0%
Bank	15	383	3,801	16,480	8.4%
Agency	3	50	903	7,060	<b>3.59%</b>
<b>Total</b>	<b>4,615</b>	<b>4,592</b>	<b>205,400</b>	<b>196,458</b>	<b>100.0%</b>
<u>Comments</u> <ul style="list-style-type: none"> <li>- substantive costs exclude employers contribution of nationally funded pension costs of 6.3%</li> <li>- Agency spend £230k lower in February than the average monthly spend April to September</li> <li>- 3.59% of pay bill spent on agency year to date. System agency ceiling 3.7%</li> <li>- Off framework agency spend is now an average of £200k per month lower than Nov 2022</li> <li>- We are £217k below proportionate share of system agency ceiling</li> </ul>					

Agency Ceiling Trend %



# GHC Balance Sheet

Gloucestershire Health and Care  
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		2022/23	2023/24				2023/24	2024/25	2025/26	2026/27	2027/28
		Actual	Plan	YTD Plan	YTD Actual	Variance	Full Year Forecast	Forecast £000s	Forecast £000s	Forecast £000s	Forecast £000s
Non-current assets	Intangible assets	1,370	821	844	1,329	485	1,292	2,300	2,858	2,333	2,121
	Property, plant and equipment: other	113,537	143,163	141,143	114,608	(26,534)	117,218	115,133	117,207	117,585	117,447
	Right of use assets*	17,715	19,028	19,150	16,405	(2,745)	17,173	15,960	15,153	13,843	12,556
	Receivables	1,085	511	511	1,085	575	1,067	1,067	1,067	1,067	1,067
	<b>Total non-current assets</b>	<b>133,707</b>	<b>163,522</b>	<b>161,647</b>	<b>133,428</b>	<b>(28,219)</b>	<b>136,751</b>	<b>134,460</b>	<b>136,285</b>	<b>134,828</b>	<b>133,191</b>
Current assets	Inventories	406	494	494	398	(95)	398	398	398	398	398
	NHS receivables	14,538	4,300	4,295	3,156	(1,139)	4,156	6,156	6,106	6,076	6,046
	Non-NHS receivables	7,165	8,738	8,738	9,441	703	8,441	6,441	6,341	6,291	6,241
	Credit Loss Allowances	(2,163)	(2,163)	(2,163)	(1,665)	498	(1,665)	(1,665)	(1,665)	(1,665)	(1,665)
	Property held for Sale	3,697	0	0	5,947	5,947	5,522	734	279	279	1
	Cash and cash equivalents:	48,836	42,044	44,140	50,013	5,873	49,044	51,307	48,561	48,389	49,183
	<b>Total current assets</b>	<b>72,480</b>	<b>53,412</b>	<b>55,503</b>	<b>67,289</b>	<b>11,786</b>	<b>65,895</b>	<b>63,371</b>	<b>60,020</b>	<b>59,768</b>	<b>60,204</b>
	<b>Total assets</b>	<b>206,187</b>	<b>216,934</b>	<b>217,150</b>	<b>200,717</b>	<b>(16,262)</b>	<b>202,646</b>	<b>197,831</b>	<b>196,305</b>	<b>194,596</b>	<b>193,395</b>
Current liabilities	Trade and other payables: capital	(4,343)	(5,594)	(4,594)	(1,841)	2,753	(4,341)	(4,341)	(4,341)	(4,341)	(4,341)
	Trade and other payables: non-capital	(38,870)	(25,865)	(27,210)	(31,601)	(4,391)	(30,764)	(30,764)	(30,764)	(30,764)	(30,764)
	Borrowings*	(1,446)	(1,345)	(1,372)	(1,304)	68	(1,304)	(1,237)	(1,237)	(1,237)	(1,237)
	Provisions	(7,882)	(6,511)	(6,311)	(9,320)	(3,009)	(8,638)	(7,638)	(7,638)	(7,638)	(7,638)
	Other liabilities: deferred income including contract liabilities	(1,107)	(2,478)	(2,478)	(1,936)	543	(1,936)	(1,936)	(1,936)	(1,936)	(1,936)
	<b>Total current liabilities</b>	<b>(53,649)</b>	<b>(41,793)</b>	<b>(41,965)</b>	<b>(46,002)</b>	<b>(4,037)</b>	<b>(46,983)</b>	<b>(45,916)</b>	<b>(45,916)</b>	<b>(45,916)</b>	<b>(45,916)</b>
Non-current liabilities	Borrowings	(15,298)	(18,265)	(18,276)	(14,026)	4,251	(14,864)	(13,460)	(12,079)	(10,754)	(9,520)
	Provisions	(2,480)	(2,538)	(2,538)	(2,580)	(42)	(2,580)	(2,580)	(2,580)	(2,580)	(2,580)
	<b>Total non-current liabilities</b>	<b>(17,778)</b>	<b>(20,803)</b>	<b>(20,814)</b>	<b>(16,606)</b>	<b>4,209</b>	<b>(17,444)</b>	<b>(16,040)</b>	<b>(14,659)</b>	<b>(13,338)</b>	<b>(12,100)</b>
<b>Total net assets employed</b>		<b>134,761</b>	<b>154,338</b>	<b>154,371</b>	<b>138,110</b>	<b>(16,262)</b>	<b>138,220</b>	<b>135,875</b>	<b>135,730</b>	<b>135,346</b>	<b>135,379</b>
Taxpayers Equity	Public dividend capital	130,166	132,056	132,056	130,341	(1,715)	131,876	131,876	131,876	131,876	131,876
	Revaluation reserve	10,053	13,124	13,124	10,052	(3,071)	10,052	10,052	10,052	10,052	10,052
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	0	(1,241)	(1,241)	(1,241)	(1,241)	(1,241)
	Income and expenditure reserve	10,733	10,508	10,509	(4,217)	(14,726)	(4,217)	(4,812)	(4,957)	(5,341)	(5,308)
	Income and expenditure reserve (current)	(14,950)	(108)	(76)	3,174	3,250	1,749				
<b>Total taxpayers' and others' equity</b>		<b>134,761</b>	<b>154,338</b>	<b>154,371</b>	<b>138,110</b>	<b>(16,262)</b>	<b>138,220</b>	<b>135,875</b>	<b>135,730</b>	<b>135,346</b>	<b>135,379</b>

PPE variance due to 22/23 revaluation, and transfer to Assets Held for Sale

# Cash Flow Summary

Gloucestershire Health and Care  
NHS Foundation Trust

Statement of Cash Flow £000	YEAR END 22/23		YTD ACTUAL 23/24		FULL YEAR FORECAST 23/24		2024/25 Forecast £000s	2025/26 Forecast £000s	2026/27 Forecast £000s	2027/28 Forecast £000s
Cash and cash equivalents at start of period		58,896		48,836		48,836	49,043	51,306	48,560	48,388
<b>Cash flows from operating activities</b>										
Operating surplus/(deficit)	(13,138)		3,328		1,960		(333)	1,991	1,853	2,374
Add back: Depreciation on donated assets	84		173		189		162	28	28	28
<b>Adjusted Operating surplus/(deficit) per I&amp;E</b>	<b>(13,054)</b>		<b>3,501</b>		<b>2,149</b>		<b>(171)</b>	<b>2,019</b>	<b>1,881</b>	<b>2,402</b>
Add back: Depreciation on Right of use assets	7,918						9,154	8,143	8,732	8,395
Add back: Depreciation on owned assets			8,671		9,497		1,707	1,796	1,810	1,787
Add back: Impairment	14,781				0		0	0	0	0
(Increase)/Decrease in inventories	88		8		8		0	0	0	0
(Increase)/Decrease in trade & other receivables	(7,765)		8,211		8,626		0	150	80	80
Increase/(Decrease) in provisions	3,576		1,534		857		(1,000)	0	0	0
Increase/(Decrease) in trade and other payables	10,119		(8,532)		(8,108)		0	0	0	0
Increase/(Decrease) in other liabilities	(1,301)		828		828		0	0	0	0
Net cash generated from / (used in) operations		14,362		14,221	0	13,857	9,690	12,108	12,503	12,664
<b>Cash flows from investing activities</b>										
Interest received	1,144		2,588		2,759		613	661	660	656
Interest paid			(9)		(9)		0	(7)	(7)	(7)
Asset Held for Sale					1,200		(8,733)	(16,792)	(9,113)	(8,573)
Purchase of property, plant and equipment	(22,650)		(13,540)		(15,494)		4,788	5,455	0	278
Sale of Property	0				0				0	0
Net cash generated used in investing activities		(21,506)		(10,961)	0	(11,544)	(3,332)	(10,683)	(8,460)	(7,646)
<b>Cash flows from financing activities</b>										
PDC Dividend Received	1,886		175		1,710				0	0
PDC Dividend (Paid)	(3,217)		(899)		(2,406)		(2,624)	(2,790)	(2,890)	(2,990)
Finance lease receipts - Rent			201		219					
Finance lease receipts - Interest	216		(7)		(8)					
Finance Lease Rental Payments	(1,632)		(1,390)		(1,442)		(1,311)	(1,236)	(1,195)	(1,117)
Finance Lease Rental Interest	(169)		(165)		(179)		(160)	(145)	(130)	(117)
		(2,916)		(2,085)	0	(2,105)	(4,095)	(4,171)	(4,215)	(4,224)
Cash and cash equivalents at end of period		48,836		50,011	0	49,043	51,306	48,560	48,388	49,182



# Capital – Five year Plan

Capital Plan	Plan ytd	Actuals to date	Forecast Outturn 05/02/2024	Plan	Plan	Plan	Plan
£000s	2023/24	2023/24	2023/24	2024/25	2025/26	2026/27	2027/28
<b>Land and Buildings</b>							
Buildings	2,125	345	1,319	1,477	3,000	3,000	3,000
Backlog Maintenance	1,045	1,208	1,554	1,612	1,393	1,393	1,393
Buildings - Finance Leases	358	(99)	579	255	989	250	250
Vehicle - Finance Leases	352	177	204	239	0	250	250
Other leases				721			
Net Zero Carbon	500	0	39	645	500	500	500
LD Assessment & Treatment Unit				0	2,000	0	0
Cirencester Scheme				0	5,000	0	0
<b>Medical Equipment</b>	403	116	497	903	1,030	1,030	1,030
Xray			267	0	0	0	0
Endoscopy			488	0	0	0	0
<b>IT</b>							
IT Device and software upgrade				600	600	600	600
IT Infrastructure	659	146	600	1,715	1,300	1,300	1,300
Clinical Systems Vision	1,826	333	355	0	0	0	0
Transforming Care Digitally			0	1,050	980	790	250
<b>Sub Total</b>	<b>7,268</b>	<b>2,226</b>	<b>5,902</b>	<b>9,217</b>	<b>16,792</b>	<b>9,113</b>	<b>8,573</b>
Forest of Dean	8,671	8,583	8,951	237	0	0	0
<b>Total of Updated Programme</b>		<b>10,809</b>	<b>14,853</b>	<b>9,454</b>	<b>16,792</b>	<b>9,113</b>	<b>8,573</b>
Disposals	(2,464)		(1,356)	(4,000)	(6,233)	0	(500)
<b>Total CDEL spend</b>	<b>13,475</b>	<b>10,809</b>	<b>13,497</b>	<b>5,454</b>	<b>10,559</b>	<b>9,113</b>	<b>8,073</b>
<b>Funded by;</b>							
Anticipated System CDEL			11,171	4,239	11,562	8,613	8,073
IFRS 16			576	1,215	989	500	500
CDC funding			1,535				
Frontline Digitisation funding			175				
<b>CDEL Shortfall / (under commitment)</b>			<b>40</b>	<b>0</b>	<b>(1,992)</b>	<b>0</b>	<b>(500)</b>

# Risks

Potential risks are as set out below:

Risk of additional S117 costs not being reimbursed by the ICB has been removed

24/25 risks are included within the budget setting paper

Risk No.	Risks	Year	Risks	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
ID.391	Recurring savings without a plan don't deliver; Adult Community 158k Medical 105k PH Inpatients and Urgent Care 61k	23/24	324	324	0	5	2	10



# System position



Gloucestershire Health and Care  
NHS Foundation Trust

<b>Draft System Position Month 11 23/24</b>	<b>Plan 31/01/2024 YTD</b>	<b>Actual 31/01/2024 YTD</b>	<b>Variance 31/01/2024 YTD</b>	<b>31/03/2024 Forecast</b>
<b>Organisation</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Gloucestershire ICB	0	0	0	48
Gloucestershire Health And Care NHS Foundation Trust	23	3,347	3,324	1,939
Gloucestershire Hospitals NHS Foundation Trust	(1,929)	1,890	3,819	(1,480)
<b>TOTAL Surplus/(deficit)</b>	<b>(1,906)</b>	<b>5,237</b>	<b>7,143</b>	<b>507</b>

# System risk share position

Gloucestershire Health and Care  
NHS Foundation Trust

Organisation	Measure	Target	Delivered
ICB	Deliver Financial Plan	Break even	Yes
ICB	Deliver system ERF	Delivery of system ERF target (Independent sector providers and out of county providers)	Yes
ICB	Increased flow	Increased flow through discharge to assess beds – 5 day reduction in LOS by 31st March 2024 from a baseline of 38.4 days average.	No
GHFT	Deliver Financial Plan	Break even	No
GHFT	Deliver ERF target	Delivery of the Elective Recovery target for 23/24 of 109% of 19/20 baseline (Trusts' element of Gloucestershire target which is <b>NOW 103%</b> activity recovery rate).	No
GHFT	Deliver Ambulance handover trajectory	Delivery of the ambulance handover trajectory in the Operational Plan (using average handover time as the measure).	Yes
GHC	Deliver Financial Plan	Break even	Yes
GHC	Improve rapid response demand and capacity by 3%	Have 3900 starts annually	Yes
GHC	Improved mental health liaison response	1115 Routine referrals responded to in 24 hours, 476 Urgent referrals responded to in 2 hours	Yes

GLOUCESTERSHIRE ICS - DEFICIT SHARING PROTOCOL SUMMARY for GHC				
System wide externally driven cost pressures	-3,300,000			
GHC Targets	Externally driven cost pressure £	Achieved	Internally driven cost pressure £	Total
Deliver Financial Plan		Yes	0	
Improve rapid response demand and capacity by 3%		Yes	0	
Improved mental health liaison response		Yes	0	
<b>Total GHC share 17.46%</b>	<b>-576,180</b>		<b>0</b>	<b>-576,180</b>
Total ICB share 35.88%	-1,184,040		0	-1,184,040
Total GHFT share 46.66%	-1,539,780		0	-1,539,780



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NHS Foundation Trust



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**REPORT TO:** TRUST BOARD **PUBLIC** SESSION - 28 MARCH 2024

**PRESENTED BY:** Hannah Williams, Acting Director of Nursing, Therapies and Quality

**AUTHOR:** Hannah Williams, Acting Director of Nursing, Therapies and Quality

**SUBJECT:** **QUALITY DASHBOARD REPORT – FEBRUARY 2024 DATA**

<b>If this report cannot be discussed at a public Board meeting, please explain why.</b>	
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**This report is provided for:**

Decision ☐ Endorsement ☐ Assurance ☒ Information ☐

**The purpose of this report is to:**

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

**Recommendations and decisions required**

The Board are asked to **RECEIVE, NOTE** and **DISCUSS** the February 2024 Quality Dashboard.

**Executive summary**

This report provides an overview of the Trust's quality activities for February 2024. This report is produced monthly for Trust Board, Quality Committee, Operational Delivery and Governance Forums for assurance.

This month's report also includes additional information regarding:

- Learning from Deaths Report Q3
- Guardian of Safe Working Update Q3
- Non-Executive Directors Quality Visits Q3
- A slide summarising the previous year's CQC Mental Health Survey actions

This month we acknowledge the Berkeley House Care Quality Commission report was published on 1<sup>st</sup> March 2024 and confirms the change in rating to inadequate. This does not affect the overall rating for the Trust which remains as 'Good'. We continue to facilitate monthly meetings with the Care Quality Commission, Integrated Care Board and NHS England to assure them of delivery against the agreed improvement plan. All partners recognise the progress that has been made and will support the application for the removal of the Section 31 notice we have in place.

**Quality issues showing positive improvement this month include:**

- Re-introduction of PALS (Patient Advice and Liaison Service) visits at Berkeley House.
- Fifth consecutive month of improved performance in Cardio-metabolic assessment within Mental Health inpatients with improvements also noted in community, this follows a focussed program of work from the lead nurse for Physical Health in Mental Health.
- As part of the Friends and Family Test Quality Improvement project, a pilot to share feedback through 'You Said, We Did' Boards has commenced.
- Significant sustained reduction over time in moderate harm falls incidents, much of this can be attributed to falls reduction work at Charlton Lane. Learning from this area of work is now being embedded across Community Hospitals.
- A reduction in pressure ulcer (PU) moderate harm incidents with a 65% reduction in deep tissue injury across all localities and a 16% reduction in unstageable pressure ulcers across all services. This reflects the ongoing focus with teams to support accurate assessment and categorisation of pressure ulcers which has been identified as an area that required improvement following a thematic review of pressure ulcers led by the Head of Profession for Community Nursing and the Patient Safety team.
- Good progress has been made in more detailed reporting of Statutory and Mandatory training and Clinical Supervision but more work is required to be able to use this data for full assurance.
- The Business Intelligence team have developed a clinical system to automatically report safeguarding referrals to the local authority which will replace the manual workaround put in place thus releasing time for operational colleagues. The system will go live in April 2024.

**Quality issues that require additional focus development include:**

- Continued work regarding quality concerns at Berkeley House, noting ongoing challenges with staffing vacancies, particularly within the Therapy and Health Care Support Worker provision.
- Continued focussed work within the Safeguarding team reprioritised to address the backlog of MARAC (Multi Agency Risk Assessment Committee) action plans awaiting administrative uploading to records noting the improvements that have been realised following a review of administrative process.
- Ongoing development and expansion of work to prevent against the risks associated with Closed Culture which includes methods of reporting and associated assurance from 'Ward to Board'

- To expand current patient safety data set and analysis to include themes related to restrictive practice. Particular attention is being applied to improving recording of rapid tranquilisation and the clinical observations post administration.
- Focussed work led by the Trust Safeguarding leads to address low uptake of Children's and Adult safeguarding group supervision, this will be undertaken in partnership with operational leads.

#### **Risks associated with meeting the Trust's values**

Specific initiatives or requirements that are not being achieved are highlighted in the Dashboard.

#### **Corporate considerations**

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

#### **Where has this issue been discussed before?**

Quality Assurance Group, updates to the Trust Executive Committee and bi-monthly reports to Quality Committee/Public Board.

#### **Appendices:**

Quality Dashboard Report - February 2024 Data

**Report authorised by:**  
Hannah Williams

**Title:**  
Acting Director of Nursing, Therapies and Quality





## Quality Dashboard 2023/24

### Physical Health, Mental Health and Learning Disability Services

Data covering February 2024

This Quality Dashboard reports quality focussed performance, activity, and developments regarding key quality measures and priorities for 2023/24 and highlights data and performance. This data includes national and local contractual requirements. Certain data sets contained within this report are also reported via the Trust Resources Committee; they are included in this report where it has been identified as having an impact on quality matters. Feedback on the content of this report is welcomed and should be directed to Hannah Williams, Acting Director of Nursing, Therapies and Quality (NTQ).

The Quality Dashboard summary 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.

### Are our services SAFE?

The business intelligence team have developed a clinical system to automatically report safeguarding referrals to the local authority. This will go live in April 2024. There has been a further decline in attendance at Adult group safeguarding supervision sessions, this is due to the operational pressures across teams, there has however been an uptick in attendance from colleagues at the monthly safeguarding learning lunches. The Head of safeguarding is working with Service Directors to improve attendance at group supervision sessions. In line with NHSE Pressure Ulcer (PU) reporting standards we have removed the acquired and inherited label from the dashboard and are preparing to adopt the new national PU data system which supports quality improvement rather than traditional data collection. GHC PU reporting is in line with regional and national community Trusts recognising that a) PU prevention and management is a system issue rather than a single provider issue and b) a significant proportion of GHC patients enter our services with a PU developed outside of the Trusts services. We are looking at the accuracy of coding PU's that are classified as "Developed prior to admission to the Trust" to further validate this. This month there we note a reduction in pressure ulcer moderate harm incidents with a 65% reduction in deep tissue injury across all localities and a 16% reduction in unstageable pressure ulcers across all services. This reflects the good work being undertaken in the ICT's to support accurate assessment and categorisation. There were a total of 1022 patient incidents reported in February. 895 were reported as No and Low harm incidents and 73 as Moderate, Severe or Catastrophic incidents. The top four overall categories of incident, excluding skin integrity, were falls, clinical care, infection prevention and control and self harm. 1 serious incident was reported in February. Three After Action Reviews took place in February and learning from these has been shared with clinical teams and governance forum. Good progress continues with restrictive practice reduction in the Trust and work is ongoing relating to sexual safety, including exploring the possibility of obtaining a corporate licence to install the Hollie Guard App on community nurses mobile phones. This month we include the Q3 Guardian of Safe Working Hours update which highlights the challenges in filling on call shifts generally and, in particular, during the Industrial action. Also included is the Q3 learning from Deaths summary of the report presented to the Trusts Quality Assurance Group. No concerning trends or themes were identified.

### Are our services EFFECTIVE?

The new Safeguarding Management structure is in place and the new Strategy meeting process has been successfully implemented in MASH, with minimal disruption. MASH now undertake and coordinate the strategy meetings for all of health organisations within Gloucestershire. **Appendix 2** summarises wider key operational performance data. We note that the wait parameters have been altered from 8 to 18 weeks for Podiatry, ICT Physiotherapy and ICT Occupational Therapy and these indicators are now included in the report. These are new indicators and, therefore, the data history will build going forward. Safer staffing data acknowledges the continuing challenges and progress for inpatient teams. There is an improving recruitment position at WLH. There was a trajectory to be fully established at Band 5 level for the entire WLH site by end of November 2023. This target was not met but there has been significant improvement and the current vacancy rate is 7.6 WTE. This month we continue with the exception reporting in relation to Statutory and Mandatory training, where there are 5 or more teams not reaching the threshold for compliance. Access to individual team data is now available to support team managers to identify areas that require support. Essential to Role (E2R) training is included this month (mainly MH) and more will be included in 2024. This month we see a further reduction in HCSW vacancy, currently at 82.84% which is reflective of the ongoing good work within teams responsible for recruitment.

### Are our services CARING?

PALS visits have recommenced at Berkeley House. Whilst these visits are limited in number, due to the complex and challenging environment, all efforts are made to facilitate visits. FFT responses increased this month, however, the percentage of respondents reporting having had a positive experience just dipped below target to 94%. In February, the number of formal complaints decreased to 12. 62% of complaints were closed within three months (target 50%) and 93% closed within six months (target 80%). There were two re-opened complaints in February. The Patient Carer Experience Team continues to work with operational colleagues to achieve improved governance/oversight of all feedback received in order to embed learning and recommendations. A pilot to share feedback through 'You Said, We Did' Boards has commenced as part of the FFT QI project. The new complaints management process launched on 1<sup>st</sup> August 2023, in line with the revised PHSO standards, is now firmly embedded within the Trust. This month we include a slide summarising the previous years CQC Mental Health Survey actions. Results for this years survey have been released but remain embargoed until May 2024, work has commenced to analyse and will be reported to Quality Committee.

### CQC Update

The Berkeley House CQC report was published on 01/03/2024 and confirms the change in rating to inadequate. This does not affect the overall rating for the Trust which remains as 'Good'. We made contact with all families/carers prior to the report being published and worked with the clinical team to ensure that any media interest that might follow the publication was managed in a sensitive and constructive manner. The discharge plans are well advanced for those in residence and we have been working collaboratively with the Local Authority to agree detailed transitioning arrangements. We continue to facilitate monthly meetings with the CQC, ICB and NHSE to assure them of delivery against the agreed improvement plan. All partners recognise the progress that has been made and will support the application for the removal of the Section 31 notice we have in place. We have adapted the new CQC Quality of Life tool (for inspecting specialist services for people with a learning disability and autism) and aim to use this tool to reassess internally the standard of care at Berkeley House. This will inform future reporting to the CQC. The Dental Service underwent a peer review in January; no significant issues found and evidence of positive care was identified. The CAHMS Service will be reviewed internally early in 2024.

## Learning from Deaths Summary Q3 2023/24

### Overview

This summary's aim is to inform the Board of the Trust's Learning from the Deaths review process, data analysis and outcomes during Quarter 3 2023/24. It includes learning from 'expected' and 'unexpected' End of Life care incidents, concerns, queries and compliments and local Gloucestershire LeDeR reviews.

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

The full paper has been presented to the Trusts Quality Assurance group for approval and assurance.

### Quarter 3 2023/24 Learning from Deaths Summary:

- No concerning trends or themes have been identified.
- 108 patients died whilst under the care of the Trust in Q3, the deaths reviewed during Q3 were judged not to be due to problems in the care provided.
- Learning from End-of-Life care incidents, concerns, queries and compliments shows the continued need for focus on medicines management and Continuing Health Care (CHC) Fast track. Training was commenced by the CHC team at the ICB to support ongoing challenges regarding the number of declined applications.
- The Mental Health & Learning Disability Mortality Review Group (MRG) revised its processes for the undertaking of Structured Judgement Reviews (SJRs) for community patients. Historically, these have been undertaken by the Mortality Team and reviewed by the MRG. Following a period of consultation with Community Service Managers, it has been agreed that from Q4 the SJRs will be completed by the treating team (with support from the Mortality Team). A clinician from the team will present this for exploration, discussion and review at the MRG. This process is now in line with the SJRs undertaken by the MH inpatients services and also the community hospitals.
- There has been a focus on supporting operational services to draft Learning on a Page documents as part of the SJR process and guidance template produced. 1 learning summary was generated this quarter and this was related to clozapine and the risk of pneumonia, patients are routinely reminded of how to recognise signs of pneumonia at their clozapine clinic appointments.
- The inpatient death rate for Community Hospitals (CoHo) and Charlton Lane (CLH) is slightly higher than historical data but it has been observed that more patients are being transferred from the acute trust who require end of life care. The System Mortality Group identified that mortality rates were higher at weekends at the acute trust, reflecting higher admissions activity of acutely unwell patients on these days. Review of current GHC activity shows that death rates are highest on Monday's and Sundays, however, admissions at weekends are lower than weekdays. There does not, therefore, appear to be a correlation between date of admission and date of death.
- Cancer, frailty of old age, respiratory and cardiovascular illness remain the most prevalent causes of death for CoHo and CLH patients. Respiratory infections remain the most prevalent cause of death of people with a learning disability and Community Mental Health patients. Data regarding natural cause of deaths for Community Mental Health patients identifies that death from cardiovascular illness, within the patient group with SMI, is twice as prevalent as within the CoHo population. This supports the increased resource identified to promote annual physical health checks for patients with SMI.
- The mean age of patients at date of death for Community Mental Health patients is younger than the mean age of patients who died in CoHo/CLH. This is consistent with accepted research indicating that people with mental health illness die on average at an earlier age than those without. This information also continues to inform the physical health work stream for the Community Mental Health Teams redesign and transformation.
- There were 6 deaths of patients open to Trust Learning Disability services in Q3 and all deaths have been referred to LeDER for review. The mean age at date of death is almost 20 years younger than the mean age of patients who died in Coho/CLH.
- 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, were happy with the cause of death given and gladly gave feedback about care when asked. The ME was involved with 70 deaths in Q3.
- 1 inquest was heard involving a GHC patient in Q3 with the conclusion being 'suicide' . During Q1-3 19 inquests of GHC patients have been heard with 11 of these being determined as deaths by suicide. It is clear from the outcome of these inquests that suicide prevention remains a key priority for the Trust and is a key Quality Priority in 2023/24.

The National CQUINs applicable to GHC for 2023/24 are tabled in summary below, progress reporting commences at the close of H1 (Q3 for Flu). Agreement reached with commissioners that reporting will be for information purposes only with no financial penalties linked to thresholds.

## SUMMARY CQUIN INITIATIVES 2023-2024

CCG Ref	Description	Mental Health	Physical Health	Reporting Process	Status
CCG1	<b>Flu vaccinations for frontline healthcare workers, ( 70%-90% compliance )</b>	✓	✓	Established process via Immform to continue as per previous years.	Flu and Covid-19 vaccination programme continues. Clinic locations and times are publicised on the Intranet. Good take up from staff has been evident in these early clinics, targeted work is planned for areas of low uptake (uptake 8 <sup>th</sup> Feb 45%).
CCG12	<b>Assessment and documentation of pressure ulcer risk</b> Achieving 70% (min) of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.		✓	Manual Audit. H1 & H2	H1 results show 75% compliance, CQUIN Requirements for H1 have been achieved. Manual audits planned for H2.
CCG13	<b>Assessment, diagnosis and treatment of lower leg wounds</b> Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.		✓	Suspended	CQUIN suspended due to national challenges with audit tool, work stream incorporated in to 2023-24 by the implementation of the tissue viability quality priority.
CCG14	<b>Malnutrition screening in the community - applicable to inpatients in community settings .</b> Achieving 70% (min) of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks.		✓	Manual Audit. H1 & H2	H1 results show 44% compliance, CQUIN requirements for H1 have not been achieved. A review identified the main factor was the timing of the use of the tool rather than results obtained. Remedial actions are under way and we are confident of being fully compliant .
CCG15a	<b>Achieving 50% of adults and older adults accessing select Community Mental Health Services (CMHS's), having their outcomes measure recorded at least twice.</b> Separately, achieving 10% of adults and older adults accessing select Community Mental Health Services, having their patient-reported outcomes measure (PROM) recorded at least twice.	✓		Routine submission (via MHSDS)	At present paired outcomes are not consistently recorded. As part of the Community Mental Health Transformation work, DIALOG, which is a self assessment and Patient Rated Outcome Measure (PROM), is being trialled. This will give an opportunity for outcomes to be assessed. Engagement and training is underway. Teams have been informed that the use of the template is now compulsory. The majority of community mental health teams (Recovery, Later Life, MHICT and AOT) have received DIALOG training. A further online training date of 10/01/24 for those that may have missed was well attended. Gemma Evans and Ruth Kyne also attended to talk about My Care Plan. Further discussion needs to be had with CRHTT to establish a training and roll out plan. Discussion has also started with NTQ in terms of merging the new My Care Plan process and DIALOG roll out, due to it's overlap. Clinical LCP leads will continue to provide DIALOG only training for those who need it and there will be a gap in the My Care Plan roll out
CCG15b	<b>Routine outcome monitoring in CYP and community perinatal mental health services .</b> Achieving 50% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice.	✓		Routine submission (via MHSDS)	This indicator requires further development and input from BI and will be noted as indicator N26 in the next phase of indicators to go live organisationally.
CCG17	<b>Reducing the need for restrictive practice in adult/older adult settings .</b> Achieving 90% of restrictive interventions being recorded in adult and older adult acute mental health, PICU and learning disability and autism inpatient settings with all mandatory and required data fields completed.	✓		Routine submission (via MHSDS)	This indicator requires further development and input from BI and will be noted as indicator N32 in the next phase of indicators to go live organisationally.

## Quality Priorities 2023-2025:

A summary of quality priority activity in H1 2023-24 is provided below. This is a 2 year work programme and a definitive compliant/non compliant rating will be issued at the end of Q8. A detailed summary of progress against each priority was presented to Quality Committee in January 2024. Moving forward Quality Committee will have regular presentations from a Quality Priority lead.

### SUMMARY QUALITY PRIORITIES 2023-2025

Priority	Description	Status 23/24
1	<ul style="list-style-type: none"> <li>Tissue Viability (TVN) - with a focus on reducing performance through improvement in the recognition, reporting, and clinical management of chronic wounds.</li> </ul>	No significant barriers to achievement reported.
2	<ul style="list-style-type: none"> <li>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.</li> </ul>	No significant barriers to achievement reported.
3	<ul style="list-style-type: none"> <li>Falls prevention – with a focus on reduction in medium to high harm falls within all inpatient environments based on 2021/22 data.</li> </ul>	Community falls workstream being re-evaluated as wider discussions are taking place relating to scoping of data and the validity/accuracy and effectiveness of the data evidenced thus far.
4	<ul style="list-style-type: none"> <li>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.</li> </ul>	Base line identified, however, a shortfall in training availability means that that the trajectories for staff completing E2R training are not realistic or achievable during the 2 years expected in the End of Life Quality Priority. Further work is planned to refine E2R training – i.e. the number of Masterclasses that are classed as E2R and/or staff groups needs to reduce and/or a different way of delivering the training needs to be introduced in order to achieve delivery within the 2 years.
5	<ul style="list-style-type: none"> <li>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.</li> </ul>	No significant barriers to achievement reported.
6	<ul style="list-style-type: none"> <li>Reducing suicides – with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services.</li> </ul>	No significant barriers to achievement reported.
7	<ul style="list-style-type: none"> <li>Reducing Restrictive Practice – with a focus on continuing our strategy in line with the Southwest Patient Safety Strategy to include restraint and rapid tranquilisation.</li> </ul>	No significant barriers to achievement reported.
8	<ul style="list-style-type: none"> <li>Learning disabilities – with a focus on developing a consistent approach to training and delivering <i>trauma informed</i> 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.</li> </ul>	No significant barriers to achievement reported.
9	<ul style="list-style-type: none"> <li>Children's services – with a focus on the implementation of the SEND and alternative provision improvement plan.</li> </ul>	No significant barriers to achievement reported.
10	<ul style="list-style-type: none"> <li>Embedding learning following patient safety incidents – with a focus on the implementation of the Patient Safety Improvement Plan.</li> </ul>	No significant barriers to achievement reported.
11	<ul style="list-style-type: none"> <li>Carers – with a focus on achieving the Triangle of Care Stage 3 accreditation.</li> </ul>	No significant barriers to achievement reported.

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

	Reporting Level	Threshold	2022/23 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 YTD	Notes
Number of Friends and Family Test Responses Received	N - R		20,256	2,419	2,699	3,115	2,705	2,877	2,476	2,683	2,356	1,799	2,469	2,531		28,129	
% of respondents indicating a positive experience of our services	N - T	95%	94%	94%	94%	94%	94%	95%	93%	94%	94%	95%	94%	94%		94%	
Number of compliments received in month	L - R		2081	202	160	256	306	205	205	244	210	181	181	218		2,368	As reported on last day of the month, noting compliments can be added retrospectively
Number of enquiries (other contacts) received in month	L - R		619	44	75	82	87	99	102	116	121	95	160	128		1,109	This includes feedback that may previously have been categorised as a <i>concern</i>
Number of concerns received in month	L - R		692	66	65	48	40	0	0	0	0	0	0	0		219	NHS Complaints Standards: feedback is now either an enquiry (other contact) or a complaint.
Number of complaints received in month <i>Includes ALL complaints (closer look complaint / early resolution complaint)</i>	N - R		136	8	13	6	11	35	23	13	8	5	13	12		147	
Of complaints received in month, how many were early resolution complaints	L - R			0	0	0	0	33	23	13	7	5	13	12		106	
Number of open complaints (not all opened within month) <i>Includes ALL complaints (closer look complaint / early resolution complaint)</i>	L - R			43	39	30	33	50	58	46	36	25	23	22			This includes feedback that may previously have been categorised as a <i>concern</i>
Percentage of complaints acknowledged within 3 working days	N - T	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	
Number of complaints closed in month <i>Includes ALL complaints (closer look complaint / early resolution complaint)</i>	L - R			6	17	15	8	18	15	25	18	16	15	13		166	
Number of complaints closed within 3 months	L - I			5	9	8	4	13	12	20	16	14	8	8		117	We have adjusted our local KPIs in line with the NHS Complaints Standards targets
Number of re-opened complaints (not all opened within month)	L - R			7	5	3	4	4	4	2	0	0	0	2			
Number of external reviews (not all opened within month)	L - R			2	4	4	5	6	7	7	4	6	6	8			This includes 2 from Family A, 2 from Family B and 1 joint with the ICB

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



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

### Key Highlights:

- The new PCET process launched on 1st August 2023 in line with the [NHS Complaints Standards](#).
- The Standards are designed to ensure that the right structures and systems are in place to capture and act on feedback, provide timely resolutions and deliver better patient and carer (and staff) experience. We will continue to review the process (including recording/reporting) and welcome all feedback from patients/staff via [experience@ghc.nhs.uk](mailto:experience@ghc.nhs.uk)
- Numbers are reported by operational channels/directorates, then by type.
- Directorate level data is shared with SDs, DSDs, P&D leads and NTQ links each month to enable interrogation of service specific feedback; this time is also be used to discuss ongoing investigations and emerging themes/ learning.

### This table shows all reported PCET data received this month by type and directorate

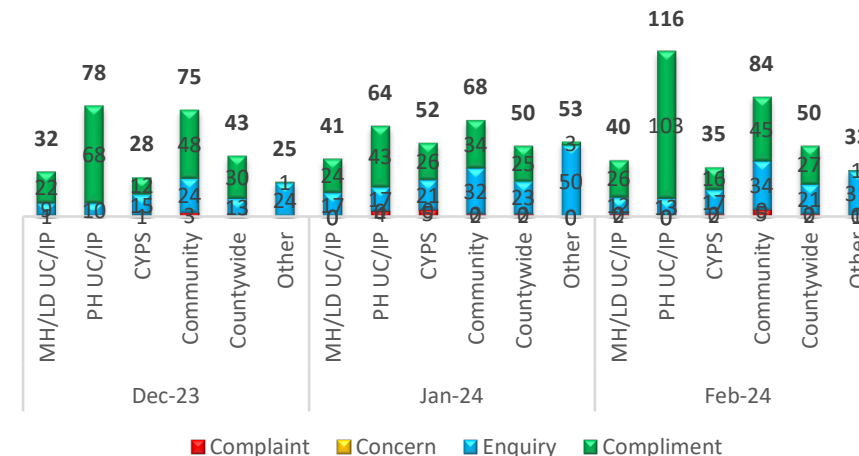
It is important to note that this is a snapshot and does not consider footfall/caseloads/acuity of patients.

Directorate	Complaint		Enquiry	Compliment
MH/LD urgent care and inpatient	2	Early resolution:	12	26
		Closer look:		
PH urgent care and inpatient	0	Early resolution:	13	103
		Closer look:		
CYPS	2	Early resolution:	17	16
		Closer look:		
PH/MH/LD Community	5	Early resolution:	34	45
		Closer look:		
Countywide	2	Early resolution:	21	27
		Closer look:		
Other	1	Early resolution:	31	1
		Closer look:		
Totals	12	Early resolution:	128	218
		Closer look:		

### Examples of complaints [as reported] for each directorate:

- MH UC/IP:** Patient unhappy with treatment from AMHP team and the Crisis team and is seeking an apology from both.
- CYPS:** Mother of patient wishing to complain about lack of support from CAMHS.
- Community:** Patient very unhappy with mental health services and GCC.
- Countywide:** Patient feels very let down by Podiatry, who make appointments on their own terms

## Directorate feedback over the past three months



### The above graph shows feedback by type and directorate over the past three months.

Whilst we continue to welcome complaints as an opportunity to improve our services, there have been significantly more compliments across every directorate. Moving forward, we want to start shifting our focus to learning from excellence too.

The new NHS Complaint Standards were implemented in August 2023 – feedback is no longer categorised as a concern, and is instead either a complaint or an enquiry:

- Complaints:** now divided into early resolution complaints (like concerns, except with a formal response) and closer look complaints (like formal complaints)
- Enquiries:** this category now includes feedback that may have previously been categorised as a *concern*

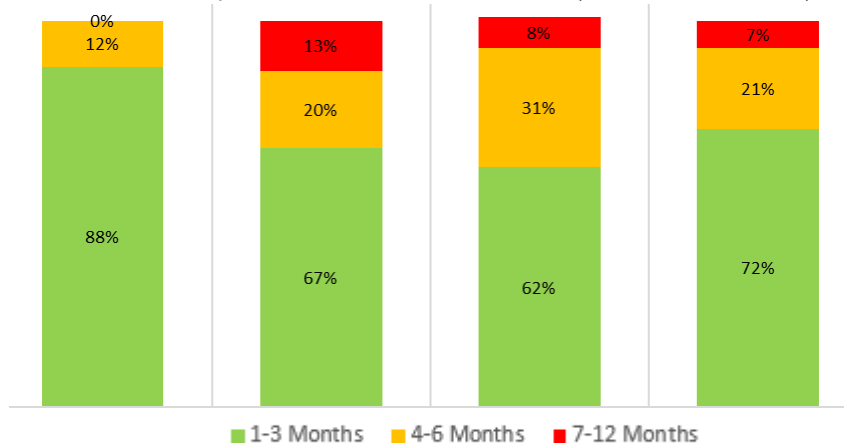
## CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

The below table shows all complaints **CLOSED** this month by outcome and directorate. These include closer look and early resolution complaints.

Directorate	Upheld	Partially upheld	Not upheld	Other	Total
MH/LD urgent care, inpatient	0	0	2	1	3
PH urgent care, inpatient	0	0	0	0	0
CYPS	0	1	1	0	2
PH/MH/LD Community	0	3	3	1	7
Countywide	0	0	1	0	1
Other	0	0	0	0	0
<b>Totals</b>	<b>0</b>	<b>4</b>	<b>7</b>	<b>2</b>	<b>13</b>

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

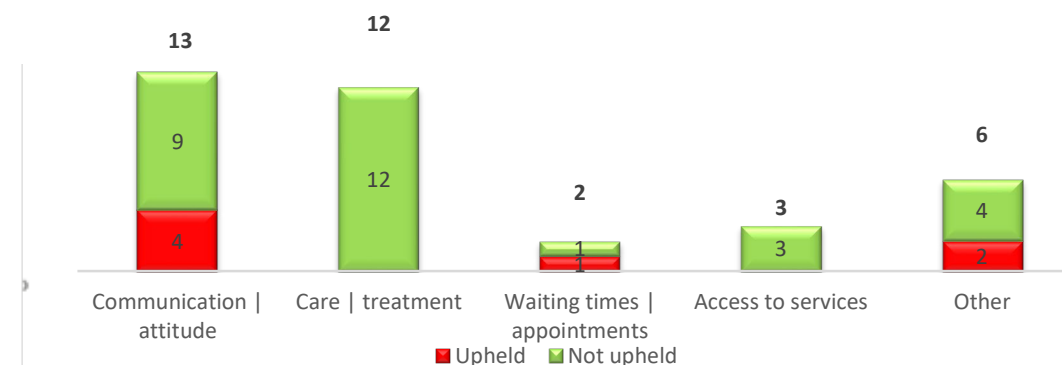
- This month, **62%** were closed within three months (target = 50%), 93% closed within six months (target = 80%)
- YTD, **93%** of complaints have closed within six months (100% within 12 months)



The below table shows upheld **COMPLAINT THEMES** this month. These include closer look and early resolution complaints.

Directorate	Upheld themes for complaints closed this month
MH urgent care, inpatient	No complaints upheld this month
PH urgent care, inpatient	No complaints upheld this month
CYPS	No complaints upheld this month
PH/MH/LD Community	No complaints upheld this month
Countywide	No complaints upheld this month

The chart below shows the themes highlighted in all complaints closed over the past month



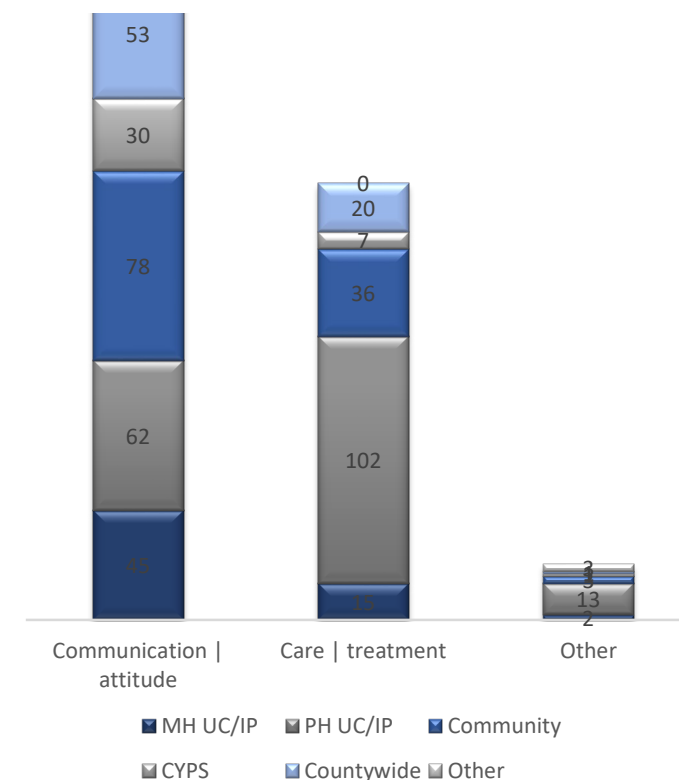
Due to the implementation of the new complaint standards, we expect an increase in the number of complaints received, and a corresponding increase in the number of complaints upheld/partially upheld (however, we will monitor this over time). We also anticipate being more responsive through the early resolution process.

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

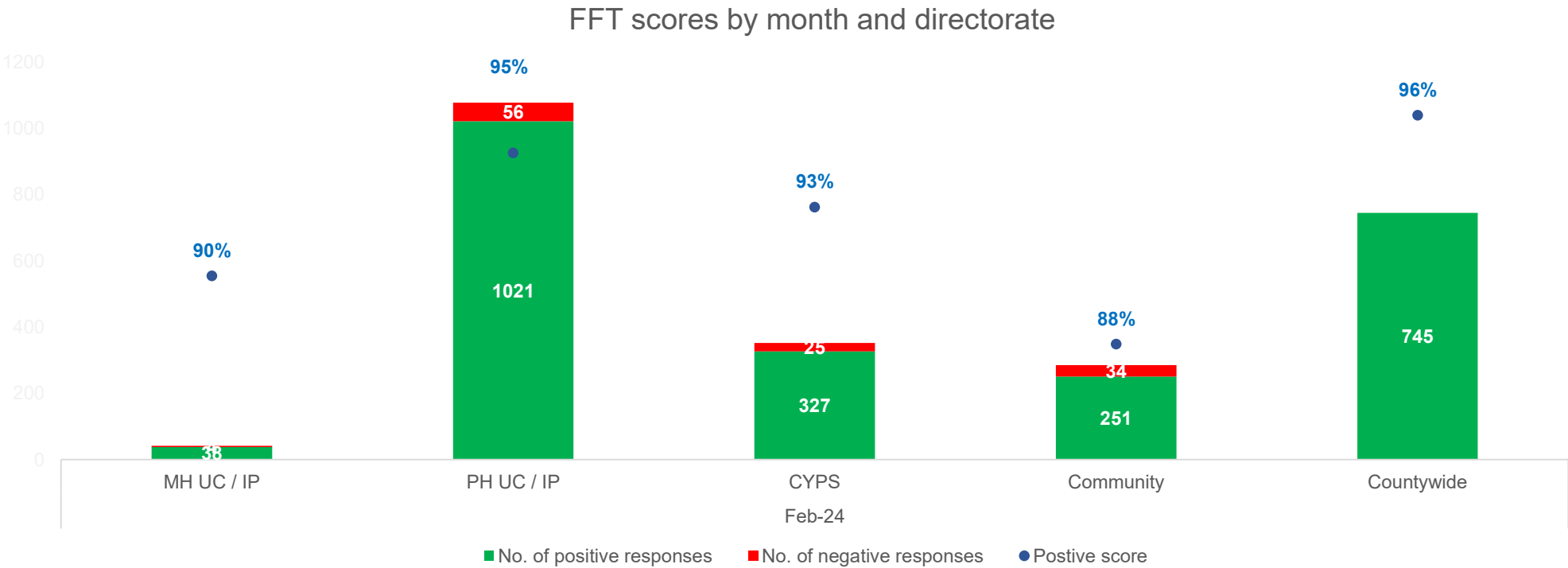
The table below is a sample of compliments received this month, and the chart opposite shows all COMPLIMENTS received this month by theme and directorate.

The 218 compliments recorded contained comments that were distributed over **10** different themes. **Some compliments contained more than one theme.** It is very likely that more compliments were received but not recorded, therefore, not reported; this is due to operational challenges in some teams.

Date	ID	Team	Compliment
07/02/2024	12830	Reablement TNS	Compliment from patient's family for TNS Reablement Team "I can't sing their praises highly enough - thank you for the service you have given us. You're all very kind, all very good at your jobs, you're lovely people & very caring. You are all exceptional and even managed to get here during the floods. We are both very grateful for the support you have given us".
28/02/2024	13064	FAES (Falls Assessmt & Ed Svc)	Family member stated that he thought the service was 'very slick and thorough' and that he was impressed with everything we had done for his Sister.
07/02/2024	12883	Sexual Assault Referral SARC	'Just wanted to pass on some comments from a patient who said she thinks you're amazing and is finding the counselling so helpful, she's taking in lots of what you're saying to her".
12/02/2024	13035	CAMHS MH Support Team	From a Young Person Gift: Thank you Card and Chocolates from young person discharged from service
06/02/2024	12815	Dilke Hosp- Forest Ward	Card Thank you all so much for the wonderful care I received during my 5.5 week stay at the Dilke hospital from Sept/Oct. The hospital will be missed so much. Thank you all.
29/02/2024	13075	NC Hosp- Cotswold View Ward	Brilliant care, very caring and respectful
16/02/2024	12921	MliU- Vale Hosp	"Prompt care, I attended the hospital with a painful neck. I was seen quickly by a nurse and his colleague and given excellent advice and several options for treatment. After 4 days, I am much better, hoping that very soon my neck will be completely pain free."
20/02/2024	13022	Wotton Lawn- Abbey Ward	Flowers and chocolates sent to Abbey Ward staff by family of patient recently discharged as a thank you for their care and treatment
20/02/2024	12950	MH Urgent Care & IP Mgmt	To all miiu, just a little something to say thanks, for all your care and kindness whilst I've been coming to have my legs dressed, it's been much appreciated so thank you again



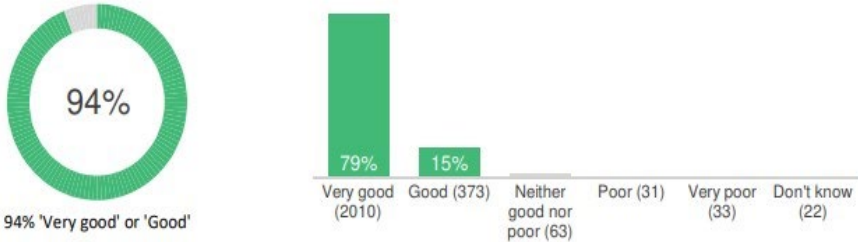
CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)



Highlights for this month:

- The overall positive experience rating has remained at 94%, which is in line with recent months.
- We are continuing to work with services where responses are low to promote a variety of survey methods, such as iPads, QR codes and paper where this is appropriate.
- A pilot to share feedback through ‘**You Said, We Did**’ Boards is underway as part of the FFT QI project
- Service users made 8 requests for contact/action through the FFT open question.

Overall experience of our service | February 2024

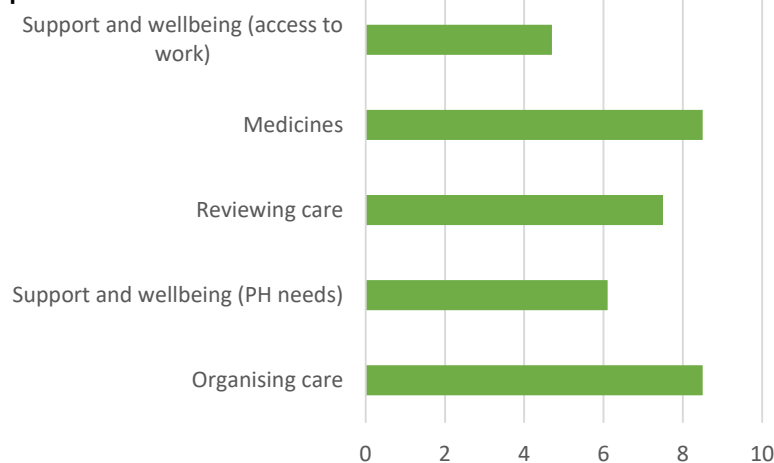


## CQC Community Mental Health Survey 2022/23 (year end summary)

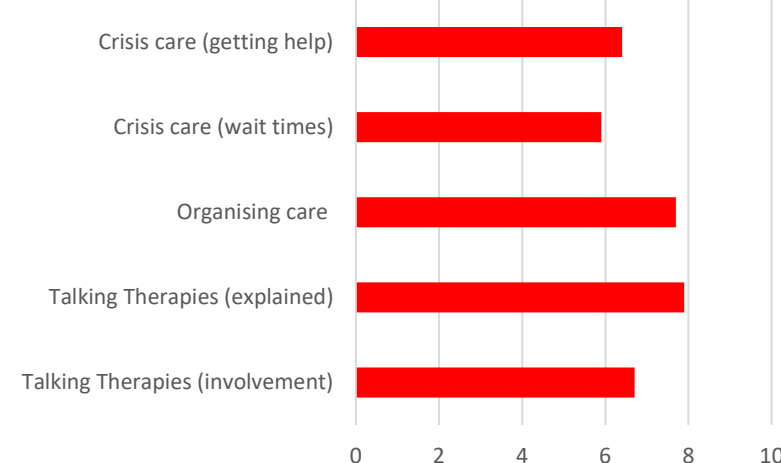
The 2022 CQC Community Mental Health Survey returned a response rate of 29% (against a 21% national average).

GHC performed much better than other trusts in 1 question, better than other trusts in 5 questions and somewhat better than other trusts in 4 questions. For 20 questions, GHC was about the same and in 0 questions GHC was worse.

### Top five GHC scores



### Bottom five GHC scores



Led by the Head of Mental Health, LD Nursing and Clinical Quality, a Survey Reference Group was set up and a 2022 action plan was co-developed with patients and senior operational/clinical leaders. This plan focused on two key areas identified through the survey, where learning opportunities had been identified, and linked in with existing workstreams to deliver the required improvements for service users.

### Section 5: Crisis Care

**Q21. Thinking about the last time you contacted this person or team, did you get the help you needed?**

**Q22. How do you feel about the length of time it took you to get through to this person or team?**

The Survey Reference Group worked with the Crisis Team to review the information on their website to improve understanding of what the service can offer and to consider better ways in which patients can access the service, particularly out of hours. The webpage now has a clear call to action and explains what callers to the service can expect. There is also a static button on the navigation bar, so that it is easy to find required contact details from anywhere on the site.

### Section 7: NHS Talking Therapies

**Q29. Were these talking therapies explained to you in a way you could understand?**

**Q30. Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?**

The Survey Reference Group met with Talking Therapies to discuss how the group can help improve information sharing and communication with service users. This included a review of their patient information leaflet and website redesign.

You can find a full breakdown of the 2022 survey (including how we compare against other mental health providers) here: [RTQ Gloucestershire Health and Care NHS Foundation Trust.pdf](#)

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

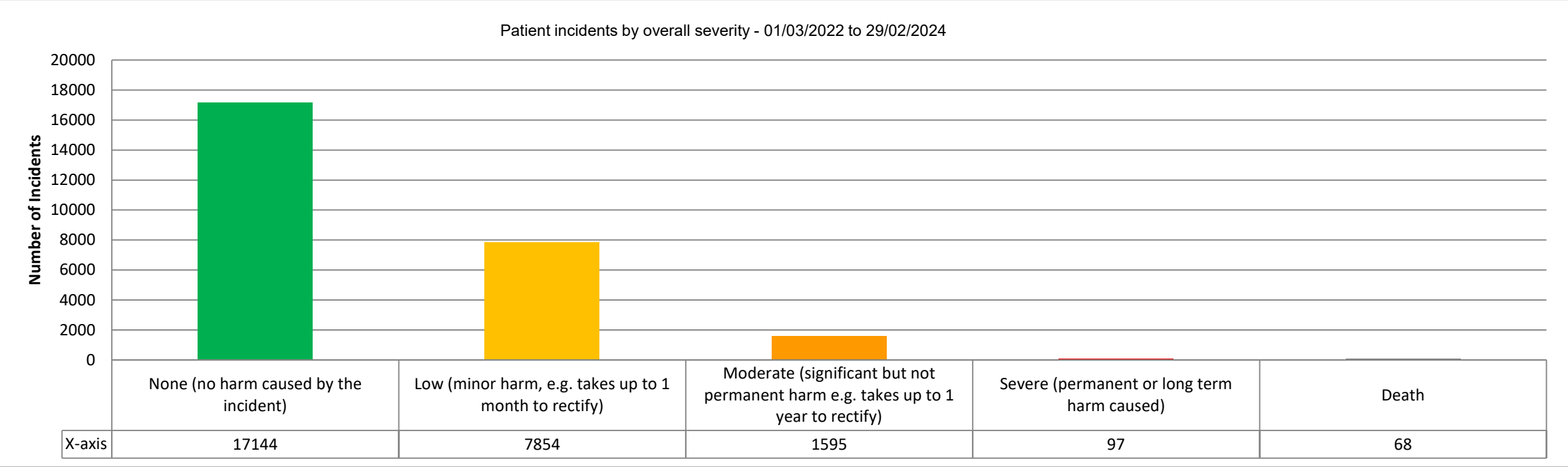
	Reporting Level	Threshold	22-23 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 YTD	R	Exception Report?	Benchmarking Report
																	A		
																	G		
Number of Never Events	N - T	0	1	0	0	0	0	0	0	0	0	0	0	0		0			N/A
Number of Serious Incidents Requiring Investigation (SIRI)	N - R		39	5	2	2	3	3	1	2	1	0	1	1		21			N/A
No of overdue SI actions (incomplete by more than 1 month)	L - R		N/A	0	0	0	0	0	0	0	0	0	0	0		0			N/A
No of unallocated SI investigations (waiting more than 1 month for allocation).	L - R		0	1	0	1	0	1	0	0	0	0	0	0		3			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding self-harm or attempted suicide	N - R		5	0	0	0	0	1	0	0	0	0	0	0		1			N/A
Number of Learning and Engagement Sessions meetings taking place	L - R		9	2	6	4	2	0	10	27	16	23	25	25		140			N/A
Total number of Patient Safety Incidents reported	L - R		13029	1057	1111	1317	1237	1329	1208	1413	1194	1111	1072	1022		13071			N/A
Number of incidents reported resulting in low or no harm	L - R		11967	964	1007	1209	1145	1233	1118	1281	1082	1010	996	*895		11994			N/A
Number of incidents reported resulting in moderate harm, severe harm or death	L - R		1062	93	104	108	92	96	90	132	112	101	76	73		1077			N/A
Total number of patient falls (hospitals and inpatient units) reported as resulting in moderate harm, severe harm or death	L - R		29	1	2	1	0	3	1	0	2	0	2	1		13			N/A
Total number of medication errors reported as resulting in moderate harm, severe harm or death	L - R		5	1	0	2	0	1	2	0	3	0	0	0		9			N/A
Total number of sexual safety incidents reported	L - R		129	7	5	10	13	13	4	13	3	7	11	13		99			N/A
Total number of Rapid Tranquilisations reported	N - R		981	46	30	61	37	71	48	52	38	54	56	42		535			N/A

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

RAAG Key: R - Red, A - Amber, G - Green



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



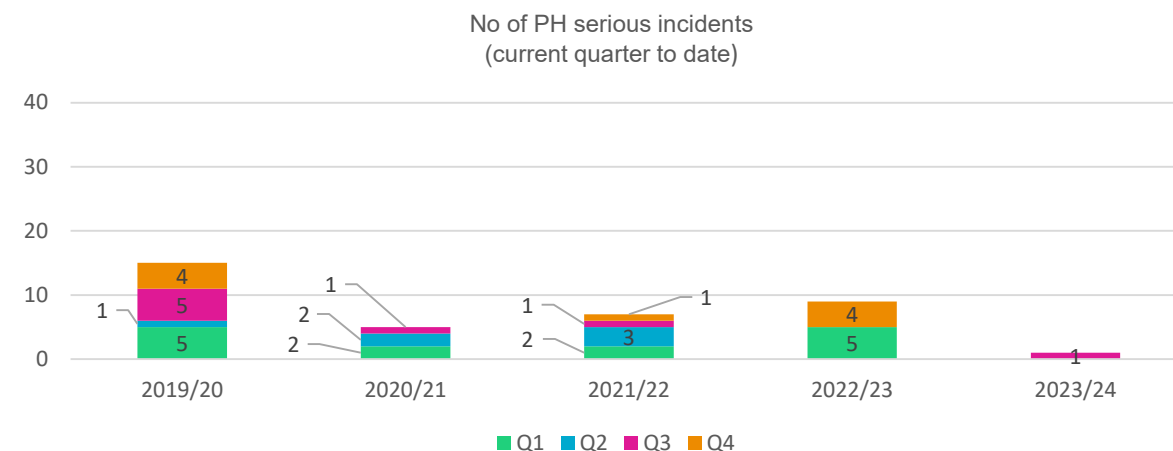
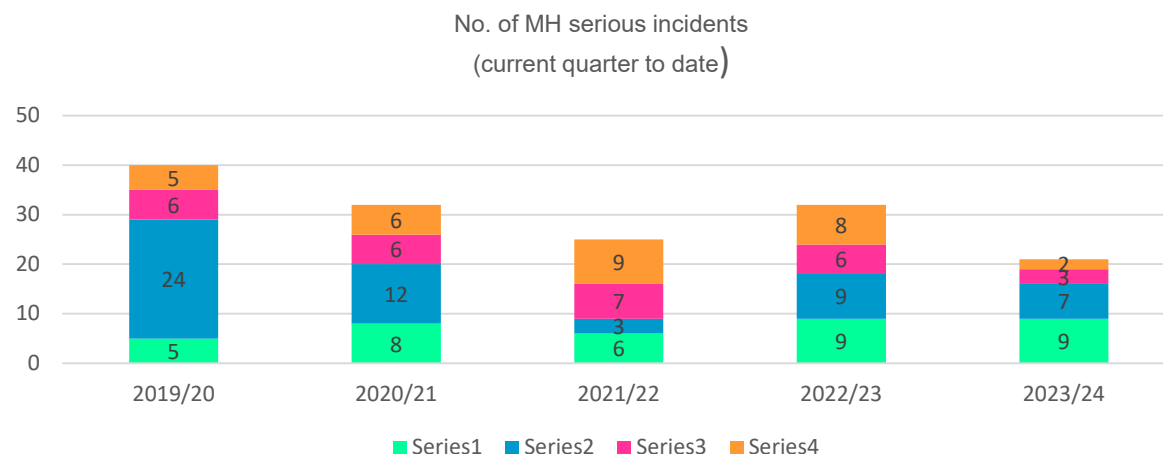
**Key highlights:**

We have included in this dashboard a summary of patient safety incidents reported over the last 2 years and seek to present data that can identify patterns requiring deeper analysis.

In February there were 1022 patient incidents reported on Datix (50 fewer than January). \*895 were reported as No and Low harm incidents (circa 101 fewer than January) and 73 as Moderate or Severe harm or Death (3 fewer than January).

The PST continues to review incidents in teams with reporting anomalies and shares comprehensive reports with service level Ops and Governance meetings to support the development of insights into patient care. Additionally, to support widening the lens around harm, the PST and PCET meet weekly to describe new issues, complaints and moderate harm incidents. Mortality data and themes also drive the QI process. The legal services team have joined this forum to share learning from claims and other legal processes.

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



### Key Highlights

1 new mental health serious incident, was reported in February 2024 and is being managed as a Care Review.

3 After Action Review (AAR) was undertaken in February 2024 for a moderate harm mental health incident. These are reported in Datix and shared with the clinical team and governance forums. AAR reports form part of the Trusts Duty of Candour response to patients and families. The Team has started to work with clinical teams following AAR's to develop and prioritise safety actions that align with the principles of PSIRF (4 meetings in February)

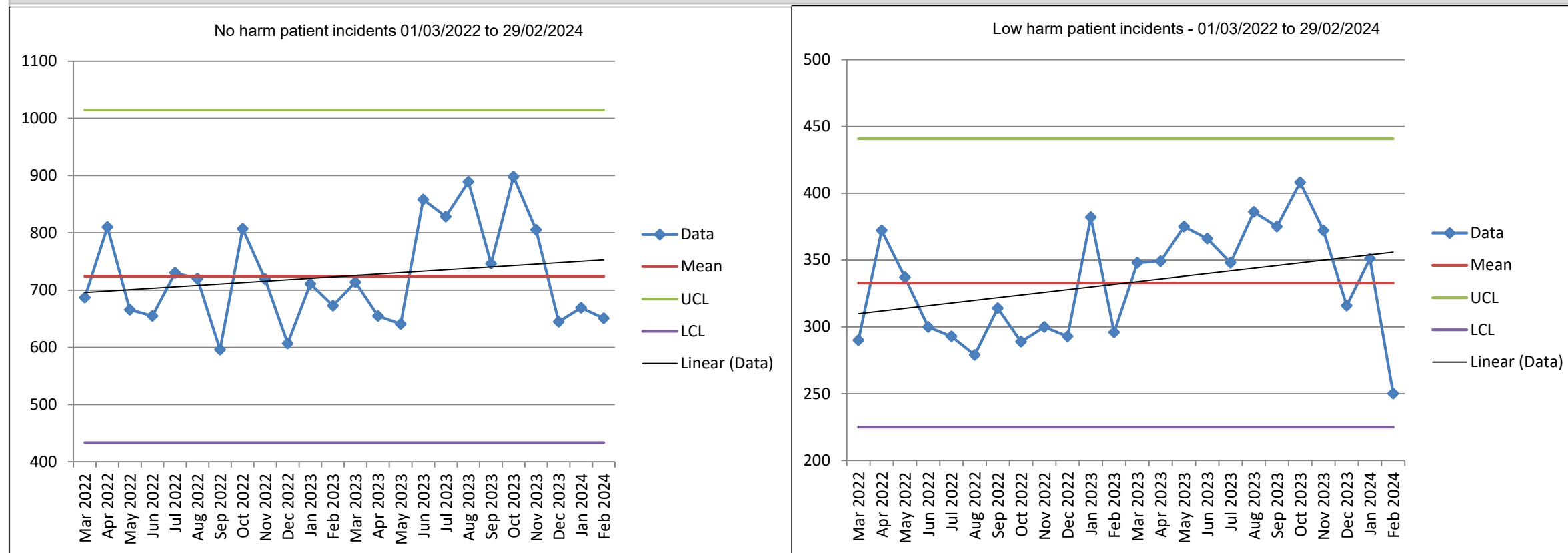
### Learning Assurance Activity:

The Learning Assurance Team have continued with weekly site visits; with time spent at Wotton Lawn and Charlton Lane Hospitals in February (planned visit to Acorn House postponed). These visits are an opportunity to meet front-line colleagues in different teams, talk about general and specific themes from incidents, learn about good practice and answer any questions. The visits also provide a means of gaining assurance that learning has been embedded. Quality Managers attend for some or all of the day to support this longer-term assurance work.

Ongoing learning assurance was supported through:

- Learning was disseminated via Medical and Dental Staffing Committee meeting, Patient Safety and Quality of Care Noticeboards, the February edition of Insight (Patient Safety bulletin) and the Learning Opportunities Group (weekly)
- The Team attended two internal review meetings
- Regular meetings with Matrons at Wotton Lawn and Charlton Lane Hospitals, the Clinical Development Manager and Duty of Candour Lead and Mental Health and Learning Disability Education Team and Physical Health Leads. These support the learning assurance work in the Hospitals
- The homicide action plan working group
- Colleagues in PCET, QI and CQC Quality to share updates (weekly)
- Attendance at the Task and Finish Group on Observations and Engagement, the mental health mortality review group and the GHC/GHFT risk governance meeting
- A meeting with the ICB

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

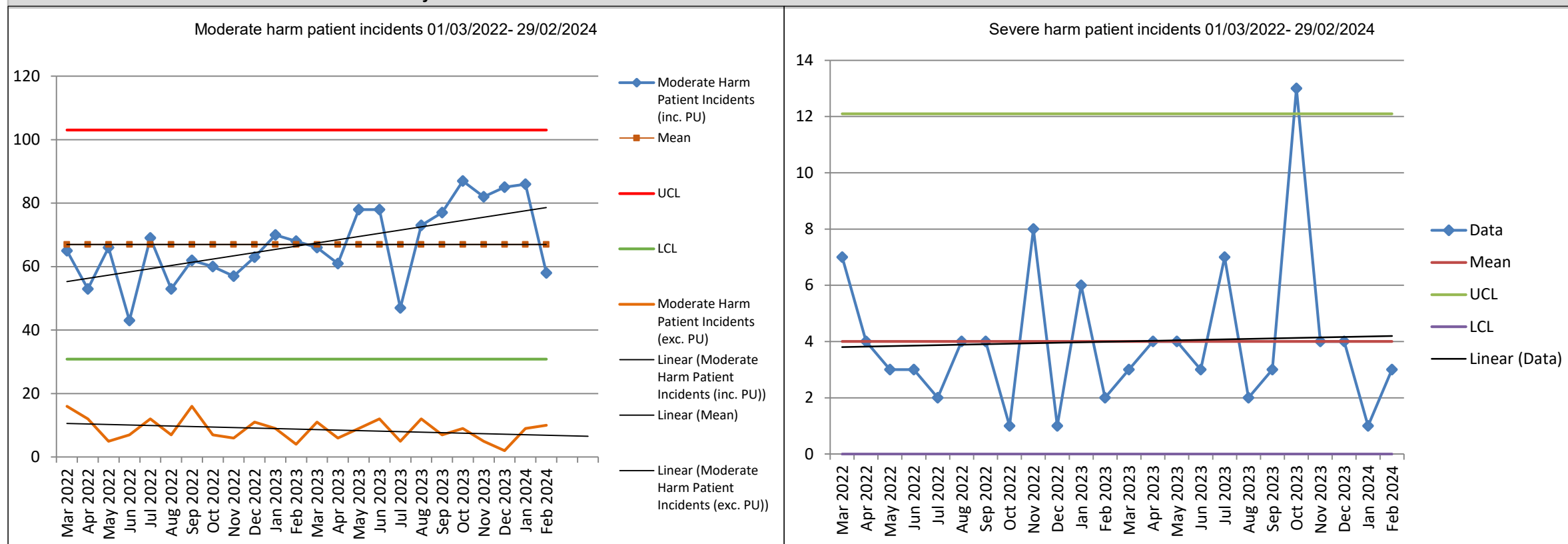


### Key Highlights:

In February, there were a total \*895 No and Low harm incidents reported.

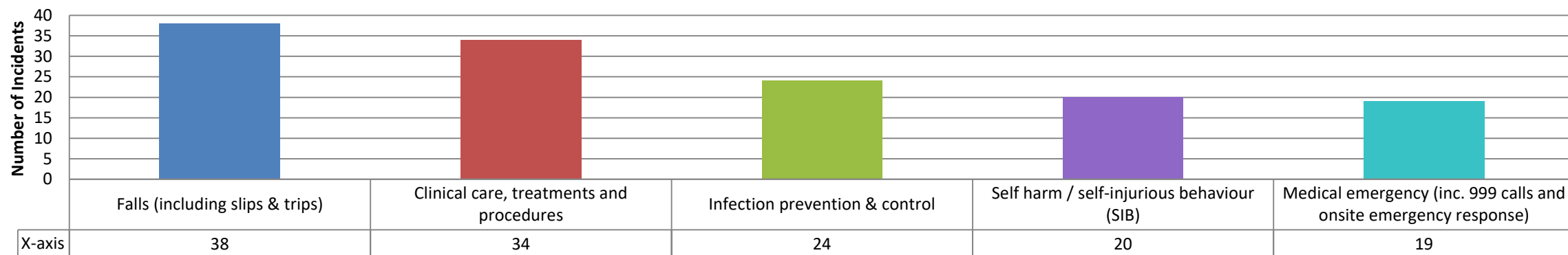
- **No Harm Incidents** – there is no significant change in the recording of no harm incidents in February 2024 compared to the previous month.
- **Low Harm Incidents** - There was a total of 250 low harm incidents reported in February (a reduction of 101 incidents compared to January). The biggest decrease is seen within the 'Self-harm/self-injurious' behaviour category (a reduction of 63 incidents) and in skin integrity incidents (a reduction of 30 incidents). Berkeley House saw the biggest decrease in self-injurious behaviour, with a reduction of 34 incidents, as a result of the improvement work following the CQC inspection. Several District Nursing teams saw a reduction in pressure ulcer incidents in February compared to January.

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



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

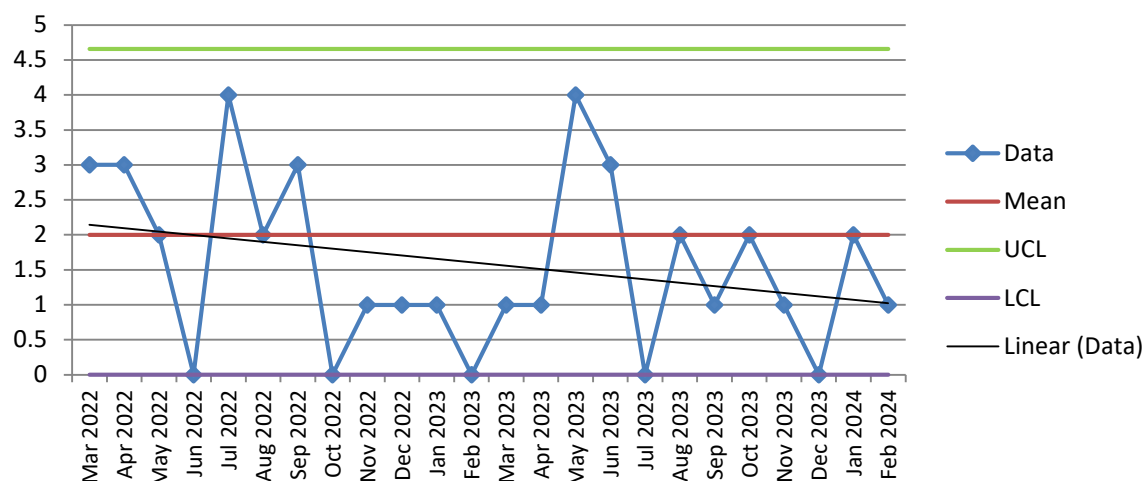
Top 5 moderate harm patient incident categories (excluding skin integrity) 01/03/2022 to 29/02/2024



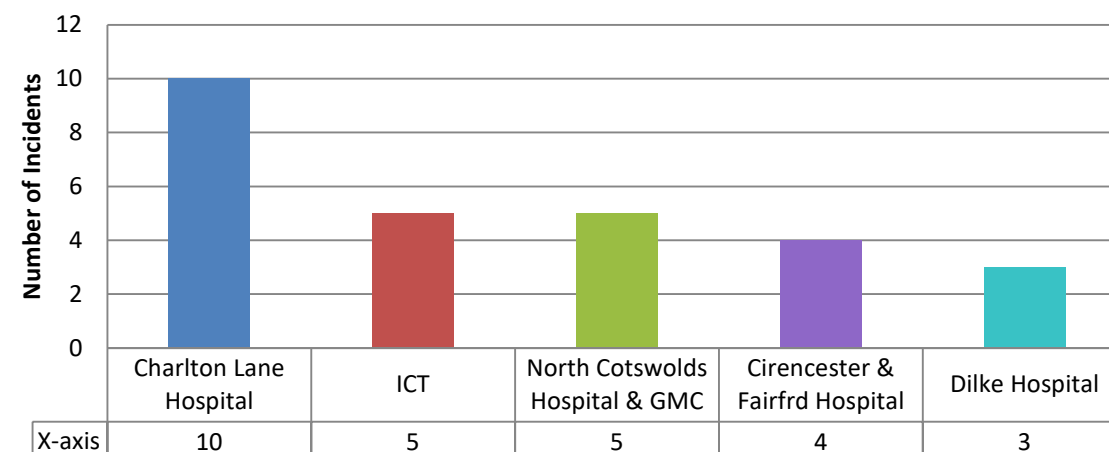
### Moderate harm patient incidents (excluding skin integrity)

The chart above shows the 5 highest categories of moderate harm patient incidents (excluding skin integrity) over 24 months. The charts below provide a breakdown of moderate harm patient falls over the same period.

Moderate harm patient falls 01/03/2022- 29/02/2024



Moderate harm patient falls –  
5 highest reporting services 01/03/2022 to 29/02/2024

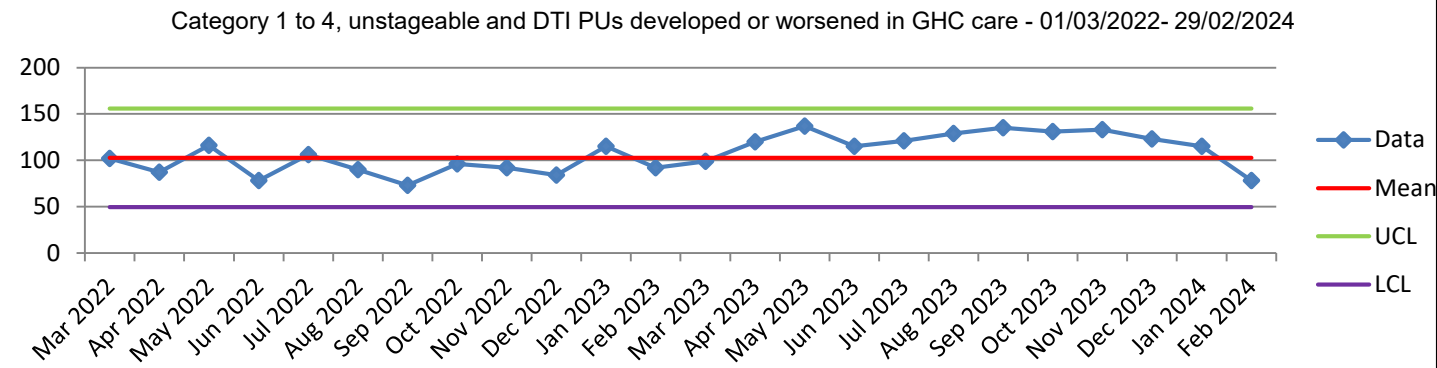


CQC DOMAIN - ARE SERVICES SAFE? Trust Wide Physical Health Focus

	Reporting Level	Threshold	2022/23 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 YTD	R	Exception Report?	Benchmarking Report
																	A		
																	G		
VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	98.61	97%	100%	100%	99%	99%	98%	98%	100%	98.9%	99%	99%		99%	G		
Number of HODA Clostridium Difficile Infections (C Diff)	N	16	10	3	0	0	0	2	0	0	0	0	0	0		5	G		
Number of C Diff cases (days of admission plus 2 days = 72 hrs) - avoidable	N	0	0	0	0	0	0	0	0	0	0	0	1	0		1	N/A		
Number of MRSA Bacteraemia	N	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A		
PU Data threshold removed therefore no longer RAG rated – in line with revised national guidance.																			
Total number of pressure ulcers developed or worsened within our care.	L - R		1128	120	137	115	121	129	135	131	133	123	115	78*		1337			
Number of Category 1 & 2 pressure ulcers developed or worsened within our care.	L - R		735	82	91	73	85	88	92	75	78	63	67	49*		843			
Number of Category 3 pressure ulcers developed or worsened within our care.	L - R		33	5	5	3	5	2	2	4	5	4	6	5*		46			
Number of Category 4 pressure ulcers developed or worsened within our care.	L - R		18	1	1	1	1	1	1	1	4	3	1	0*		15			
Number of unstageable and deep tissue injury (DTI) pressure ulcers developed or worsened within our care.	L - R		342	32	40	38	30	38	40	51	46	53	41	24*		433			

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

HCAI: Post 48-hour Clostridium Difficile threshold set (by ICB) at 16 for the year.



**Pressure Ulcers:**

All cat 3, 4 & unstageable pressure ulcers are subject each month to senior clinical review as part of our validation process.

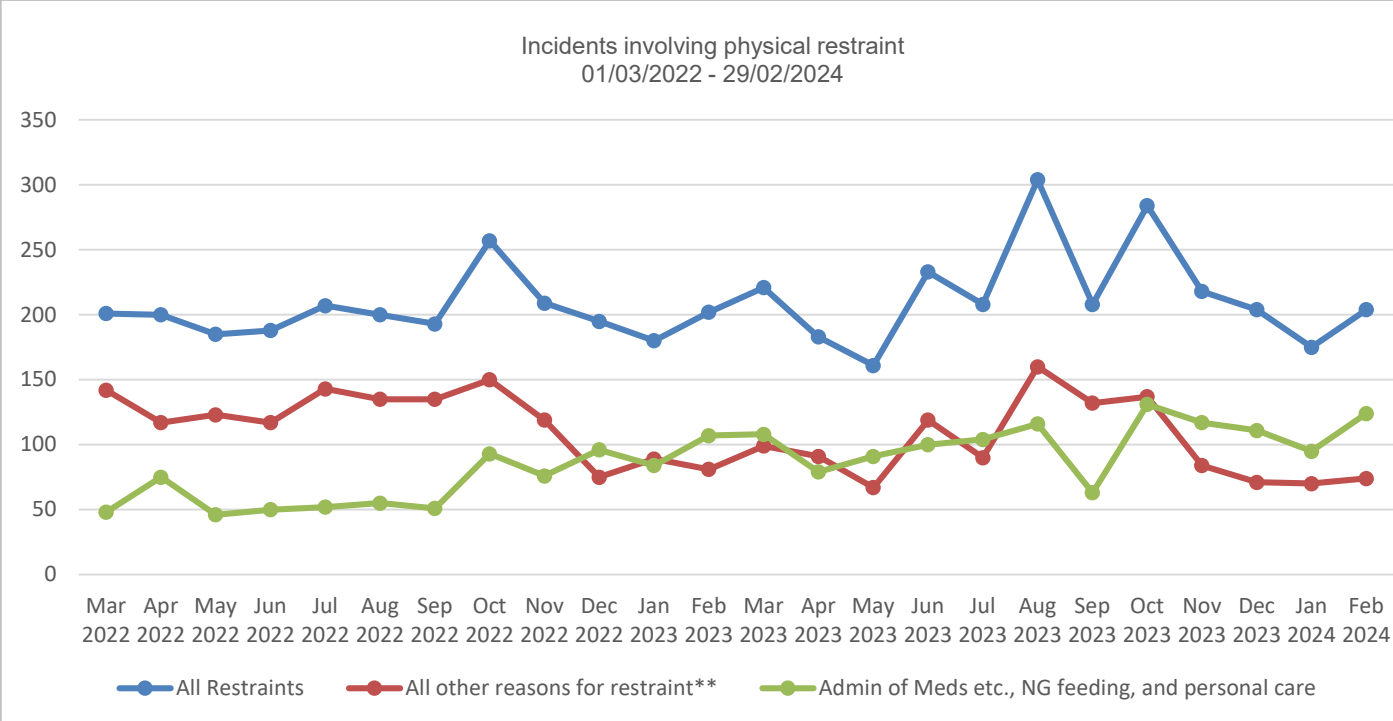
\*February 2024 data has not been fully validated so PU classification is likely to alter due to duplication of reporting etc. 53% of skin integrity incidents from Feb 2024 were reviewed and closed by 05/03/2024.

The chart to the left demonstrates that there was a considerable decrease in pressure ulcers developed or worsened in our care during February. Some of this may be attributed to the shortness of the month, however, Feb 2024 data is around 46% lower than Feb 2023.

There has been a 40% reduction on January figures for reported unstageable pressure ulcers in Cheltenham ICT due to ongoing improvement work and a reduction in staff vacancies/sickness.



Incidents involving restraint

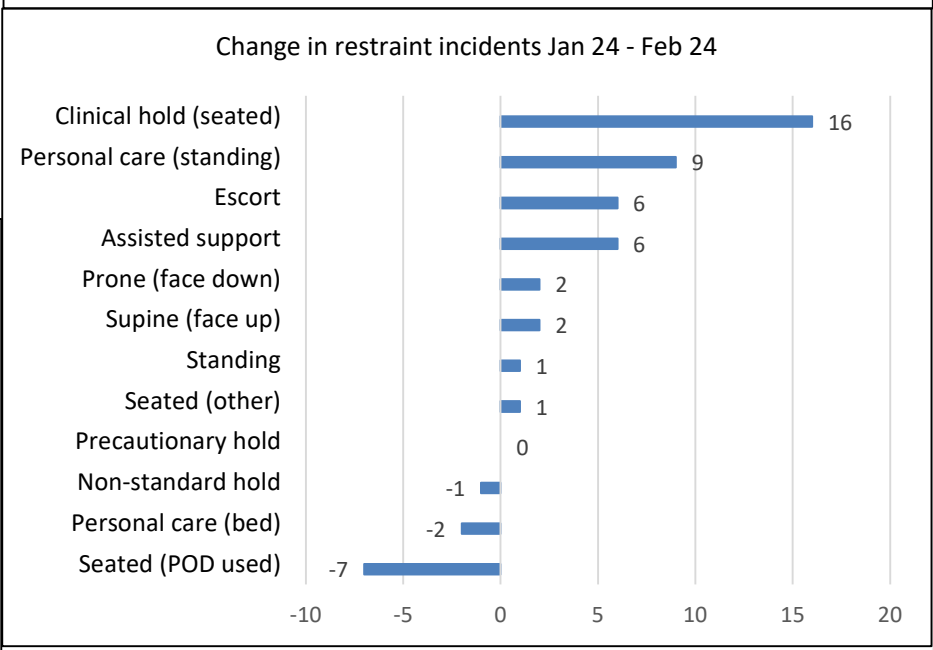
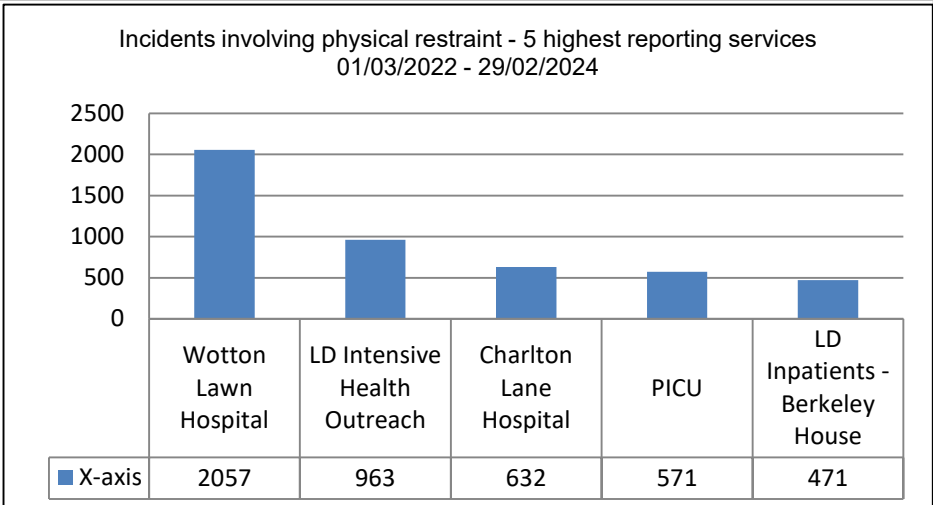


\*Lawfully administer medicines or other medical treatment, Facilitate nasogastric (NG) feeding & Facilitate personal care

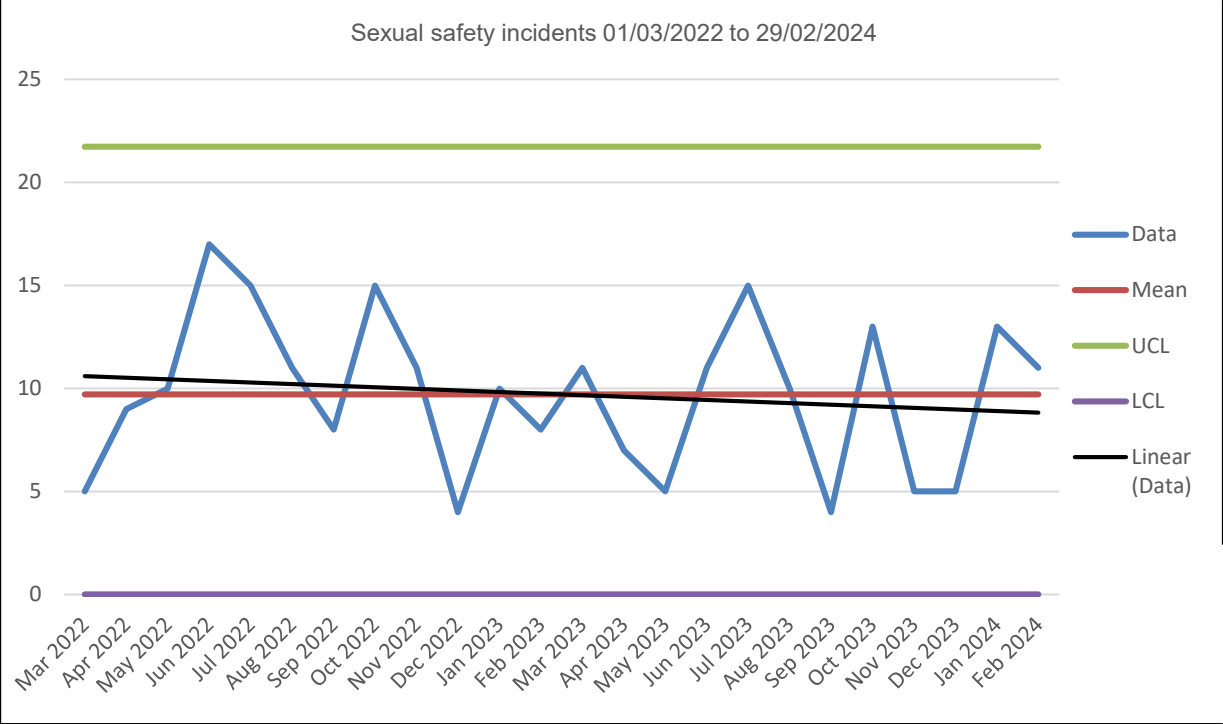
\*\*Prevent a patient being violent to others, Prevent a patient causing serious intentional harm to themselves, Prevent a patient causing serious physical injury to themselves by accident, Prevent the patient exhibiting extreme and prolonged over-activity, Prevent the patient exhibiting otherwise dangerous behaviour, Undertake a search of the patient's clothing or property to ensure the safety of others, Prevent the patient absconding from lawful custody & Other/Not Known.

The Positive and Safe meeting continues to review all activity on a monthly basis. A weekly summary is provided to all team managers which gives regular oversight of restraint and ensures managers can take action to support teams. The "seated" category accounts for interventions supported on a sofa, bed or on a Safety Pod and this is now widely used as an alternative to the more restrictive supine or prone positions. The "seated" category is the most frequently used intervention, accounting for 41% of interventions. These interventions are carried out within the appropriate legal framework (MHA & MCA) with appropriate debriefs being completed with the patient and team. No episodes of restraint caused moderate or above harm.

Dean Ward, WLH and Greyfriars PICU are participating in the Trust's Quality Priority to reduce episodes of restraint (Reducing the incidence of unplanned restrictive practice in inpatient mental health and learning disability services) by 10% by March 2025. Dean Ward will initially focus on the provision of activities at specific times of the day and Greyfriars will focus on the reduction of blanket restrictions.

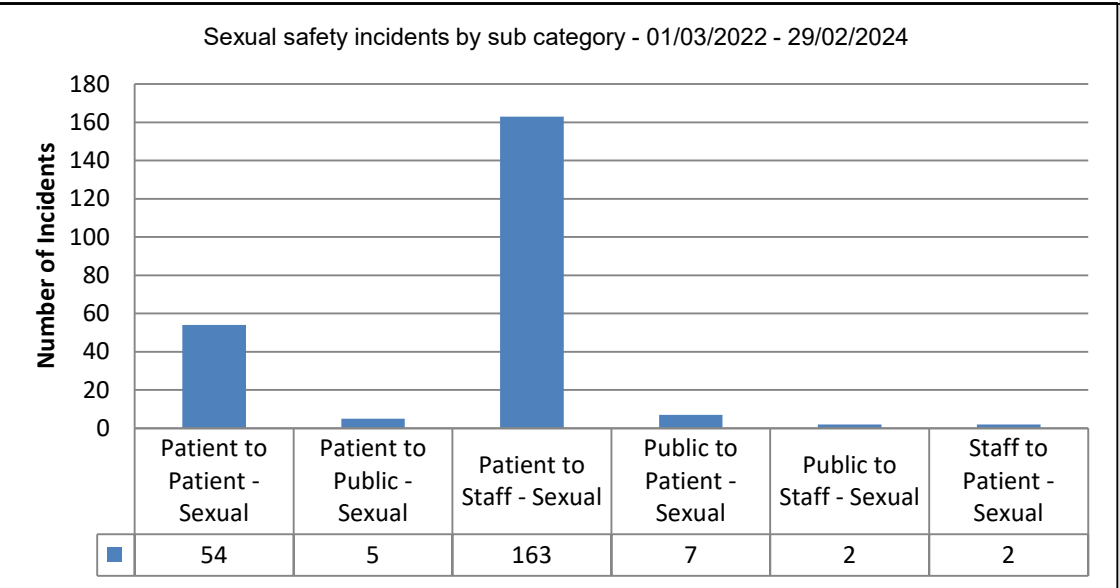
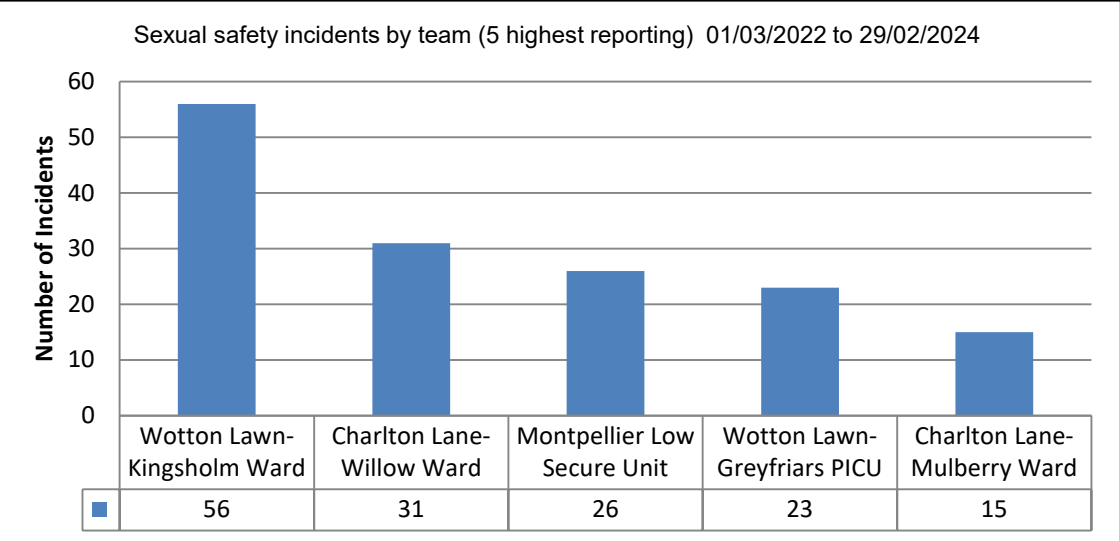


Sexual Safety Incidents

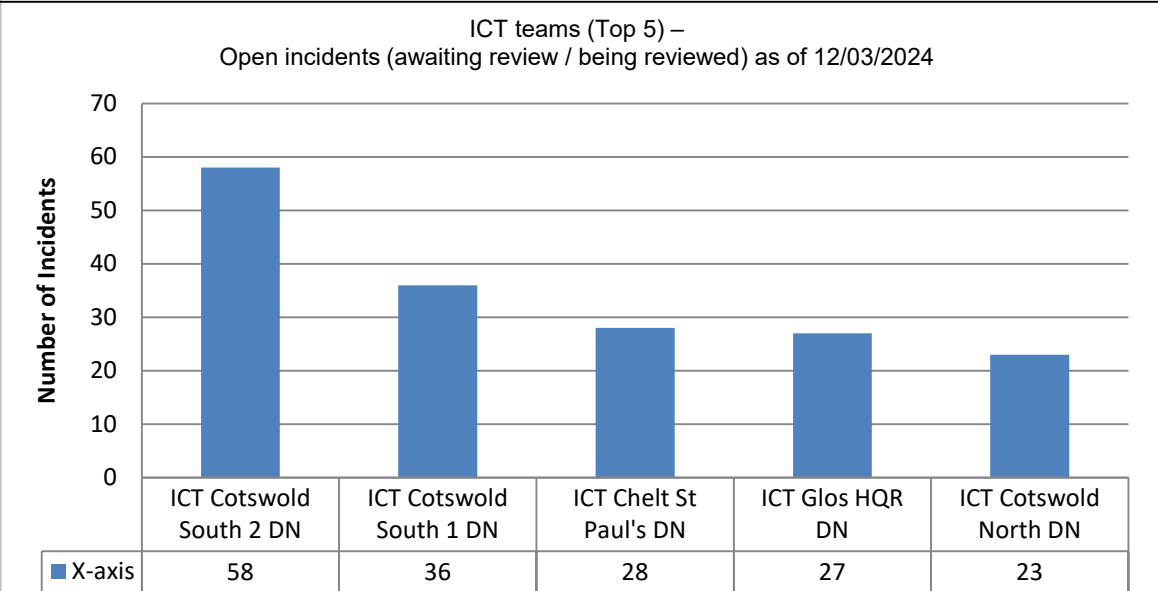
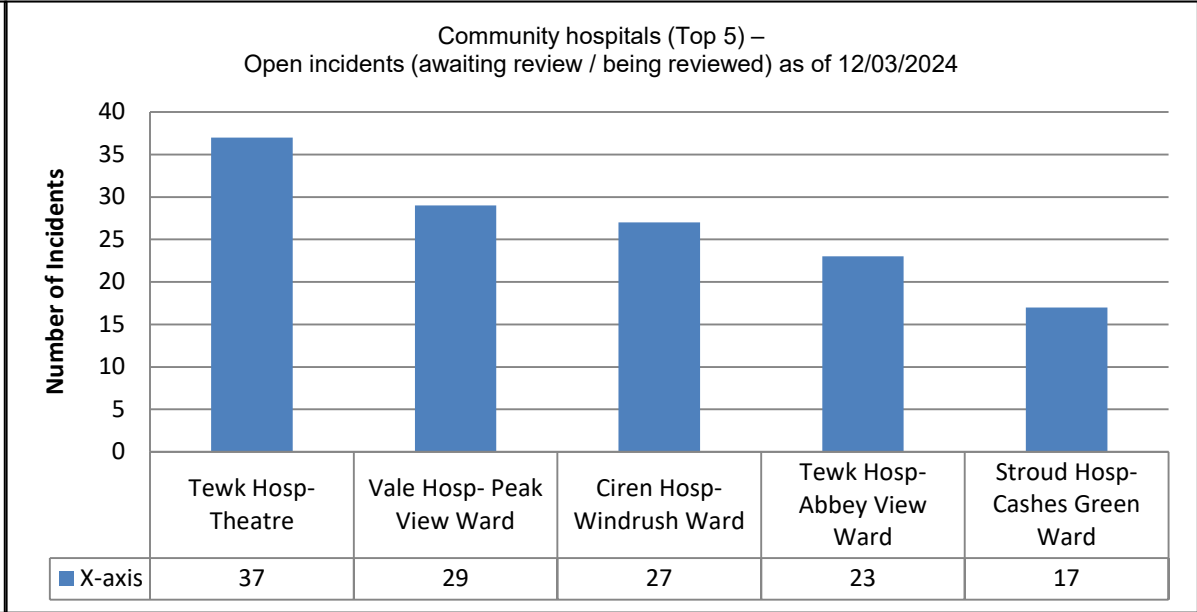
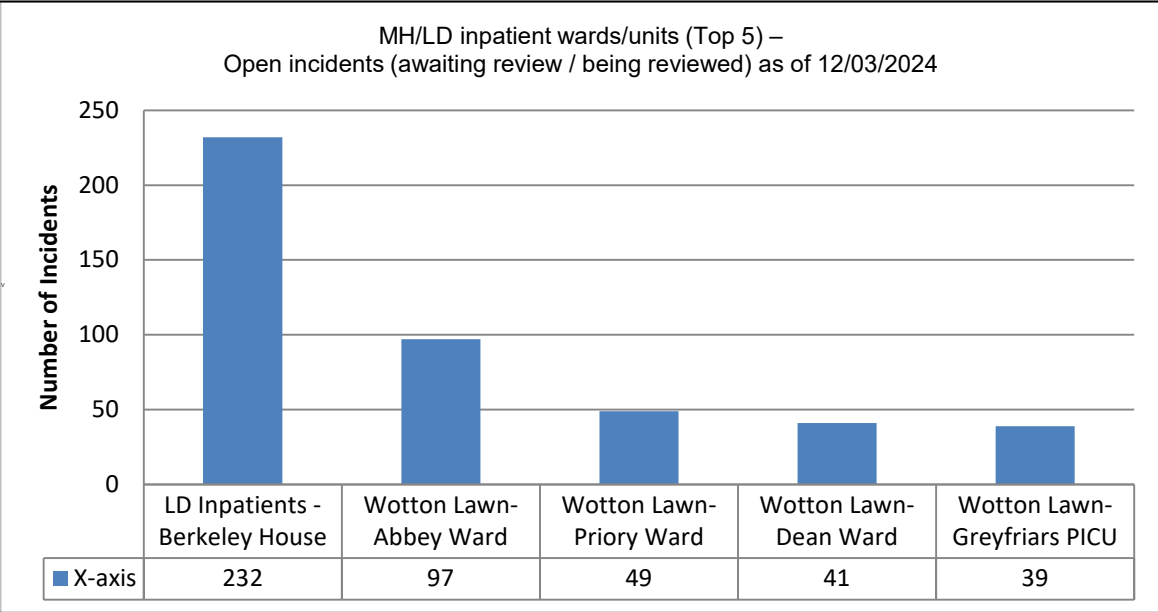


NHS England have developed a toolkit designed to support colleagues to discuss and tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. The Trust has a local plan, ongoing work continues regarding reducing sexual behaviour harms and incidents and data collection is more robust due to improved sexual safety incident reporting. Policy alignment has taken place to strengthen sexual safety and connect practices.

12 sexual safety incidents were reported in February, 10 were in MH services. The majority of incidents are patient to staff, most of which are male service user to female employee. This is being addressed via an OD/HR project to promote the Sexual Safety Charter through the Violence and Harm Reduction workstream. Exploration of Corporate licences for the Hollie Guard App on phones for community staff is being progressed and has been shared at the Positive and Safe Group and with operational colleagues.



Incidents awaiting review and confirmation of level of harm: data priority areas and actions underway



The Datix incident reporting system captures reported incidents and requires managers to review the incident and allocate the correct level of harm and overall severity.

The total number of open incidents (awaiting review/being reviewed) that have yet to be closed was 1327 as of 12/03/2024 (a reduction of 104 incidents since last month).

The Patient Safety Team are continuing to monitor the number of open incidents (awaiting review/being reviewed) and working with operational colleagues to ensure timely review and closure of incidents.

National incident reporting changed from NRLS to LFPSE within GHC Datix from 9 January 2024. Any moderate/severe harm or death patient incidents that occurred before 9 January, but remained open at that time, needed to be reported nationally via LFPSE, with the mandatory LFPSE questions completed retrospectively. 87 such incidents remain open as of 13/03/2024.

## CQC DOMAIN - ARE SERVICES SAFE? Training

Service – data as at 07/03/24	Fire Safety	Resus Level 3	PBM/PMVA	Clozapine	Rapid Tranquillisation	Mental Capacity Act	Clinical Risk Assessment	Observation and Engagement
Cirencester & Fairford Hospital	68.1%	87.6%	N/A	N/A	N/A	94.3%	N/A	N/A
Dilke Hospital	86.9%	91.4%	N/A	N/A	N/A	100%	N/A	N/A
Lydney Hospital	100%	100%	N/A	N/A	N/A	100%	N/A	N/A
MIIU's	98.9%	95.5%	N/A	N/A	N/A	90.6%	N/A	N/A
North Cotswold Hospital	92.8%	84.7%	N/A	N/A	N/A	94.5%	N/A	N/A
Stroud Hospital	88.5%	85.4%	N/A	N/A	N/A	89.9%	N/A	N/A
Tewkesbury Hospital	85.8%	92.4%	N/A	N/A	N/A	100%	N/A	N/A
The Vale Hospital	96.4%	97.6%	N/A	N/A	N/A	93.3%	N/A	N/A
Community Physical Health	97.9%	N/A	N/A	N/A	N/A	88.6%	N/A	N/A
AMHP	100%	100%	N/A	N/A	N/A	88.8%	88.8%	N/A
Charlton lane Hospital	66%	93.6%	78.9%	100%	100%	98.1%	100%	93.1%
Community Forensics	100%	N/A	N/A	100%	N/A	100%	100%	N/A
Criminal Justice Liaison	91.6%	N/A	N/A	81.8%	N/A	92.8%	72.7%	N/A
Crisis Resolution HT	100%	100%	N/A	96%	100%	83.9%	90.9%	N/A
Honeybourne	94.7%	87.5%	N/A	100%	N/A	95%	80%	93.7%
Laurel	82.6%	95.4%	N/A	100%	N/A	95.8%	84.6%	94.7%
Berkeley House	73.1%	80%	70%	N/A	87.5%	93.1%	90.9%	78.9%
Psychiatric Liaison	96.6%	N/A	N/A	96.5%	N/A	75.8%	92.8%	N/A
Wotton Lawn Hospital	79.4%	89.6%	66.8%	94.9%	95.8%	94.8%	82.1%	87%

### Additional information

**This is a developmental slide.** Statutory and Mandatory training is included on the slide where there are 5 or more teams not reaching the threshold for compliance. Some Essential to Role (E2R) training is included this month (mainly MH), more will be included this year when they become E2R on Care2Learn. Prevention and Management of Violence and Aggression (PMVA) compliance rates on one ward at WLH are lower than other wards which is impacting the overall compliance figure. This does not impede the hospitals ability to provide safe management of distress.

**Appraisal** - The February figure is 86%, a slight drop on the previous month. **Clinical Supervision** – The February figure is 39.77% Trust-wide which is a slight drop on last month. There is new guidance for teams to support recording of clinical supervision, with a requirement for 8 sessions per year with no more than 40 days in-between sessions. The current low rate reflects the transition to the new system of recording and reporting.

## CQC DOMAIN - ARE SERVICES EFFECTIVE ? – Community Hospital Delayed Patients

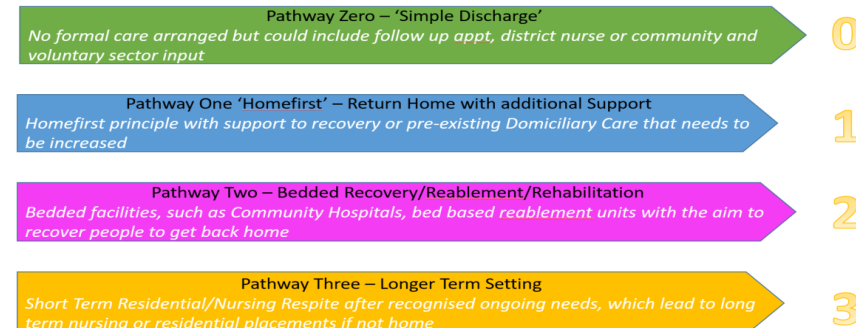
### Long Length of Stay Patients – Community Hospitals

The information presents a summary of data relating to long length of stay in our Community Hospitals. For assurance, both Operational and Nursing, Therapies and Quality senior colleagues have good visibility of the data and attend appropriate system groups that identifies the impact of a long length of stay together with system meetings that seek to address the challenges. The detrimental effect that a prolonged hospital admission has upon a patient is well evidenced. When a patient is deemed to 'no longer meet the criteria to reside' (nCTR), timely and effective discharge plans should be in place to enable a discharge. Unfortunately due to the flow and capacity challenges across the system, we often see patients delayed. We are keen to ensure our 'super stranded' patients (over 50 days nCTR) have a continued focus and support in escalation with system partner working to expedite their discharge pathway. It is imperative we learn and shape services around the needs of the population, by collecting data and identifying themes of the delays, we can support discharge pathways that meet the needs of the patients, and also target our approach to escalation and requests of support. At system request, the focus is now on over 30 days not meeting the criteria to reside (nCTR).

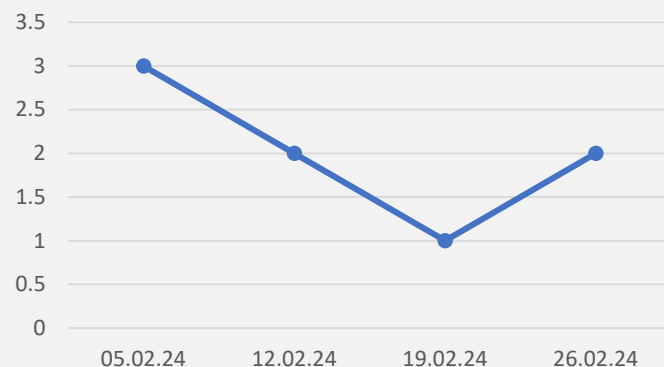
#### Headline Data - February 2024

- There has been an average of 35.2 patients that have Not Met the Criteria to Reside (nCTR) in a community hospital in February 2024
- There has been an average of 6 patients in total Not Meeting the Criteria to Reside (nCTR) for over 30 days in February 2024

- Overall, there has been a slight increase in the number of patients that have not met the Criteria to Reside in a Community Hospital, however the number of patients who have not met the CTR for >30 days has significantly decreased.
- The hybrid model has supported an increase in number of patients discharged into Home first and also a reduction in delays waiting.
- There has been a slight increase in bed days lost due to delays associated with provision of housing. Currently 1 out of 6 patients who are nCTR >30 days are delayed due to housing, waiting for supported accommodation.

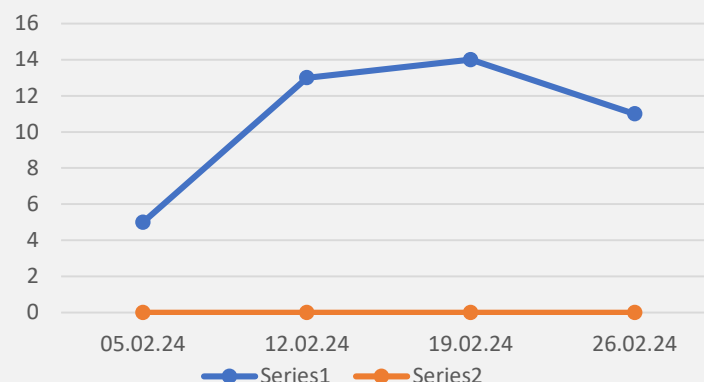


Number of patients not meeting Criteria to Reside for over 30 days in a Community Hospital



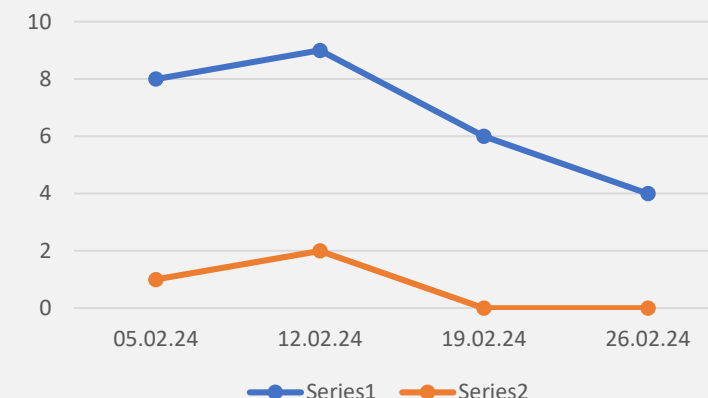
Showing the number of patients that do not meet the Criteria to Reside for > 30 days. Date ranges week commencing 05/02/24 – 03/03/24.

Discharges on Pathway 1



Showing the number of patients **discharges** on Pathway 1 who did not meet the criteria to reside for > 30 days. Date range: week commencing 05/02/24 – 03/03/24. Pathway 1 can be defined as discharge home with support from Home first, a self-funding care package or a care package sourced by Social Care.

Discharges on Pathway 3



**Chart 3** - Showing the number of patients delayed on Pathway 3 for over 30 days. Date range: week commencing 05/02/24 – 03/03/24. Pathway 3 is defined as discharge to a Care home, either funded by the individual or through Social Care funding.

CQC DOMAIN - ARE SERVICES Effective? – Mental Health Hospital Delayed Patients

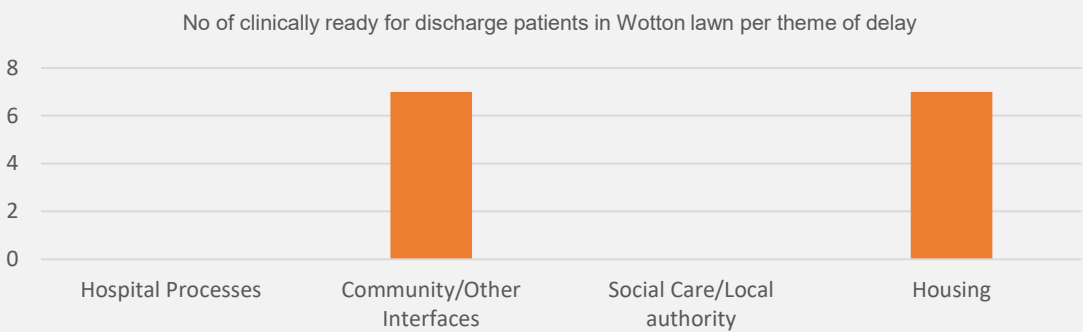
Long Length of Stay Patients- MH Hospitals.

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

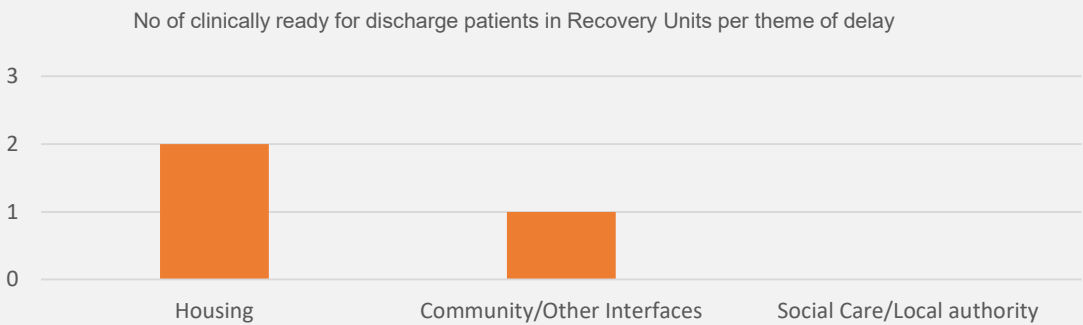
For reporting and descriptive purposes four high level sub-categories have been developed and these categories describe the reasons that a persons discharge is delayed.

- **Hospital Processes** - defined as any process that is the responsibility of the inpatient service that is related to the delay.
- **Community/other interfaces** – defined as any team or service (excluding social care/local authority or housing partners) that are responsible for/related to the delay.
- **Social Care/Local Authority** – defined as any factors that are due to social care provision or are the responsibility of social care/local authority partners, related to the delay.
- **Housing /accommodation** – defined as any factors that are due to housing provision or are the responsibility of housing partners/teams, related to the delay.

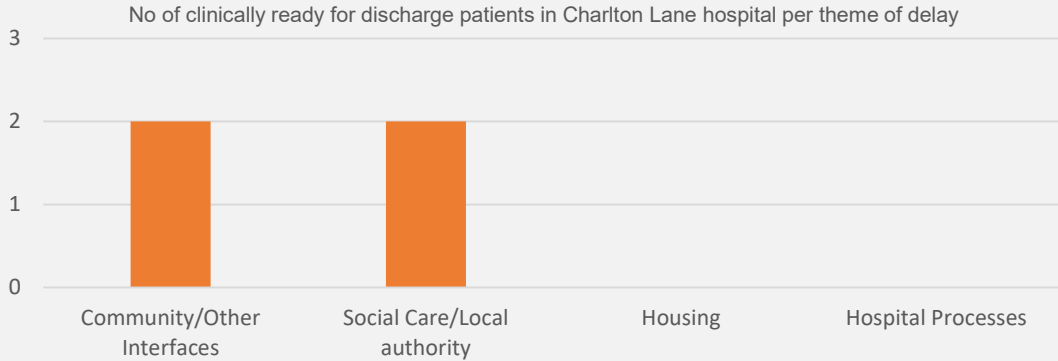
Headline Data - February 2024: Total of patients across WLH, CLH, Recovery, LD = 22      WLH = 14   CLH = 4   Recovery Units = 3   Learning Disability = 1



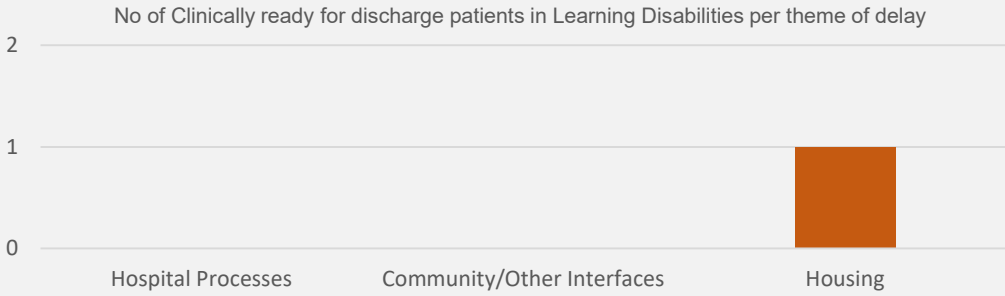
Themes related to delays:-  
Community/Other Interfaces – lack of specialist health care provision.  
Social Care/Local Authority – lack of Social care provision to support assessment/discharge  
Housing – homelessness, lack of appropriate supported accommodation



Themes related to delays:-  
Community/Other Interfaces – awaiting public funding, await outcome of legal requirements e.g. awaiting mental capacity assessment



Themes related to delays:-  
Hospital Processes – patient/family choice regarding care home placement  
Community/Other Interfaces – awaiting care home placement (under care of hospital social work team)  
Social Care/Local Authority – Awaiting care home through brokerage



Themes related to delays:-  
Lack of appropriate housing

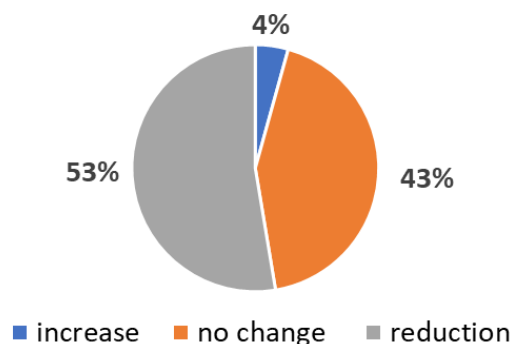


# Quality Dashboard

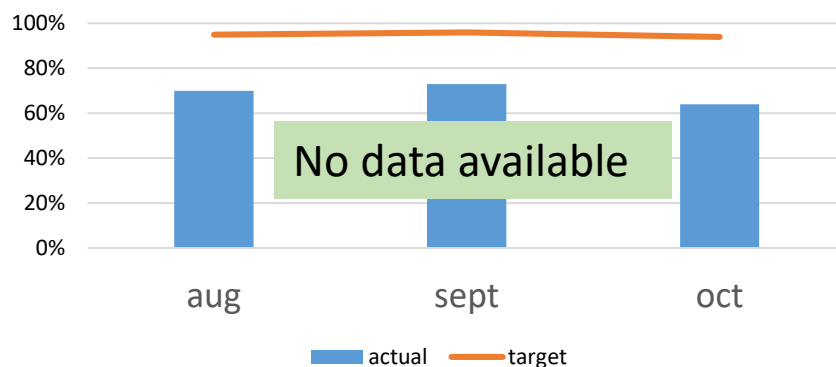
CQC DOMAIN - ARE SERVICES EFFECTIVE ? – Home First Reablement

February 24

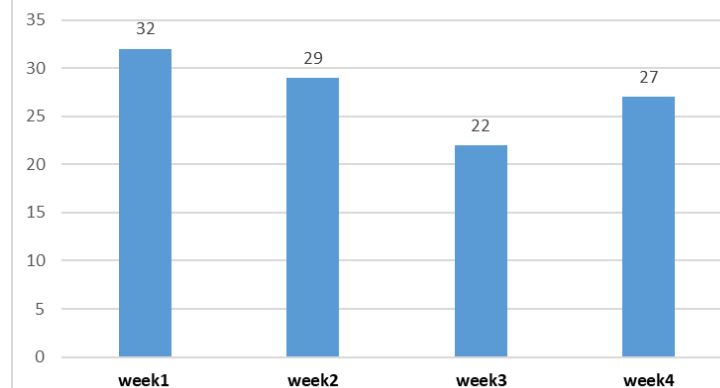
Feb M11: Change in number of calls  
n=209



Therapy Aseessment in 2 days



NCTR - mid week snapshot



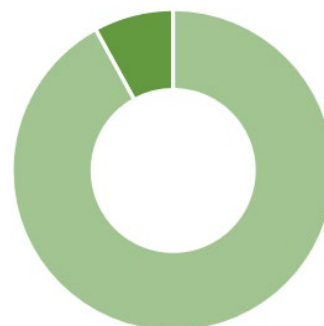
Newton Europe Effectiveness score	Jan	Feb
All cases closed in month	43.8%	36.6%
Home First only	41.0%	18.8%
HF + R & Reablement only	40.8%	55.1%
	Jan	Feb
AvLoS ( Mean)	21	21
AvLoS ( Median)	17	17
Longest LoS	102	74
AvLoS - R only	22	30
AvLoS - HF only	22	14

Goal Plans	
No data available	%

MyCaw Outcomes	
No data available	

Complaints	0
Compliments	

Feb FFT - overall experience  
92% Very good or Good



## Additional Information

**Change in visits:** A modest improvement in % with a reduction as reflected in the NE Effectiveness score.

**Therapy Ax in 2 days:** BI reporting for the service is still in development and is also dependent upon S1 changes

**Friends and Family:** There were 18 respondents in Oct. 100% reported being involved in decisions about their care and treatment and other indicators of personalised care were strongly reported.

**Goal Plans:** BI reporting for the service is still in development

**MyCaw:** The roll out of this outcome measure is dependent upon One Gloucestershire decisions

**AvLoS & NE Effectiveness score - manual data extract.** Outstanding Clinical Systems development work necessary before this can be accurately reported via BI



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

## 1. New improvement opportunity/concept/idea

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

- = QUITT - reducing inpatient smoking in MH
- +IPS project
- = Inappropriate referrals into therapies (OT) from care homes
- + DBT outcomes
- =School nursing clinical record errors

## 2. Improvement idea scoping

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

- = (s) Psychological Services Research
- = Improving the number of patients receiving their depots in primary care
- = Reducing restrictive practice in Greyfriars, WLH
- = (s) Homeward Assessment Team and ICT pathway
- + Improving Working Environment in Stroud Recovery Team
- ↑ Gloves off - reducing PPE glove waste

## 3. Improvement idea initiated

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

- = School nursing - Supporting Primary Schools with High Health Needs
- = (s) CYPs SLT Selective Mutism Project
- = Sexual health specimen mis-labelling
- = Health checks for those with SMI
- = (s) Improve communication and liaison between maternity service and health visiting service
- = Improving access to ECT in WLH and community
- = Developing a FCP Occupational therapist in Primary Care
- = School nursing mental health pathway and resources
- = (s) CYPs SLT waiting list
- ↑ Increasing percentage of successful home visits in Home O2 Service
- ↑ Temporary access card use for RIO by agency workers WLH
- ↑ CYPs Public Health Liaison Nursing
- ↑ Toilet training - improving outcomes for children
- ↑ Staff retention - itchy feet
- ↑(s) Retire and return HR project
- ↑(s) Standardised approach to medical equipment - thermometers

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

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

- =(s) Paired ROMs compliance – CAMHS
- = (s) How do we provide services for lung cancer patients
- = (s) Creating a sustainable placement offer for AHP Students in GHC
- = (s) Improving mouthcare standards in inpatient areas
- = (s) Improving the nutritional pathway
- = Single handed personalised care approach
- = School nursing duty system
- = Antipsychotic monitoring CAMHS
- = Substance misuse in CAMHS
- = (s) Leadership opportunities for AHP students
- = Reducing medication errors in CLH
- = Patchwork project Infection Prevention Control
- = Increasing the time between incidents of severe constipation needing a proactive response in CLH
- ↑ Reducing restrictive practice in Dean Ward, WLH

## 5. Improvement idea sustained & implemented

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

- = (s) Increasing the use of FFT feedback in our organisation
- = Improving standard of observations on Abbey Ward, WLH
- = Improving standard of observations on Dean Ward, WLH
- = Improving standard of observations on Kingsholm Ward, WLH
- = Improving mouthcare standards Mouthcare at The Vale
- = Improving mouthcare standards Mouthcare at Mulberry Ward
- = Improving mouthcare standards Mouthcare at Laurel House
- = Improving mouthcare standards Mouthcare at Tewkesbury CoHo
- + Optimising flow in community hospitals

Directorate	No of Projects
Countywide	5
MH Hospitals and UC	11
PH Hospitals and UC	1
Adult MH/PH/LD Community	9
CYPs	11
Corporate	6
<b>Total:43</b>	

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

**Training data February 2024:**  
28 Silver – 0.6% workforce  
554 Bronze - 12% workforce (C2L)  
725 Pocket QI – 16% workforce

## Supervision



Childrens: Group Supervision Compliance

59%

Integrated Group Supervision Sessions: 17

One to One Supervision Sessions: 0



Adults Group Supervision Sessions

0

## Training



**LEVEL 1:  
INDUCTION**

Feb 24: 97%  
Jan 24: 97%  
Dec 23: 97%  
Nov 23: 97%



**LEVEL 2:  
THINK FAMILY**

Feb 24: 89%  
Jan 24: 90%  
Dec 23: 90%  
Nov23: 90%



**LEVEL 3: CHILD  
PROTECTION**

Feb 24: 88%  
Jan 24: 90%  
Dec 23: 86%  
Nov 23: 83%



**LEVEL 3:  
ADULT  
PROTECTION**

Feb 24: 89%  
Jan 24: 88%  
Dec 23: 86%  
Nov 23: 83%



**LEVEL 4:  
ADULT  
PROTECTION**

Feb 24: 93%  
Jan 24: 87%  
Dec 23: 88%  
Nov 23: 82%

## Referrals and Advice Line

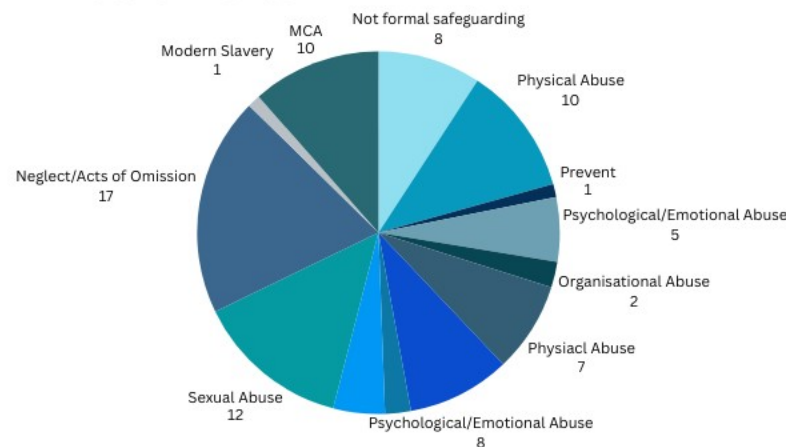
120  
FEB

Contacts to Advice Line (adults and children combined)  
Oct 23: 182 Nov 23: 179 Dec 23: 106 Jan 24: 124

26  
FEB

Referrals made to GCC (adults and children combined)  
Oct 23: 38 Nov 23: 32 Dec 23: 20 Jan 24: 30

## Referral Themes



### Summary information

The Safeguarding Dashboard provides assurance that:

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

Safeguarding Adults Board (GSAB), the Safeguarding Children Partnership (GSCP), commissioning expectations, and national guidance and legislation. Safeguarding children and adults is a key element of the assessment and care management processes for staff. There are arrangements in place to ensure that staff are appropriately trained, supervised and supported in their safeguarding related work. The Trust's Safeguarding Group monitors safeguarding activity and reports quarterly into the Quality Assurance Group.

The Safeguarding Dashboard is presented in 3 sections:

1. Safeguarding Children Activity
2. Safeguarding Adults Activity
3. Safeguarding Training Compliance and Safeguarding Supervision

## Summary

### Highlights

- Interviews are taking place to fill the role of a B7 children practitioner secondment post.

### Challenges/Risks

- Some children's safeguarding supervision sessions have had to be cancelled due to staff shortages. This will hopefully be addressed when the new secondment B7 is interviewed and starts in post.
- The design of the Safeguarding template is progressing well and the safeguarding team have reviewed and amended the child and adult template. Testing will commence in March, followed by communications across the Trust and go live for the adult template is expected to be 22nd April. The templates original completion date was end of November 2023 but work is progressing with Clinical Systems to enable a BI solution to report the number of safeguarding referrals made to the Local Authority and the number of safeguarding escalations.
- The internal MARAC process has been reviewed to help support the current level of information being uploaded, in future only actions plans will be uploaded for those families open to GHC. MARAC action plans are now at 45 families, this number continues to reduce and we anticipate we will have this backlog cleared in the coming few weeks.

CQC DOMAIN - ARE SERVICES SAFE											
Safe Staffing Inpatient data Feb 2024		Code 1		Code 2		Code 3		Code 4		Code 5	
Ward Name		Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions
Gloucestershire											
Dean		35	3	0	0	0	0	0	0	0	0
Abbey		185	23	15	2	0	0	0	0	0	0
Priory		77.5	10	0	0	0	0	0	0	0	0
Kingsholm		22.5	3	0	0	0	0	0	0	0	0
Montpellier		0	0	42.5	5	0	0	0	0	0	0
Greyfriars		52.5	7	0	0	0	0	0	0	0	0
Willow		30	4	15	2	0	0	0	0	0	0
Chestnut		7.5	1	22.5	3	0	0	0	0	0	0
Mulberry		7.5	1	0	0	0	0	0	0	0	0
Laurel		120	16	0	0	37.5	5	0	0	0	0
Honeybourne		0	0	0	0	0	0	0	0	0	0
Berkeley House		112.5	14	82.5	11	0	0	0	0	0	0
Total In Hours/Exceptions		650	82	177.5	23	37.5	5	0	0	0	0
The Acting Director of NTQ reviews safe staffing reports every month ahead of submission to NHSE, this acts as a rolling review of safe staffing and is informing a detailed Trustwide safe staffing review in line with NHSE guidance. This paper was taken to Execs in Feb, plans are in place to develop the business case. We have cross referenced highest exceptions with patient safety and experience data. Abbey ward have reported the highest code 1 exception levels, followed by Laurel House. The Matrons report no adverse impact on care delivery or patient experience. Code 1 exceptions at Laurel House were attributable to HCA vacancies on early and late shifts. Code 2 exceptions at Berkeley were attributable to all shifts (RN and HCA). There were 5 code 3's reported at laurel which are being investigated as additional staffing hours (B7,B6) within the environment were utilised where B5's were unavailable.											
Mental Health & LD				Physical Health							
Ward	Average Fill Rate %	Sickness %	Vacancy %	Ward	Average Fill Rate %	Sickness %	Vacancy %				
Dean Ward	134.14%	8.2	6.8	Coln (Cirencester)	111.08%	6.3	14.3				
Abbey Ward	100.68%	5.1	-0.8	Windrush (Cirencester)	102.86%	2.5	19.7				
Priory Ward	141.61%	12.1	-2.8	The Dilke	101.23%	7.8	-39.9				
Kingsholm Ward	132.21%	5.8	3.7	Lydney (closed 7 <sup>th</sup> Feb).	83.75%						
Montpellier	99.22%	2.8	13.6	North Cotswolds	99.73%	4.5	10.4				
PICU Greyfriars Ward	134.91%	13.3	19.3	Cashes Green (Stroud)	98.18%	5.0	8.8				
Willow Ward	100.18%	6.3	6.8	Jubilee (Stroud)	98.97%	8.0	19.0				
Chestnut Ward	105.13%	8.5	2.1	Abbey View (Tewkesbury)	106.65%	3.0	5.0				
Mulberry Ward	107.70%	6.1	3.7	Peak View (Vale)	94.33%	4.1	13.1				
Laurel House	107.47%	3.6	0.8	PHH Totals Avg (Feb 2024)	99.64%	5.3	12.9				
Honeybourne Unit	104.60%	0.5	8.2	Previous Month Totals	101.21%	6.8	12.8				
Berkeley House	97.73%	12.7	34.1								
MHH Totals Avg (Feb 2024)	109.91%	7.2	11.1								
Previous Month Totals	105.79%	7.4	12.5								
NHSE Zero HCSW Vacancy Commitment Inc. bank – 3 month report		FTE Budgeted	FTE Actual	FTE Variance	NHSE Zero HCSW Vacancy Commitment: The workstream continues with 5 main strands, Attraction, Innovative Recruitment, Learning and Development, Recognition and Value and Retention. There are 29 people in recruitment pipeline and in February there were 8 new recruits and 7 leavers. The table opposite is a breakdown of the current HCSW vacancy hotspots.  IR/Recruitment: 3 International Educated Nurses (IEN) are in the pipeline for 2024. 98 international colleagues have been recruited (from Jan 2021). The project continues to strive to recruit new staff and then to provide pastoral care to support recruits through the process and smooth their transition into employment.						
Grand Total		600.37	517.53	-82.84							
327 E11850 LD Inpatients - Berkeley House		49	29.2	-19.8							
327 C11505 Lydney Hosp- Lydney Ward		17	0	-17							
327 B11200 Ciren Hosp- Windrush Ward		17.06	10.47	-6.59							
Dec	101.69	327 B11201 Ciren Hosp- Coln Ward	20.16	13.96	-6.2						
Jan	78.85	327 E11700 Stroud Hosp- Cashes Green Ward	17.52	12.6	-4.92						
Feb	82.84	327 G12308 Children Complex Care	11.59	7.4	-4.19						

27

## CQC DOMAIN – ARE SERVICES SAFE - Quarter 3 - Guardian of Safe Working Report 2023/24

### PURPOSE

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

Reporting time period: Oct 2023 – Dec 2023

Guardian of Safe Working Hours: Dr Sally Morgan

Number of doctors in training (all on 2016 contract)

In Quarter 3 2023/24 (Oct and Nov) there were 47 MH doctors in training posts.

- 13 Higher Trainees
- 8 CT3s
- 4 CT2s
- 8 CT1s
- 5 GP Trainees
- 3 FY2s
- 6 FY1s

In Quarter 3 2023/24 (Dec) there were 49 MH doctors in training posts

- 13 Higher Trainees
- 8 CT3s
- 4 CT2s
- 8 CT1s
- 5 GP Trainees
- 4 FY2s
- 7 FY1s

Exceptions in this period

- **44 on call shifts had a junior doctor gap due on – calls not being completed as normal.**
- 36 on-calls shifts were covered by Doctors in training. 6 were covered by doctors in our bank, none were covered by agency Locums.
- 12 Shifts required cover due to strike action. 10 were filled by speciality doctors or doctors in training, 2 were covered by consultants stepping down.
- **6 exception reports in Q3, 3 relating to hours worked and 3 relating to pattern of work. Outcomes agreed were 3 overtime payments, 2 toil and 1 work schedule review.**
- **The Junior Doctors Forum was held via Teams on 13<sup>th</sup> October 2023 and was well attended.**
- **GOSWH continues to work with the Modern Matrons from WLH and CLC** to review junior doctor office and rest spaces at both sites – additional potential space has been identified at both.
- Sites to ensure working conditions are adequate and meet the requirements of the trainees, particularly in light of the planned increase in foundation trainees.
- There are **2 Trainee Wellbeing Reps** who are helping develop the next **Wellbeing Days** planned for next year. The first is planned for 23<sup>rd</sup> Feb 2024, with a second date tbc, to ensure as many trainees as possible have the option to attend whilst also ensuring adequate cover for the inpatient units.
- **GOSWH has established contact with the Guardian at GHT** with plans to meet to improve communication between the organisations.



## **Appendix One**

### Safeguarding Information - February 2024

## Summary Trust Safeguarding Data

### Summary information:

The Safeguarding Dashboard provides assurance that:

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## GHC - Safeguarding Dashboard 2023/24 Children's Safeguarding Data

	Q1	Q2	Q3	Jan-24	Feb-24	Mar-24	Additional Information
<b>SAFEGUARDING ACTIVITY</b>							
Advice Line Calls	181	166	208	56	57		Good steady use of the Safeguarding Advice Line continues.
Multi-Agency Request for Service Forms submitted to MASH	55	61	56	19	16		The Local Authority are unable to provide referral data and current GHC clinical systems are unable to accurately capture referral figures. This is a documented risk – Risk 298. An action plan is underway to address this. Safeguarding Referral data is captured via the Safeguarding Notifications Inbox as a mitigation until a digital solution is in place. Work on the S1 template continues and looking at being launched around July 2024. This will enable us to pull off accurate data about how many MARFS (referrals) are submitted each month.
Number of Safeguarding Escalations	3	4	3	0	0		This information is currently obtained from our Safeguarding Advice Line data. It does not give an accurate picture of the number of escalations made to partner agencies. The safeguarding children's template will be able to give us accurate data around the escalations from practitioners. The Safeguarding team are going to be focussing on escalation over the year to try and educate and support GHC colleagues to feel more confident to use.
<b>CHILD DEATH NOTIFICATIONS</b>							
Expected	3	6	8	0	1		Expected deaths are infants with known life limiting conditions or cases of extreme neonatal prematurity.
Unexpected	6	0	2	0	0		Gloucestershire Child Death Overview Process is followed for each unexpected death.
<b>RAPID REVIEWS/LCSPR'S</b>							
Number of Serious Incident notifications made by LA	1	1	1	0	0		There are no Serious Incident Notifications submitted to the National Safeguarding Review Panel by the LA in February.
Number of Rapid Reviews attended	1	0	2	0	0		There were no multi-agency rapid reviews undertaken in February.
Number of LCSPR's in progress	1	1	3	1	1		1 Gloucestershire LCSPR's in progress in February. There have been delays in the publication of this review however this has now been published 06/03/24.
<b>MASH HEALTH TEAM ACTIVITY</b>							
Children researched/info shared	2,126	2,940	4,176	1,296	1,421		An increase of almost 200 children researched in MASH for February.
Adults researched/info shared	319	182	251	105	108		A steady number of adults researched inn February.
MASH strategy meetings attended	68	115	91	38	16		A significant reduction in the number of MASH strategy meetings in February. This may be because the new strategy process is now successfully implemented which has ensured that the most appropriate health professional working with the child from the locality is now attending.
Demographic information sharing	684	980	564	218	192		A slight reduction in other agencies requesting demographic information. This takes approximately 2 days of admin time over the month. A plan is in place to address and reduce these requests.
<b>AUDITS</b>							
Single Agency	3	1	3	1	1		The GHC children's safeguarding audit has almost been completed.
Multi-Agency sub group activity	3	0	2	2	2		Currently involved in audits regarding the Front Door service and the MARFS and an audit to gain reassurance about how accurate and efficient the CP-IS is between health and CSC.
<b>UNDER 18'S ADMISSIONS</b>							
Number of under 18's admitted to Adult MH Wards	1	0	0	0	0		0 children admitted in February.
Number of under 18's assessed under S.136 of the MHA 83/07	7	1	3	0	0		0 children assessed in February.
<b>OTHER WORKSTREAMS</b>							
Allegations management – number of referrals to/from the LADO	6	1	1	0	0		0 referral made to the LADO in February.

GHC - Safeguarding Dashboard 2023/24 Adults safeguarding Data							
	Q1	Q2	Q3	Jan-24	Feb-24	Mar-24	Additional Information
SAFEGUARDING ACTIVITY							
Contacts to GHC advice Line	200	231	259	68	63		Calls to the GHC advice line re. adult safeguarding enquiries - may or may not proceed to a referral to the Local Authority. Continued good use of the Advice Line.
Safeguarding Referrals made to GCC	24	38	34	8	10		This data is obtained from the Safeguarding Team Notifications Inbox. Work is underway with Clinical Systems and Business Intelligence to identify mechanisms across our clinical systems which capture this data accurately.
MH/LD Household Member Form Compliance	56%	57%	56%	56%	56%		Linked to Risk 107 – recording of household members. Household & Family form completion (MH/ LD Current caseload). Added as new 2023/24 Performance indicator with a threshold of 100%
CASE REVIEWS							
New Safeguarding Adult Reviews/Domestic Homicide Reviews	1	0	1	0	0		0 new reviews in February.
Number of Reviews ongoing	15	15	38	13	13		Consistently high number of safeguarding reviews relating to adults (DHR's DARDR's and SARs). Several reviews are in the final stages of sign off.
Action Plans Ongoing	7	7	21	7	7		This includes single and multi agency action plans
MAPPA							
Level 2 Meetings Held	15	15	17	*	*	*	Data reported quarterly.
Level 2 Meetings Attended	15	15	17	*	*	*	Data reported quarterly.
Level 3 Meetings Held	6	5	5	*	*	*	Data reported quarterly.
Level 3 Meetings Attended	6	4	4	*	*	*	Data reported quarterly.
PREVENT							
Number of Prevent Referrals Made	0	0	1	0	0		0 Prevent concern raised with the police.
Information requests received & completed from Police/Channel	4	8	19	1	6		100% response to all police and channel panel information sharing requests, supportive effective planning and decision making.
MARAC							
Families screened/researched	408	435	437	188	177		Continued high level of MARAC activity. Minor variation in month.
No.of children open to MH Services	57	36	24	15	18		Number of children open to mental health service highlights the emotional impact of domestic abuse on children. Expected minor variation in month.
No.of victims open to MH Services	76	49	62	33	23		Highlights the link between the impact of domestic abuse on victims mental health. Expected minor variation in month.
No.of perpetrators open to MH Services	55	61	60	33	29		Identifies the number of perpetrators open to MH services. Expected minor variation in month.
Un-uploaded MARAC Action Plans	59	43	129	269	45		MARAC Action Plans are uploaded to clinical records of all related parties. They contain detail of the Domestic Abuse incident and agreed multi agency action plan.
DOLS - No. of referrals for standard authorisation from:							
Mental Health Services Total	12	9	8	3	3		Continued pattern of DOLS applications
Mental Health Services Authorised	5	5	1	0	0		2 awaiting assessment, 1 discharged home.
Physical Health Services Total	39	40	60	19	19		Physical health urgent applications (not requiring LA authorisation)
Physical Health Services Authorised	0	0	0	0	0		10 awaiting assessment and 9 closed (5 died, 4 discharged).
AUDITS							
Single Agency - Safeguarding Related	1	1	1	0	0		
Multi Agency Sub - Group Related	1	1	1	1	1		
OTHER WORKSTREAMS							
Allegations management - use of PiPoT guidance	3	3	2	1	0		0 new allegations relating to a member of GHC staff in February.

## GHC - Safeguarding Dashboard 2023/24 Training and Supervision Data

	Q1	Q2	Q3	Jan-24	Feb-24	Mar-24	Additional Information
<b>TRAINING</b>							
Level 1 – Induction	96%	97%	97%	97%	97%		Consistent month on month compliance level
Level 2 – Think Family	91%	91%	90%	90%	89%		Overall a minor variation in month
Level 3 – Multi-Agency Child Protection	88%	87%	90%	90%	88%		Overall a minor variation in month. Training compliance review being undertaken to identify specific Teams to target to improve compliance.
Level 3 Adult Protection	84%	79%	82%	88%	89%		Overall a minor variation in month. Training compliance review being undertaken to identify specific Teams to target to improve compliance.
Level 4 Adult Protection	75%	81%	85%	87%	93%		Overall a minor variation in month. Training compliance review being undertaken to identify specific Teams to target to improve compliance.
<b>PREVENT:</b>							
Level 1	98%	98%	98%	97%	98%		Continued high level of compliance with Level 1 Prevent Training
Level 2	84%	86%	91%	93%	94%		Training compliance review being undertaken to identify specific Teams to target to improve compliance.
Level 3	92%	97%	98%	97%	97%		Improving picture of compliance with Level 3 PREVENT training
<b>MENTAL CAPACITY ACT:</b>							
Level 1	90%	92%	95%	96%	96%		New item to the dashboard. Level 1 MCA training is an online package, mandatory for all clinical staff who work with adults.
Level 2	66%	56%	52%	64%	72%		New item to dashboard. During the Covid 19 Pandemic, Level 2 MCA training was put on hold. Training recommenced in July 2022.
Bespoke MCA Training	*	24	31	10	6		2x Bespoke DoLS (face to face), 2x Bespoke Mcap/BI (face to face), 1x Mcap/BI (Teams) and 1x MCA Level 2.
<b>SAFEGUARDING SUPERVISION</b>							
<b>CHILDREN:</b>							
Group Supervision Sessions	67	66	68	24	17		Clinical staff working with children need to attend this supervision 3x per year. 4 x sessions are delivered per week. Some sessions were needed to be cancelled due to staff shortages during February. There are a maximum of 8 participants per session. Feedback is sought and captured following every session via a Snap Survey – feedback helps to shape future sessions.
Group Supervision Compliance	55%	61%	61%	60%	59%		In April 22 Safeguarding Group Supervision was added as an 'essential to role requirement' on staff Care to Learn Training Profiles. Operational line managers are responsible for monitoring individual staff member compliance. The children's safeguarding team are soon to be completing the new supervision offer in which GHC practitioners will have more choice about what type of session they would like to attend, and therefore improving compliance.
One to One Supervision Sessions	6	4	8	3	0		121 Supervision is available to all upon request. The uptake for 121 supervision is poor. Practitioners are made aware of this facility in their Group supervision sessions, in training and on the advice line.
<b>ADULTS:</b>							
Group Supervision Sessions	4	5	5	0	0		A new offer/model of Adult Safeguarding Supervision has been developed to address poor attendance and engagement with supervision. This is now beginning to be rolled out across teams and localities . We have however seen an increase in attendance at the monthly safeguarding Learning Lunches
Number of Staff who attended Supervision	5	12	19	0	0		
One to One Supervision Sessions	2	0	0	0	0		121 Supervision is available to all upon request.

## Appendix Two

### Trust Operational Data Extract – 2024

#### Additional information:


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

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

This month we see the new agreed RTT targets ( 8 to 18 weeks) reflecting in the therapies KPIs reported , from April the mix of indicators will be refreshed and both the 4 week plus 18 week targets will be reported within the Dashboard.

Quality Dashboard				Gloucestershire Health and Care NHS Foundation Trust																
CQC DOMAIN - ARE SERVICES RESPONSIVE?																				
		Reporting Level	Threshold	2022/23 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 YTD	R A G	Exception Report	Benchmarking Report
Referral to Treatment physical health																				
	Podiatry - % treated within 18 Weeks	L - C	95%	42.67%											95%		95%	G	Y	
	ICT Physiotherapy - % treated within 18 Weeks	L - C	95%	63.93%											90%		94%	A	Y	
	ICT Occupational Therapy Services - % treated within 18 Weeks	L - C	95%	72.81%											82%		82%	R	Y	
	Paediatric Speech and Language Therapy - % treated within 18 Weeks	L - C	95%		89%	92%	90%	90%	85%	79%	68%	75%	71%	76%	73%		85%	R	Y	
	Paediatric Physiotherapy - % treated within 18 Weeks	L - C	95%		97%	99%	93%	95%	94%	88%	91%	84%	90%	83%	89%		92%	A	Y	
	Paediatric Occupational Therapy - % treated within 18 Weeks	L - C	95%		18%	21%	22%	53%	23%	19%	12%	25%	33%	27%	28%		25%	R	Y	
Wheelchair Services																				
	Wheelchair Services Adults : New referrals assessed within 8 weeks	L - C	90%	83.24%	86%	85%	90%	81%	96%	96%	97%	92%	90%	92%	96%		99%	G	N	
	Wheelchair Services : Under 18's new referrals assessed within 8 weeks	L - C	90%	84.66%	94.0%	83.0%	94%	100%	84%	100%	95%	93%	95%	100%	100%		94%	G	N	
Mental Health Services (CPA and Eating Disorders)																				
	CPA Follow up contact within 72 hours of discharge. %	N - T	95%	95%	90%	98%	93%	96%	93%	100%	98%	95%	97%	100%	100%		97%	G	N	
	Adolescent Eating Disorder - routine referral to NICE treatment start within 4 weeks %		95%	46.95 %	30%	30%	67%	75%	72%	79%	52%	47%	87%	70%	86%		36%	R	Y	
	Adolescent Eating Disorder - Urgent referral to NICE treatment start within 1 week %		95%	45.1%	87%	100%	82%	83%	100%	100%	100%	100%	89%	100%	100%		94%	A	Y	
	Eating disorders - Wait time for adult assessments will be 4 weeks %		95%	47.04%	37%	53%	85%	84%	87%	78%	81%	76%	69%	88%	30%		74%	R	Y	
	Eating disorders - Wait time for adult psychological interventions will be 16 weeks %	N – T	95%	68.96%	85%	100%	100%	96%	85%	86%	78%	87.0%	88.2%	83%	95%		84%	A	Y	
Additional information																				
<p><b>Podiatry:</b> The 8 week RTT has been replaced by the national 18 week RTT and the target of 95% has been met. We are expecting to see some further improvements within the podiatry position through the introduction of new community based drop in clinics, alongside voluntary sector partners, in order to improve access and provide a more holistic offer for patients. This is a new KPI and, therefore, there is no performance history as yet</p> <p><b>ICT physio:</b> The 8 week RTT has been replaced by the national 18 week target and we see 90% against a 95% target. This is a new KPI and, therefore, there is no performance history as yet</p> <p><b>ICT OT:</b> Achieved 82.5% against the 95% target .This is a new KPI and, therefore, there is no performance history as yet.</p> <p><b>Paediatric SLT:</b> February performance was 73% compared to a threshold of 95%, with 55 out of 231 referrals seen outside of the 18-week target timeframe. This is a new KPI introduced in January 2024 and the performance history has now been added. Refreshed improvement plans are in place.</p> <p><b>Paediatric Physiotherapy:</b> February performance 89%, this is a new KPI introduced in January and the performance history has been added.</p> <p><b>Paediatric Occupational Therapy:</b> February performance was 28% In Children's OT. There is still some way to go in both urgent and routine referrals but, as recovery continues, the service is focussed on tackling the longest waits as a priority to bring the entire list back into balance. The next phase of improvement and recovery work aims to achieve the 18 week RTT by the end of April. Measures will include additional hours, better oversight of clinic appointments offered and a review of home/school visit wait list to increase contacts and reduce wait times.</p> <p><b>Wheelchair Services:</b> The clinical team is now fully established and the service has met target for both indicators since September. It is expected that a positive trajectory will continue in the coming year. The compliance rate for equipment delivered within 18 weeks of referral is at 70% for under 18's and 85% for adults in February.</p>																				
<p><b>Eating Disorders: Adolescent RR to NICE treatment within 4 weeks.</b> February performance has increased to 86% against the 95% target with 3 non-compliant cases</p> <p><b>Adolescent Eating Disorders - Urgent referral to NICE treatment start within 1 week:</b> There were 0 non-compliant case reported in February.</p> <p><b>Eating Disorders wait time for adult assessment will be 4 weeks:</b> Performance was 30.3% against a threshold of 95% and shows 85 non-compliant cases out of 122. Low performance levels are expected as more patients are assessed. The BI service has produced a waiting list model provides an indication of capacity required to address the routine assessment waiting list backlog. This suggests an optimum waiting list number of 33. The service has adopted a new triage process, where all new patients receive an initial call within 24-72 hours. Self Help guidance is provided as appropriate and is recorded as a treatment start. The service has set up a sub-team that's sole aim is to manage the backlog of routine adult and adolescent assessments. The team began assessing the routine waits on the 22nd January and are aiming to complete up to 80 assessments per week to clear the backlog by the end of March 2024</p>																				

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Quality Dashboard																		<div></div> <div>Gloucestershire Health and Care</div> <div>NHS Foundation Trust</div>			
CQC DOMAIN - ARE SERVICES EFFECTIVE?																					
		Reporting Level	Threshold	2022/23 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 YTD	R	Exception Report?	Benchmarking Report	
																		A			
																		G			
Community Hospitals																					
Bed Occupancy - Community Hospitals		L - C	92%*	97%	97%	98%	97%	96%	95%	98%	98%	98%	97%	96%	95%		97%				
* Indicates optimum occupancy to enable flow																					
Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral		N - T	60%	69.2%	60.0%	67%	100%	87%	100%	75%	74%	75%	67%	60%	100%		81%	G	N		
Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered																					
Inpatient Wards		N - T	95%	68%	72%	63%	69%	71%	72%	80%	66%	69%	79%	80%	83%		83%	R	Y		
Community		N - T	90%	70.2%	76%	9.0%	25%	31%	41%	87%	66%	69%	68%	73%	78%		78%	R	y		
Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database). Waiting time to begin treatment (from IAPT minimum dataset		N - T	50%	52.1%	51%	51%	57%	53%	54%	52%	54%	54%	51%	51%	54%		52%	G	N		
Admissions to MH adult facility of patient under 16yrs		N - R		0	0	0	0	0	0	0	0	0	0	0	0		0	N/A			
Inappropriate out of area placements for adult mental health services. (Bed days)		N - R	* Bed Days	950*	0	0	62	81	48	50	70	33	24	5	29		402	G	N		
Children's Services – Immunisations				2021/22 Outturn	Academic Year 2022/23 - Target 90% of all 2 immunisations by end of academic year (July 2023)						Academic Year 2023/24 .										
Girls HPV 2023/24 (Year 8) Target		N - T	90%*	79.1%	12%	70%	80%	85%	90%					20%	40%		40%	G	Y		
Girls HPV 2023/24 Achieved															30.4%	60.3%		60.3%			
Boys HPV 2023/24 (year 8) Target															20%	40%		40%			G
Boys HPV 2023/24 Achieved															28.4%	54.9%		54.9%			
Childrens Services - National Childhood Measurement Programme				2021/22 Academic Year	Academic Year 2022/23 - Target 95% of children measured by end of academic year - Cumulative target (July 2023)						Academic Year 2023/24.										
Percentage of children in Reception Year with height and weight recorded		N - T	95%*	57.0%	65%	85.0%	95%	95%	95%			10%	15%	30%	43%		50.1%	G	N		
					82.5%	91.9.3%	96.9%	97.1%	97.1%			12.4%	18.9%	34%	50.1%						
Percentage of children in Year 6 with height and weight recorded		N - T	95%*	96.1%	75%	87%	95.0%	95%	95%			20.0%	25%	35%	50%		56.1%	G	N		
					89.7%	94.0%	96.4%	96.6	96.6%			20.8%	30.1%	43.3%	56.1%						
Additional Information																					
<p><b>OOA:</b> This month we are reporting 1 OOA placement. All OOA patients are monitored by the Bed Management Team through a virtual ward approach.</p> <p><b>EIP:</b> Maintains an above target position in February.</p> <p><b>Children's Services:</b> Immunisations and NCMP. Both indicators continue to show a robust commencement position with outcomes above target and an ambition to continue this position.</p> <p><b>Cardio-metabolic assessment</b> – The improvement trajectory continues. Focus will continue with input from Matrons and Team leaders in order to attain the 90% target.</p> <p><b>HPV:</b> The HPV schedule changed from the 1<sup>st</sup> September 2023 in line with the JCVI recommendations and is now a 1 dose schedule unless the young person is immunocompromised. In this situation a 3 dose schedule is recommended.</p> <p>The service is currently delivering the school based 1 dose HPV programme to all year 8 students and offering a catch up to those young people in Years 9,10 and 11 who have previously not accepted the offer. Where young people do not attend an educational setting the offer can be accessed via our countywide community clinics. Those young people who commenced the course prior to September 2023 will no longer require a 2<sup>nd</sup> dose of the HPV vaccine as they are now considered fully vaccinated. Parents that have previously consented for their child to receive the 2 dose course, however, can request that a 2<sup>nd</sup> dose is offered for this academic year if they wish.</p>																					

## Additional KPIs - Physical Health

		Reporting Level	Threshold	2022/23 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023/24 YTD	R	Exception Report?	Benchmarking Report
																		A		
																		G		
Proportion of eligible children who receive vision screens at or around school entry (cumulative target)			52%*	73.9%	62.0%	83.0%	93%	95%	95%			10%	14%	28	40		40%	G	N	
					85%	94%	98%	99%	99%			12%	18%	33%	49%		49%			
Number of Antenatal visits carried out				505	56	54	62	66	67	71	85	79	44	78	71		732	NA	NA	
Percentage of live births that receive a face to face, telephone or video NBV (New Birth Visit) within 7- 14 days by a Health Visitor		95%		93.53%	92%	92%	95%	95%	95%	94%	94%	94%	94%	93%	95%		94%	A	Y	
Percentage of children who received a face to face, telephone or video 6-8 weeks review.		95%		93.1%	96%	96%	96%	97%	96%	96%	97%	95%	95%	94%	96%		96%	G	N	
Percentage of children who received a 9-12 month review by the time they turned 12 months.		90%		81.5%	81%	85%	89%	89%	89%	87%	87%	89%	88%	88%	88%		88.%	A	Y	
Percentage of children who received a 12 month review by the time they turned 15 months.		90%		90.25%	92%	91%	92%	92%	91%	94%	93%	92%	92%	93%	94%		93%	G	N	
Percentage of children who received a 2-2.5 year review by 2.5 years.		90%		81.06%	90%	89%	92%	93%	90%	87%	89%	89%	92%	91%	94%		93%	G	N	
Percentage of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence).		58%		53.73%	55%	59%	57%	56%	54%	53%	57%	54%	53%	54.4%	56%		55%	A	Y	
Breastfeeding- % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks		80%		82. 1%	78%	87%	83%	83%	79%	80%	81%	81%	79%	77%	80%		80%	G	N	

## Additional Information

### Health Visiting:

- **NBV and Child reviews:** February performance (NBV – 7-14 days) reached target of 95% (NBV 6-8 weeks) reached 96%, exceeding target.
- **% of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks:** February performance increased by 3% to reach target of 80%. It is envisaged that this indicator will remain on target going forward.
- **% of infants being totally or partially breastfed at 6-8wks (breastfeeding prevalence):** February performance was 56% against a target of 95%. The Midwifery Service continues to be understaffed which impacts on the specialist feeding service/tongue tie service waiting lists. Infant Feeding Lead Health Visitor has set up weekly meetings to address needs identified with plans to improve feeding status. They have been invited to Post Natal Care Pathway meetings with the Midwifery service. Infant Feeding Assessment Clinics have been introduced as Pilots in the targeted areas of Gloucester and Forest of Dean. Early intervention is key as attrition rates are highest between 0 and 2 weeks.



## **Appendix Three**

### Non-Executive Directors Quality Visits Q1-Q3 2023/24

## Living our Trusts Values - Making a difference (1)

### Positive Feedback from NED colleagues (as described in visit reports)

*This is a great team running a superb service.*

#### **Outreach Vaccination Service**

*Massive thanks to everyone whom I met on the visit. Really open conversations and a very warm welcome.*

#### **CAMHS**

*It was clear that the nurse enjoys her job and finds it very rewarding. She also came across as very knowledgeable. The service appears to be delivering high quality care and good outcomes.*

#### **Complex Leg Wound Service**

*A very committed team with excellent leadership. Morale remains high despite all the recruitment and retention problems. It was a great pleasure to meet people and to be made very welcome.*

#### **Gloucester Recovery Team**

*This is a therapy that makes an incredible difference for the people it serves. The impact on people's lives of being able to communicate again, perhaps after an already traumatic event such as surgery or injury, is heart warming to see.*

#### **Adult Speech and Language Therapy Service**

## Living our Trusts Values - Making a difference (2)

### Positive Feedback from NED colleagues (as described in visit reports)

*I was hugely impressed by the dedication shown by those team members I talked with. They were very clear about how their expertise could make a genuine difference to people at a very difficult time in their lives, and they go above and beyond to make their work count*

#### **GRiP**

*I was really impressed with this wonderful service and enthusiastic team members.*

#### **Children's Physiotherapy Service**

*The education session which I attended was very well delivered, with a good pace and plenty of opportunities for people to ask questions and raise specific questions. Excellent and engaging presentation plus engagement exercise.*

#### **Diabetes Service**

*The School Nurse's engagement with the family and with the children was exemplary – very calm, empathetic, non-judgemental, friendly and respectful.*

#### **School Nurse Service**

Not only the AO team but every team I met in Weavers Croft was friendly and open.

#### **Assertive Outreach Team, Weavers Croft**

## Living our Trusts Values - Making a difference (2)

### Positive Feedback from NED colleagues (as described in visit reports)

*During discussions, I was impressed at the frequent good suggestions and drawing on past experiences to try and improve the Service.*

#### **Community Dementia Nursing Service**

*I was privileged to go on a service visit with one of the DNs to see a gentleman who is suffering from a catheter injury and has a number of other complications post surgery. I was able to see this clinician demonstrating real empathy, kindness and respect both to the gentleman and his wife.*

#### **South Cotswolds District Nursing Team**

*We would like to extend our thanks to Emma and all those involved for the warm welcome, openness and above all the important work that they do for the children and young people in our community.*

#### **Pilot Multi Agency Hub**

*I was impressed by this very friendly, committed team whose members are clearly mutually supportive. I would like to thank them for their warm welcome and openness.*

#### **Pregnancy Advisory Service**

## Visit Outcomes Update – completed visits Q3 (1)

Service	Recommendations/questions	Progress	Status
Gloucestershire Health and Wellbeing College	1. AWAITING REPORT		

## Visit Outcomes Update – completed visits Q3 (2)

Service	Recommendations/questions	Progress	Status
South Cotswolds District Nursing Team	1. High vacancy rates.	1. Service is aware of this and there is a focussed piece of work being led by Operations and HR to address, an improving picture is emerging.	Closed
	2. Inconsistent pool of bank nurses.	2. Service is implementing the Loop Ap for bank booking and trying to maintain regular bank nurses within the team	Closed
	3. More resilience and support needed regarding cars which take a lot of stress on bumpy rural roads full of potholes!	3. The Associate Director of estates has contacted the SD to discuss the issue to see if there is any learning / anything we can do with fleet decision making looking forward.	Closed

## Visit Outcomes Update – completed visits Q3 (3)

Service	Recommendations/questions	Progress	Status
Stroke ESD Service	1. Patients following a stroke are no longer always receiving dedicated specialist stroke rehabilitation in the acute hospital. The aim is to get every stroke patient onto the stroke pathway.	1. Due to demand outstripping capacity for Stroke Specialist beds in the acute we are of the understanding that patients may need to move from Woodmancote (Stroke Specialist Ward) to Guiting ward to enable patients to move onto the Stroke Specialist ward. The ICB are aware of this and working with system partners to understand the implications.	Closed
	2. They attempt to give everyone access to specialist stroke therapy input, but this can be lacking particularly at weekends.	2. Rehab assistants within the Stroke ESD team continue therapy input across 7 days.	Closed
	3. Many of the patients who are transferred to the Vale Stroke Rehabilitation Unit tend to have had more serious strokes which has led to an increase in demand for this service.	3. Acuity and Dependency levels are continuously monitored at The Vale to ensure that the correct staffing skill mix is available.	Closed
	4. The patients and families really appreciate the input from this specialist team which has increasingly and are often scared by what they see as being a cliff edge when the service ends after 6 weeks.	4. All stroke patients have follow-up with Community Stroke Specialist Nurses who support with Life after Stroke, supported signposting to a number of voluntary groups and referral into other community services is frequently made at the point of discharge.	Closed
	5. The team studiously collect the KPIs which were agreed 11 years ago and also collect a large amount of outcome data which feeds into the Stroke Sentinel National Audit Report.	5. No Action required as participation in this audit is BAU.	Closed



## Visit Outcomes Update – completed visits Q3 (4)

Service	Recommendations/questions	Progress	Status
<b>Stroke ESD Service</b>  <i>CONTINUED</i>	6. There is a new Community Neurology Service in GHC which would reduce some of the demand on this team but provides yet another different stroke pathway.	6. This is a positive service development and it is expected that slower stream rehab provided by the new Community Neuro Service will meet the needs of the more complex patients who are discharged from the Vale.	<b>Closed</b>
	7. The service is working more with Home First and Reablement now than in the past but there probably needs to be more work to clarify the roles and responsibilities.	7. The service continues to further develop ways of integrated working with all other GHC services that are relevant to patient need.	<b>Closed</b>
	8. The original specification was for the service to see and support 250 patients a year, but they now see 425 but with no increase in resources.	8. This will be raised for further discussion within the contractual meetings with the ICB	<b>Closed</b>

## Visit Outcomes Update – completed visits Q3 (5)

Service	Recommendations/questions	Progress	Status
<b>Community Dementia Nursing Service</b>	1. I was concerned regarding the increasing workload for this Team. Despite expansion since the Service commenced, the workload is causing significant problems.	1. We are undertaking a service review which will hopefully address this issue, plans/ service redesign suggestions have been submitted to the ICB which will hopefully be agreed as a way of working to improve service delivery.	<b>Closed</b>
	2. Better education of other services and agencies regarding the Community Dementia Nursing Service role is needed as the clinicians always try to put the Service User first when presented with problems.	2. The team constantly strive to educate other service providers regarding the team role and remit. Good partnership working with the Dementia service has been identified within Community Nursing Teams and Community Hospitals, the work is ongoing.	<b>Closed</b>
	3. Rapid assessment, diagnosis and management could have a significant benefit for system flows and safer more effective care.	3. We are developing co-diagnosis collaboration initiatives across the PCN's which will hopefully assist in more timely diagnosis and access to support/treatment options which it is hoped will reduce patient deterioration and impact on the wider health service provision	<b>Closed</b>

## Visit Outcomes Update – completed visits Q3 (6)

Service	Recommendations/questions	Progress	Status
The Vale Community Hospital, Abbey View Ward	1. AWAITING REPORT		

## Visit Outcomes Update – completed visits Q3 (7)

Service	Recommendations/questions	Progress -	Status
GHC Integrated Clinical Flow Team	1. Tableau reporting is not a live feed, it is 24 hours behind and the team have to pull the data off manually at the weekend.	1. No live data is ever available from SystmOne it is always a lag due to constraints of SystmOne. The same reporting is extracted from SystmOne at weekends as during the week, this has been explained to colleagues.	Closed
	2. Patients are often delayed going home waiting for equipment or alternative housing because they have had a life changing event, and their current housing doesn't meet their needs. (systemwide issue)	2. Since Covid we have seen an increase in the number of individuals who require alternative housing and the ICB are aware and currently looking at solutions across the ICS footprint. Improvements have been made to the provision of equipment across the ICS.	Closed
	3. Team lead feels that sometimes families reach crisis point and this results in admission. A lot of people are not signed up to the Carers Emergency Scheme.	3. Carers Emergency Scheme could be more widely promoted across the ICS. Within GHC, the carers lead is promoting this scheme and supporting sign up from carers.	Closed
	4. It can be hard to find appropriate accommodation for mental health patients with a forensic background.	4. This is an ongoing, national issue which teams are aware of. All efforts are made by GHC teams to support patients to access accommodation and have honest but supportive conversations with landlords	Closed

## Visit Outcomes Update – completed visits Q3 (8)

Service	Recommendations/questions	Progress -	Status
Pilot Multi Agency Hub	1. It would be useful for GHC to consider undertaking a strategic review of mental health services for young people and children and whether there is scope for different and more collaborative arrangements.	1. I present the Navigation Hub to the Children and Young Peoples Mental Health Programme Boards (both GCC and GHC Programme Boards) and this is where service developments are discussed with regards to transformation plans.	
	2. Recommend present to GHC Board and / or ICB soonest.	2. Service lead asked to present at a future GHC Board meeting	Closed
	3. Recommend lobbying Public Health Commissioner re involvement of school nursing into the hub.	3. Service Director continues to champion this with commissioners	Closed
	4. Ann James, Executive Director of Children's Services be invited to visit the Hub.	4. Visit arranged	Closed
	5. Douglas Blair be invited to visit.	5. Douglas Blair is visiting on 29th January 2024	Closed

## Visit Outcomes Update – completed visits Q2 (1)

Service	Recommendations/questions	Progress	Status
<b>Falls Assessment and Education Service</b>	1. It seems that recruiting Band 7's is difficult and that there is little clinical progression for Band 7's and indeed Band 6's. My concern is that the Trust will lose experienced staff to neighbouring Trusts.	1. We have just had very successful recruitment into 1.8 posts and are now fully recruited to the service. Professionally we are developing a careers pathway to support career progression for Physiotherapists within GHC. We have strong focus on staff development, through continuous professional development drawing on both internal and external training opportunities.	<b>Closed</b>
	2. In response to my question 'what is the one thing that would make a real difference to the service'; I was informed that it would be to have more rehab options for patients.	2. This has been flagged to system commissioning colleagues.	<b>Closed</b>
	3. The service is Commissioned as an assessment service which means that it refers into other services for falls prevention rehabilitation which is lacking due to other service pressures and lack of resource within GHC and the community.	3. The Active balance classes provided by GHC to support falls prevention rehabilitation are now running across the county, with the exception of Gloucester City.	<b>Closed</b>
	4. I was surprised and not sure if it is usual that a Team Leader is the same grade as the team she manages?	4. This is the case in several services, usually small teams, whereby the operational leadership required is at the same level of the clinical expertise (leadership does not need to be hierarchical)	<b>Closed</b>

## Visit Outcomes Update – completed visits Q2 (2)

Service	Recommendations/questions	Progress	Status
Diabetes Service	1. More capacity in the Team and in particular 1 extra nurse and an extra dietitian, equal to 2 extra clinicians in order to take the pressure off team members. The individual case load used to be 60 per nurse but is now in the order of 100 cases. The capacity of the team is actively being considered. It would also be good to have the post of 'Healthcare Professional Trainer for Primary Care' which did exist on a fixed term contract now ended.	1. The service lead and Lead dietitian are currently working with our operational managers to review the demand and capacity of the service, given the increase in referrals and complexity of patients referred, as well as the reduced/limited experience of Primary care within the condition of diabetes. This piece of work will also review the roles needed to provide a safe and effective service for the county, including the evaluation of future roles needed.	<b>Closed and findings will become BAU</b>
	2. Diabetes Prevention in Gloucestershire is delivered by Xyla Health and Wellbeing (part of Acacium Group), one of 5 organisations on a framework which deliver to all ICSs. Open question - is this a service which GHC could deliver in Gloucestershire?	2. Diabetes prevention is formally commissioned via the ICB, the Trust would need to consider any opportunities when the contract is advertised	<b>Closed</b>
	3. Would be interesting for the Diabetes Service to present to the Quality Committee.	3. The diabetes team would be very happy to present to the Quality committee as long as we are given sufficient notice due to our clinical workload and commitments.	<b>Closed</b>



## Visit Outcomes Update – completed visits Q2 (3)

Service	Recommendations/questions	Progress	Status
Art Psychotherapy Service	1. We can see the extent of our waiting lists and demand for service in our performance reports. We can also see the risks we have around recruitment and retention. This service appears to be a solution to some of those issues. My concern is that this team is not being nurtured and supported to deliver some of these solutions.	1. Awaiting feedback from service	Ongoing
	2. It would be good to understand the strategy and plans for this service and overall trust strategy for managing demand and acuity, given the data and service user stories set out in the report.	2. Awaiting feedback from service	Ongoing

## Visit Outcomes Update – completed visits Q2 (4)

Service	Recommendations/questions	Progress	Status
Children's Physiotherapy Service (Quedgeley Clinic)	1. It would be good to see a receptionist available at this site	1. The associate Director of Estates and Facilities is exploring ways of making the reception area more welcoming.	Closed
	2. A solution to the senior team leadership issues.	2. Additional support is being provided through the Chief AHP and their deputies.	Closed
	3. I do hope that the redecoration can happen in a timely manner.	This is now being addressed.	Closed

## Visit Outcomes Update – completed visits Q2 (5)

Service	Recommendations/questions	Progress	Status
<b>Assertive Outreach Team, Weavers Croft</b>	1. The Potchi clinic is highly regarded, oversubscribed and not available across the county. Can we do anything about this?	1. Plans and costings have been worked up to make this a countywide service. This will be put forward as a cost pressure, and presented at Execs for sign off.	<b>Ongoing</b>
	2. Progress / acceleration of a strategic plan to link together AO, recovery and other teams to make the service user journey more seamless would be appreciated.	2. This is work in progress, review, reform and redesign of community mental health teams to align to ILP's and our ICT teams (noting this will also help integration). A progress up-date will be coming to the Trust board in the coming months.	<b>Closed</b>
	3. There is still very little perceived tangible benefit since the merger and a perception that MH services is a small part of the merged Trust – this underlines the importance of ongoing integration work.	3. This is an on-going area of work, recently discussed at Service Directors and clinical directors meeting. This is part of business planning for the year ahead. It should be acknowledged that there has been some informal 'from the ground up' integration in terms of introductions, the directorate are aware of these challenges and it is part of business planning for the next FY.	<b>Closed</b>

## Visit Outcomes Update – completed visits Q2 (6)

Service	Recommendations/questions	Progress	Status
Lydney Hospital	1. People from Chepstow and the surrounds use Lydney MIU and it was felt they may not travel to Cinderford – will this impact on the Welsh contract?	1. Yes potentially- residents in Chepstow (ABUHB) use the Lydney MIU for convenience. Nearest other options for Chepstow residents are RGH and NHH which are further in distance. The ICS were looking at urgent care provision in the south of the Forest.	Closed
	2. X-Ray resilience <ul style="list-style-type: none"> <li>With only one X-Ray instead of two there would be no resilience if it breaks down nor for routine maintenance/servicing twice a year for a day at a time. (The Lydney X-Ray is near the end of its life).</li> <li>Digital equipment for MIUs for reading X-Rays was through normal PC monitors rather than digital image reviewing monitors. As a result, it is harder for colleagues to read the X-Rays and this may lead to missed fractures etc. Ideally there would be 2-3 for ANPs.</li> <li>They have only one Quality Testing Kit for the whole of the community X-Rays so the radiographers must take time out of clinical work to take the kit around the county. Ideally there would be two.</li> </ul>	2. This is the same risk we face in all our smaller units and is a risk to GHFT activity, we do note a new x-ray machine will help reduce the risk as the existing machine is aging and has a greater breakdown rate than we would hope	Closed
	3. The complex leg wound service raised a concern that when they discharge patients back to their GPs there is meant to be a re-doppler after 6 months but this often does not happen. They were aware and involved in the efforts to develop a better more integrated service and the efforts to skill up those practice nurses that needed it.	3. This is not a new issue and is one CLWS have consistently raised with the ICB. The ICB have established a workstream to explore expanding the current provision to cover the whole county and explore primary care education needs.	Closed

## Visit Outcomes Update – completed visits Q2 (7)

Service	Recommendations/questions	Progress	Status
School Nursing Service	1. Review the overall training on offer to the School Nurse service and in the short term run workshops or similar on managing anxiety in children and managing risk.	1. Service in the process of ensuring Mental Health First Aid for Children becomes an “Essential to Role” for all SNs. A recorded training session from a CAMHS clinical psychologist about ASD and The Teenage Brain is available to SNs. The team had a session on Anxiety this year at their CAMHS /SN away day. The Team have had a whole day training on Self-Harm earlier this year and also a half day from Winston’s Wish on bereavement. All SNs are invited to attend Mental health supervision. Supervision is available every 2 weeks and there is no limit to how often SNs attend. One of the SN team leaders attends a multiagency meeting every week where children with mental health issues are discussed. The team have 2 places for the accredited Mental Health in Young People module at UWE for next Spring and had 3 places earlier this year.	Closed
	2. Arrange an additional quality visit to the pilot multi-agency hub (I am happy to volunteer to do this).	2. NED request provided to PCET who will facilitate a further visit	Closed
	3. Review working environments as a matter of some urgency so that there is appropriate space for the team to be able to make confidential calls privately and work in a calm, ordered environment. Consider working from home options or source adequate meeting rooms for calls. Our job is to make it easy for Beccy and all other colleagues to do theirs to the very best of their ability.	3. A review of working environments is already underway with additional desk screens available at Rikenel to trial prior to purchasing with the aim of reducing noise levels and aid privacy.	Closed

## Visit Outcomes Update – completed visits Q1 (1)

Service	Recommendations/questions	Progress	Status
Outreach Vaccination Service	1. Some sessions are underutilised. Could we do more as an organisation to promote the availability of the sessions? Please could we do more to support them in promoting their sessions to ensure good attendances?	<p>The team manager has collated a variety of feedback and following successful conversations with system partners the following have been actioned:</p> <ul style="list-style-type: none"><li>• Continue to publicise sessions on NHS Glos website Continue to update local GP practices about outreach sessions in the local area including posters with date and venue details</li><li>• Advertise our clinics on the NHS website when people search for local walk-in sessions</li><li>• Share clinic details with local district councils</li><li>• Share with 111</li><li>• Social media push</li><li>• Share details of vaccination clinics with Inclusion Gloucestershire and partner organisations who support people with learning difficulties, neurodiversity and experiencing issues with their mental health.</li><li>• Updated our intranet page which includes the link to the NHS Gloucestershire website where our outreach sessions are published.</li></ul>	Closed

## Visit Outcomes Update – completed visits Q1 (2)

Service	Recommendations/questions	Progress	Status
CAMHS	<p>Issues raised in this report are reported on to Execs frequently. There were 6 specific aspects discussed during the visit:</p> <ol style="list-style-type: none"> <li>1. Waiting List</li> <li>2. Interface with Social Care</li> <li>3. CIPs</li> <li>4. How is CAMHS addressing health inequalities and meeting the needs of underserved communities?</li> <li>5. Preventative work with young people regarding their mental health.</li> <li>6. Retention of staff perspective</li> </ol>	<p>1. A key priority within our project plan is review and support of those waiting. There is currently a focus on those waiting over a year who have not had a contact with our service in that time. We are reviewed the Core CAMHS Skill Mix of staff in June to ensure we match staff skills to areas of greatest CYP need and then recruit accordingly as vacancies occur. We are in touch with a number of other services locally and nationally to share ideas on how they have reduced waiting lists. CAMHS waiting list management is now BAU</p>	Closed
		<p>2. Our CAMHS Service Director continues to enhance the relationships with social care. Within CAMHS we are currently meeting monthly to share ideas about how we can embed sustained change for the better across the 2 agencies.</p>	Closed
		<p>3. Reduction in posts can reduce the capacity of the workforce and creates a major challenge to the prospect of addressing the backlog of children and young people who are waiting. All CIP proposals are accompanied by an QIA/EQIA and subject to scrutiny within established Trust governance routes.</p>	Closed



## Visit Outcomes Update – completed visits Q1 (3)

Service	Recommendations/questions	Progress	Status
<b>CAMHS</b>  <u>continued</u>	<p>Issues raised in this report are reported on to Execs frequently. There were 6 specific aspects discussed during the visit:</p> <ol style="list-style-type: none"> <li>1. Waiting List</li> <li>2. Interface with Social Care</li> <li>3. CIPs</li> <li>4. How is CAMHS addressing health inequalities and meeting the needs of underserved communities?</li> <li>5. Preventative work with young people regarding their mental health.</li> <li>6. Retention of staff perspective</li> </ol>	<p>4. There are a number of teams within CAMHS specifically set up to address the needs of children and young people whose vulnerability or challenges accessing services warrant a more tailored approach e.g. Complex Engagement, CAMHS Youth Support, Young Adults. The Child in Care team recently undertook some training around health inequalities experienced by vulnerable young people. Experts by Experience, both CYP and parents, have been recruited to the team to help inform other team members.</p>	<b>Closed</b>
		<p>5. There is a growing 'Young Minds Matter' mental health support team available within schools, with a focus on earlier intervention. There is also a pilot under way for a multiagency Mental Health Navigation Hub to ensure children and young people get access to the right help as swiftly as possible. A Children's summit with the ICB in the autumn aims to promote and understand how CYP mental health needs are addressed across the whole system. This whole system approach is aimed to have impact on all levels of need alongside partner agencies.</p>	<b>Closed</b>
		<p>6. A CAMHS Academy is in development to help support the growth of existing staff, recruitment and retention, including a 'Career Development Framework'. There is significant focus on staff health and wellbeing with a programme of staff forums and a monthly newsletter.</p>	<b>Closed</b>

## Visit Outcomes Update – completed visits Q1 (4)

Service	Recommendations/questions	Progress	Status
Complex Leg Wound Service	1. There is a Band 7 vacancy which the service has yet to fill. The establishment is for two Band 7's so this is putting pressure on the team and other Band 7.	1. This post has now been recruited to and the post holder will join the team in October. Additional support to the remaining band 7 and the wider team is being provided by the Band 8a and Director of Nursing, ensuring staff have clinical support and a route of escalation	Closed
	2. Hearing how practice nurses have become de-skilled is a concern.	2. This is a concern, however practice managers seek to rectify and the service can provide training and single issue clinical guidance. The ICB have convened a workshop in October to explore expanding the current provision to cover the whole county and explore primary care education needs.	Closed
	3. Frustration still exists re IT and glitches and lost data especially if it relates to a three-hour assessment and also managing the pressure in the appointment service.	3. 'Lost data' refers to instances where IT has 'crashed' during data collection/entry. This is mainly due to intermittent Wi-Fi issues across the county. Staff do have an option to work 'offline' to mitigate data loss and the service lead is supporting staff to understand how they can do this.	Closed

## Visit Outcomes Update – completed visits Q1 (5)

Service	Recommendations/questions	Progress -	Status
Adult Speech and Language Therapy	No particular concerns but I was left with a question about how we can better support joint working across GHT and GHC in this service.	<p>With a new SLT Head of Profession in post for GHC and a new AHP lead in post for GHFT, communication across the Trusts regarding the acute SLT service has significantly improved in recent weeks.</p> <p>The main issue we have with working across Trusts is related to IT. Our current GHT contract is a legacy contract and would benefit from updating to reflect current need and demand and capacity requirements.</p> <p>There is scope to widen access opportunities to video fluoroscopy at GHFT and develop Fibreoptic Evaluation of Swallowing, both of which the team felt would also improve patient outcomes, this is being explored by the Head of Profession.</p>	Closed

## Visit Outcomes Update – completed visits Q1 (6)

Service	Recommendations/questions	Progress	Status
Gloucester Recovery Team	1. Is there any potential to introduce more training facilitator resource to increase clinical learning and development? Constantly improving and learning enables people to feel they are making a difference which a major contributor to staff satisfaction and morale.	1. Discussions to progress this have been initiated. In addition the team has been connected with the Trusts Head of Practice Education and Widening Access skills and expertise to explore CPD funded opportunities and longer term advance practice opportunities.	Closed
	2. More support for introducing Structured Clinical Management to provide much better outcomes and lives for people with personality disorders/complex emotional needs. This investment should reduce admissions and provide far better outcomes as hospital is not the best place for most people with these needs.	2. Development of a local SCM pathway with the involvement of CPI (Complex Psychological Interventions) team has commenced. There is an identified need for training within this and opportunities are currently being explored recognising the need to prioritise some staffing groups.	Closed
	3. Estates solutions so the team can see more people as outpatients rather than having to visit them in their own homes – thus freeing up valuable time and supporting recovery.	3. Discussions are being held with GL1, a community space, to explore using their wellbeing hub for appointments, recognising the need to ensure confidentiality. Service leads are mindful that some patients feel the space at Pullman is 'too clinical' and have begun to explore additional community spaces as home visits are not always indicated and can be counterproductive in terms of encouraging leaving the home and being more connected to the local community.	Closed

## Visit Outcomes Update – completed visits Q1 (7)

Service	Recommendations/questions	Progress	Status
<b>Gloucester Recovery Team</b>  <i>continued</i>	4. Continue to develop more housing options and rehabilitative approaches so people can move on from more institutionalised settings. Support the initiatives to skill up housing officers to feel confident to provide more support to patients.	4. Currently we are unable to discharge patients who are in supported accommodation managed by the Accommodation Team. There is a cohort of patients whose mental health is stable and there is no active treatment role required for who due to this arrangement continue to require the monitoring and adjunct paperwork of being on the caseload. Service leads are actively working with system partners to explore more innovative housing options, recognising the well documented housing issues nationally and locally.	<b>Closed</b>
	5. Ensure that resources match demand/need/demographic differences so that we can demonstrate we are reducing inequalities at least regarding access to services.	5. Specific and wider issues relating to increasing current and future demand are regularly shared at appropriate system boards. Within GHC service leads continue to work in partnership with communities to improve access to our services.	<b>Closed</b>
	6. Do our pay structures recognise the value/expertise of specialist generalists which often requires a broader range of expertise and experience than a narrower specialist role?	6. All pay structures are aligned to national agenda for change arrangements	<b>Closed</b>
	7. Is there more that can be done to influence GP practices re Depo injections through primary care commissioners	7. A QI project is in progress looking at how we transfer (where clinically appropriate) depot injections into primary care.	<b>Closed</b>

## Visit Outcomes Update – completed visits Q1 (8)

Service	Recommendations/questions	Progress	Status
Children's Speech and Language Therapy	1. Space to run group sessions.	1. Space to run group sessions and also training continue to be important. The service has use of one room large enough for a small group, however this is now out of action due to an incident at Rikenel, this issue has now been resolved.	Closed
	2. Changes to reception area – have a full-time receptionist and more welcoming décor.	2. The reception area is not welcoming and would not indicate it is a paediatric space. Staff lose capacity having to support people stuck in the building after reception have left or managing deliveries. Issue resolved.	Closed
	3. Source funding to introduce a referral app, through which parents can upload videos and clinicians can make recommendations and send a report and resources. This saves time on assessment and helps triage. It costs £3000 per year and a proposal has been put into the service director.	3. Funding has been sourced and a trial is being developed.	Closed
	4. Infection control to review restrictions around soft toys and fabric.	4. Reviewed by IPC and appropriate processes in place that meets IPC guidance but recognises the benefits of soft toys for Children,	Closed

## Visit Outcomes Update – completed visits Q1 (9)

Service	Recommendations/questions	Progress -	Status
GRiP	1. Clinical supervision not always available to team members due to time constraints.	1. Each clinical team member has workload management with a senior member of the team once per month. The Trust have recently revised their Clinical Supervision Policy which supports colleagues to access Clinical supervision in a timely manner. Clinical supervision compliance rates are routinely monitored.	<b>Closed</b>
	2. Staffing levels remain a concern	2. Staffing is improved compared to 6-12 months ago, however, not being able to fill current vacancies remains a concern. Vacancy positions are routinely monitored through monthly operational governance meetings	<b>Closed as BAU</b>



## Visit Outcomes Update – completed visits Q1 (10)

Service	Recommendations/questions	Progress	Status
GRiP (continued)	3. Last year, the Trust achieved an overall score of Improvement Required in the Royal College of Psychiatrists' National Clinical Audit of Psychosis. This is an area of focus for the team and ideally the money would be available to staff this on a permanent basis as the Care Coordinators don't always have the time to do this.	3. Due to our low levels of compliance with this domain of our national NCAP audit a couple of years ago, we applied for and were granted additional funding (£25k) to employ a Band 4 Physical Health & Carers Lead on a fixed term contract; we have now received an additional years funding for this role, which will now exclusively be a Carers Lead role. This will help somewhat, however, given that it is a fixed term contract any improvements may not be sustained after the end of their contract. A dedicated Carers Lead within GRIP who can run carers groups would be highly beneficial as workload within the team is high and Care Coordinators may not be able to dedicate enough time to organise and run these groups. To help improve in this area, we are aiming to be running our Family & Friends Group 3 times a year from next year. We are also looking to set up a rolling carers support group, and trialling a siblings' group.	Closed
	4. The team felt that a family work lead would be very beneficial. Working with families is extremely important in terms of prevention but finding the time is an issue.	4. Involving family members in the care of our patients is absolutely central to what we do. Family Work is something we have always struggled to consistently provide. A recent QI project has improved our compliance/delivery of this, but this requires work to sustain. Currently, x2 staff are completing external training in this intervention, and we are looking at putting together some internal Trust-led training.	Closed

## Visit Outcomes Update – completed visits Q1 (11)

Service	Recommendations/questions	Progress	Status
GRiP (continued)	5. At Risk Mental State Service: There is an opportunity for them to take on potentially more at-risk patients and do more in the way of outreach and educational work, as well as more structured work in line with NICE guidelines.	5. Our national audit (NCAP) is going to be looking in more depth at provision for 'ARMS' patients from next year. We are currently providing an ARMS service but it is not aligned to NICE guidelines on what we should be providing. Some services in the country have 'stand-alone' ARMS services (rather than embedded in Early Intervention services, as we do). There are many benefits to this. A key part of this ARMS work is engagement with the community to a) raise awareness of psychosis and reach those considered at risk of developing psychosis as early as possible and b) reduce stigma around psychosis/seeking help. This is a really valuable area of ARMS work but not something we have had time to do much of recently due to staffing/caseload sizes. This outreach work is 'early intervention in psychosis at its earliest point.	Closed
	6. Recommend the Trust Board find a way of supporting publication of the Book of Recovery Stories which the team is working on.	6. Two of the team have been working on developing a book with recovery stories, written by patients who have gone through GRIP and wanted to share their experiences. The aim is to provide hope for those who have just become unwell and started working with us. It will hopefully encourage engagement and reduce stigma around psychosis and mental health services too. We are looking at funding to publish this and sell copies, with a view to funds from sales going back into our GRIPPERS charity. There are ongoing discussions with Comms about progressing this work.	Ongoing

**AGENDA ITEM: 11/0324**

**REPORT TO:** TRUST BOARD **PUBLIC** SESSION – 28 MARCH 2024

**PRESENTED BY:** Ingrid Barker, Chair

**AUTHOR:** Ingrid Barker, Chair

**SUBJECT:** REPORT FROM THE CHAIR

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

N/A

**This report is provided for:**

Decision ☐

Endorsement ☐

Assurance ☒

Information ☒

**The purpose of this report is to**

Update the Board and members of the public on my activities and those of the Non-Executive Directors to demonstrate the processes we have in place to inform our scrutiny and challenge of the Executive and support effective Board working.

**Recommendations and decisions required**

The Board is asked to:

- **NOTE** the report and the assurance provided.

**Executive summary**

This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas:

- Board development – including updates on Non-Executive Directors
- Governor activities – including updates on Governors
- Working with our system partners
- Working with our colleagues
- National and regional meetings attended and any significant issues highlighted

**Risks associated with meeting the Trust's values**

None.

Corporate considerations	
<b>Quality Implications</b>	None identified
<b>Resource Implications</b>	None identified
<b>Equality Implications</b>	None identified

Where has this issue been discussed before?
This is a regular update report for the Trust Board.

<b>Appendices:</b>	<b>Appendix 1</b> Non-Executive Director – Summary of Activity January and February 2024
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<b>Report authorised by:</b> Ingrid Barker	<b>Title:</b> Chair
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## REPORT FROM THE CHAIR

### 1.0 INTRODUCTION AND PURPOSE

This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas:

- Board developments
- Governor activities
- Working with our system partners
- Working with our colleagues
- National and regional meetings attended and any significant issues highlighted

### 2.0 BOARD UPDATES

#### 2.1 Non-Executive Director (NED) Update:

- The recruitment for a new **Trust Chair** concluded on 8<sup>th</sup> March. Following a rigorous recruitment process overseen by Senior Independent Director, Marcia Gallagher, and our Governors' Nominations and Remuneration Committee, I am delighted to advise that Graham Russell, Vice-Chair has been appointed as Trust Chair. I am sure you will all join me in welcoming Graham to his new role within the Trust, which will commence on 1 May 2024
- We are in the process of **recruiting** two new **Non-Executive Directors** to the Board with interviews scheduled for April 2024. Following careful consideration of the mix of skills required on the Board, we are looking for Non-Executive Directors with experience of digital transformation and/or a background in finance.
- The Non-Executive Directors and I continue to meet regularly as a group and meetings took place on 29<sup>th</sup> February and 26<sup>th</sup> March. Due to a national meeting of chairs being convened in London, I was unable to join the meeting on 29<sup>th</sup> February and Graham Russell, Vice-Chair, chaired the meeting on my behalf. Non-Executive Director meetings are helpful check in sessions as well as enabling us to consider future plans, reflect on any changes we need to put in place to support the Executive and to continuously improve the way we operate.
- I continue to have regular meetings with the **Vice-Chair and Senior Independent Director**, along with individual 1:1s with all Non-Executive Directors including Mo Rashid, the Trust placement from the Insight South West Programme for aspiring Non-Executive Directors. Mo's placement with the Trust comes to an end in April and I wish him every success with his future Non-Executive Director career.
- Our programme of Quality Visits continues to be a crucial part of Non-Executive and Chair activity. Since the last meeting, we have participated in six visits across the breadth of Trust services including the Pregnancy Advisory Service, HomeFirst Pathway and Reablement Service, Cheltenham District Nursing

Team, Community Dental Service, Berkeley House and the Single Point of Clinical Access Service Team. Quality Visits are an important way for Non-Executive Directors to gain a greater understanding of, and insight into the services provided by the Trust and to seek assurance around the quality of care provided.

- Another crucial part of activity undertaken by Non-Executive Directors is an **audit of complaints** received into the Trust. Audits take place on a quarterly basis and the results are presented within our Quality Dashboard reports received at Trust Board Meetings. Sumita Hutchison undertook the audit for quarter 4.

## 2.2 Trust Board Meetings:

- Due to the level of transition at Board level and recruitment to key Board positions, much of the Board's time over the last quarter and been engaged in supporting the recruitment processes through the participation in focus groups and interview panels. A more intensive programme of Board development, focussed on ways of working to include new Board colleagues will commence later in the year.
- On 13<sup>th</sup> March we met for an in-person Board Development exercise facilitated by the Good Governance Institute where we focussed on **Lessons Learned** to help strengthen Board and organisational assurance in relation to the governance and oversight of higher risk service areas, in particular those at risk of closed culture, and the Trust's response when concerns are raised. A report setting out our learning and key actions will be presented to a future meeting of the Board.
- On 13<sup>th</sup> March an **Extraordinary Board** meeting took place to discuss the Trust system finance position. A further **Extraordinary Board** meeting also took place on 19<sup>th</sup> March where Board colleagues discussed the System Operating Plan submission.

## 3.0 GOVERNOR UPDATES

- I continue to meet on a regular basis with the **Lead Governor Chris Witham**, Director of Corporate Governance & Trust Secretary, Lavinia Rowsell and Anna Hilditch, Assistant Trust Secretary where matters relating to our Council of Governors including agenda planning, governor elections and matters relating to membership engagement.
- On 20<sup>th</sup> February we held our **quarterly Staff Governor and NEDs meeting**. These informal sessions provide the opportunity for our Staff Governors to freely raise any issues for further exploration. At this meeting, which was well attended by Staff Governors and Non-Executive Directors, we had a helpful discussion about raising the profile of our Staff Governors around the Trust, and a number of actions have now been identified to develop this further.

- A meeting of the **Nominations and Remuneration Committee** took place on 12<sup>th</sup> March. The Committee endorsed the appointment of the new Trust Chair, for onward approval by the full Council, and also endorsed the process for conducting the 2023/24 Non-Executive Directors and Chair Appraisals.
- On 13<sup>th</sup> March we held a **face to face Governor meeting** at Oxstalls Tennis Centre. At the meeting Governors approved the appointment of the new Trust Chair and received an update from the Chief Executive on key events and publications, including progress with the new Forest of Dean Hospital, the NHS Staff Survey results and an update on the Care Quality Commission (CQC) Inspection outcome on Berkeley House. Jane Stewart, Care Quality Commission Compliance Manager and Nancy Farr, Professional Head of Community Nursing also joined the meeting where they provided a very informative presentation on the Quality Account, Quality Priorities and pressure ulcers, noting that Tissue Viability is one of the Trust's top-quality priorities.
- The **programme of visits to sites for Trust Governors** is currently being scheduled and will be issued to Governors in the coming weeks. These visits offer Governors the opportunity to see our sites, speak to colleagues and to gain a better understanding of the services we provide. Non-Executive colleagues accompany Governors on each of the visits. A new schedule is in the process of being developed and will be shared with Governors in the coming weeks.
- On 13<sup>th</sup> February, I had an introduction meeting with newly elected Public Governor **Chas Townley**. Chas represents Tewkesbury.

#### 4.0 NATIONAL AND REGIONAL MEETINGS

Since the last meeting of the Trust Board in January, I have attended the following national meetings:

- On 5<sup>th</sup> February, I joined the **NHS Confederation Chairs Forum** - the focus of the meeting was winter pressures and the demand experienced by different parts of the healthcare system in England, Wales and Northern Ireland and how they responded to these challenges. Speakers included representatives from NHS England and across the NHS Confederation membership including Ian Pickles, Director of Urgent and Emergency Care Transformation, NHS England, Jonathan Patton, Chair, South Eastern Health and Social Care Trust and Dr Katja Empson, Clinical Director/Emergency Medicine Consultant, Cardiff and Vale University Health Board.
- I attended the **NHS England Integrated Care Board (ICB) and Trust Chairs'** event in London on the 28<sup>th</sup> February. At the meeting we received updates from Amanda Pritchard, NHS Chief Executive, Clinical leaders, Steve Powis, National Medical Director and Ruth May, Chief Nursing Officer for England and an update on 2024/25 planning and delivery from Julian Kelly, Chief Financial Officer and Emily Lawson, Chief Operating Officer.



- I was delighted to be invited by **NHS Providers** to Chair a national Executive Director Induction day for newly appointed executives on 29<sup>th</sup> February.

## 5.0 WORKING WITH OUR PARTNERS

I have continued my regular meetings with key stakeholders and partners where the working of the health and care system and the way we can mutually support each other are key issues for consideration. Highlights are as follows:

- On 7<sup>th</sup> February the Chief Executive and I attended the **Integrated Care Board Away Day** where we reflected on the system over the previous six months and discussed demographic challenges and the approach to Prevention.
- As part of their induction programme, the Chief Executive and I met with the **Integrated Care Board Non-Executive Directors** Ayesha Janjua and Karen Clemments on 14<sup>th</sup> February where we provided an overview of services provided by the Trust. Ayesha has been appointed to the Primary Care and Direct Commissioning position and Karen has taken on the Non-Executive Director role for the People and Remuneration Committee.
- A meeting of the **Integrated Care Board** took place on 27<sup>th</sup> March where a number of important operational and strategic issues were discussed. This was followed by a confidential meeting of the Board.
- On 12<sup>th</sup> March, the Chief Executive, Director of Strategy and Partnerships and I attended the County Council's meeting of the **Health Overview and Scrutiny Committee**. The meeting primarily focused on an update on Maternity Services, NHS Gloucestershire Winter Sustainability Plan for 2023-24 and an overview of the work, including current issues, impacting on the Gloucestershire Local Medical Centre. Reports were also received from the Gloucestershire Integrated Care System and NHS Gloucestershire Integrated Care Board.
- As you will see from the NEDs activity report, they continue to represent the Trust on a variety of **Integrated Care Board Committees** including; the System Audit Committee, System Resources Committee and System Quality Committee.
- The **Chair of the Gloucestershire Hospitals NHS Foundation Trust, Deborah Evans** and I continue to meet on a regular basis to discuss matters of mutual interest. To continue our understanding of the collaborative work that our Trusts do, Deborah Evans, Professor Jane Cummings, Deputy Integrated Care System (ICS) Chair and Non-Executive Director for System Quality and I undertook a **joint Chair's visit** on 21<sup>st</sup> February.

Our visit was hosted at **Pullman Place** and focussed on Adult Mental Health services. We wanted to better understand community mental health services in Gloucestershire and to appreciate their strengths, challenges and interfaces with other services. We met colleagues from Crisis Resolution and Home Treatment, Complex Psychological Interventions, Assertive Outreach/Later



Life, Perinatal, Recovery, Individual placement Support (into work), Administrative Services and Community Health Transformation. Colleagues were invited to talk to us about their achievements and challenges.

The visit was immensely useful and inspiring and I would like to thank Justine Hill, Deputy Service Director Mental Health Community Services for organising the visit and for the commitment shown to this important area of the Trust's work.

- I continue to meet with the Chairs of System Partner organisations on a quarterly basis, and individually, to discuss matters of mutual interest.

## 6.0 WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

- On 6<sup>th</sup> March, I hosted a meeting with **Chairs of the County's Leagues of Friends**. This was an opportunity for the Director of Strategy and Partnerships and I to provide Chairs with updates on a number of important activities that have been taking place in the Trust over the last few months, including an update on the Care Quality Commission (CQC) Inspection outcome on Berkeley House, the new Forest of Dean Hospital and Community Mental Health Transformation Programme. The next meeting will be held in June 2024.

We have been very sad to learn of the passing of Wendy Stirling, longstanding Chair of the Bourton League of Friends, who died in north Cotswolds Hospital following a short illness. I will attend the funeral on behalf of the Trust.

- Disappointingly I was unable to attend the in person **Better Care Together: Developing Sustainability in Healthcare** event which took place on the 20<sup>th</sup> March. As with previous Better Care Together events, it was very well attended.

## 7.0 ENGAGING WITH OUR TRUST COLLEAGUES

- I carried out a very interesting **quality visit** on the 13<sup>th</sup> February to the Pregnancy Advisory Service. It was a fascinating visit where the Trust's values were so much in evidence within the team. I met and spent time with Lindsay Kear, Sexual Health Service Manager and members of her team who are based at Hope House.
- More than 135 colleagues gathered to celebrate our **Better Care Together Awards** at Hatherley Manor Hotel on 7<sup>th</sup> March with winners crowned in eight categories. The occasion was a chance to celebrate the wide range of teams and services nominated and the contribution of colleagues, volunteers and Experts by Experience across the Trust. We had 171 nominations in total and I would have loved to have been able to invite everyone nominated to celebrate. The Chief Executive and I were delighted and honoured to present the awards.
- On 1<sup>st</sup> March I sat on the interview panel for the post of **Director of Nursing, Therapies and Quality**.

- I continue to attend the Trust's Committees on a rotational basis and I regularly attend the **Working Together Advisory Committee**.
- Although unable to attend myself, a meeting of the **Appointments and Terms of Service Committee** took place on 6<sup>th</sup> March.

At the meeting members received an update on the Director of Nursing, Therapies & Quality post along with an Executive Director Recruitment Update on the Director of Improvement & Partnership and Chief Operating Officer posts. An **Extraordinary** meeting took place on 15<sup>th</sup> March to discuss the appointment of the Director of Nursing, Therapies and Quality.

- I was delighted to be invited to the **Friends and Family Open Day of the Montpellier Therapeutic Allotment** on 22<sup>nd</sup> March. We were joined by special guest, BBC Countryfile presenter Adam Henson, who kindly agreed to officially open our long-awaited eco-cabin.
- As part of my regular activities, I continue to have a range of virtual and face to face **1:1 meetings with Executive colleagues**, including a weekly meeting with the Chief Executive.

As always, I continue to try to make myself available to support colleagues and recognise their endeavours. As a European Mentoring and Coaching Council (EMCC) accredited coach, I undertake a number of coaching sessions through the Leadership Academy, to support and develop NHS colleagues in the South West and neighbouring regions.

I also have an active presence on social media to fly the Gloucestershire Health and Care NHS Foundation Trust flag and highlight great work across the county.

## 8.0 NED ACTIVITY

The Non-Executive Directors continue to be very active, attending meetings in person and virtually across the Trust and where possible visiting services.

See **Appendix 1** for the summary of the Non-Executive Directors activity for January and February 2024.

## 9.0 CONCLUSION AND RECOMMENDATIONS

The Board is asked to **NOTE** the report and the assurance provided.

**Appendix 1**  
**Non-Executive Director – Summary of Activity 1<sup>st</sup> January – 29<sup>th</sup> February 2024**

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
<b>Dr Stephen Alvis</b>	Introduction meeting with Mo Rashid, Insight SW Programme 1:1 with Trust Chair candidate NEDs Meeting Private meeting with external Auditors Private meeting with internal Auditors Quality visit to Dental Services, Southgate Moorings Stroke Unit 5 <sup>th</sup> Anniversary Celebration at Vale Hospital Staff Governors Meeting	3 x GGI Webinars GGI Annual Lecture	ATOS Committee Audit and Assurance Committee MHLS Committee Quality Committee Resources Committee Trust Board: Private Trust Board: Public
<b>Marcia Gallagher</b>	3 x meetings with Director of HR & OD and Director of Corporate Governance regarding Chair Recruitment NEDs Meeting 1:1 w Chair Private meeting with external Auditors Private meeting with internal Auditors NEDs Meeting Women's Leadership Forum Meeting with ICB Chair re Trust Chair recruitment Meeting with Andy Willis, External Assessor Discussion with IT Meeting with prospective Trust Chair candidate 2 x meetings with Director of HR & OD and Director of Corporate Governance and Trust Secretary regarding Trust Chair Recruitment 2 x meetings with Finegreen, Director of HR & OD and Director of Corporate Governance and Trust Secretary regarding Trust Chair Recruitment		ATOS Committee Audit and Assurance Committee Quality Committee

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	Trust Chair shortlisting meeting with Governors, Finegreen, Director of HR & OD and Director of Corporate Governance and Trust Secretary		
<b>Steve Brittan</b>			Trust Board: Public Trust Board: Private
<b>Sumita Hutchison</b>	MHLS Committee Pre-Meet Quality Visit report meeting with Fiona Williams, Trust Lead for the Arts Therapies Meeting with Nic Matthews 1:1 with Director of HR & OD Meeting with Nadine Exner NEDs Meeting Council of Governors Meeting Quarterly Staff Governor Meeting Diversity Network Agenda setting meeting NEDs Meeting Induction meeting with Karen Clements, ICB Non-Executive Director		ATOS Committee MHLS Committee Trust Board: Public Trust Board: Private
<b>Nicola de longh</b>	NEDs Meeting Council of Governors Meeting 1:1 with Trust Chair Candidate NEDs Meeting Chair Recruitment Shortlisting Meeting Quality visit to Berkeley House DoNTQ Focus Group 1:1 with Chair		ATOS Committee Great Place to Work Committee Trust Board: Private Trust Board: Public
<b>Jan Marriott</b>	1:1 with DoNTQ regarding Berkeley House 1:1 with DoNTQ regarding Quality Committee NEDs Meeting Council of Governors Meeting 1:1 with Cathy Newman regarding Triangle of Care		ATOS Committee Great Place to Work Committee Quality Committee Trust Board: Private Trust Board: Public Working Together Advisory Committee

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	1:1 with Trust Chair candidate Quality Assurance Group External Assessor for Quality Committee Non-Executive Director, GHTFT Meeting with Expert by Experience and Angela Willan, Lead Nurse, Special Projects Mental Health Learning Disabilities Quality visit to Cheltenham District Nursing Service Big Health Check Planning Day ICB System Quality Committee Meeting regarding Triangle of Care Quarterly Staff Governor Meeting Freedom to Speak Up Champion Network Meeting 1:1 with Freedom to Speak Up Guardian Quality Assurance Group 1:1 with DoNTQ Candidate		
<b>Graham Russell</b>	ICB Neighbourhood Transformation Committee 1:1 with Director of Finance NEDs Meeting Meeting with Ayesha Janjua, ICB NED Council of Governors Meeting Pre-ICB Board Meeting with Chair and Chief Executive ICB Board Meeting Presenter at National Housing Federation Board Conference on Healthcare and Housing 1:1 with Director of Finance Visit to Community Diagnostic Centre ICB Board Development Meeting 1:1 with Ayesha Janjua, ICB NED 1:1 with Chief Executive		ATOS Committee Audit and Assurance Committee Resources Committee Trust Board: Private Trust Board: Public

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	Quality visit to Cotswold Home First and Reablement, based at Cirencester Hospital		
<b>Vicci Livingstone-Thompson</b>	Informal visit to Complex Care at Home Service NED Meeting Private meeting with external Auditors Private meeting with internal Auditors Extraordinary meeting of the ICS Volunteering Network Disabled NEDs in the NHS Meeting MHAM Recruitment Panel		Audit and Assurance Committee Great Place to Work Committee MHLS Committee Resources Committee

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 March 2024**

**PRESENTED BY:** Douglas Blair, Chief Executive Officer

**AUTHOR:** Douglas Blair, Chief Executive Officer

**SUBJECT:** **REPORT FROM THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM**

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

**This report is provided for:**

Decision ☐

Endorsement ☐

Assurance ☒

Information ☒

**The purpose of this report is to**

Update the Board on significant Trust issues not covered elsewhere as well as on my activities and those of the Executive Team.

**Recommendations and decisions required**

The Trust Board is asked to **NOTE** the report.

**Executive Summary**

The report summarises the activities of the Chief Executive Officer and the Executive Team and the key areas of focus since the last Board meeting, including:

- Chief Executive Overview
- System updates
- Achievements / Awards
- Safe Learning Environment Charter
- Healthwatch Report
- Special Education Needs and Disabilities Inspection Report
- National Education and Training Survey Results
- Freedom To Speak Up Policy
- NHS Oversight Framework Quarter 3 – 2023/24 Segmentation Review Outcome
- Patient Led Assessment of the Care Environment (PLACE)



**Risks associated with meeting the Trust's values**

None identified

**Corporate considerations**

<b>Quality Implications</b>	Any implications are referenced in the report
<b>Resource Implications</b>	Any implications are referenced in the report
<b>Equality Implications</b>	None identified

**Where has this issue been discussed before?**

N/A

**Appendices:**

**Report authorised by:**  
Douglas Blair

**Title:**  
Chief Executive Officer

## CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

### 1.0 CHIEF EXECUTIVE OVERVIEW

#### 1.1 Chief Executive – Service/Team Visits

I have continued to carry out service visits, team meetings and to 'hot desk' from different sites. I have welcomed the opportunity to meet with colleagues, learn about their roles and understand any of the challenges facing their service areas. My visits since the last Board meeting have included:

- Acorn House
- Adult Speech and Language Therapy
- Berkeley House
- Charlton Lane Hospital and site
- Edinburgh House - Children and Young People's Navigation Hub
- Southgate Moorings, Gloucester
- The Vale Hospital
- Wotton Lawn – Montpellier Unit

#### 1.2 Care Quality Commission (CQC) Inspection Outcome – Berkeley House, Stroud

On the 1st March, the Care Quality Commission published a report following an unannounced inspection of Berkeley House, in Stroud. Berkeley House is a six-bedded inpatient unit for people with learning disabilities. The inspection took place on 10<sup>th</sup> and 11<sup>th</sup> October 2023 and the report confirmed the rating for the service has been downgraded from 'good' to 'inadequate'. While the report does detail some positive elements of care and treatment and positive feedback from families and carers there are, unfortunately, a number of elements highlighted that fall below the standards we aspire to. We had already identified specific quality of care concerns at the unit in summer 2023, through feedback from Trust colleagues and had informed the Care Quality Commission. Unfortunately, actions to establish and resolve issues had not gained sufficient progress ahead of the unannounced Care Quality Commission inspection.

We have been working with NHS Gloucestershire as well as Gloucestershire County Council and the NHS England Specialist Learning Disability support team to carry out further reviews and seek additional support on improvements being made. The majority of CQC recommendations have already been partially or completely resolved. The inspection outcome and downgrading of the unit is clearly deeply regrettable but we are grateful to the CQC for the independent scrutiny they have given our service. Our overall priority will always be the health and wellbeing of the people in our care. We are in regular contact with the families of the six people being cared for at Berkeley House and we are supporting them throughout.

We have been working with our partners for several years now to address limitations to the environment at Berkeley House which can make it challenging at times to care for those with a high level of need. Over recent months and years, system partners have been working hard to enable individuals to be discharged to more suitable environments as soon as and wherever possible. This work continues, and significant

progress is being made, alongside work to redesign the wider support on offer for people with a similar level of need within Gloucestershire over the longer term.

### 1.3 Update on industrial action

Junior Doctor members of the British Medical Association took industrial action from 24th to 28th February.

There were a number of changes to Cheltenham A&E during this period to ensure patient safety:

- Cheltenham General Hospital's Emergency Department was temporarily closed from 8pm on 22<sup>nd</sup> February to 8am on 29<sup>th</sup> February 2024. The Minor Injury and Illness Unit was also closed during this period.
- Throughout the period of industrial action urgent and emergency care was centralised at Gloucestershire Royal Hospital (GRH) where a full service was provided 24/7.

Many parts of the NHS, including hospitals, community services and GP practices, felt the impact of the industrial action and local people were urged to use services responsibly. Advice was provided on the best routes to access healthcare, including 111, GP practices, Minor Injury and Illness Units and local pharmacies.

### 1.4 Bedside Meal Ordering Developments

A new bedside meal ordering system has now been rolled out in Stroud General and Vale Community Hospitals. The project started at the pilot site in Stroud in August 2023, and the Clinical and Estates and Facilities team spent four months introducing the system and testing different ways to ensure that bedside meal ordering worked well for our patients and colleagues. The next hospital sites to benefit from the new system are Tewkesbury and Cirencester.

The Saffron Bedside Digital Catering system is a bedside meal ordering system which enables clinical and facilities colleagues to take meal orders via a tablet; it's a more efficient way of ordering meals and reduces the risk of error by enabling colleagues to tailor the menu to each individual, taking into account the patient's individual needs. Using a tablet, patients are presented with personalised meal options based on their individual dietary requirements. They can view images of each dish along with nutritional analysis to help make an informed choice. Choices can be automatically mapped to patients' care plans or dietary needs, with unsuitable items not available to choose.

The system is based around the patient rather than beds which means the patient will receive their chosen meal even if moved. The implementation follows the publication of the national NHS Food and Drink standard published which specified that every hospital must implement a digital meal ordering system. The system, which also reduces food waste, will be rolled out further in the months to come.

### 1.5 Open Day at Montpellier Therapeutic Allotments

The Chair and I attended the Family and Friends Open Day of the Montpellier Therapeutic Allotment on 22<sup>nd</sup> March. It was an excellent opportunity to celebrate the

incredible hard work and dedication of all those involved in transforming this once neglected plot of land (adjacent to the Aspen Centre on Horton Road) into the new therapeutic allotment.

Special guest, BBC Countryfile presenter Adam Henson, joined the day to conduct the official opening of the long-awaited new eco-cabin.

## 1.6 Stakeholder Engagement

I continue to participate in regular discussions with MPs and other key stakeholders on matters affecting the Trust and our local communities. Further information on specific engagements with MPs and the Health Overview and Scrutiny Committee are included in the Chair's report.

## 2.0 SYSTEM UPDATES

### 2.1 Mental Health Stakeholder Collaboration Event

On 8<sup>th</sup> February I attended the Mental Health Stakeholder Collaboration Event, held at Churchdown Community Centre. The event was attended by individuals, communities, voluntary and statutory organisations, with an interest in or experience of mental ill health.

We heard about some of the exciting work happening within the diverse ethnic communities across Gloucestershire, and from Rethink Mental Illness about whole system approaches and their involvement in the mental health transformation in other areas of the UK.

The aim of the event was to identify popular and practical ways for the system to work together collectively to deliver our aspirations and to understand better about what possibilities or barriers there might be. It is important to identify our collective priorities area around mental health within Gloucestershire and understand how we can work on these as a collaborative.

### 2.2 Community Mental Health Transformation (CMHT)

Embedding the Locality Community Partnership (LCP) model continues into the final localities, with Cotswolds currently being supported from either Stroud or Cheltenham localities whilst we finalise the right approach for the dedicated Cotswold multi-disciplinary Locality Community Partnership meeting with local partners. The focus will then continue to be on alignment with the internal Gloucestershire Health and Care NHS Foundation Trust locality teams as we embed the Locality Community Partnership model and other elements of the transformation programme into business as usual.

#### Voluntary, Community & Social Enterprise (VCSE) Small Grants

We have completed the review of the second phase of small grants and have been able to successfully approve seven Voluntary, Community and Social Enterprise applications with a value of £200,369. This means that in 2023/24 the Community Mental Health Transformation programme was able to allocate a total of c£300k in small grants to voluntary sector partners across the county.

### Physical Health Checks

As part of the Community Mental Health Transformation Programme, a new film has been produced to encourage people with serious mental illness (SMI) to access their annual physical health checks. One of the programme's key aims is to reduce the health inequalities which mean people with serious mental health issues do, on average, have a shorter life span than the general population. People with serious mental illnesses often develop chronic physical health conditions at a younger age than people without a serious mental illness. These chronic conditions include obesity, asthma, diabetes, chronic obstructive pulmonary disease, coronary heart disease, stroke, heart failure and liver disease. People with serious mental illness are at increased risk of developing more than one of these chronic conditions.

The film, produced in a joint partnership between the NHS and voluntary and community sector, aims to address this. The film was co-produced by Gloucestershire Health and Care, Inclusion Gloucestershire, The Independence Trust and Art Shape. Annual Physical health checks can be carried out at a GP surgery, community mental health hub or even at home.

The film can be viewed here: <https://vimeo.com/885033000>

## **2.3 Integrated Care Board (ICB) Board Meetings**

The NHS Gloucestershire Integrated Care Board Confidential and Public Board Meetings were held on 31<sup>st</sup> January and 27<sup>th</sup> March. The papers for the Public Board meetings can be located on their website - [Board Meetings : NHS Gloucestershire ICB \(nhs.uk\)](https://nhs.uk/boards/boards-meetings)

Gloucestershire Integrated Care Board held a Board Development session on 28<sup>th</sup> February which was attended by the Vice-Chair, Graham Russell, and I. The session focussed on a number of important issues. In my capacity as Joint Senior Responsible Owner for health inequalities (with Siobhan Farmer, Director of Public Health), I presented an update on Gloucestershire's approach to tackling health inequalities and proposed a framework for contributory activity, targeted interventions and improvements to mainstream service delivery. This will be developed further as a result.

Gloucestershire Integrated Care Board held a Board Away Day on 7<sup>th</sup> February. The day started off with a Working as One discussion session with Newton Europe colleagues and there was then an opportunity for colleagues to provide their reflections on the system performance and activities over the last 6-months. The session also provided an opportunity to discuss demographic challenges and our approach to prevention across the system.

## **2.4 South West Mental Health Programme Board**

On 6<sup>th</sup> February I attended the South West Mental Health Programme Board. A National update was provided by Claire Murdoch, along with an update on Right Care, Right Person by Ursula James. There was an opportunity to discuss Children and Young People services and how best to improve their access to Mental Health services across the South West. Gloucestershire was highlighted as an area of best



practice, particularly in relation to the amount of activity delivered by voluntary sector partners and the strong link to education settings.

## 2.5 Forest of Dean Hospital Community Hospital Update

At the beginning of January, we outlined our proposed dates for the handover and moves of different services to the new community hospital and we are now in a position to re-confirm the hopefully final position. We have unfortunately experienced some further delays, predominately relating to the need to change steel work in order to fit the new rather than refurbished x-ray machine and a delay to the receipt of a part required to complete the 'blackout generator testing' which requires total power outage to the site. Both of these elements are required before we can receive final building regulations sign off and complete handover of the building from Spellers. We have, however, continued to receive beneficial handover of elements of the building and have already taken handover of the first floor and our contractors are well underway with the Trust works that are needed to complete the scheme.

Such a delay is not uncommon in projects of this size and complexity. The Director of Strategy and Partnerships has visited the site and has confirmed that the snagging work is progressing well and the quality and feel to the building is impressive. The project team have been in dialogue with the Care Quality Commission over their visit and inspection dates and we anticipate this taking place in early April.

We therefore expect the building inspector sign off to take place week commencing 15<sup>th</sup> April and our transition programme is outlined below.

### Timeline for moves

We have now moved all inpatient activity across to the Dilke hospital and as planned we have closed the Lydney inpatient unit. We expect to be in a position to begin moving teams into the new hospital building, beginning on Monday 22<sup>nd</sup> April.

Moving to the new site week commencing 22<sup>nd</sup> April:

- Reception and Admin Offices
- Inpatient Ward
- Dentistry

Moving to the new site week commencing 29<sup>th</sup> April:

- Outpatients including audiology, phototherapy, ophthalmology
- Ultrasound
- Therapies, Rapid Response & CYPS, Midwifery

There is new x-ray equipment being commissioned for the hospital. It is an intricate process requiring specialist contractors to complete the installation. Contractors are aiming to complete the installation mid-April meaning the new equipment will be operational and ready for the Minor Injury and Illness Unit services (MIIU) to transfer as outlined below.

- Minor Injury and Illness Unit (MIIU) & Complex Leg Wound Service - Moving the Minor Injury and Illness Unit is contingent on x-ray being operational at the new site. Assuming x-ray is operational as planned, the Minor Injury and Illness Unit

will move to the new site on a date to be agreed during the week of 6<sup>th</sup> May. The Complex Leg Wound Service will move at the same time.

- Endoscopy - This remains the subject of system-wide discussions however, the equipment for the suite has been ordered and we are progressing with the commissioning of the unit whilst working with the Integrated Care Board and Gloucestershire Hospitals NHS Foundation Trust on a clear commissioning schedule.

### 3.0 ACHIEVEMENTS / AWARDS

#### 3.1 Apprenticeships

Congratulations on the achievements of our apprentices who have recently successfully completed their apprenticeships:

- Emily Osbourne – Level 3 Business Administrator
- Vicky Vacara – Level 5 Coaching Professional
- Chloe Rogers – Level 3 Team Leader/Supervisor

#### 3.2 Better Care Together event - Developing Sustainability in Healthcare

Our Better Care Together event took place at Forest Green Rovers in Nailsworth on 20<sup>th</sup> March. The event was well attended and was an excellent opportunity to raise awareness around the NHS contribution to the UK's carbon footprint and its implications on the environment.

The aims of the event were to:

- Inspire behaviour change, so our colleagues and partner organisations consider the tangible things they can do to reduce our contribution to the NHS carbon footprint.
- Provide stories and information to inspire others, including our patients, to make changes to support sustainability.

There was a 'Marketplace' for local services from different sectors to share information and increase awareness of how they are addressing sustainability.

#### 3.3 Better Care Together Awards

An awards event was held on 7<sup>th</sup> March at Hatherley Manor Hotel, with over 135 colleagues attending to celebrate the winners crowned in eight categories (Making a Difference, Always Improving, Respectful and Kind, Working Together, Tackling Inequalities, Rising Star, Outstanding Achievement and Sustainability).

This year's awards received an overwhelming 171 nominations and the judging panel had a tough job reviewing all nominations and selecting a shortlist for each category. The judging panel read each nomination thoroughly and pass on their sincere thanks to those who were nominated and those who took the time to nominate.



The occasion was a chance to celebrate the wide range of teams and services nominated and the contribution of colleagues, volunteers and Experts by Experience across the Trust.

### 3.4 **Stroke Unit Celebrates Five Years**

The Specialist Stroke Rehabilitation Unit team was joined by commissioners, League of Friends, volunteers, Board members and colleagues to mark the fifth anniversary of the Unit at The Vale Community Hospital.

There has been a specialist stroke service at Gloucestershire Hospitals NHS Foundation Trust for many years, but it was recognised through the Stroke Sentinel National Audit Programme (SSNAP) that there was insufficient provision of rehabilitation in between acute treatment and our community-based Early Supported Discharge (ESD) Team. After a few years of data collection, scoping and consultation it was agreed countywide that Gloucestershire Health and Care NHS Foundation Trust would host the new unit, and this would be best situated at The Vale Community Hospital on Peak View Ward. 14 of the 20 beds were designated for stroke patients, from anywhere in the county and the remaining six are for the local community.

The multidisciplinary team consists of nurses, healthcare assistants, occupational therapists, physiotherapists, speech and language therapists, psychologists, rehabilitation assistants, discharge co-ordinators, doctors, training and development nurse, dietitian, social care practitioner, administration staff, hotel and facilities staff, pharmacist and volunteers. All are vitally important to ensure a high quality and comprehensive service can be provided.

### 3.5 **Community Assessment and Treatment Units (CATU) Celebrates Two Years**

Our Community Assessment and Treatment Unit (CATU) held a Tea Party on 11<sup>th</sup> March to mark two years since they first opened its doors at Tewkesbury Hospital on 14<sup>th</sup> February 2022.

Since that time, it has provided assessment and treatment for people referred by Rapid Response, South West Ambulance Service NHS Trust (SWAST), Homeward Assessment Team at Gloucester Royal Hospital and Cheltenham General Hospital and local GPs, for patients whose needs can be met in a less acute environment. The benefits for the patient are preventing acute admissions and reducing the length of stay.

The CATU aims to complete a comprehensive multi-disciplinary Team (MDT) assessment and begin treatment, before determining the appropriate onward pathway within 10 days of admission. Ideally this is to return patients to their usual place of residence with or without support, however, it may be to step down to one of our community hospital beds for ongoing medical/nursing care and rehab. Fundamentally, avoiding long waits in the emergency department and acute admissions for vulnerable, frail patients.

## 4.0 SAFE LEARNING ENVIRONMENT CHARTER

NHS England have announced the publication of the Safe Learning Environment Charter (SLEC). The charter sets out what a good placement looks like for all learners and how it can be achieved through 10 priority areas, which are required of the placement environment, and the people within it. These priority areas, which are aligned to the NHS People Promise, will help to ensure a placement environment that is psychologically safe for all staff. It emphasises the importance of providing high quality and safe learning experiences and the delivery of high-quality safe patient care.

Learners included in the charter are outlined below. Learners include all types of entry (apprenticeship and direct entry) and all undergraduate and postgraduate training programmes:

- Nursing and Midwifery learners
- Allied Health Professional learners
- Health Care Scientist learners
- Pharmacy learners
- Medical and Dental learners
- Psychological Professions learners
- Advanced Practice trainees
- Medical Associate Professional learners

The Trust has an internal working group who are focussed on applying the Safe Learning Environment Charter within our placement settings, to help our learners to have the optimal placement experience. This in turn helps to ensure they are equipped to provide the best possible care and treatment for patients when they enter the workforce.

You can read the full charter [here](#)

## 5.0 HEALTHWATCH REPORT

### 5.1 Wotton Lawn Hospital

Wotton Lawn Hospital is an 88-bed acute mental health hospital situated near the centre of Gloucester, comprising of four admission wards, a nurse-led Psychiatric Intensive Care Unit (PICU) and a Low Secure Unit (LSU). As part of our continuous improvement programme, we invited Healthwatch, the independent statutory body into our hospital to provide us with an unbiased insight into what it feels like to be a patient staying in the hospital.

With the support of seven trained staff and volunteers, Healthwatch carried out seven separate visits to the Hospital between October and December 2023, across weekdays, evenings and weekends. We were pleased to receive the report which is overall very positive with feedback indicating that most of the people they spoke to felt that the staff were approachable, well-trained and communicated well and patients & carers described feeling safe in the hospital but did raise some concerns in relation to the lighting outside of the hospital when visitors were arriving or leaving in the dark. Healthwatch noted that the hospital had good staffing levels and that staff described a supportive working environment where they felt able to raise concerns.

They also described being offered debriefs after being involved in, or witnessing, incidents.

Healthwatch made a number of recommendations which we will consider how we take forward as part of our approach to continuous improvement at the hospital. These included aspects such as introducing more calm and sensory spaces into the hospital and completing a review of the effectiveness of the recently introduced revised front door arrangements to understand if this has had an impact on incidents. As a Trust we welcome all opportunities to receive independent feedback and would like to thank Healthwatch colleagues for their time in undertaking the visits and providing the report. To find out more, [access the report here](#)

## 5.2 Urgent and Emergency Care

As part of an overall review into Urgent & Emergency Care demand and patient experience, Healthwatch carried out two Enter and View visits to the Trust's Minor Injury & Illness Units in the Forest of Dean and Cirencester and spoke to 50 patients about their experiences during October & November 2023. The reports from these visits have now been published and we were pleased to see that the visiting team founds the units welcoming and calm and the staff were responsive and caring. Feedback from patients was, without exception, positive; they felt listened to, understood possible next steps and were complimentary of all staff. The units were found to be efficient and effective and people were seen and treated promptly. There were a small number of recommendations regarding physical environment which we will review and take appropriate steps to remedy where possible.

## 6.0 SPECIAL EDUCATION NEEDS AND DISABILITIES (SEND) INSPECTION REPORT

Ofsted and the Care Quality Commission (CQC) visited Gloucestershire during December 2023 to assess how effective the local education, health, and care services are at identifying and meeting the needs of children and young people with Special Educational Needs and Disabilities (SEND) aged 0-25.

Ofsted have now published their report and the full report can be found [here](#). Ofsted and Care Quality Commission inspectors recognised the range of improvements made by Gloucestershire's Local Area Partnership, whilst also highlighting the need to do more to make sure experiences and outcomes are more consistent for all children and young people with SEND.

Whilst improvements have been recognised, inspectors found that the Local Area Partnership, which is a joint responsibility of Gloucestershire County Council and NHS Gloucestershire Integrated Care Board, does not yet have arrangements that lead to consistent experiences and outcomes for every child and young person with special needs. Ofsted and the Care Quality Commission have said that the Local Area Partnership must work jointly to make further improvements, though they recognise that the County Council and NHS Gloucestershire Integrated Care Board are already committed to doing that.

Inspectors said the service had improved and pointed to recent investment and the shared vision of excellence among its leadership as factors in this. The local area's

strategic plans are ambitious and designed to meet the needs of children and young people with SEND in Gloucestershire.

You can read the [full report by clicking here](#)

## 7.0 NATIONAL EDUCATION AND TRAINING SURVEY (NETS) RESULTS

Health Education England has published the results of the 2023 National Education and Training Survey (NETS), revealing that our Trust has ranked second overall in the South West.

The NHS National Education and Training Survey (NETS) is open to all learners undertaking a practice placement or training post in all health and care services across England. The survey opens once each year in October, with the aim of understanding experience of students and doctors in training.

Each respondent is asked a core set of questions focusing on their experience of induction, clinical supervision, teamwork, access to facilities and learning opportunities. Learners are asked about their health and wellbeing and whether they have experienced bullying, harassment or discrimination in the clinical learning environment.

By understanding the experience of learners, Health Education England can work in partnership with national and regional partners, professional and service regulators and education and training providers to improve quality.

In the South West, 78% of learners rated their overall educational experience as 'good' or 'outstanding'. Gloucestershire Health and Care NHS Foundation Trust ranked second overall, with a rating of 84.68%; just slightly behind first-place Dorset Healthcare University NHS Foundation Trust, which scored 86.33%.

## 8.0 FREEDOM TO SPEAK UP POLICY

In June 2022 NHS England published its new and updated national Freedom to Speak Up policy, which is applicable to primary care, secondary care and integrated care systems. The refreshed materials also included learning from the previous separate versions for primary care and NHS trusts to ensure a consistent approach, and signpost to a wider variety of support.

The [letter](#) from NHS England on 18<sup>th</sup> August 2023 following the Lucy Letby verdict included that NHS leaders and Boards must ensure proper implementation and oversight of the [NHS England » The guide for the NHS on freedom to speak up](#).

Our new Freedom to Speak Up policy was launched on the 24<sup>th</sup> January 2024 in collaboration with our staff and champion networks, also staff side colleagues.

This updated policy, which is applicable to primary care, secondary care and integrated care systems, includes learning from previous versions. This is being embedded throughout the Trust by various means including patient safety notice boards, patient safety newsletter, reflective sessions and our strong network of 92 champions who meet monthly as a community of practice to ensure ongoing support, share challenges, best practice and continued learning.

The reflection and planning tool should be completed at least every 2 years and is measured against 8 principles. This will be used as an improvement tool to progress our Freedom to Speak Up arrangements. Following sound assurance of our Freedom to Speak Up processes through various qualitative and quantitative data, the evidence is reflected within this document. Further assurance will be presented through the next committee cycle by the Freedom to Speak Up Guardian supported by the Executive Lead for Freedom to Speak Up, and then presented at May Trust Board.

## **9.0 NHS OVERSIGHT FRAMEWORK QUARTER 3 – 2023/24 SEGMENTATION REVIEW OUTCOME**

During January NHS England and the Integrated Care Board undertook a “light touch” Quarter 3 review, with the findings and recommendations being presented to NHS England’s South West Regional Support Group (RSG).

The focus of the review was on identifying areas of improvement or deterioration against the Quarter 2 areas of concern, as well as identifying, by exception, any new areas requiring further consideration. The area of review for Gloucestershire Health and Care NHS Foundation Trust was Finance – Agency Spend.

Under the NHS Oversight Framework NHS England are required, as a minimum, to undertake quarterly segmentation reviews to identify where organisations may benefit from, or require, support to improve performance and quality of care outcomes for patients. Overall Gloucestershire Health and Care NHS Foundation Trust was assessed as being in segment 2 for Quarter 3 2023/24.

## **10.0 PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE)**

The results of the Patient Led Assessment of the Care Environment (PLACE), which were completed at all Gloucestershire Health and Care NHS Foundation Trust inpatient sites between September to November 2023, have recently been published.

Patient-Led Assessments of the Care Environment (PLACE) is the only assessment and collection of data for non-clinical services within a hospital and all the assessments are led by patient representatives. Gloucestershire Health and Care NHS Foundation Trust previously completed the assessment in 2022, the first as a newly merged Trust, due to it being cancelled in 2021 and 2022 as a result of the pandemic.

The results are on the whole very promising, with areas such as Cleanliness, Ward Food, Privacy, Dignity and Wellbeing and Condition Appearance and Maintenance, all above the national average. Where areas have fallen below expected standards, local teams are working on making the necessary improvements and this will be captured in a Trust wide action plan.

Patient-Led Assessments of the Care Environment (PLACE), is designed to cover all sectors of healthcare including acute, community, mental health and learning disabilities. All organisations and sites are eligible for inclusion in the programme regardless of size or bed numbers. However, the intention is to restrict inclusion of very small units which clearly do not meet the definition of a hospital. The guidance



states that all ward areas and 25% of non-ward areas as a minimum should be assessed.

Gloucestershire Health and Care NHS Foundation Trust - 2023 Results								
Site Name	Cleanliness	Food Overall	Organisation al Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Berkeley House	100.00	94.54	90.45	100.00	89.74	98.33		83.82
Charlton Lane Hospital	100.00	95.56	91.67	100.00	96.51	98.70	89.31	85.78
Cirencester Hospital	100.00	92.05	87.59	97.44	93.33	99.35	70.22	66.50
Dilke Hospital	100.00	93.03	87.59	98.04	87.72	97.88	79.35	80.13
Honeybourne Hospital	100.00	95.97	92.19	100.00	90.70	96.67		85.42
Laurel House	100.00	94.84	90.97	100.00	92.86	96.67		87.50
Lydney Hospital	100.00	82.65	87.59	78.00	88.46	99.17	66.51	70.35
North Cots Hospital	99.35	94.05	87.59	100.00	91.80	99.01	84.53	82.87
Stroud Hospital	100.00	89.71	89.18	90.20	85.96	98.77	71.88	72.89
Tewkesbury Hospital	100.00	92.97	87.59	100.00	94.23	99.18	68.81	67.65
Vale Hospital	100.00	85.66	88.65	82.05	94.23	99.18	74.77	73.56
Wotton Lawn Hospital	99.70	95.48	92.19	100.00	96.83	99.32		86.41

	Cleanliness	Food Overall	Organisation al Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
<b>Organisation al Average</b>	<b>99.89%</b>	<b>92.79%</b>	<b>89.78%</b>	<b>96.39%</b>	<b>93.18%</b>	<b>98.85%</b>	<b>76.61%</b>	<b>78.97%</b>
<b>National Average</b>	<b>98.10%</b>	<b>90.86%</b>	<b>91.17%</b>	<b>90.98%</b>	<b>87.49%</b>	<b>95.91%</b>	<b>82.54%</b>	<b>84.25%</b>

\* The dementia criteria were excluded from Berkeley House, Honeybourne, Laurel House and Wotton Lawn Hospital based on the patient group.

## 11.0 CONCLUSION AND RECOMMENDATIONS

The Board is asked to **NOTE** the report.

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 March 2024**

**PRESENTED BY:** Sandra Betney, Deputy CEO and Director of Finance

**AUTHOR:** Lisa Proctor, Associate Director of Contracts & Planning

**SUBJECT:** **BUSINESS PLANNING OBJECTIVES FOR 2024/25**

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

This report is provided for:

Decision ☒

Endorsement ☐

Assurance ☐

Information ☐

**The purpose of this report is to:**

This report sets out the Trust Annual Business Planning process for 2024/25 and the proposed Business Planning Objectives for operational and corporate teams. There are a total of 190 objectives which are listed in Appendix 1 of this report.

**Recommendations and decisions required**

The Trust Board is asked to:

- **Approve** the business planning objectives.
- **Note** the planned refresh during quarter 1 to ensure alignment with the National Planning Guidance.

**Executive summary**

This report sets out the business planning process that was launched in November last year to support Directorates and Teams in developing their business planning objectives for 2024/25 and beyond. The business plan is key to the delivery of the Trust Strategy and the business planning structure is underpinned by our four strategic aims. This paper also sets out the known national and local priorities that have informed the business planning objectives.

A business planning refresh is proposed in quarter 1 of 2024/25 to ensure the business plan is updated to include any system changes resulting from the publication of the National Planning Guidance when known.

This year the quality assurance process has been further enhanced to include a more detailed assessment of the supporting resources required to deliver the business planning objectives and milestones. As a result, a new resource allocation tool has been developed to enable corporate leads to optimise the resource



allocation required for the business plan. The business plan will be refreshed quarterly allowing resources to be flexed where possible.

This report also includes a delivery forecast and overview of the key achievements for the Trust business plan for 2023/24.

### Risks associated with meeting the Trust's values

The key risks to delivering the Business Plan for 2024/25 are identified as follows:

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

**Impact of System Position:** At the time of writing, not all key investment decisions have been concluded for high risk schemes, non-recurrent investments and cost pressures and are awaiting the outcome of system decisions.

**National Planning Guidance delay:** The business plan has been developed ahead of the publication of the National Planning Guidance for 2024/25 so there is a risk that some key outcomes may need to change.

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

### Corporate considerations

<b>Quality Implications</b>	Identified within the report.
<b>Resource Implications</b>	Identified within the report.
<b>Equality Implications</b>	No equality implications identified.

### Where has this issue been discussed before?

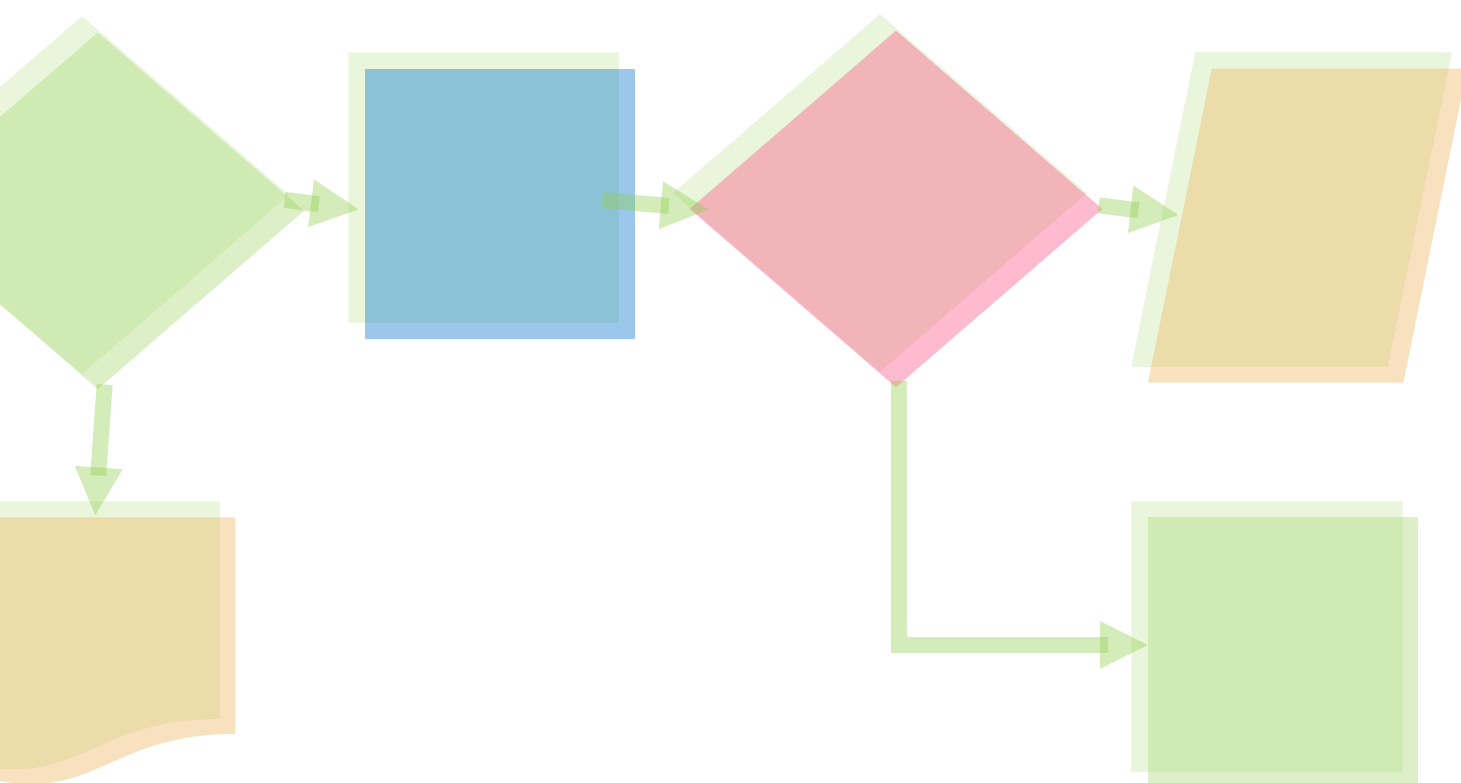
The Business Planning process has been presented to the Executive Team and Resources Committee in December 2023 and the Council of Governors in January 2024.

### Appendices:

Appendix 1 – Table of Business Planning Objectives

<b>Report authorised by:</b> Sandra Betney	<b>Title:</b> Director of Finance/Deputy CEO
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# Trust Business Plan From 2024-25



## Contents

1. Introduction
2. Background and context
3. Business Planning Approach 2024/25
4. Business Planning Timeline 2024/25
5. Business Planning Priorities 2024/25
6. Business Planning Objectives 2024/25
7. Business Planning Outcomes 2024/25
8. Business Planning Forecast Delivery 2023/24
9. Key Achievements 2023/24
10. Business Planning Risks 2024/25
11. Recommendations

## 1. Introduction

**1.1** This report sets out the integrated business planning and budget setting process for 2024/25 including the approach to planning, timescales, risks and a short summary of key objectives. The full list of business planning objectives is included in Appendix 1. This report also includes a delivery forecast and overview of the key achievements for 2023/24.

## 2. Background & Context

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

**2.2** The business plan is a multiyear plan and is informed by long term Trust Strategic goals and the One Gloucestershire ICS Joint Forward Plan for 2024/29.

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

**2.4** The 2024/25 priorities for the agreed integrated enabling strategies that support the long term delivery of the Trust Strategy are embedded across the business planning objectives. The business planning objectives will be updated to reflect any new requirements as they emerge.

**2.5** The business planning process also aligns with the system planning process. The System Operational Plan for 2024/25 has been developed and submitted on the 21<sup>st</sup> March 2024 ahead of the publication of the National Planning Guidance for 2024/25. A business planning refresh is proposed in quarter 1 of 2024/25 to ensure the business plan is updated to include any system changes resulting from the National Planning Guidance when known.

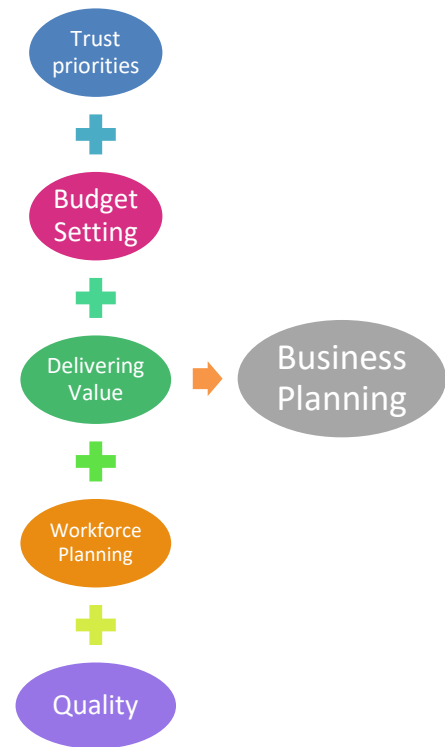
**2.6** The delivery of the business plan is monitored quarterly and includes an assessment of the achievement of milestones and appropriate key measures for the delivery of the Trust Strategy. This also provides an opportunity to refresh the business plan each quarter to ensure the plan is 'live'.

## 3. Business Planning Approach

**3.1** The business planning approach was discussed with the Executive Team and agreed at the Resources Committee in December 2023. To ensure appropriate oversight of the business planning process and timelines, the business planning approach was also presented to the Council of Governors for comment at a workshop in January 2024. The Council of Governors were supportive of the business planning approach and the quality assurance process.

**3.2** The quality assurance process took place in February 2024 to review the alignment of the business planning objectives. Last year the business planning quality assurance approach was enhanced to include a formal mapping process in line with the HFMA financial planning checklist as follows:

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



**3.3** This year the quality assurance process has been further enhanced to include a more detailed assessment of the supporting resources required to deliver the business planning objectives and milestones to enable corporate leads to make a more informed estimate of the resource allocation.

**3.4** Business Planning was also incorporated within the budget resolution meetings to ensure consideration was given to the impact of the actions taken to reach a balanced budget including cost improvement planning.

**3.5** An internal audit of the business planning process took place this year to assess the effectiveness of the quality assurance process including whether:

- business planning appropriately underpins the Trust Strategy and its strategic aims
- the business plan aligns both internal and external priorities and resources across operational and corporate functions
- business planning is appropriately aligned to system objectives, leading to Trust activity working effectively with partners in delivering the shared vision for the One Gloucestershire system.

The audit concluded that overall, the Trust has a robust business planning process in place that has been updated and improved in the most recent planning cycle. Further improvements were identified in relation to analysis of lessons learned, improving links with the Trust Strategy and consistent approaches to objective setting.

A subsequent lessons learned event was held with colleagues across the Trust's support functions and the following recommendations were made:

- The time taken to complete the quality assurance process was underestimated and adequate time should be allocated e.g. 5 days
- Not all resource requirements were clearly stated in the draft business plans so Business Planning Leads should be reminded to contact support service colleagues to understand support needs at the earlier time of the business planning launch
- The business planning guidance should be updated to clearly state 'business as usual' tasks are not a requirement of the business plan and will not be counted in future
- The business planning template should be updated to provide a high, medium, low ranking for the 'impact' of objectives and a new separate category for 'resource' level should be

added. Objectives with low impact but high resource requirement will be assessed as part of the prioritisation process by the Executive Team.

- Quality Assurance feedback will be shared with Business Planning Leads and actions monitored

These recommendations have been applied to the updated integrated business planning and budget setting process and timeline for 2024/25.

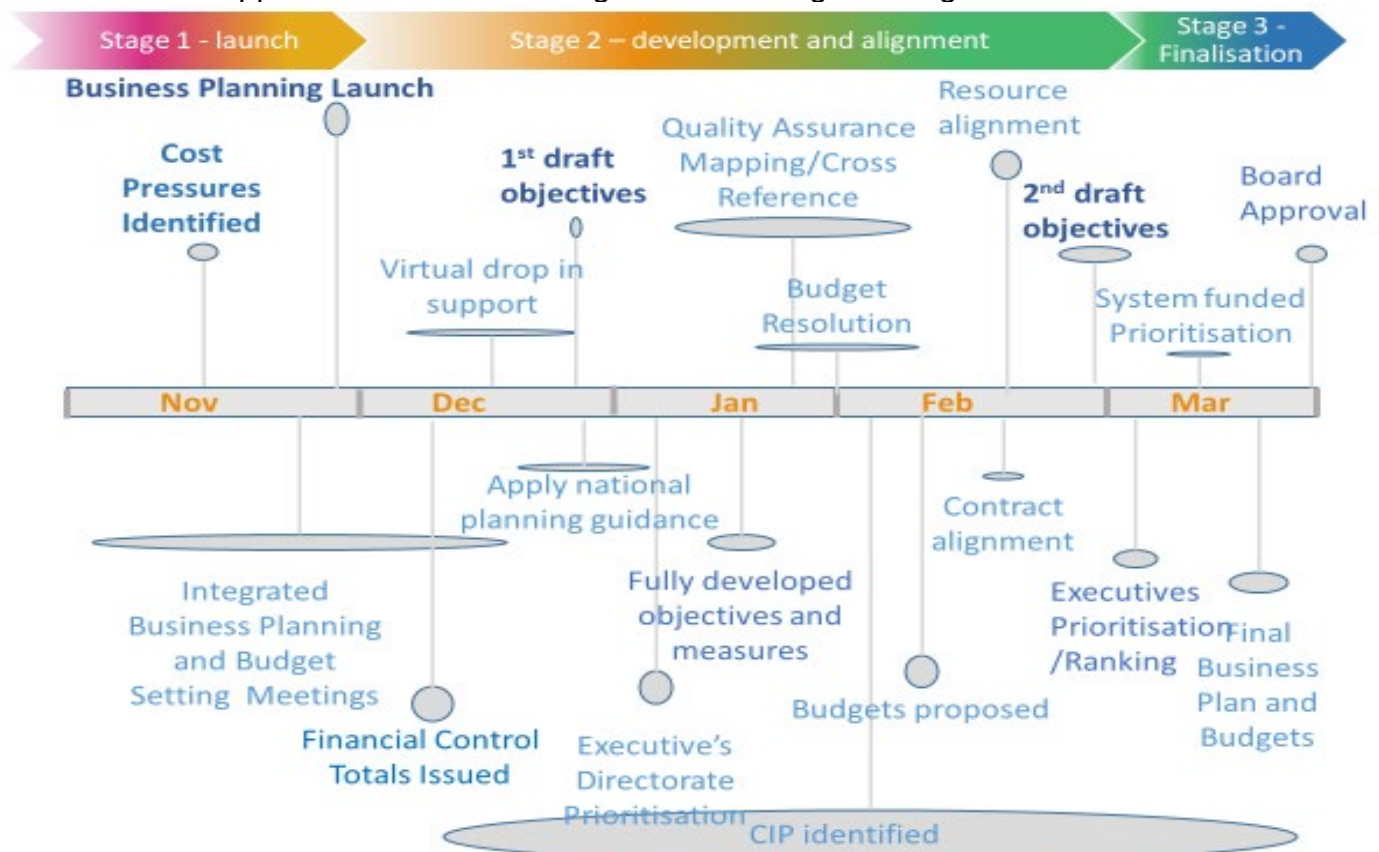
## 4. Business Planning Timeline

**4.1** The Integrated Business Planning and Budget Setting process for 2024/25 was launched on the 29<sup>th</sup> November 2023 in line with the Trust's internal annual planning cycle enabling appropriate planning time and prioritisation to ensure the business plan includes the priorities the Trust needs to deliver throughout the year and also the ambitions for future years.

**4.2** The business planning process is managed in three stages:

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

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



**4.4** The development and alignment stage of the business planning process was undertaken before the publication of the National Planning Guidance and prior to key interdependencies and system decisions being made including the outcome of the Integrated Urgent Care Service tender. It is proposed that a further quality assurance mapping exercise is carried out in quarter 1 of 2024/25 to ensure the impact of the National Planning Guidance and system decisions is aligned across the business plan where appropriate.

**4.5** The quality assurance process identified business planning objectives that require further scoping to understand the resources required to support delivery. This is not an unusual position at this stage of the business planning process. As business planning is a 'live' process, objectives will be reassessed during the quarterly refresh process as they become fully scoped and resources will be flexed to support where possible.

**4.6** The affordability of the business planning objectives has interdependencies with the system position. The relevant business planning objectives will be updated when the decisions are known and unfunded investments will be removed from the business plan where necessary.

## **5. Business Planning Priorities**

### **5.1 National Priorities**

The business plan is informed by national and local agreed priorities as part of the annual planning cycle. This year the business plan has been developed prior to the publication of the National Planning Guidance so will be refreshed when the guidance is available. In the meantime, the planning priorities are assumed to be a continuation from the 2023/24 deliverables.

Some interim planning guidance has been shared and there are a number of new metrics for 2024/25 including:

- Community bed capacity
- Access to NHS Talking Therapies
- Active inappropriate adult acute mental health out of areas placements (OAPs)
- Overall Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses
- Percentage of people with severe mental illness receiving a full annual physical health check

**NHS Standard Contract:** The consultation for the NHS Standard Contract for 2024/25 was completed in January 2024 and the updated NHS Standard Contract template was published at the end of February 2024. The key changes include:

- the requirement for NHS Trusts to comply with the Fit and Proper Person Test Framework (FPPT) for board members of NHS organisations.
- the requirement for providers of mental health services to implement the Patient and Carer Race Equality Framework.
- the requirement for providers to ensure that all staff receive training on learning disability and autism appropriate to their role, in accordance with the code of practice when published
- the requirement for NHS Foundation Trusts to have regard for the new agency rules to:
  - assist ICBs to comply with system-level ceilings for total agency expenditure;
  - procure all agency staff at or below the price caps; and
  - only use approved framework agreements to procure all agency staff

**Mental Health Investment Standard (MHIS) & Service Development Funding (SDF):** the MHIS and Crisis SDF envelopes for 2024/25 have been agreed for a combined total of c£5.9m. Investments have been identified and prioritised. New MHIS & SDF investments for the Trust are expected to be:



<b>Proposed Investment Schemes</b>	<b>£'000 Cost</b>
Eating Disorders Expansion	633
MH111 Response	923
Mental Health Contact Centre	425
Mental Health Liaison Consultant Psychiatrist	130
<b>Potential commitments</b>	<b>2,111</b>

The Community Mental Health Transformation (CMHT): the CMHT allocation is included in the ICB baseline for 2024/25. Current schemes have been prioritised by the CMHT Board for delivery in 2024/25. The current budget is c£3.6m.

## 5.2 System Priorities

Our Trust business planning process is aligned to the ICS planning process and system prioritisation for service development. This includes high risk schemes for investment, non-recurrent schemes requiring continuation and cost pressures.

## 5.3 Trust Priorities

The Trust Strategic Aims are embedded within the business planning process and objectives are linked to at least one Strategic Theme. The business planning quality assurance process found that there was a good read across for the delivery of the strategic aims. Further detail of the activity by theme is included in 7.1 of this report.

At the Integrated Business Planning and Budget Setting launch event in November, the following Executive Team priorities were shared:

The operational priorities for 2024/25 are:

- Raise the profile of Children's Services within the ICS and strengthen linkages with Education and Children's social care partners
- Transform our approach to mental health Inpatient and community services to reduce reliance on bedded solutions and support people in the community
- Deliver against the emergent milestone plan for localising our services around communities, tailoring the offer to address health inequality
- Look after our people, develop and build on existing career pathways, encourage staff empowerment and flexible working patterns
- Ensure we take a full role in the *Working As One* programme, and represent the strength of the community offer
- Successfully mobilise the new Forest of Dean Community hospital
- Mobilise the Integrated Urgent Care Service and/or evolve more robust and effective community urgent care offer (both physical and mental health)

The quality priorities for 2024/25 are:

- Tissue Viability: - with a focus on increasing performance through improvement in the recognition, reporting, and clinical management of chronic wounds.
- Dementia Education: - with a focus on increasing 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.
- End of Life Care: – with a focus on patient centred decisions, including the extent by which the patient wishes to be involved in the End of Life Care decisions.
- Friends and Family Test: – with a focus of building upon the findings of the 2022/23 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 tranquilization.
- Learning disabilities: – with a focus on developing a consistent approach to training and delivering trauma informed Positive Behavioural Support Plans in line with National Learning Disability Improvement Standards. This includes training all learning disability staff 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.

The workforce priorities for 2024/25 are: the 6 priority areas from our Trust People Strategy:

- Recruitment & Retention
- Colleague Health & Wellbeing
- Great Culture, Values & Behaviours
- Strong Voice For Colleagues
- Equality, Diversity & Inclusion
- Full Potential for Colleagues through Education, Training & Development

## 6. Business Planning Objectives

**6.1** Business planning objectives have been developed by each directorate team. There are 190 business planning objectives identified for 2024/25. This includes any multiyear objectives set in 2023/24 that have been carried forward into 2024/25.

**6.2** A summary of the key highlights for delivery in 2024/25 are as follows: (the complete list of business planning objectives is included in Appendix 1)

### **Community Physical Health, Mental Health and Learning Disability Services:**

- To continue working with system colleagues to ensure Adult Community Mental Health Services play a key role in Gloucestershire's Integrated Locality Partnerships
- To deliver a range of initiatives leading to productivity gains within the Home First / Reablement pathway.

### **Countywide Services:**

- To fully implement the agreed business case for a community neurorehabilitation team across Gloucestershire
- To be actively engaged with the development of neighbourhood teams and support the localisation agenda

### **Mental Health and Learning Disability Urgent Care and Inpatient Services:**

- To review the Mental Health Recovery Pathway and align Trust Recovery Units to Best Practice Guidance which will include a locality interfacing model
- To implement the Interactive Voice Response (IVR) link between NHS 111 and Mental Health services to improve patient experience and reduce health inequalities through joined up care

### **Physical Health Urgent Care and Inpatient Services:**

- To develop and deliver services informed by population health needs in alignment to the localisation agenda of urgent community services and the outcomes of the Working As One programme
- To work collaboratively in delivering the new Forest of Dean Hospital to ensure the mobilisation of safe and efficient provision of services

### **Childrens and Young Peoples Services:**

- To develop robust systems and high quality practices that enable delivery and improvement in the provision of healthcare services supporting children and young people with Special Education Needs in line with the SEND and Inclusion Local Area Partnership (SILAP) ambition and priorities for reducing health inequalities in Gloucestershire.
- To develop an Under 18's system pathway for young people presenting in urgent care in a crisis to ensure we have the right care in place

### **Business Intelligence:**

- To improve reporting of clinical outcome measures that are key for the Trust's success through the support and development of monitoring tools.
- To support system users to positively progress data quality across all clinical and corporate systems by championing best practice and providing appropriate data quality reporting tools

### **Digital Services:**

- To launch and commence delivery of the Transforming Care Digitally programme
- To work with the Learning and Development team on Phase 2 of our Digital Literacy programme to identify the benchmark for digital skills and increase the number of Digital Champions

### **Estates, Facilities & Medical Equipment:**

- To implement the disposal of properties agreed as part of the Trust Estates Strategy within agreed timescales
- To review the range of cleaning products and cleaning methods specifically floor cleaning in line with national standards

### **Finance:**

- To research and educate finance staff collectively to support operational and corporate colleagues to seek Cost Improvement Plan opportunities
- To support budget holders to understand and take ownership of their forecasts and implement a measure to monitor

### **Contract & Planning:**

- To establish robust Provider Selection Regime processes in line with the new policy and ensure robust contract management processes and controls provide clear evidence for the PSR key criteria.
- To ensure the effective use of patient-level information and rollout of Engagement Value Outcome (EVO) programme to focus on reducing health inequalities

### **Nursing, Therapies and Quality:**

- To scope current practice issues/risks that could be enhanced through the use of patient safety digital technology systems and processes
- To scope solutions for a digital data quality management system to provide a safety dashboard to produce a heat map and cluster information for each service and ensure this is embedded within existing governance structures

**Medical:**

- To review the Serious Incident admin processes to ensure alignment and compliance with the new Patient Safety Incident Response Framework (PSIRF) requirements
- To develop an ongoing rolling proactive approach to expansions in medical training posts which can be applied as opportunities arise

**HR & Organisational Development**

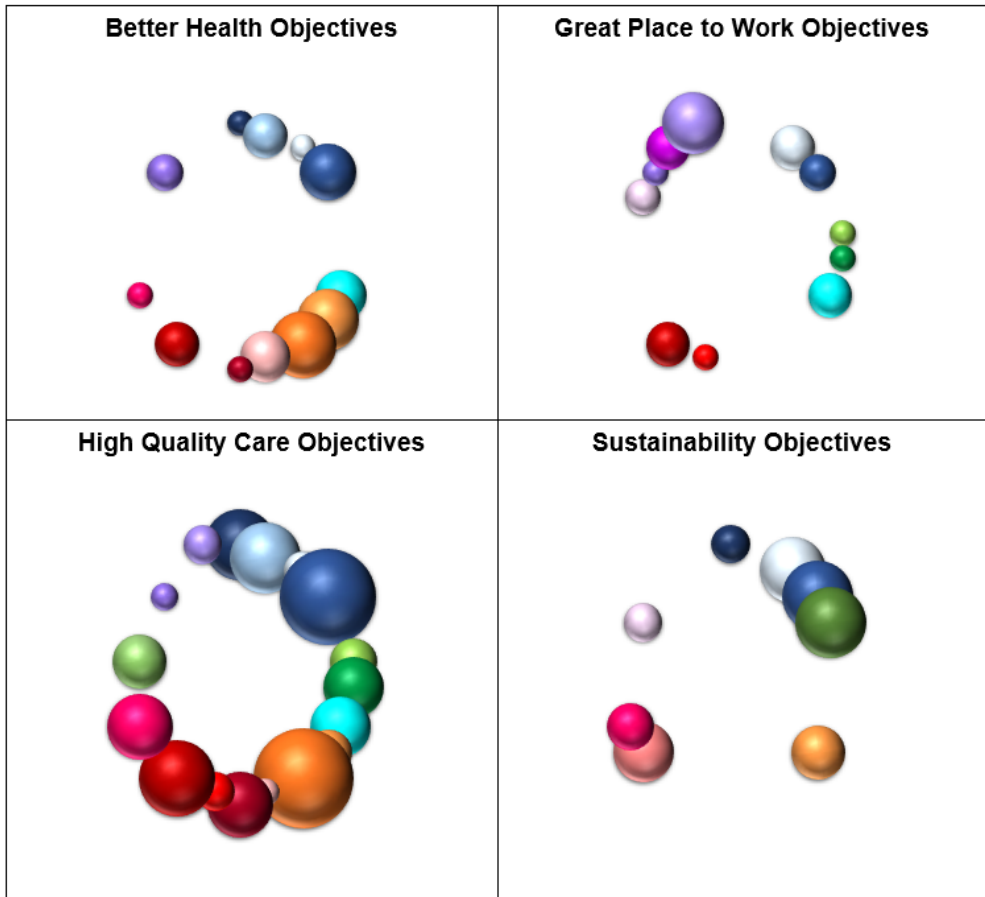
- To refresh our Equality, Diversity & Inclusion (EDI) plan in line with the NHS EDI Improvement Plan (6 High Impact Actions), the Equality Delivery System (EDS22), and to our WDES and WRES action plans that focuses on our immediate EDI priorities and activities to embed fair, inclusive recruitment and create an environment free from bullying and harassment.
- To reduce agency spend through improving rostering and increasing bank fill rates over agency usage and removal of off framework agencies where possible

**Strategy & Partnerships**

- To participate in system wide Population Health Management work championing engagement and identifying gaps in service delivery for diverse and underrepresented communities
- To develop the second phase of Trust Green Plan 2025-2028, focussing on Carbon Footprint+ and Sustainable Models of Care

**7. Business Planning Outcomes**

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



(see 7.3 for key to identify teams)

**7.2** The diagram shows some teams focus more on one theme than another. As with all previous years, there are fewer objectives for the sustainability strategic theme. The sustainability theme is often a secondary consideration to the main strategic driver for each objective which is not recorded within the business planning template but could still deliver a sustainability benefit.

Some of the Operational Service Directorate objectives are broad themes containing a significant number of large-scale milestones. As the strategic theme is aligned to the objective and not the individual milestones, there is likely to be a greater strategic impact than reported.

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

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

**7.4** A key challenge is the allocation of corporate resources required to support the business plan. Throughout February, the corporate leads from Digital Services, Strategy & Partnerships, Contract & Planning, HR, NTQ, Medical and Business Intelligence met as a group to discuss the business plans and ensure alignment of objectives across corporate and operational plans. Corporate colleagues for Estates, Legal and Medical were included in the quality assurance process but did not complete the resource allocation due to the low level of support required from their services.

**7.5** To support the resource allocation process, a new business planning resource allocation tool has been developed. The resource allocation tool enables corporate colleagues to establish the key running order to optimise resources for delivery. A number of objectives require further scoping to understand the resources required to support the delivery. As the detail for delivery becomes known, the resource allocation will be reconsidered during the quarterly refresh process and applied flexibly.

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

## 8. Business Planning Forecast Delivery 2023/24

**8.1** Teams were asked to provide a forecast for the delivery of their 2023/24 business planning objectives. There were 218 objectives at the beginning of 2023/24. Performance was monitored throughout the year by a quarterly online self assessment of progress and monthly exception report.

**8.2** There were 777 milestones for delivery by the end of the year. The performance results below reflect the self assessment forecast for 2023/24 by milestone:

RAG-Ratings					
	Red	Amber	Green	Q4 YTD Total	%
Themes					
Better Health	5	34	98	137	18%
Great Place to Work	5	48	130	183	24%
High Quality Care	19	45	195	259	33%
Sustainability	12	49	137	198	25%
<b>TOTAL</b>	<b>41</b>	<b>176</b>	<b>560</b>	<b>777</b>	
	<b>5%</b>	<b>23%</b>	<b>72%</b>		

**8.3** The results show that just 5% of the business plan milestones will not be achieved in year. This is a slight improvement in our performance from the previous year. However, there has been an increase in the number of milestones that were not fully achieved. This has been largely due to capacity issues and competing priorities emerging throughout the year. The majority of amber rated milestones have been carried over for completion in quarter 1 of 2024/25 including some objectives that are scheduled to be delivered across multiple years.

**8.4** The results also show that despite the challenges this year, over two thirds of our business planning milestones are expected to be delivered by the end of March 2024.

## 9. Business Planning Key Achievements 2023/24

**9.1** The following is a sample of the key achievements in 2023/24:

- ✓ Developed a clear vision and timeline for the future of the neuro diversity pathway that ensures children and young people aged over 11 will have access to neuro diversity assessment
- ✓ Developed and submitted successful School Aged Immunisation Tender
- ✓ Established the agreed business case for a community specialist neuro rehabilitation team across Gloucestershire
- ✓ Implemented SWAST push model of Category 3, 4 and 5 incidents, through to the Single Point of Clinical Access.
- ✓ Improved the Trust Performance Dashboard to align with ICB Performance Indicators
- ✓ Rationalised the number of templates in SystemOne by 25% by creating core standard templates used across units to reduce duplication



- ✓ Replaced 25% of aged UPS equipment and ensure equipment is supported.
- ✓ Introduced Health and Wellbeing Champions across the finance team
- ✓ Delivered reporting requirements to attain e-rostering level 4 as measured by national standards
- ✓ Routine process for the development of benchmarking returns agreed and automated where possible
- ✓ Risk Management Policy updated and agreed
- ✓ 150 digital letters sent to support the launch of the core CAMHS digital front door
- ✓ Training Needs Analysis (TNA) completed and reviewed to inform training course development and commissioning
- ✓ Transformation prioritisation framework agreed and tested
- ✓ Automated feed of workforce establishment data from Electronic Staff Record (ESR) to Tableau
- ✓ Developing Leaders Programme successfully expanded to include community mental health, learning disability and physical health colleagues
- ✓ Review of the Trust's constitution and standing orders complete and in line with the new governance code
- ✓ 3 month pilot of "single point of entry" for mental health/emotional wellbeing needs for Under 18's within Gloucester City completed and expanded to wider system mental health and family based support
- ✓ Proof of concept on healthcare communications tool completed regarding the possibility of moving all patient communications to a digital platform
- ✓ New model developed to support assessment areas such as the Acute Medical Unit to identify and refer to community services and community bed bases
- ✓ Evaluation of rapid response injurious falls pathway complete and effectiveness assured
- ✓ Information process in place for Quality Improvement Hub supported by Business Intelligence dashboards to manage improvements

## 10. Business Planning Risks 2024/25

**10.1** The key risks to delivering the Business Plan for 2024/25 are identified as follows:

Risk:	L likelihood, I impact, R risk rating	L	I	R	R
<b>Impact of System Deficit:</b> Progress towards achieving the business planning objectives will be impacted by the distraction on the organisation from the system financial deficit.  A clear financial strategy will be developed setting out how we will manage the position in-year and continue to prioritise and deliver appropriately.		4	3	12	●
<b>Impact of System Position:</b> At the time of writing, not all key investment decisions have been concluded for high risk schemes, non-recurrent investments and cost pressures and are awaiting the outcome of system decisions.  We will use the business planning refresh to rebalance the business plan and assess the affordability of our objectives. Any unfunded objectives will be removed or an alternative delivery method will be explored.		3	2	6	●



<p><b>National Planning Guidance delay:</b> The business plan has been developed ahead of the publication of the National Planning Guidance for 2024/25 so there is a risk that some key outcomes may need to change.</p> <p>The National Planning Guidance is expected to be published by the end of March so we will re-plan our objectives to include any changes during the business planning refresh in quarter 1 as necessary.</p>	2   3   6   ●
<p><b>Not all interdependencies identified:</b> The quality assurance process may not have fully identified all interdependencies and capacity constraints leading to a risk that the business plan is not deliverable in year in its entirety particularly where objectives require further scoping.</p> <p>We will use the business planning refresh process to rebalance the capacity requirements of the business plan when known and optimise resources where appropriate.</p>	2   3   6   ●
● Low Risk   ● Moderate Risk   ● Significant Risk   ● High Risk	

**10.2** The completion of a business planning refresh at the end of quarter 1 is key to mitigating the identified risks.

## 11. Recommendations

- 11.1** The Board is asked to:
- approve the business planning objectives.
  - note the planned refresh during quarter 1 to ensure alignment with the National Planning Guidance.

Theme
Better Health
Great Place to Work
High Quality Care
Sustainability

Team	Description of Objective
Business Intelligence	To progress Equality Monitoring & Population Health Management with system partners and improve data analysis capabilities to target improved health for deprived and minority populations
Business Intelligence	To setup HALO and associated processes for BI to flow user requests into a single Digital Services front door, but also manage tasks within the HALO software so there is improved Trust visibility and project management of BI tasks.
Business Intelligence	To develop monitoring tools to support Clinical Outcome measures as the key for the Trust's success
Business Intelligence	To support the planning and delivery requirements of Transforming Care Digitally (CSVpV2); likely to consolidate system functions and provide business intelligence expertise on data warehousing, data migration, system integration, data development and data reporting
Business Intelligence	To support system users to positively progress data quality across all clinical and corporate systems by championing best practice and providing appropriate data quality reporting tools
Business Intelligence	To establish new techniques and tools within Tableau to further support and streamline demand and capacity modelling processes across Operational services
Business Intelligence	To support various project developments with expert business intelligence activities by adding value through analysis
Business Intelligence	To continue to develop indicators and improve the Performance Dashboard; its layout, data integration and triangulation to support Board requirements
Business Intelligence	To develop new and maintain existing system data flows into and out of the organisation to facilitate stakeholder reporting needs and progress the integration agenda
Business Intelligence	To support product tendering exercises with expert advice on data warehousing, data migration, data development and data reporting
Childrens & Young People's Service	To bring together mental health and physical health Children in Care services under a single clinical and operational structure to best realise system benefits and child focussed impact on their current lived experience.
Childrens & Young People's Service	To develop robust systems and high quality practices that enable delivery and improvement in the provision of healthcare services supporting children and young people with Special Education Needs in line with the SEND and Inclusion Local Area Partnership (SILAP) ambition and priorities for reducing health inequalities in Gloucestershire
Childrens & Young People's Service	To develop an Under 18's system pathway for young people presenting in urgent care in a crisis to ensure we have the right care in place and can expediate discharge.
Childrens & Young People's Service	To implement the service transformation and rapid mobilisation of the new School Age Immunisation contract and new service specification, to launch in August 2024
Childrens & Young People's Service	To support the CAMHS learning and development framework ensuring staff have the skills needed to deliver a quality service with good outcomes and improved staff retention promoting our trust as an employer of choice
Communications	To maintain or improve our ranking on the Silkcode Index, which is the recognised league table for NHS Trust websites.
Communications	To support the Eating Disorders Transformation Programme communication requirements
Communications	To support the transfer of our childrens' and young people's website into our general Trust website and develop our digital resource to review and maintain the content with the service leads accordingly
Communications	To host, maintain development and promote the Be Well Gloucestershire website, offering communities a directory of services for mental health and wellbeing
Communications	To improve accessibility of key information and documents on the intranet, by setting up SharePoint integration. To be piloted with a number of teams before being rolled out more widely.
Communications	To provide communications support to Equality, Diversity and Inclusion networks - promoting engagement and sharing information on their initiatives
Communications	To manage communications for the Recovery College, including promoting courses and events
Communications	To lead communications for the opening of the new Forest of Dean Community Hospital
Communications	To coordinate communications on the progress, developments and next steps for the future of clinical systems and digital platforms
Communications	To manage communications during mobilisation of potential new services as/when required
Communications	To support the communication requirements for developments in learning disability acute and community pathways
Communications	To work in partnership with system colleagues to ensure the Working as One key messages are embedded, particularly with those colleagues and services directly impacted in the Trust
Community PH, MH & LD	To implement a directorate wide project to ensure people living with dementia receive good health outcomes for both their physical and mental health
Community PH, MH & LD	To continue to develop and implement the proactive care model by building on previous work which focused on health coaching, motivational interviewing and personalised care
Community PH, MH & LD	To continue to deliver the Community Eating Disorders Service Transformation agenda
Community PH, MH & LD	To continue to deliver the Community Mental Health Transformation program
Community PH, MH & LD	To continue working with system colleagues to ensure Adult Community Mental Health Services play a key role in Gloucestershire's Integrated Locality Partnerships
Community PH, MH & LD	To review the community offer as Learning Disabilities Services play a key role in Gloucestershire's Integrated Locality Partnerships
Community PH, MH & LD	To review and further develop the learning disabilities acute care pathway
Community PH, MH & LD	To build and develop a robust neurodiversity service to ensure we develop clear and accessible pathways for individuals seeking support
Community PH, MH & LD	To develop the relationship between Adult Community learning disabilities and physical health services, including the development of an interface between the ICTs and the Intensive Health Outreach Team (IHOT)
Community PH, MH & LD	To deliver a range of initiatives leading to productivity gains within the Home First / Reablement (P1) pathway.
Community PH, MH & LD	To deliver on the Optimal Care Project for the Trust and contribute to the system wide project
Community PH, MH & LD	To revisit, review and update the community nursing strategy, learning from the ICT model of care
Community PH, MH & LD	To undertake a review of the Occupational Therapy function in the ICTs with Adult Social Care, responding to recommendations from the review
Community PH, MH & LD	To work with system partners to contribute to the development of the virtual ward
Community PH, MH & LD	To develop a Standard Operating Procedure for the ICTs' referral centres and associated therapy and call handler algorithms
Community PH, MH & LD	To support the development of the Hospital Discharge Pathway
Community PH, MH & LD	To support the development of the Rehabilitation Pathway
Community PH, MH & LD	To support the development of the Social Care Pathway
Community PH, MH & LD	To review how referrals are managed across the directorate and explore opportunities for integrated referral centres between physical health, mental health and learning disabilities services
Community PH, MH & LD	To ensure efficient systems and processes are in place to maximise the capacity of the service whilst maintaining quality and ensuring staff health and wellbeing, linked to Service Improvement Plan
Community PH, MH & LD	To pilot the digital wound care app, Minuteful for Wound in one ICT locality to determine its impact on productivity and quality of care
Contracts & Planning	To ensure the effective use of the latest patient-level information and rollout of Engagement Value Outcome (EVO) programme to focus on reducing health inequalities
Contracts & Planning	To embed additional available technology (Civica Pro-auto) to enable better use of resource through automation of transactional costing processes by end of 2024/25
Contracts & Planning	To align data collections across the organisations where appropriate to enable better use of costing information to deliver improved value to the organisation
Contracts & Planning	To support the tender process for new opportunities or contracts due for renewal in line with commissioner timeframes, to ensure successful bids and contract negotiations
Contracts & Planning	To improve the process for the collection of overseas visitor activity and associated care costs to support financial recovery in line with national policy (non-European EHIC)
Contracts & Planning	To support the mobilisation of the recent service tender and the development and completion of contractual documentation and processes with our partner as appropriate
Contracts & Planning	To establish robust Provider Selection Regime processes in line with the new policy and ensure robust contract management processes and controls provide clear evidence for the PSR key criteria.
Contracts & Planning	To develop a core set of procurement quality KPIs to reflect the needs of service users and establish an appropriate reporting routine
Contracts & Planning	To explore costing software options including potential to collaborate with system partners
Contracts & Planning	To work with finance colleagues to review services provided to the Trust to enable a value for money assessment
Corporate Governance	To ensure compliance with new FFPT regulations in line with timescales set
Corporate Governance	To explore and manage the development of a fully electronic automated service, for Subject Access Requests ensuring the Trust is compliant with the relevant data protection legislation
Corporate Governance	To introduce a bespoke Case Management System creating professional, accurate, timely management of the increasing legal caseload
Corporate Governance	To maximise the use of incident data to better understand trends, inform learning and triangulate/link with other key data sources.
Countywide Services	To implement a new Post Covid Syndrome Service delivery model, to meet 2024-25 commissioning guidance, and transition to a beyond 2025 model
Countywide Services	To fully implement the agreed business case for a community neurorehabilitation team across Gloucestershire, integrate with the Early Supported Discharge Stroke and work with partners to develop the stroke pathway.
Countywide Services	To actively participate in the Working as One prevention workstream which is focussing on falls and frailty
Countywide Services	To develop, in partnership with the ICB a sustainable countywide proactive prevention model for Complex Care at Home
Countywide Services	To actively participate in the ICB led MSK pathway review and consideration for a lead provider model.
Countywide Services	To set up a series of small projects to drive identified service improvements that require 'external from ops' support
Countywide Services	To be actively engaged with the development of neighbourhood teams and support the localisation agenda
Countywide Services	To implement a sexual health pills by post service to improve access to care
Countywide Services	To resolve and progress contractual issues with commissioners for a range of services
Countywide Services	To review the sexual health clinical system platform abilities and the data quality captured within it.
Countywide Services	To manage the replacement of the dental service clinical system platform in response to the retirement of the existing SOEL system in April 2024.
Countywide Services	To achieve the new SARC forensic accreditation requirements by December 2024.
Countywide Services	To actively participate in the system Leg ulcer pathway review with the aim of developing a countywide service

Digital Services	To implement a physical health E-OBS functionality and review options in one mental health inpatient setting
Digital Services	To support the delivery and development of JUYI v2 (Joining Up Your Information)
Digital Services	To scope the implementation of the next version of the Experts by Experience application
Digital Services	To support the delivery of all digital components of a new immunisation system working closely with the immunisation team
Digital Services	To review the benefits of delivering the ICS patient portal for Trust services and produce a business case for the delivery and then implementation of this technology
Digital Services	To automate the new starter processes and provide system integration between Trac and other Corporate systems
Digital Services	To work with the Learning and Development team on Phase 2 of our Digital Literacy programme to identify the benchmark for digital skills and increase the number of Digital Champions
Digital Services	To go live with the Electronic Documentation Management System in the RiO clinical system including processing & scanning of paper Physical Health Records and plan to go live with SystmOne
Digital Services	To deliver the Clinical Systems Vision Programme and implement the agreed preferred projects and key deliverables as part of this programme
Digital Services	To reduce the number of templates in SystmOne and where possible create core standard templates used across units to reduce duplication
Digital Services	To support the procurement of a suitable clinical system for the Dental Service and develop and implement the system including migration of appropriate records
Digital Services	To review the current Sexual Health Service clinical system and introduce system optimisation and improvement elements
Digital Services	To ensure readiness for Windows 11 rollout including scoping works to understand full requirements with endpoint configuration and compatibility checks and then begin roll out across the Trust
Digital Services	To expand use of PowerAutomate and produce process for when Microsoft 365 updates happen and ensure guidance is in place. Further focus on Cloud Apps and the use of those available on Office.com
Digital Services	To support the infrastructure implementation and digital transformation for the new Forest of Dean Community Hospital
Digital Services	To support the planning and rollout of the preferred Virtual Ward digital product
Digital Services	To support the delivery of relevant digital components of the new integrated urgent care service as required
Digital Services	To further Roll out of Halo Service Management system to other teams and increased functionality of the system through integrations with other systems such as asset management
Digital Services	To support the tender development for services as required
Digital Services	To support the delivery of the digital components of the Working as One programme
Digital Services	To review the next stage of Digital Dictation including Crescendo
Digital Services	To review and implement the wider use of chatbots to support both corporate and clinical services to be more efficient
Digital Services	To review the potential for integration Technology within the Trust potentially shared/ aligned with the wider ICS and implement any requirements as agreed in this area
Digital Services	To Roll out Always on Remote Access technology across the Trust
Digital Services	To support the delivery of an ICS infrastructure that can enable all health and social care colleagues to work as effectively as possible together across hardware and software requirements
Digital Services	To support the delivery of an ICS Cyber Roadmap that can enable all health and social care colleagues to work as effectively and securely as possible together
Digital Services	To confirm from an ICS perspective the most effective collaboration tools to be used across the ICS, produce a collective business case and then agree a roll out plan to deliver agreed solution
Estates, Facilities & Medical Equipment	To review Catering services including re-establish Catering service specifications for each site detailing the current requirements and the implementation of the new Digital Catering System
Estates, Facilities & Medical Equipment	To drive the commissioning and mobilisation of the Forest of Dean Community Hospital in line with agreed timetable and budget
Estates, Facilities & Medical Equipment	To deliver Estates & Facilities improvement initiatives within agreed timescales
Estates, Facilities & Medical Equipment	To improve the Space utilisation / rationalisation and room booking programme & partnering to maximise the use of estates
Estates, Facilities & Medical Equipment	To implement the disposal of properties agreed as part of the Trust Estates Strategy within agreed timescales
Estates, Facilities & Medical Equipment	To deliver and embed the future model for Stock Management in line with agreed timescales and cost constraints
Estates, Facilities & Medical Equipment	To complete a review of GMS services to produce a detailed recommended action plan with timelines
Estates, Facilities & Medical Equipment	To deliver against a costed, time-bound action plan on Net Zero Carbon initiatives encompassing: Fleet electrification, LED lighting, Heat Pumps, Solar Photovoltaic Systems
Estates, Facilities & Medical Equipment	To progress the 21-26 Estates Strategy Implementation Plan
Estates, Facilities & Medical Equipment	To start work on successor Strategy to be ready for launch in 25/26
Estates, Facilities & Medical Equipment	To review the range of cleaning products and cleaning methods specifically floor cleaning
Estates, Facilities & Medical Equipment	To review maintenance contracts to ensure key supplier performance improvement
Estates, Facilities & Medical Equipment	To support the integrated urgent care service requirements as required
Finance	To document and agree sign off of the system owner(s) and processes in place for the use of the Bookwise room booking system as an end to end process
Finance	To agree ownership and process of provider to provider recharges so that they are received and journalled accurately, charges are challenged if necessary and any disputes actively managed
Finance	To work with BI and Costing colleagues on mandated and voluntary returns to analyse outputs
Finance	To research and educate finance staff collectively to support operational and corporate colleagues to seek Cost Improvement Plan opportunities.
Finance	To review processes and data cleanse in preparation for the HMRC mandated requirement to make tax digital commencing in April 2025.
Finance	To support budget holders to understand and take ownership of their forecasts and implement a measure to monitor
Finance	To review and update the process and usage of the Trust prepaid credit cards
HR Operations	To launch the new HR policy manual to the organisation, ensuring that line managers are trained in its use and that a suite of action cards are made available
Medical Team	To continue the development of the Innovation Hub (launching as PRAISE Hub) where colleagues can come together to champion change and new ways of working and ensure we work together towards better care outcomes.
Medical Team	To explore the feasibility and risks / benefits of establishing a TMS (Trans-cranial Magnetic Stimulation) therapy service for the treatment of mental illness
Medical Team	To prepare for likely approval by NICE of new dementia disease-modifying therapy; to set up a service and guidelines to facilitate provision of the medication lecanemab
Medical Team	To develop an ongoing rolling proactive approach to expansions in medical training posts which can be applied as opportunities arise; key support for Locum Zero Strategy and future workforce support
Medical Team	To review the range of medical sessions and work undertaken by CAMHS (to cover core plus support to other services)
Medical Team	To determine a cost benefit analysis of e-rostering for medical staff
Medical Team	To improve medical arrangements and resilience in the eating disorder service
Medical Team	To review the Serious Incident admin processes to ensure alignment and compliance with the new Patient Safety Incident Response Framework (PSIRF) requirements
Medical Team	To support the Research Team to maximise income through commercial studies and support with ongoing evaluation and monitoring of the proposed mode (subject to business case approval)
Medical Team	To achieve better understanding of FP10s & prescribing data to inform future prescribing improvement plans
Medical Team	To explore options for mental health inpatients to access local primary care services, to support with and maximise their rehabilitation and ability to manage their health independently when discharged
Medical Team	To explore options for the management of the evening medical provision at Charlton Lane Hospital to minimise escalation and associated attendances at A&E
Medical Team	To engage with the integrated urgent care model design to understand the implications and requirements for medical provision, including ACPs and GPs as required
Medical Team	To explore the potential content for an annual medical value report
MH & LD Urgent care and Inpatient	To support the Integrated Non-Custodial Service tender as required, with stakeholder events in April 2024
MH & LD Urgent care and Inpatient	To review the alternative crisis pathway to ensure the service delivery supports the NHS Long Term Plan ambitions for supporting crisis intervention and hospital admission avoidance
MH & LD Urgent care and Inpatient	To implement the Interactive Voice Response (IVR) link between NHS 111 and Mental Health services to improve patient experience and reduce health inequalities through joined up care
MH & LD Urgent care and Inpatient	To develop an options appraisal for the urgent care pathway provision of the section 136 suite to ensure effective and efficient operational delivery in line with national direction
MH & LD Urgent care and Inpatient	To continue to review the Learning Disability Inpatient service in line with best practice and national guidance
MH & LD Urgent care and Inpatient	To review the Mental Health Recovery Pathway and align Trust Recovery Units to Best Practice Guidance which will include a locality interfacing model
MH & LD Urgent care and Inpatient	To support the mobilisation of the integrated urgent care service as required and review impact on the service
Nursing, Therapies & Quality	To review and develop AHP Career Pathways to strengthen recruitment, retention and clinical leadership
Nursing, Therapies & Quality	To scope current practice issues/risks that could be enhanced through the use of patient safety digital technology systems and processes
Nursing, Therapies & Quality	To scope solutions for a digital data quality management system to provide a safety dashboard to produce a heat map and cluster information for each service and ensure this is embedded within existing governance structures
Nursing, Therapies & Quality	To support the Patient Safety Incident Response Framework (PSIRF) by developing and maintaining effective systems and processes for responding to patient safety incidents and ensuring resources are allocated to learning appropriately
Nursing, Therapies & Quality	To continue to focus on the 5 key quality priorities carried forward to 2024/25: Pressure Ulcer Reduction, Falls Prevention, End of life care, Reducing Suicide, Embedding Learning
Nursing, Therapies & Quality	To undertake the procurement of the Trust pharmacy services- clinical and drug provision
Organisation Development / Learning & Development	To refresh our Equality, Diversity & Inclusion plan in line with the NHS EDI Improvement Plan (6 High Impact Actions (HIA)), the Equality Delivery System (EDS22), and to our WDES and WRES action plans that focuses on our immediate EDI priorities and activities to embed fair, inclusive recruitment and create an environment free from bullying and harassment.
Organisation Development / Learning & Development	To maintain currency of Apprenticeship Standard availability and work with operational colleagues to maximise use of Apprenticeships (and novel approaches promoted by NHSE e.g. ASPIRE) to train, educate and improve skills of existing and recruited staff to make a quarter by quarter improvement in levy spend.
Organisation Development / Learning & Development	To plan and progress an incremental introduction of the NHSE Safe Learning Environment Charter for learners across the Trust

Organisation Development / Learning & Development	To plan and progress an incremental introduction of the NHSE Sexual Safety Charter across the Trust
Organisation Development / Learning & Development	To create a dedicated space on Care to Learn to help colleagues better understand the Trust leadership and management development offer
Organisation Development / Learning & Development	To examine and identify an approach for the development, retention and progression of organisational talent.
Organisation Development / Learning & Development	To refine the Training Needs Collection tool introduced in 23/24 which aims to capture information about the training needs of service areas so that the Trust has an overarching picture of our current and future training needs and potential budget requirements.
Organisation Development / Learning & Development	To review current practice and introduce changes to practice and approach to ensure the Trust's Learning and Development Team is aligned with the requirements of the HEE/NHSE Educator Workforce Strategy.
Organisational Resilience	To develop the Trust Power Outage Plan and identify any gaps in resilience.
Organisational Resilience	To expand the rollout of the Evacuation Emergo / Discussion exercise and undertake Community and Mental Health Hospital Exercises throughout the year.
Organisational Resilience	To ensure lessons learnt from 2022/23 and 2023/24 winter preparation are embedded in preparation for 2024/25.
Organisational Resilience	To ensure lessons learnt from 2022/23 and 2023/24 summer preparation are embedded in preparation for 24/25
Organisational Resilience	To ensure preparation, reporting and Incident Coordination Centre activation plan is in place in response to industrial action if required.
Patient Flow	To support the development of the Single Point of Clinical Access in line with the future requirements of the ICS
Patient Flow	To support the review of mental health services and pathways to support patient flow
Patient Flow	To work with the Clinical Assessment Team to review the patient flow and redirection to community services
Patient Flow	To support the mobilisation of the new integrated urgent care service as required
PH Urgent care and Inpatient	To work collaboratively in delivering the new Forest of Dean Hospital to ensure the mobilisation of safe and efficient provision of services
PH Urgent care and Inpatient	To undertake activities which seek to modernise the delivery of healthcare from our community hospitals responding to the needs of the population and delivering sustainable localised health care
PH Urgent care and Inpatient	To develop and deliver services informed by population health needs in alignment to the localisation agenda of urgent community services and the outcomes of the Working As One programme
Recruitment & Retention	To explore new ways of working including scoping a new recruitment team structure and exploring potential improvements to the recruitment service and time to hire KPI
Recruitment & Retention	To develop and deliver Thrive Recruitment Workshop and E-learning training in 2024/2025
Recruitment & Retention	To explore and present workforce plans to establish required recruitment pipelines for 2024/2025
Strategy & Partnerships	To participate in system wide Population Health Management work-Championing engagement and identifying gaps in service delivery for diverse and underrepresented communities
Strategy & Partnerships	To support corporate and operational services to involve the people and communities we serve in a sustainable and variety of different ways in development, improvement, and transformation activities.
Strategy & Partnerships	To further develop the prioritisation approach - developing a collaborative approach with Corporate Services colleagues to align prioritisation approaches across teams
Strategy & Partnerships	To implement the transformation governance audit recommendations
Strategy & Partnerships	To embed detailed processes and templates for Managing Benefits into the Project Management framework
Strategy & Partnerships	To support the implementation of our Personalised Care approach across all services over the next 2-3 years and champion the ongoing development of peer-support roles as a sustainable model to embed personalised care conversations.
Strategy & Partnerships	To develop a clear approach to how the trust implements a Strategic Intentions Framework that identifies and links to trust strategy/business plan objectives, key development areas for services/transformation programmes over the next 3 years
Strategy & Partnerships	To embed detailed Sustainability Impact processes and templates into the Project Management framework
Strategy & Partnerships	To further develop the Trust's Anchor approach through socially responsible business practices in 5 key areas including social value and net zero goals, as part the Trust' 3-5 year strategic objectives and aligning to a potential Gloucestershire's Anchor Network.
Strategy & Partnerships	To develop the second phase of Trust Green Plan - 2025-2028 - focussing on Carbon Footprint + and Sustainable Models of Care
Workforce Systems & Planning	To support the Line Manager Self-Service ESR capabilities to improve process efficiency & productivity gains
Workforce Systems & Planning	To scope the potential for medical rostering - On call requirement
Workforce Systems & Planning	To deliver reporting requirements to attain e-rostering level 4 as measured by national standards
Workforce Systems & Planning	To reduce agency spend through improving rostering and increasing bank fill rates over agency usage and removal of off framework agencies where possible
Working Well	To present a business case to sustain the preventative MSK programme as part of the Occupational Health service offer
Working Well	To develop a business case for the operational sustainability of the Working Well counselling team
Working Well	To embed the new OPAS-G2 system
Working Well	To complete the demand and capacity review to inform the modelling for service resilience and sustainability

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 March 2024**

**PRESENTED BY:** Sandra Betney, Director of Finance and Deputy CEO

**AUTHOR:** Stephen Andrews, Deputy Director of Finance

**SUBJECT:** BUDGET SETTING PAPER 2024/25

<b>If this report cannot be discussed at a public Board meeting, please explain why.</b>	
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<b>This report is provided for:</b>
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Decision <input checked="" type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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**The purpose of this report is to**

The Trust's Standing Financial Instructions state in section 2 'Business Planning, Budgets, Budgetary Control and Monitoring' that the Director of Finance will 'prepare and submit budgets for approval by the Board'.

This paper sets out the level of budgets proposed and how they have been prepared in order to meet this annual obligation under the Standing Financial Instructions.

This paper should be read in-conjunction with the System Finance presentation and the Business Planning paper.

**Recommendations and decisions required**

The Trust Board is asked to:

- **Note** the budget setting process and linkages with business.
- **Approve** the revenue and capital budgets for 24/25 and approve in principle the capital plan.
- **Note** the risks associated with the proposed budgets for 24/25.

**Executive summary**

The paper sets out the budget setting process for 24/25. It highlights the links with the NHS England (NHSE) planning, contracting and business planning processes and sets out risks and opportunities within the financial targets that have been set for each service and directorate.

Budget setting for 24/25 has been completed prior to the final agreement of the contract schedule with Gloucestershire Integrated Care Board (ICB) and finalisation of the system financial plan for 24/25. The financial regime for 24/25 is underpinned

by funding allocations given to each Integrated Care System (ICS). This is allocated between all partners in the system. The key financial aim is for the system to be in financial balance.

The Trust has continued with its usual thorough process to develop a set of budgets that reflect the plans of the business and has also been mindful of the system's financial position and the resource constraints within the Gloucestershire system. The Trust's budget setting position as part of the current system position is a deficit of £2.344m

The system plan currently shows the system consuming c.£28m resources above allocation, and this is the position submitted in the 21<sup>st</sup> March system planning submission. We have actively supported minimising the deficit and will continue to work with system partners to achieve system financial balance.

The Trust has set Whole Time equivalent (WTE) budgets as part of the budget setting process and articulated how WTEs have increased from April 2023 through to April 2024.

These budgets reconcile to the organisation's NHSE submission on the 21<sup>st</sup> March. Any further changes to the budgets set or the overall system position will be reported to the Resources Committee in April.

These budgets provide a clear financial framework in which all Trust staff can continue to operate and make financial decisions and form the basis of the plans on which the Trust will deliver its business planning objectives and strategic aims for the year ahead.

At the time of completion of the financial returns national planning guidance for 24/25 had not been published. The Trust, in conjunction with system partners, has followed NHSE South West guidance and set budgets using assumptions of a 2% pay award in 24/25 and a net tariff uplift of 0.8%. In recent days it has been indicated that the net tariff uplift might be 0.6% which would lead to a c. £500k income reduction for GHC.

In order to deliver the proposed budgets, recurrent cost improvement schemes of £7.225m will be required. In addition, significant non-recurrent savings of £3.647m will need to be found to support non-recurrent expenditure and non-recurrent cost pressures. During budget setting 60% (£6.561m) of the total savings target has been delivered or identified.

A capital expenditure budget of £5.454m, net of £4.0m disposals, is proposed for 24/25. There are three capital disposals planned for 24/25, and bids have been received for two of these sites already, and the third site is being actively marketed for disposal. The Capital Management Group has agreed the priorities for next year and the main focus of the programme will be improvements to IT Infrastructure £1.7m, commencement of the Transforming Care Digitally programme and the continuing reduction in backlog maintenance.



The system has an estimated capital CDEL (capital departmental resource limit) of £37.223m for 24/25 and has a balanced programme incorporating all essentials requirements of each organisation.

### Risks associated with meeting the Trust's values

Risks have been identified within the paper under section 8

The 3 highest scoring risks are as follows;

- There is a risk that because Cost Improvement plans (CIP) are not all yet worked up this may impact on delivery of the financial plan.
- There is a risk that cost share changes for Section 117 patients leads to additional costs not reimbursed by ICB.
- The risk of system balance discussions lead to Trust taking share of deficit as a reduction in Trust income or increased CIP.

### Corporate considerations

<b>Quality Implications</b>	Accurate and sufficient budgets are required to deliver high quality services.
<b>Resource Implications</b>	The Trust must get its financial budgets right to deliver services and successfully meet its statutory financial targets.
<b>Equality Implications</b>	

### Where has this issue been discussed before?

Executive team meetings Nov and Dec 2023, Resources Committee 22<sup>nd</sup> February 2024, Capital Management Group meetings, System planning meetings

### Appendices:

**Report authorised by:**  
Sandra Betney

**Title:**  
Director of Finance and Deputy CEO



## BUDGET SETTING PAPER 2024/25

### 1.0 INTRODUCTION AND PURPOSE

The purpose of this paper is to update the Trust Board on:

1. The progress made in setting budgets for 24/25.
2. Risks arising from the budgets proposed.
3. To give the Board sufficient information to approve budgets for 24/25.

National planning guidance has not yet been formally issued to the NHS for the 24/25 planning process. The Trust and its system partners have used the planning assumptions provided by NHSE South West for all organisations in the South West. These budgets provide the financial framework on which the Trust can provide services and deliver its objectives.

### 2.0 FINANCIAL CONTROL TOTALS FOR 24/25

To create a clear financial framework against which to measure budget proposals from directorates the Trust calculated Financial Control Totals (FCTs). These are indicative based on a number of assumptions.

The financial control totals for 24/25 were calculated through the following steps:

Recurrent 2023/24 month 8 budgets, adjusted for:

- a. Pay and non-pay inflation.
- b. Cost pressures funded by the Trust.
- c. Efficiency 1.0% CIP target.
- d. Delivering Value 1.3% CIP targets.
- e. 23/24 Delivering Value savings deferred from Mental Health Inpatients and Urgent Care £300k.
- f. Programme savings CIP target.
- g. Non-recurrent income and expenditure for services.
- h. Agreed developments including Mental Health Investment Standards (MHIS).
- i. Requirements of Integrated Care System (ICS) and system partners.

These calculations resulted in a deficit position of £2.344m. This broadly equated to unfunded 23/24 pay award of £1.32m, inflation shortfall 23/24 £1.22m, £390k reduced Berkeley House income offset by £590k of savings in excess of inflation for 24/25. These FCTs were approved by the Executive Team in December 2023. They were then notified to services and budget holders as FCTs (**see Table 1**). Where there were difficulties in bringing the budgets within target, resolution meetings were held with the Director of Finance and the Service Directors to explore alternative options to reduce any gaps.

**Table 1: Financial Control Totals**

<b>Directorate Financial Control Totals</b>		
<b>Directorate</b>	<b>Recurring £m</b>	<b>Non Recurring £m</b>
Adult Community	64,322	0
PH Urgent Care and Inpatients	28,324	535
MH/LD Urgent Care and Inpatient	31,101	225
CYPs	25,554	30
Countywide	25,500	0
Medical	15,250	246
Board	5,325	120
Finance	33,625	79
HR & OD	6,509	0
Nursing, Quality & Therapies	7,191	0
Strategies and partnerships	1,777	0
Operations Mgt	2,708	322
Demo Growth/Overhead	4,217	644
Non Operational	17,051	0
System Savings	-1,208	-2,200
Other Contract Income	48	0
Central income Glos ICB	-220,834	-1,053
Other Central Income	-43,064	0
<b>TOTAL Deficit</b>	<b>3,397</b>	<b>-1,053</b>

Nb. Originally approved at £2.766m deficit but amended to £2.344m with removal of depreciation costs on Clinical Systems Vision Programme (CSVP).

### 3.0 BUDGET SETTING

Budget setting for 24/25 followed a similar format to previous years and was as follows: -

- Cost pressures were submitted, considered and, where approved, included within Financial Control Totals. These were discussed and agreed by the Executive Team in November 2023
- Financial Control Totals were calculated that gave an outline financial framework against which budget proposals could be measured. These were approved by the Executive Team in December
- Business partners met with budget holders during November, December and January to prepare draft 24/25 budgets and to discuss business plans
- A strong theme of this year's budget setting has been to emphasise that they should dovetail with the business plans produced
- As part of preparing the 24/25 budgets the Efficiency cost improvement of 1.0% were identified across most budgets

- Delivering Value cost improvements were identified in some budgets. Other directorates have identified plans and ideas for these savings that require a longer timescale over which to both plan and deliver
- Budget resolution meetings were held with directorates that proposed budgets above their FCT
- Budgets were finalised with budget holders
- 24/25 contract discussions continue with Gloucestershire ICB. The Trust has submitted a draft finance schedule for 24/25 and in addition begun to outline the anticipated developments that may be taken forward in 24/25.
- System funding discussions have taken place and analysis of recurrent and non-recurrent positions shared with partners to enable the system to allocate its financial envelope.

The assumptions used for budget setting are;

- Net tariff inflator of 0.8% (inflation 1.9%, efficiency -1.1%) per NHSE planning guidance
- pay award of 2.0% per NHSE Planning guidance

Budget holders have been involved in the budget-setting process, both in agreeing their recurrent M8 baseline and working through the considerations required to set their budgets for 24/25 within FCTs. Budget setting was completed alongside business planning and there is a strong degree of integration between the business planning objectives and the budgets set.

Workforce establishments have also been completed during this process. With a strong national emphasis on whole time equivalent (WTE) monitoring and control the Trust has embedded a review of WTE in its budget setting process. Each directorate has completed a reconciliation of the reasons for the change in WTE numbers from the start of 23/24 to the proposed budgets at the start of 24/25. This has been shared with all system partners as part of the process to ensure clear transparency of the budget setting process. The Trust has seen a movement in WTEs of 173 across which is split between the following categories;

**Table 2: WTE Reconciliation**

GHC WTE RECONCILIATION 23/24 to 24/25		
Budget at March 23 (per plan)		4,446
Funded Developments	131	
Developments MHIS 23/24	28	
Developments - CMHT	17	
Income Generation	6	
Infrastructure	7	
To Review	1	
National Workforce Initiatives	4	
Skillmix	(0.2)	
Classification Change	16	
		<hr/> 208
<b>WTE Budget at Month 11 23/24</b>		<hr/> <b>4,654</b>
MHIS 24/25	29.9	
Adult Neurodiversity Phase 2	4.2	
CAMHS Neurodiversity Medica	0.6	
Associate NED	1.0	
		<hr/> 35.7
<b>WTE Plan 24/25</b>		<hr/> <b>4,690</b>

The operational finance team worked with budget holders and service leads to align expenditure budgets to service needs, using a mixture of actual, forecast and in some cases activity data to agree realistic budget proposals for 24/25.

The approach to dealing with costs pressures is similar to that used in previous years. A list of cost pressures was gathered from all services and submitted to the Deputy Director of Finance which totalled £12.171m. These were reviewed and discussed before a refined list of potential cost pressures was put forward to the Executive Team in December. These were then reviewed and either approved, or rejected because they were deemed avoidable or affordable within existing resources.

£0.792m of recurrent cost pressures and £0.632m of non-recurrent cost pressures were approved and added to the proposed financial control totals.

Budget setting has been completed against the backdrop of significant operational pressures and recognition should be given to operational staff and Operational Finance for the considerable effort in bringing all the different elements together.

#### 4.0 BUDGET SETTING OUTCOMES

The Trust has set budgets for the new Forest of Dean Community Hospital including the ward, clinical support teams, admin and facilities. Budgets have not yet been set for Endoscopy services while work continues to shape these services. The business case has been the reference point for setting the budgets. Non-recurring budgets have been added in 24/25 where current staffing configurations are above the final proposed establishment levels. Efficiencies from the new hospital are not anticipated to be realised until 25/26.

#### 4.1 Cost Pressures

As budget setting progressed the cost pressures list was reviewed to ensure that they had been appropriately managed. A number of cost pressures not funded in Financial Control totals have subsequently been included in budgets as part of this review while others have been added to the risk table. A summary of how the £12.171m of cost pressures identified at the start of the budget setting process have been dealt with through to the end of the process is shown below;

**Table 3: Summary of Cost Pressures**

Cost Pressures	Recurring £000s	Non recurring £000s	Comments
Funded	792	632	
Funded Inflationary pressure	323		
Funded in budget setting	1,733	2446.5	Utilities, provisions, ward budgets, Int nurses Comm Neuro Spec Team, Homeless, Post Covid, MHST wave 8
Funded by development income	2092	623	
Affordable	63	51	
Avoidable	2,657	360	
Risk	33		
Alternative sources	236		
System Overhead Pot	130		Apprenticeship Levy, CQC fees, audit
<b>Total</b>	<b>8,059</b>	<b>4,112</b>	

#### 4.2 Budget Resolution Meetings

Budget resolution meetings were held with the following directorates; Adult Community, Countywide, Medical, Finance, Chief Executive and Corporate Governance, Human Resources and OD, Nursing, Quality and Therapies, Mental Health & LD Urgent Care and Inpatients, and Physical Health Urgent Care and Inpatients. These directorates all identified pressures in setting budgets within FCT and met with the Director of Finance to agree ways forward to close the gap between the target and budget, where possible. Two common themes throughout the resolution meetings were the impact of inflationary pressures on the ability of the directorate to set a budget in line with the FCT, and the deliverability of cost improvements.

Countywide, Chief Executive and Corporate Governance, Finance and Human Resources & OD all had one meeting in which they were able to identify ways to set a budget in line with their FCT. A number of them have yet to fully identify their Delivering Value savings target but all demonstrated sufficient plans and ideas to allow them to set a budget within FCT, while they work up their detailed plans by June 2024.

The Finance directorate had a range significant issues and cost pressures to be addressed. Detailed analysis of the reasons for the pressures were undertaken and agreement was reached on a range of measures to enable the directorate to set an agreed budget for 24/25. A summary of the proposals for the Finance budget is shown in the table below;

**Table 4: Finance Budget Resolution Outcomes**

<b>FINANCE DIRECTORATE PROPOSED</b>							
<b>BUDGET VS FCT - FUNDING</b>	<b>VALUE</b>	<b>CIP</b>	<b>INFLATION</b>	<b>COST</b>	<b>RISK/</b>	<b>Budget</b>	<b>TOTAL</b>
<b>DESCRIPTION</b>	<b>£ '000</b>	<b>£ '000</b>	<b>POT</b>	<b>PRESSURES</b>	<b>REMOVE</b>	<b>transfer</b>	<b>£ '000</b>
CIP unachieved/ ideas identified	742	742					<b>742</b>
Power Costs Inflationary Pressure (above 1%)	141		141				<b>141</b>
Systems inflation increases	37		37				<b>37</b>
Provisions & External Domestic Costs Increase	62		62				<b>62</b>
Maintenance costs above existing budget	603			603			<b>603</b>
Rates issues	185			185			<b>185</b>
Apprenticeship Pay rise	15			15			<b>15</b>
Vending Machine income unachievable	25			25			<b>25</b>
Water - increased ADSM charges	33				33		<b>33</b>
Property Finance Charges (re IFRS 16) increase	208					208	<b>208</b>
Room hire - increase in costs/bookings in E&F	51				51		<b>51</b>
<b>INITIAL TOTAL</b>	<b>2,102</b>	<b>742</b>	<b>240</b>	<b>828</b>	<b>84</b>	<b>208</b>	<b>2,102</b>

Five directorates however required a 2<sup>nd</sup> resolution meeting in order to work through their proposed budgets and complete a number of actions before a budget could be set.

The Nursing, Therapies and Quality have set a balanced budget with the assumption that £96k of Delivering Value savings will be identified at the start of the financial year.

The Medical Directorate initially had a £1,083k gap between budget proposed and FCT. Following a review of budgets and efficiencies identified the directorate has been able to set a balanced budget with the assumption that all of the Efficiency and Delivering Value savings still need to be identified, totalling £404k.

The Adult Community directorate had a gap between FCT and proposed budget of £3.1m at the start of the budget resolution process. The directorate has struggled to identify efficiency savings and currently has identified none of its CIP required. A number of potential plans have been identified which involve lengthy reviews, so the directorate will be closely supported by the CIP Management Group to help them identify and deliver their savings target.

Adult Physical Health Urgent Care and Inpatients Directorate had two meetings to help agree a proposed budget for 24/25. The directorate has set ward budgets for the new Forest of Dean Community Hospital as part of budget setting. This includes non-recurring budget to cover current staffing levels which are above the funded establishment level. The final outcome from these meetings was to reduce the gap from £876k to £410k through a mixture of actions and support. The £410k represents the Delivering Value savings not yet delivered but a number of ideas have been proposed which the directorate will work on in the next 3 months.

Adult Mental Health Urgent Care and Inpatients Directorate had two meetings to help agree a proposed budget for 24/25. The final outcome from these meetings was to reduce the gap from £590k to £434k through a mixture of actions and support. The £434k represents the Delivering Value savings not



yet delivered but a number of ideas have been proposed which the directorate will work on in the next 3 months.

Agreement was reached with all directorates, which either had their target adjusted or were asked to find ways to mitigate the pressures. A number of issues remain risks and these have been added to the risks listed in section 8 of this report. The risk of non-delivery of delivering value savings is identified in the risk table.

The budget resolution meetings highlighted a number of issues. Lessons learnt from this year's exercise include the benefits gained from recording these meetings and drawing up a list of action notes for everyone to work from, and the importance of maintaining a record of WTE budget changes through the year. Next year budget resolution meetings will include separate analysis of non-recurring budgets proposed to help decision making on how budgetary issues could be funded/dealt with.

No allowance has been made in budgets for the 6.3% increase to employer's pension contributions that was implemented in 2019/20 and continued since. National guidance has stated that the impact of this should continue to be excluded from operational plans and financial projections as the additional costs will be paid again by the Department of Health and Social Care in 24/25 and not affect Trust finances.

#### 4.3 Safer Staffing

Inpatient ward budgets in both Mental Health and Physical Health were significantly over spent in 23/24 despite carrying significant vacancies. This has been a trend over the last few years and in order to set budgets that address this issue a detailed analysis of the reasons behind the over spends was completed as part of the Safer Staffing project.

Last year some additional recurring demographic growth funding was shared equally between physical and mental health wards, coupled with non-recurring funding to address the remaining elements of the over spends in 22/23. This allowed time for the Safer Staffing review to be undertaken. Recurring demographic growth funding was retained however to be utilised where a need was identified.

A project team has been established to complete a business case and set out a detailed phased transition plan. Budgets are identified to support the transition from temporary to substantive staffing and underpin the business case.

#### 4.4 Non-Operational budgets

Depreciation and Public Dividend Capital (PDC) budgets have been based on the current asset register. Work throughout 23/24 to review the asset register has helped the Trust to mitigate the effect of cost pressures on these budgets from capital inflation. The Trust has set a non-recurring budget of £1.3m to fund the impact of the accelerated depreciation on the Dilke site in advance of its potential sale in the future. This is to be funded through additional non-recurring savings.



## 5.0 INCOME

The Gloucestershire ICS has been given a funding envelope which is to be shared between all the partners in the system. The Trust has been negotiating to ensure it receives an appropriate level of funding to deliver services but also support the system to achieve financial balance.

At the same time contract discussions have continued to ensure a detailed contract schedule is maintained that outlines the recurrent funding available and the developments that have been agreed.

Funding from the Mental Health Investment Standard (MHIS) and Strategic Development Fund (SDF) for 24/25 has nearly been finalised. A level of investment of £2.1m has been included in the budgets which is expected to be added to the contract to meet the Mental Health Investment Standard as this remains a key NHS commitment for 24/25.

**Table 5: MHIS developments**

Scheme	Annual £000s	Annual WTE
Eating Disorders	633	7.20
MH Liaison (additional consultant)	130	0.80
MH Contact Centre (Crisis SDF - 23/24)	425	8.16
MH Contact Centre (Crisis SDF - 24/25)	923	13.69
	<b>2,111</b>	<b>29.85</b>

The agreed list of developments will be finalised as part of the contract negotiations but will not have an impact on the I&E proposed in these budgets as the final expenditure budgets created will match the income that is received. A full reconciliation of the contract to budgets will be completed once the contract is agreed.

Budgets have been based on an assumed tariff uplift of 0.8% but it has been indicated that planning guidance might suggest a lower uplift of 0.6%. This could lead to a reduction in income for the Trust. Once planning guidance is confirmed then the Trust will work with system partners to identify ways to mitigate the impact of this change.

## 6.0 COST IMPROVEMENT PLANS (CIPs)

The national savings requirement in the planning guidance for 24/25 is expected to be 1.1% of NHS income, as per previous years, circa £2.7m. The Trust's CIP is significantly higher than this, as illustrated in table 6. CIPs were set at a level required to deliver the control target if all expenditure budgets are spent and the budgeted level of income is earned.

The CIP requirement is made up not only of the national savings requirement but also from a number of other factors. e.g. the impact of cost pressures, both recurrent and non-recurrent, and the delivery of savings deferred for 1 year in Mental Health Inpatients and Urgent Care, or not fully identified in 23/24. There are also non-recurrent budgets that need establishing to cover costs such as

cost pressures and excess travel. These are funded through the identification of non-recurrent savings during 24/25.

The Trust held a Budget setting and Business Planning joint launch in November 2023 where a CIP presentation was given to senior operational managers. Over 50 delegates participated in the session to hear about the CIP requirement for 24/25 and to discuss potential schemes for 24/25.

**Table 6: Calculation of CIP requirement**

<u>24/25 Indicative CIP Requirements</u>		
	£m	% of budgets
Contract Efficiency (assumed 1.1%)	2.659	1.1%
Cost Pressures (estimated)	2.292	0.9%
Unfunded inflation (estimated)	1.650	0.6%
Undelivered 23/24 savings	0.324	0.1%
carried forward delivered non recurrently 23/24	0.300	0.1%
<b>Recurrent total</b>	<b>7.225</b>	<b>2.8%</b>
Non Recurrent - budgets	0.100	0.0%
Non Recurrent costs pressures (estimated)	3.547	1.3%
<b>Non Recurrent total</b>	<b>3.647</b>	<b>1.4%</b>
<b>Total CIP required</b>	<b>10.872</b>	<b>4.1%</b>

CIP is expected to be recurrent, and result in reduction in budget, rather than just cost avoidance. In order to deliver the CIP requirement identified above the CIP is aligned to four main schemes:

### 24/25 Cost Improvement Plan

CIP assumptions for budget setting	£m	% of budget
Efficiency 1.0%	2.653	1.0%
Delivering Value 1.3%	3.477	1.3%
Undelivered 23/24 savings	0.324	0.1%
Programme Savings	0.471	0.2%
carried forward delivered non recurrently 23/24	0.300	0.1%
<b>Recurring total</b>	<b>7.225</b>	<b>2.7%</b>
		0.0%
Non Recurring	3.647	1.4%
<b>Total CIP</b>	<b>10.872</b>	<b>4.1%</b>

- Efficiency £2.653m. This targets efficiency in every budget at individual budget holder level, and is expected to be delivered full year and removed at budget setting. Work continues to complete Quality and Equality Impact Assessments (QEIAs) to support efficiency savings identified in budget setting and will conclude in April.
- Delivering Value, £3.477m. This is spread over all directorates and aims to deliver more transformational and longer-term savings schemes. These schemes are more complex in nature and take longer to develop so directorates that have not yet been able to identify all these savings in budget setting have been given until the end of quarter one to finalise these plans and complete the QEIAs required. Any schemes that cannot deliver full year effect will need to be supported by either non-recurrent savings or higher Delivering Value schemes to compensate.
- Programme savings, £0.471m. The Trust will be working across the ICS to deliver system wide efficiencies and these schemes will support the delivery of our Delivering Value savings requirement. This brings greater opportunities to generate savings but it does also bring the risk that the schemes are reliant on partnership working and are no longer in the sole control of the Trust.
- Non-recurrent, £3.647m. Non-recurrent savings are required to cover non-recurrent costs identified such as excess mileage payment, pay protection and non-recurrent costs pressures such as ward budgets, out of area beds and the international nursing costs. These will be delivered from opportunistic schemes and it is anticipated they will be delivered in the early months of the financial year.
- Savings 23/24. Some savings (£324k) have not been identified in 23/24 and have been carried forward into the directorate's budgets, to be found in 24/25. The Mental Health Inpatients and Urgent Care directorate had an

agreed amount of £300k deferred from 23/24 to 24/25 to allow time to develop savings schemes concerning length of stay reductions.

All recurrent CIP schemes will require QEIAs to be completed to assess the impact on services, and will be reviewed by Executive Directors for Medical, and Nursing Qualities and Therapies. The overall savings programme of £10.872m equates to 4.1% of total Trust income in 24/25. This compares to 3.8% last year.

The table below shows the current progress towards delivery of the different CIP schemes. As additional cost pressures were identified through the budget setting process the level of non-recurring savings required has increased to £3.179m. It is expected that this higher target is still achievable (the Trust delivered £4.4m in 23/24), and will be opportunistic in nature i.e. through slippage rather than planned. They would be expected to be achieved in the first few months of the financial year.

It shows that good progress has been made towards delivery of the majority of the 1.0% Efficiency schemes and some of the Delivering Value schemes have already been fully identified during budget setting. Delivery of these efficiency savings will only be confirmed once the QEIAs are signed off.

**Table 7: CIP schemes and delivery to date**

	Target £000's	Planned £000's	Identified £000's	Unidentified £000's
Efficiency 1.0%	2,653	1,439	304	909
Delivering Value 1.3%	3,477	478	393	2,607
Undelivered 23/24 savings	324	0		324
Programme Savings	471	0		471
carried forward 23/24	300	300	0	0
<b>Recurring Total</b>	<b>7,225</b>	<b>2,217</b>	<b>697</b>	<b>4,311</b>
<b>%</b>		<b>31%</b>	<b>10%</b>	<b>60%</b>
<b>Non Recurring Total</b>	<b>3,647</b>	<b>0</b>	<b>3647</b>	<b>0</b>
<b>Trust total £000s</b>	<b>10,872</b>	<b>2,217</b>	<b>4,344</b>	<b>4,311</b>
<b>Trust total %</b>		<b>20%</b>	<b>40%</b>	<b>40%</b>

The recurring elements of 'Unidentified' are the highest risk of non-delivery at £4.311m. CIP delivery is reported monthly as part of the Finance and Performance Reviews within Operations, at the Resources Committee, and at CIP Management Group, where escalations are employed to expedite delivery. An update on the progress of identification of the savings will be given to the Board and Resources Committee.

## 7.0 SUMMARY POSITION

The summary Income and Expenditure position for the Trust from the proposed budgets is as follows;

**Table 8: Trust Income and Expenditure budgets v FCT 24/25**

<b>Directorate Financial Control Totals</b>		Non	Total	Proposed	
<b>Directorate</b>	<b>Recurring £000s</b>	<b>Recurring £000s</b>	<b>FCTs £000s</b>	<b>budgets £000s</b>	<b>Variance £000s</b>
Adult Community	64,322	0	64,322	65,778	1,456
PH Urgent Care and Inpatients	28,324	535	28,859	28,227	-633
MH/LD Urgent Care and Inpatient	31,101	225	31,325	31,337	12
CYPs	25,554	30	25,584	26,199	615
Countywide	25,500	0	25,500	27,100	1,600
Medical	15,250	246	15,496	16,177	682
Board	5,325	120	5,445	5,475	30
Finance	33,625	79	33,704	35,096	1,392
HR & OD	6,509	0	6,509	7,038	529
Nursing, Quality & Therapies	7,191	0	7,191	7,302	111
Strategies and partnerships	1,777	0	1,777	1,784	7
Operations Mgt	2,708	322	3,030	2,840	-190
Demo Growth/Overhead	4,217	644	4,861	3,720	-1,141
Non Operational	17,051	0	17,051	16,951	-100
System Savings	-1,208	-2,200	-3,408	-804	2,604
Other Contract Income	48	0	48	63	15
Central income Glos ICB	-220,834	-1,053	-221,887	-226,069	-4,183
Other Central Income	-43,064	0	-43,064	-45,872	-2,807
<b>TOTAL Deficit/ (surplus)</b>	<b>3,397</b>	<b>-1,053</b>	<b>2,344</b>	<b>2,343</b>	<b>-2</b>

The proposed budgets give a £2.344m deficit position for 24/25.

The conclusions of budget discussions resulted in a number of directorates with a budget proposal above the Financial Control Total set, after adjustments for agreed developments.

Analysis of the underlying recurrent position of the Trust has also been conducted as part of the budget setting process (see table 4 below). This shows that if budgets are set in line with those planned, and cost improvement plans are delivered then the Trust will have a recurrent underlying deficit of £3.367m. This is due to recurrent projects funded non-recurrently, the shortfall in pay award funding in 23/24 and under funded contract inflation.

**Table 9: Underlying Recurrent budget position**

<b>Recurring and Non recurring I &amp; E position 24/25</b>			
<b><u>Recurring position</u></b>	<b>FCT v11a</b>	<b>Proposed budgets</b>	<b>Variance</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Income	(282,371)	(285,128)	(2,757)
Pay	218,948	219,116	168
Non Pay	55,816	57,581	1,765
Non Operational	11,003	11,798	795
<b>Recurring Deficit</b>	<b>3,396</b>	<b>3,367</b>	<b>(29)</b>
<b><u>Non Recurring position</u></b>			
Income	(2,053)	(5,026)	(2,973)
Expenditure PAY	1,100	4,402	3,302
Expenditure NON PAY	<b>2,100</b>	<b>2,778</b>	678
Savings	(2,200)	(3,179)	(979)
<b>Non Recurring (Surplus)</b>	<b>(1,053)</b>	<b>(1,024)</b>	<b>29</b>
<b>Trust total position</b>	<b>2,343</b>	<b>2,344</b>	<b>1</b>

Analysis of the position shown above has been undertaken to assess the drivers of the underlying budgetary position of the Trust. This is shown in the table below;

**Table 10: Underlying Target Recurrent position**

<b>Summary Underlying position 24/25</b>	<b>£000s</b>
Developments funded non recurrently by ICB	-1,416
IFRS 16	0
Unfunded inflation 23/24	-1,221
Pay awards 23/24 shortfall	-1,321
Savings over inflation 24/25 (savings at 2.5%)	591
<b>Underlying recurring deficit 24/25</b>	<b>-3,367</b>
Non Recurring income and expenditure	1024
<b>24/25 Total Position</b>	<b>-2,344</b>



## 8.0 RISKS IN THE BUDGET

There are a number of potential risks in the proposed budget that should be noted:

**Table 11: Risk analysis**

Risk	Mitigations	Likelihood	Impact	Risk Score
There is a risk that because CIP plans are not yet all worked up, this may impact on delivery of the financial plan.	Non recurrent savings. Close monitoring by the CIP management board	4	4	16
Cost share changes for Section 117 patients leads to additional costs not reimbursed by ICB	Review implications of the changes. Maintain records of the changes in sharing %s to ensure the Trust can identify the cost implications and seek reimbursement	3	4	12
System balance discussions lead to Trust taking share of deficit as reduction in Trust income or increased CIP	Continued negotiation with system partners. Review all costs. Identify additional savings	4	3	12
There is a risk that the Trust will not be able to reduce costs by as much as income if there is a reduction in LD patient numbers	A review of budgets will be undertaken to ensure the appropriate level of funding is provided on the ward	4	2	8
There is a risk that controls on agency fail to stop the use of agencies that are outside of national frameworks and/or above national price cap rates, particularly to fill needs in Nursing.	Sustainable Staffing Oversight Group continue to monitor off framework agency usage. Strengthen recruitment pipeline. Non recurrent savings and establishment budgets	4	2	8
Risk that the system breaches its agency spend cap leading to increased scrutiny, reputational damage and or/ reduced access to funding	Monitoring at system level. Scrutiny and joint working across the system of all the controls and levers in place to reduce agency spend	4	2	8
23/24 Medical pay award is under funded once finalised	Detailed assessment of implications to ensure clear understanding of impact and to allow appropriate mitigations to be sought	3	2	6
Loss of CPD Income after being funded for the last three years will cause a cost pressure in the training budget	Monitor training spend and understand level of funding required	3	2	6
A risk that not sufficient budget available for Safer staffing project	Business case to identify and set out funding arrangements	2	3	6
Criminal Justice and Liaison tender of service in March 25. Financial impact if Trust does not win the tender	Identify implications as part of 25/26 budget setting.	2	3	6
Risk that the allowance for unavailability cover is insufficient in Mental Health Urgent Care and Inpatients, and Physical Health Urgent Care and Inpatients	Work under way to review the level of allowance for maternity, sickness and absence cover. Link in with safer staffing business case	3	2	6
In Health income for Endoscopy is not replaced next year and leads to an overspend	Negotiations with GHFT and ICB to utilise the unused capacity from In Health	3	2	6
Risk that International Recruitment funding is reduced and leads to a further cost pressure	Continue to seek additional funds and manage level of expenditure closely	3	2	6
Utility, fuel, waste costs may rise further due to inflationary pressures above the additional funding added to the budget	Continued monitoring and early warning of cost pressures. Dialogue with NHSE/I to highlight cost pressure	3	2	6
Capital cost inflation might lead to the size of the programme having to be reduced. This could lead to essential maintenance work being reduced and/or clinical services affected	Close monitoring of programme costs. Prioritisation of programme to ensure essential works completed. Thorough review of project costs	2	3	6
Adult Mental Health Inpatients require Out of Area beds	Work underway within directorate to ensure lengths of stay are shortened, staffing establishment is filled with the aim of ensuring less need for out of county bed usage	3	2	6
Maintenance materials costs may rise due to inflationary and demand pressures above budget	Continued monitoring and early warning of cost pressures. Dialogue with NHSE/I to highlight cost pressure	2	2	4
A risk that Safer staffing implementation plan does not go to plan and costs are greater than expected	Clear implementation plan and recruitment strategy to underpin business case.	2	2	4
Increased revenue implications once Forest of Dean Community hospital is operational	Review business case assumptions. Assess cost implications.	2	2	4
The impact of all the inflationary pressures might have been underestimated in budgets	Monitor non pay. Prepare options to reduce costs	2	2	4
Variable funding for Complex Childrens Needs, IV Therapy and MSKAPs is no longer paid to the Trust or permanently adjusted in the ICB contract	Continue negotiations with ICB. Monitor the overperformance against the contract to ensure clarity over size of cost pressure	3	1	3
There is a risk that final depreciation and PDC calculations will lead to cost pressures above the budgets set	Work will continue to calculate the final impact in March and April to ensure there is sufficient time to address any risks that arise.	2	1	2
Cost improvement budget may have been removed before all QEIs and may lead to savings being rejected	All Efficiency and agreed Delivering Value QEIs to be completed before 31st March. Remaining QEIs to be promptly completed to allow time for alternative ideas to be identified. Careful monitoring by CIP Management Group.	2	1	2
A risk that unplanned legal costs might impact on the Corporate Governance budget	Review of usage and the process for purchasing to be undertaken. Monitoring of spend	2	1	2
There is a risk that Bone Health prescribing for Zoledronic Acid will continue to increase and the service will be required to give all three treatments rather than just the one as at present	Monitor prescribing levels and discuss with ICB the appropriate prescribing route	2	1	2
Adult Community directorate cost pressure from increased travel proves to be sustained and not non recurring	review of mileage usage by team and working practices to assess if permanent or not	2	1	2
Unpredictable expenditures in employment matters leads to increased costs	Identify non recurring costs if additional costs materialise	2	1	2
ENDNS business case identifies insufficient nurses in structure	Support business case to understand needs of the servies. Look for potential mitigations to offset additional funding requirement	2	1	2
Subject Access enquiries are increasing and there is a risk of increased cost above budget	continual monitoring and assessment of appropriateness of enquiries	2	1	2



## 9.0 OPPORTUNITIES

The Trust's review of its balance sheet in 23/24 may lead to the need for a reduced budget for depreciation and PDC in 24/25. Once the year end accounts are completed and audited the Finance department will review the level of budgets required for next year.

The organisation has consistently delivered its financial control totals over a number of years. This has often been due to non-recurrent savings made during the year and it is anticipated that the Trust will continue to be able to generate these savings to support the financial position of the Trust. The Trust has been able to review its balance sheet and resolve a number of financial issues that puts it in a strong financial position at the start of 24/25 giving further confidence that non-recurrent savings will be generated that can be utilised to support the Trust.

The Trust has set budgets to cover cost pressures through CIP delivery. If any of these cost pressures are later resolved through other means, this would be an opportunity to reduce the CIP burden for the year.

## 10.0 CAPITAL EXPENDITURE

The proposed capital programme has been developed by the Capital Management Group and has been considered by the Resources Committee in February 2023.

During 24/25 the Trust intends to begin the implementation of the Transforming Care Digitally programme. In addition, the Trust will invest in various Backlog Maintenance projects as well as in medical equipment and IT infrastructure.

The overall capital plan for the Trust anticipates a spend of £9.454m in 24/25 before disposals of £4.00m.

IFRS 16 is a change in the accounting for leases which has brought leases onto the balance sheet. New leases for 24/25 are proposed for a number of buildings and vehicles and these have been included in the Trust's capital programme. In 24/25 they will be funded directly from the system Capital Departmental Expenditure Limit (CDEL) allocation rather than a separate allocation held by the Department of Health and Social Care.

There are 3 capital disposals planned for 24/25 in order to provide additional funding to support the capital programme totalling £4.00m.

The capital envelope for Gloucestershire has been published for next year, and is £37.665m. The share of the envelope for 24/25 has been agreed between system partners so the Trust's 24/25 programme is fully covered by system CDEL. The CDEL for 24/25 is fully committed and work continues across the system to agree the capital priorities for the whole of Gloucestershire.

**Table 12: Capital Plan for 24/25**

Capital Plan	Plan	Plan	Plan	Plan
£000s	2024/25	2025/26	2026/27	2027/28
<b>Land and Buildings</b>				
Buildings	1,477	3,000	3,000	3,000
Backlog Maintenance	1,612	1,393	1,393	1,393
Buildings - Finance Leases	255	989	250	250
Vehicle - Finance Leases	239	0	250	250
Other leases	721			
Net Zero Carbon	645	500	500	500
LD Assessment & Treatment Unit	0	2,000	0	0
Cirencester Scheme	0	5,000	0	0
<b>Medical Equipment</b>	903	1,030	1,030	1,030
Xray	0	0	0	0
Endoscopy	0	0	0	0
<b>IT</b>				
IT Device and software upgrade	600	600	600	600
IT Infrastructure	1,715	1,300	1,300	1,300
Clinical Systems Vision	0	0	0	0
Transforming Care Digitally	1,050	980	790	250
<b>Sub Total</b>	<b>9,217</b>	<b>16,792</b>	<b>9,113</b>	<b>8,573</b>
Forest of Dean	237	0	0	0
<b>Total of Updated Programme</b>	<b>9,454</b>	<b>16,792</b>	<b>9,113</b>	<b>8,573</b>
Disposals	(4,000)	(6,233)	0	(500)
<b>Total CDEL spend</b>	<b>5,454</b>	<b>10,559</b>	<b>9,113</b>	<b>8,073</b>

## 11.0 NEXT STEPS

Once budgets are agreed by board, budget holder sign off will be completed. Development of plans for Delivering Value CIP are expected to be completed with associated Quality and Equality Impact Assessments (QEIAs) by the end of quarter 1.

Work will continue with system partners to identify ways to reduce the system deficit.

Budgets will be uploaded to the finance system in preparation for Month 1 reporting.

## 12.0 CONCLUSION AND RECOMMENDATIONS

It is recommended that the Trust Board:

- **NOTE** the budget-setting process and linkages with business planning.
- **APPROVE** the budget totals for revenue and the capital plan.
- **NOTE** the risks within the proposed budgets.

**AGENDA ITEM: 15/0324**

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 March 2024**

**PRESENTED BY:** Neil Savage, Director of HR & OD

**AUTHORS:** Anis Ghanti, Head of OD & Leadership

**SUBJECT:** **2023 STAFF SURVEY RESULTS**

<b>If this report cannot be discussed at a public meeting, please explain why.</b>	
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<b>This report is provided for:</b>
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Decision ☒

Endorsement ☐

Assurance ☒

Information ☒

<b>The purpose of this report is to:</b>
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Present the results of the 2023 NHS Staff Survey.

<b>Recommendations and decisions required</b>
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The Trust Board is asked to:

- **Note** the report and appendices.
- **Consider** the results and the resultant areas of focus.
- **Note** that the Great Place to Work Committee (GPTW) meeting in February carried out a deep dive on the interim/unweighted results, and, that it will complete a further review with the weighted data and benchmarking at its next meeting on 25<sup>th</sup> April 2024.
- **Note** that the final action plans for the Trust and directorates is being developed further and will be reported to the April GPTW Committee who will oversee and monitor progress over the coming year, reporting by exception to the Board as necessary.
- **Agree** that whilst the outcome is good and the overall scores are improved, we still have much more improvement work to do in different parts of the organisation to become a consistent top quartile performer.

<b>Executive summary</b>
--------------------------

This is Gloucestershire Health and Care NHS Foundation Trusts' fourth single Staff Survey feedback report, covering data gathered from colleagues between October and November 2023.

There were no changes in the NHS Staff Survey for the 9 thematic benchmarking (7 People Promise Themes plus Staff Engagement and Morale) and associated questions which has allowed a more accurate year on year comparison, unlike previous years.

For the 2023 survey inclusion for bank workers was mandated as opposed to optional for 2022. As GHC opted to include bank workers for the 2022 survey we are now able to begin reporting on two years of data.

Colleagues have rated the Trust 1<sup>st</sup> = across NHS provider trusts in the South West, and for the Friends and Family Test “Would you recommend the Trust as an employer” they have rated the Trust as 5<sup>th</sup> in England across mental health, learning disabilities and community trusts.

The results present a largely positive and improving view of how staff rate the Trust as an employer. However, there remain hot spot questions and services which the survey results provide signposting to in order to prioritise actions over the coming year.

NB Due to a national technical issue with data all trusts have been asked to temporarily discount and not report on the “We are Safe and Healthy Theme.”

### **Risks associated with meeting the Trust’s values**

The results of the Survey are published nationally and locally. The risks of not achieving good Survey ratings include:

- Heightened reputational risk for service users, colleagues, potential candidates, with poorer recruitment and retention success
- Further reputational risk, as the results may impact the views of regulators, commissioners and other stakeholders
- Lower colleague engagement, contributions and morale
- Higher sickness absence
- Higher temporary staff use and costs (bank and agency)
- Lower efficiency and effectiveness leading to a lower quality service to our patients and service users

### **Corporate considerations**

<b>Quality Implications</b>	The results will form part of a range of feedback that reflect how staff view the Trust, including the quality of the services it provides and of the Trust as an employer
<b>Resource Implications</b>	Unless additional actions are agreed with the 2024 action plan, the delivery of actions arising are expected to be managed within existing resources
<b>Equality Implications</b>	The survey’s limited equalities monitoring across all protected characteristics reduces the usefulness and availability of evidence to support actions to reduce barriers and improve

	staff experience particularly regarding race. However, it provides some key pointers for actions via the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) action plans.
--	--

<b>Where has this issue been discussed before?</b>
<ul style="list-style-type: none"> <li>• Great Place To Work Committee</li> <li>• Workforce Management Group</li> </ul>

<b>Appendices:</b>	<b>Appendix 1</b> – Staff Survey Benchmark Report <b>Appendix 2</b> – Staff Survey Breakdown Report
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<b>Report authorised by:</b> Neil Savage	<b>Title:</b> Director of Human Resources & Organisational Development
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## 2023 NHS STAFF SURVEY

### 1.0 BACKGROUND

- 1.1 This is Gloucestershire Health and Care NHS Foundation Trust's fourth single Staff Survey feedback report, which ran for a 10-week period from 11<sup>th</sup> September to 24<sup>th</sup> November 2023.
- 1.2 We have held an annual contract with IQVIA (Quality Health) to manage the survey for the last two NHS surveys. Other 3<sup>rd</sup> party providers were examined/considered ahead of the 2022 NHS Staff Survey and we chose to remain with IQVIA for consistency; the quality of the reporting and support provided and critically IQVIA are also contracted with the greatest number of other Mental Health and Learning Disabilities Trusts in comparison with other providers.
- 1.3 Each year GHC must provide the relevant workforce data sets and organisational structures by Directorates and Department. Sadly, all Trusts are restricted in the number of Directorates and Department the Staff Survey can hold and report on.
- 1.4 Organisational Development / Electronic Staff Record (ESR) colleagues liaised with key Executive Directors to agree their directorate and department structures for inclusion in the Survey. For Bank colleague data sets, we worked with the Bank team to agree the data and contact requirements.
- 1.5 The 2023 survey was:
  - A mixed mode survey for substantive staff with bespoke questions (20% paper/80% online). The 20% paper copies were sent to our offices and distributed to our sites that had requested paper copies as well as to staff on maternity/long term absences.
  - Distributed to bank colleagues in an online only version.
  - Supported by an incentive scheme, managed by IQVIA, that randomly drew a weekly winner from contributors to the survey, part funded by GHC and contributions from our Staff Benefits partners.
  - Accompanied with weekly communications and a how to 'video' to encourage engagement with the survey.
  - Supported through engagement activities that included regular visits to certain sites that had historically low completion rates; attendance at virtual team meetings and weekly reminders to service leads on completion rates.



## 2.0 RESULTS OVERVIEW

- 2.1 The results are attached as appendices one and two<sup>1</sup>. The data provided for 2023 is focused on the People Promise Thematic ratings, two additional Themes of Staff Engagement and Morale, and question level answers.
- 2.2 Colleagues rated the Trust 1st = across NHS provider trusts in the South West, and for the Friends and Family Test “Would you recommend the Trust as an employer” they have rated the Trust as 5th in England across mental health, learning disabilities and community trusts.
- 2.3 For the **Substantive Staff Survey** results, key headlines include: -
- **Year on year improvements in response rates**, 58% for 2023 compared with 55% in 2022 and 53% in 2021
  - **Increases / improved ratings across all People Promises scores** – all above sector benchmark average except We Work Flexibly which is on the average
  - In comparison to last year, circa **60% of the questions have improved ratings**, 39% of the question responses have worsened and 1% remained the same
  - In the themed additional categories for **Staff Engagement and Morale**, results improved from 2022 and remained above the sector average.
  - **Decreases in the number of colleagues looking for another job** in next 12 months or thinking about leaving.
  - **Increases in Friends and Family test questions ratings**, now 10% above comparator.
  - An increase of over 4% of respondents recommending the Trust to work, nearly three quarters of our workforce.
- 2.4 For the interim **Bank Staff Survey** results (the national bank results have not been published yet), key headlines include: -
- 2<sup>nd</sup> year of Bank data, with a response rate of 22% slightly lower than the 23% for 2022.
  - The majority of People Promise themes improved scores and one dipped slightly
  - In the themed additional categories for Staff Engagement and Morale, results improved from 2022.
  - Bank colleagues scored higher than substantive staff in three of the People Promises as well as for Staff Morale.

<sup>1</sup> The results for all NHS Trusts on PP We are Health and Safety are subject to confirmation by the Survey Coordination Centre – hence these are not reflected in the appendices



- Increases in the number of bank colleagues who feel valued by their line manager at work.
  - Bank colleagues scored the Friends and Family test question at 73.6%
  - Comparable scores between Bank and Substantive colleagues in recommending the Trust to work, nearly three quarters of our workforce
- 2.5 We have also been issued once again with detailed bespoke 'heat maps' that enable a more interactive examination of the Staff Survey results by Directorates and Departments. These are currently being worked through by Directorate / Service Leads for actions.

### 3.0 EMERGING AREAS OF FOCUS

- 3.1 Actions for follow up as a result of the 2023 Staff Survey are being worked up following the GPTW Committee Deep Dive and through engagement at the planned Trust Staff Survey briefing sessions, Senior Leadership Network and the Workforce Management Group.
- 3.2 Four thematic areas which are of particular interest include:
- a. **Anti-discrimination (particularly harassment and violence at work from patients):** Results illustrate an increase in the number of incidents staff are subjected to from patients & families. Discrimination on the grounds of ethnicity is a hot spot with a 9% increase over last year. We also see that Bank colleagues score higher in comparison to substantive with regard to experiencing harassment. We have begun a programme of work on this, launching our new Anti-discrimination Abuse Road Map and toolkit earlier in March.
  - b. **Flexible working:** We will be looking to find out what we could do to get from average to top quartile in our working flexibly scores. The appointment of our new People Promise Manager will support this
  - c. **Health and Wellbeing (HWB)** (caveated against the national data issue & supported by the wider quarterly PULSE survey & HWB Needs Assessment data): We are continuing to identify themes & hot spots across our services areas / teams, & planning to take further targeted action.
  - d. **Internationally Educated Nurses (IEN):** Responses suggest we need to better understand the often different experiences of our IEN workforce. We've started working with our IEN Council on these. This is particularly in order to help support out top Trust priorities of Recruitment and Retention.

A number of other related factors are already planned to be delivered via business planning and strategic framework priorities and actions including:

- Developing and refining leadership masterclass and management development offers
- Delivering Equality Delivery System actions
- Training Needs Collection
- Improving Appraisals
- Development and expansion of Apprenticeships
- NHSE Safe learning environment Charter & Sexual Safety Charter
- Health and Wellbeing improvements

## 4.0 NEXT STEPS

4.1 The timeline for the development, delivery and engagement of the 2024 staff survey results and action plan is:

<b>February 2024</b>	Interim and emerging themes considered with the GPTW Committee
<b>March 2024</b>	<p>Weighted and benchmarked results presented to Exec's and Workforce Management Group (WOMAG).</p> <p>Summary of results presented to Board of Directors meeting.</p> <p>Engagement and reviews with the Senior Leadership Network, colleague fora and associated networks.</p> <p>Directorate and (where possible) Team based results circulated.</p> <p>Integrated Care Board (ICB) Non-Executive Directors Meeting.</p>
<b>April 2024</b>	<p>Integrated Care System (ICS) People Board NHS providers &amp; ICB Survey report.</p> <p>Final weighted and benchmarked reports to GPTW Committee.</p>
<b>May 2024</b>	<p>Wider actions plan reviewed and agreed by Executive Team and WOMAG.</p> <p>Integrated Care System Social Partnership Forum survey session.</p>
<b>June/July 2024</b>	Progress update to WOMAG and GPTW Committee.
<b>September 2024</b>	<p>Review and Committee progress update on Action Plan.</p> <p>Preparation of comm's for 2024 Staff Survey.</p>
<b>October 2024</b>	Launch 2024 Staff Survey.

Gloucestershire Health and Care NHS Foundation Trust

NHS Staff Survey Benchmark report 2023



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# Introduction

## About this report

This benchmark report for Gloucestershire Health and Care NHS Foundation Trust contains results for the 2023 NHS Staff Survey, and historical results back to 2019 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations\*.

Please note: Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

Please note: 2023 results for People Promise element 4 ('We are safe and healthy'), two of its sub-scores ('Health and safety climate' and 'Negative experiences') and Q13a-d have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from the [Staff Survey website](#).

## How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

\* The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor. Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

# People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22*      *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a*, Q23b, Q23c, Q23d      *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes





# Report structure

## Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the charts used throughout.

## Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

## People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

## People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

**All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.** For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.



Note, where there are fewer than 10 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

Note, 2023 results for People Promise element 4 ('We are safe and healthy'), two of its sub-scores ('Health and safety climate' and 'Negative experiences') and Q13a-d have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

## People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes. Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

## Questions not linked to People Promise

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

## Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

## About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

## Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2022 vs 2023.
- Guidance on data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.

## Key features

Note this is example data

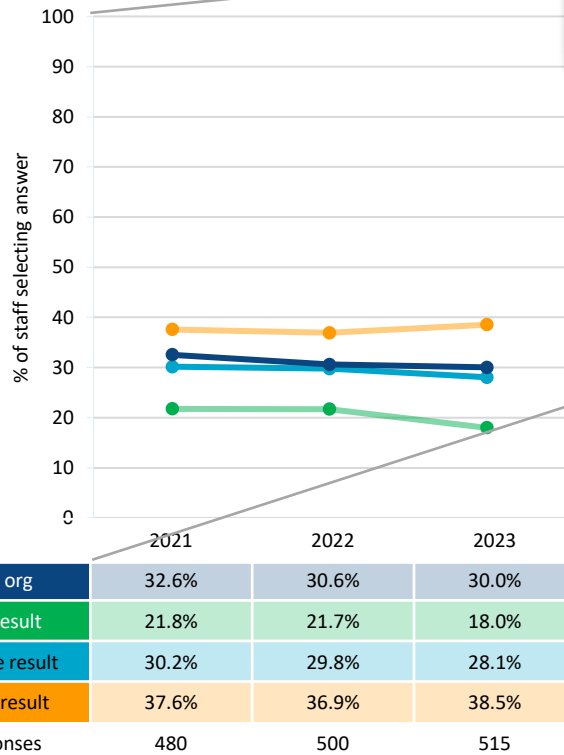
Question number and text (or summary measure) specified at the top of each slide.

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

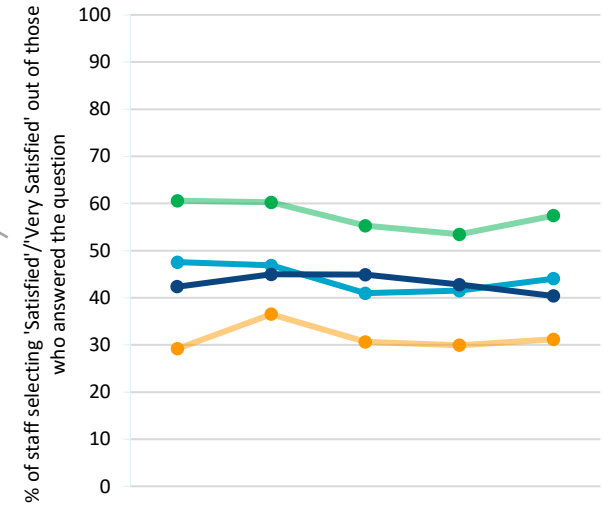
**Colour coding** highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst results.

**Number of responses** for the organisation for the given question.



Q4b How satisfied are you with each of the following aspects of your job?



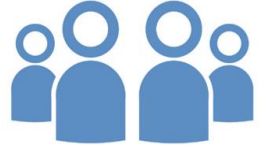
	2019	2020	2021	2022	2023
Your org	42.3%	45.0%	44.9%	42.8%	40.4%
Best result	60.6%	60.3%	55.3%	53.5%	57.4%
Average result	47.5%	46.9%	41.0%	41.5%	44.0%
Worst result	29.2%	36.5%	30.6%	29.9%	31.2%
Responses	835	1255	1491	1325	517

Tips on how to read, interpret and use the data are included in the Appendices

## Organisation details

Gloucestershire Health and Care NHS Foundation Trust

## 2023 NHS Staff Survey



### Organisation details

Completed questionnaires **2808**

2023 response rate **58%**

### Survey details

Survey mode **Mixed**

### This organisation is benchmarked against:

Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts



### 2023 benchmarking group details

Organisations in group: 51

Median response rate: 52%

No. of completed questionnaires: 127293

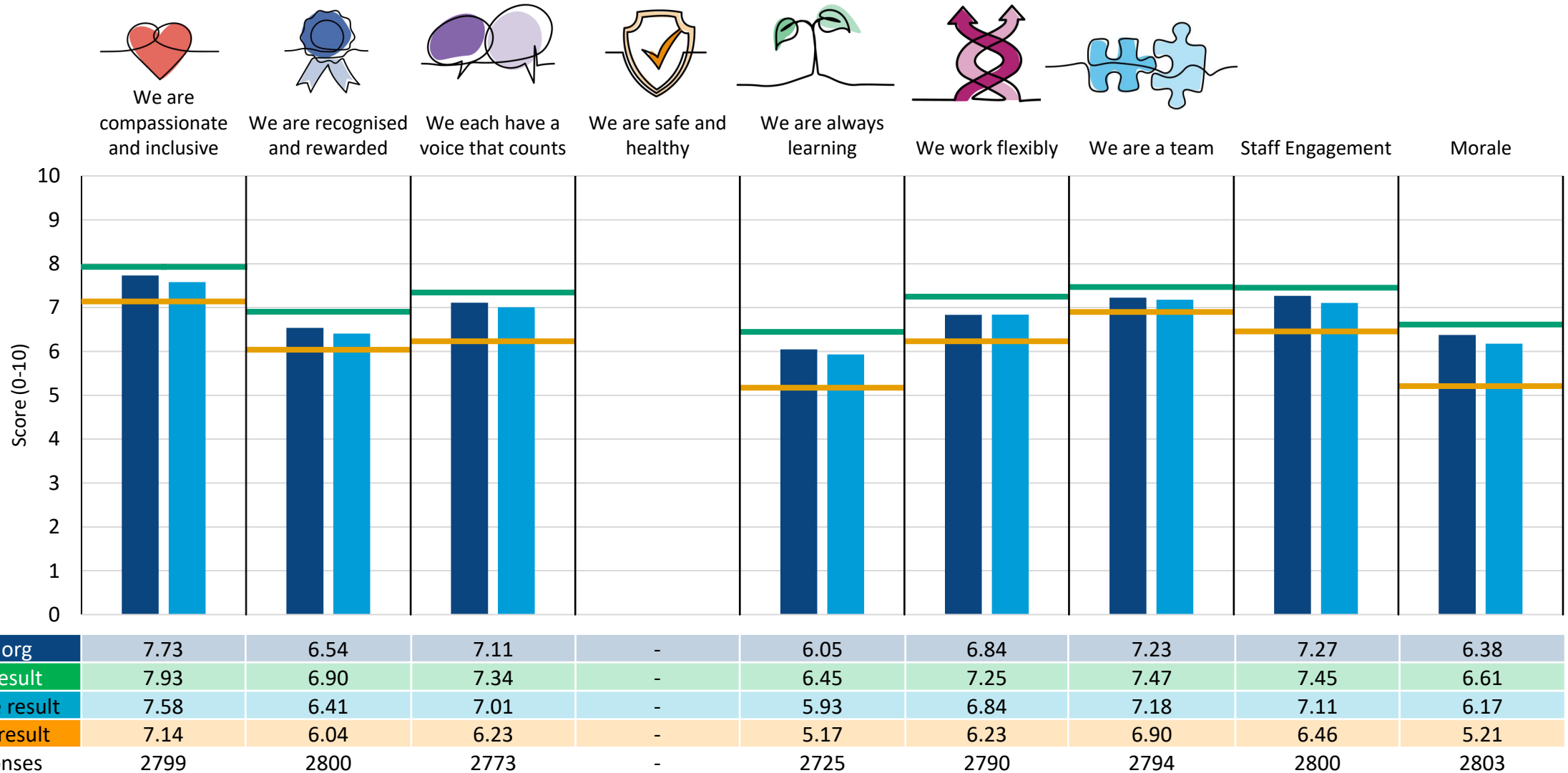


## People Promise elements, themes and sub-score results

## People Promise elements, themes and sub-scores: Overview

# People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



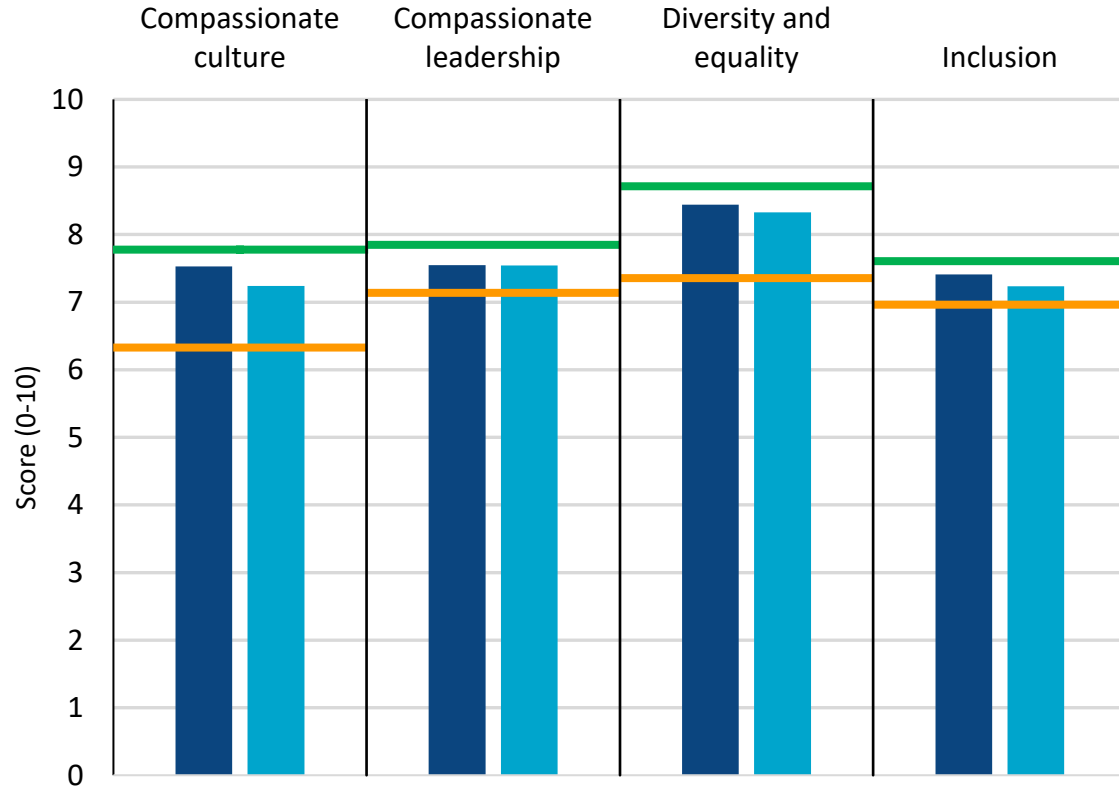


# People Promise elements, themes and sub-scores: Sub-score overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



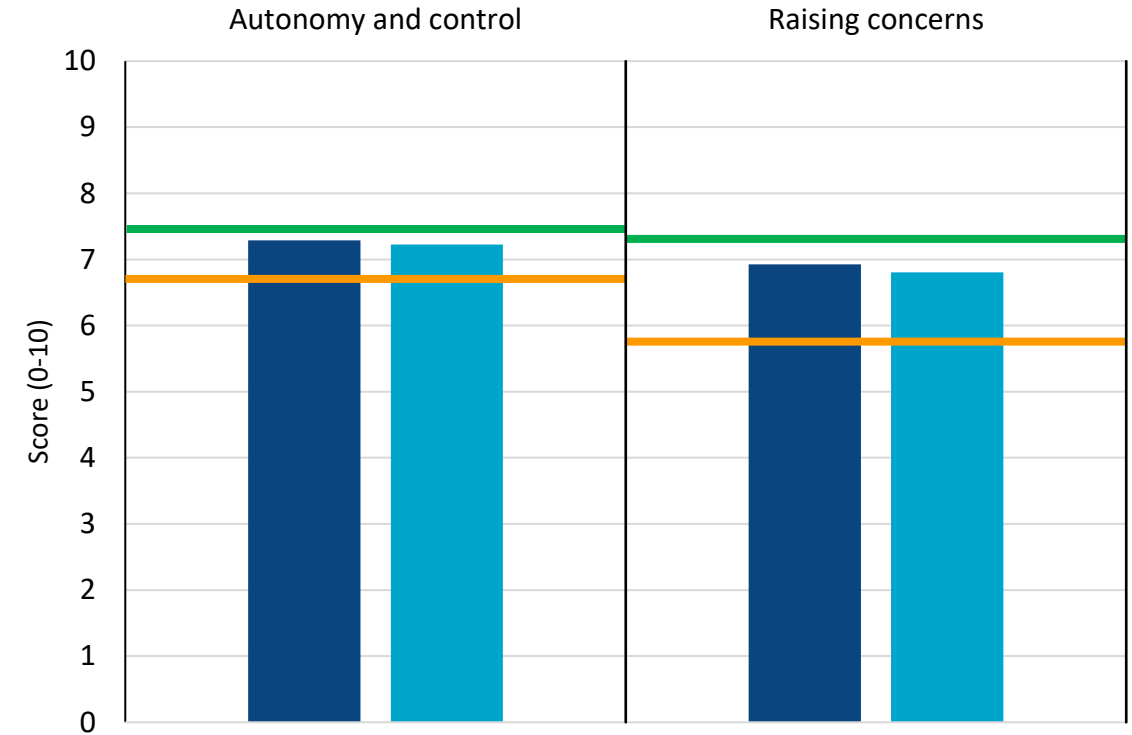
## Promise element 1: We are compassionate and inclusive



Your org	7.53	7.55	8.44	7.41
Best result	7.78	7.85	8.72	7.61
Average result	7.24	7.54	8.33	7.23
Worst result	6.33	7.14	7.36	6.96
Responses	2802	2797	2787	2783



## Promise element 3: We each have a voice that counts



Your org	7.29	6.92
Best result	7.46	7.31
Average result	7.22	6.80
Worst result	6.70	5.76
Responses	2798	2782

Note. People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

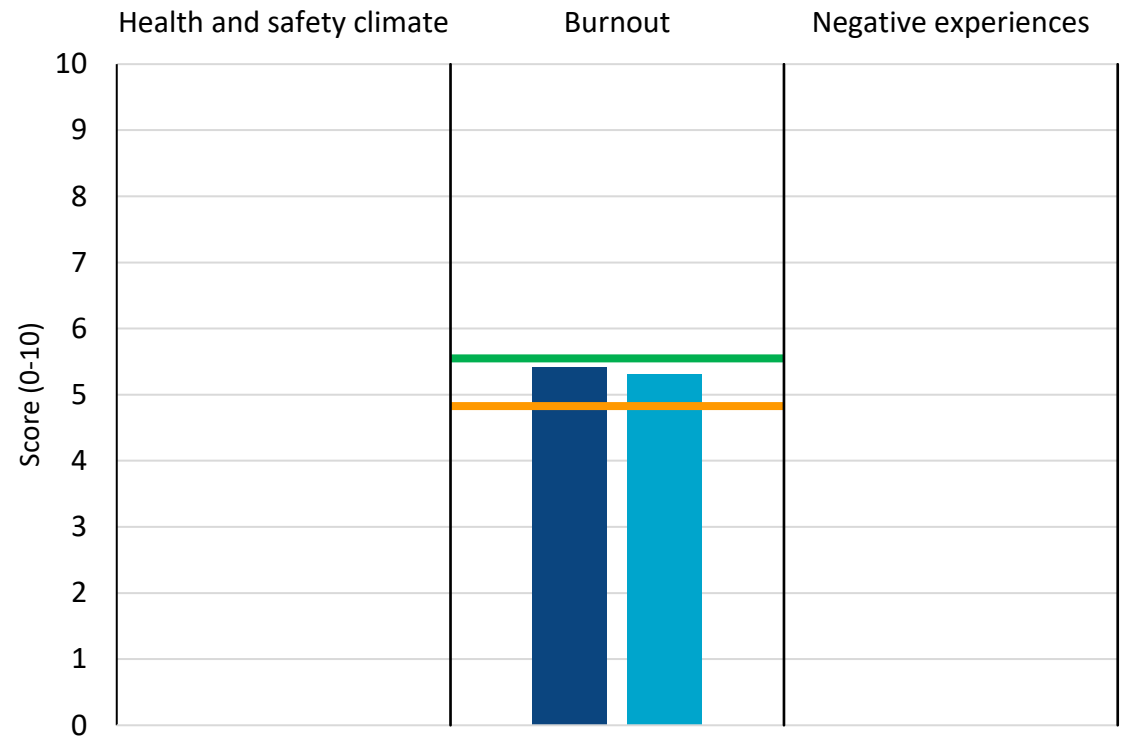


# People Promise elements, themes and sub-scores: Sub-score overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



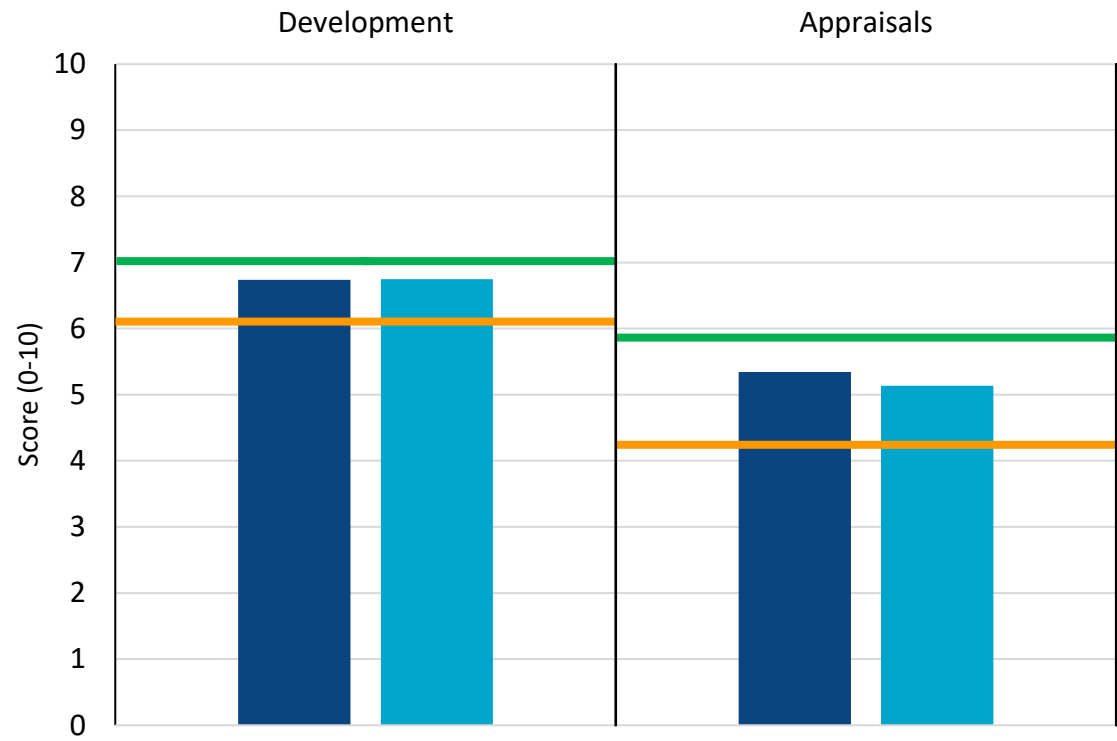
## Promise element 4: We are safe and healthy



Your org	-	5.41	-
Best result	-	5.55	-
Average result	-	5.31	-
Worst result	-	4.83	-
Responses	-	2798	-



## Promise element 5: We are always learning



Your org	6.74	5.34
Best result	7.02	5.86
Average result	6.74	5.13
Worst result	6.11	4.24
Responses	2800	2728

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

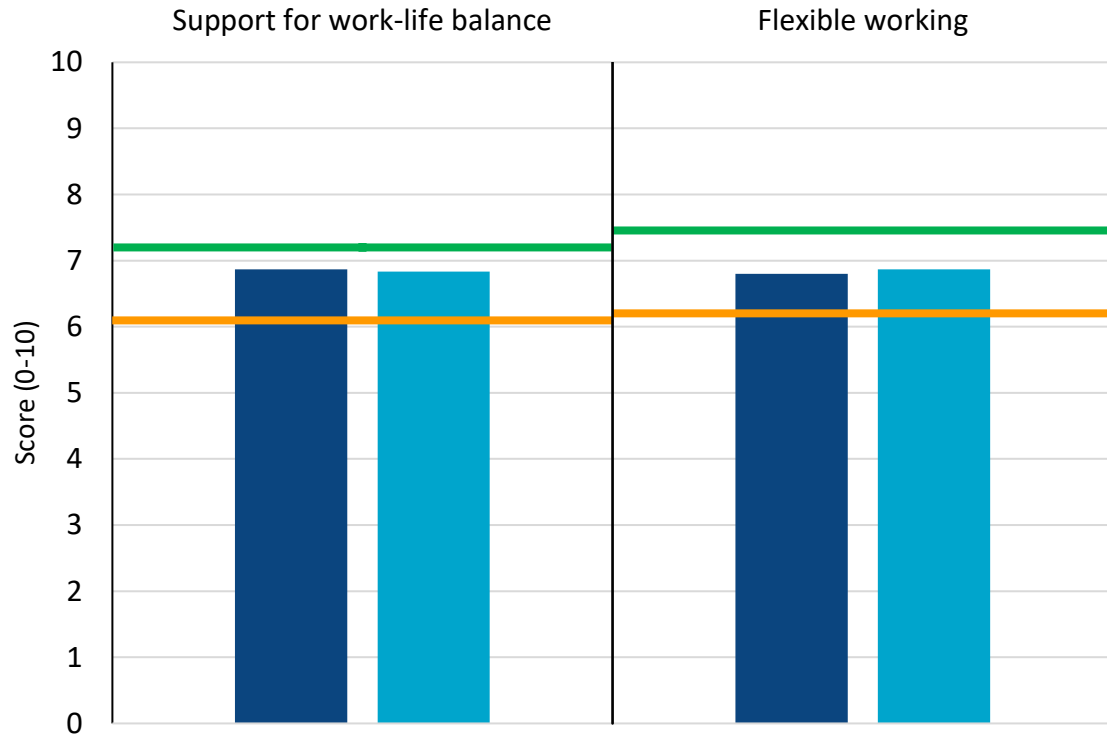


# People Promise elements, themes and sub-scores: Sub-score overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 6: We work flexibly



Your org	6.87	6.80
Best result	7.20	7.46
Average result	6.83	6.87
Worst result	6.09	6.20
Responses	2798	2794



## Promise element 7: We are a team



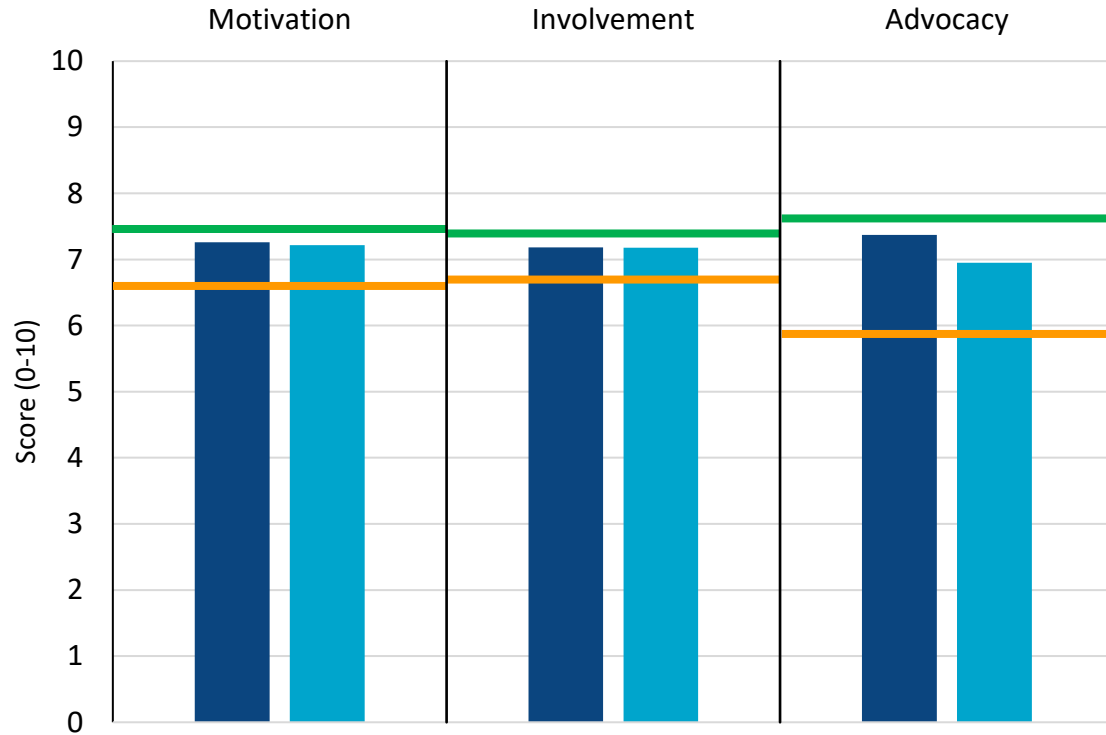
Your org	7.06	7.39
Best result	7.22	7.76
Average result	6.97	7.40
Worst result	6.64	7.06
Responses	2801	2797



# People Promise elements, themes and sub-scores: Sub-score overview

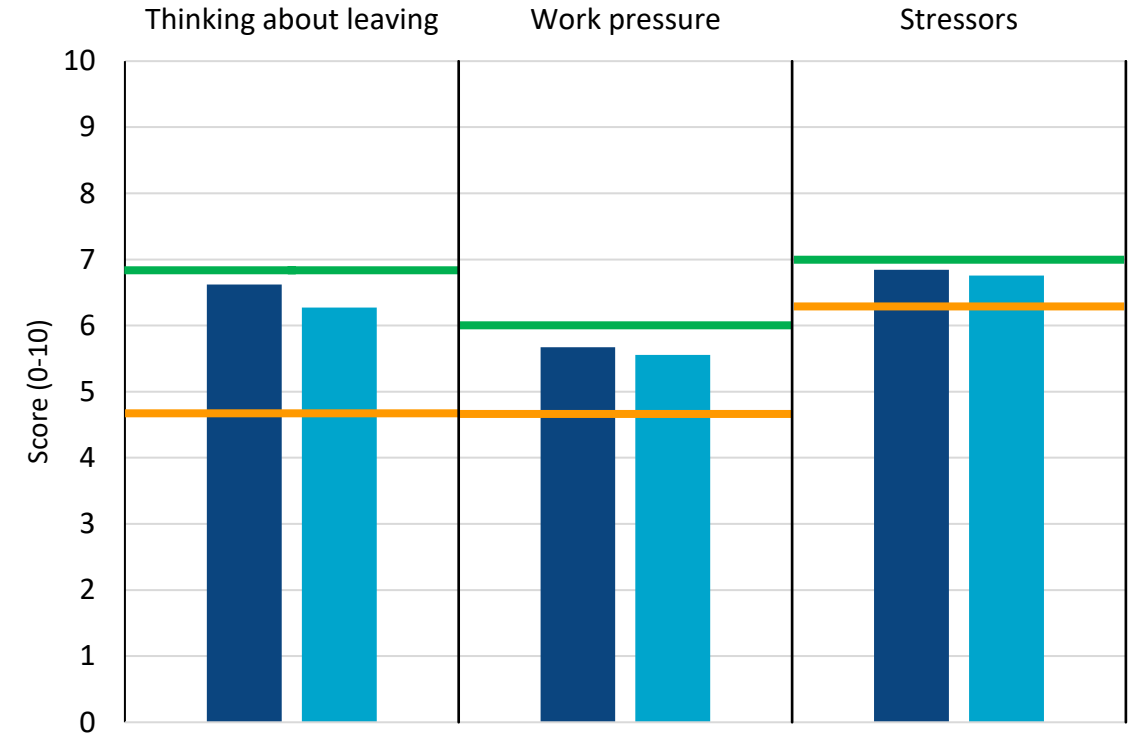
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

## Theme: Staff engagement



Your org	7.26	7.18	7.37
Best result	7.46	7.39	7.62
Average result	7.22	7.18	6.95
Worst result	6.60	6.69	5.87
Responses	2772	2797	2801

## Theme: Morale



Your org	6.62	5.67	6.84
Best result	6.84	6.00	7.00
Average result	6.27	5.55	6.75
Worst result	4.67	4.66	6.29
Responses	2797	2797	2799

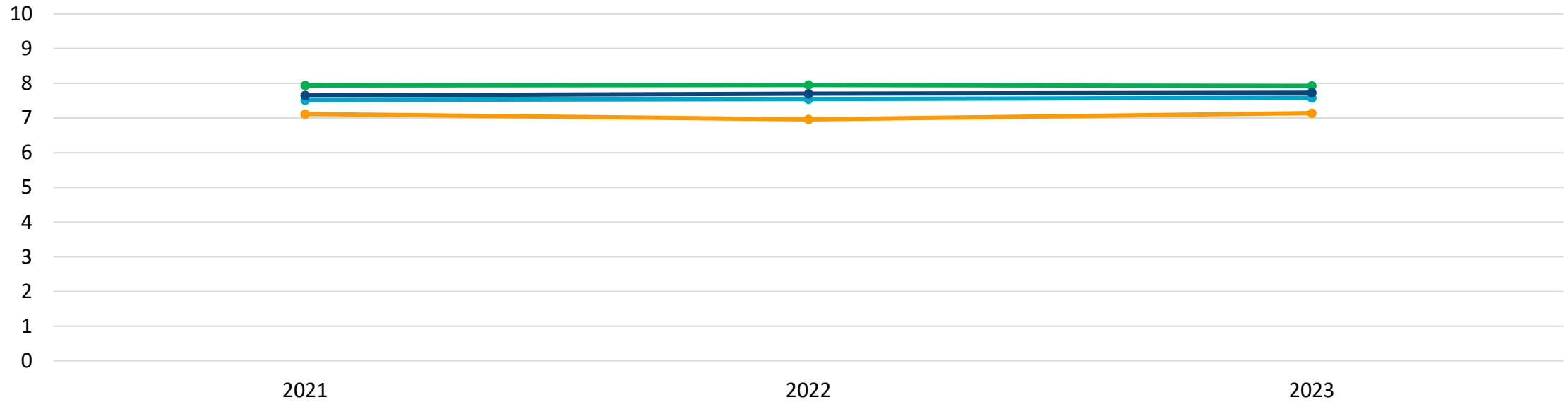
## People Promise elements, themes and sub-scores: Trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## **Promise element 1: We are compassionate and inclusive**

### We are compassionate and inclusive



	2021	2022	2023
Your org	7.65	7.70	7.73
Best result	7.94	7.95	7.93
Average result	7.52	7.54	7.58
Worst result	7.11	6.96	7.14
Responses	2366	2482	2799



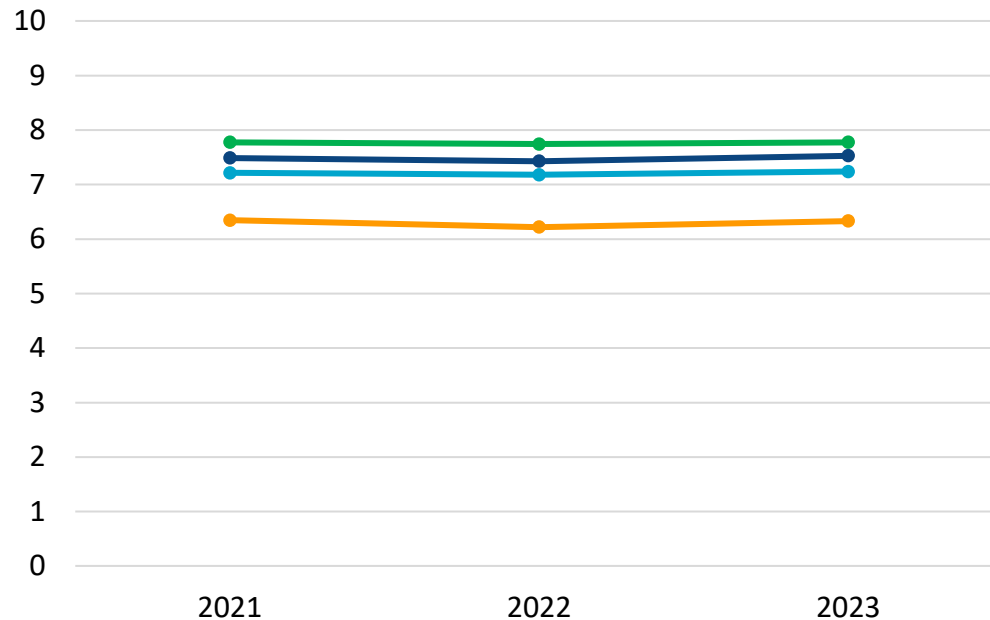
# People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



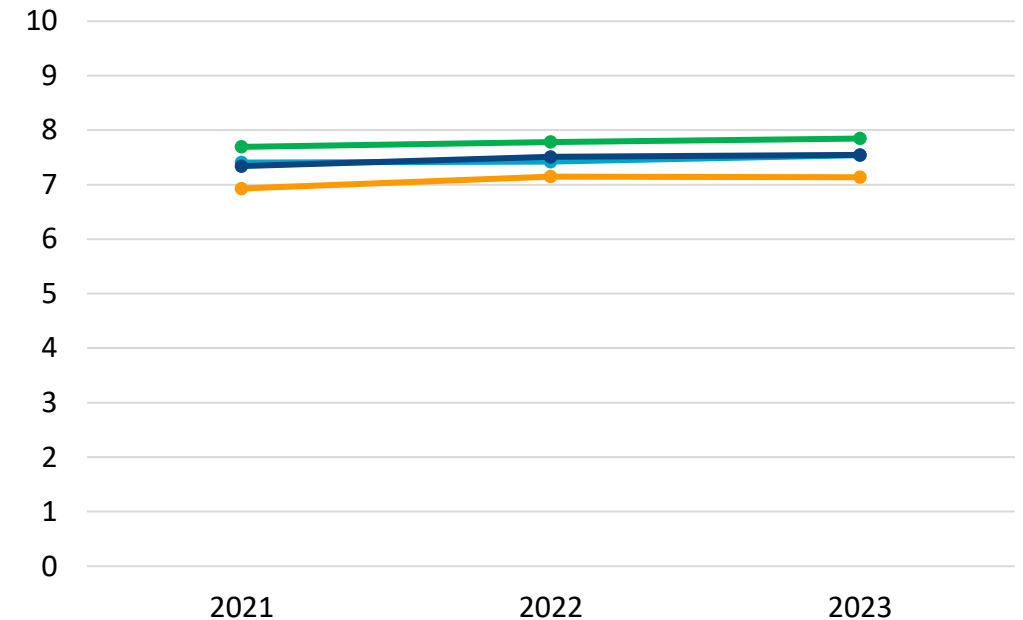
## Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023
Your org	7.49	7.43	7.53
Best result	7.77	7.74	7.78
Average result	7.21	7.18	7.24
Worst result	6.34	6.22	6.33
Responses	2360	2484	2802

Compassionate leadership



	2021	2022	2023
Your org	7.34	7.51	7.55
Best result	7.70	7.78	7.85
Average result	7.41	7.42	7.54
Worst result	6.93	7.15	7.14
Responses	2362	2481	2797





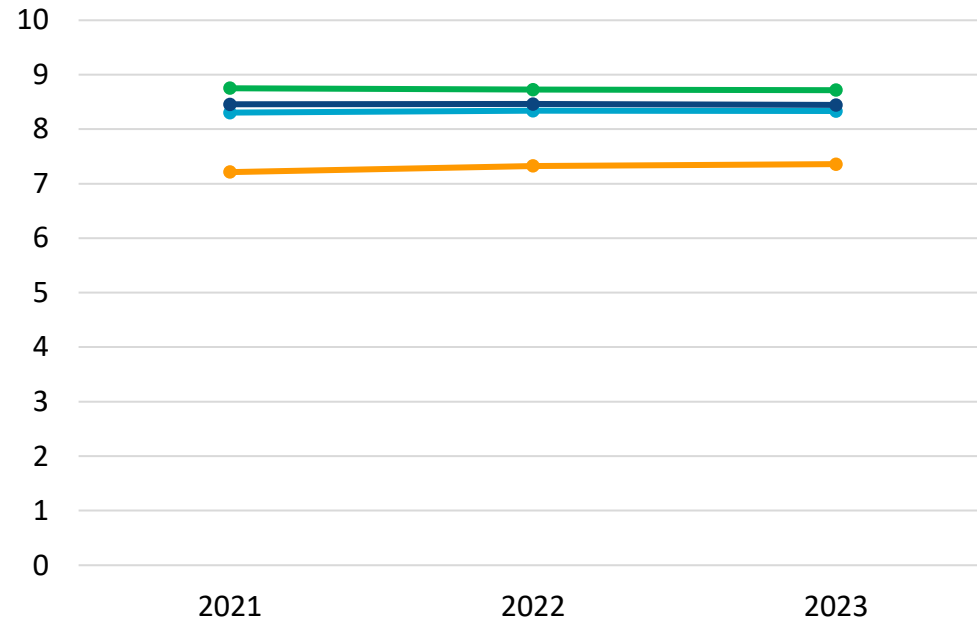
# People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



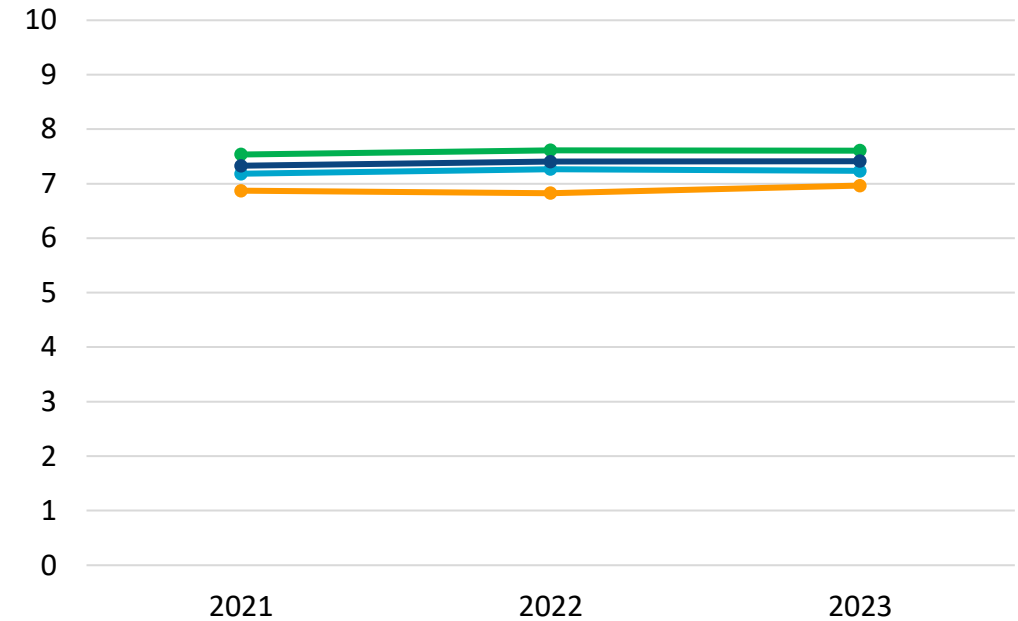
## Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023
Your org	8.46	8.46	8.44
Best result	8.75	8.73	8.72
Average result	8.30	8.34	8.33
Worst result	7.21	7.32	7.36
Responses	2358	2483	2787

Inclusion



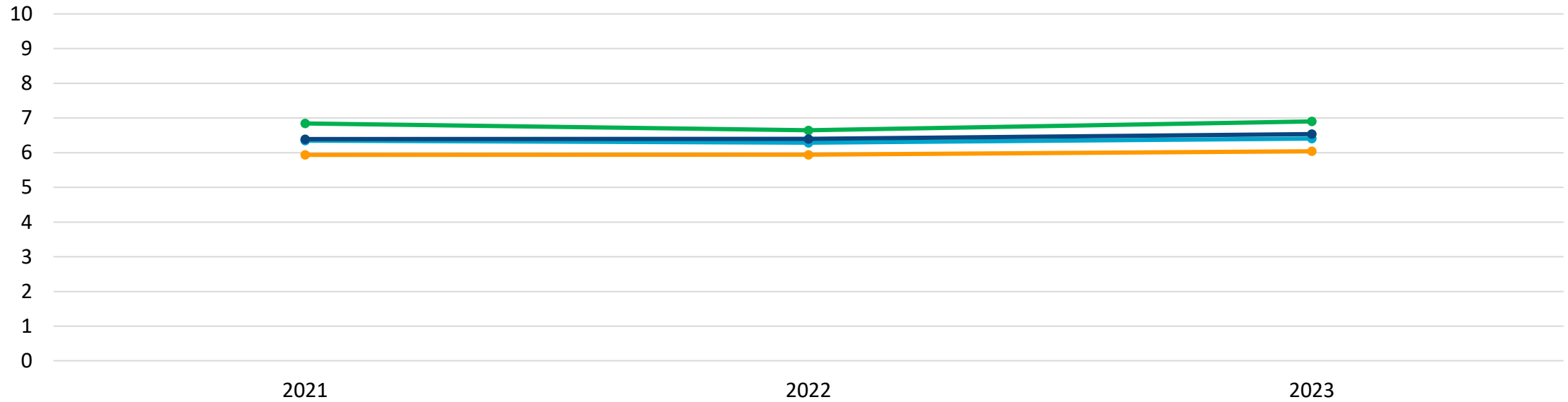
	2021	2022	2023
Your org	7.33	7.40	7.41
Best result	7.54	7.61	7.61
Average result	7.18	7.27	7.23
Worst result	6.87	6.83	6.96
Responses	2357	2470	2783

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 2: We are recognised and rewarded

### We are recognised and rewarded



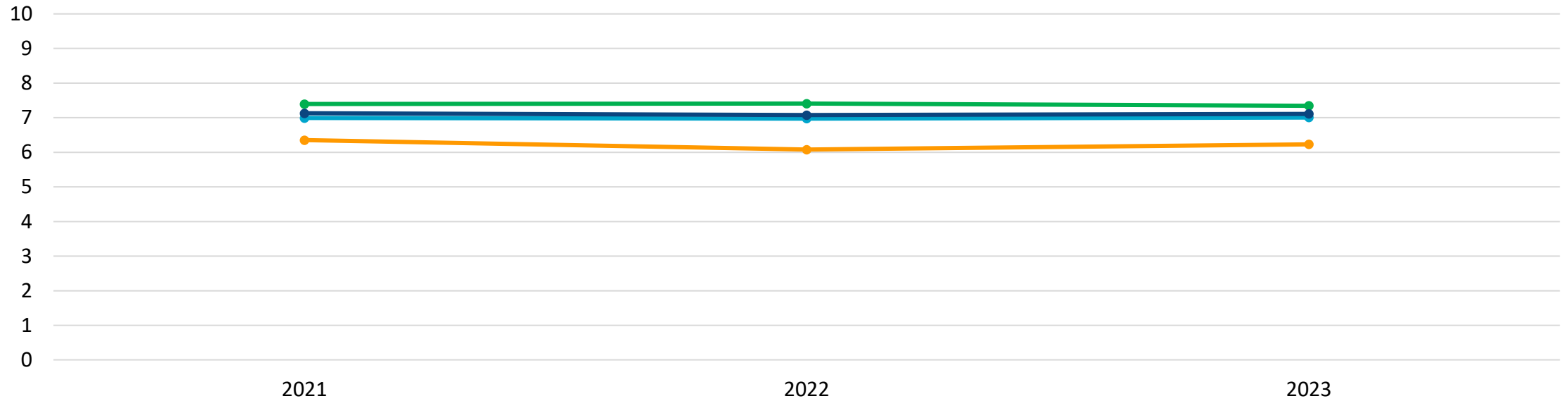
	2021	2022	2023
Your org	6.39	6.40	6.54
Best result	6.84	6.64	6.90
Average result	6.35	6.29	6.41
Worst result	5.94	5.94	6.04
Responses	2361	2477	2800

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 3: We each have a voice that counts

### We each have a voice that counts



	2021	2022	2023
Your org	7.13	7.08	7.11
Best result	7.40	7.41	7.34
Average result	6.99	6.97	7.01
Worst result	6.35	6.08	6.23
Responses	2351	2464	2773



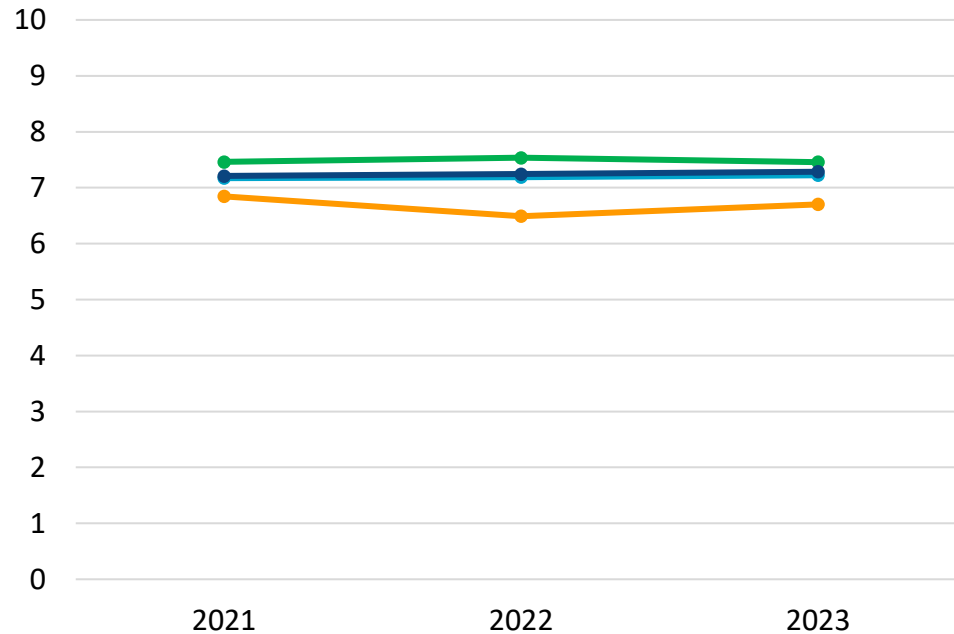
# People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 3: We each have a voice that counts

Autonomy and control



2021

2022

2023

2021

2022

2023

Your org

7.21

7.25

7.29

Best result

7.46

7.54

7.46

Average result

7.17

7.19

7.22

Worst result

6.85

6.49

6.70

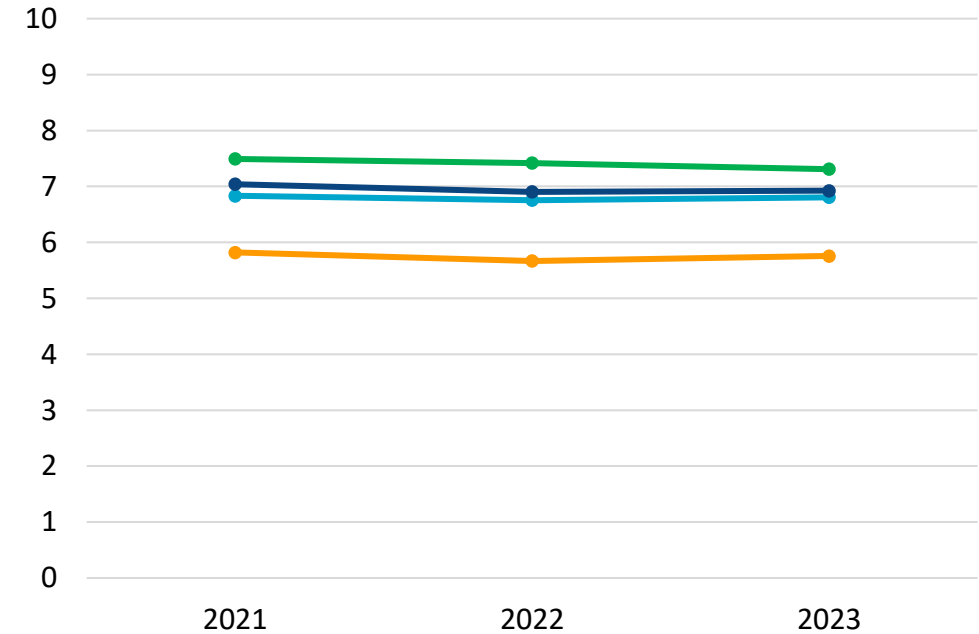
Responses

2364

2483

2798

Raising concerns



2021

2022

2023

2021

2022

2023

Your org

7.04

6.90

6.92

Best result

7.49

7.42

7.31

Average result

6.83

6.75

6.80

Worst result

5.82

5.67

5.76

Responses

2354

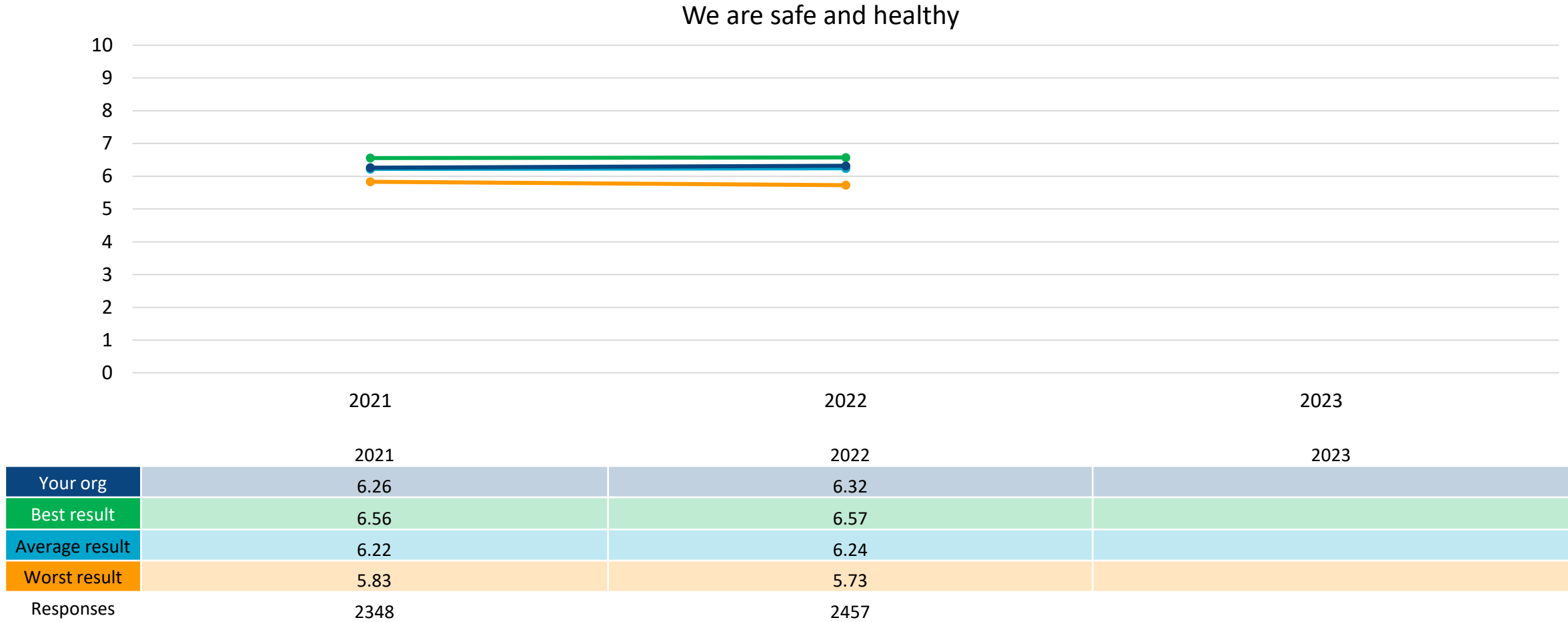
2472

2782

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 4: We are safe and healthy



Note. 2023 results for ‘We are safe and healthy’ have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



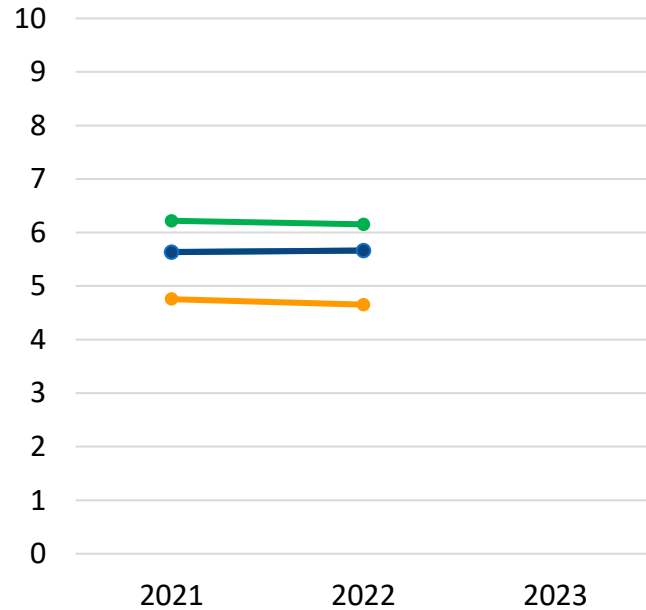
# People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



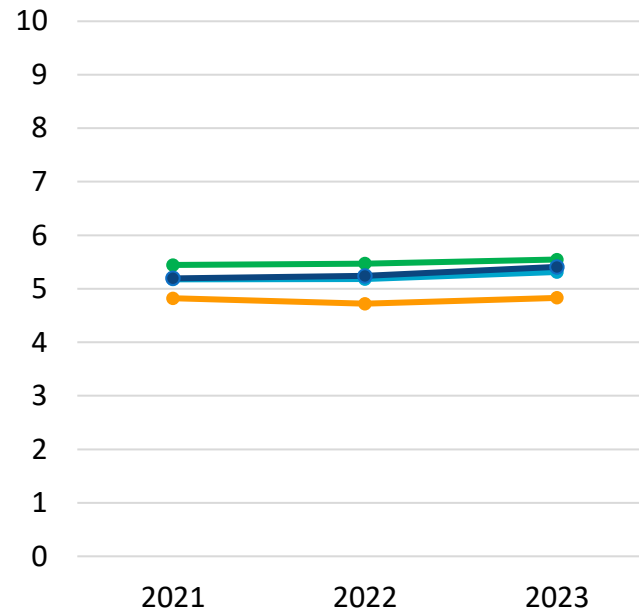
## Promise element 4: We are safe and healthy

Health and safety climate



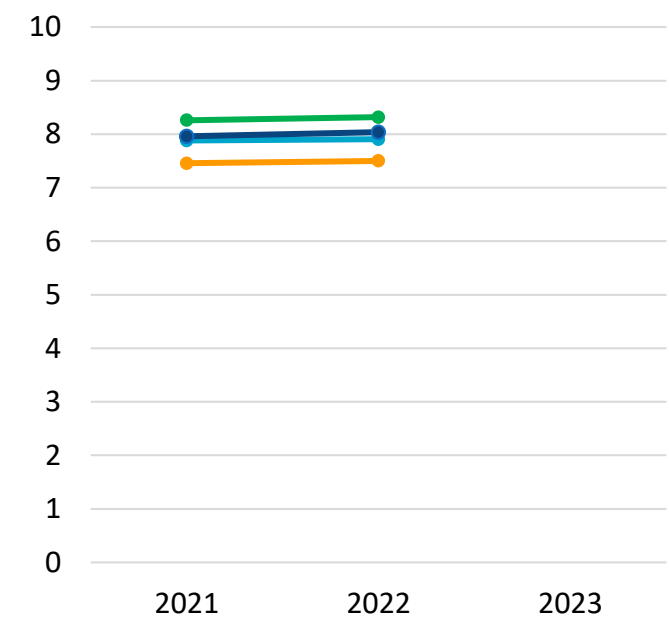
	2021	2022	2023
Your org	5.63	5.66	
Best result	6.22	6.15	
Average result	5.64	5.67	
Worst result	4.76	4.65	
Responses	2364	2483	

Burnout



	2021	2022	2023
Your org	5.19	5.24	5.41
Best result	5.44	5.47	5.55
Average result	5.17	5.18	5.31
Worst result	4.82	4.72	4.83
Responses	2359	2478	2798

Negative experiences



	2021	2022	2023
Your org	7.96	8.04	
Best result	8.26	8.32	
Average result	7.88	7.91	
Worst result	7.46	7.50	
Responses	2354	2471	

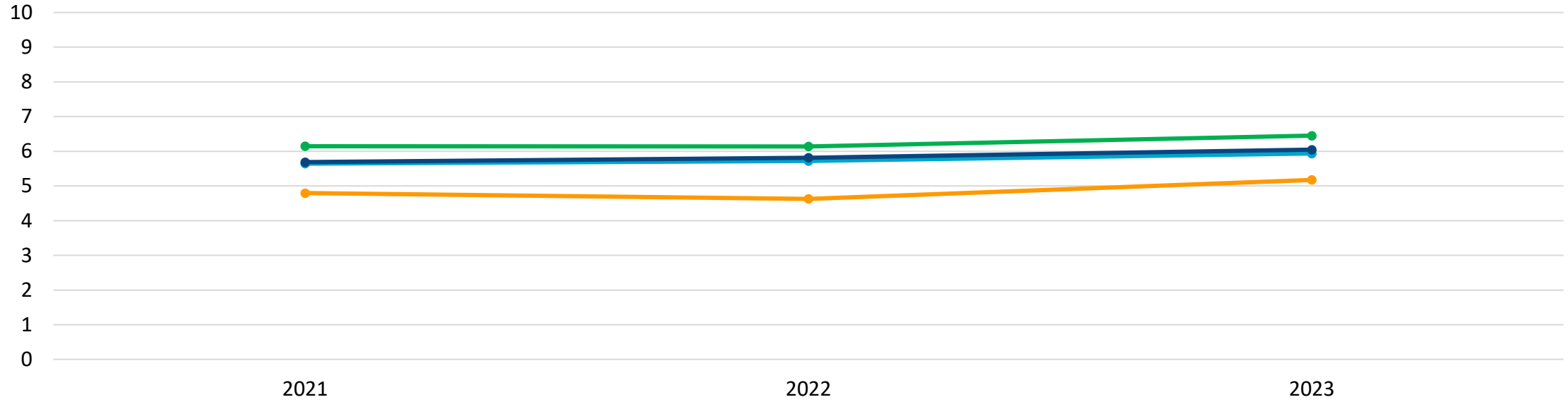
Note. 2023 results for 'Health and safety climate' and 'Negative experiences' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 5: We are always learning

### We are always learning



	2021	2022	2023
Your org	5.69	5.81	6.05
Best result	6.15	6.14	6.45
Average result	5.64	5.72	5.93
Worst result	4.79	4.63	5.17
Responses	2286	2420	2725





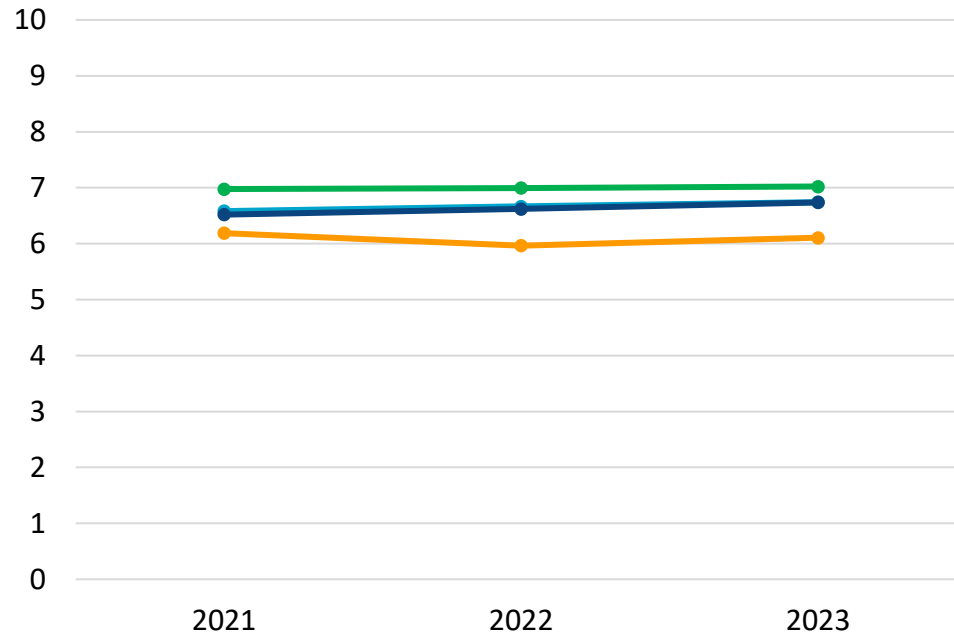
# People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



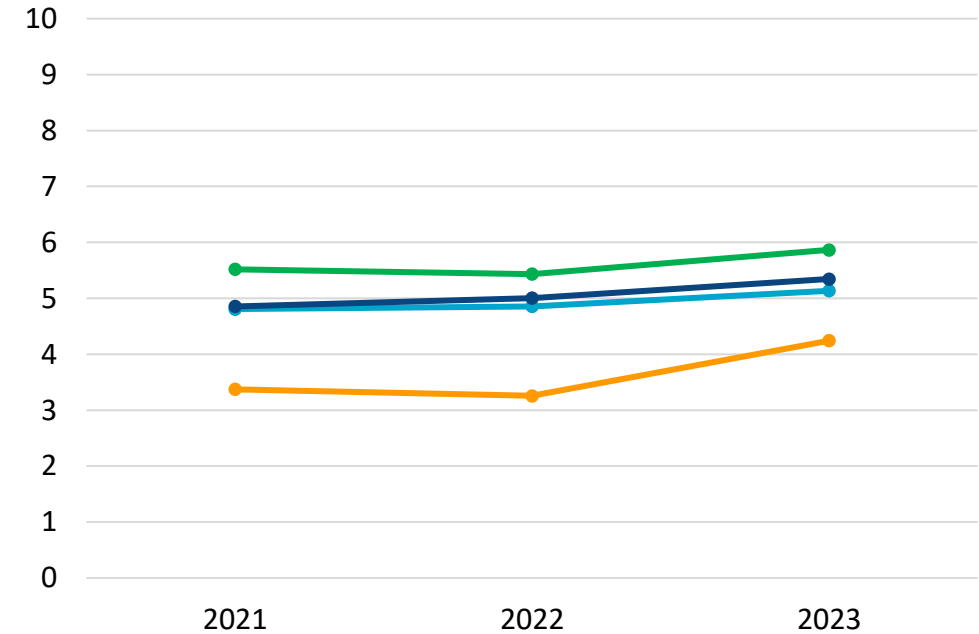
## Promise element 5: We are always learning

Development



	2021	2022	2023
Your org	6.52	6.62	6.74
Best result	6.98	6.99	7.02
Average result	6.58	6.67	6.74
Worst result	6.19	5.96	6.11
Responses	2359	2487	2800

Appraisals



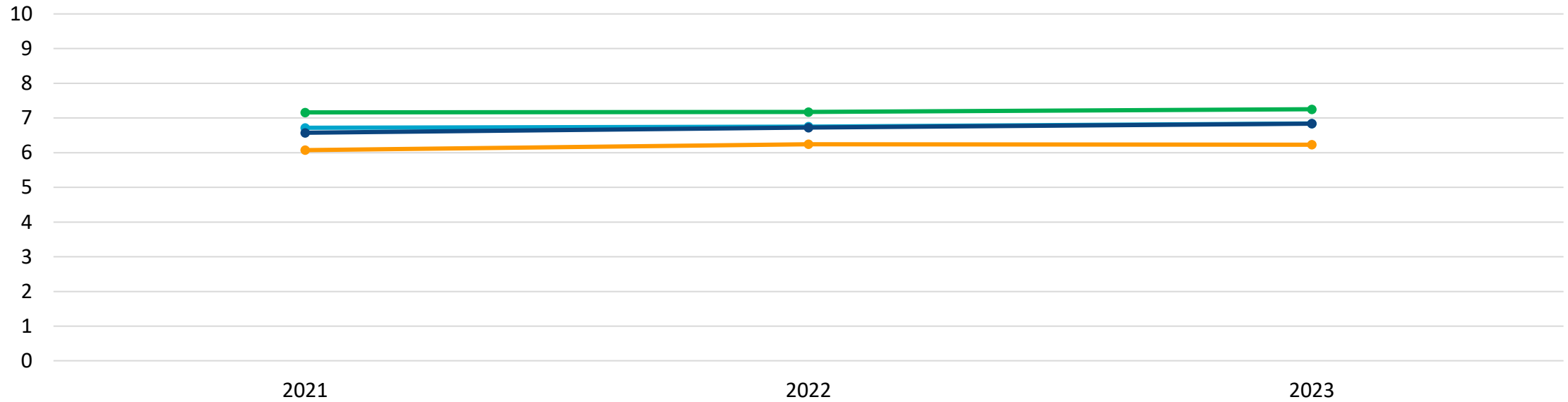
	2021	2022	2023
Your org	4.86	5.00	5.34
Best result	5.52	5.43	5.86
Average result	4.81	4.86	5.13
Worst result	3.37	3.26	4.24
Responses	2288	2422	2728

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 6: We work flexibly

### We work flexibly



	2021	2022	2023
Your org	6.57	6.72	6.84
Best result	7.16	7.17	7.25
Average result	6.71	6.75	6.84
Worst result	6.07	6.24	6.23
Responses	2354	2469	2790



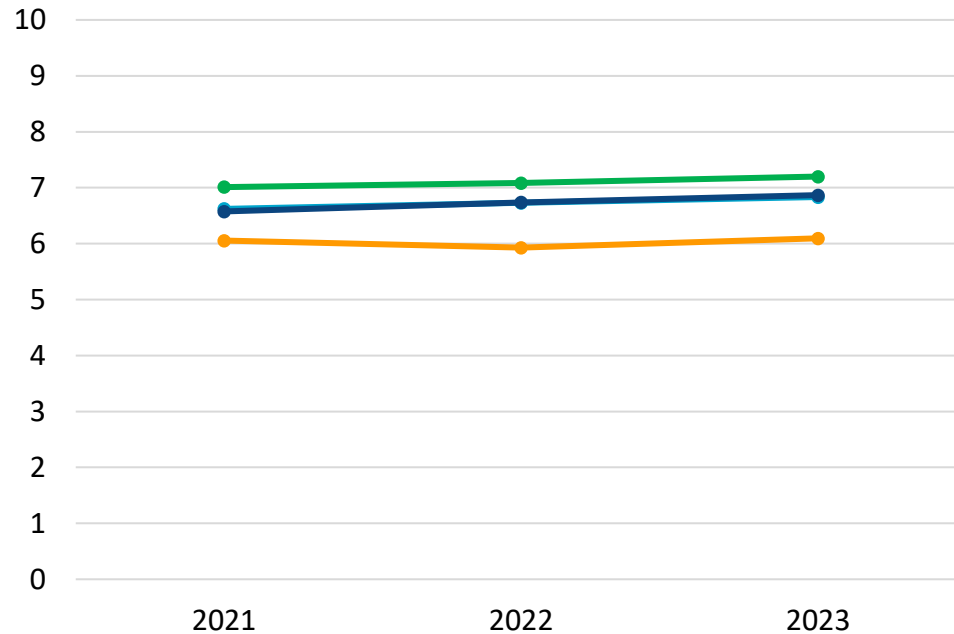
# People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



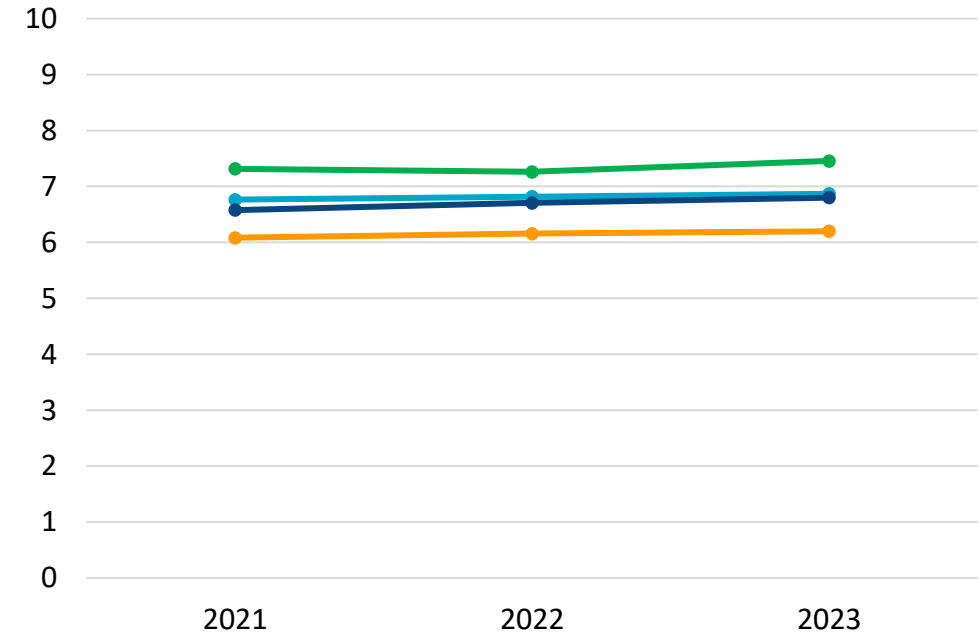
## Promise element 6: We work flexibly

Support for work-life balance



	2021	2022	2023
Your org	6.58	6.74	6.87
Best result	7.01	7.08	7.20
Average result	6.62	6.73	6.83
Worst result	6.05	5.93	6.09
Responses	2364	2482	2798

Flexible working



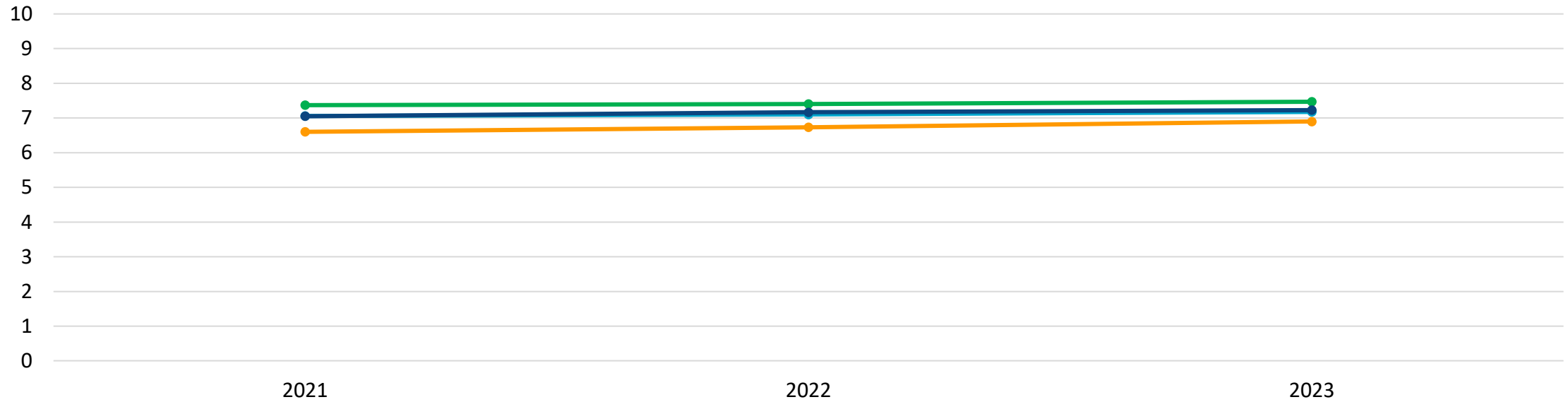
	2021	2022	2023
Your org	6.58	6.71	6.80
Best result	7.32	7.26	7.46
Average result	6.76	6.82	6.87
Worst result	6.08	6.16	6.20
Responses	2356	2472	2794

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 7: We are a team

### We are a team



	2021	2022	2023
Your org	7.05	7.17	7.23
Best result	7.37	7.40	7.47
Average result	7.06	7.10	7.18
Worst result	6.60	6.73	6.90
Responses	2364	2480	2794



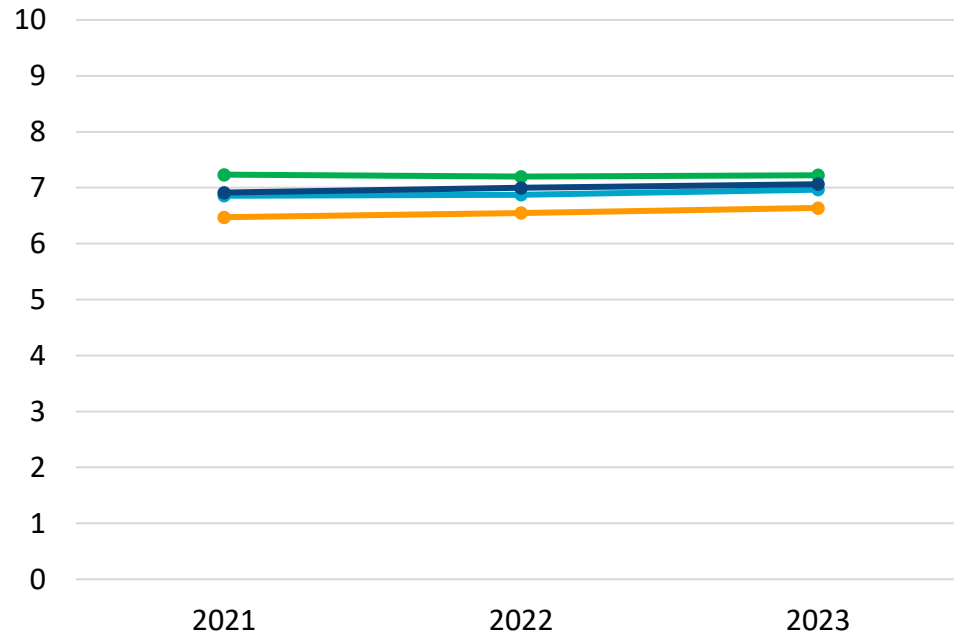
# People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



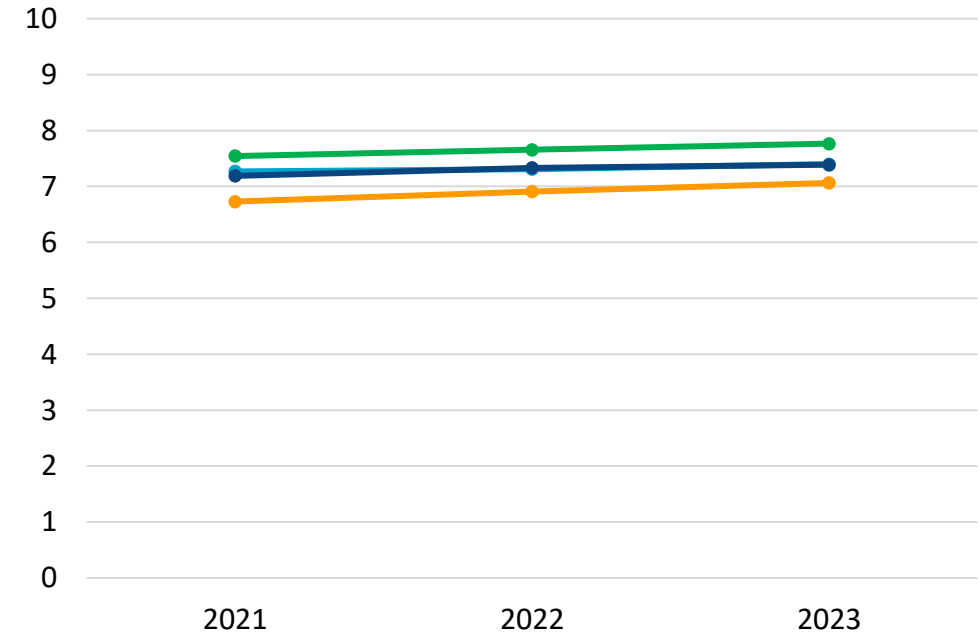
## Promise element 7: We are a team

Team working



	2021	2022	2023
Your org	6.91	7.00	7.06
Best result	7.23	7.20	7.22
Average result	6.86	6.87	6.97
Worst result	6.47	6.55	6.64
Responses	2365	2481	2801

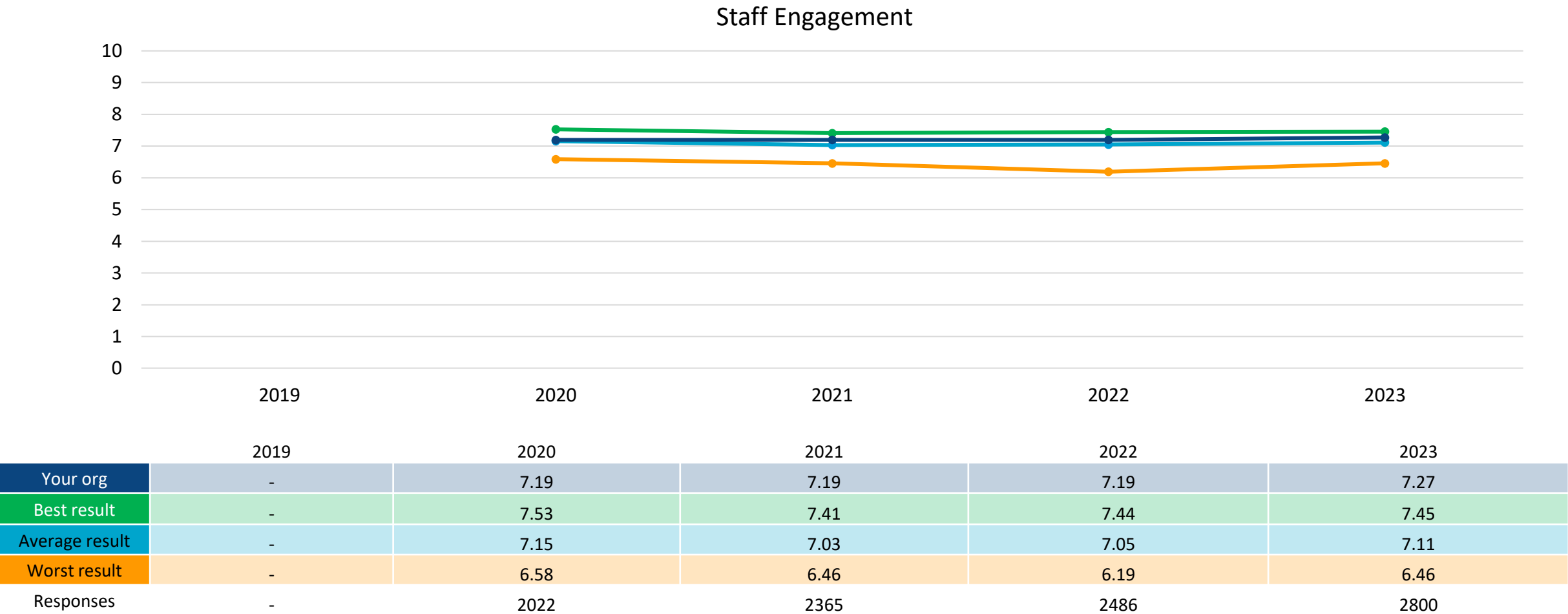
Line management



	2021	2022	2023
Your org	7.19	7.33	7.39
Best result	7.54	7.66	7.76
Average result	7.27	7.31	7.40
Worst result	6.73	6.91	7.06
Responses	2365	2484	2797

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

## Theme: Staff Engagement



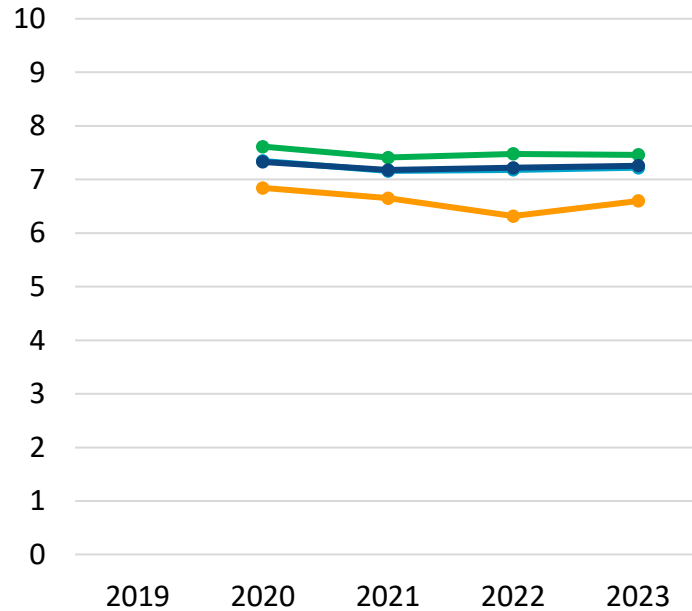


# People Promise elements, themes and sub-scores: Sub-score trends

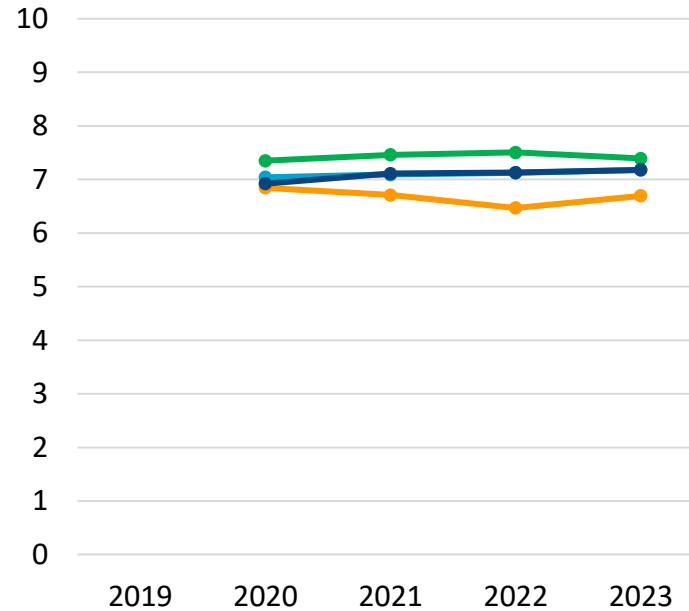
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

## Theme: Staff Engagement

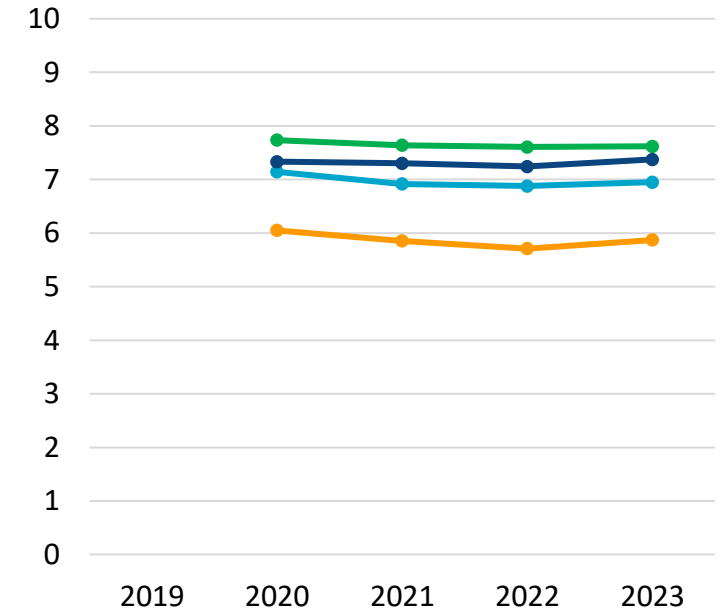
Motivation



Involvement



Advocacy



	2019	2020	2021	2022	2023
Your org	-	7.33	7.18	7.22	7.26
Best result	-	7.61	7.41	7.48	7.46
Average result	-	7.35	7.16	7.18	7.22
Worst result	-	6.84	6.65	6.31	6.60
Responses	-	2004	2348	2468	2772

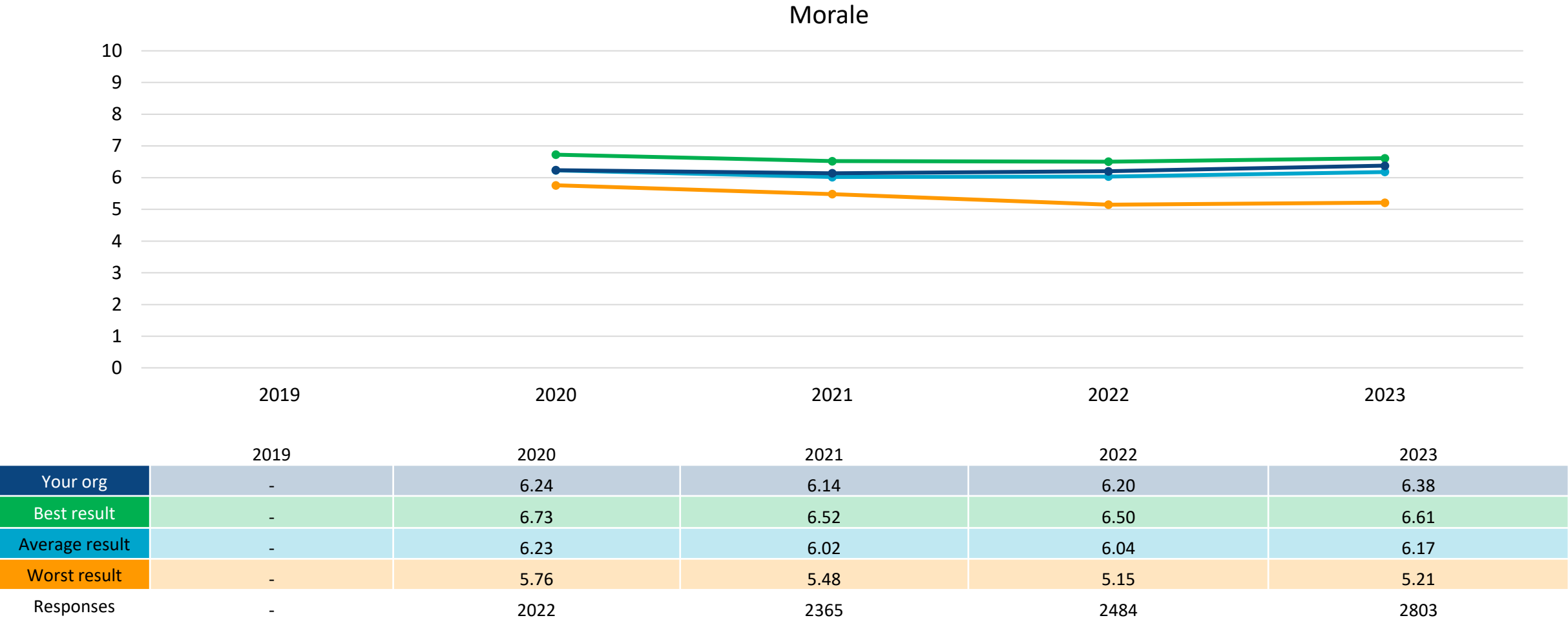
	2019	2020	2021	2022	2023
Your org	-	6.92	7.11	7.13	7.18
Best result	-	7.35	7.46	7.50	7.39
Average result	-	7.04	7.09	7.12	7.18
Worst result	-	6.84	6.71	6.47	6.69
Responses	-	2019	2364	2482	2797

	2019	2020	2021	2022	2023
Your org	-	7.33	7.30	7.24	7.37
Best result	-	7.73	7.64	7.60	7.62
Average result	-	7.14	6.91	6.88	6.95
Worst result	-	6.05	5.85	5.71	5.87
Responses	-	2013	2357	2484	2801



People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

## Theme: Morale



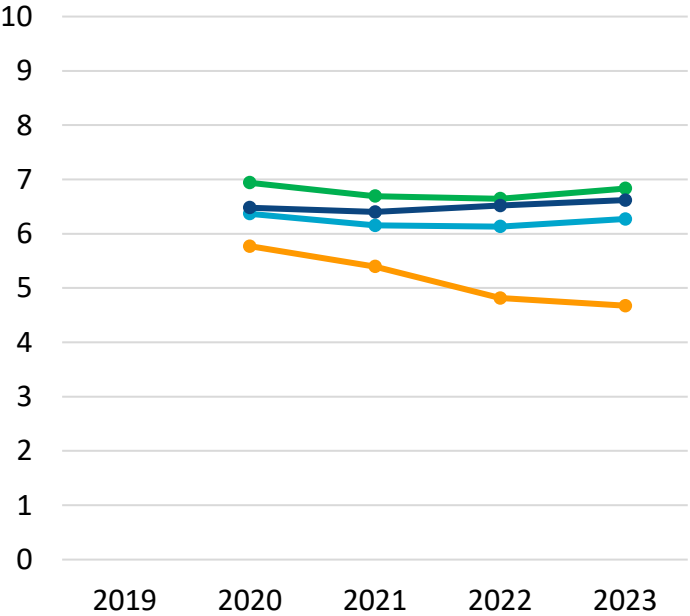


# People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

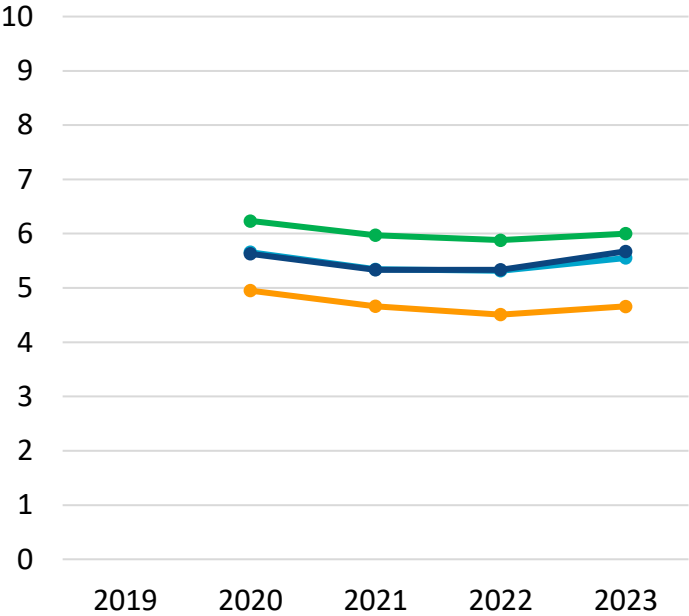
## Theme: Morale

Thinking about leaving



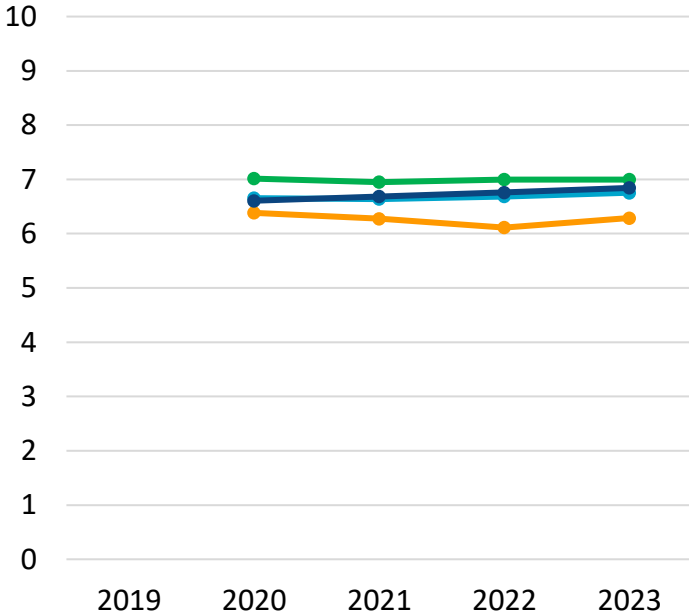
	2019	2020	2021	2022	2023
Your org	-	6.48	6.40	6.52	6.62
Best result	-	6.94	6.69	6.64	6.84
Average result	-	6.37	6.15	6.13	6.27
Worst result	-	5.77	5.39	4.82	4.67
Responses	-	2013	2362	2484	2797

Work pressure



	2019	2020	2021	2022	2023
Your org	-	5.63	5.34	5.34	5.67
Best result	-	6.23	5.97	5.88	6.00
Average result	-	5.66	5.34	5.32	5.55
Worst result	-	4.95	4.66	4.51	4.66
Responses	-	2018	2363	2481	2797

Stressors



	2019	2020	2021	2022	2023
Your org	-	6.61	6.68	6.76	6.84
Best result	-	7.01	6.95	7.00	7.00
Average result	-	6.65	6.64	6.69	6.75
Worst result	-	6.39	6.28	6.11	6.29
Responses	-	2018	2362	2479	2799

## People Promise element – We are compassionate and inclusive



### Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

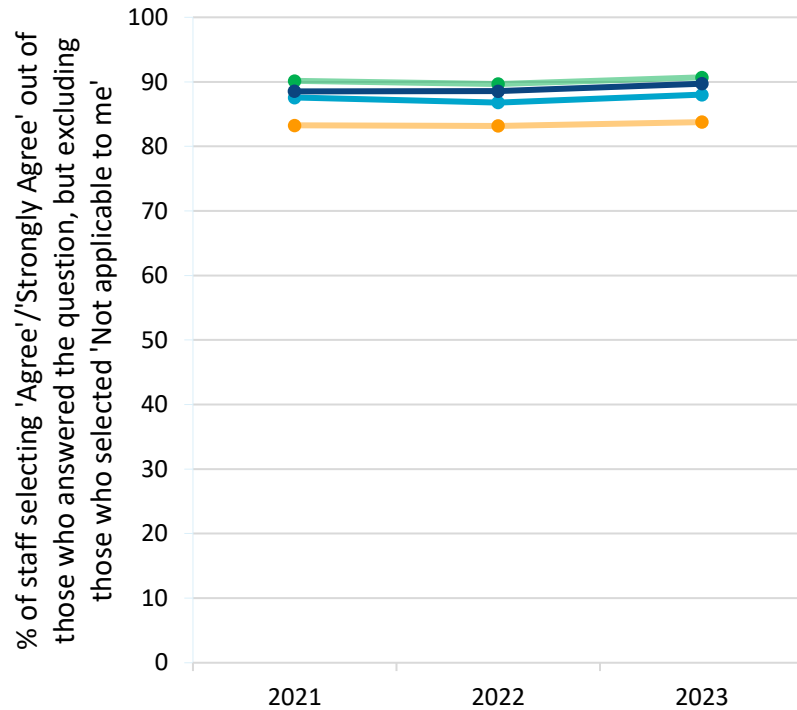
Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

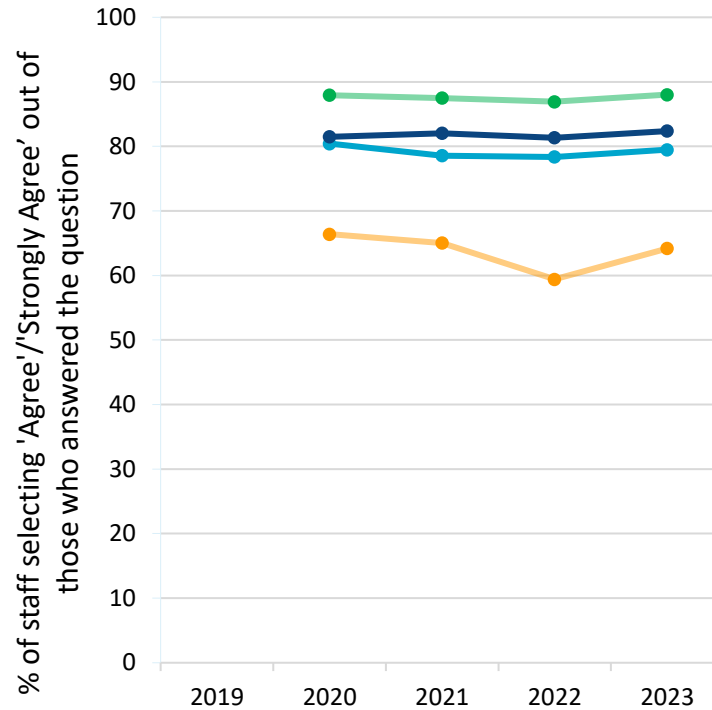


Q6a I feel that my role makes a difference to patients / service users.



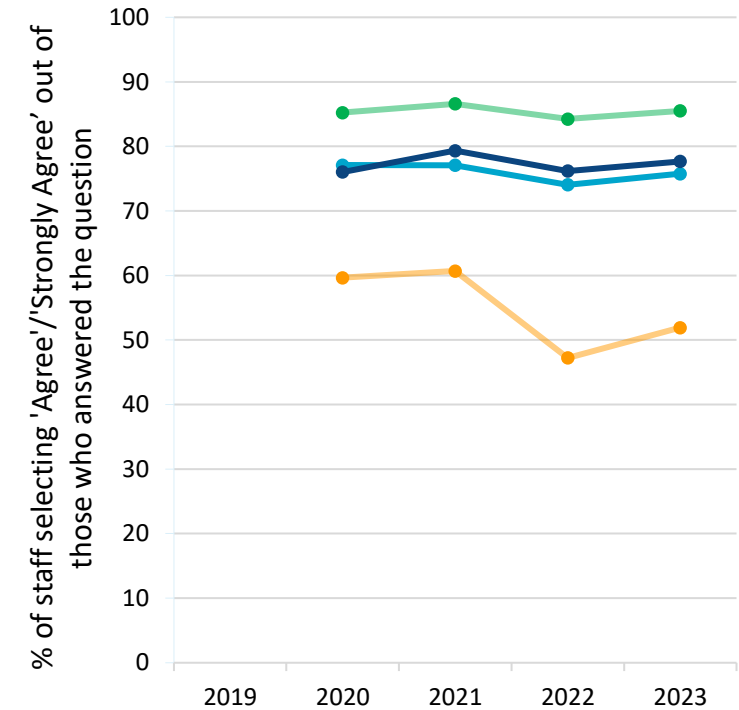
	2021	2022	2023
Your org	88.54%	88.55%	89.73%
Best result	90.14%	89.67%	90.69%
Average result	87.57%	86.81%	88.02%
Worst result	83.26%	83.18%	83.79%
Responses	2266	2405	2710

Q25a Care of patients / service users is my organisation's top priority.



	2019	2020	2021	2022	2023
Your org	-	81.48%	82.05%	81.35%	82.39%
Best result	-	87.93%	87.50%	86.92%	88.01%
Average result	-	80.42%	78.56%	78.37%	79.49%
Worst result	-	66.39%	65.04%	59.39%	64.18%
Responses	-	2010	2359	2482	2798

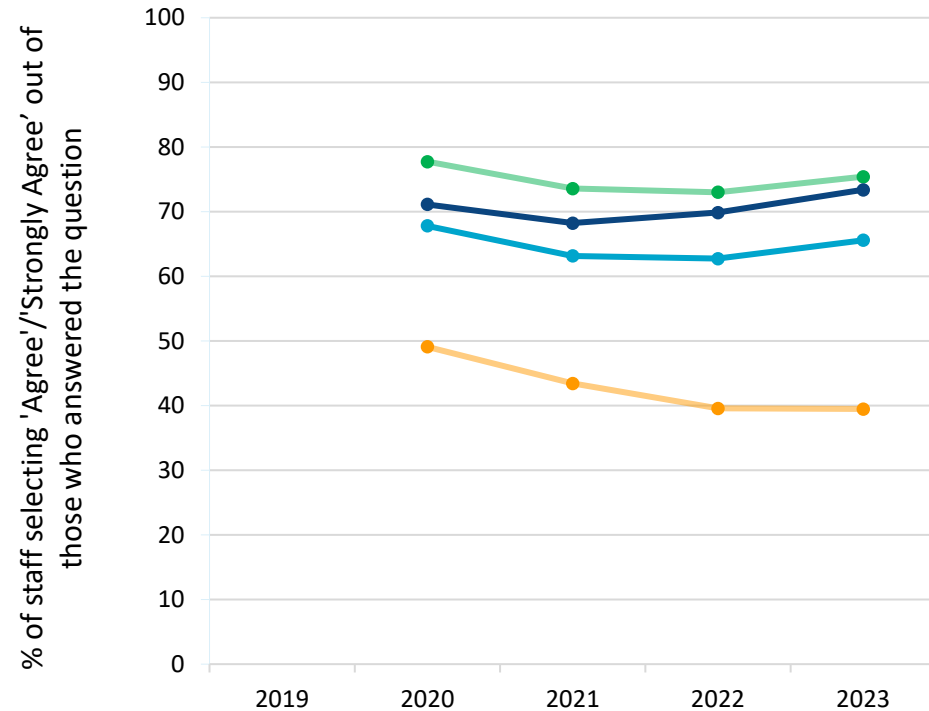
Q25b My organisation acts on concerns raised by patients / service users.



	2019	2020	2021	2022	2023
Your org	-	76.04%	79.33%	76.19%	77.68%
Best result	-	85.24%	86.61%	84.24%	85.52%
Average result	-	77.10%	77.08%	74.06%	75.76%
Worst result	-	59.66%	60.69%	47.24%	51.93%
Responses	-	2009	2353	2480	2796

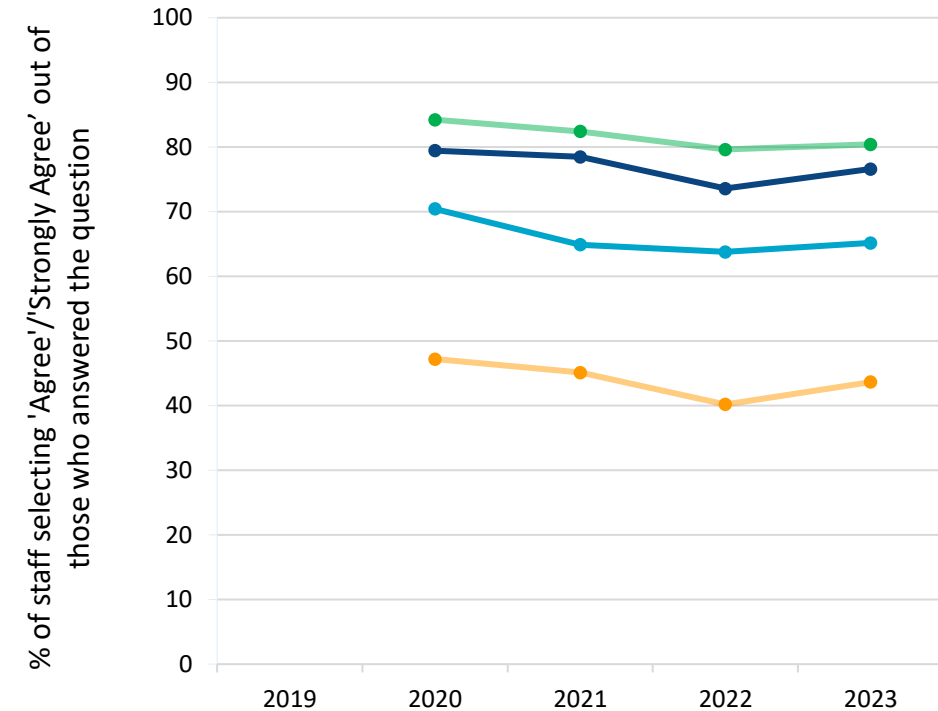


Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	-	71.13%	68.25%	69.87%	73.39%
Best result	-	77.76%	73.58%	73.01%	75.43%
Average result	-	67.83%	63.17%	62.74%	65.59%
Worst result	-	49.09%	43.43%	39.56%	39.46%
Responses	-	2011	2352	2482	2793

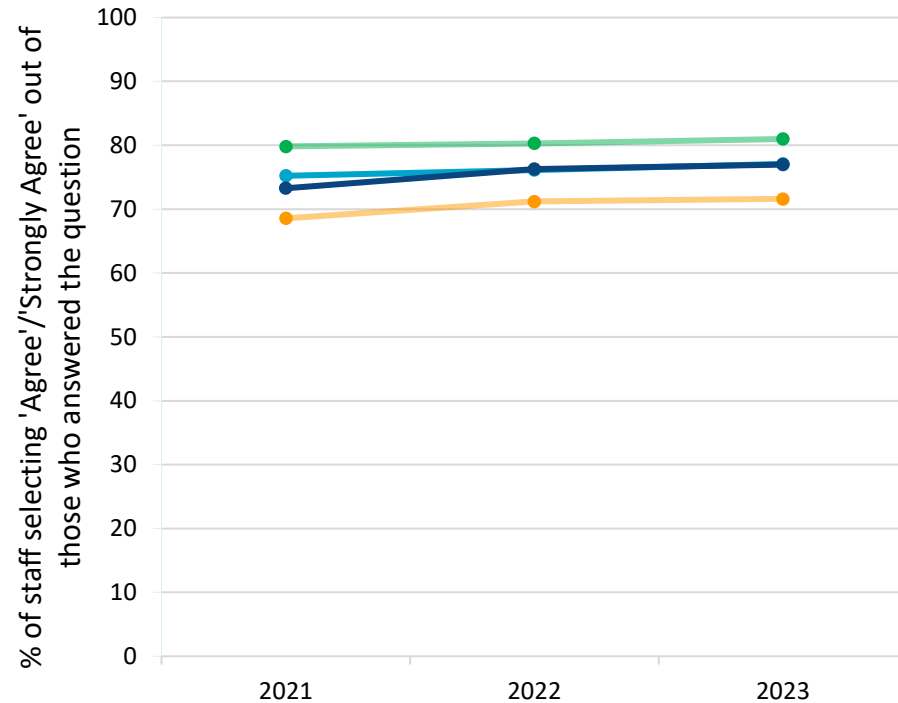
Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	-	79.46%	78.49%	73.60%	76.62%
Best result	-	84.23%	82.42%	79.63%	80.42%
Average result	-	70.45%	64.89%	63.78%	65.18%
Worst result	-	47.19%	45.13%	40.19%	43.64%
Responses	-	2008	2356	2476	2795

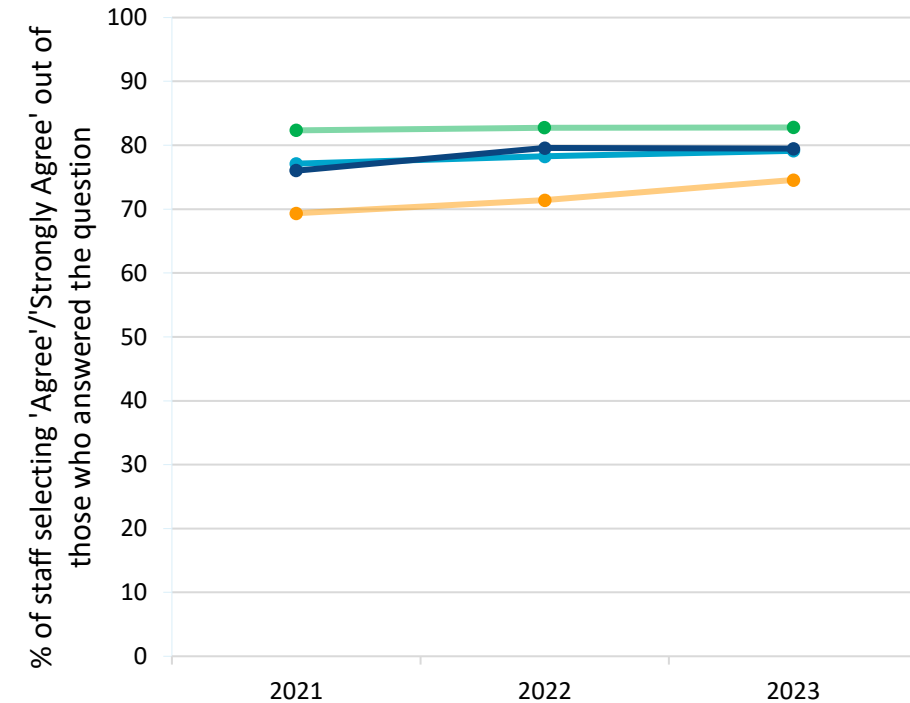


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023
Your org	73.24%	76.29%	76.98%
Best result	79.81%	80.30%	80.98%
Average result	75.23%	76.13%	77.09%
Worst result	68.57%	71.19%	71.60%
Responses	2354	2476	2792

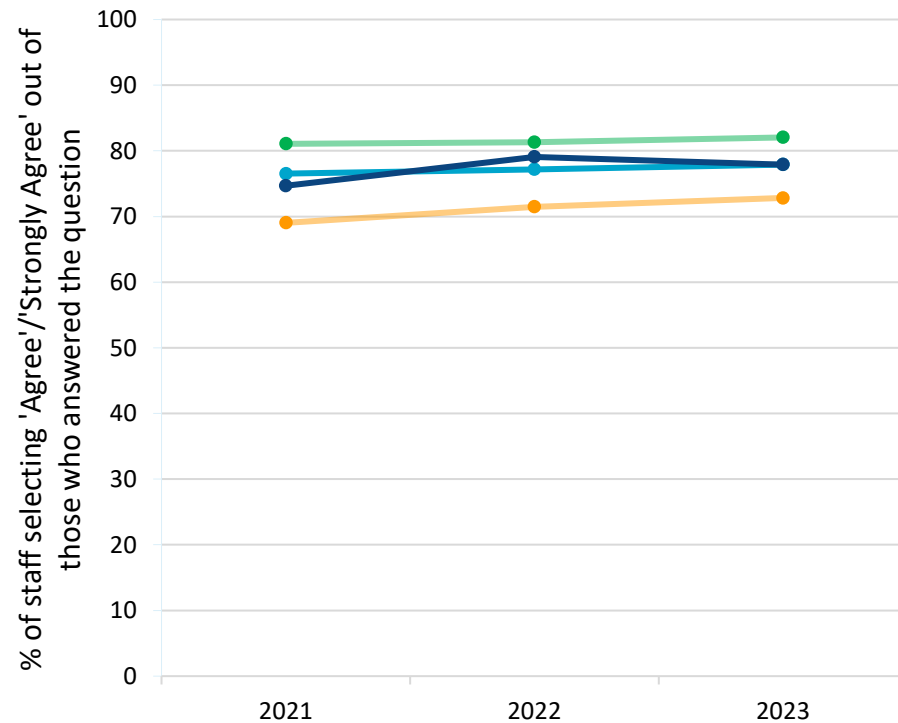
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023
Your org	76.03%	79.56%	79.47%
Best result	82.35%	82.75%	82.80%
Average result	77.10%	78.25%	79.15%
Worst result	69.35%	71.40%	74.55%
Responses	2363	2482	2796

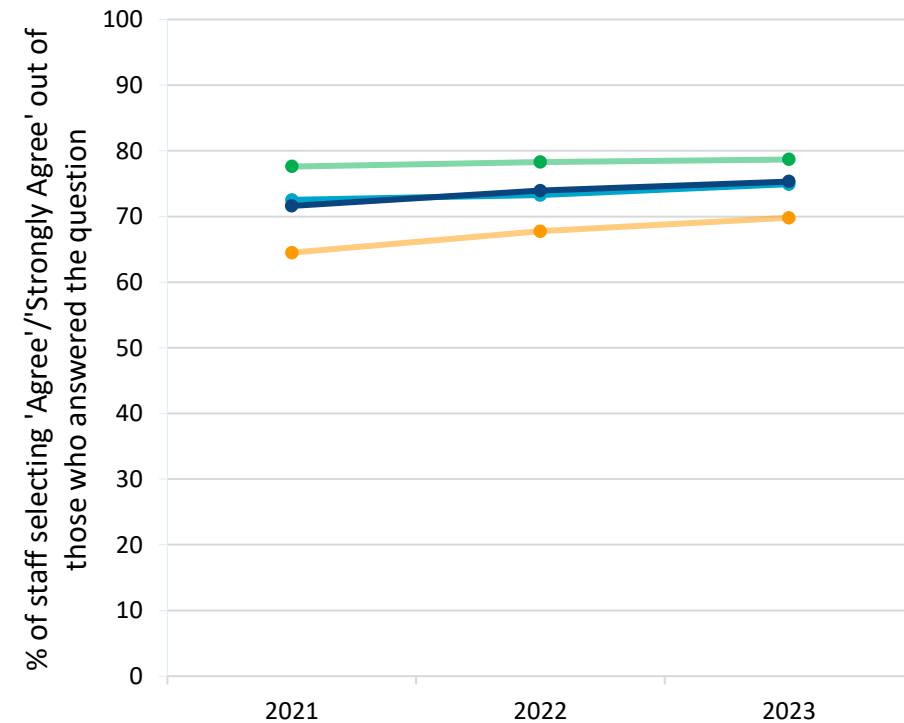


Q9h My immediate manager cares about my concerns.



	2021	2022	2023
Your org	74.69%	79.09%	77.92%
Best result	81.08%	81.34%	82.06%
Average result	76.52%	77.18%	77.92%
Worst result	69.03%	71.48%	72.82%
Responses	2361	2480	2791

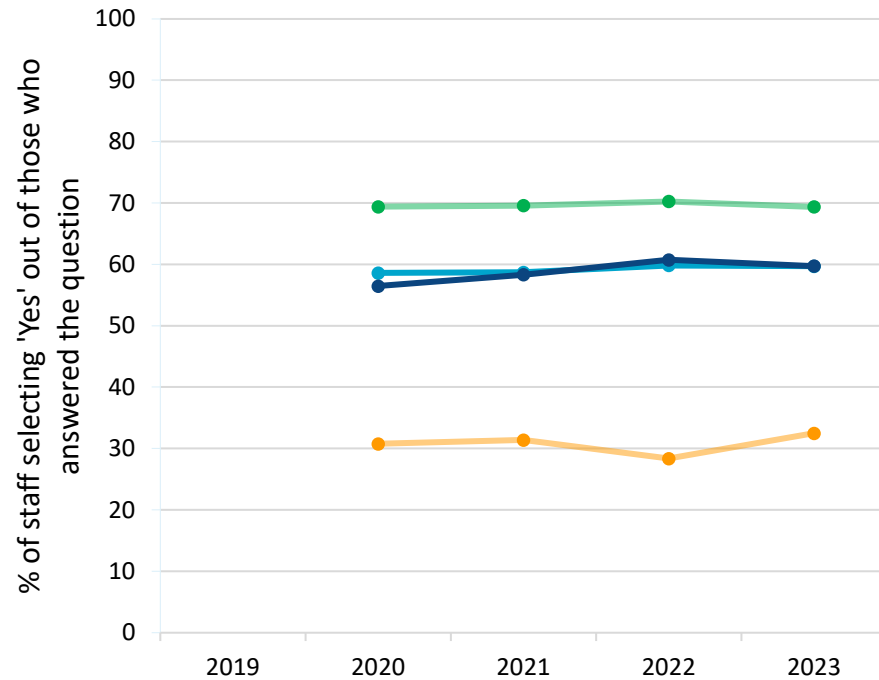
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022	2023
Your org	71.60%	73.94%	75.33%
Best result	77.63%	78.30%	78.70%
Average result	72.54%	73.25%	74.90%
Worst result	64.49%	67.76%	69.80%
Responses	2354	2474	2791

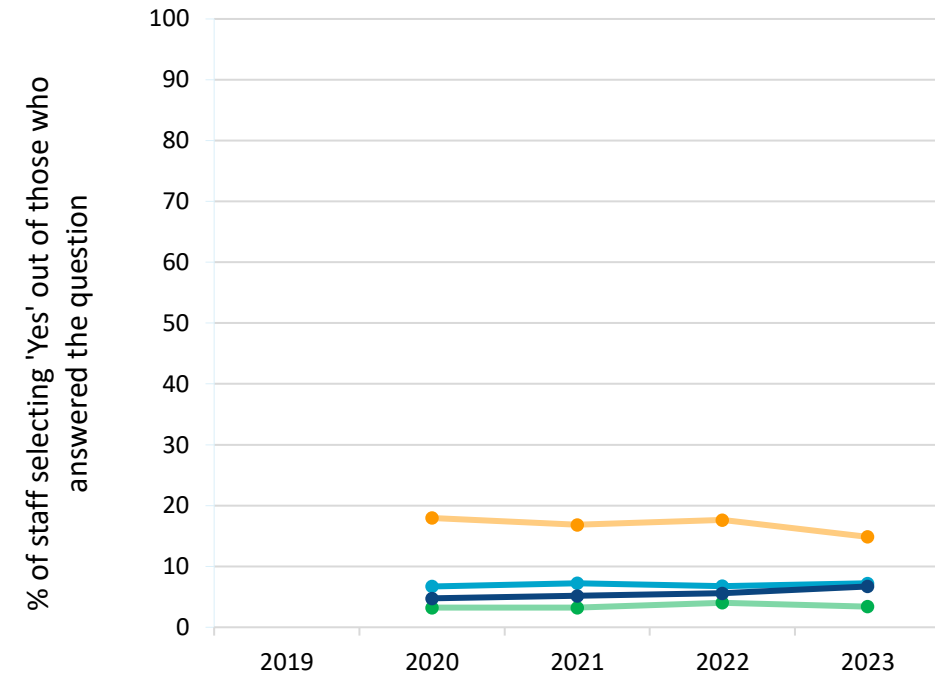


Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2019	2020	2021	2022	2023
Your org	-	56.46%	58.32%	60.73%	59.71%
Best result	-	69.39%	69.57%	70.24%	69.35%
Average result	-	58.60%	58.69%	59.83%	59.69%
Worst result	-	30.76%	31.37%	28.35%	32.49%
Responses	-	2020	2341	2465	2767

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



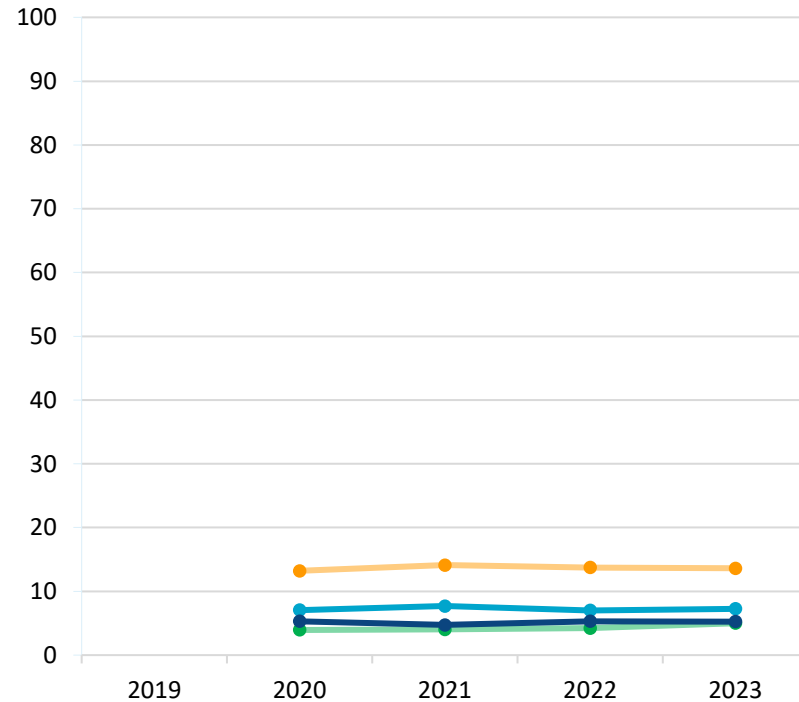
	2019	2020	2021	2022	2023
Your org	-	4.74%	5.18%	5.59%	6.71%
Best result	-	3.22%	3.23%	4.04%	3.41%
Average result	-	6.71%	7.24%	6.76%	7.22%
Worst result	-	17.98%	16.85%	17.64%	14.88%
Responses	-	2010	2355	2477	2784





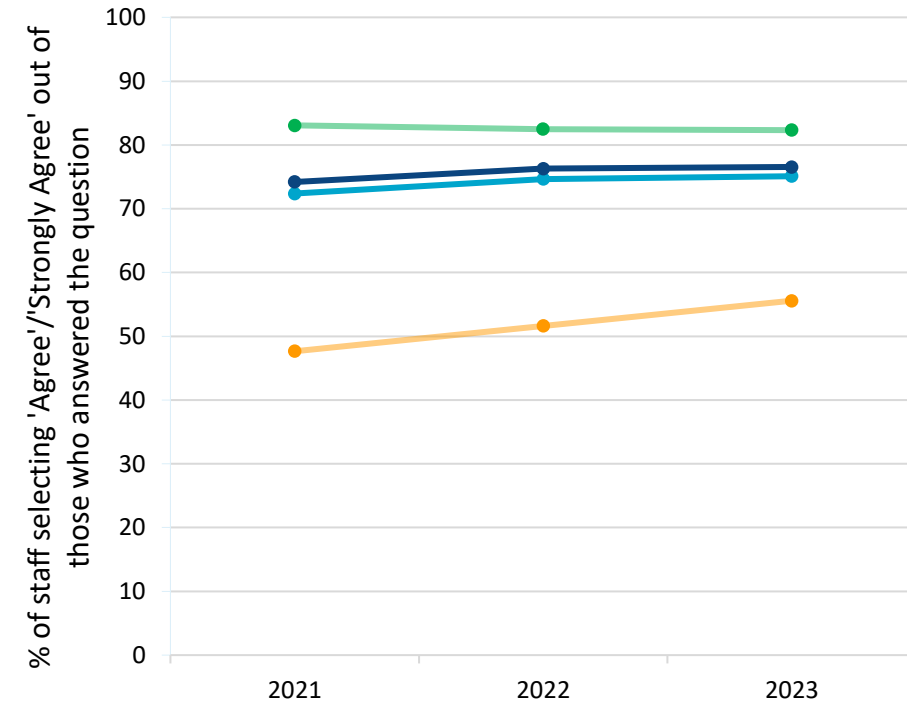
Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

% of staff selecting 'Yes' out of those who answered the question



	2019	2020	2021	2022	2023
Your org	-	5.31%	4.71%	5.30%	5.25%
Best result	-	3.93%	4.03%	4.22%	5.00%
Average result	-	7.06%	7.68%	7.01%	7.25%
Worst result	-	13.21%	14.12%	13.74%	13.61%
Responses	-	2006	2344	2466	2771

Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

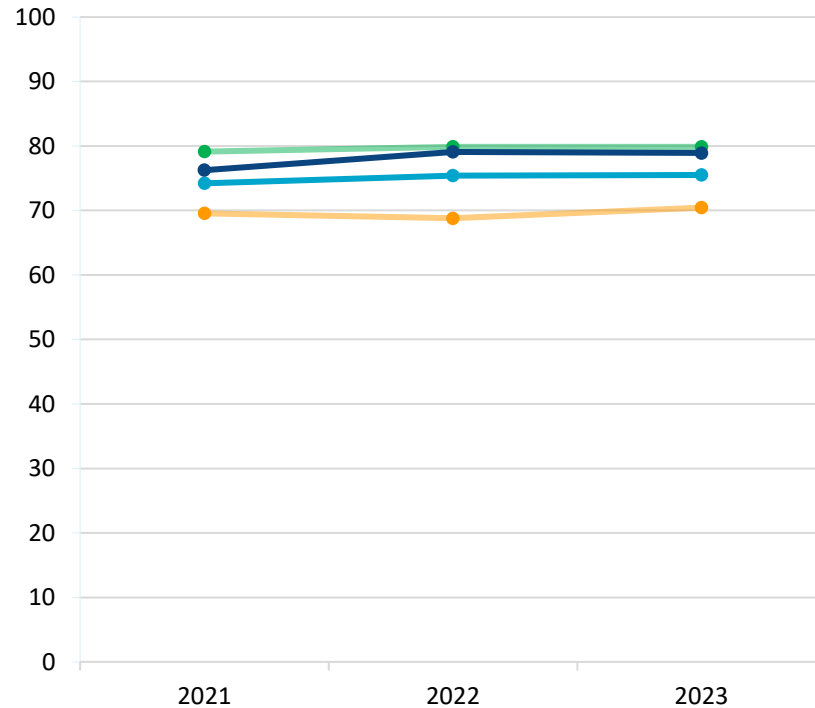


	2021	2022	2023
Your org	74.21%	76.30%	76.54%
Best result	83.08%	82.49%	82.34%
Average result	72.39%	74.65%	75.12%
Worst result	47.66%	51.61%	55.57%
Responses	2356	2484	2780



Q7h I feel valued by my team.

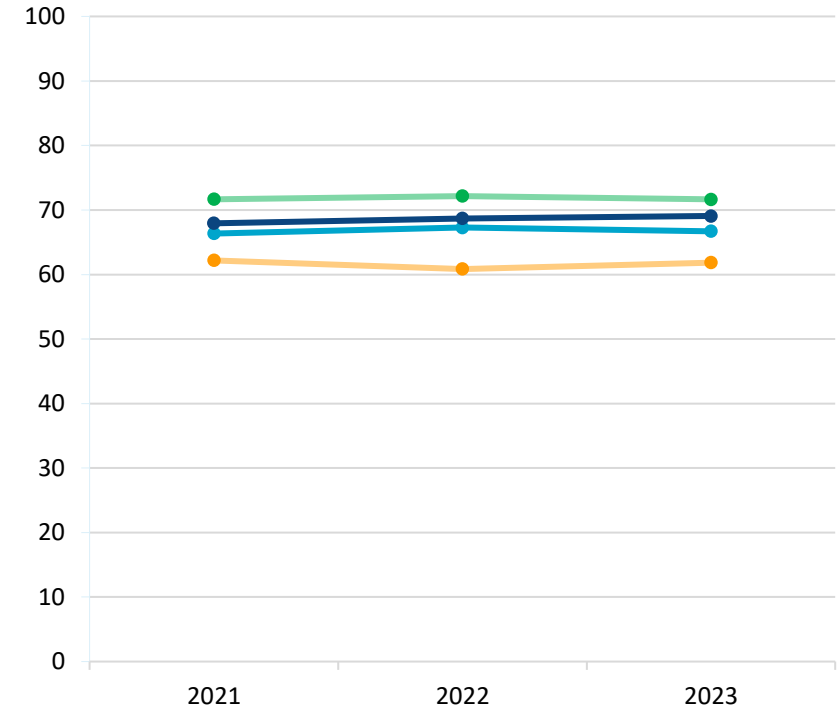
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023
Your org	76.23%	79.07%	78.91%
Best result	79.13%	79.88%	79.87%
Average result	74.22%	75.41%	75.51%
Worst result	69.56%	68.78%	70.45%
Responses	2354	2474	2786

Q7i I feel a strong personal attachment to my team.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

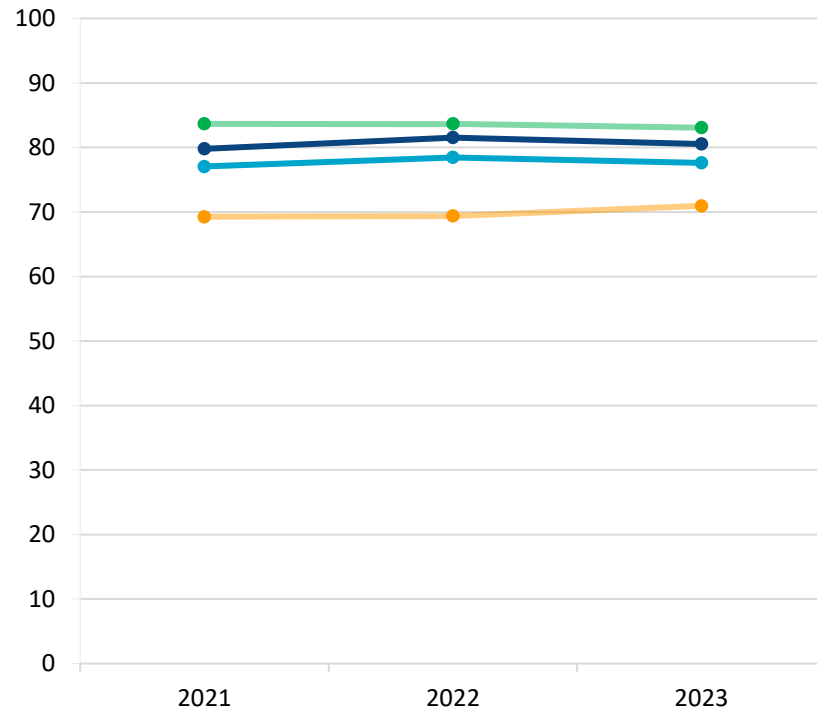


	2021	2022	2023
Your org	67.96%	68.71%	69.06%
Best result	71.67%	72.18%	71.66%
Average result	66.37%	67.28%	66.73%
Worst result	62.19%	60.86%	61.85%
Responses	2357	2473	2792



Q8b The people I work with are understanding and kind to one another.

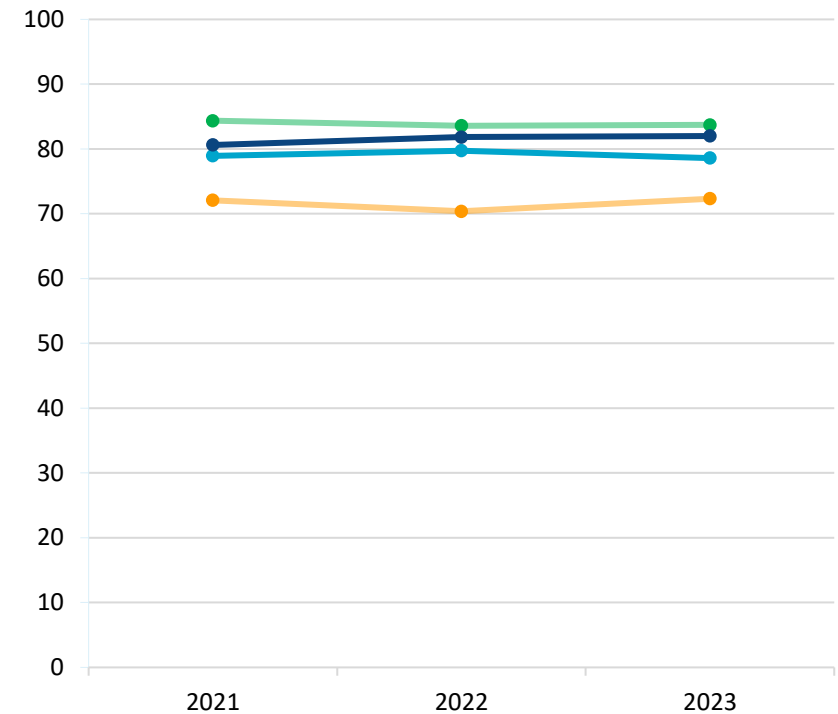
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023
Your org	79.80%	81.55%	80.55%
Best result	83.68%	83.67%	83.09%
Average result	77.06%	78.47%	77.62%
Worst result	69.27%	69.40%	70.97%
Responses	2356	2472	2785

Q8c The people I work with are polite and treat each other with respect.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023
Your org	80.62%	81.82%	82.01%
Best result	84.34%	83.56%	83.69%
Average result	78.95%	79.73%	78.60%
Worst result	72.08%	70.37%	72.33%
Responses	2356	2470	2782

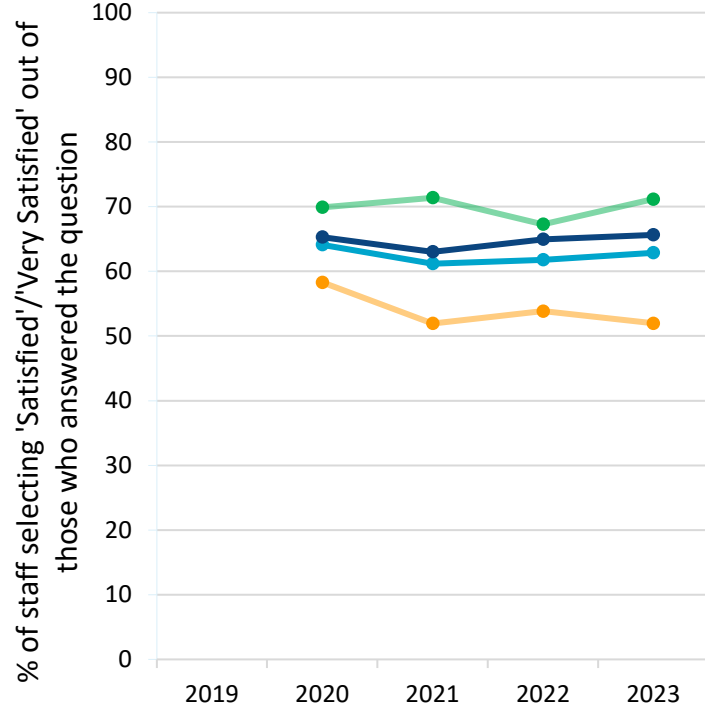
## People Promise element – We are recognised and rewarded



Questions included:  
Q4a, Q4b, Q4c, Q8d, Q9e



Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.

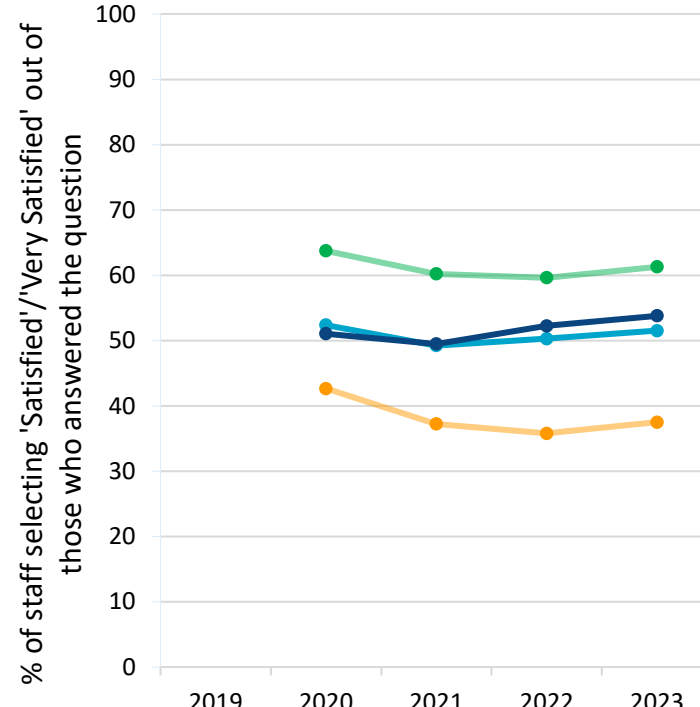


2019 2020 2021 2022 2023

Your org	-	65.30%	63.01%	64.96%	65.63%
Best result	-	69.88%	71.38%	67.28%	71.15%
Average result	-	64.11%	61.18%	61.78%	62.87%
Worst result	-	58.29%	51.93%	53.84%	51.97%

Responses - 2010 2358 2476 2802

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.

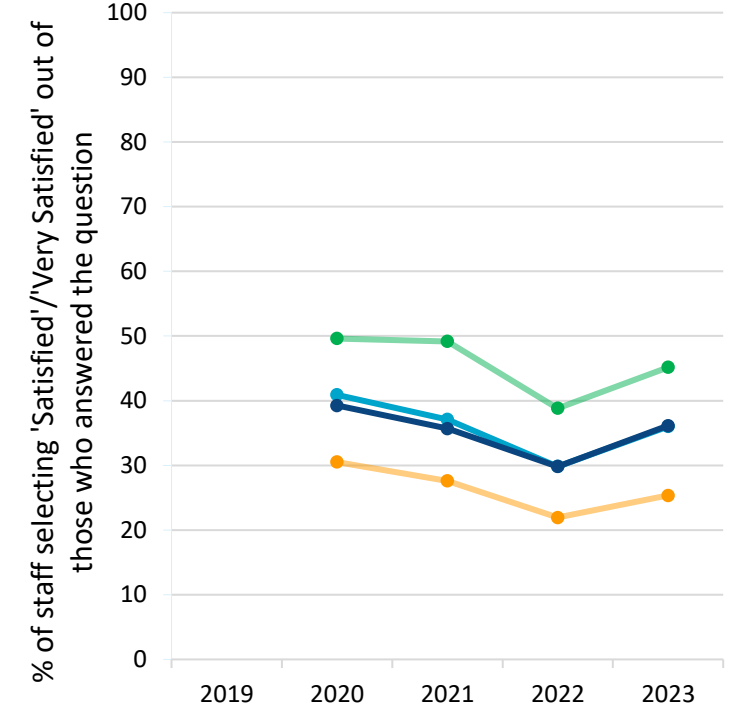


2019 2020 2021 2022 2023

Your org	-	51.05%	49.47%	52.24%	53.79%
Best result	-	63.74%	60.21%	59.62%	61.30%
Average result	-	52.38%	49.24%	50.30%	51.52%
Worst result	-	42.64%	37.23%	35.78%	37.49%

Responses - 2012 2357 2469 2790

Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



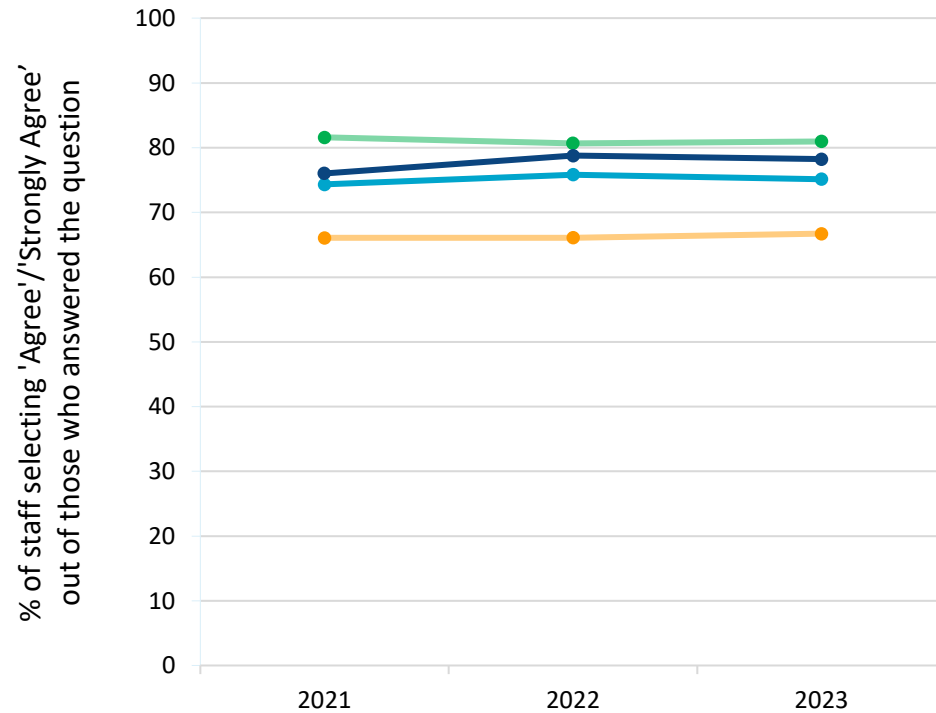
2019 2020 2021 2022 2023

Your org	-	39.24%	35.69%	29.82%	36.14%
Best result	-	49.62%	49.16%	38.82%	45.16%
Average result	-	40.92%	37.09%	29.82%	36.00%
Worst result	-	30.53%	27.59%	21.93%	25.35%

Responses - 2011 2356 2473 2795

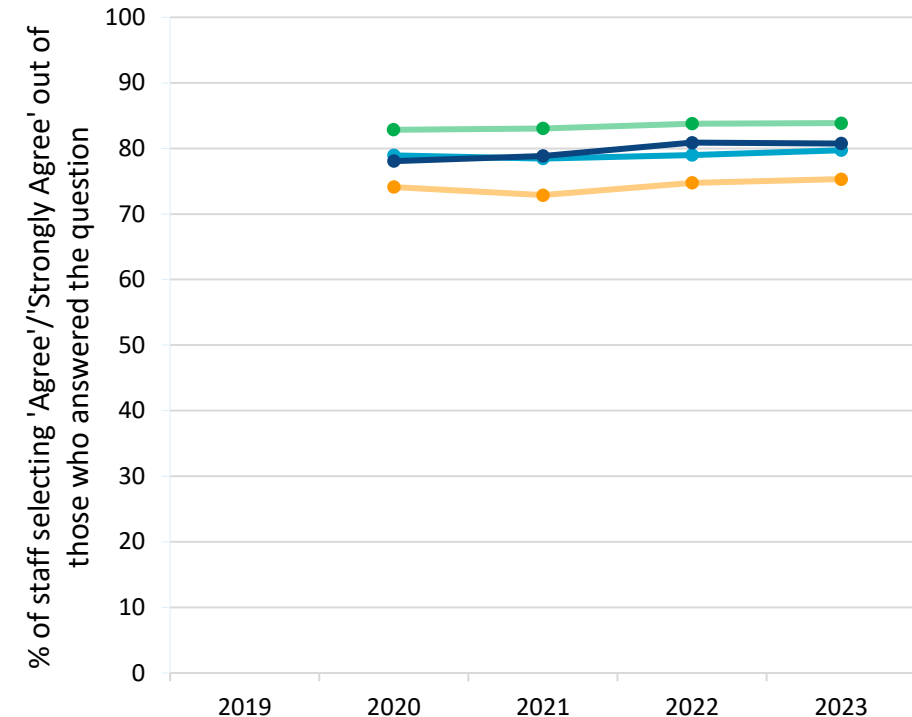


Q8d The people I work with show appreciation to one another.



	2021	2022	2023
Your org	76.02%	78.77%	78.24%
Best result	81.59%	80.65%	80.97%
Average result	74.33%	75.83%	75.15%
Worst result	66.07%	66.10%	66.70%
Responses	2351	2474	2781

Q9e My immediate manager values my work.



	2019	2020	2021	2022	2023
Your org	-	78.07%	78.84%	80.87%	80.74%
Best result	-	82.82%	83.03%	83.77%	83.85%
Average result	-	78.95%	78.46%	79.01%	79.73%
Worst result	-	74.11%	72.87%	74.74%	75.31%
Responses	-	2017	2357	2482	2798

## People Promise element – We each have a voice that counts



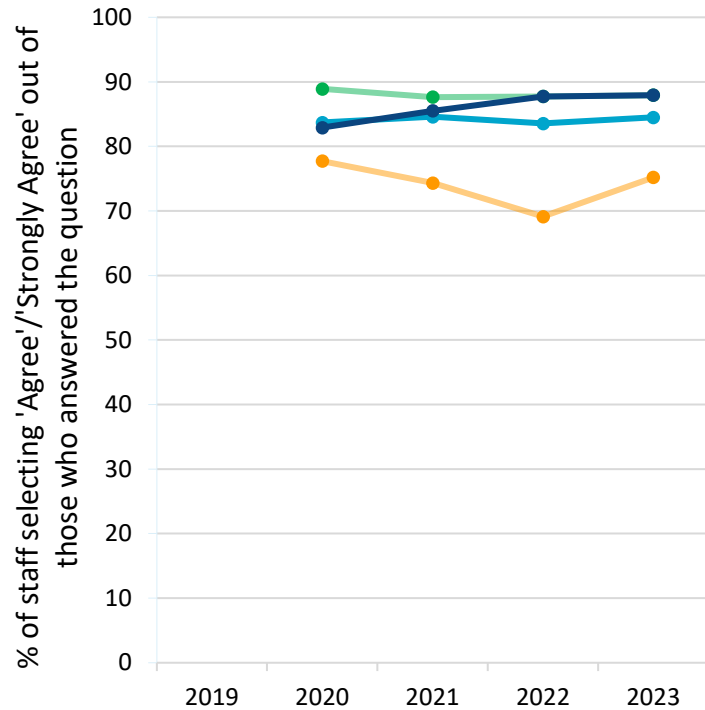
### Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q20a, Q20b, Q25e, Q25f

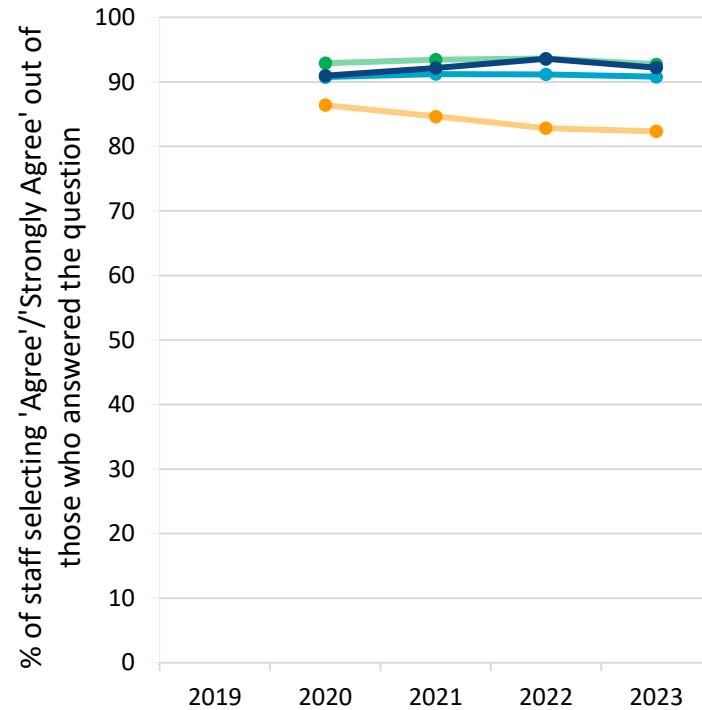


Q3a I always know what my work responsibilities are.



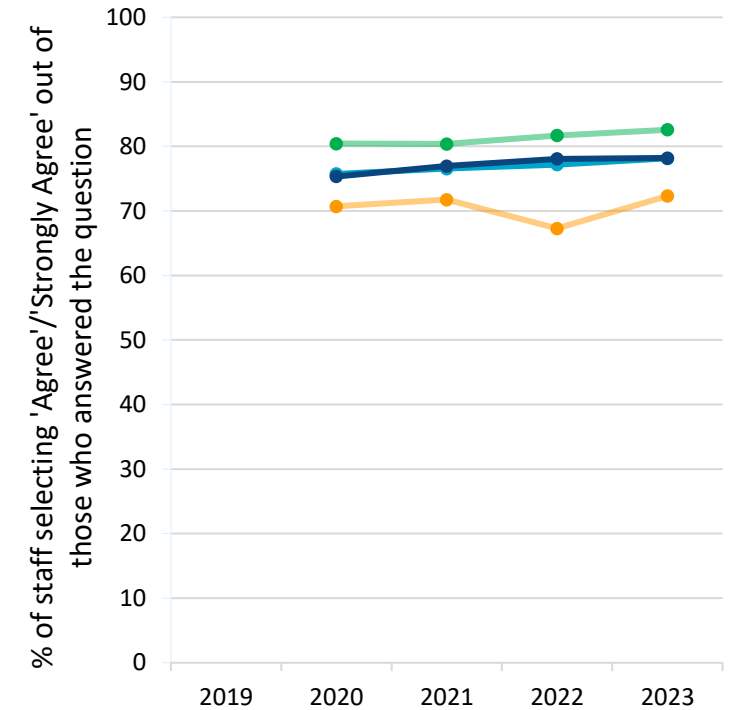
	2019	2020	2021	2022	2023
Your org	-	82.90%	85.50%	87.74%	87.94%
Best result	-	88.91%	87.64%	87.74%	87.94%
Average result	-	83.69%	84.60%	83.54%	84.49%
Worst result	-	77.72%	74.34%	69.12%	75.20%
Responses	-	2012	2363	2481	2801

Q3b I am trusted to do my job.



	2019	2020	2021	2022	2023
Your org	-	90.97%	92.16%	93.58%	92.22%
Best result	-	92.90%	93.44%	93.62%	92.73%
Average result	-	90.74%	91.22%	91.17%	90.79%
Worst result	-	86.39%	84.65%	82.82%	82.33%
Responses	-	2005	2362	2480	2796

Q3c There are frequent opportunities for me to show initiative in my role.

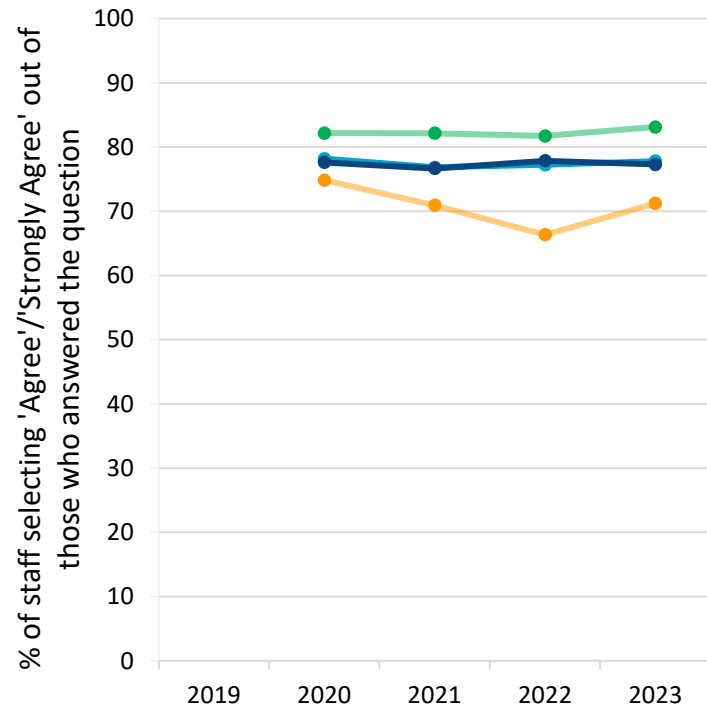


	2019	2020	2021	2022	2023
Your org	-	75.34%	76.96%	78.07%	78.19%
Best result	-	80.42%	80.39%	81.69%	82.58%
Average result	-	75.75%	76.55%	77.17%	78.14%
Worst result	-	70.70%	71.75%	67.29%	72.32%
Responses	-	2015	2357	2474	2789



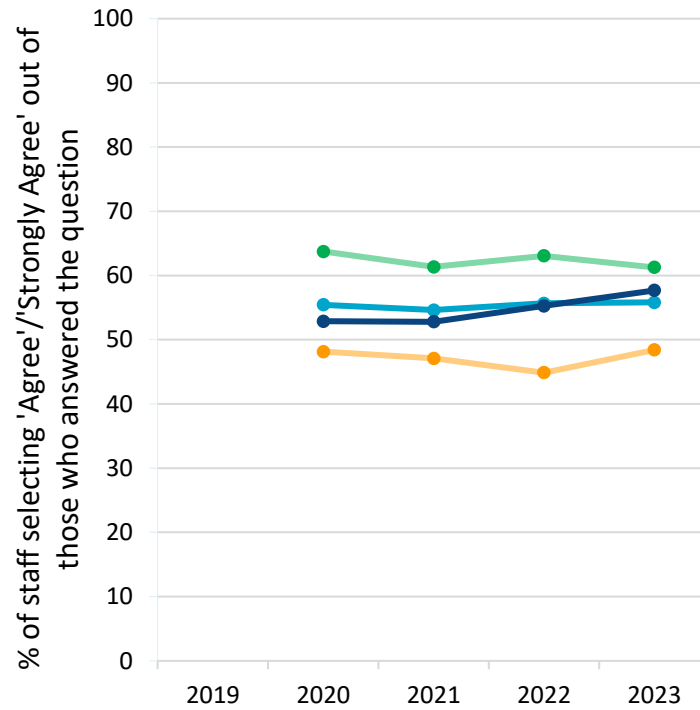


Q3d I am able to make suggestions to improve the work of my team / department.



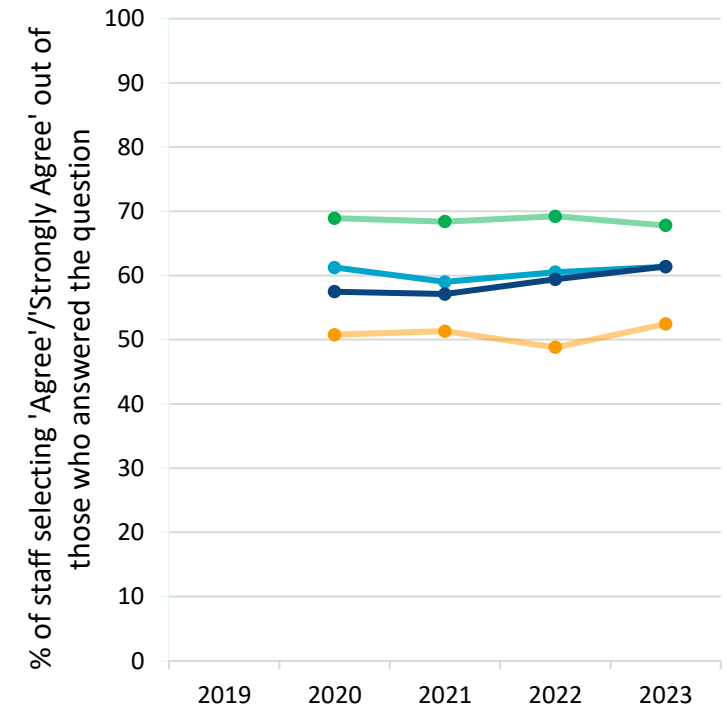
	2019	2020	2021	2022	2023
Your org	-	77.62%	76.66%	77.87%	77.28%
Best result	-	82.18%	82.14%	81.71%	83.13%
Average result	-	78.18%	76.84%	77.25%	77.80%
Worst result	-	74.85%	70.93%	66.36%	71.24%
Responses	-	2015	2353	2474	2784

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2019	2020	2021	2022	2023
Your org	-	52.86%	52.81%	55.27%	57.68%
Best result	-	63.73%	61.35%	63.07%	61.26%
Average result	-	55.43%	54.61%	55.66%	55.80%
Worst result	-	48.13%	47.08%	44.86%	48.41%
Responses	-	2009	2356	2481	2791

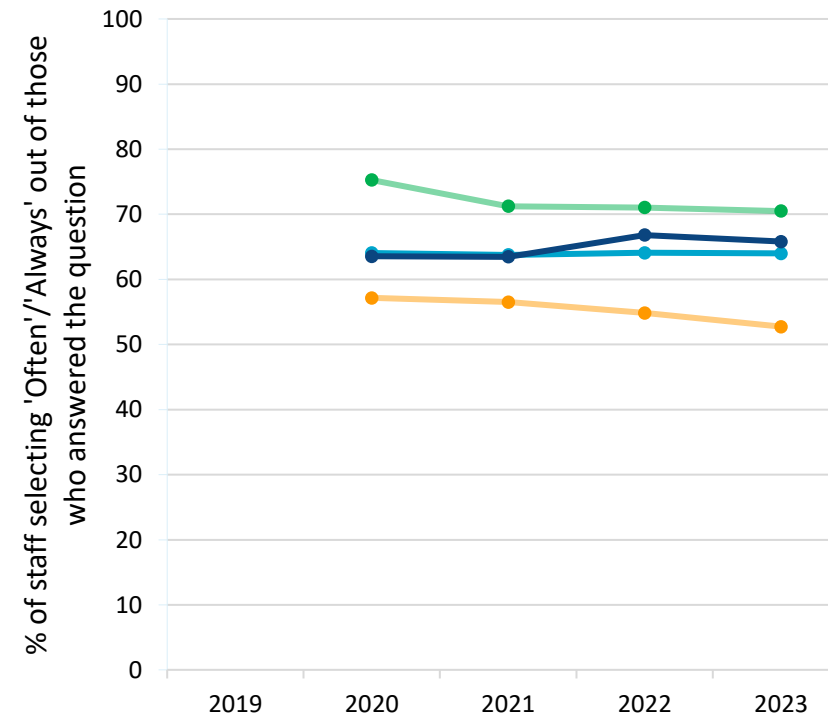
Q3f I am able to make improvements happen in my area of work.



	2019	2020	2021	2022	2023
Your org	-	57.49%	57.09%	59.40%	61.40%
Best result	-	68.91%	68.40%	69.20%	67.81%
Average result	-	61.24%	59.01%	60.52%	61.37%
Worst result	-	50.78%	51.33%	48.81%	52.44%
Responses	-	2003	2338	2475	2782



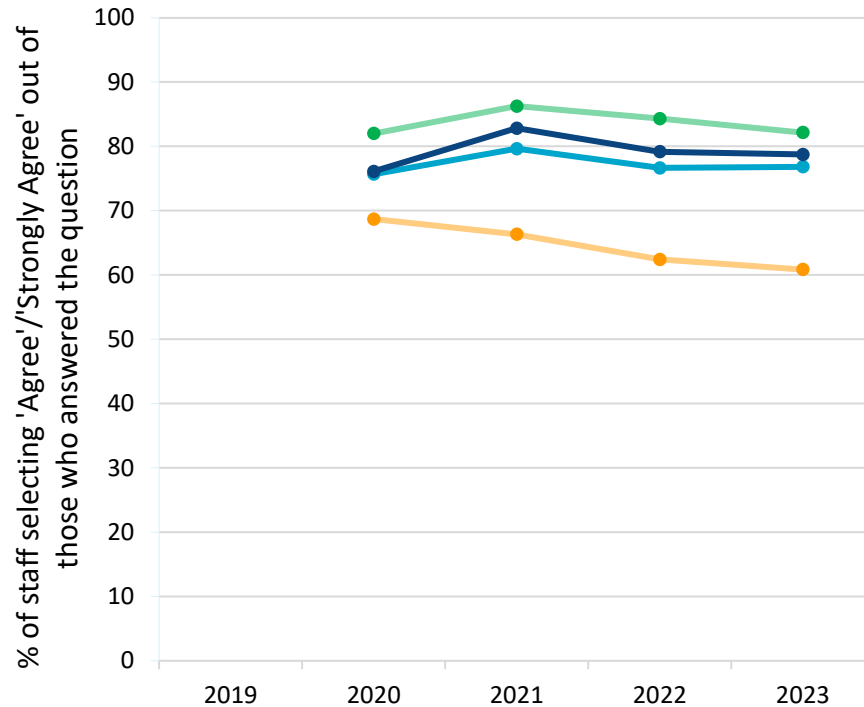
Q5b I have a choice in deciding how to do my work.



	2019	2020	2021	2022	2023
Your org	-	63.55%	63.48%	66.82%	65.80%
Best result	-	75.27%	71.25%	71.04%	70.51%
Average result	-	64.05%	63.77%	64.10%	64.00%
Worst result	-	57.16%	56.52%	54.84%	52.72%
Responses	-	2010	2349	2475	2778



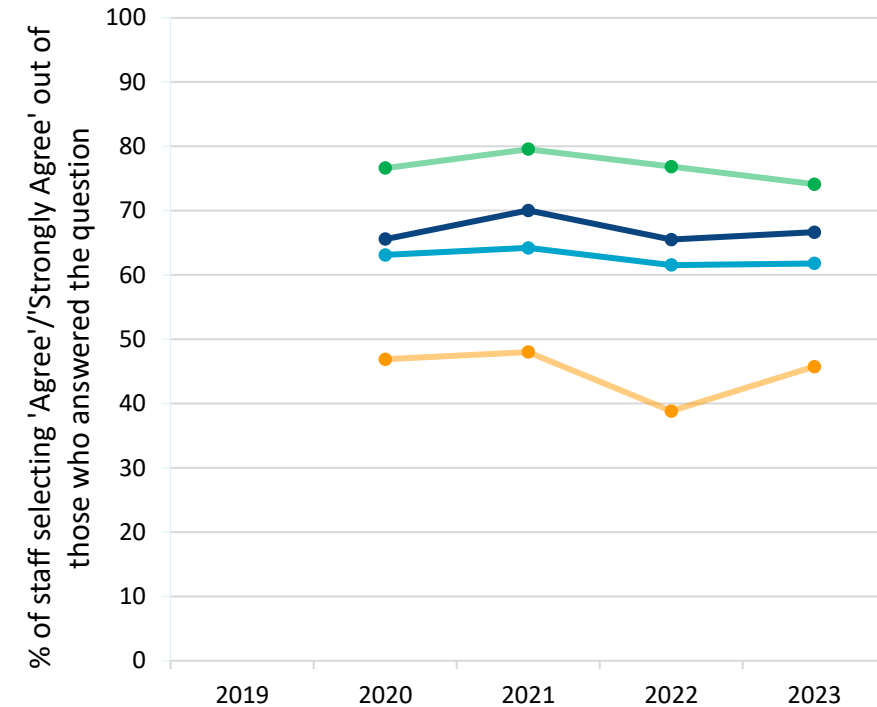
Q20a I would feel secure raising concerns about unsafe clinical practice.



	2019	2020	2021	2022	2023
Your org	-	76.10%	82.82%	79.17%	78.75%
Best result	-	82.01%	86.26%	84.31%	82.15%
Average result	-	75.68%	79.63%	76.65%	76.82%
Worst result	-	68.68%	66.32%	62.41%	60.85%

Responses - 2011 2357 2477 2787

Q20b I am confident that my organisation would address my concern.

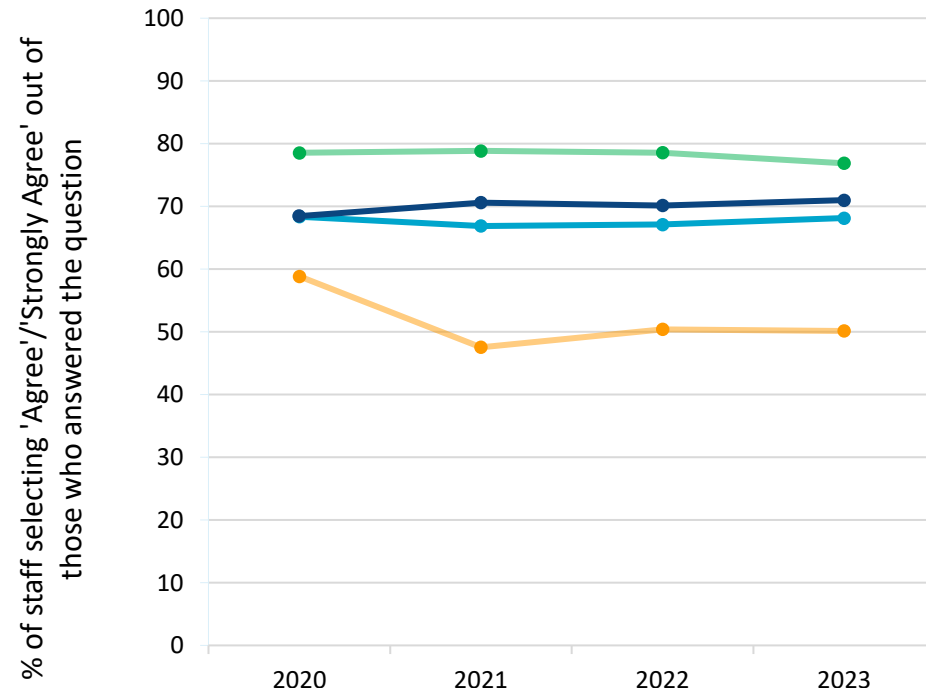


	2019	2020	2021	2022	2023
Your org	-	65.57%	70.02%	65.49%	66.65%
Best result	-	76.63%	79.57%	76.84%	74.10%
Average result	-	63.12%	64.22%	61.53%	61.79%
Worst result	-	46.89%	48.01%	38.82%	45.73%

Responses - 2006 2349 2467 2781

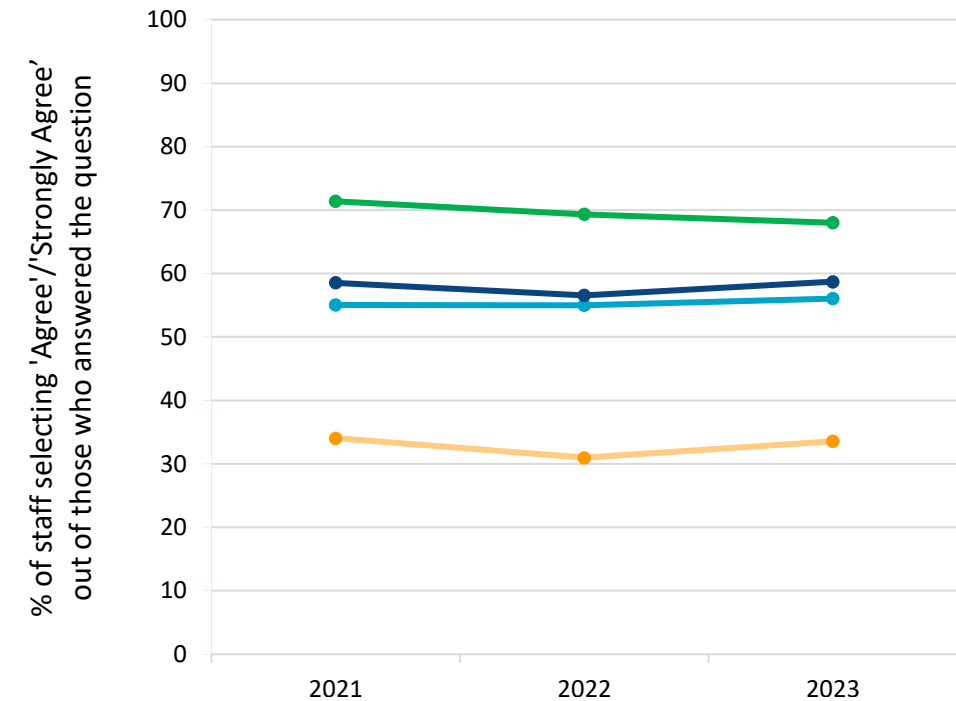


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	68.45%	70.61%	70.16%	71.00%
Best result	78.54%	78.86%	78.57%	76.89%
Average result	68.37%	66.89%	67.11%	68.14%
Worst result	58.87%	47.55%	50.40%	50.17%
Responses	2006	2357	2475	2793

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	58.52%	56.56%	58.71%
Best result	71.41%	69.30%	68.01%
Average result	55.05%	55.00%	56.06%
Worst result	34.05%	30.98%	33.58%
Responses	2354	2480	2792

## People Promise element – We are safe and healthy



### Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:\* Q17a, Q17b, Q22

\*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

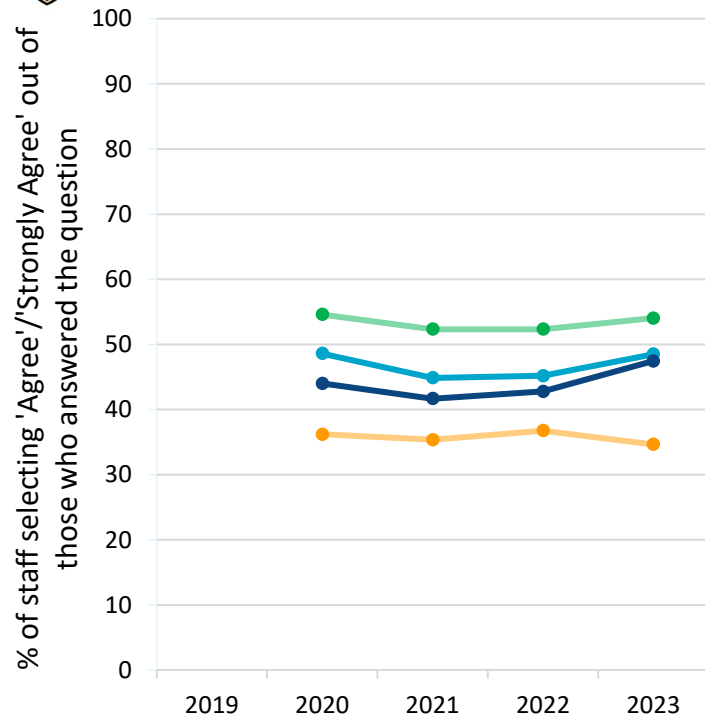
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



## People Promise elements and theme results – We are safe and healthy: Health and safety climate

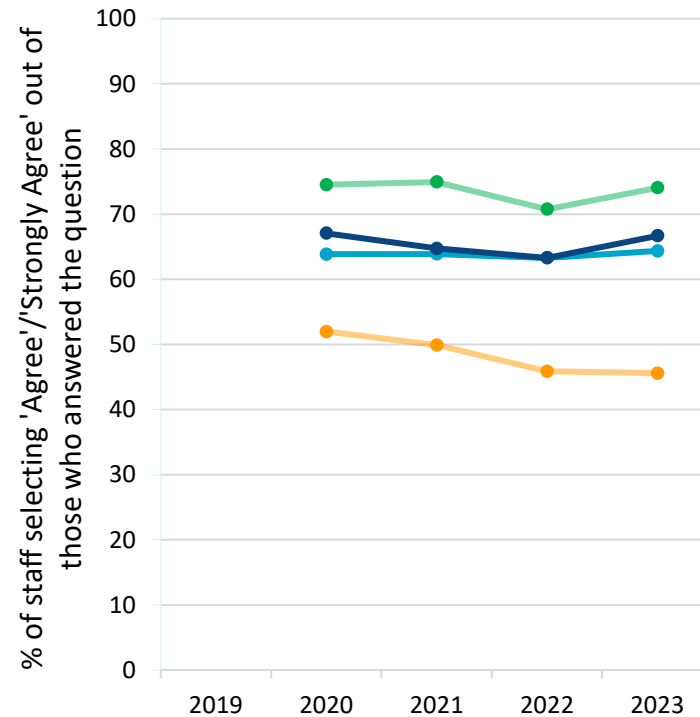


Q3g I am able to meet all the conflicting demands on my time at work.



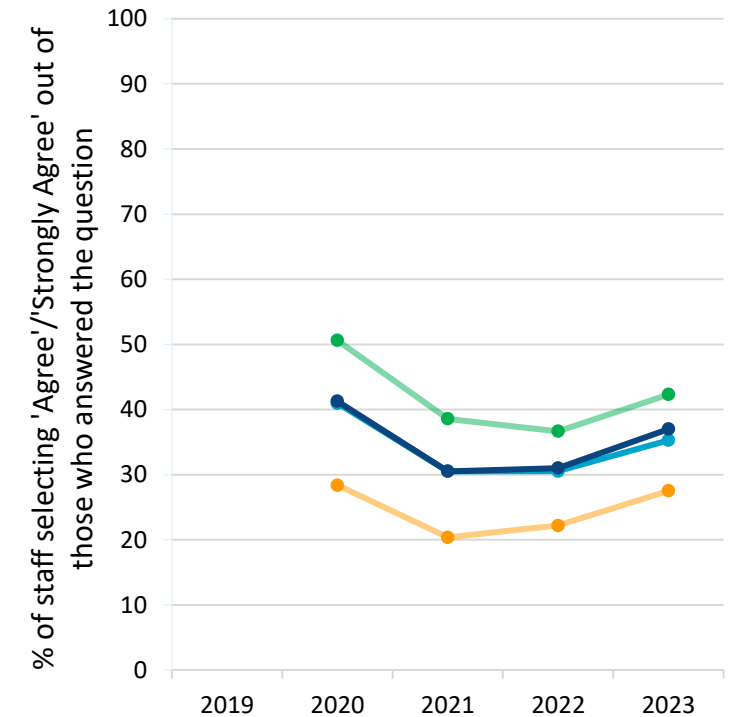
	2019	2020	2021	2022	2023
Your org	-	44.00%	41.67%	42.78%	47.44%
Best result	-	54.59%	52.32%	52.33%	54.03%
Average result	-	48.59%	44.86%	45.18%	48.48%
Worst result	-	36.18%	35.35%	36.74%	34.64%
Responses	-	2010	2350	2471	2787

Q3h I have adequate materials, supplies and equipment to do my work.



	2019	2020	2021	2022	2023
Your org	-	67.07%	64.74%	63.29%	66.67%
Best result	-	74.51%	74.92%	70.75%	74.04%
Average result	-	63.84%	63.87%	63.29%	64.33%
Worst result	-	51.95%	49.91%	45.87%	45.56%
Responses	-	2010	2339	2466	2782

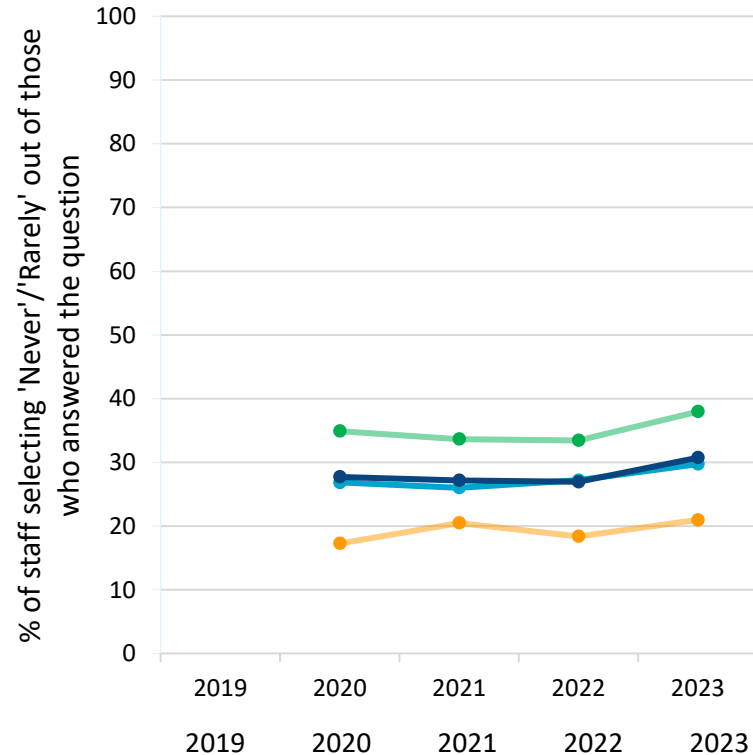
Q3i There are enough staff at this organisation for me to do my job properly.



	2019	2020	2021	2022	2023
Your org	-	41.28%	30.52%	31.00%	37.01%
Best result	-	50.62%	38.58%	36.65%	42.31%
Average result	-	40.96%	30.52%	30.55%	35.28%
Worst result	-	28.37%	20.38%	22.18%	27.52%
Responses	-	2008	2355	2477	2790

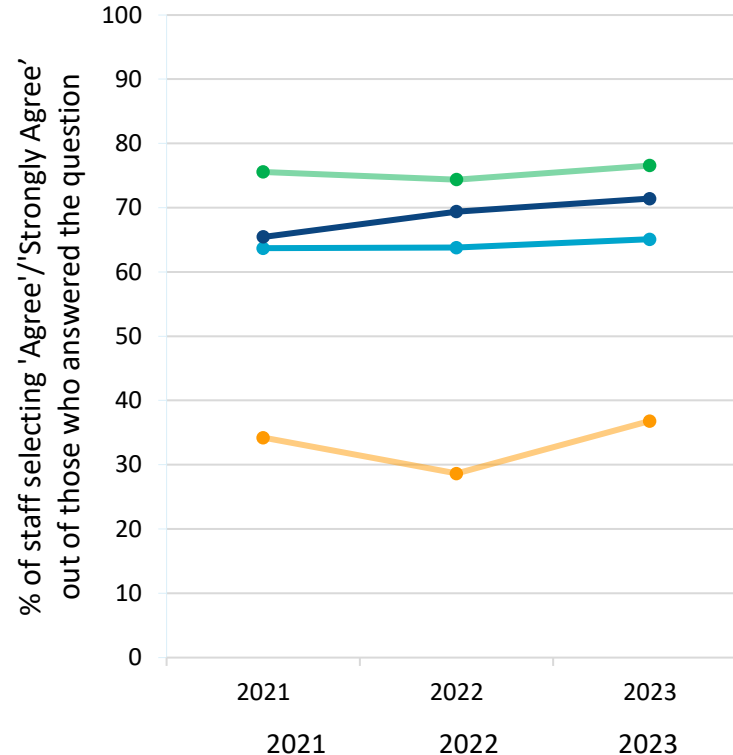


Q5a I have unrealistic time pressures.



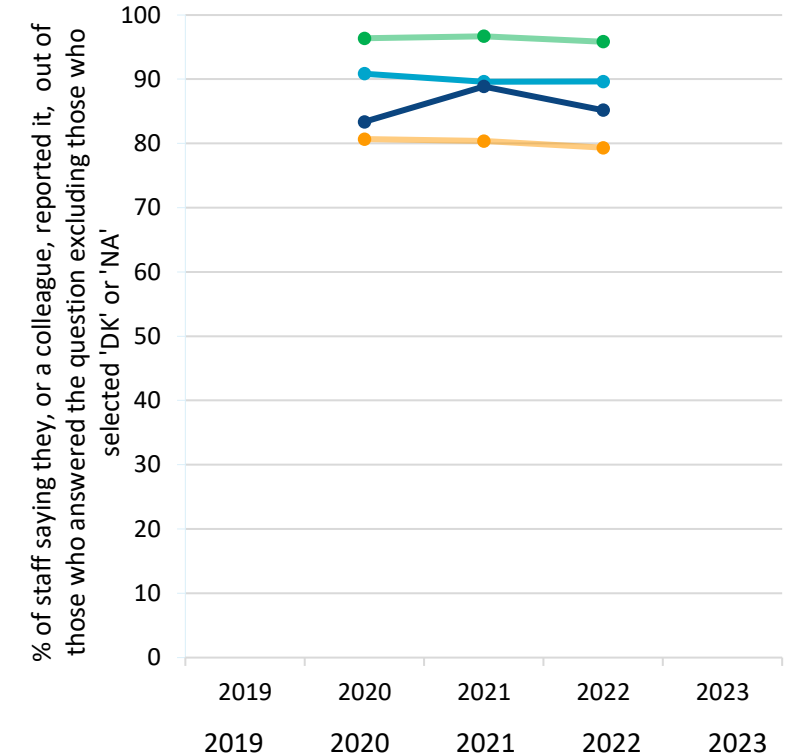
Your org	-	2016	2361	2478	2795
Best result	-	2016	2361	2478	2795
Average result	-	2016	2361	2478	2795
Worst result	-	2016	2361	2478	2795
Responses	-	2016	2361	2478	2795

Q11a My organisation takes positive action on health and well-being.



Your org	2021	2022	2765
Best result	2021	2022	2765
Average result	2021	2022	2765
Worst result	2021	2022	2765
Responses	2021	2022	2765

Q13d The last time you experienced physical violence at work, did you or a colleague report it?

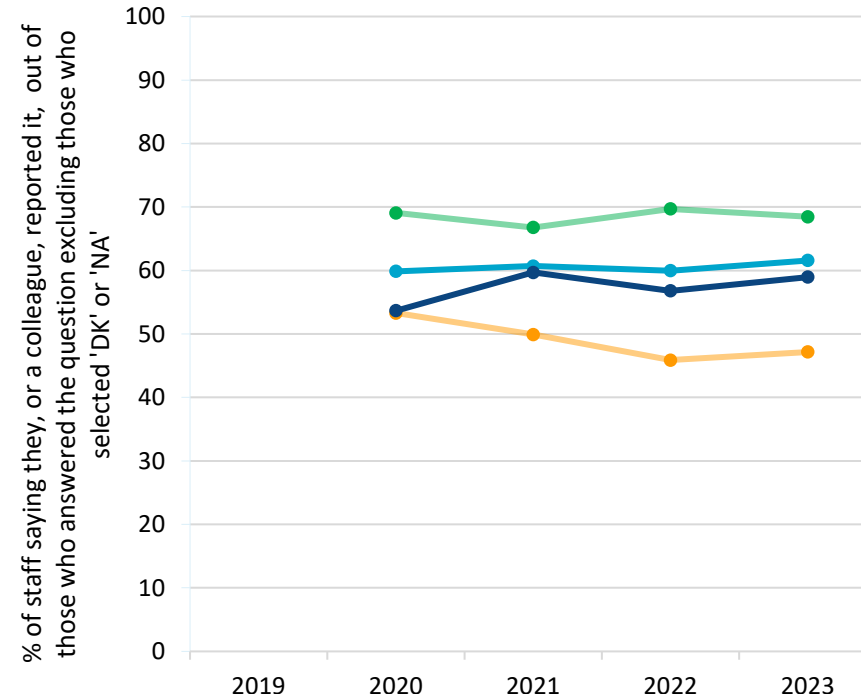


Your org	-	227	236	263	-
Best result	-	227	236	263	-
Average result	-	227	236	263	-
Worst result	-	227	236	263	-
Responses	-	227	236	263	-

Note. 2023 results for Q13d have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

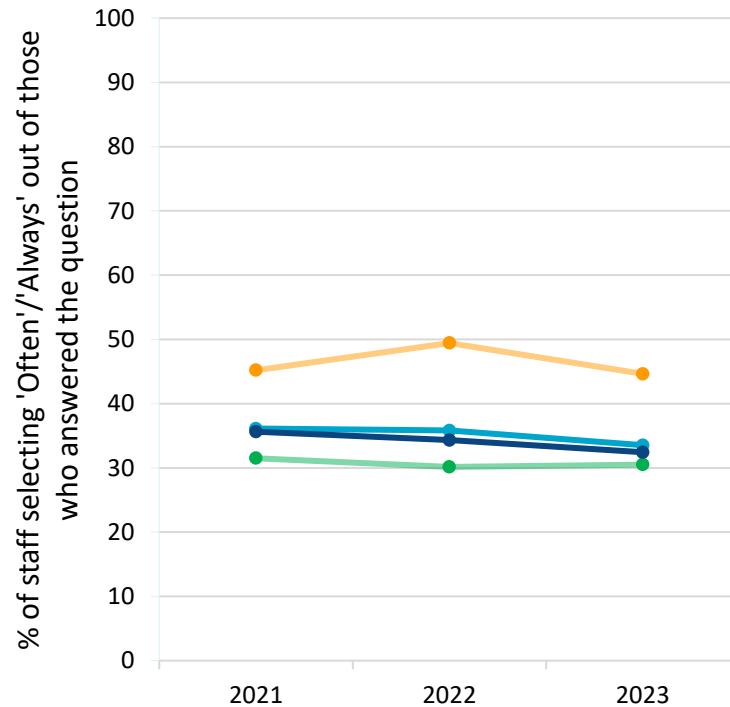


	2019	2020	2021	2022	2023
Your org	-	53.67%	59.68%	56.80%	58.96%
Best result	-	69.07%	66.77%	69.70%	68.45%
Average result	-	59.88%	60.70%	59.97%	61.59%
Worst result	-	53.28%	49.90%	45.88%	47.16%
Responses	-	667	759	787	768



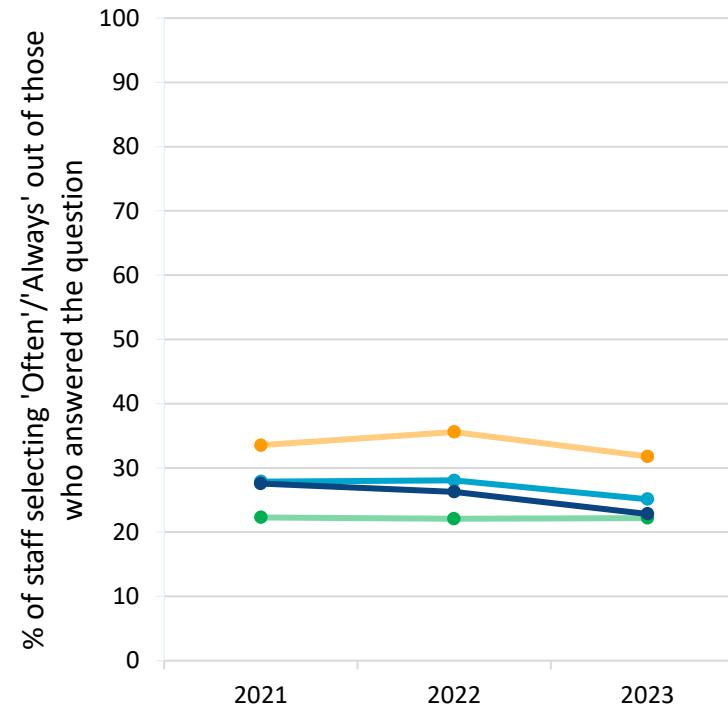


Q12a How often, if at all, do you find your work emotionally exhausting?



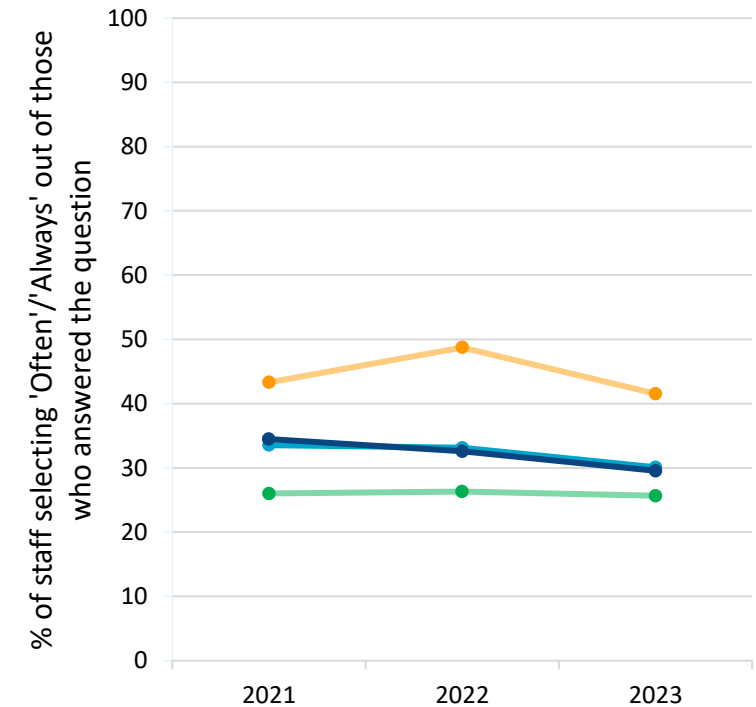
	2021	2022	2023
Your org	35.65%	34.31%	32.43%
Best result	31.52%	30.18%	30.51%
Average result	36.13%	35.81%	33.53%
Worst result	45.20%	49.43%	44.64%
Responses	2359	2479	2795

Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022	2023
Your org	27.59%	26.29%	22.85%
Best result	22.30%	22.09%	22.20%
Average result	27.87%	28.05%	25.13%
Worst result	33.53%	35.60%	31.79%
Responses	2354	2477	2797

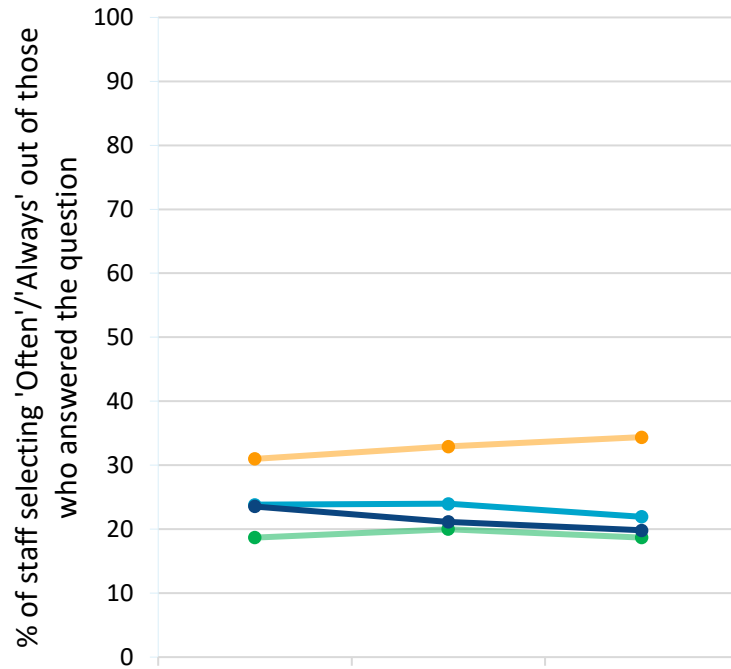
Q12c How often, if at all, does your work frustrate you?



	2021	2022	2023
Your org	34.47%	32.58%	29.56%
Best result	26.02%	26.31%	25.66%
Average result	33.56%	33.12%	30.10%
Worst result	43.32%	48.73%	41.55%
Responses	2354	2476	2794

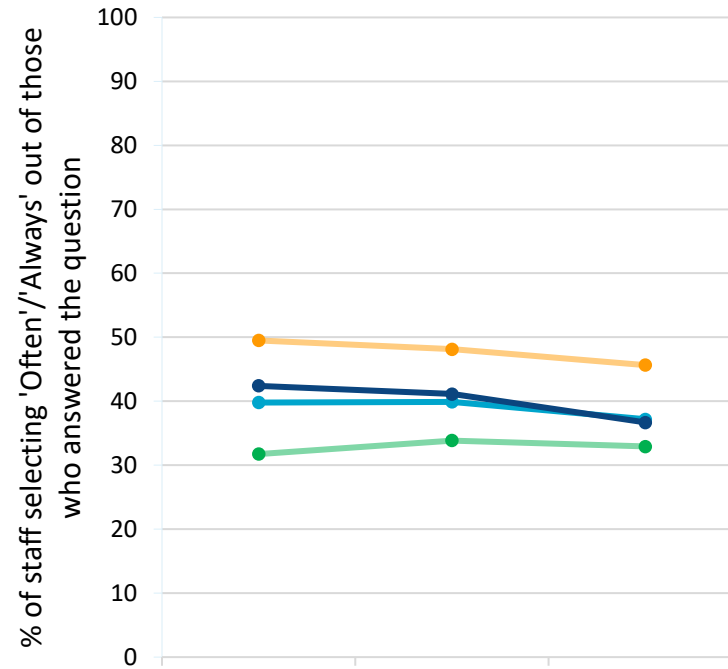


Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



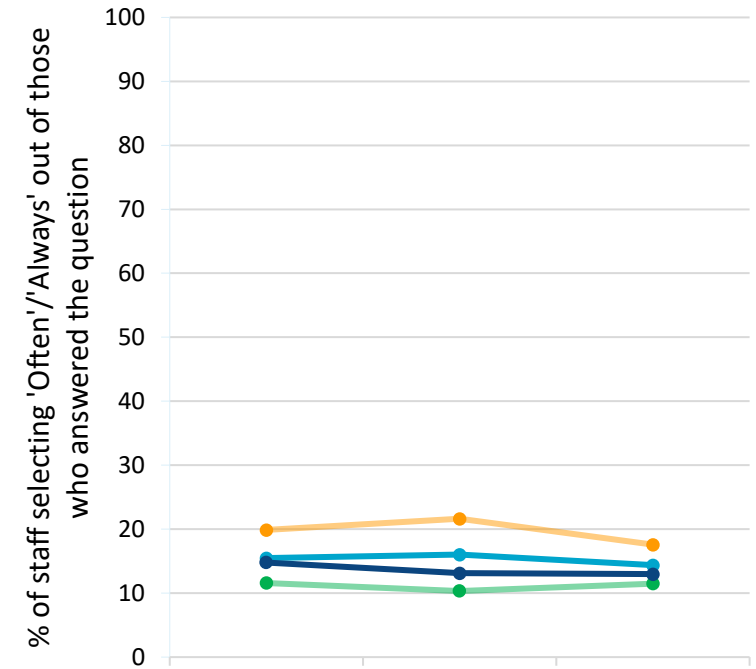
	2021	2022	2023
2021			
2022			
2023			
Your org	23.54%	21.15%	19.84%
Best result	18.72%	20.00%	18.71%
Average result	23.82%	23.98%	21.97%
Worst result	31.01%	32.94%	34.39%
Responses	2355	2475	2788

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



	2021	2022	2023
2021			
2022			
2023			
Your org	42.38%	41.14%	36.69%
Best result	31.75%	33.83%	32.92%
Average result	39.80%	39.91%	37.17%
Worst result	49.50%	48.13%	45.65%
Responses	2344	2475	2784

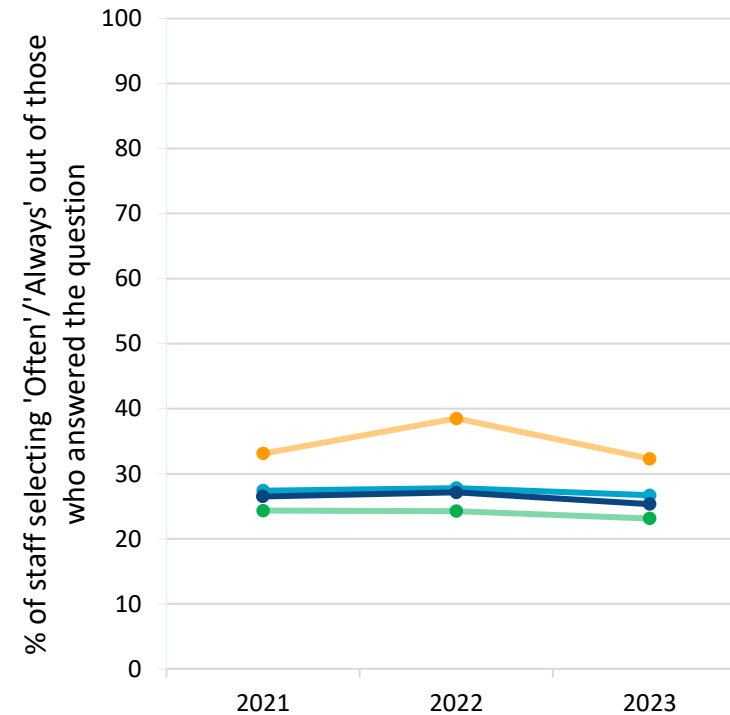
Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023
2021			
2022			
2023			
Your org	14.80%	13.14%	12.98%
Best result	11.59%	10.33%	11.50%
Average result	15.48%	16.02%	14.38%
Worst result	19.89%	21.63%	17.58%
Responses	2348	2470	2787



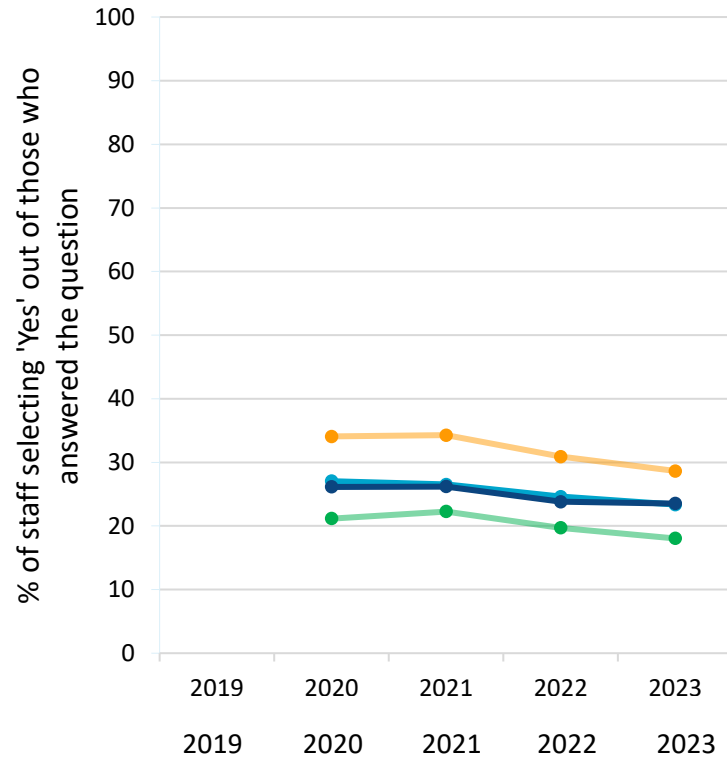
Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



	2021	2022	2023
Your org	26.53%	27.14%	25.35%
Best result	24.34%	24.27%	23.14%
Average result	27.42%	27.79%	26.69%
Worst result	33.11%	38.51%	32.30%
Responses	2356	2475	2796

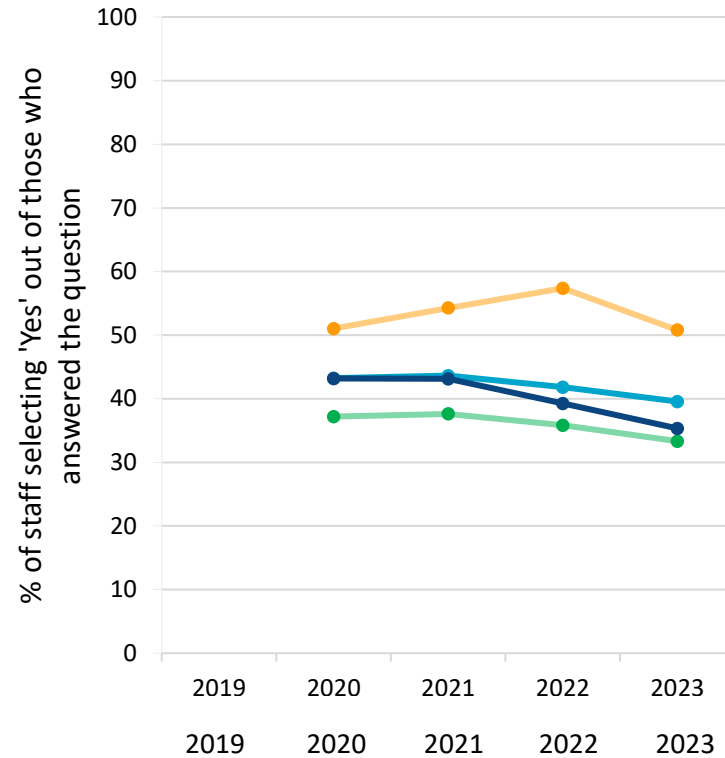


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



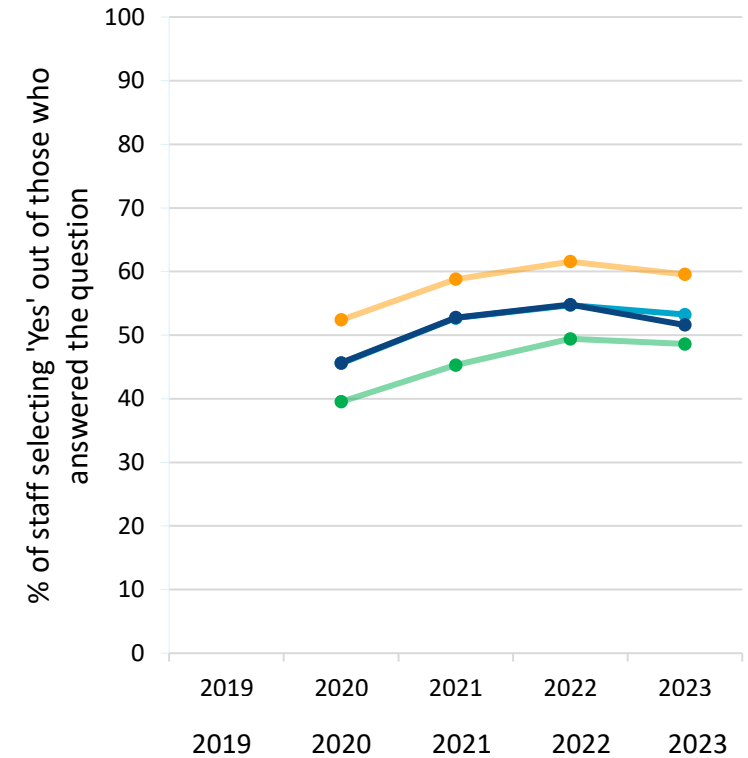
Your org	-	26.14%	26.20%	23.80%	23.52%
Best result	-	21.16%	22.26%	19.70%	18.04%
Average result	-	27.05%	26.53%	24.60%	23.35%
Worst result	-	34.08%	34.26%	30.89%	28.62%
Responses	-	2009	2350	2468	2783

Q11c During the last 12 months have you felt unwell as a result of work related stress?



Your org	-	43.18%	43.13%	39.24%	35.32%
Best result	-	37.19%	37.62%	35.82%	33.31%
Average result	-	43.23%	43.63%	41.82%	39.54%
Worst result	-	51.01%	54.27%	57.36%	50.79%
Responses	-	2011	2349	2471	2782

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



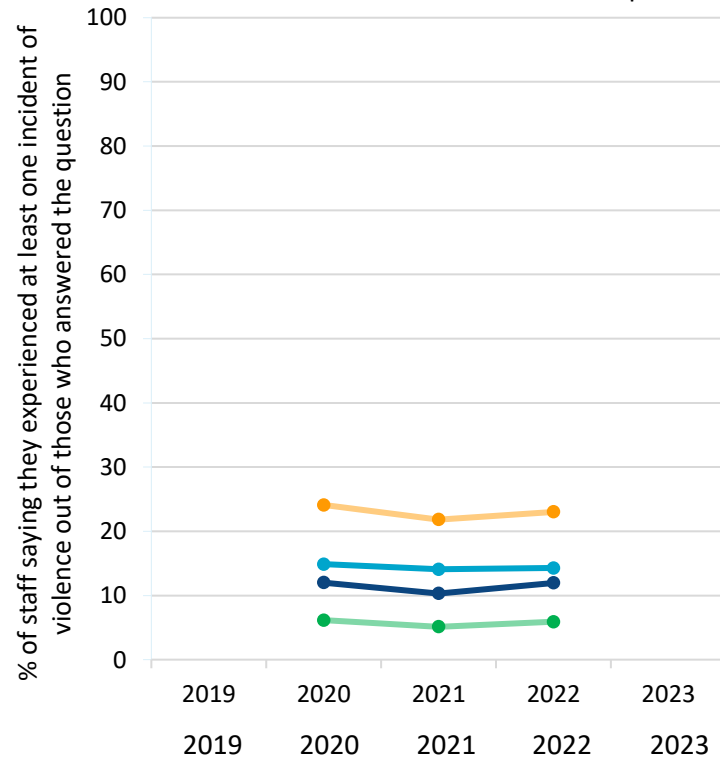
Your org	-	45.63%	52.75%	54.80%	51.61%
Best result	-	39.52%	45.28%	49.41%	48.61%
Average result	-	45.57%	52.67%	54.73%	53.24%
Worst result	-	52.40%	58.81%	61.56%	59.54%
Responses	-	2011	2353	2468	2783



## People Promise elements and theme results – We are safe and healthy: Negative experiences

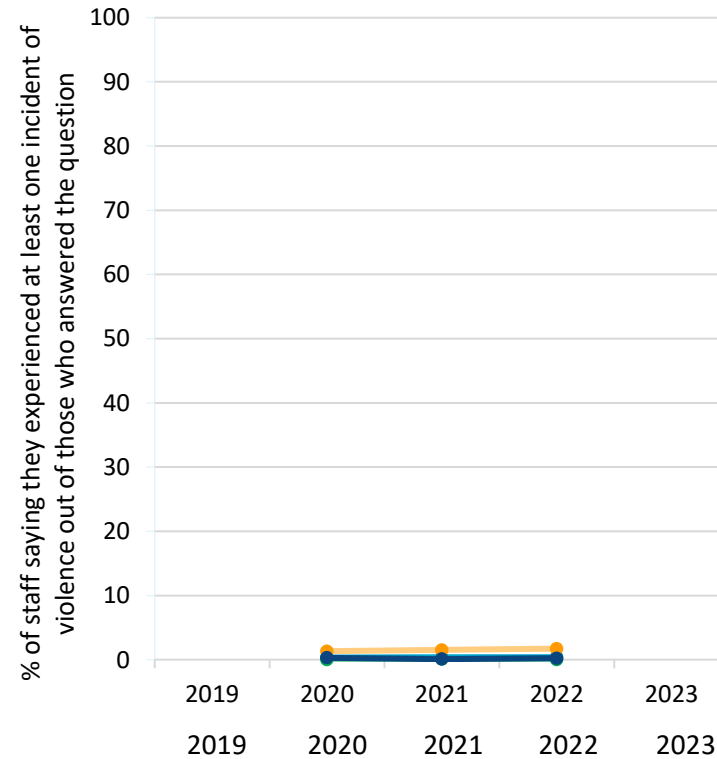


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



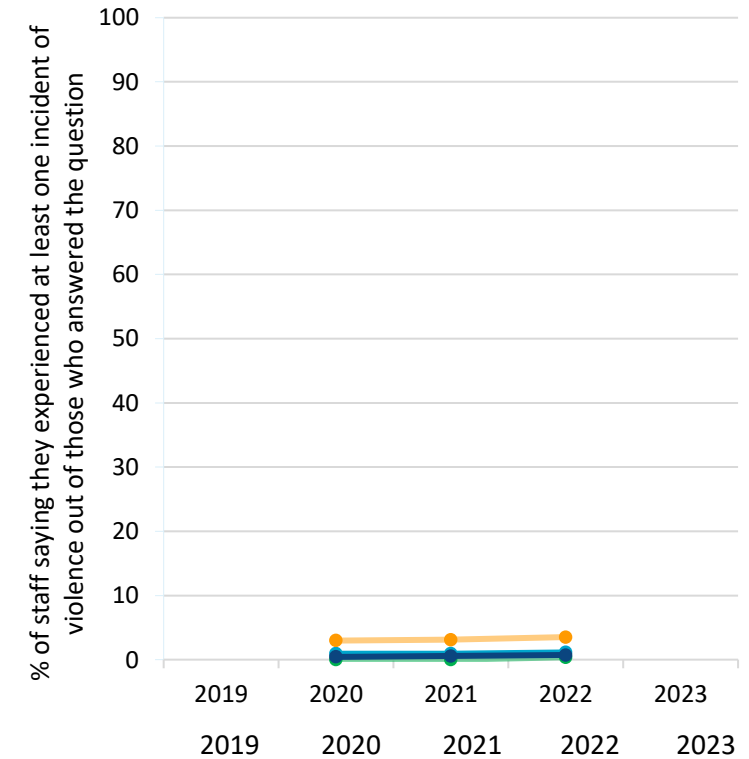
Your org	-	12.02%	10.33%	11.96%	
Best result	-	6.15%	5.14%	5.91%	
Average result	-	14.88%	14.08%	14.30%	
Worst result	-	24.09%	21.83%	23.04%	
Responses	-	1616	2355	2473	

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



Your org	-	0.30%	0.12%	0.23%	
Best result	-	0.00%	0.12%	0.00%	
Average result	-	0.37%	0.37%	0.40%	
Worst result	-	1.32%	1.52%	1.72%	
Responses	-	2008	2344	2462	

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



Your org	-	0.45%	0.58%	0.73%	
Best result	-	0.00%	0.00%	0.39%	
Average result	-	0.96%	0.96%	1.15%	
Worst result	-	3.00%	3.11%	3.51%	
Responses	-	1996	2314	2449	

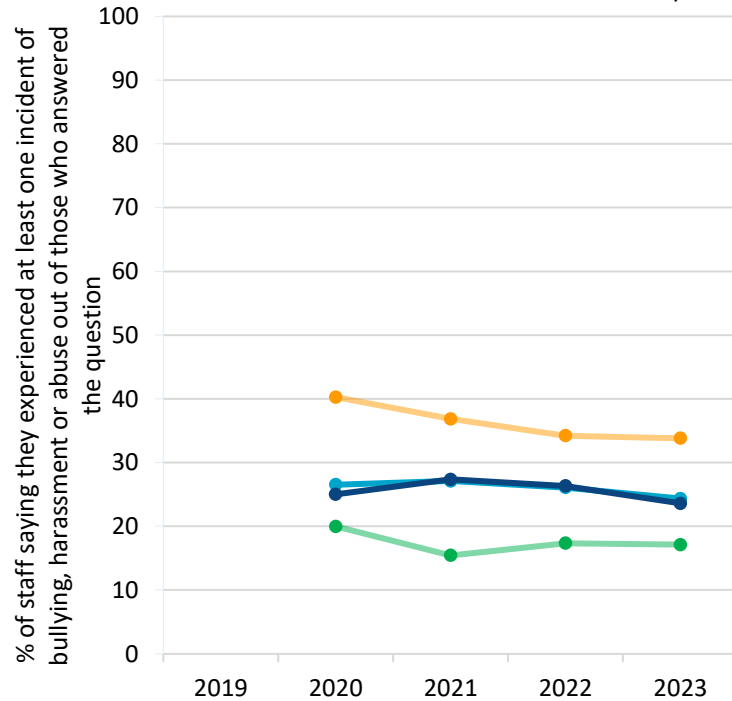
Note. 2023 results for Q13a-c have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



## People Promise elements and theme results – We are safe and healthy: Negative experiences



Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.

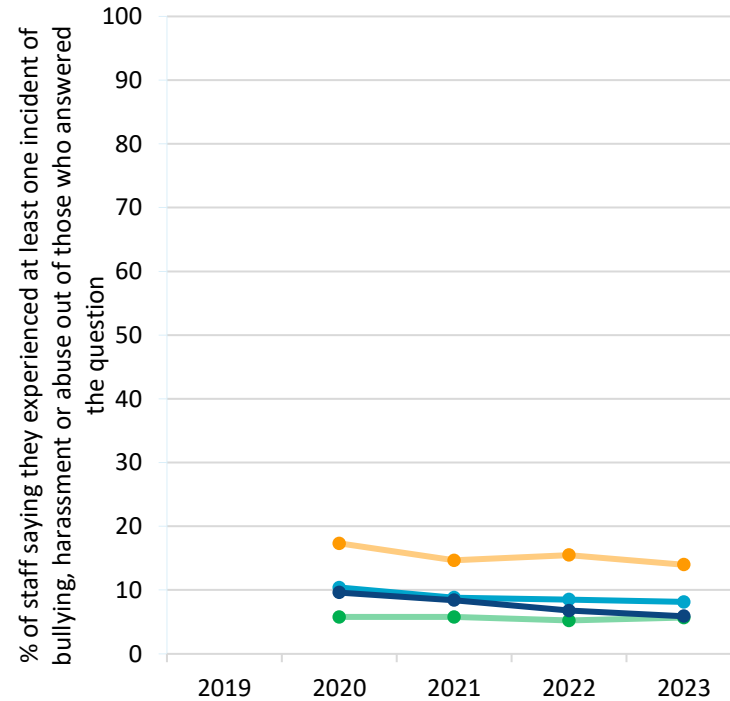


2019 2020 2021 2022 2023

Your org	-	24.99%	27.35%	26.31%	23.59%
Best result	-	19.98%	15.42%	17.33%	17.12%
Average result	-	26.53%	27.11%	26.07%	24.35%
Worst result	-	40.26%	36.84%	34.21%	33.82%

Responses - 2007 2350 2470 2780

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.

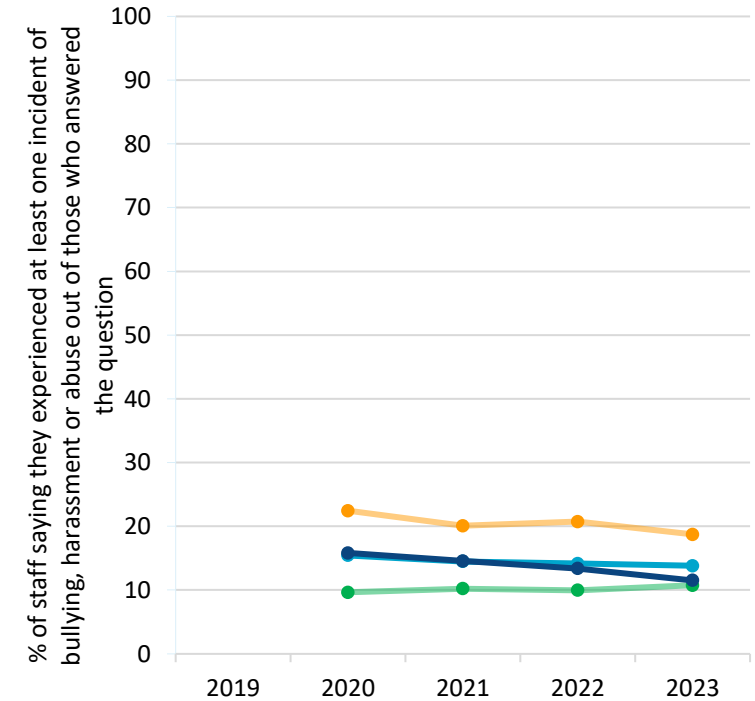


2019 2020 2021 2022 2023

Your org	-	9.62%	8.40%	6.78%	5.89%
Best result	-	5.77%	5.77%	5.21%	5.67%
Average result	-	10.39%	8.81%	8.49%	8.13%
Worst result	-	17.31%	14.64%	15.49%	13.97%

Responses - 2003 2338 2456 2768

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



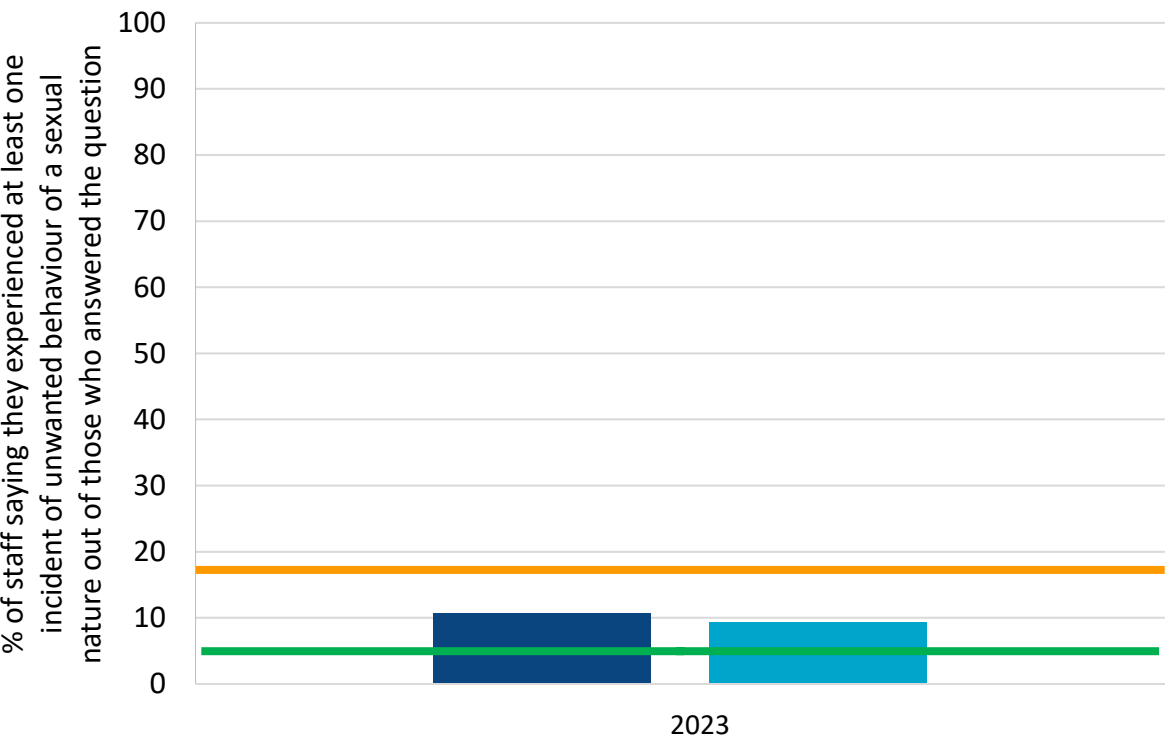
2019 2020 2021 2022 2023

Your org	-	15.81%	14.56%	13.36%	11.51%
Best result	-	9.63%	10.20%	9.97%	10.74%
Average result	-	15.43%	14.48%	14.14%	13.79%
Worst result	-	22.44%	20.07%	20.73%	18.72%

Responses - 1982 2316 2450 2763



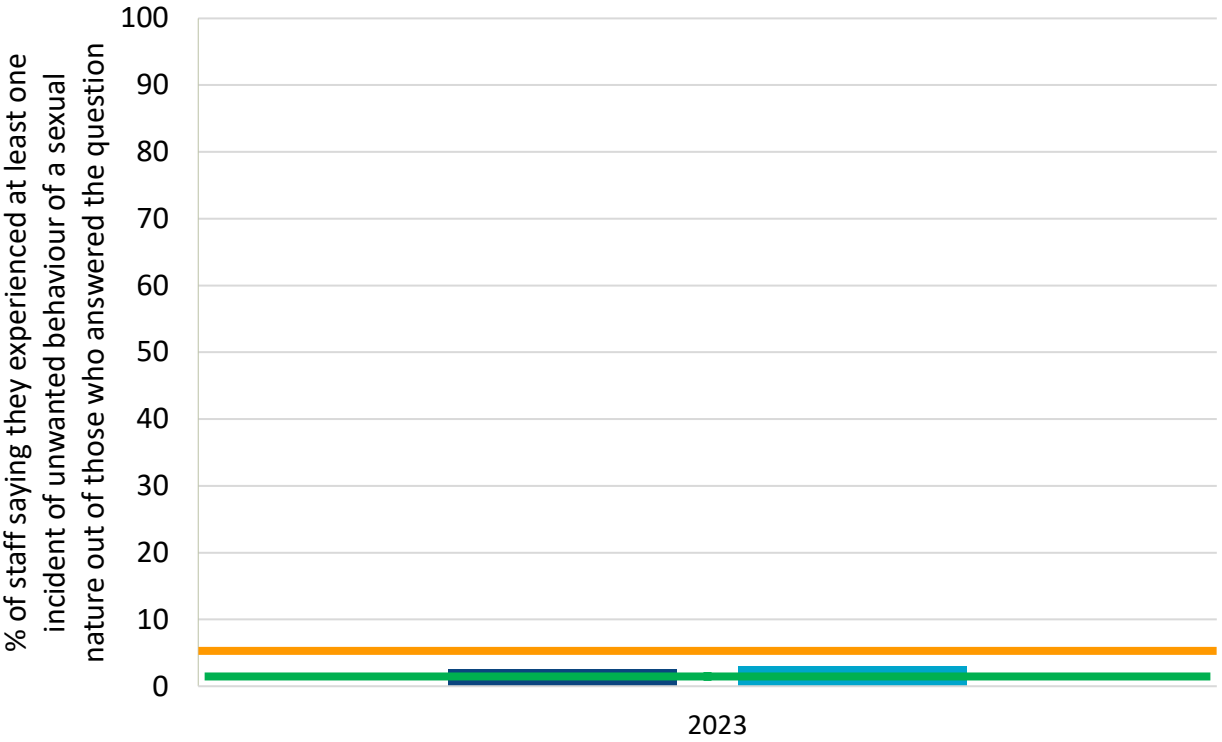
Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



Your org	10.61%
Best result	4.94%
Average result	9.33%
Worst result	17.24%

Responses 2787

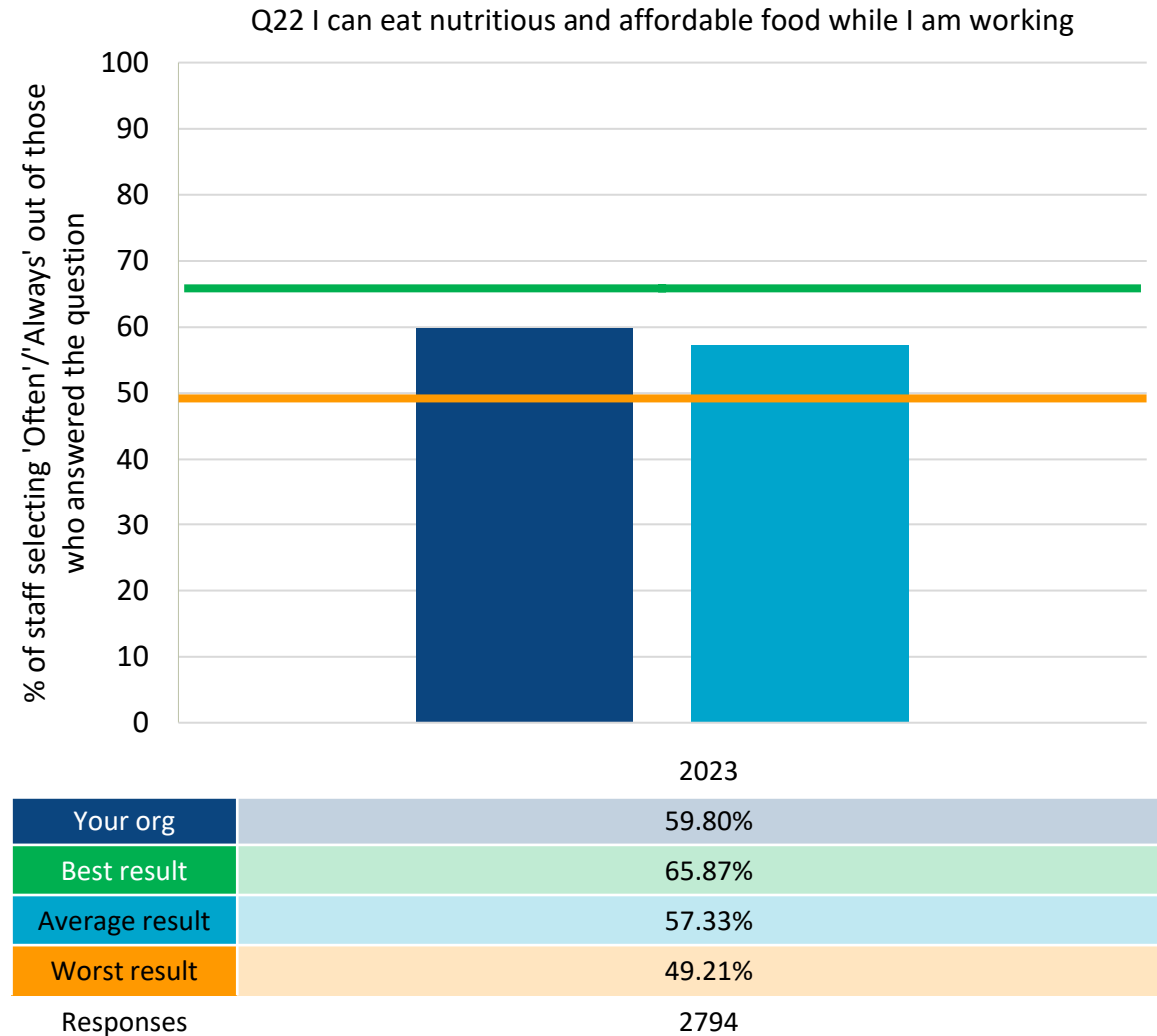
Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



Your org	2.51%
Best result	1.47%
Average result	3.01%
Worst result	5.29%

Responses 2779

\*These questions do not contribute towards any People Promise element score, theme score or sub-score



\*These questions do not contribute towards any People Promise element score, theme score or sub-score



## People Promise element – We are always learning



### Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

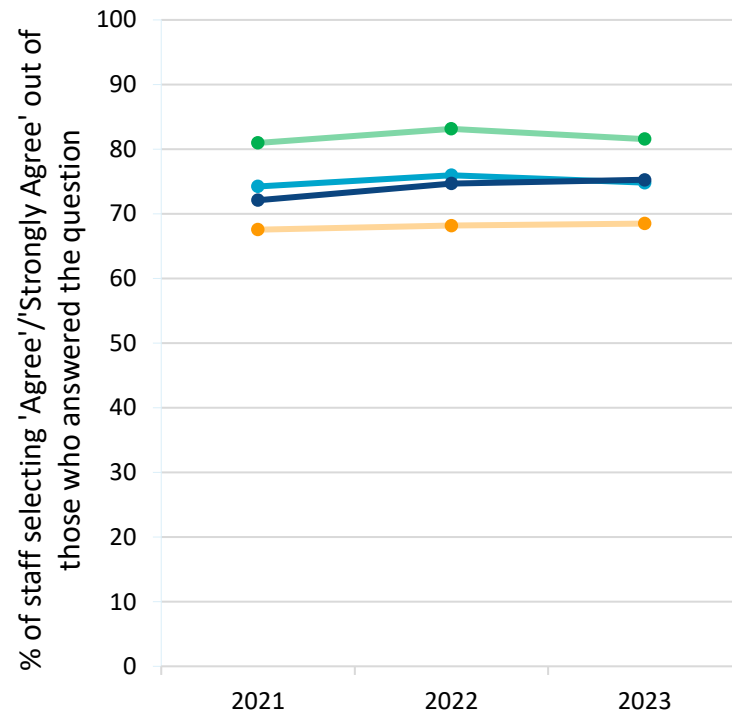
Appraisals – Q23a\*, Q23b, Q23c, Q23d

\*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

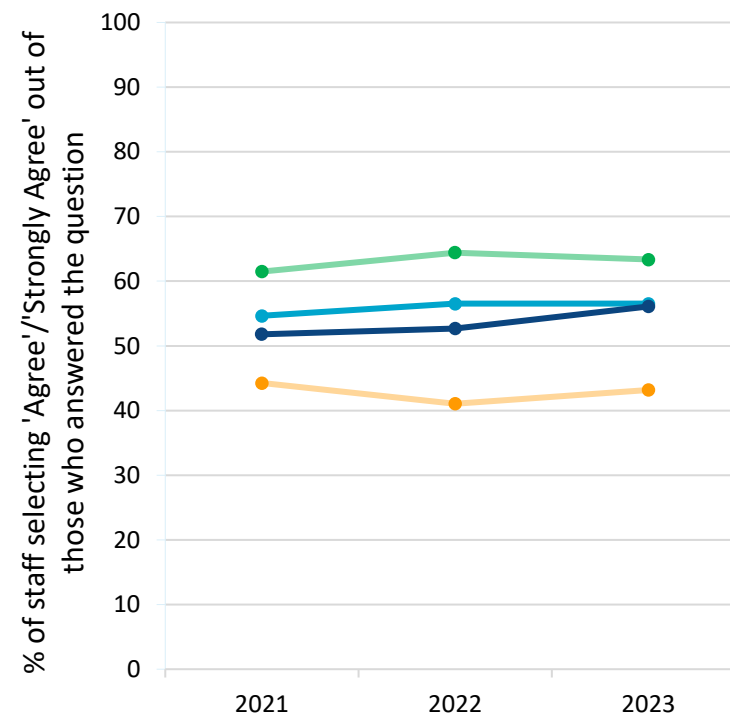


Q24a This organisation offers me challenging work.



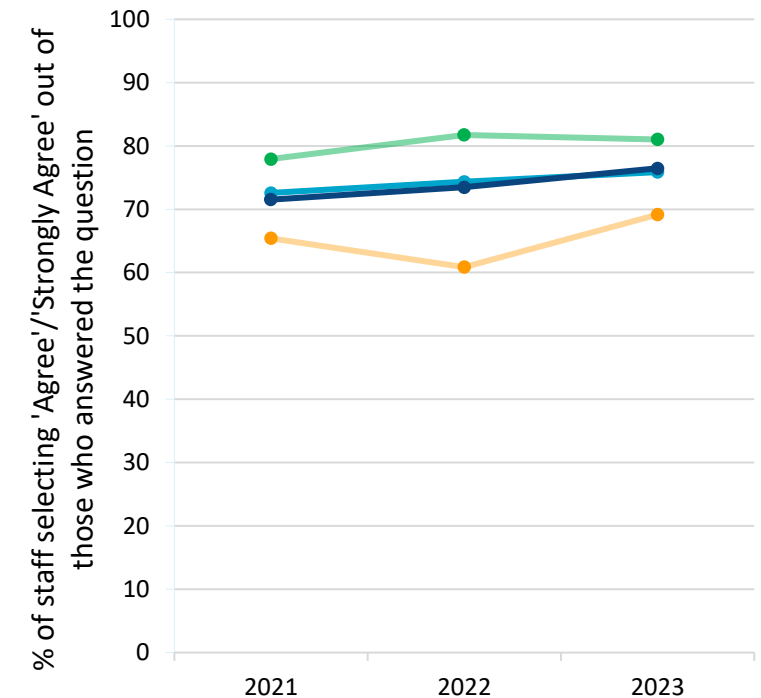
	2021	2022	2023
Your org	72.11%	74.69%	75.25%
Best result	80.96%	83.13%	81.57%
Average result	74.24%	75.97%	74.81%
Worst result	67.54%	68.17%	68.49%
Responses	2355	2485	2797

Q24b There are opportunities for me to develop my career in this organisation.



	2021	2022	2023
Your org	51.80%	52.68%	56.10%
Best result	61.51%	64.41%	63.35%
Average result	54.65%	56.53%	56.52%
Worst result	44.24%	41.07%	43.19%
Responses	2354	2482	2798

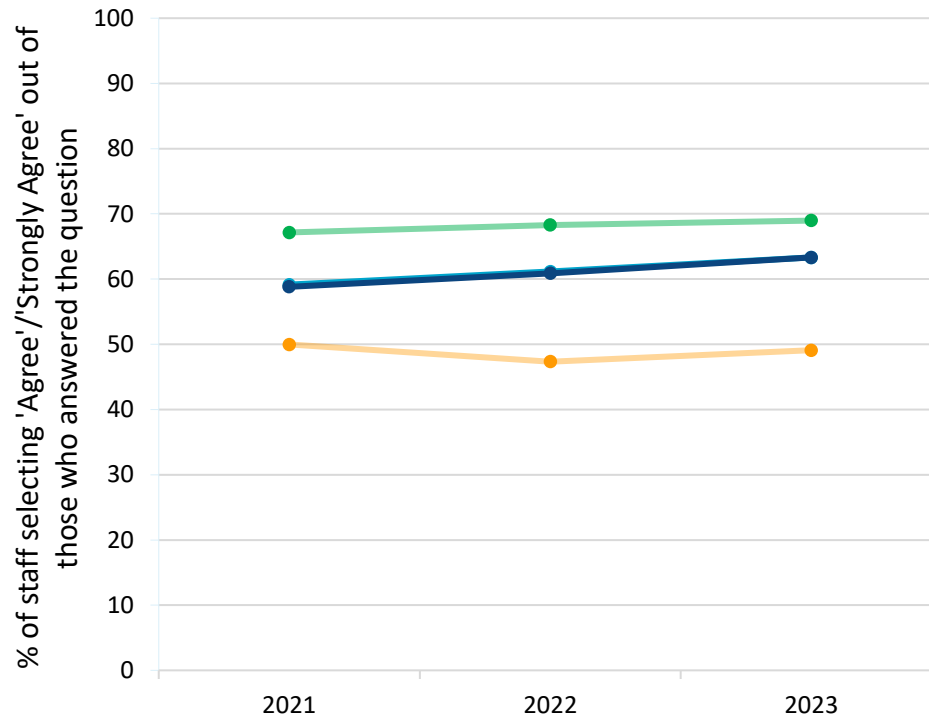
Q24c I have opportunities to improve my knowledge and skills.



	2021	2022	2023
Your org	71.54%	73.48%	76.46%
Best result	77.93%	81.72%	81.04%
Average result	72.56%	74.34%	75.88%
Worst result	65.43%	60.86%	69.15%
Responses	2358	2481	2797

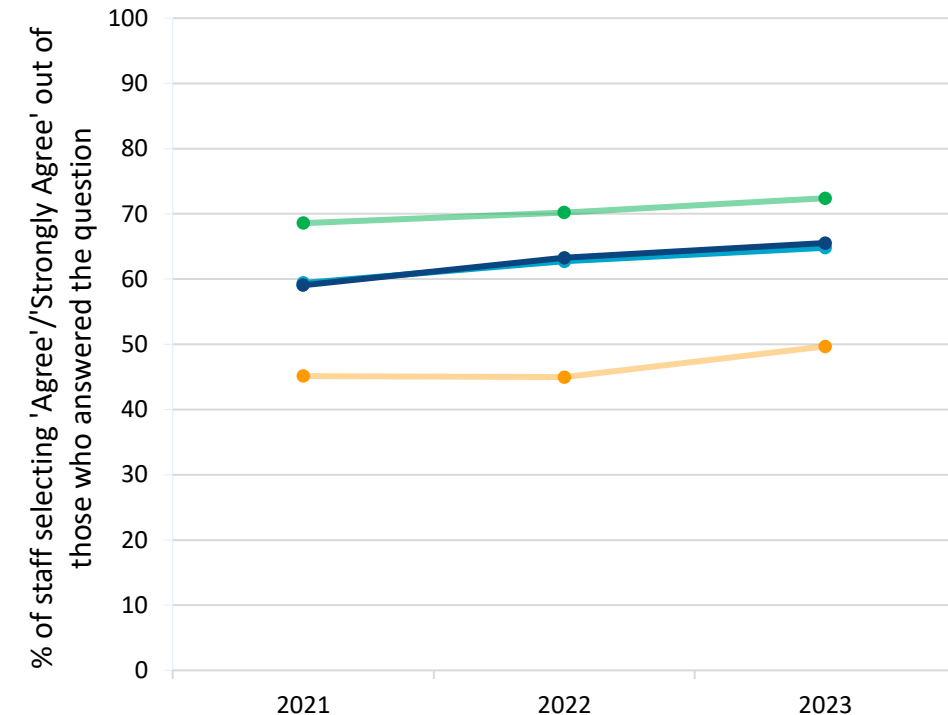


Q24d I feel supported to develop my potential.



	2021	2022	2023
Your org	58.83%	60.88%	63.30%
Best result	67.15%	68.28%	68.98%
Average result	59.13%	61.16%	63.30%
Worst result	49.98%	47.34%	49.09%
Responses	2352	2483	2793

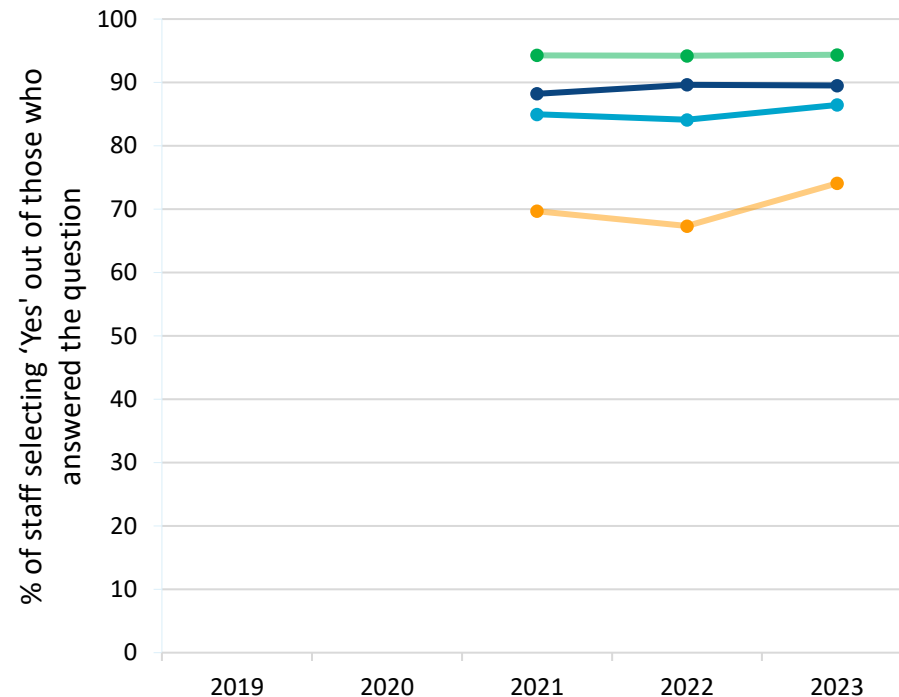
Q24e I am able to access the right learning and development opportunities when I need to.



	2021	2022	2023
Your org	59.05%	63.26%	65.52%
Best result	68.59%	70.18%	72.39%
Average result	59.41%	62.74%	64.81%
Worst result	45.13%	44.95%	49.67%
Responses	2351	2483	2794

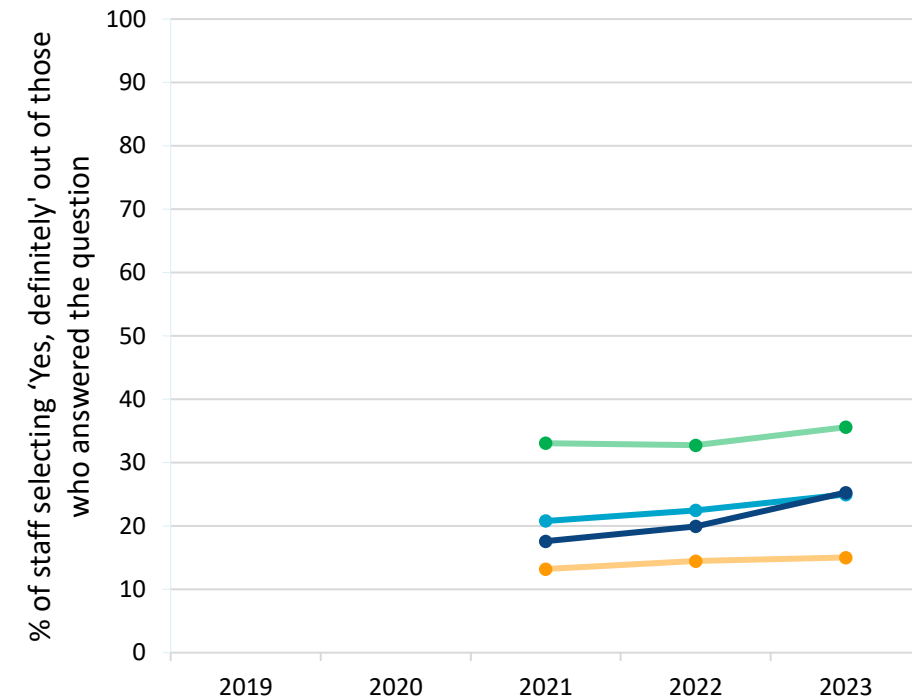


Q23a\* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2019	2020	2021	2022	2023
Your org	-	-	88.20%	89.61%	89.49%
Best result	-	-	94.26%	94.19%	94.34%
Average result	-	-	84.96%	84.08%	86.45%
Worst result	-	-	69.67%	67.32%	74.07%
Responses	-	-	2344	2463	2789

Q23b It helped me to improve how I do my job.

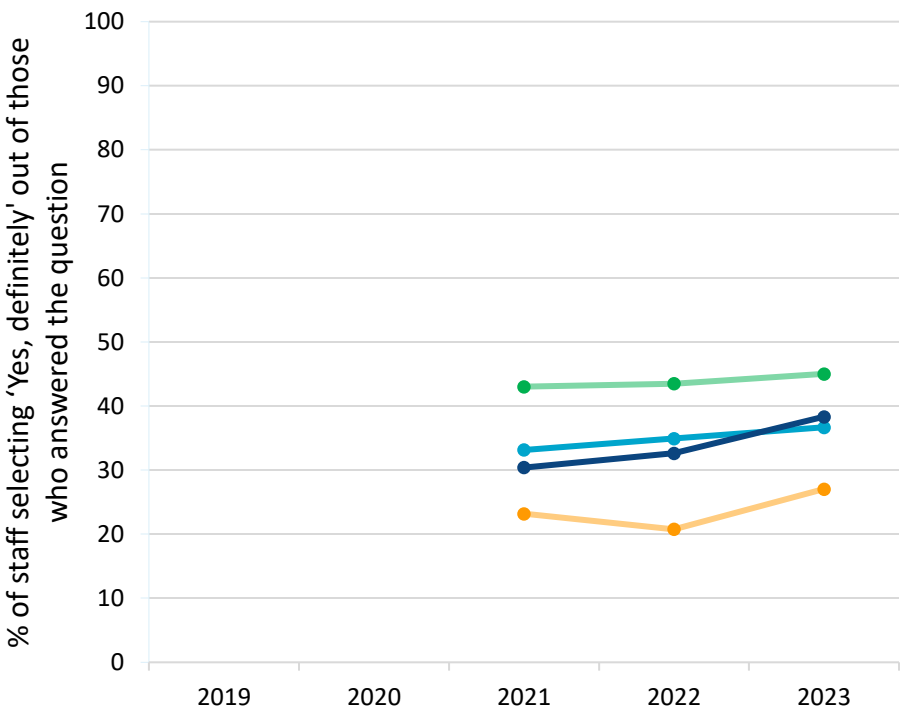


	2019	2020	2021	2022	2023
Your org	-	-	17.58%	19.93%	25.25%
Best result	-	-	33.07%	32.74%	35.60%
Average result	-	-	20.80%	22.45%	24.95%
Worst result	-	-	13.20%	14.47%	15.02%
Responses	-	-	2058	2198	2486

\*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

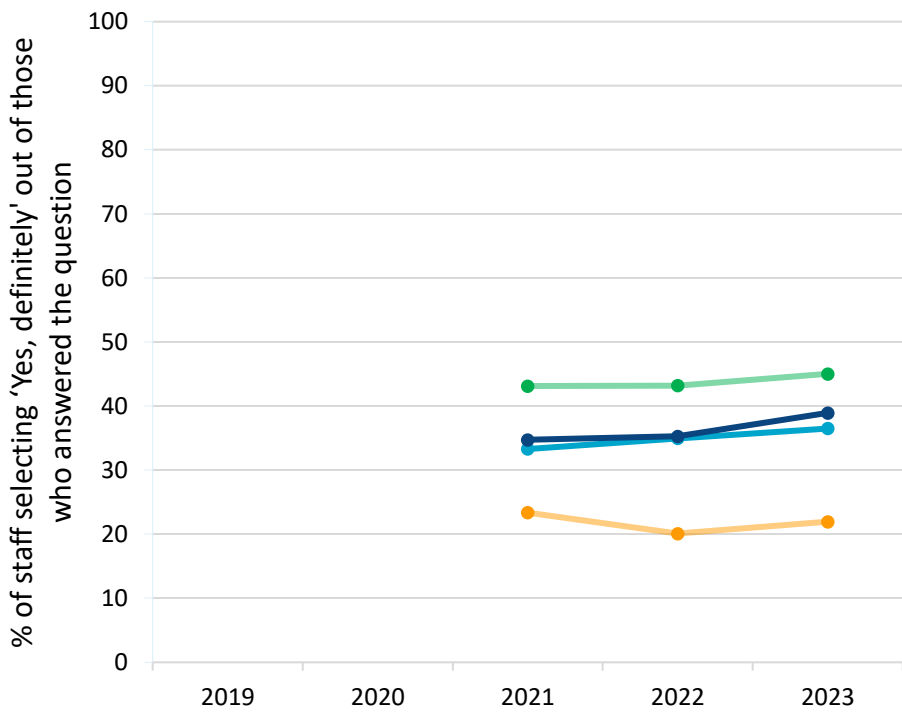


Q23c It helped me agree clear objectives for my work.



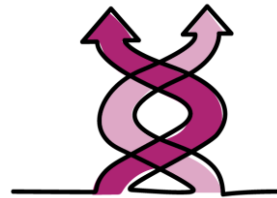
	2019	2020	2021	2022	2023
Your org	-	-	30.40%	32.61%	38.31%
Best result	-	-	43.01%	43.50%	45.00%
Average result	-	-	33.15%	34.93%	36.67%
Worst result	-	-	23.18%	20.76%	27.01%
Responses	-	-	2058	2195	2483

Q23d It left me feeling that my work is valued by my organisation.



	2019	2020	2021	2022	2023
Your org	-	-	34.72%	35.27%	38.91%
Best result	-	-	43.10%	43.17%	45.01%
Average result	-	-	33.29%	34.94%	36.48%
Worst result	-	-	23.36%	20.07%	21.93%
Responses	-	-	2056	2199	2481

## People Promise element – We work flexibly



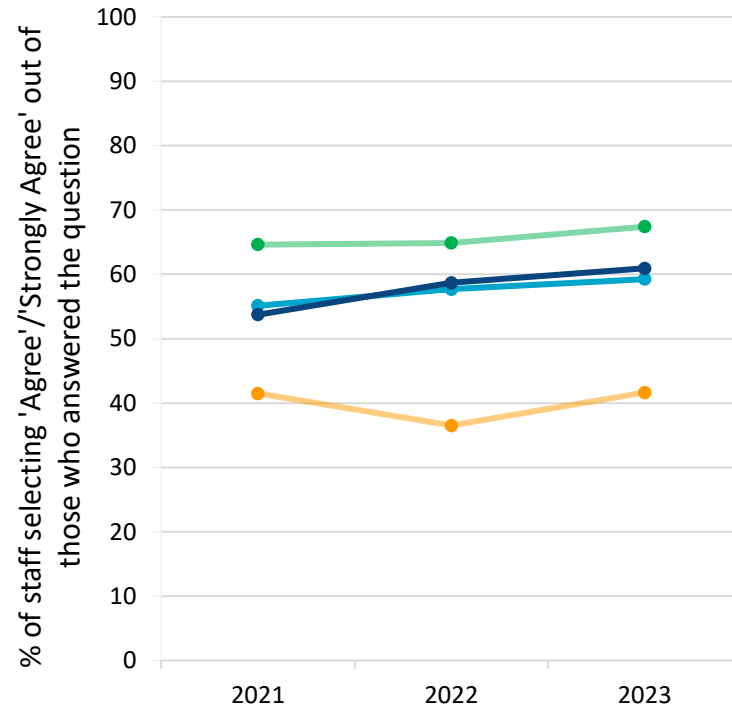
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

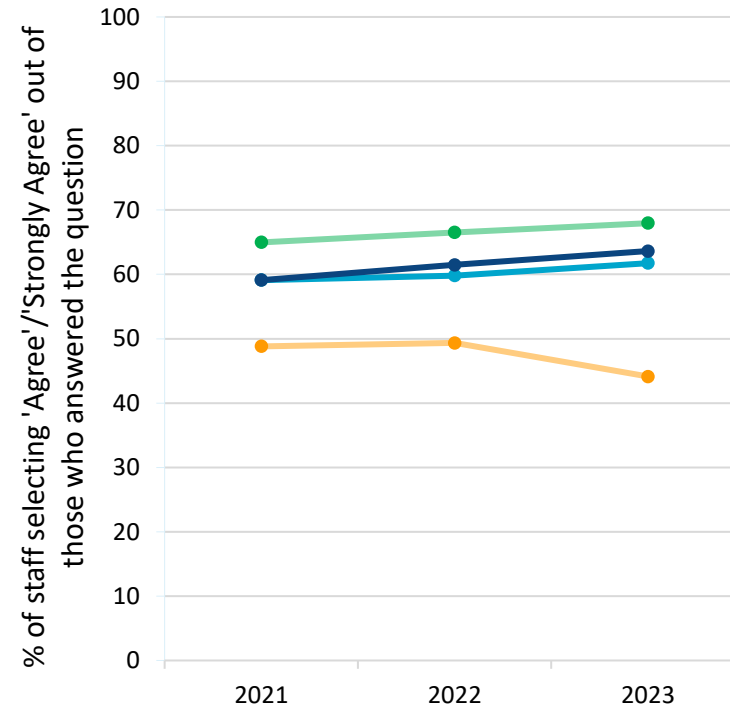


Q6b My organisation is committed to helping me balance my work and home life.



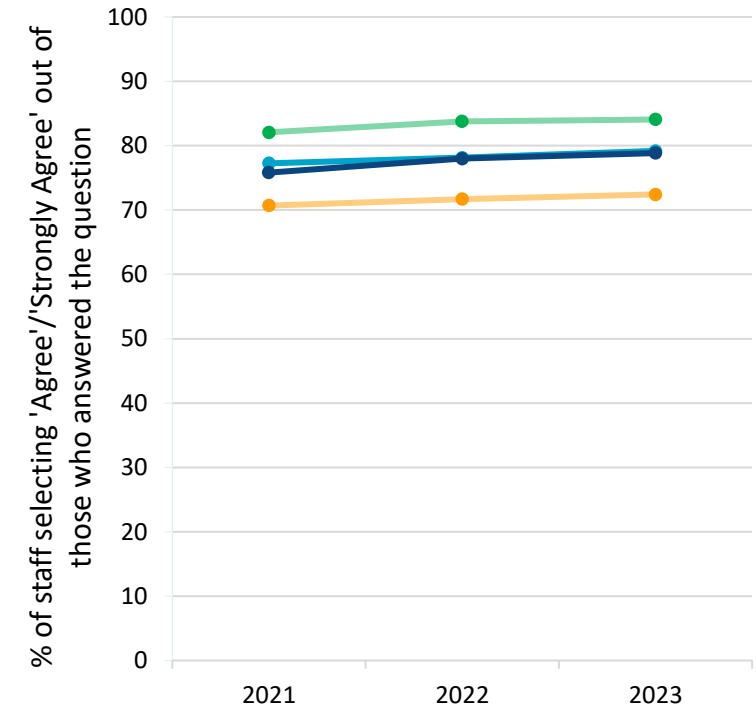
	2021	2022	2023
Your org	53.72%	58.69%	60.93%
Best result	64.63%	64.88%	67.41%
Average result	55.13%	57.70%	59.25%
Worst result	41.49%	36.52%	41.64%
Responses	2360	2476	2796

Q6c I achieve a good balance between my work life and my home life.



	2021	2022	2023
Your org	59.11%	61.48%	63.61%
Best result	64.99%	66.50%	67.98%
Average result	59.11%	59.81%	61.76%
Worst result	48.81%	49.33%	44.12%
Responses	2359	2479	2790

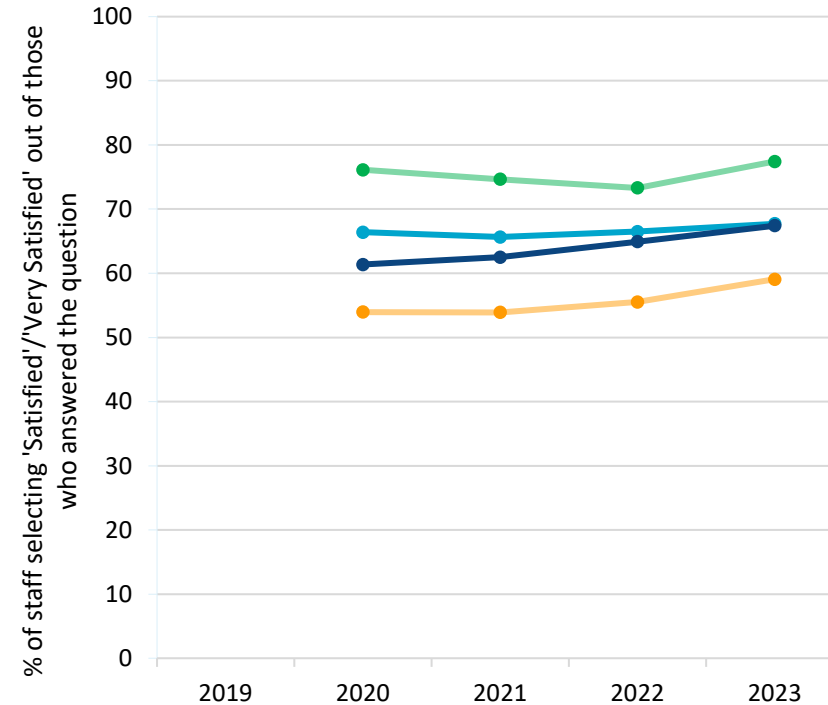
Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022	2023
Your org	75.84%	77.99%	78.85%
Best result	82.07%	83.76%	84.07%
Average result	77.25%	78.13%	79.18%
Worst result	70.71%	71.70%	72.43%
Responses	2360	2482	2798



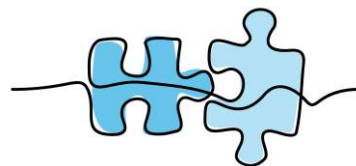
Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2019	2020	2021	2022	2023
Your org	-	61.36%	62.51%	64.93%	67.42%
Best result	-	76.13%	74.65%	73.30%	77.42%
Average result	-	66.39%	65.65%	66.49%	67.73%
Worst result	-	53.97%	53.91%	55.54%	59.06%
Responses	-	2013	2356	2472	2794



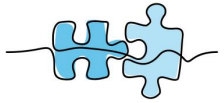
## People Promise element – We are a team



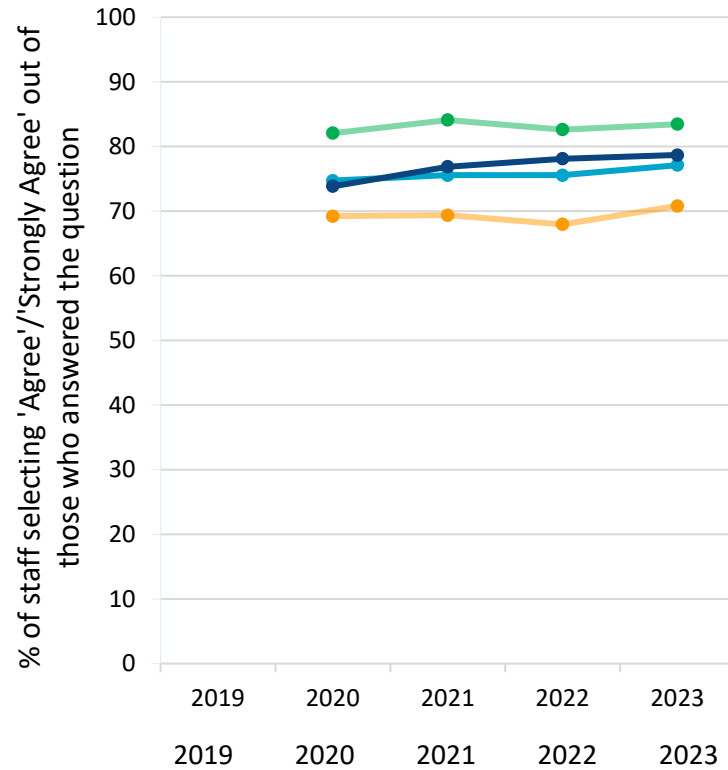
### Questions included:

Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

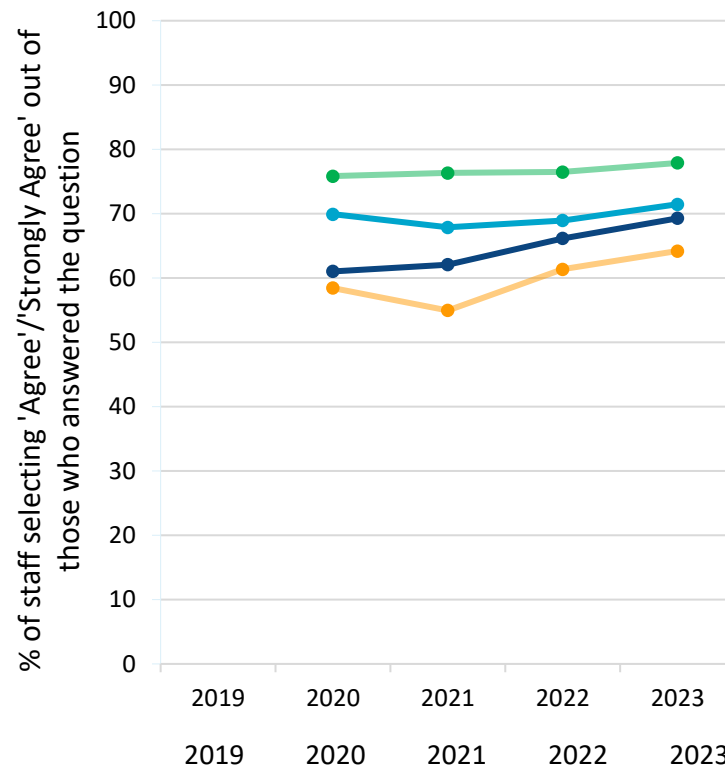


Q7a The team I work in has a set of shared objectives.



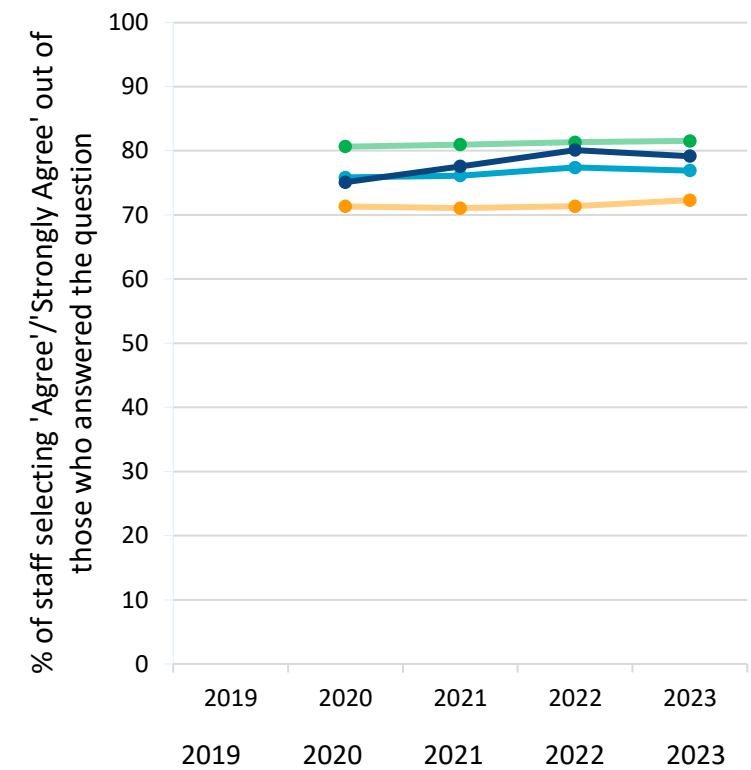
	2019	2020	2021	2022	2023
Your org	-	73.86%	76.88%	78.13%	78.69%
Best result	-	82.09%	84.10%	82.64%	83.46%
Average result	-	74.74%	75.58%	75.57%	77.13%
Worst result	-	69.23%	69.38%	67.98%	70.83%
Responses	-	2004	2359	2480	2797

Q7b The team I work in often meets to discuss the team's effectiveness.

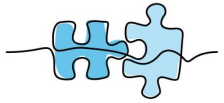


	2019	2020	2021	2022	2023
Your org	-	61.02%	62.07%	66.15%	69.30%
Best result	-	75.84%	76.33%	76.49%	77.90%
Average result	-	69.91%	67.88%	68.94%	71.47%
Worst result	-	58.46%	54.96%	61.36%	64.20%
Responses	-	2009	2360	2481	2796

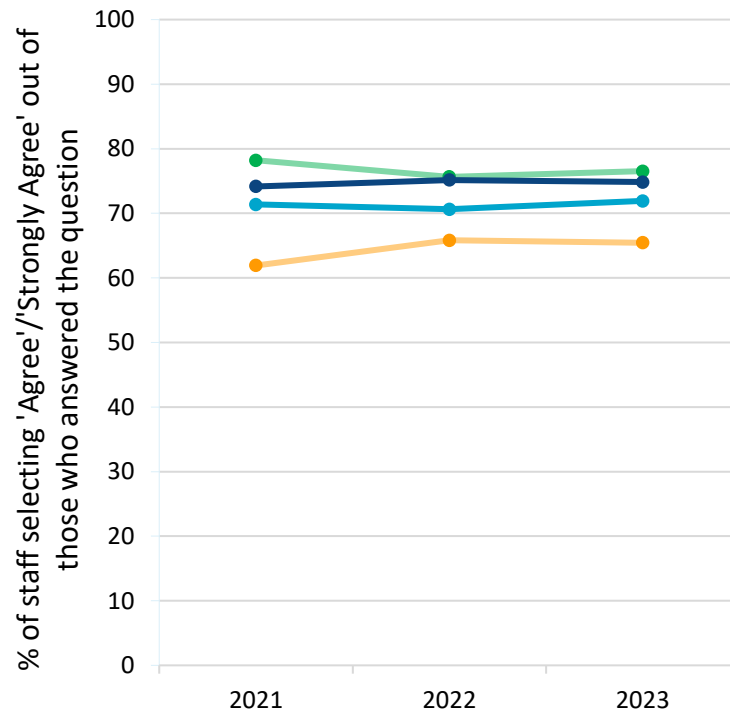
Q7c I receive the respect I deserve from my colleagues at work.



	2019	2020	2021	2022	2023
Your org	-	75.10%	77.58%	80.10%	79.16%
Best result	-	80.66%	80.95%	81.34%	81.54%
Average result	-	75.84%	76.13%	77.38%	76.93%
Worst result	-	71.32%	71.06%	71.35%	72.31%
Responses	-	2014	2362	2481	2795

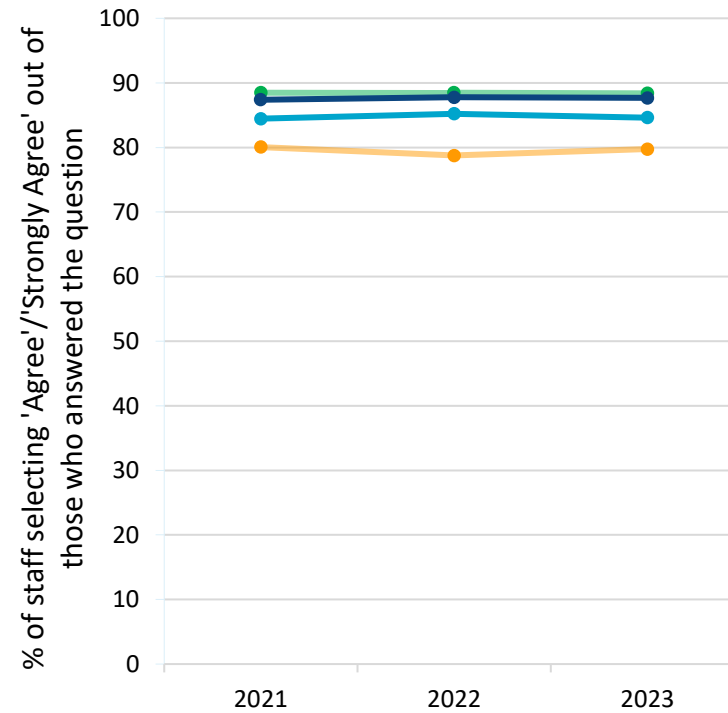


Q7d Team members understand each other's roles.



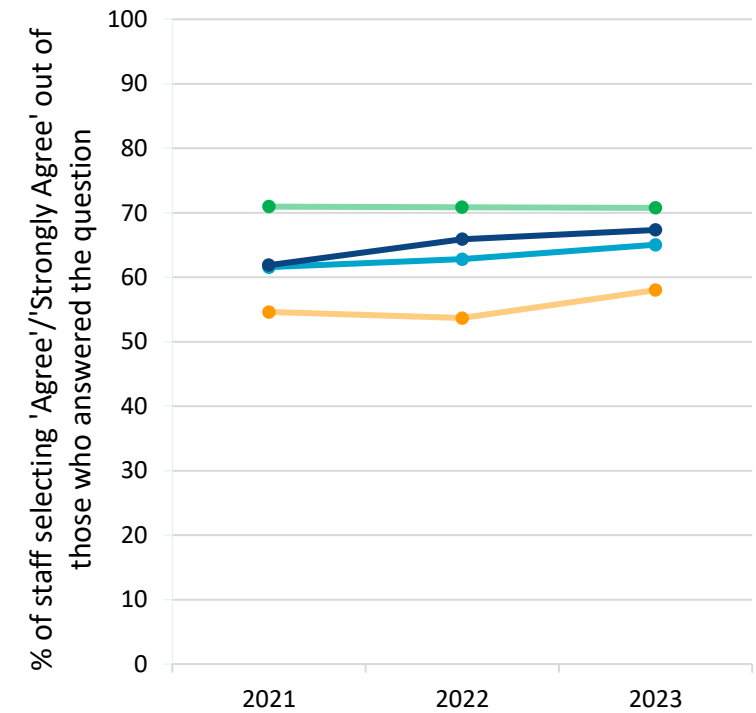
	2021	2022	2023
Your org	74.14%	75.15%	74.83%
Best result	78.20%	75.63%	76.53%
Average result	71.36%	70.61%	71.92%
Worst result	61.93%	65.82%	65.44%
Responses	2359	2477	2796

Q7e I enjoy working with the colleagues in my team.

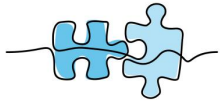


	2021	2022	2023
Your org	87.39%	87.77%	87.68%
Best result	88.50%	88.48%	88.38%
Average result	84.46%	85.21%	84.63%
Worst result	80.07%	78.76%	79.75%
Responses	2362	2479	2798

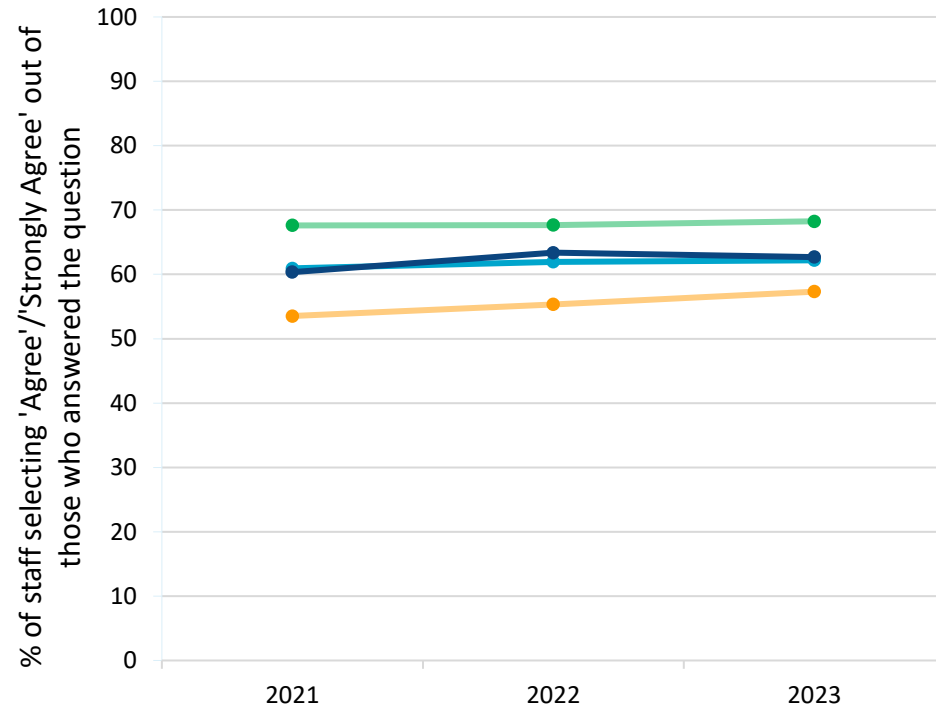
Q7f My team has enough freedom in how to do its work.



	2021	2022	2023
Your org	61.87%	65.91%	67.34%
Best result	70.97%	70.85%	70.76%
Average result	61.57%	62.81%	65.04%
Worst result	54.62%	53.66%	58.03%
Responses	2357	2472	2790

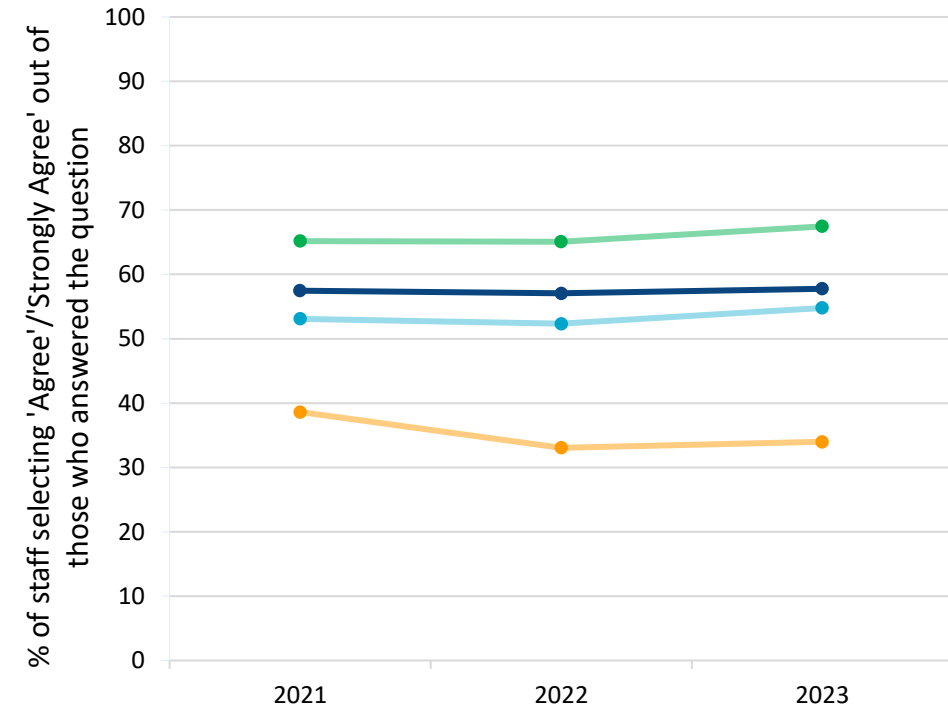


Q7g In my team disagreements are dealt with constructively.

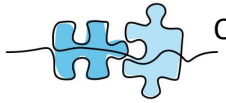


	2021	2022	2023
Your org	60.35%	63.37%	62.70%
Best result	67.64%	67.66%	68.24%
Average result	60.93%	61.94%	62.20%
Worst result	53.52%	55.34%	57.33%
Responses	2357	2475	2790

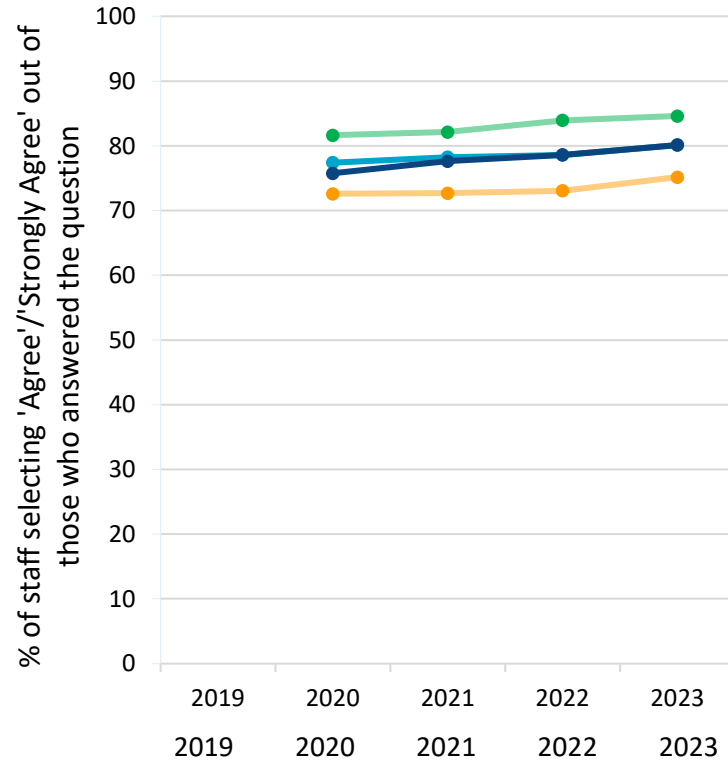
Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023
Your org	57.44%	57.06%	57.77%
Best result	65.19%	65.09%	67.46%
Average result	53.09%	52.33%	54.78%
Worst result	38.61%	33.05%	33.97%
Responses	2353	2471	2788

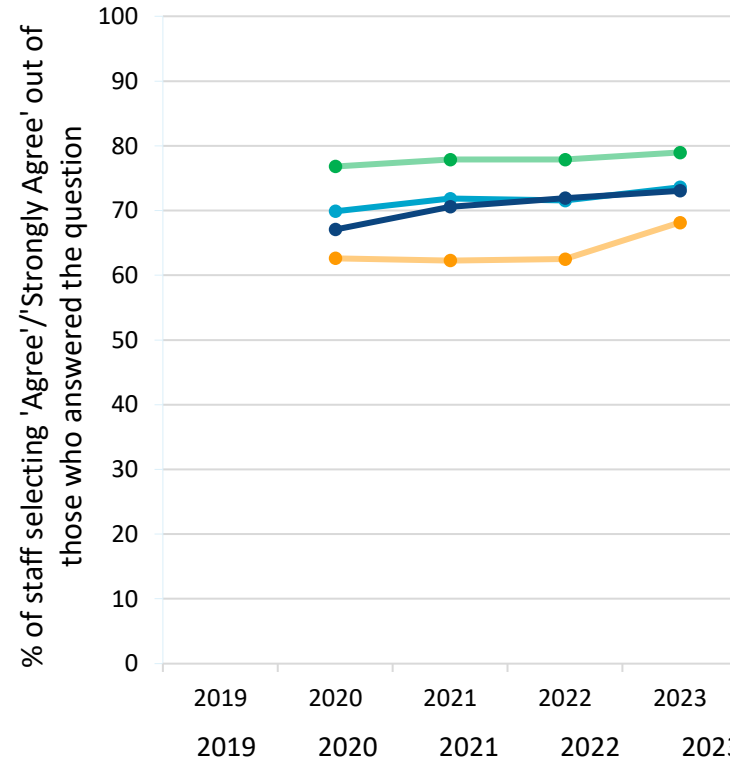


Q9a My immediate manager encourages me at work.



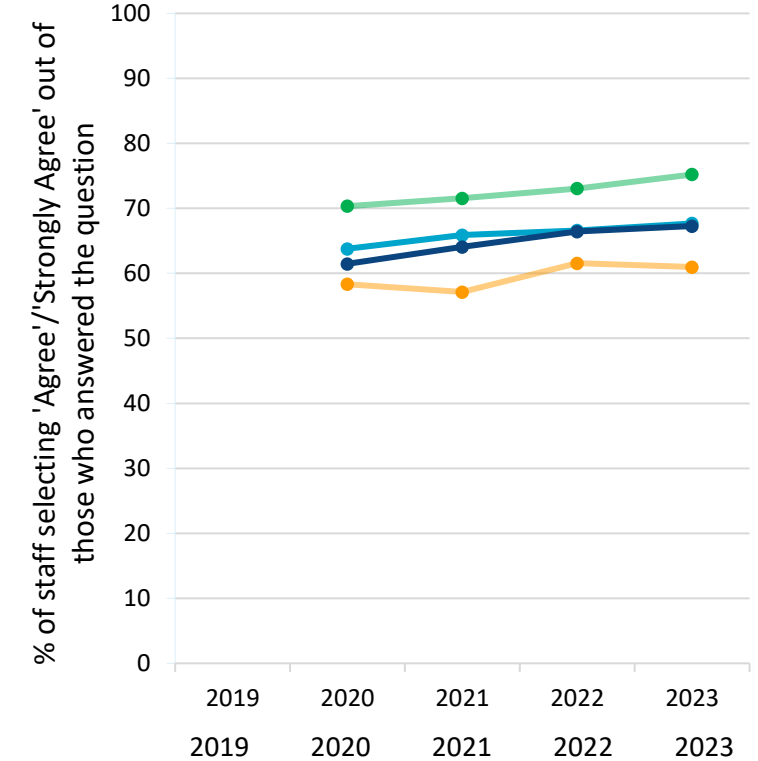
Your org	-	2016	2362	2481	2792
Best result	-	81.63%	82.14%	83.92%	84.61%
Average result	-	77.40%	78.25%	78.60%	80.12%
Worst result	-	72.59%	72.69%	73.05%	75.16%
Responses	-	2016	2362	2481	2792

Q9b My immediate manager gives me clear feedback on my work.

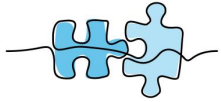


Your org	-	2013	2363	2480	2791
Best result	-	76.82%	77.87%	77.87%	78.97%
Average result	-	69.88%	71.83%	71.54%	73.61%
Worst result	-	62.61%	62.27%	62.50%	68.14%
Responses	-	2013	2363	2480	2791

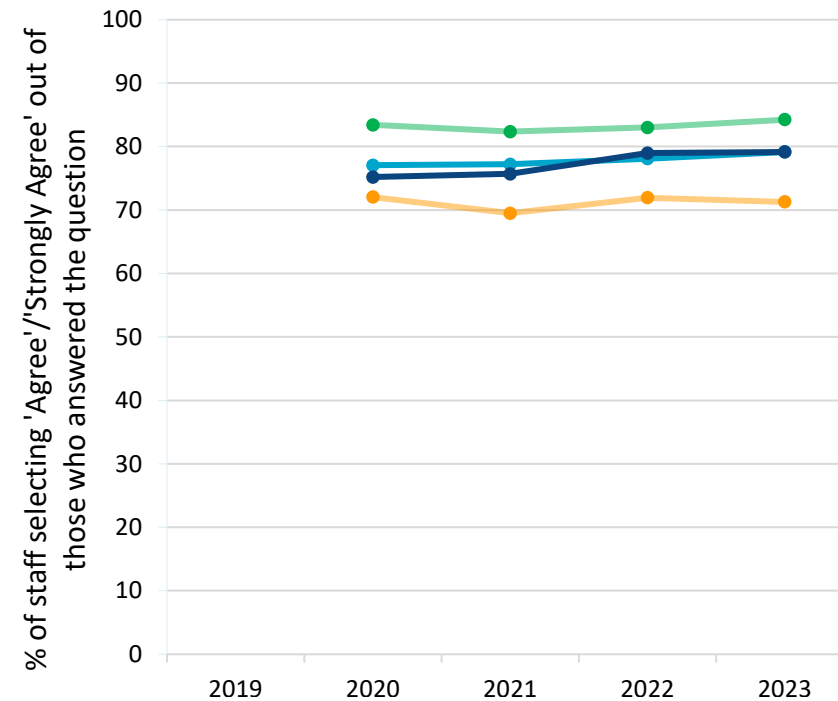
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



Your org	-	2010	2359	2479	2791
Best result	-	70.33%	71.55%	73.06%	75.21%
Average result	-	63.76%	65.89%	66.59%	67.68%
Worst result	-	58.32%	57.11%	61.55%	60.95%
Responses	-	2010	2359	2479	2791



Q9d My immediate manager takes a positive interest in my health and well-being.



	2019	2020	2021	2022	2023
Your org	-	75.19%	75.70%	78.99%	79.16%
Best result	-	83.41%	82.36%	83.00%	84.26%
Average result	-	77.07%	77.22%	78.09%	79.16%
Worst result	-	72.04%	69.49%	71.93%	71.29%
Responses	-	2012	2360	2480	2799

## Theme – Staff engagement

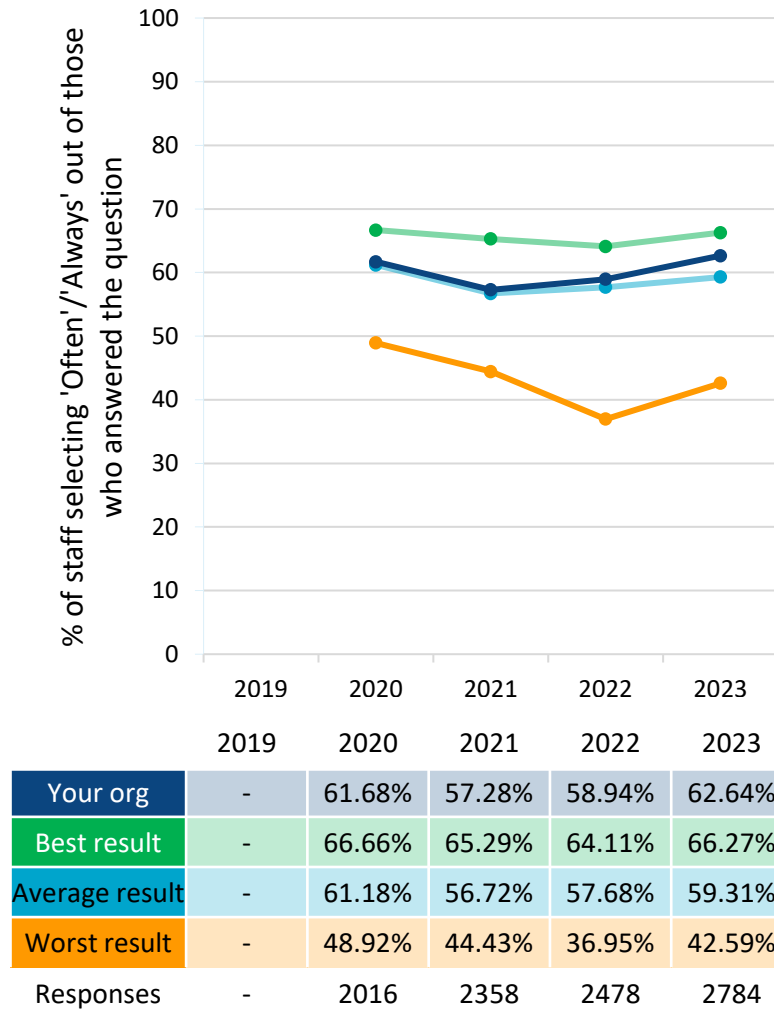
### Questions included:

Motivation – Q2a, Q2b, Q2c

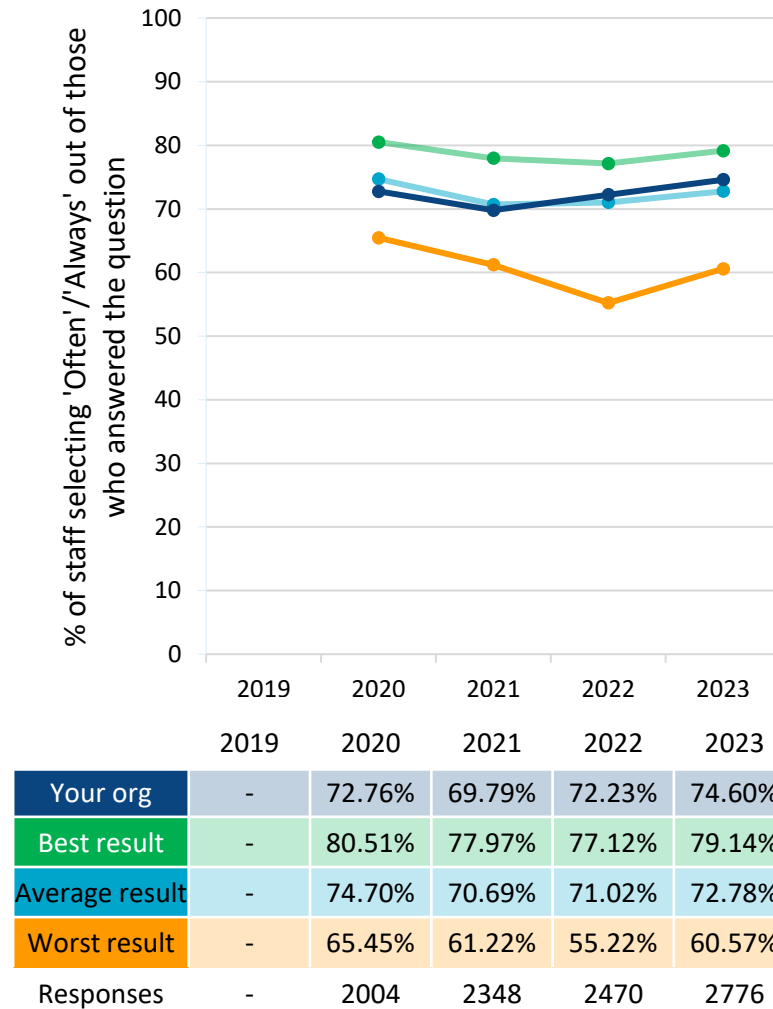
Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

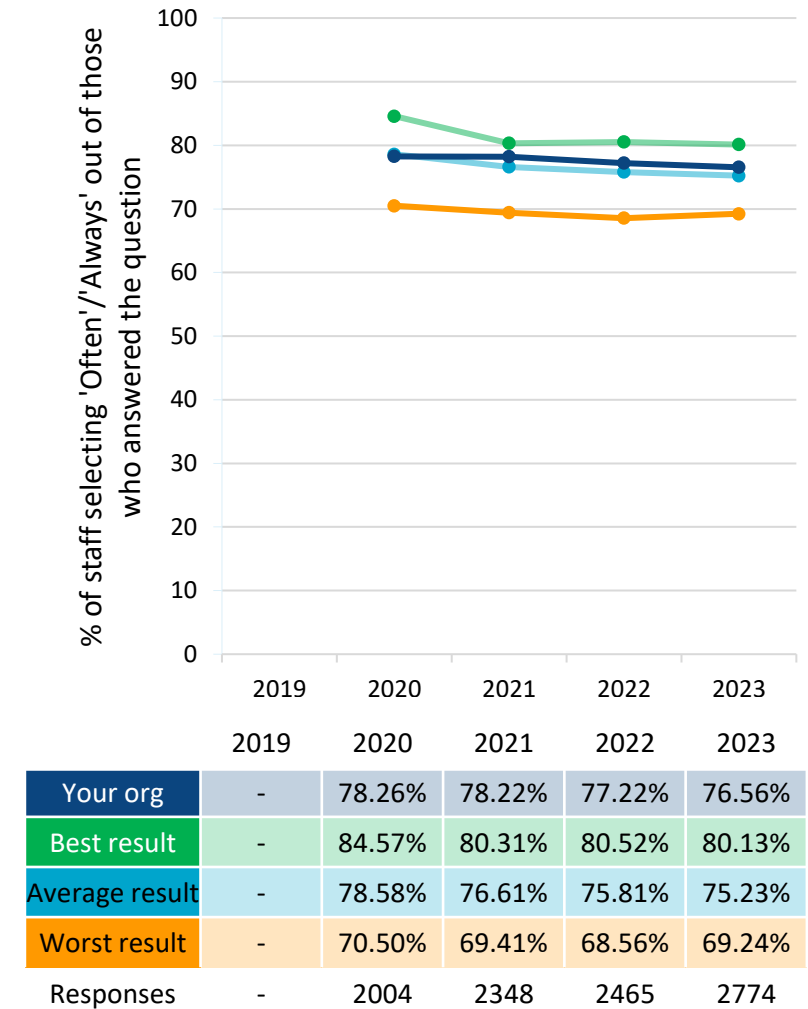
Q2a I look forward to going to work.



Q2b I am enthusiastic about my job.

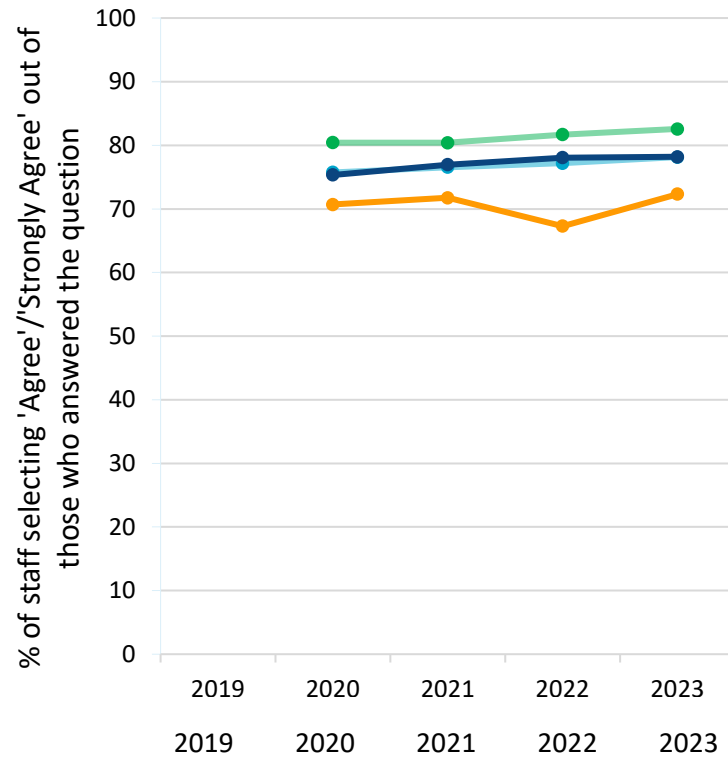


Q2c Time passes quickly when I am working.



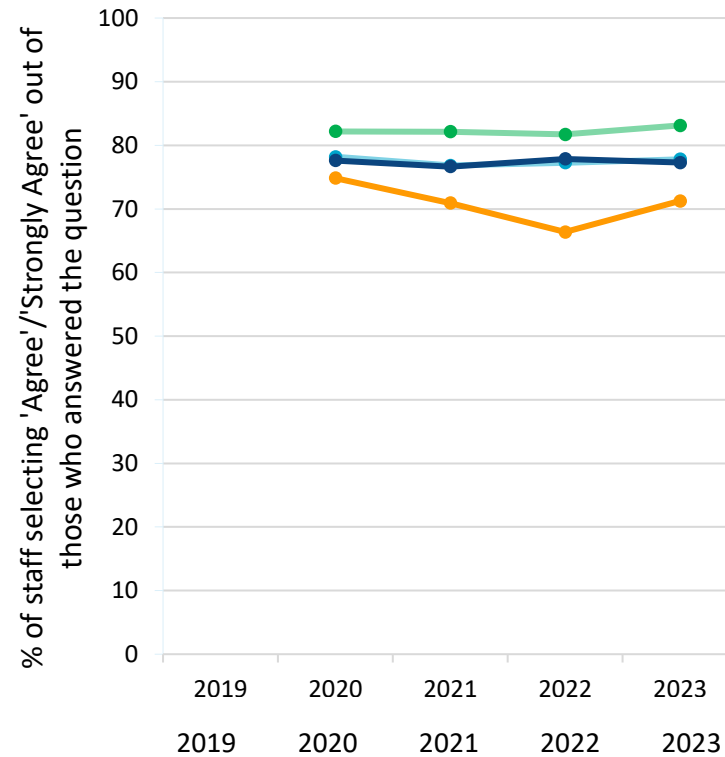


Q3c There are frequent opportunities for me to show initiative in my role.



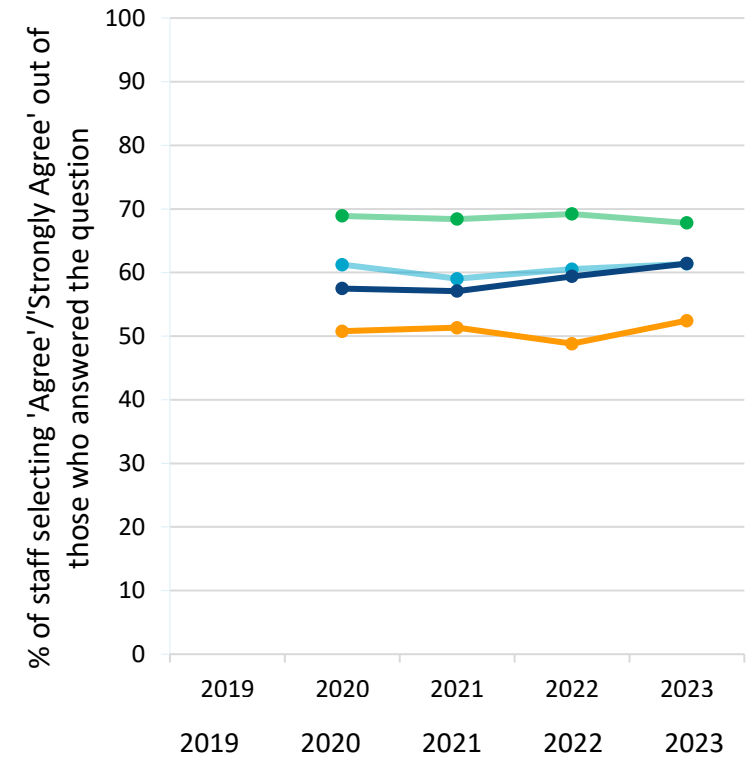
Your org	-	2015	2357	2474	2789
Best result	-	80.42%	80.39%	81.69%	82.58%
Average result	-	75.75%	76.55%	77.17%	78.14%
Worst result	-	70.70%	71.75%	67.29%	72.32%
Responses	-	2015	2357	2474	2789

Q3d I am able to make suggestions to improve the work of my team / department.



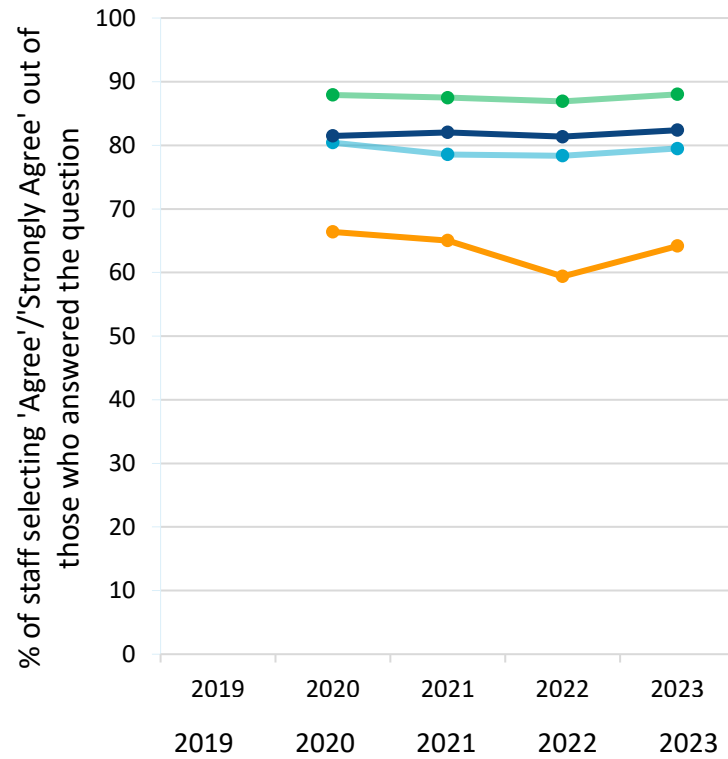
Your org	-	2015	2353	2474	2784
Best result	-	82.18%	82.14%	81.71%	83.13%
Average result	-	78.18%	76.84%	77.25%	77.80%
Worst result	-	74.85%	70.93%	66.36%	71.24%
Responses	-	2015	2353	2474	2784

Q3f I am able to make improvements happen in my area of work.



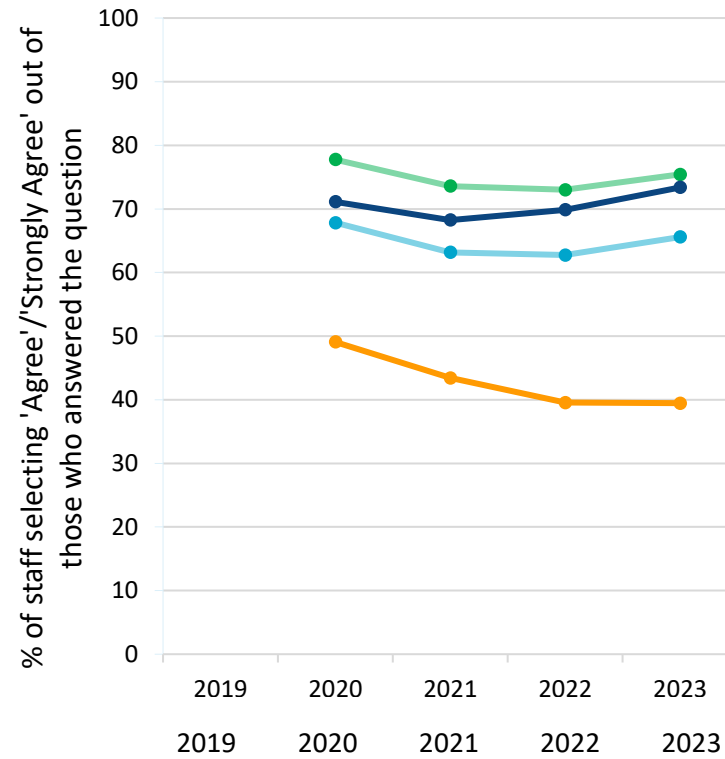
Your org	-	2003	2338	2475	2782
Best result	-	68.91%	68.40%	69.20%	67.81%
Average result	-	61.24%	59.01%	60.52%	61.37%
Worst result	-	50.78%	51.33%	48.81%	52.44%
Responses	-	2003	2338	2475	2782

Q25a Care of patients / service users is my organisation's top priority.



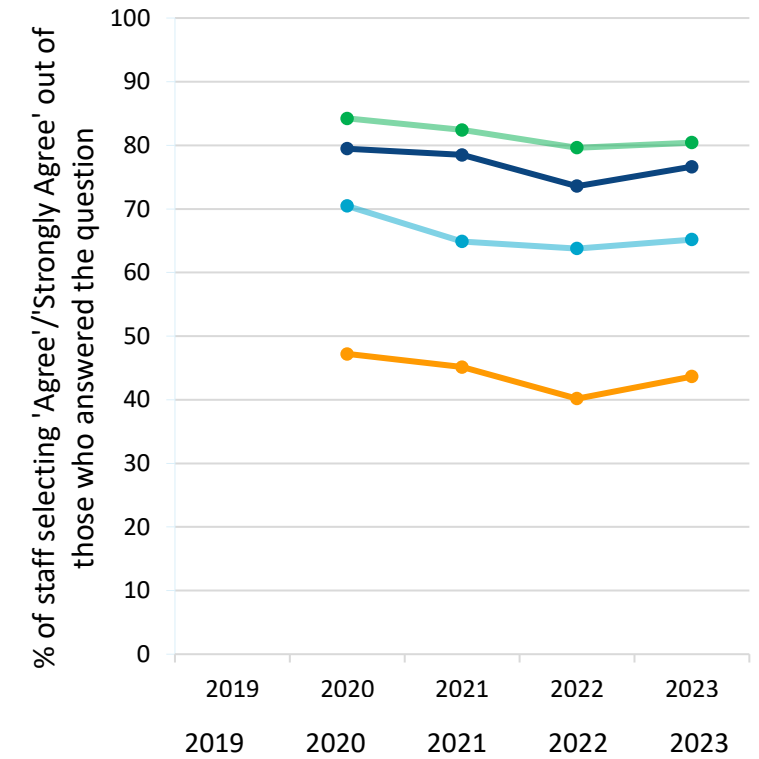
Your org	-	2010	2359	2482	2798
Best result	-	2010	2359	2482	2798
Average result	-	2010	2359	2482	2798
Worst result	-	2010	2359	2482	2798
Responses	-	2010	2359	2482	2798

Q25c I would recommend my organisation as a place to work.



Your org	-	2011	2352	2482	2793
Best result	-	2011	2352	2482	2793
Average result	-	2011	2352	2482	2793
Worst result	-	2011	2352	2482	2793
Responses	-	2011	2352	2482	2793

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



Your org	-	2008	2356	2476	2795
Best result	-	2008	2356	2476	2795
Average result	-	2008	2356	2476	2795
Worst result	-	2008	2356	2476	2795
Responses	-	2008	2356	2476	2795

## Theme - Morale

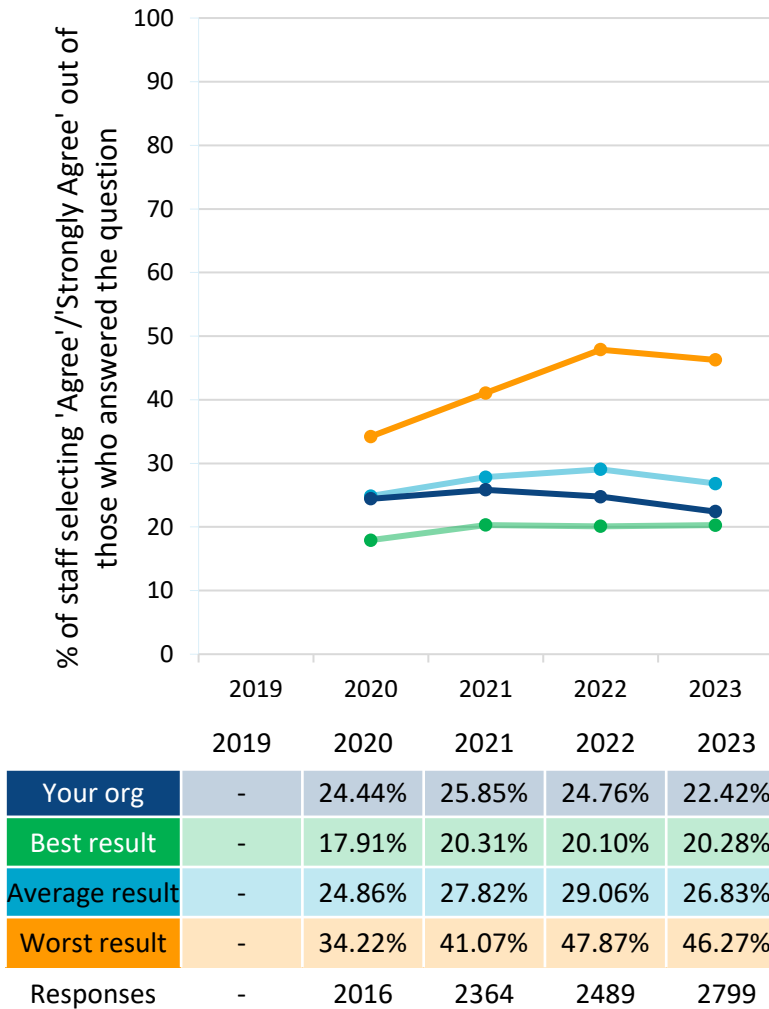
### Questions included:

Thinking about leaving – Q26a, Q26b, Q26c

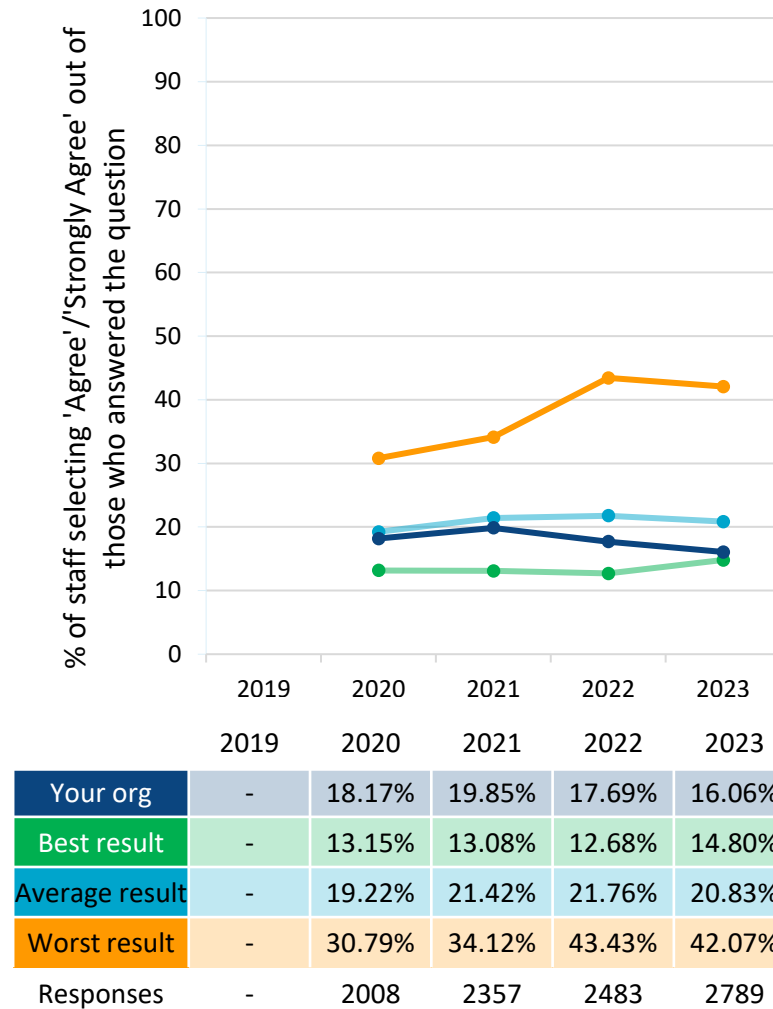
Work pressure – Q3g, Q3h, Q3i

Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

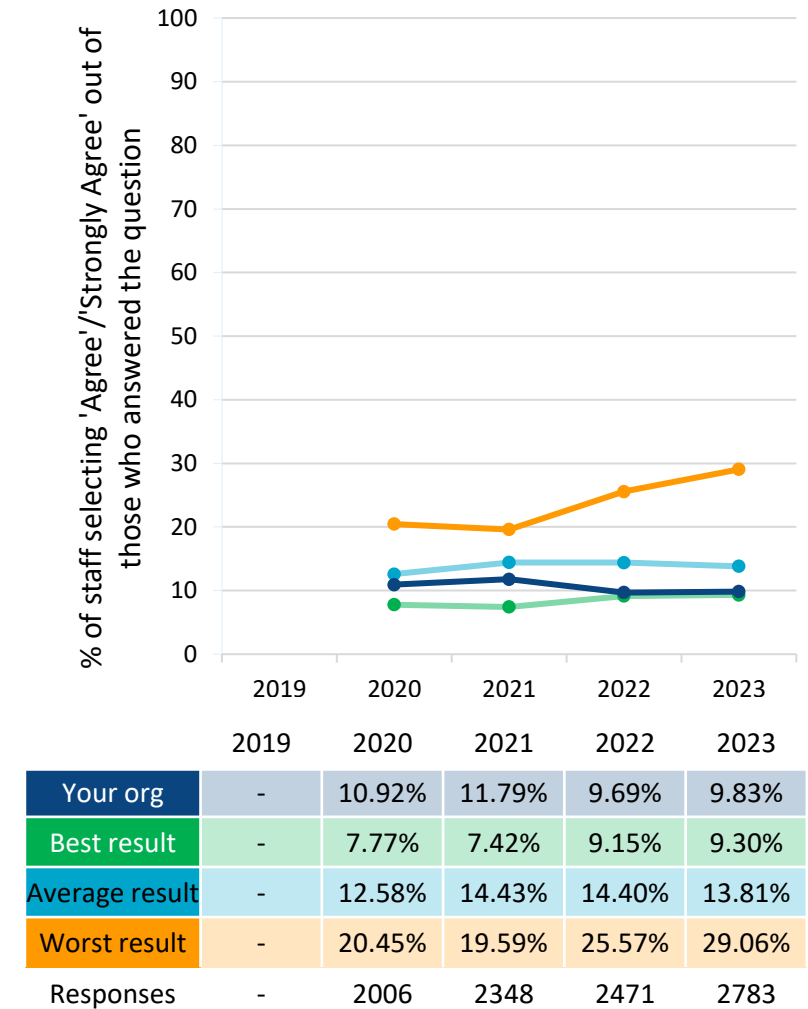
Q26a I often think about leaving this organisation.



Q26b I will probably look for a job at a new organisation in the next 12 months.

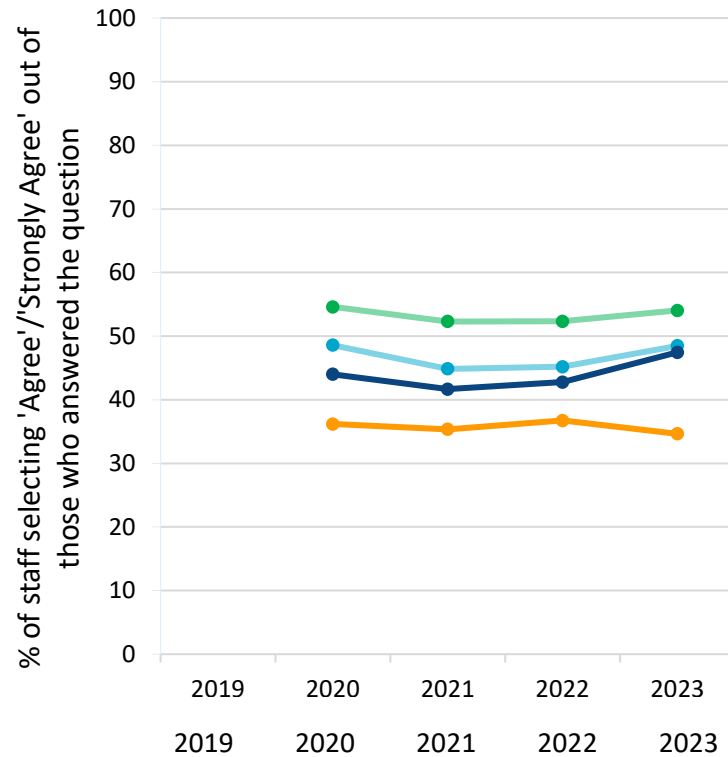


Q26c As soon as I can find another job, I will leave this organisation.



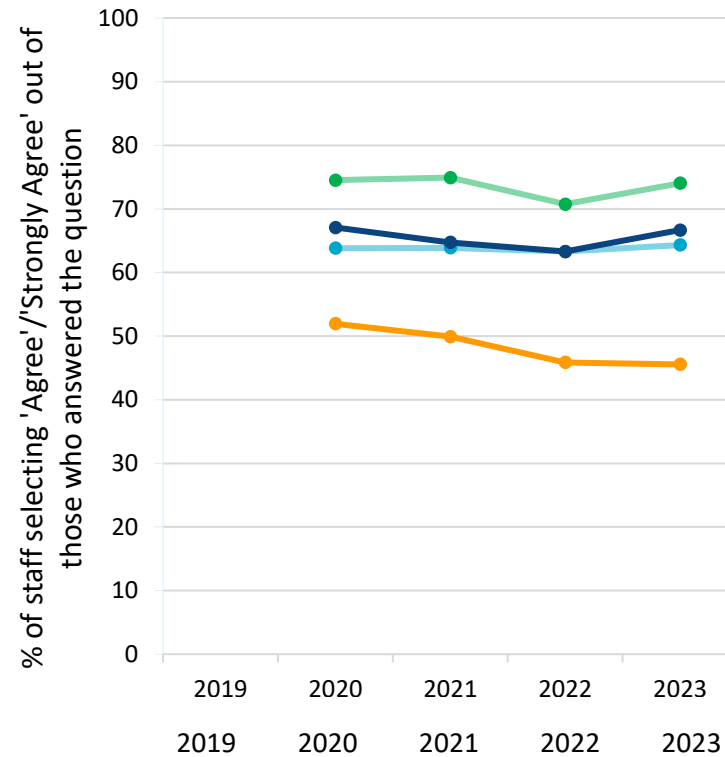


Q3g I am able to meet all the conflicting demands on my time at work.



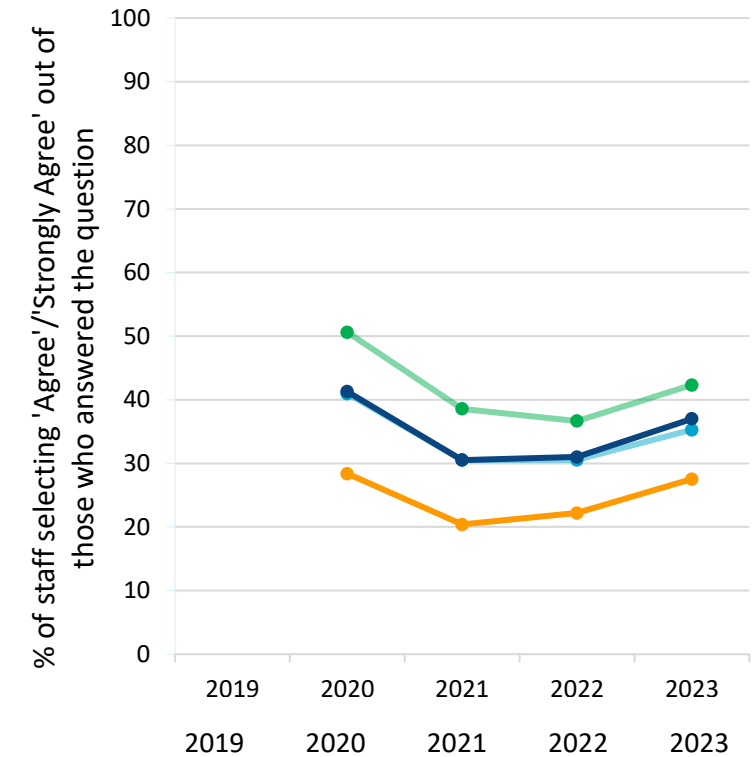
Your org	-	2010	2350	2471	2787
Best result	-	44.00%	41.67%	42.78%	47.44%
Average result	-	54.59%	52.32%	52.33%	54.03%
Worst result	-	48.59%	44.86%	45.18%	48.48%
Responses	-	36.18%	35.35%	36.74%	34.64%

Q3h I have adequate materials, supplies and equipment to do my work.



Your org	-	2010	2339	2466	2782
Best result	-	67.07%	64.74%	63.29%	66.67%
Average result	-	74.51%	74.92%	70.75%	74.04%
Worst result	-	63.84%	63.87%	63.29%	64.33%
Responses	-	51.95%	49.91%	45.87%	45.56%

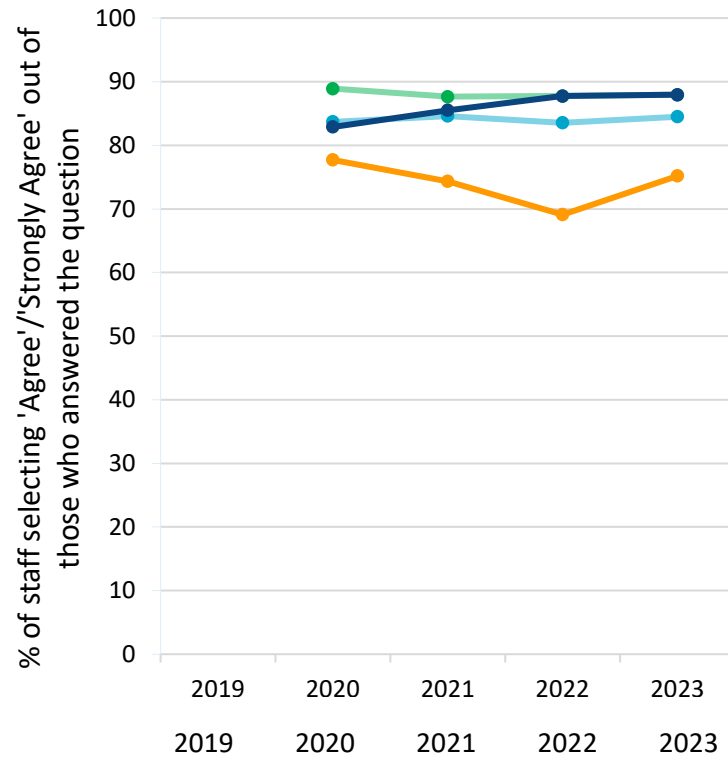
Q3i There are enough staff at this organisation for me to do my job properly.



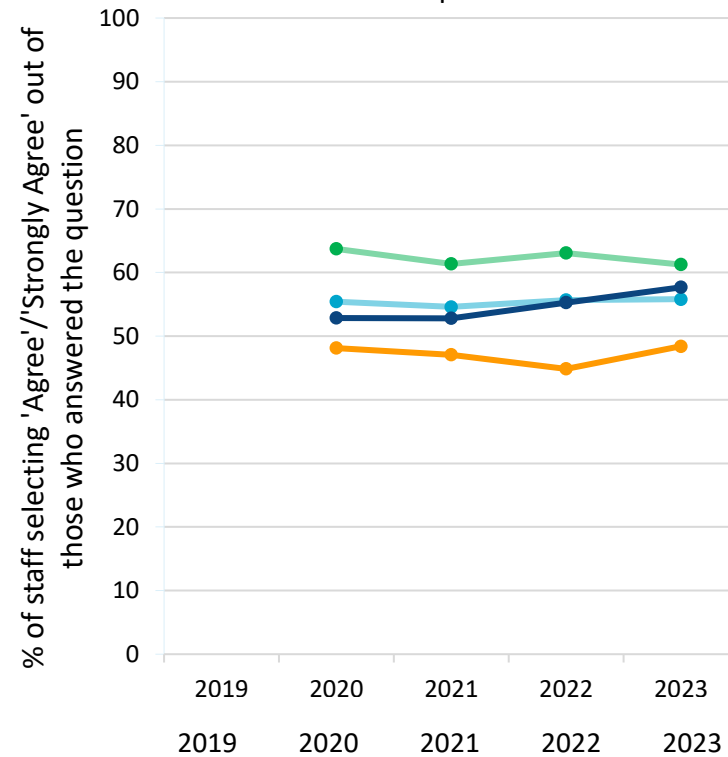
Your org	-	2008	2355	2477	2790
Best result	-	41.28%	30.52%	31.00%	37.01%
Average result	-	50.62%	38.58%	36.65%	42.31%
Worst result	-	40.96%	30.52%	30.55%	35.28%
Responses	-	28.37%	20.38%	22.18%	27.52%



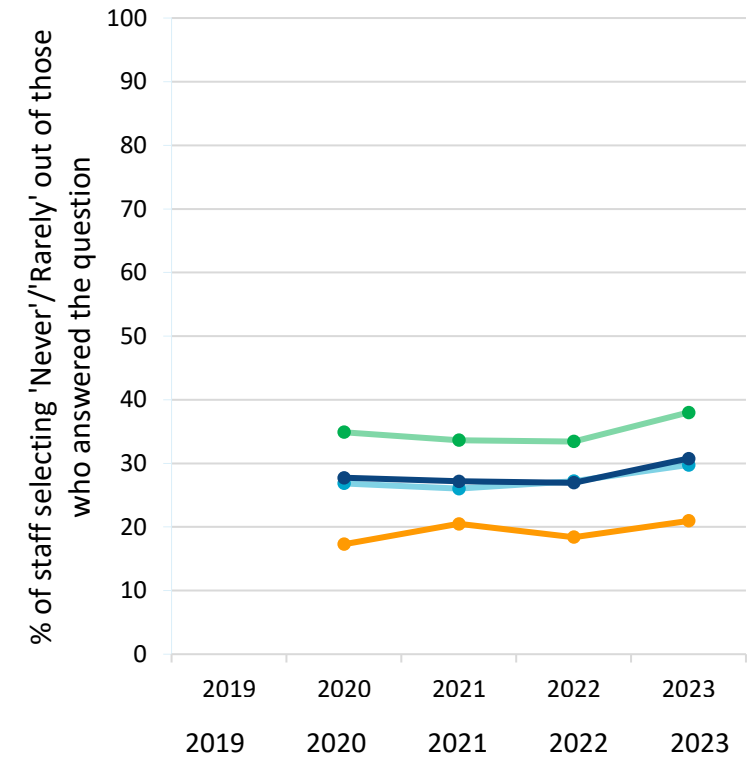
Q3a I always know what my work responsibilities are.



Q3e I am involved in deciding on changes introduced that affect my work area / team / department.

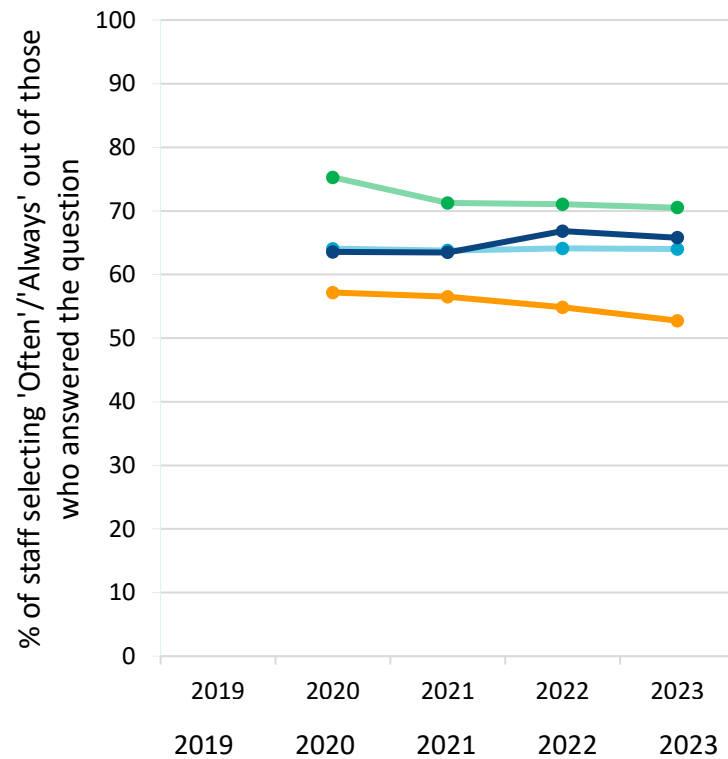


Q5a I have unrealistic time pressures.

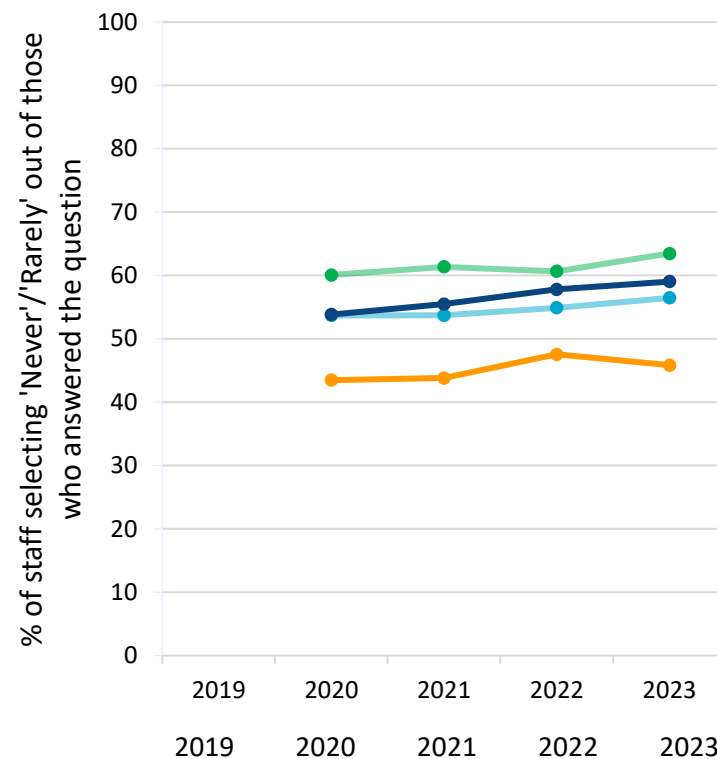




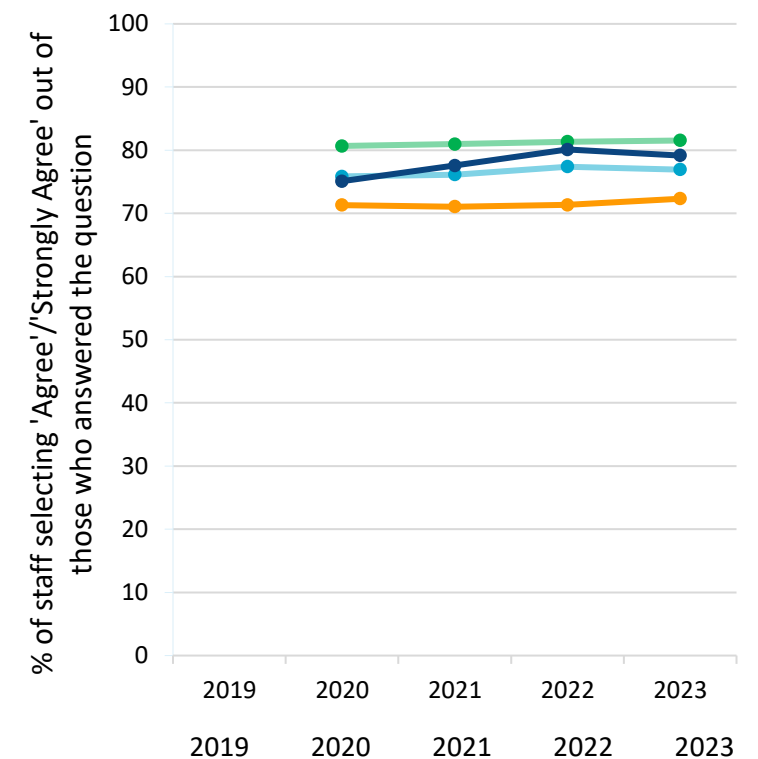
Q5b I have a choice in deciding how to do my work.



Q5c Relationships at work are strained.

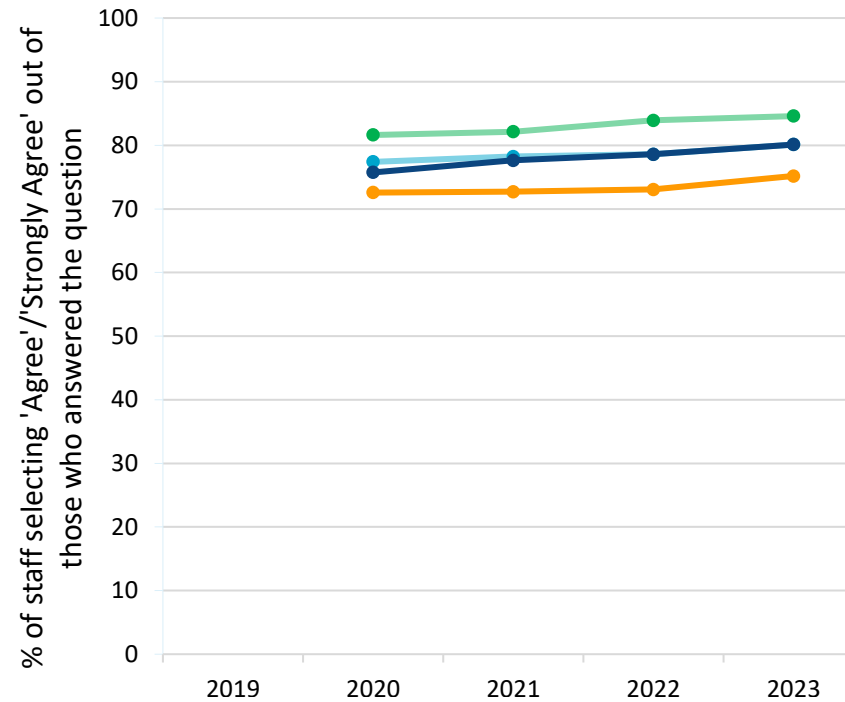


Q7c I receive the respect I deserve from my colleagues at work.





Q9a My immediate manager encourages me at work.



	2019	2020	2021	2022	2023
Your org	-	75.76%	77.64%	78.60%	80.12%
Best result	-	81.63%	82.14%	83.92%	84.61%
Average result	-	77.40%	78.25%	78.60%	80.12%
Worst result	-	72.59%	72.69%	73.05%	75.16%
Responses	-	2016	2362	2481	2792



## Question not linked to People Promise elements or themes

Questions included:\*

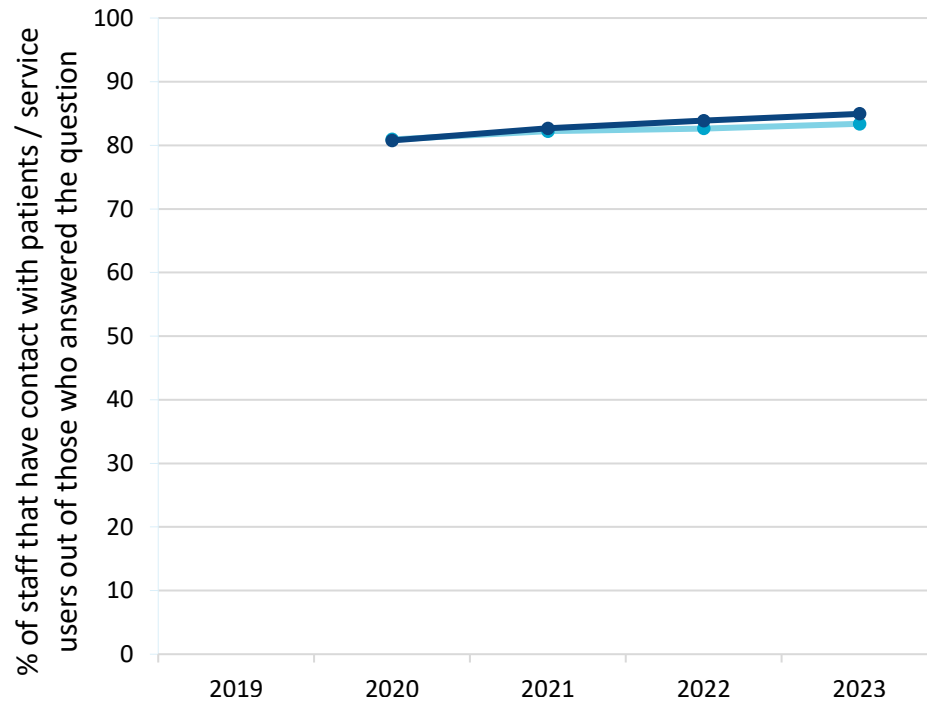
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

\*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. These questions do not contribute to any score or sub-score calculations.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

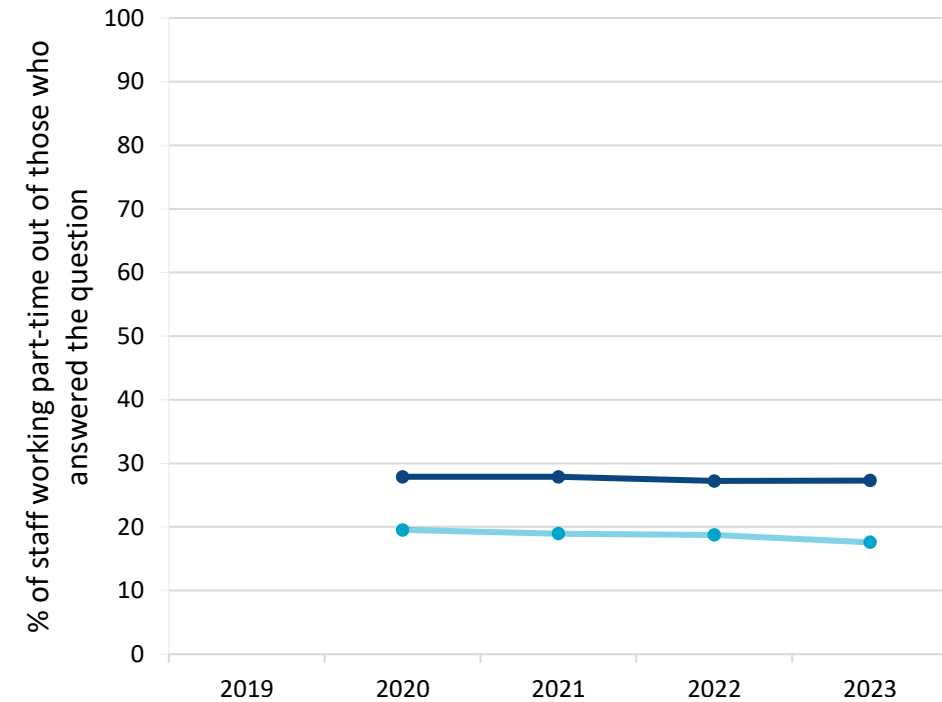


Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



	2019	2020	2021	2022	2023
2019	2019	2020	2021	2022	2023
Your org	-	80.76%	82.67%	83.87%	84.95%
Average	-	80.93%	82.21%	82.64%	83.36%
Responses	-	2011	2349	2474	2784

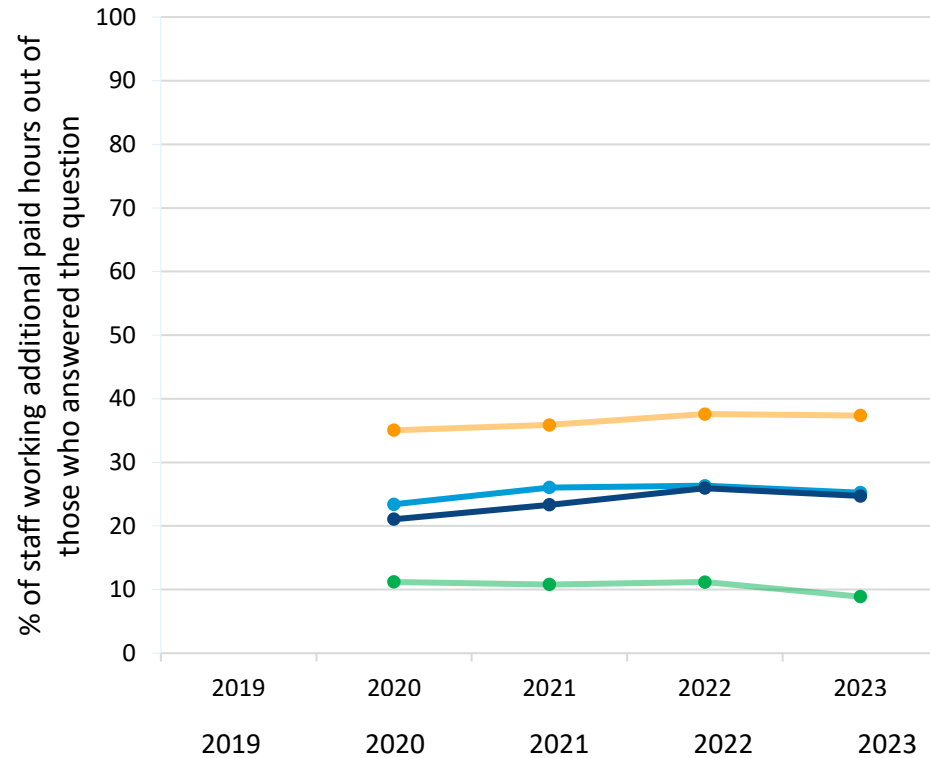
Q10a How many hours a week are you contracted to work?



	2019	2020	2021	2022	2023
2019	2019	2020	2021	2022	2023
Your org	-	27.89%	27.88%	27.21%	27.30%
Average	-	19.54%	18.96%	18.74%	17.59%
Responses	-	1904	2217	2337	2645

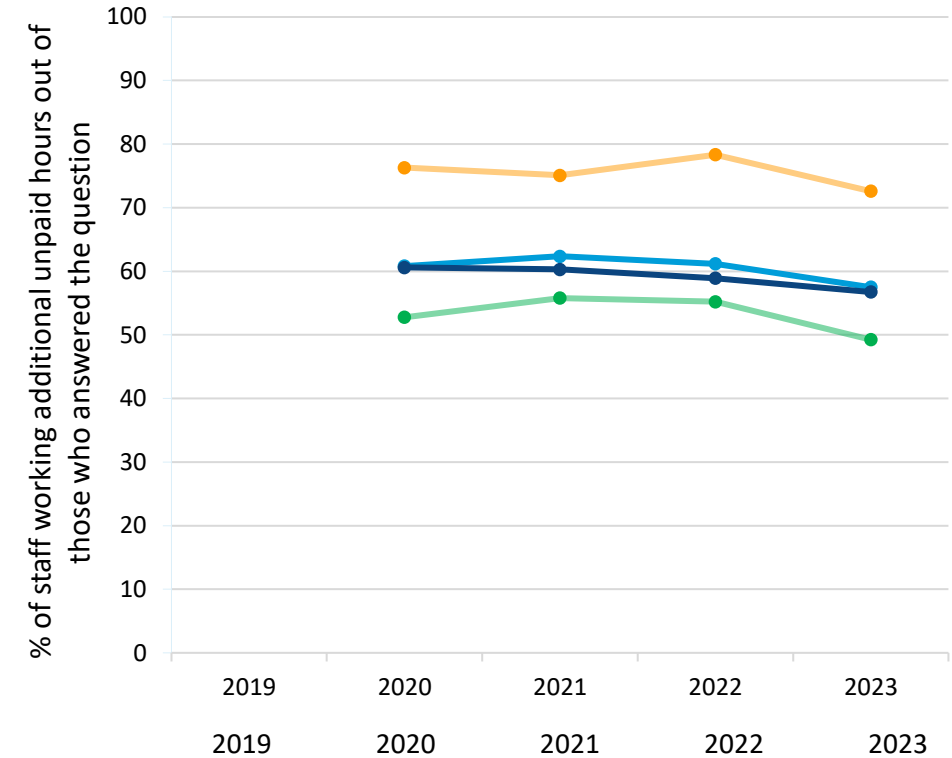


Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



Your org	-	21.07%	23.32%	25.94%	24.70%
Lowest	-	11.21%	10.81%	11.17%	8.88%
Average	-	23.40%	26.03%	26.31%	25.25%
Highest	-	35.06%	35.88%	37.60%	37.36%
Responses	-	1922	2271	2370	2687

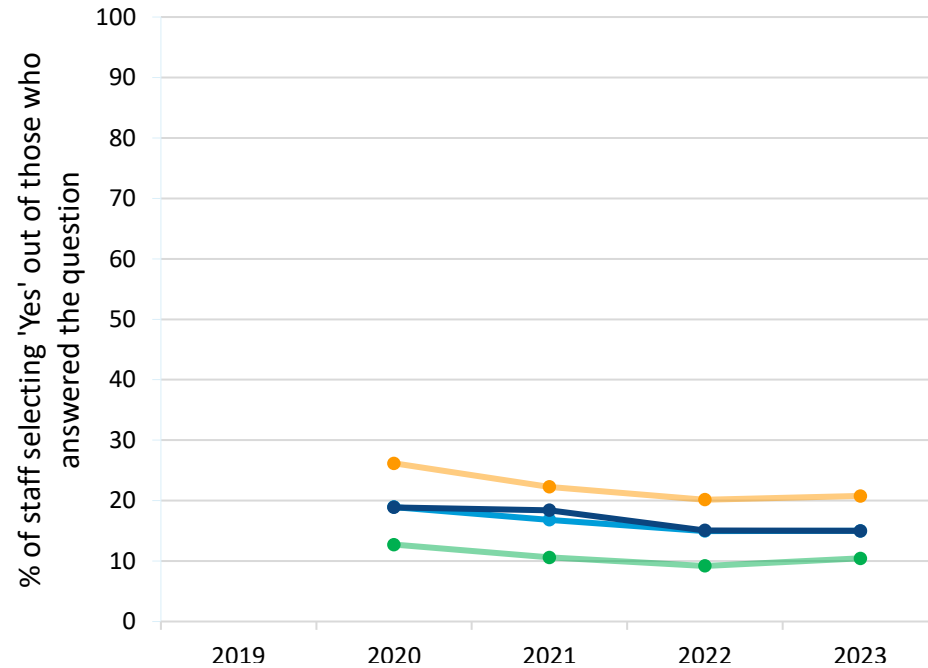
Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



Your org	-	60.60%	60.30%	58.90%	56.75%
Lowest	-	52.76%	55.80%	55.22%	49.26%
Average	-	60.82%	62.37%	61.17%	57.50%
Highest	-	76.29%	75.08%	78.33%	72.60%
Responses	-	1964	2306	2407	2700

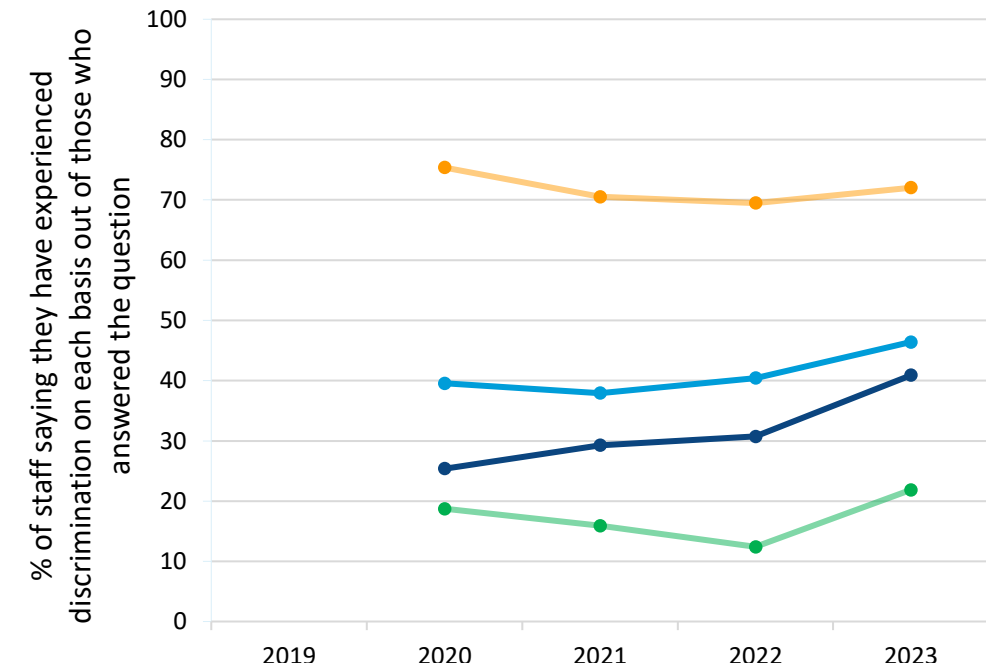


Q11e\* Have you felt pressure from your manager to come to work?



	2019	2020	2021	2022	2023
Your org	-	18.90%	18.42%	15.07%	15.00%
Best result	-	12.72%	10.60%	9.20%	10.44%
Average result	-	18.95%	16.83%	14.98%	15.00%
Worst result	-	26.16%	22.27%	20.17%	20.76%
Responses	-	913	1206	1306	1395

Q16c.1 On what grounds have you experienced discrimination?  
- Ethnic background.

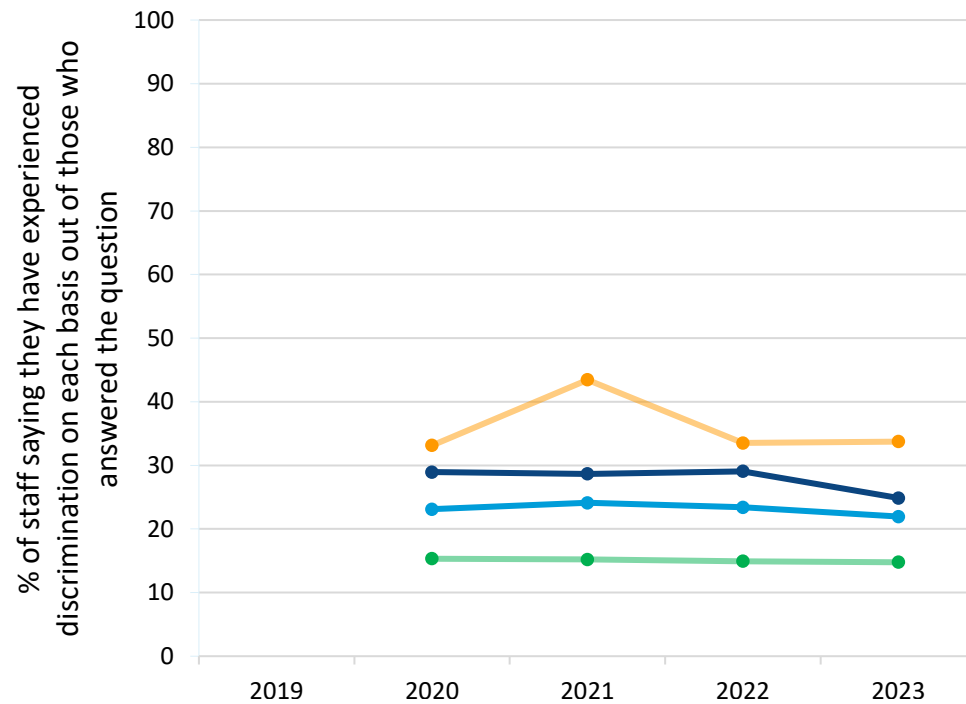


	2019	2020	2021	2022	2023
Your org	-	25.39%	29.27%	30.73%	40.90%
Best result	-	18.72%	15.93%	12.40%	21.86%
Average result	-	39.54%	37.92%	40.42%	46.40%
Worst result	-	75.37%	70.51%	69.48%	72.03%
Responses	-	178	190	239	276

\*Q11e is only answered by staff who responded 'Yes' to Q11d.



Q16c.2 On what grounds have you experienced discrimination?  
– Gender.

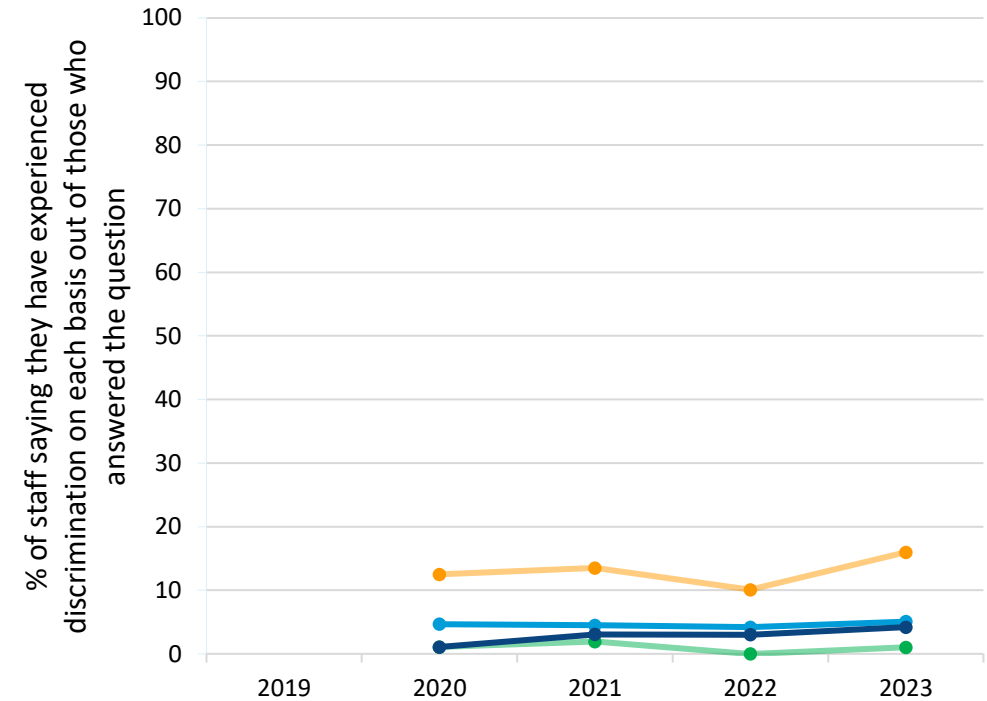


2019 2020 2021 2022 2023

Your org	-	28.93%	28.66%	29.06%	24.85%
Best result	-	15.33%	15.19%	14.92%	14.77%
Average result	-	23.11%	24.11%	23.41%	21.95%
Worst result	-	33.14%	43.44%	33.50%	33.73%

Responses - 178 190 239 276

Q16c.3 On what grounds have you experienced discrimination?  
– Religion.



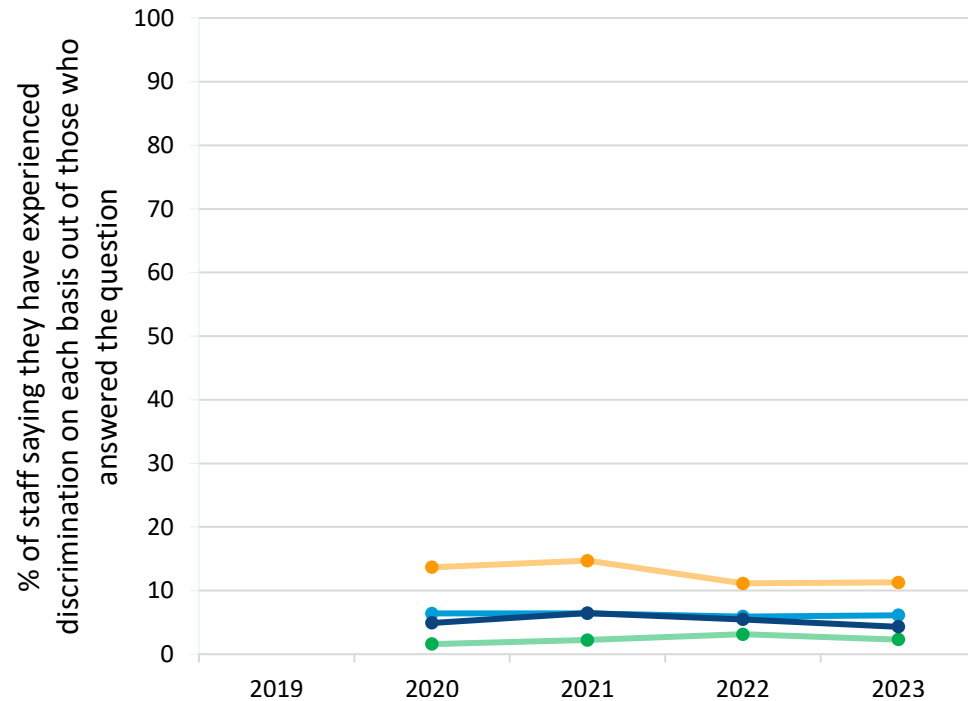
2019 2020 2021 2022 2023

Your org	-	1.09%	3.06%	3.03%	4.19%
Best result	-	1.09%	1.95%	0.00%	1.04%
Average result	-	4.68%	4.49%	4.20%	5.08%
Worst result	-	12.50%	13.50%	10.09%	15.97%

Responses - 178 190 239 276



Q16c.4 On what grounds have you experienced discrimination?  
– Sexual orientation.

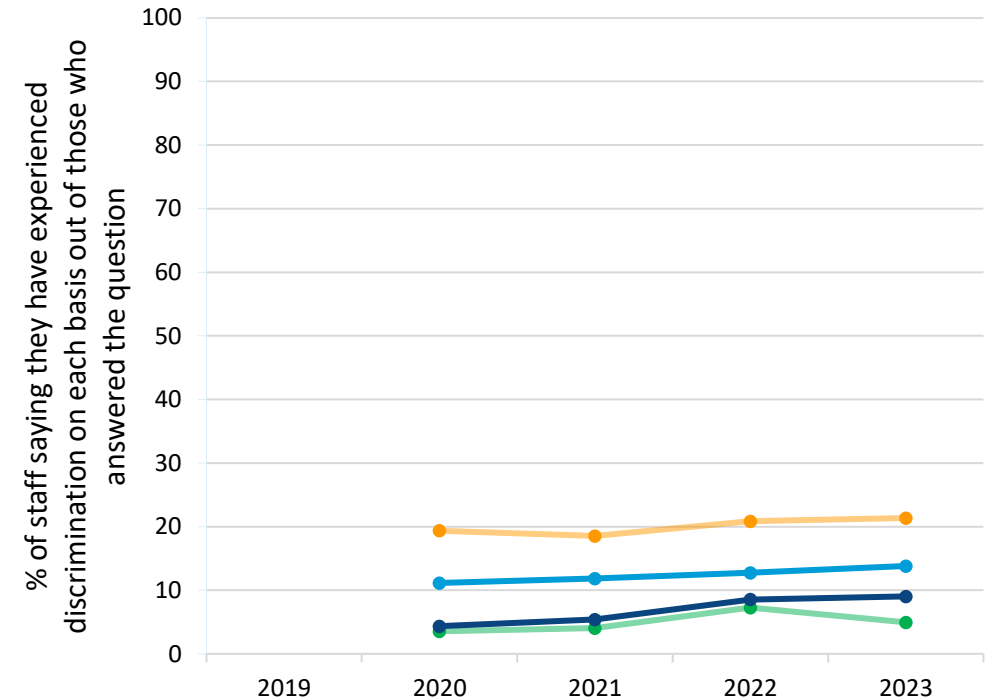


2019 2020 2021 2022 2023

Your org	-	4.92%	6.44%	5.47%	4.32%
Best result	-	1.59%	2.22%	3.13%	2.31%
Average result	-	6.40%	6.42%	5.92%	6.12%
Worst result	-	13.66%	14.71%	11.13%	11.28%

Responses - 178 190 239 276

Q16c.5 On what grounds have you experienced discrimination?  
– Disability.



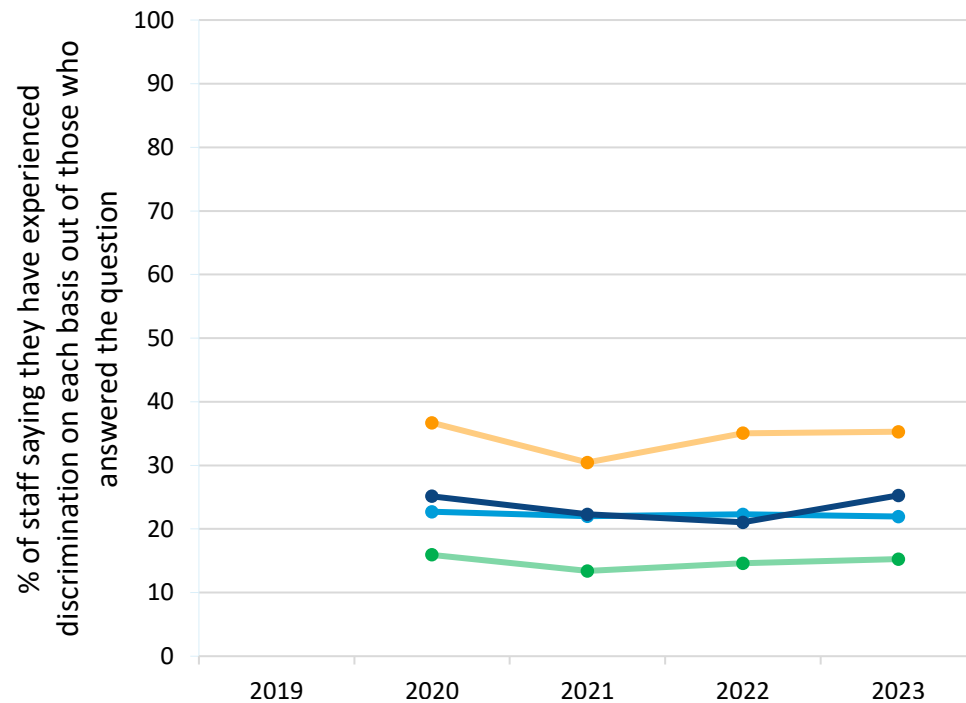
2019 2020 2021 2022 2023

Your org	-	4.35%	5.40%	8.56%	9.04%
Best result	-	3.56%	4.06%	7.28%	4.96%
Average result	-	11.15%	11.85%	12.76%	13.82%
Worst result	-	19.37%	18.54%	20.84%	21.36%

Responses - 178 190 239 276



Q16c.6 On what grounds have you experienced discrimination?  
– Age.

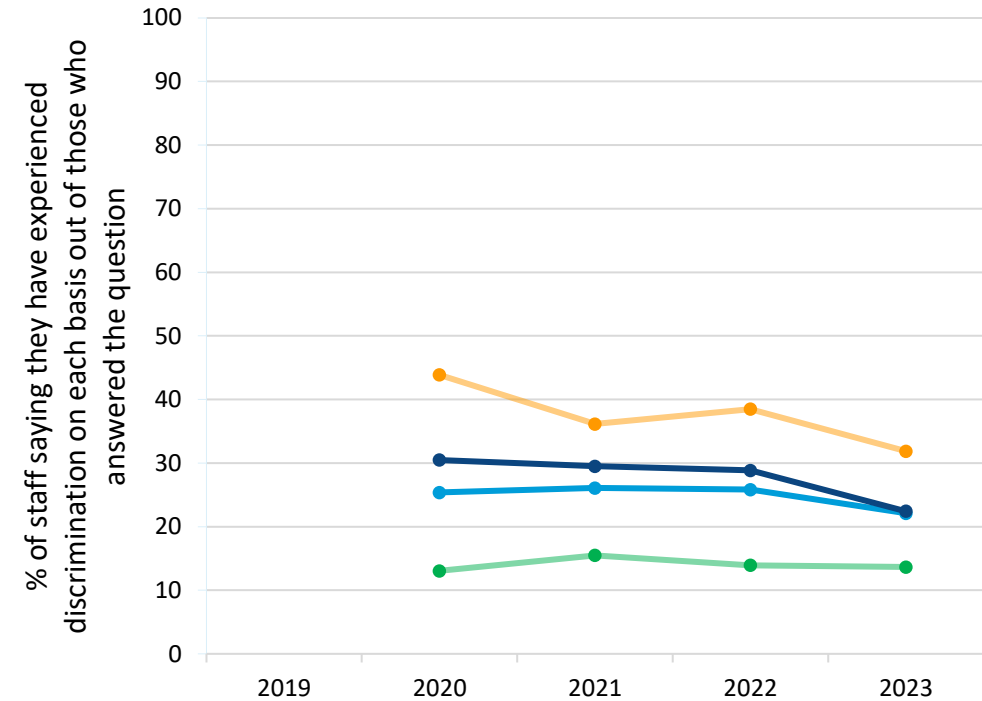


2019 2020 2021 2022 2023

Your org	-	25.14%	22.29%	21.04%	25.27%
Best result	-	15.93%	13.39%	14.60%	15.24%
Average result	-	22.70%	21.98%	22.31%	21.94%
Worst result	-	36.68%	30.46%	35.04%	35.29%

Responses - 178 190 239 276

Q16c.7 On what grounds have you experienced discrimination?  
– Other.



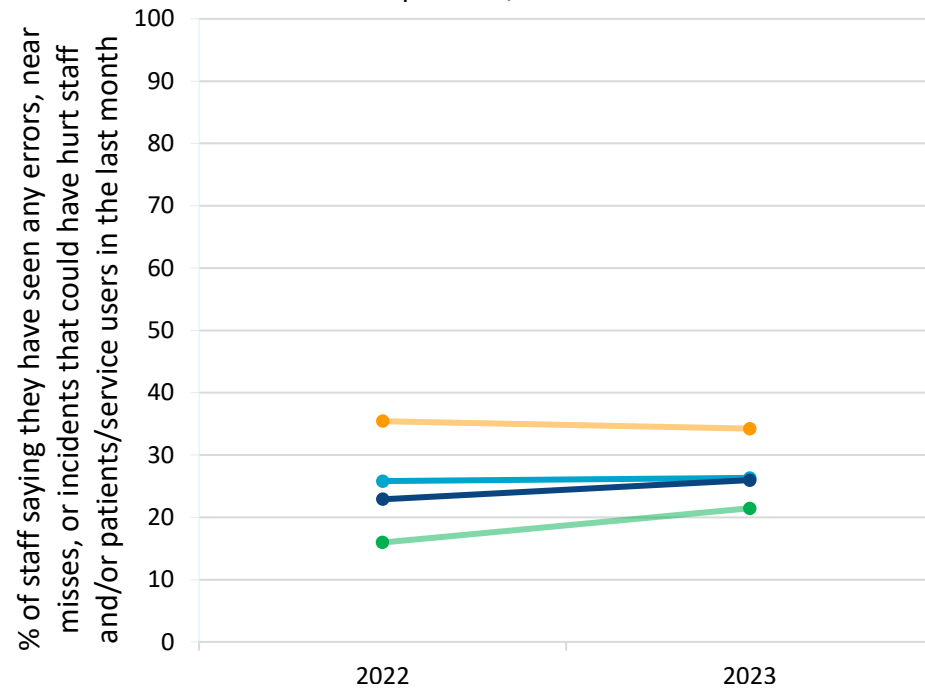
2019 2020 2021 2022 2023

Your org	-	30.50%	29.50%	28.86%	22.44%
Best result	-	13.07%	15.50%	13.95%	13.65%
Average result	-	25.39%	26.09%	25.83%	22.12%
Worst result	-	43.86%	36.14%	38.50%	31.88%

Responses - 178 190 239 276

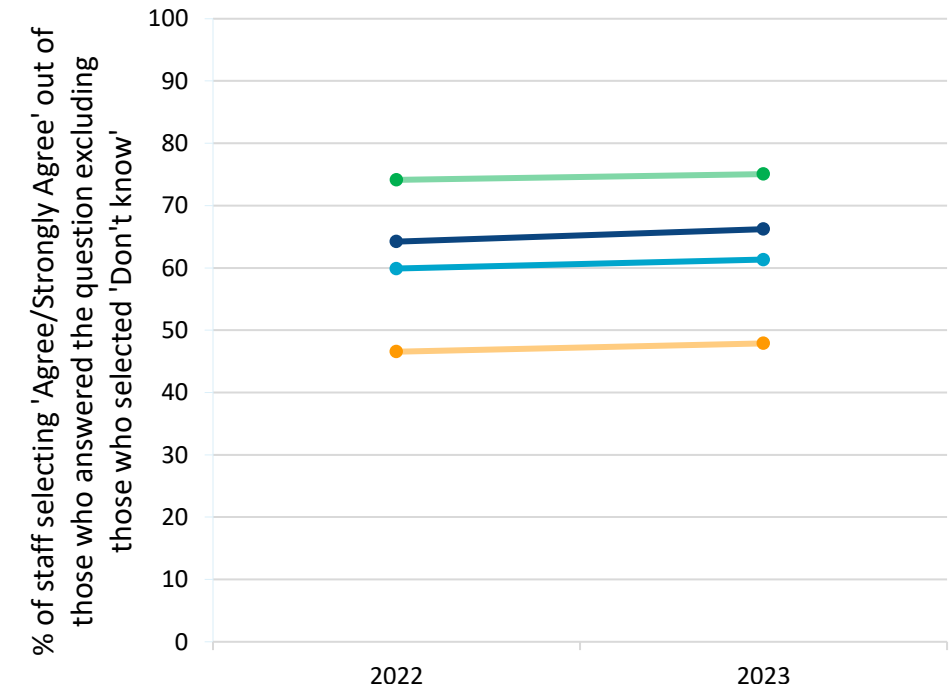


Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



	2022	2023
Your org	22.89%	25.97%
Best result	15.97%	21.45%
Average result	25.81%	26.33%
Worst result	35.43%	34.22%
Responses	2472	2753

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.

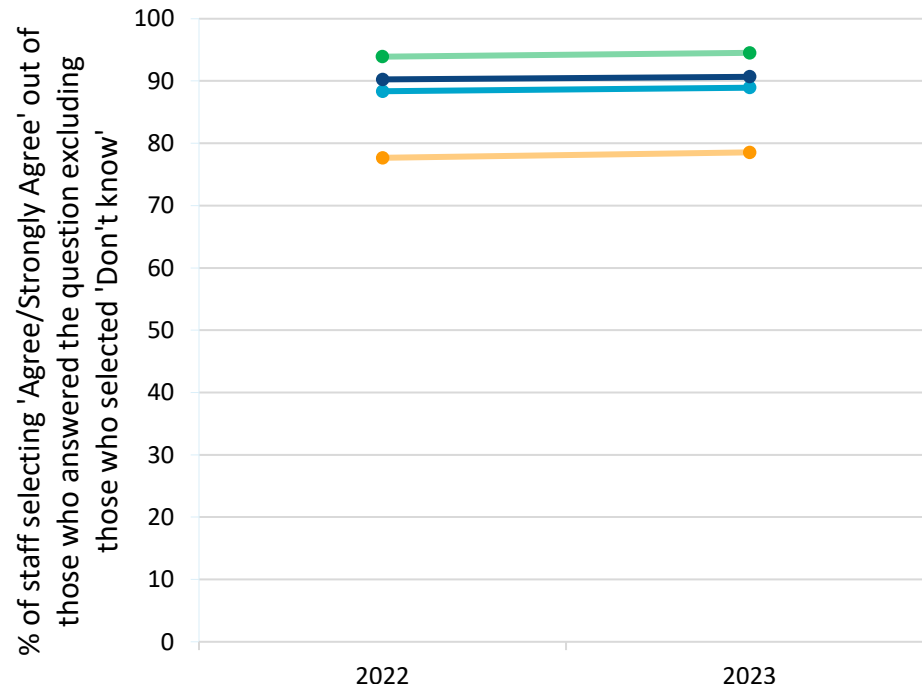


	2022	2023
Your org	64.22%	66.23%
Best result	74.13%	75.07%
Average result	59.88%	61.32%
Worst result	46.57%	47.90%
Responses	1854	2123



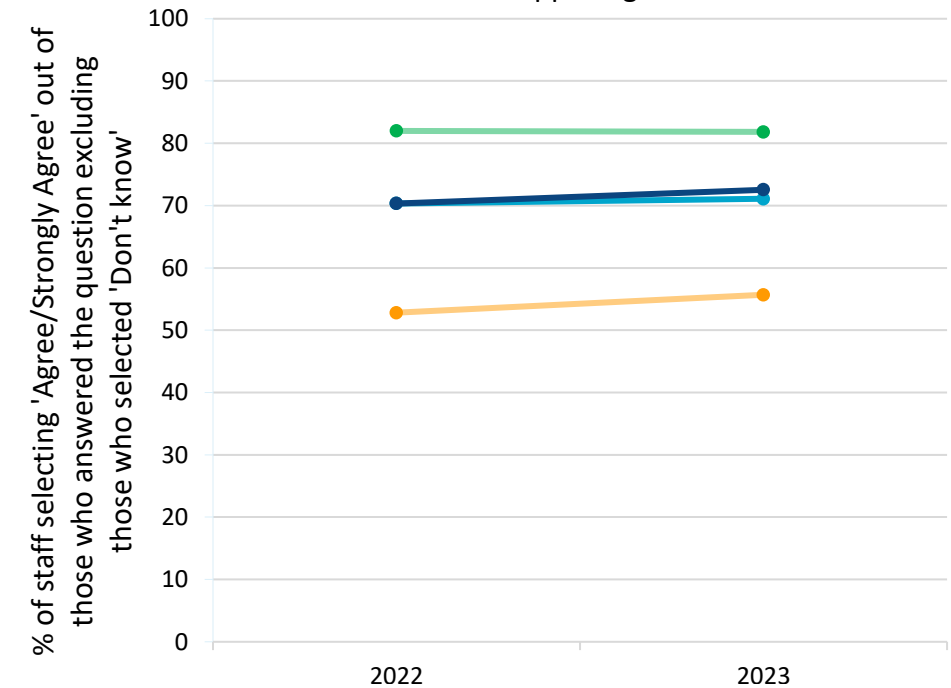


Q19b My organisation encourages us to report errors, near misses or incidents.



	2022	2023
Your org	90.24%	90.67%
Best result	93.88%	94.49%
Average result	88.33%	88.93%
Worst result	77.65%	78.53%
Responses	2395	2699

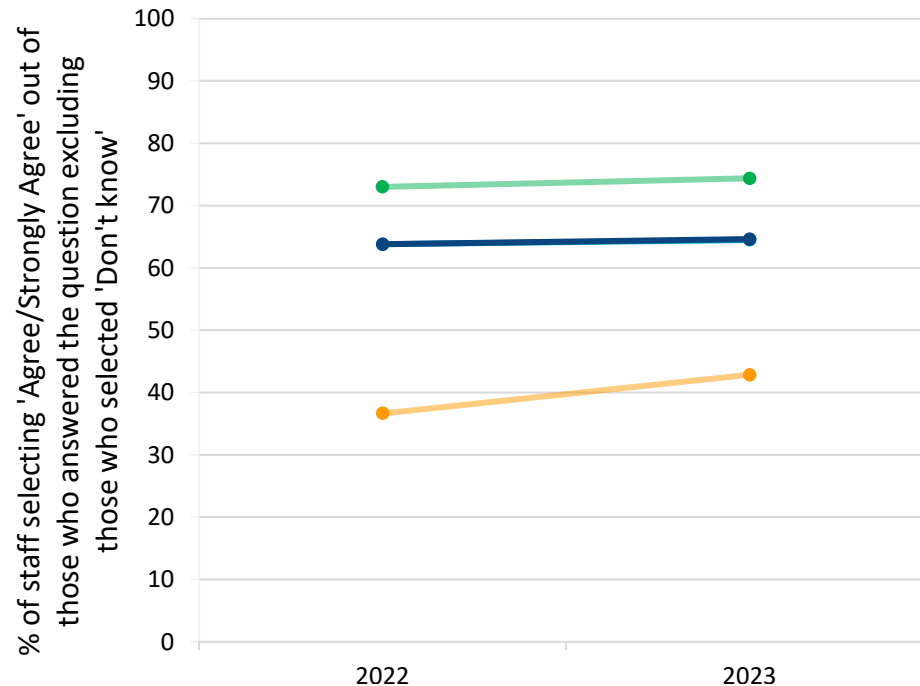
Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



	2022	2023
Your org	70.33%	72.55%
Best result	81.97%	81.82%
Average result	70.33%	71.08%
Worst result	52.79%	55.67%
Responses	2153	2450

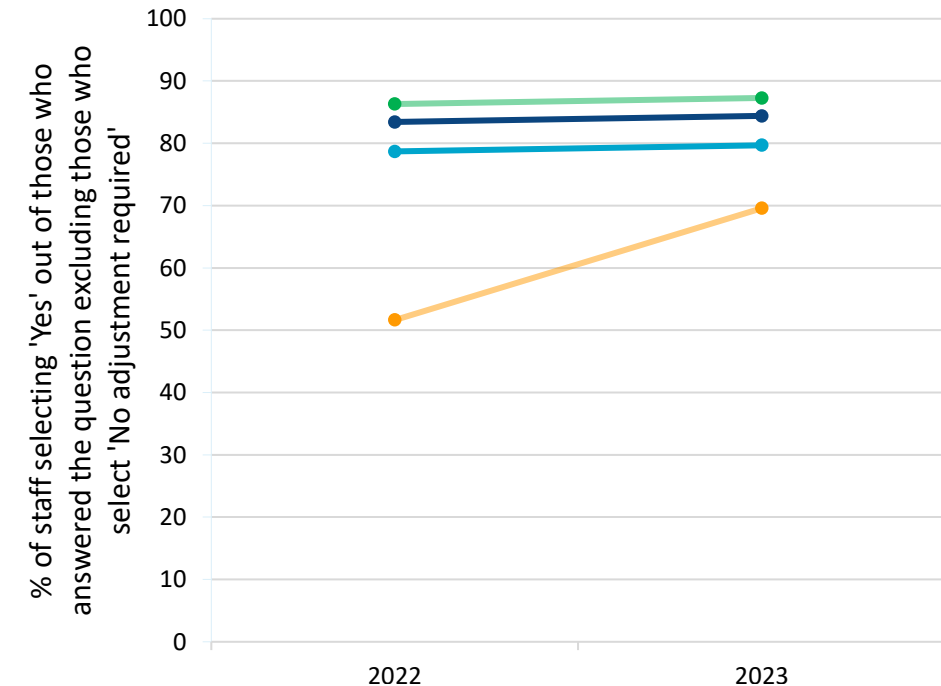


Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



	2022	2023
Your org	63.80%	64.62%
Best result	72.97%	74.36%
Average result	63.80%	64.49%
Worst result	36.65%	42.84%
Responses	2211	2485

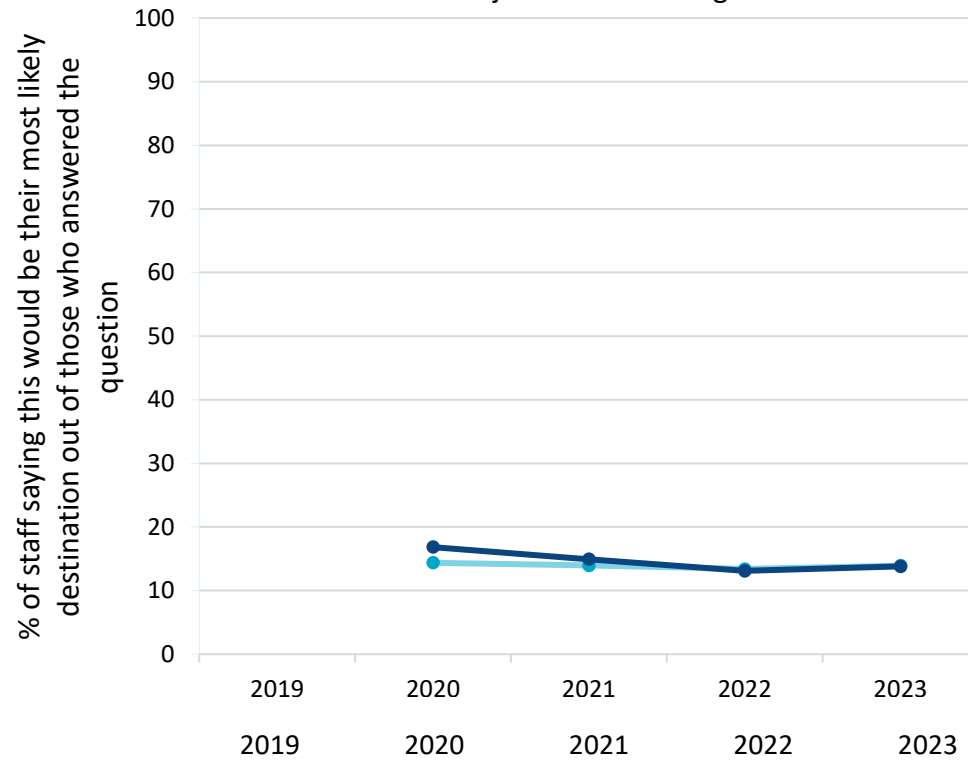
Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



	2022	2023
Your org	83.41%	84.38%
Best result	86.30%	87.25%
Average result	78.68%	79.67%
Worst result	51.65%	69.57%
Responses	377	443

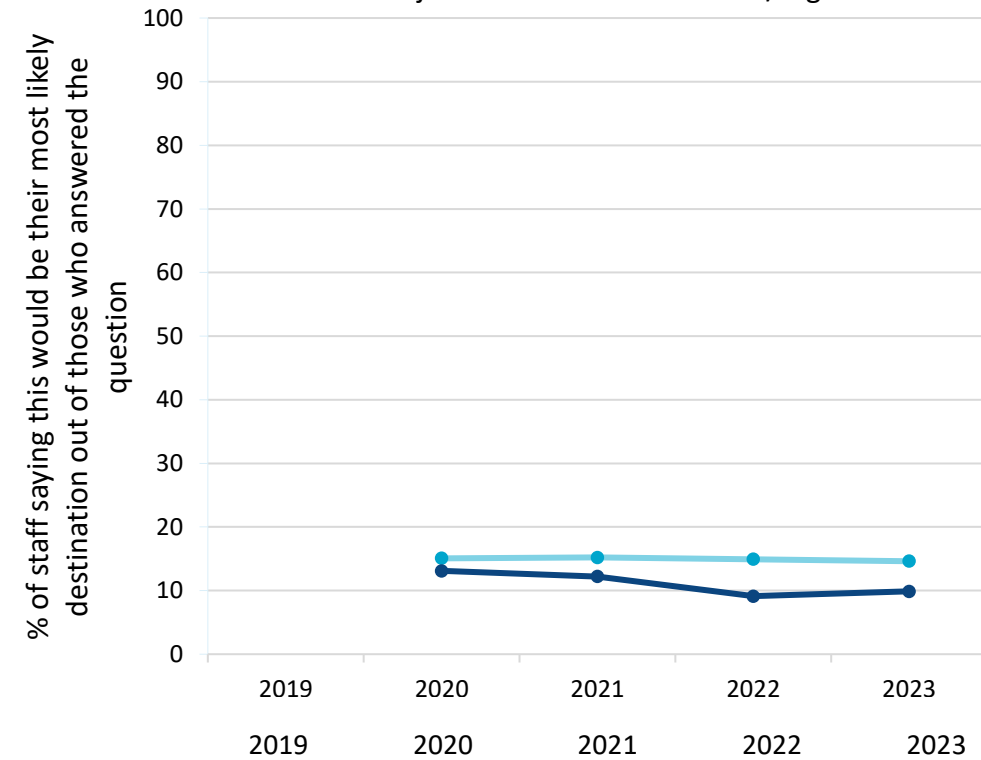


Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



Your org	-	16.84%	14.93%	13.10%	13.79%
Average	-	14.36%	13.95%	13.38%	13.92%
Responses	-	1817	2097	2153	2443

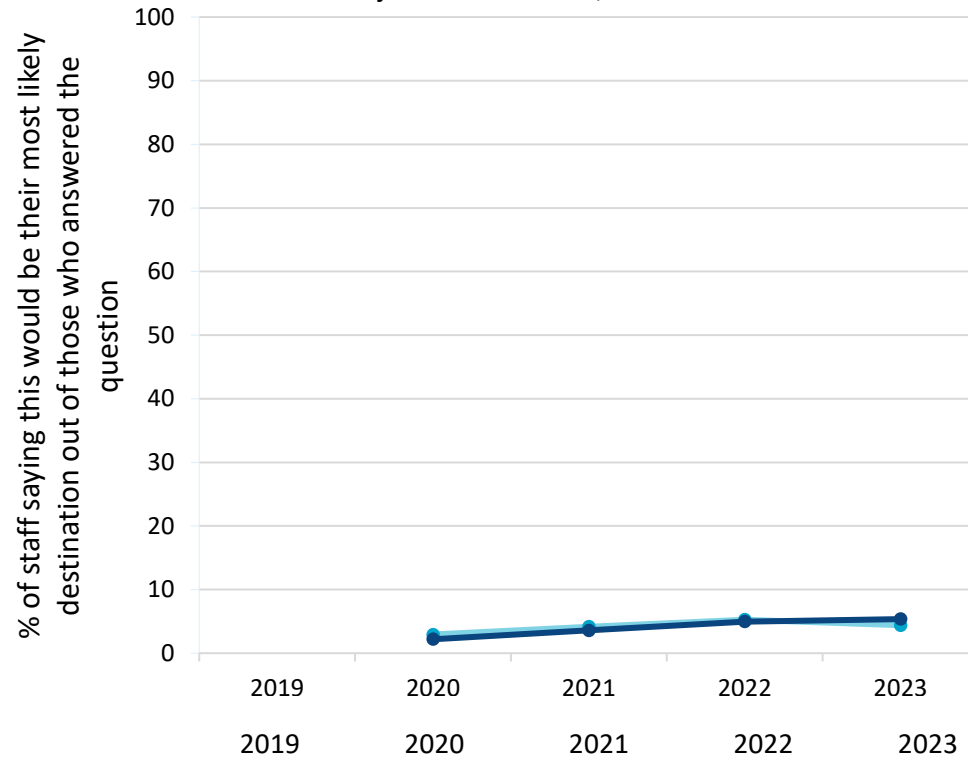
Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



Your org	-	13.10%	12.21%	9.10%	9.86%
Average	-	15.08%	15.20%	14.94%	14.63%
Responses	-	1817	2097	2153	2443

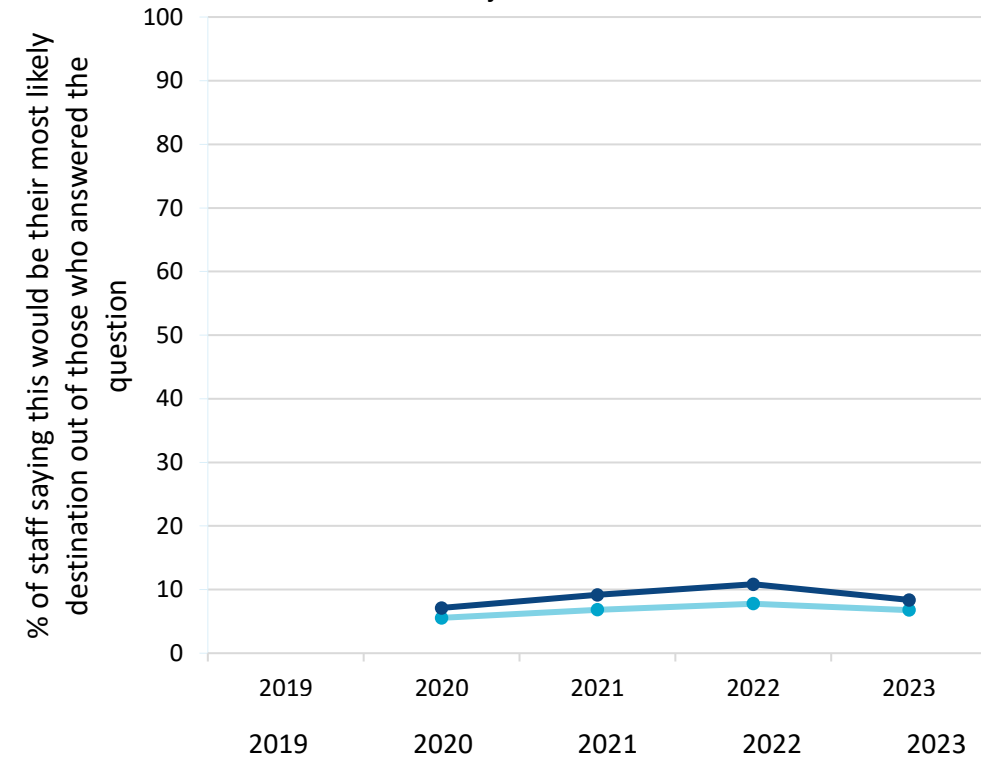


Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



Your org	-	2.20%	3.58%	4.97%	5.36%
Average	-	2.93%	4.17%	5.26%	4.39%
Responses	-	1817	2097	2153	2443

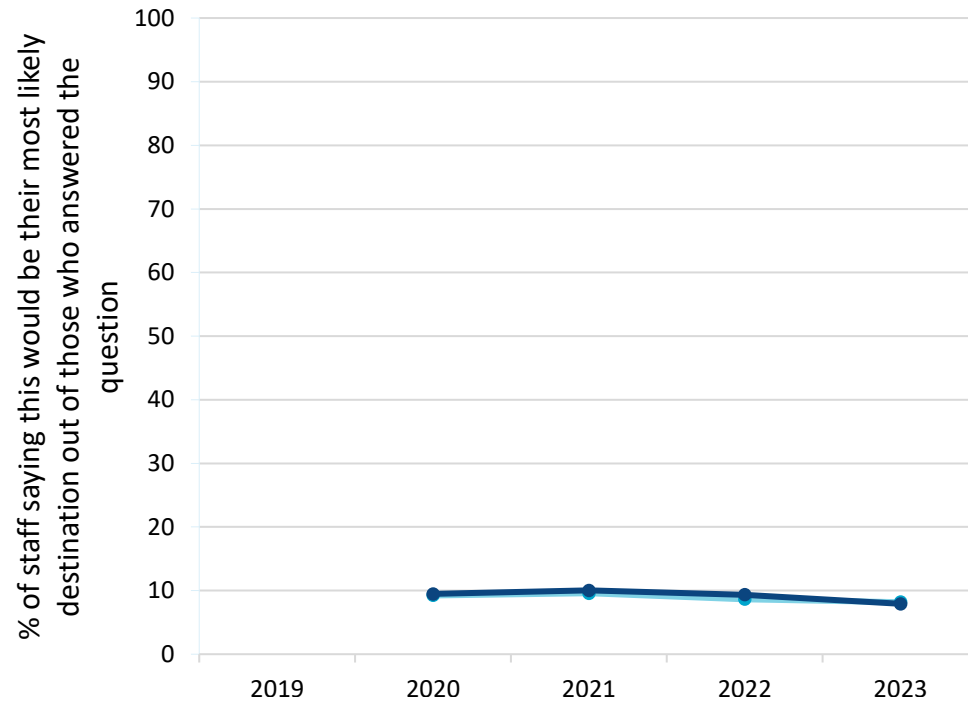
Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



Your org	-	7.10%	9.16%	10.82%	8.35%
Average	-	5.53%	6.83%	7.77%	6.78%
Responses	-	1817	2097	2153	2443



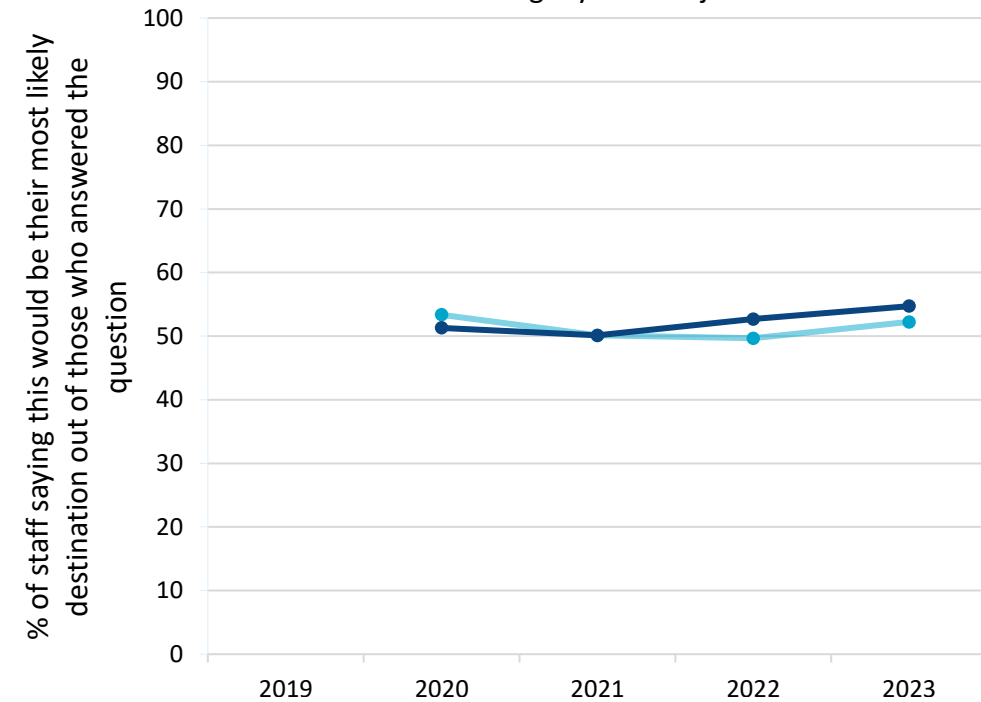
Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2019	2020	2021	2022	2023
--	------	------	------	------	------

Your org	-	9.47%	10.01%	9.34%	7.90%
Average	-	9.24%	9.57%	8.64%	8.18%
Responses	-	1817	2097	2153	2443

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2019	2020	2021	2022	2023
--	------	------	------	------	------

Your org	-	51.29%	50.12%	52.67%	54.73%
Average	-	53.36%	50.12%	49.65%	52.22%
Responses	-	1817	2097	2153	2443

## Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

## Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2019-2023 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

## Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2019-2023 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was updated to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

## Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined		
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

## Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness		
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

\*Staff with a long term condition



## Workforce Race Equality Standards (WRES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WRES charts are unweighted.

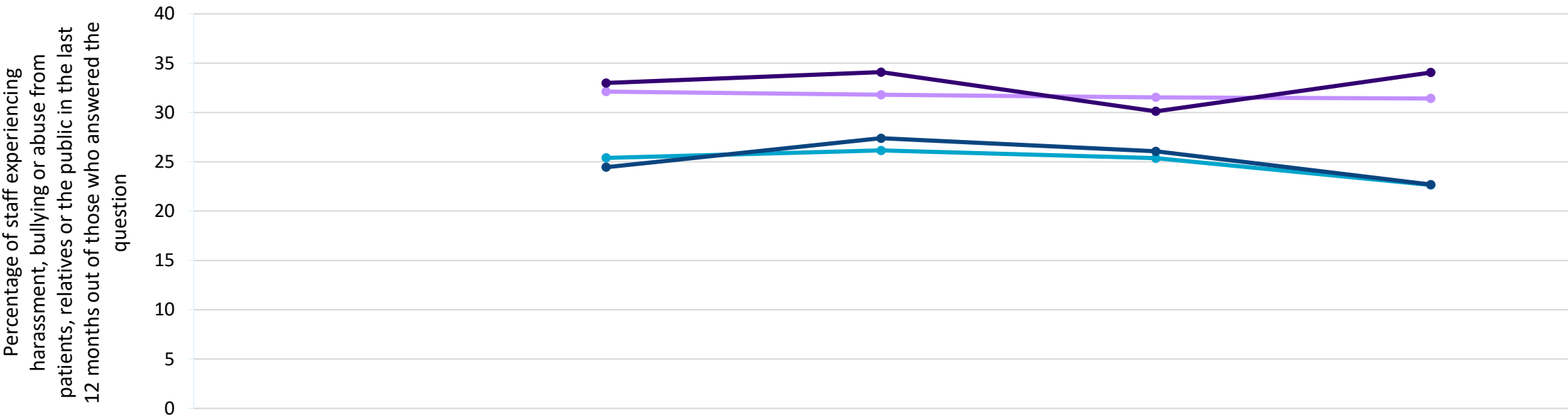
Averages are calculated as the median for the benchmark group.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



# Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



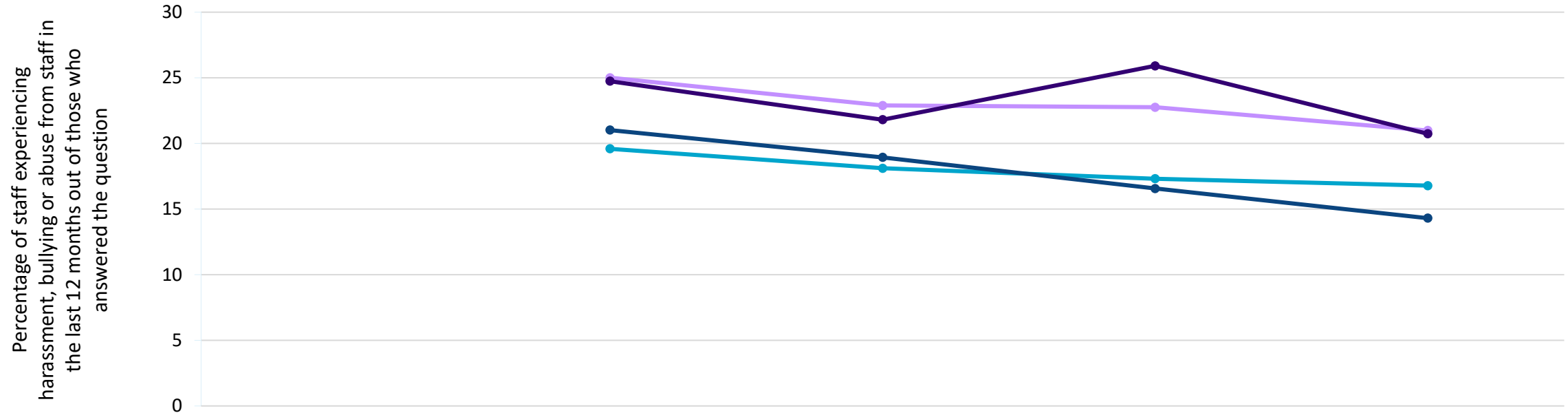
	2019	2020	2021	2022	2023
White staff: Your org	-	24.46%	27.40%	26.07%	22.69%
All other ethnic groups*: Your org	-	32.99%	34.09%	30.12%	34.06%
White staff: Average	-	25.40%	26.16%	25.37%	22.66%
All other ethnic groups*: Average	-	32.12%	31.79%	31.54%	31.43%
White staff: Responses	-	1893	2201	2275	2477
All other ethnic groups*: Responses	-	97	132	166	276

\*Staff from all other ethnic groups combined



# Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

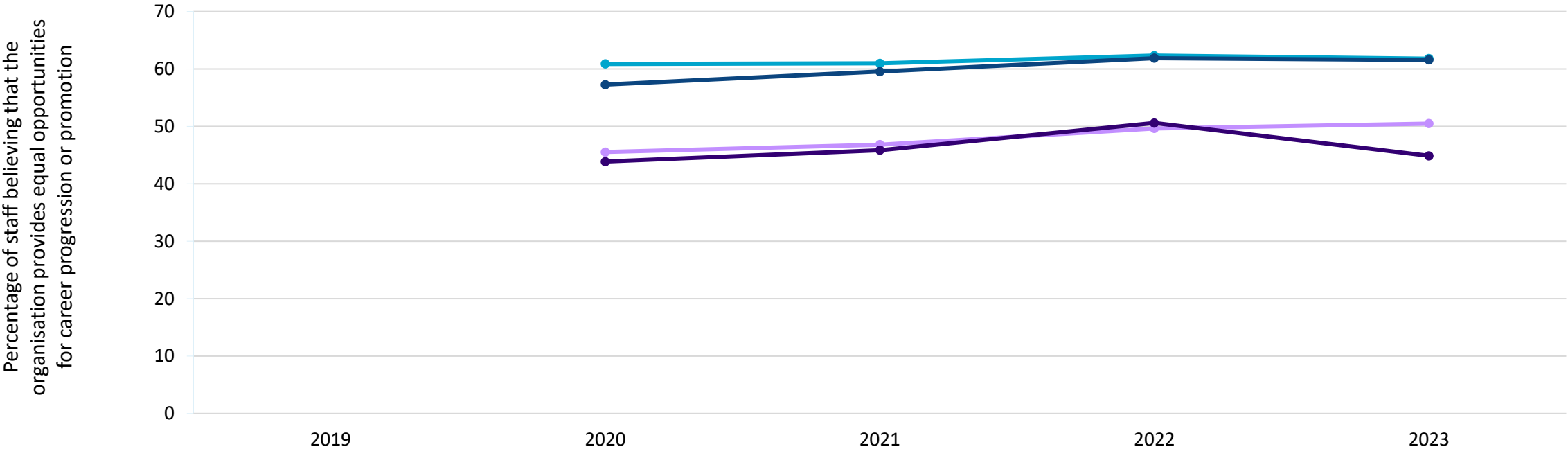


	2019	2020	2021	2022	2023
White staff: Your org	-	21.01%	18.93%	16.56%	14.31%
All other ethnic groups*: Your org	-	24.74%	21.80%	25.90%	20.73%
White staff: Average	-	19.59%	18.10%	17.31%	16.78%
All other ethnic groups*: Average	-	25.00%	22.88%	22.75%	20.98%
White staff: Responses	-	1899	2197	2276	2481
All other ethnic groups*: Responses	-	97	133	166	275

\*Staff from all other ethnic groups combined



Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

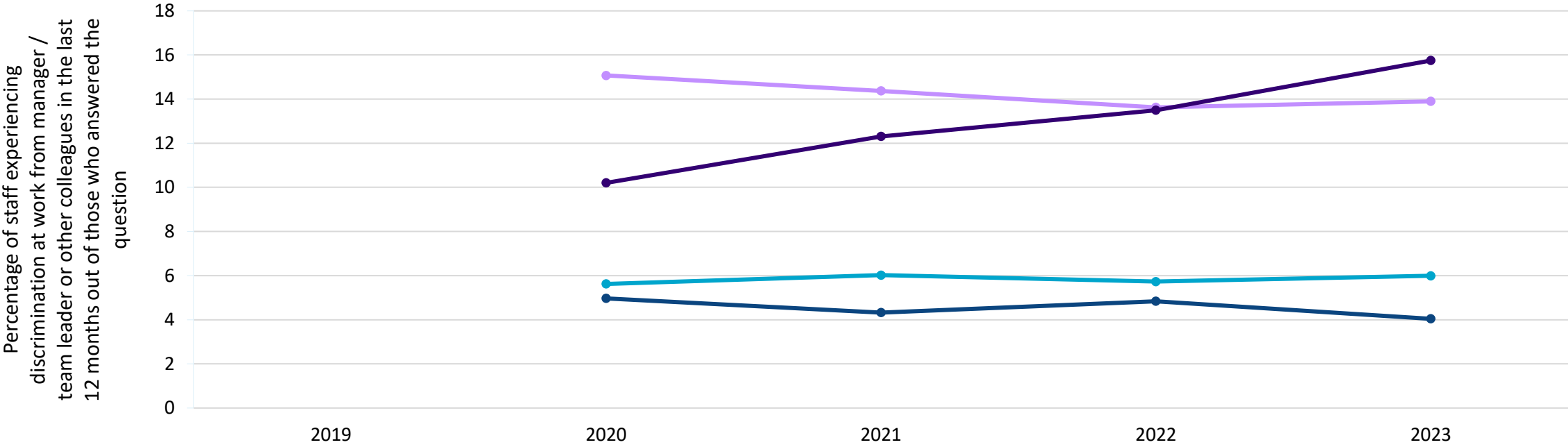


	2019	2020	2021	2022	2023
White staff: Your org	-	57.27%	59.56%	61.89%	61.59%
All other ethnic groups*: Your org	-	43.88%	45.86%	50.60%	44.89%
White staff: Average	-	60.90%	60.98%	62.33%	61.82%
All other ethnic groups*: Average	-	45.54%	46.84%	49.65%	50.50%
White staff: Responses	-	1905	2191	2270	2468
All other ethnic groups*: Responses	-	98	133	166	274

\*Staff from all other ethnic groups combined



Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2019	2020	2021	2022	2023
White staff: Your org	-	4.97%	4.32%	4.84%	4.05%
All other ethnic groups*: Your org	-	10.20%	12.31%	13.50%	15.75%
White staff: Average	-	5.63%	6.02%	5.73%	5.99%
All other ethnic groups*: Average	-	15.07%	14.37%	13.63%	13.90%
White staff: Responses	-	1891	2197	2274	2472
All other ethnic groups*: Responses	-	98	130	163	273

\*Staff from all other ethnic groups combined

## Workforce Disability Equality Standards (WDES)

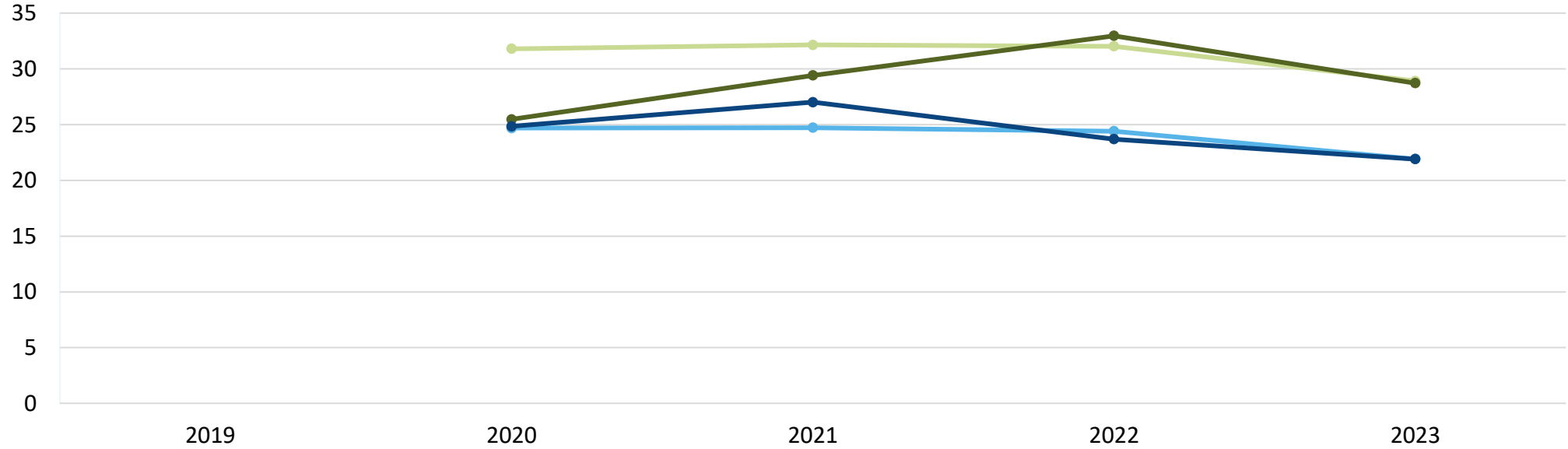
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.  
Data shown in the WDES charts are unweighted.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

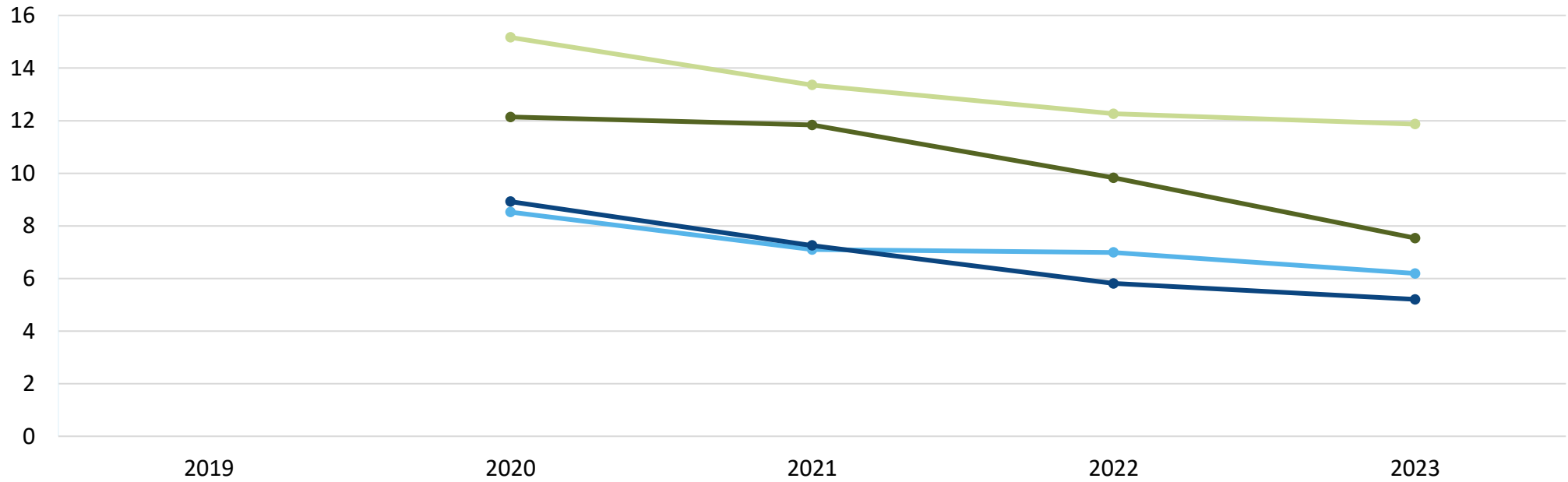


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	-	25.48%	29.42%	32.98%	28.72%
Staff without a LTC or illness: Your org	-	24.86%	27.02%	23.70%	21.91%
Staff with a LTC or illness: Average	-	31.81%	32.16%	32.04%	28.92%
Staff without a LTC or illness: Average	-	24.69%	24.73%	24.42%	21.91%
Staff with a LTC or illness: Responses	-	420	588	652	745
Staff without a LTC or illness: Responses	-	1573	1743	1802	1990



Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



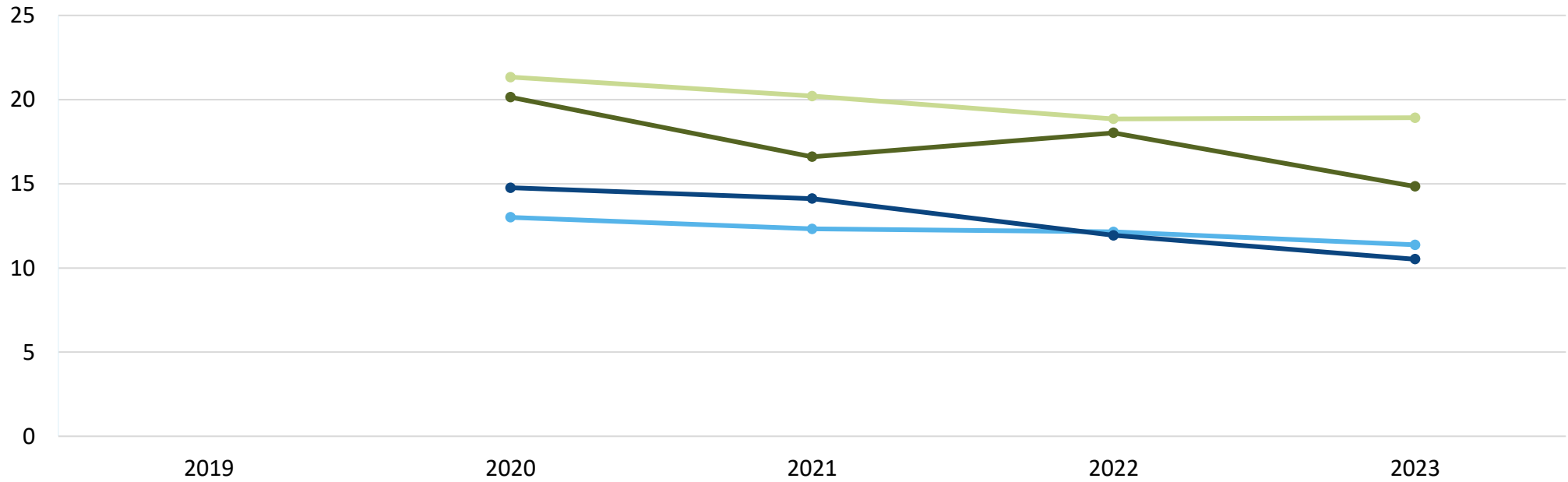
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	-	12.14%	11.84%	9.83%	7.54%
Staff without a LTC or illness: Your org	-	8.92%	7.26%	5.81%	5.21%
Staff with a LTC or illness: Average	-	15.17%	13.36%	12.27%	11.87%
Staff without a LTC or illness: Average	-	8.52%	7.10%	6.99%	6.19%
Staff with a LTC or illness: Responses	-	420	583	651	743
Staff without a LTC or illness: Responses	-	1569	1736	1789	1978





Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.

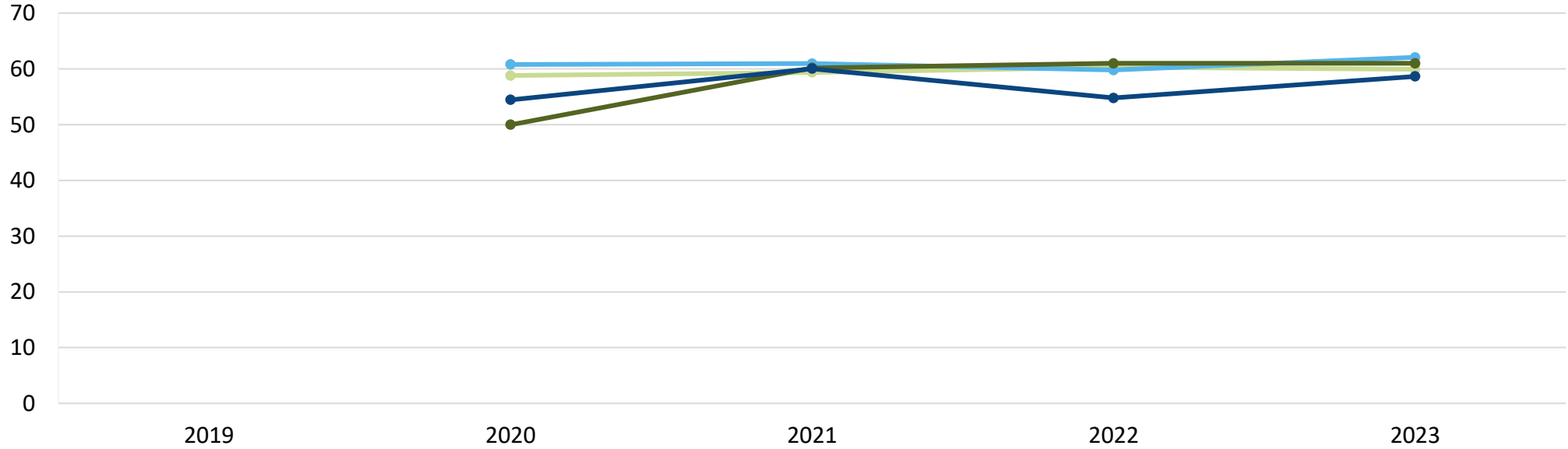


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	-	20.14%	16.61%	18.03%	14.84%
Staff without a LTC or illness: Your org	-	14.76%	14.12%	11.94%	10.52%
Staff with a LTC or illness: Average	-	21.34%	20.21%	18.86%	18.93%
Staff without a LTC or illness: Average	-	13.01%	12.33%	12.15%	11.38%
Staff with a LTC or illness: Responses	-	417	584	649	741
Staff without a LTC or illness: Responses	-	1551	1714	1784	1977



Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

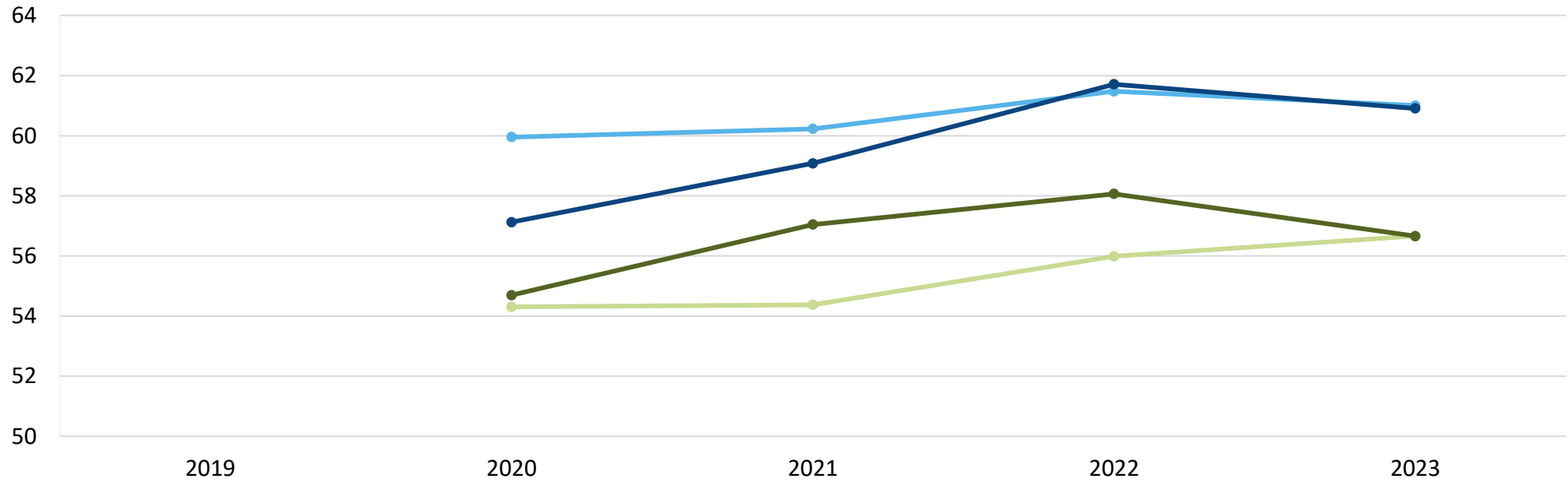


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	-	50.00%	60.19%	61.00%	61.00%
Staff without a LTC or illness: Your org	-	54.46%	60.04%	54.79%	58.67%
Staff with a LTC or illness: Average	-	58.81%	59.38%	60.32%	59.93%
Staff without a LTC or illness: Average	-	60.81%	60.96%	59.81%	62.07%
Staff with a LTC or illness: Responses	-	156	211	259	259
Staff without a LTC or illness: Responses	-	505	543	522	496



Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

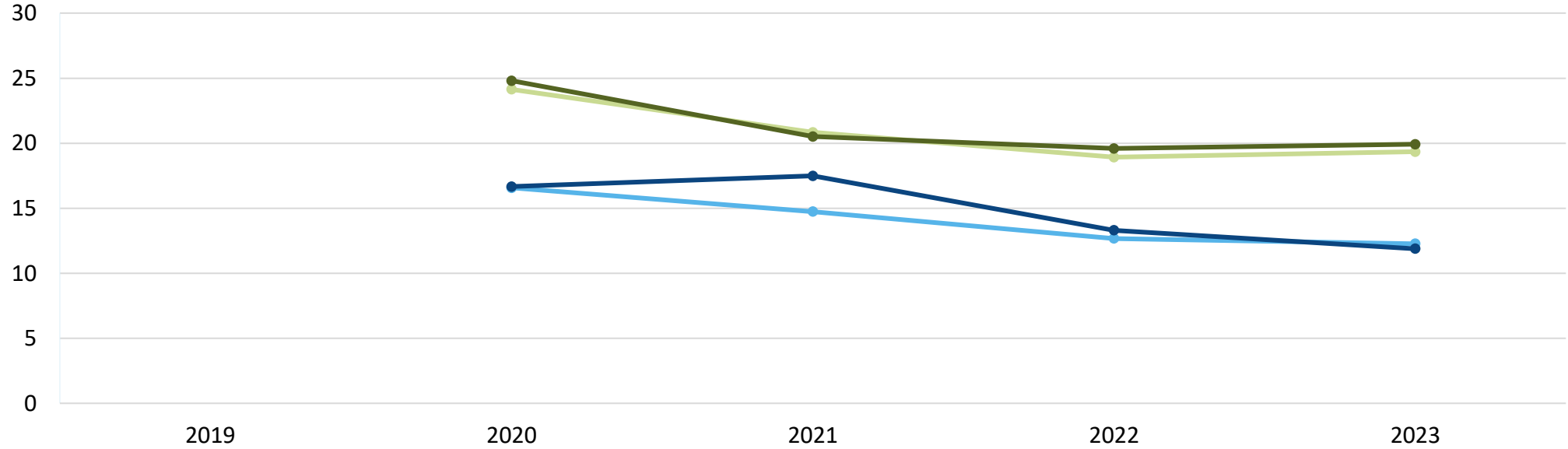


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	-	54.69%	57.04%	58.06%	56.66%
Staff without a LTC or illness: Your org	-	57.12%	59.08%	61.71%	60.91%
Staff with a LTC or illness: Average	-	54.31%	54.38%	55.99%	56.66%
Staff without a LTC or illness: Average	-	59.96%	60.23%	61.48%	61.00%
Staff with a LTC or illness: Responses	-	426	582	651	743
Staff without a LTC or illness: Responses	-	1579	1740	1797	1980



Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

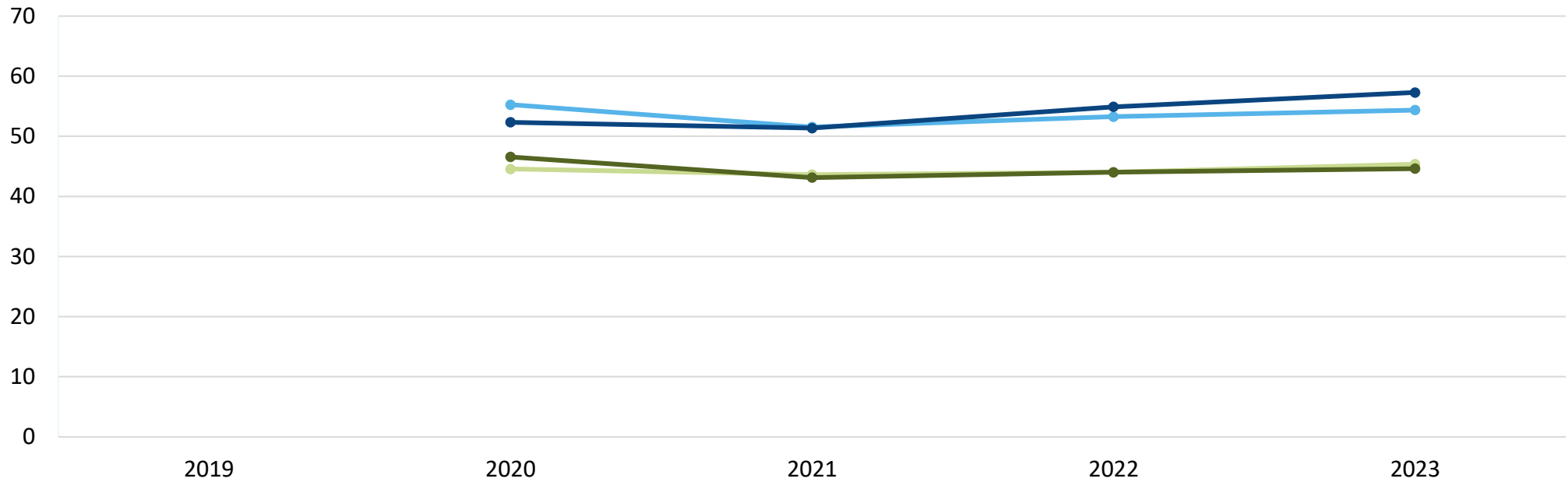


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	-	24.80%	20.51%	19.59%	19.92%
Staff without a LTC or illness: Your org	-	16.67%	17.49%	13.31%	11.89%
Staff with a LTC or illness: Average	-	24.14%	20.85%	18.93%	19.35%
Staff without a LTC or illness: Average	-	16.57%	14.74%	12.67%	12.27%
Staff with a LTC or illness: Responses	-	254	390	444	497
Staff without a LTC or illness: Responses	-	654	806	849	875



Percentage of staff satisfied with the extent to which  
their organisation values their work out of those who  
answered the question

Percentage of staff satisfied with the extent to which their organisation values their work.

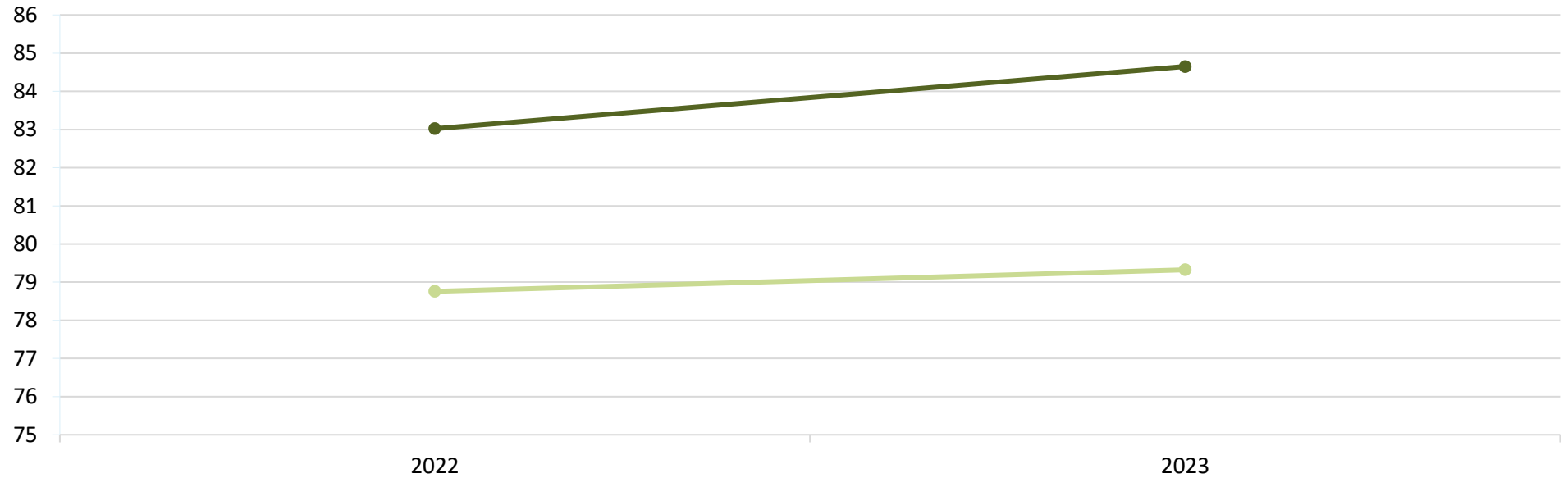


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	-	46.57%	43.12%	44.02%	44.61%
Staff without a LTC or illness: Your org	-	52.32%	51.34%	54.89%	57.29%
Staff with a LTC or illness: Average	-	44.56%	43.63%	44.02%	45.36%
Staff without a LTC or illness: Average	-	55.25%	51.54%	53.25%	54.35%
Staff with a LTC or illness: Responses	-	423	589	652	751
Staff without a LTC or illness: Responses	-	1573	1749	1798	1990

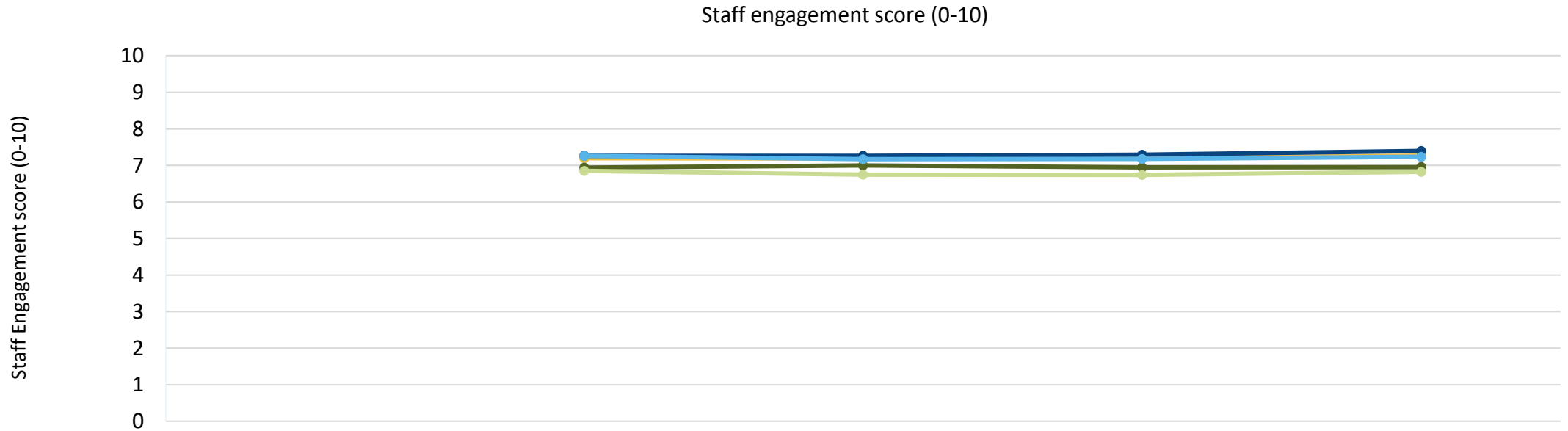


Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.

Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question



	2022	2023
Staff with a LTC or illness: Your org	83.02%	84.65%
Staff with a LTC or illness: Average	78.76%	79.32%
Staff with a LTC or illness: Responses	377	443



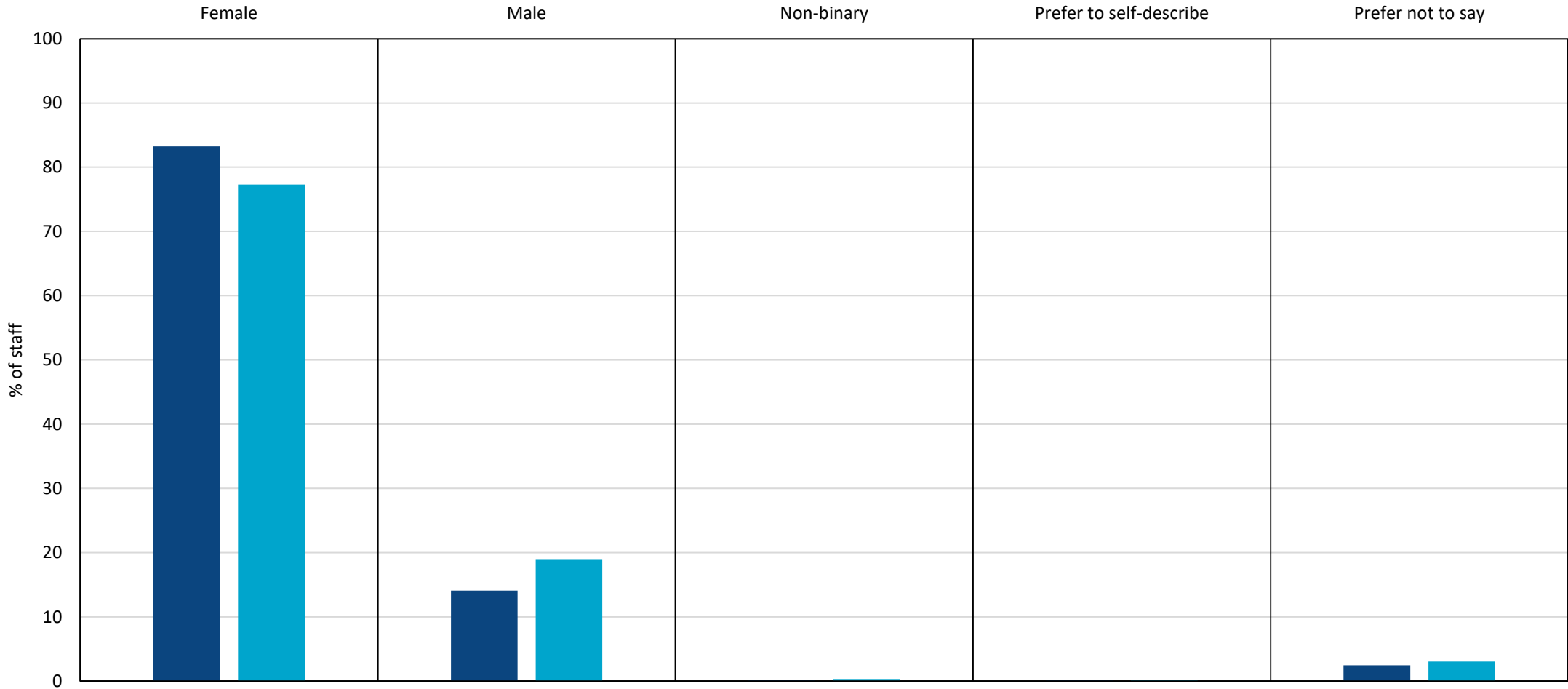
	2019	2020	2021	2022	2023
2019	2020	2021	2022	2023	
Organisation average	-	7.19	7.19	7.20	7.27
Staff with a LTC or illness: Your org	-	6.94	7.00	6.94	6.95
Staff without a LTC or illness: Your org	-	7.26	7.26	7.29	7.39
Staff with a LTC or illness: Average	-	6.85	6.74	6.74	6.82
Staff without a LTC or illness: Average	-	7.26	7.17	7.18	7.23
Staff with a LTC or illness: Responses	-	427	590	652	753
Staff without a LTC or illness: Responses	-	1579	1755	1815	1999

Note. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

## About your respondents

This section shows demographic and other background information for 2023.

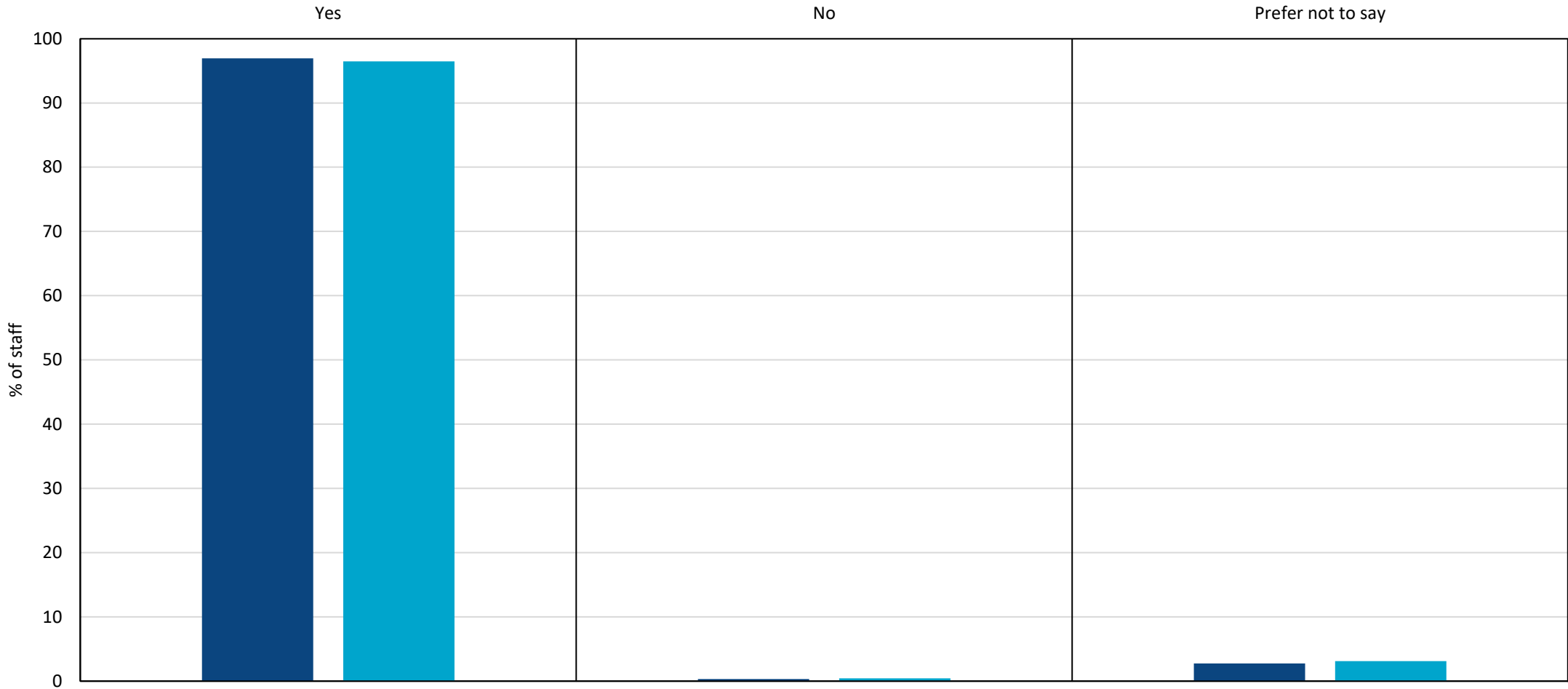




Your org	83.23%	14.09%	0.14%	0.11%	2.43%
Average	77.30%	18.86%	0.31%	0.18%	3.02%
Responses	2796	2796	2796	2796	2796



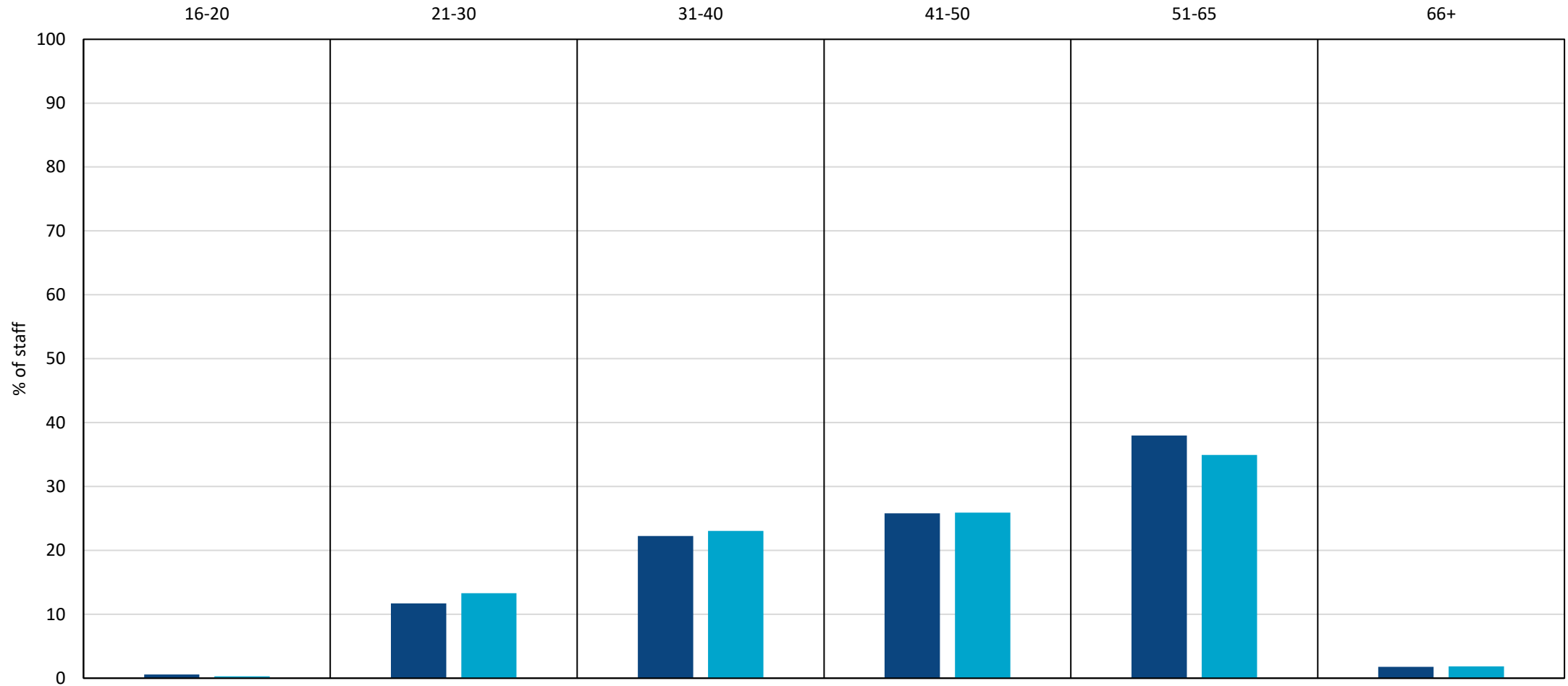
# Background details – Is your gender identity the same as the sex you were registered at birth?



Your org	96.95%	0.32%	2.74%
Average	96.46%	0.40%	3.09%
Responses	2522	2522	2522



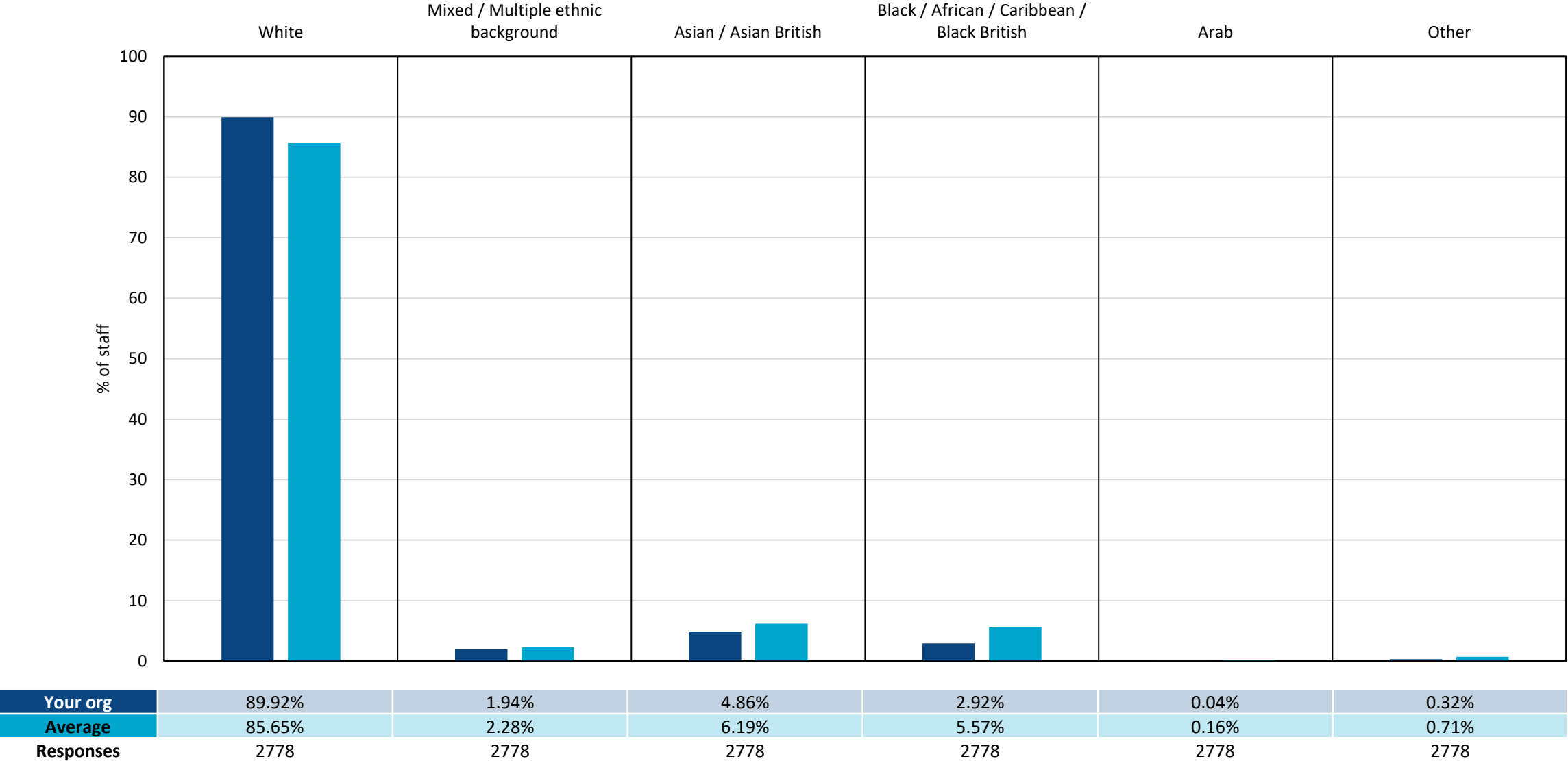
## Background details - Age



Your org	0.58%	11.68%	22.23%	25.78%	37.96%	1.77%
Average	0.26%	13.30%	23.05%	25.90%	34.91%	1.85%
Responses	2766	2766	2766	2766	2766	2766

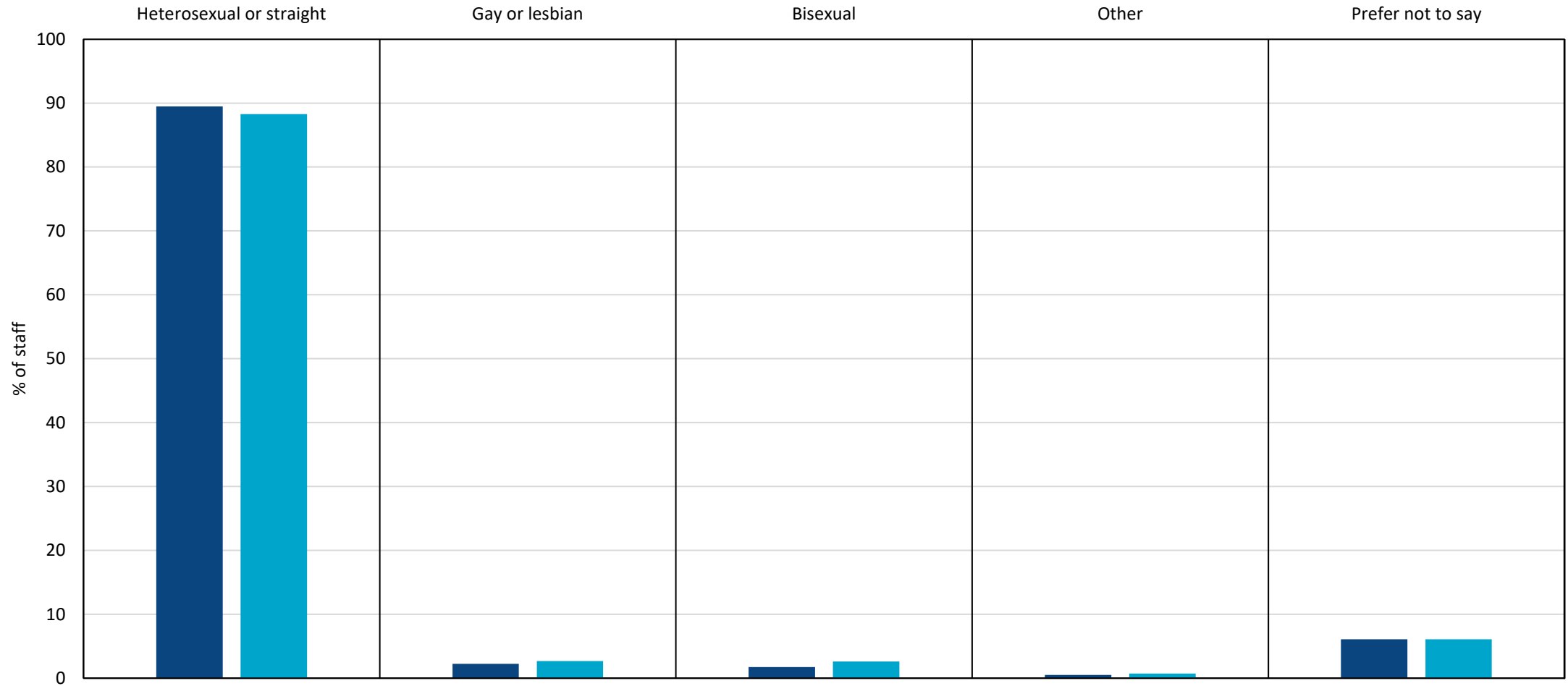


# Background details - Ethnicity





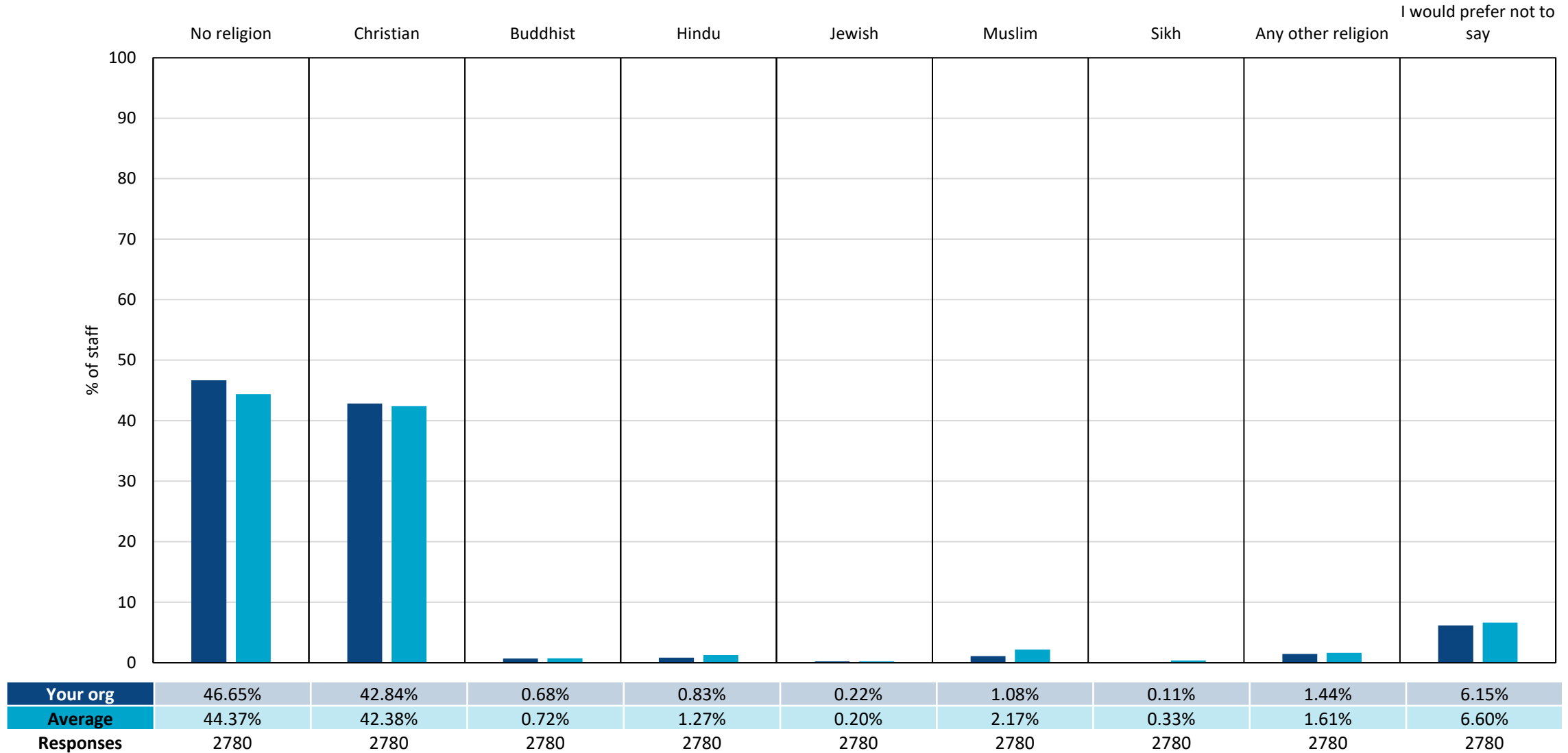
## Background details – Sexual orientation



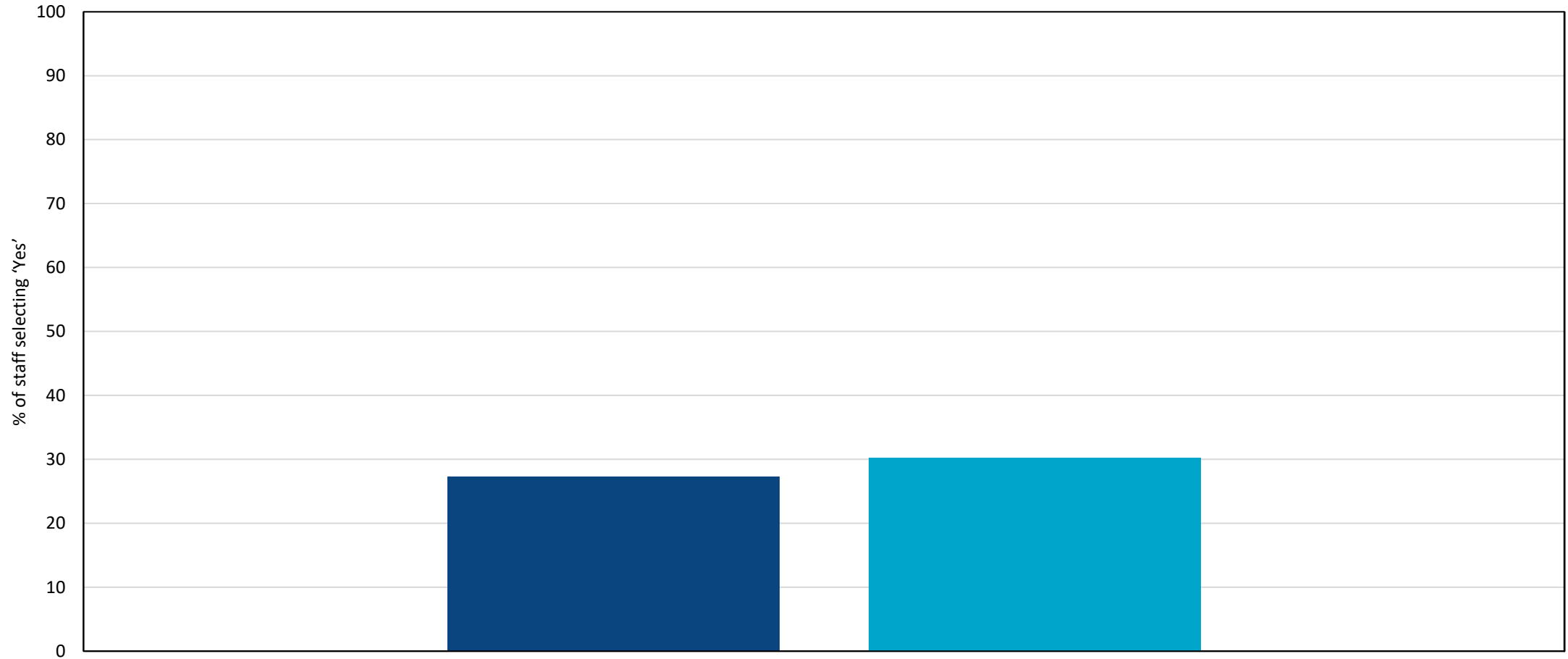
Your org	89.49%	2.22%	1.72%	0.50%	6.06%
Average	88.28%	2.65%	2.60%	0.71%	6.06%
Responses	2787	2787	2787	2787	2787



## Background details - Religion



Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

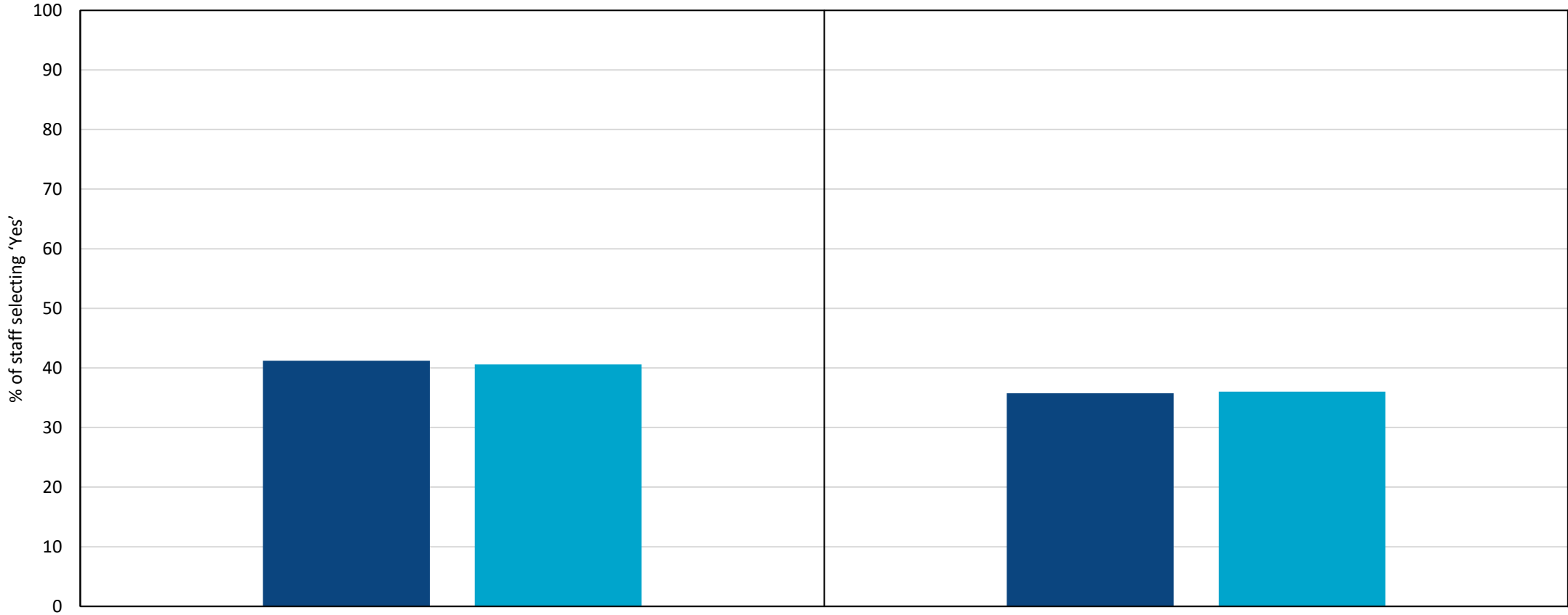


Your org	27.33%
Average	30.18%
Responses	2759



Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.

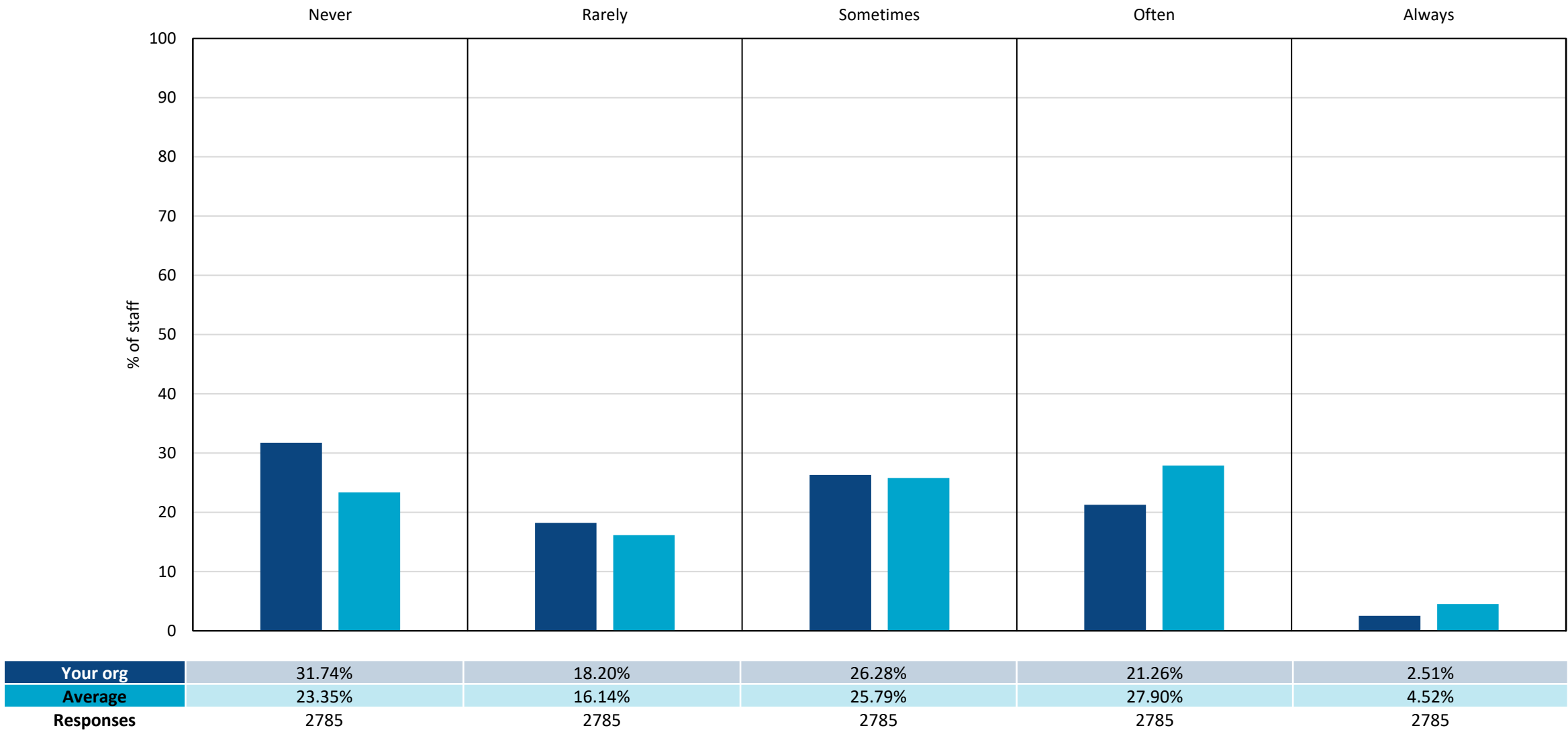


Your org	41.23%	35.76%
Average	40.58%	36.02%
Responses	2758	2763



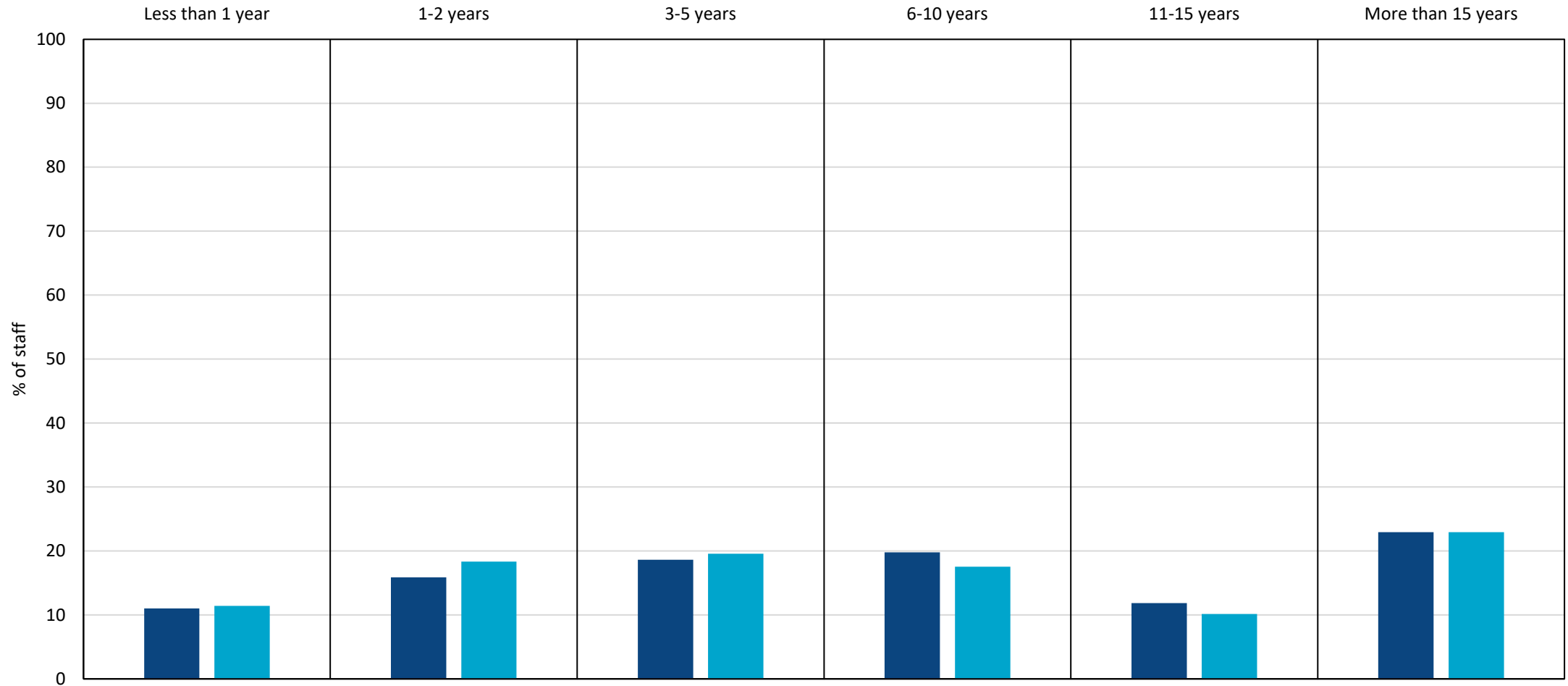


# Background details – How often do you work at/from home?





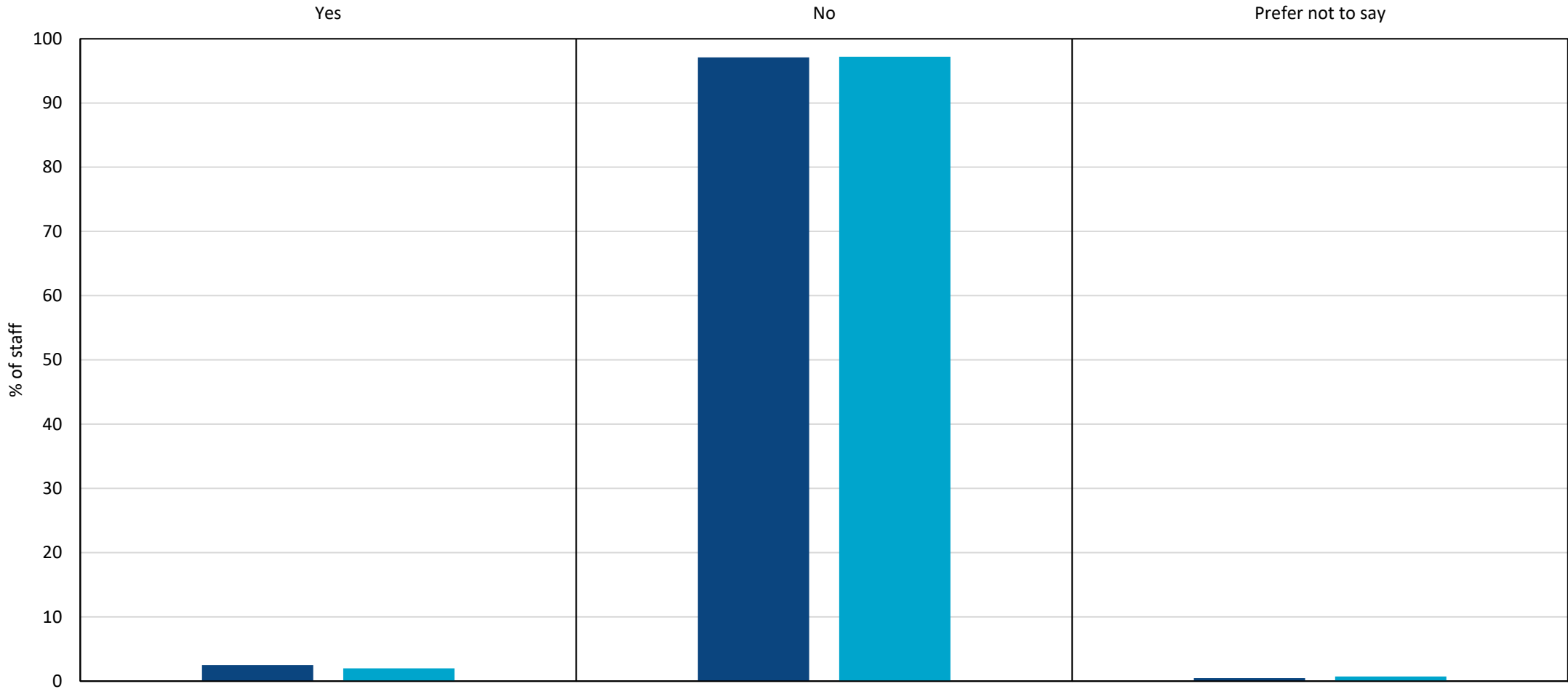
## Background details – Length of service



Your org	11.00%	15.87%	18.62%	19.77%	11.82%	22.92%
Average	11.39%	18.32%	19.57%	17.52%	10.13%	22.92%
Responses	2792	2792	2792	2792	2792	2792



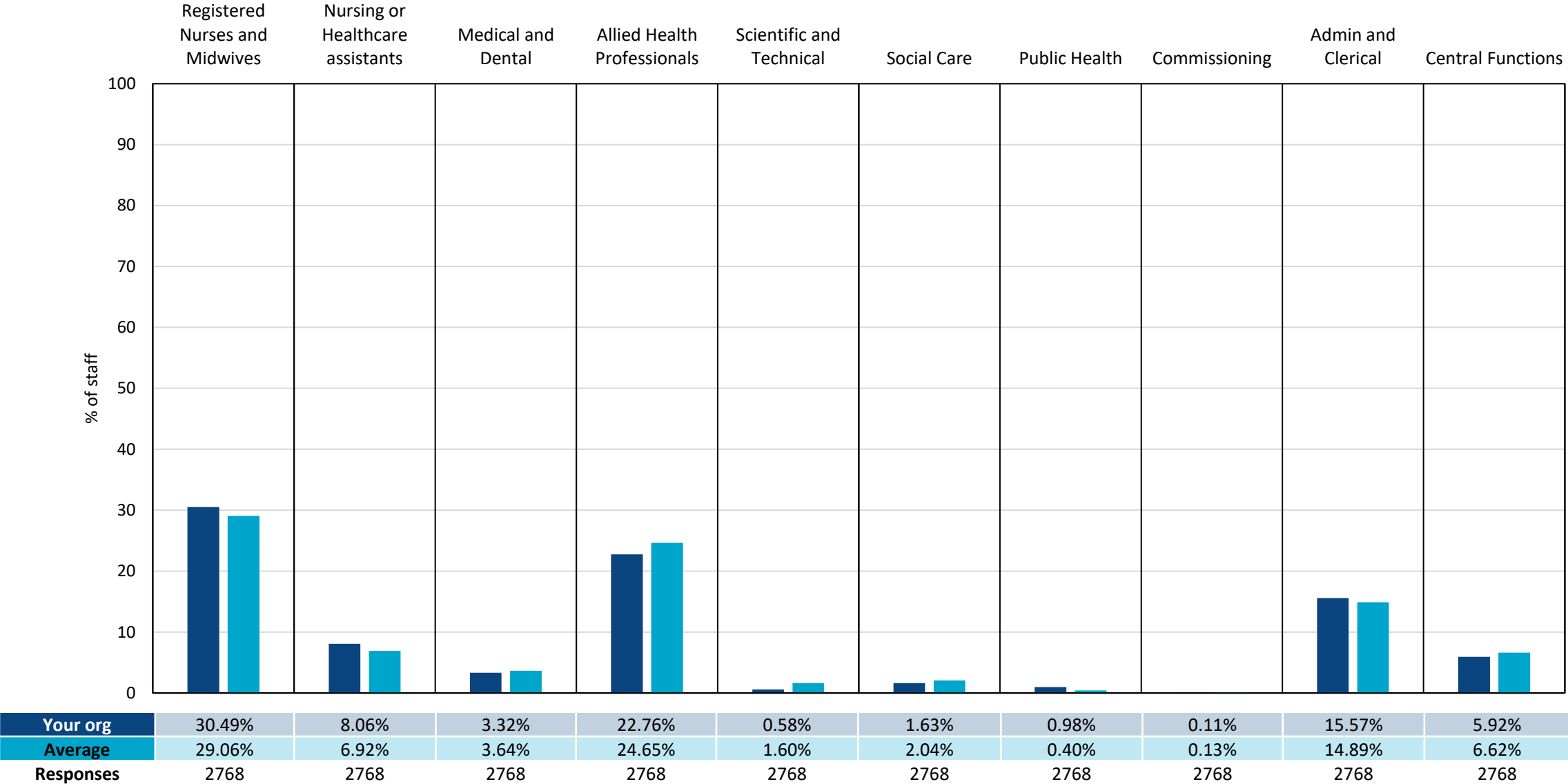
# Background details — When you joined this organisation were you recruited from outside of the UK?



Your org	2.48%	97.07%	0.44%
Average	1.96%	97.21%	0.72%
Responses	2700	2700	2700

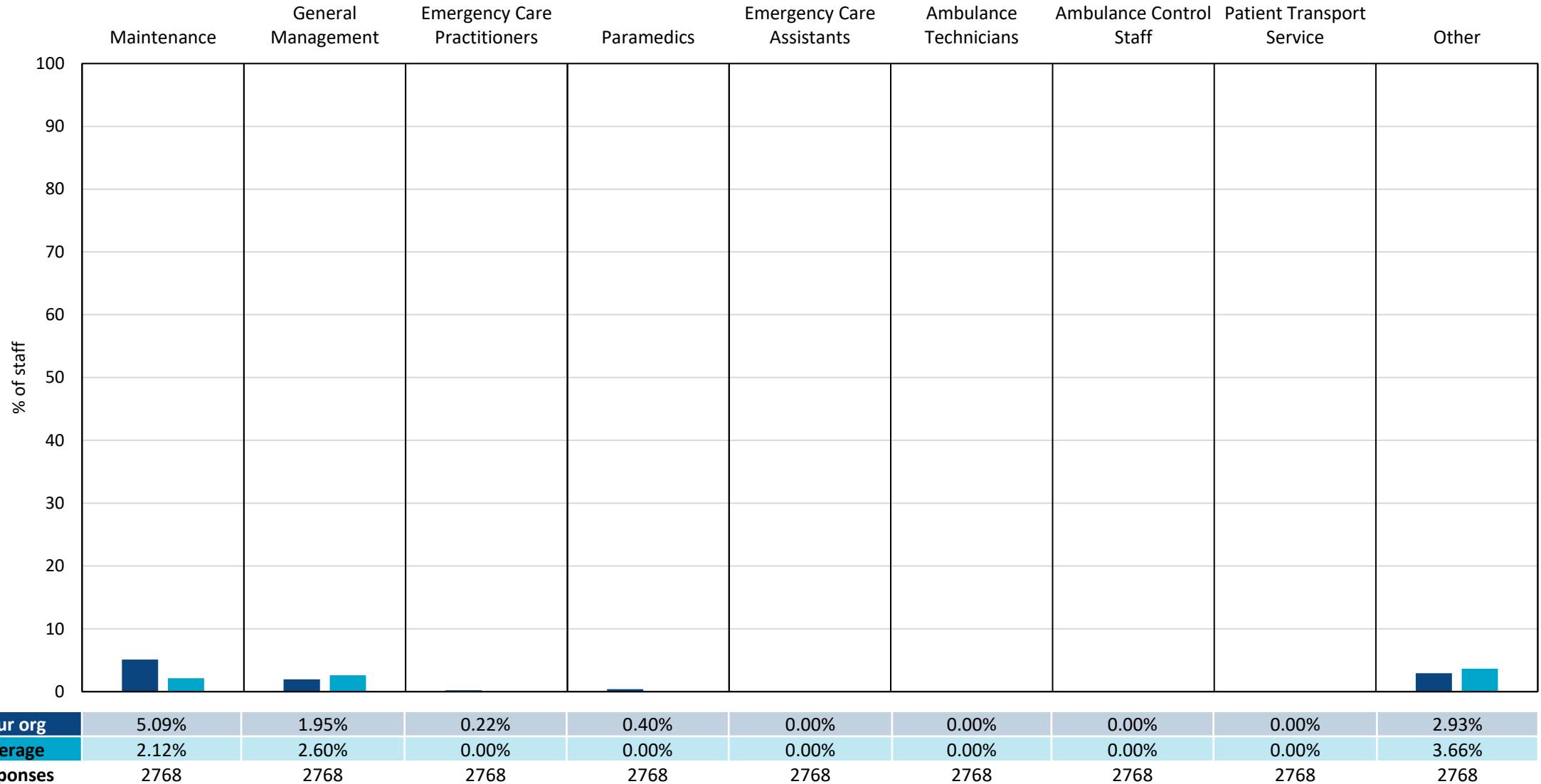


# Background details – Occupational group





## Background details – Occupational group



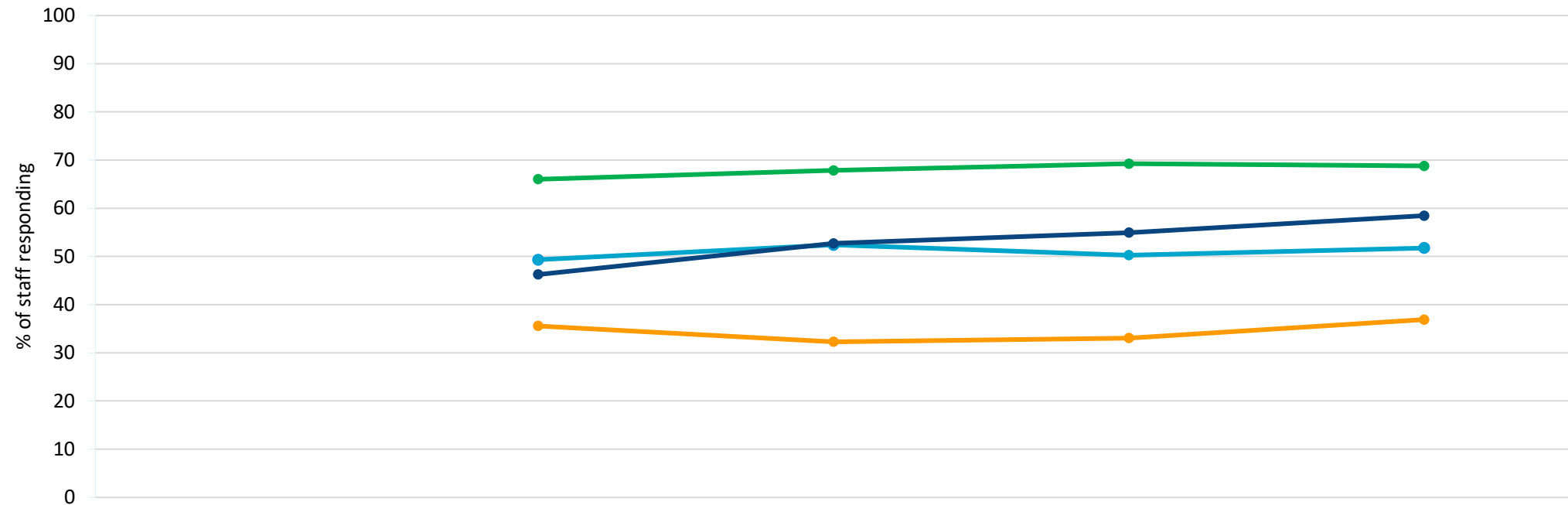
## Appendices

## Appendix A: Response rate



## Appendix A: Response rate

Response rate



	2019	2020	2021	2022	2023
Your org	-	46.26%	52.71%	54.94%	58.45%
Highest	-	66.02%	67.86%	69.24%	68.76%
Average	-	49.31%	52.40%	50.26%	51.76%
Lowest	-	35.56%	32.27%	33.04%	36.86%
Responses	-	2023	2367	2492	2808



## Appendix B: Significance testing 2022 vs 2023

## ➤ Appendix B: Significance testing – 2022 vs 2023

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023\*. For more details please see the [technical document](#).

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.70	2482	7.73	2799	Not significant
We are recognised and rewarded	6.40	2477	6.54	2800	Significantly higher
We each have a voice that counts	7.08	2464	7.11	2773	Not significant
We are safe and healthy	6.32	2457	-	-	-
We are always learning	5.81	2420	6.05	2725	Significantly higher
We work flexibly	6.72	2469	6.84	2790	Not significant
We are a team	7.17	2480	7.23	2794	Not significant
Themes					
Staff Engagement	7.19	2486	7.27	2800	Not significant
Morale	6.20	2484	6.38	2803	Significantly higher

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

## Appendix C: Tips on using your benchmark report

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

### Key points to note



The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the technical document available on the [Staff Survey website](#).



A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.

Note. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2023.

Note. 2023 results for People Promise element 4 ('We are safe and healthy'), two of its sub-scores ('Health and safety climate' and 'Negative experiences') and Q13a-d have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

## Appendix C: 1. Reviewing People Promise and theme results

When analysing People Promise element and theme results, it is easiest to start with the [overview](#) page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

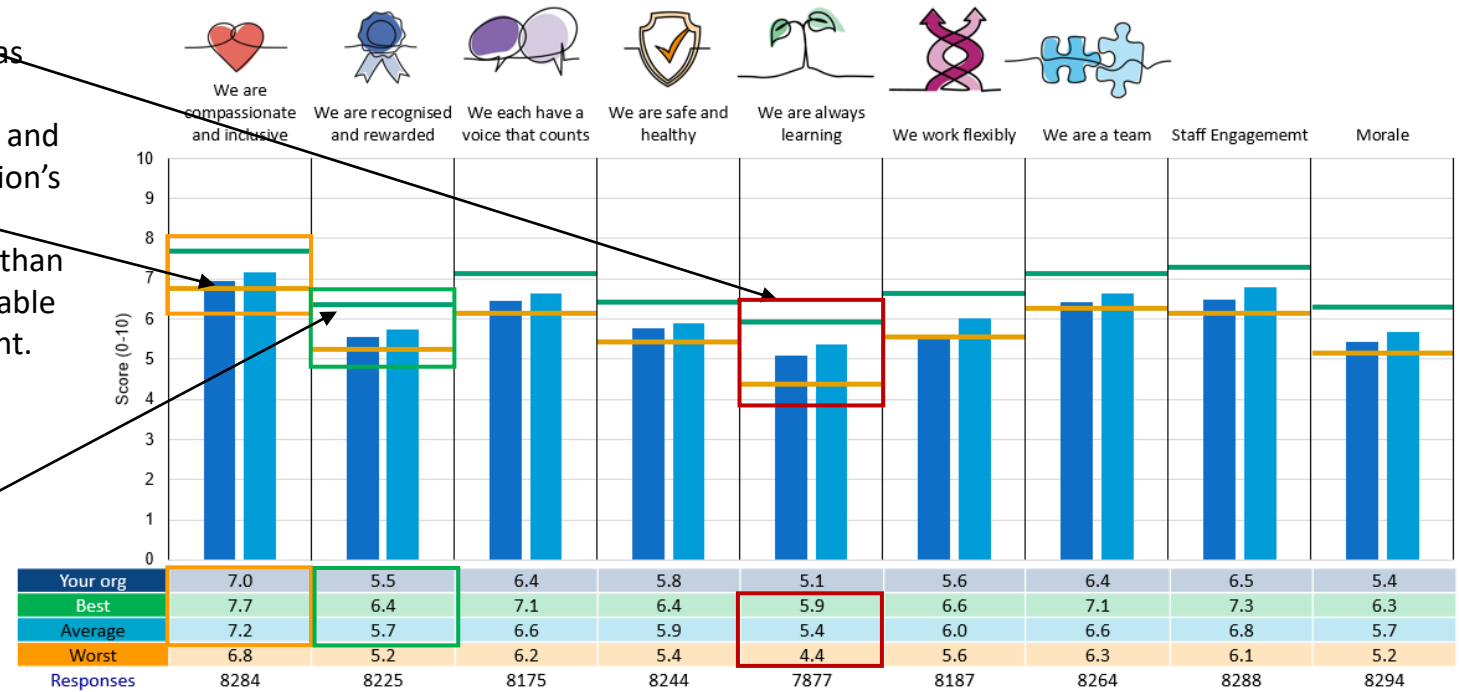
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another important point of reference.

### Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

### Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.

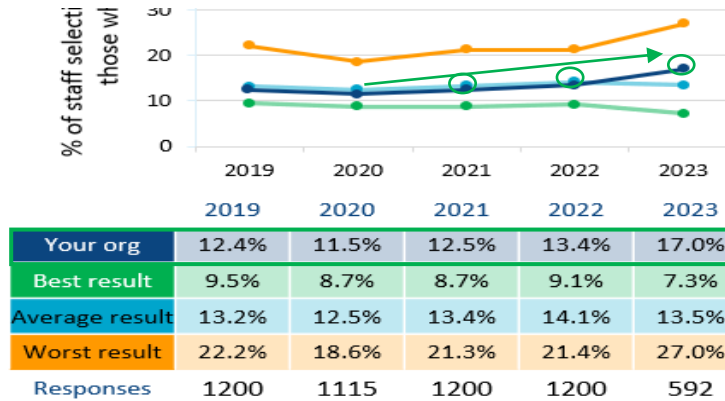


Only one example is highlighted for each point

## Appendix C: 2. Reviewing results in more detail

### Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

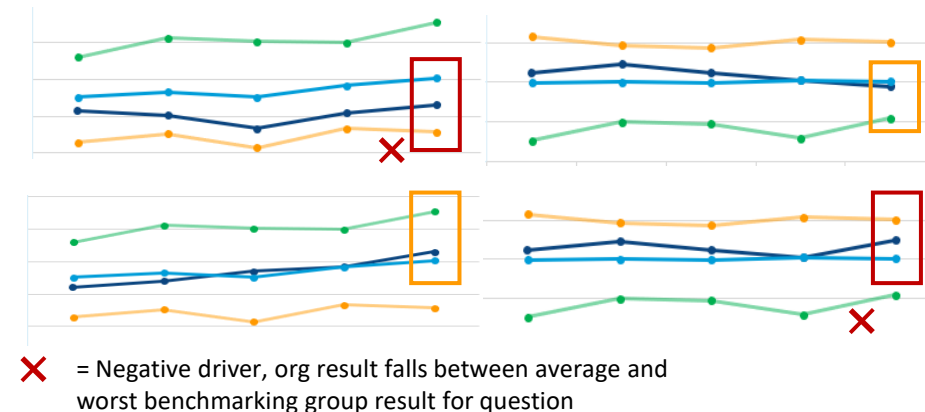


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

### Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the **'Question results'** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

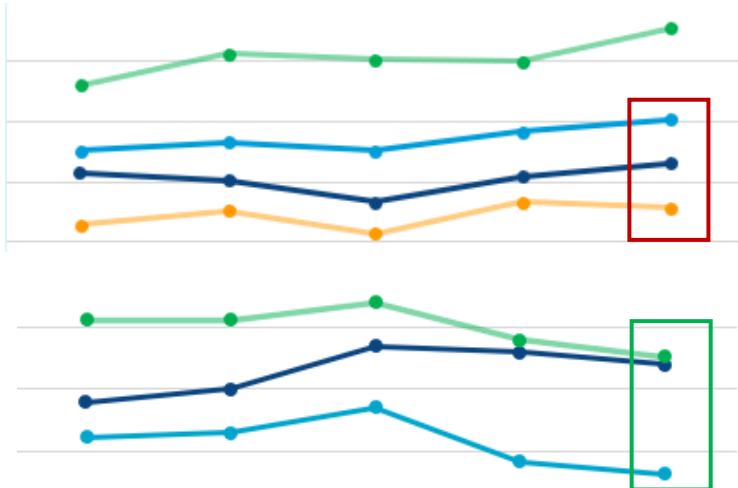
### Identifying questions of interest

#### ➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

#### ➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

## Appendix D: Additional reporting outputs



Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

### Supporting documents



**Basic Guide:** Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



**Technical Document:** Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

### Other reporting outputs



**Online Dashboards:** Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.



**Breakdown reports:** Reports containing People Promise and theme results split by breakdown (locality) for Gloucestershire Health and Care NHS Foundation Trust.



**National Briefing Document:** Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.



**Detailed spreadsheets** Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.



# Gloucestershire Health and Care NHS Foundation Trust

2023 NHS Staff Survey

Breakdown report

Introduction	4
People Promise element and Theme results – Breakdowns 1	5
<u>Adult Comm Mgmt &amp; Admin</u>	6
<u>Adult Comm Physical Health</u>	7
<u>Adult Community Entry Services</u>	8
<u>Adult Community LD</u>	9
<u>Adult Community Mental Health</u>	10
<u>CW Leadership</u>	11
<u>CW Specialist Services</u>	12
<u>CYPS Management &amp; Admin</u>	13
<u>CYPS Mental Health</u>	14
<u>CYPS Physical Health</u>	15
<u>Dental &amp; Sexual Health Services</u>	16
<u>Executive</u>	17
<u>Finance</u>	18
<u>Finance - BI</u>	19
<u>Finance - Digital Services</u>	20
<u>Finance - Estates &amp; Facilities</u>	21
<u>Human Resources</u>	22
<u>MH Urgent Care &amp; IP</u>	23
<u>Medical and R &amp; D</u>	24
<u>Nursing, Therapies &amp; Quality</u>	25
<u>Operational Management</u>	26
<u>PH Urgent Care &amp; IP</u>	27
<u>Strategy &amp; Partnerships</u>	28
<u>Therapies &amp; Spec Equip</u>	29

<u>Add Prof Scientific and Technic</u>	31
<u>Additional Clinical Services</u>	32
<u>Administrative and Clerical</u>	33
<u>Allied Health Professionals</u>	34
<u>Estates and Ancillary</u>	35
<u>Medical and Dental</u>	36
<u>Nursing and Midwifery Registered</u>	37
<u>Students</u>	38

This breakdown report for Gloucestershire Health and Care NHS Foundation Trust contains results by breakdown area for People Promise element and theme results from the 2023 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

**Please note:** It is possible that there are differences between the 'Your org' scores reported in this breakdown report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

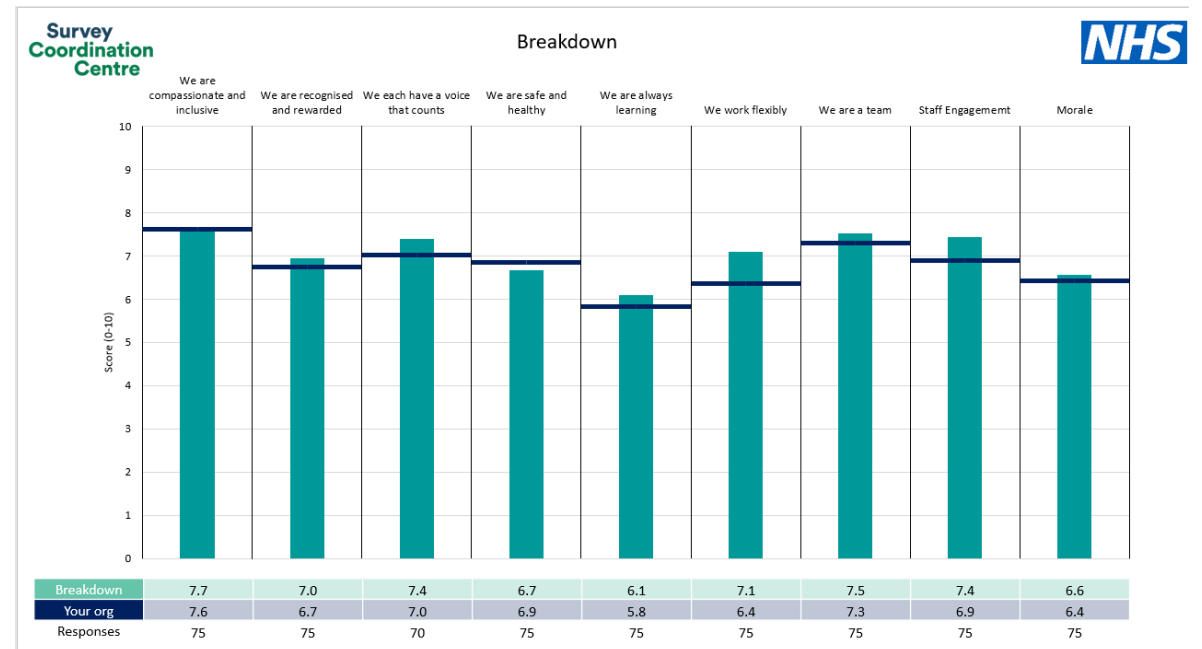
The breakdowns used in this report were provided and defined by Gloucestershire Health and Care NHS Foundation Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

## Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a breakdown area is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score

The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the breakdown and trust scores.



**! Note:** when there are less than 10 responses in a group, results are suppressed to protect staff confidentiality, for some organisations this could mean that all breakdown results are suppressed.

# Breakdowns 1

Gloucestershire Health and Care NHS Foundation Trust  
2023 NHS Staff Survey



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that counts



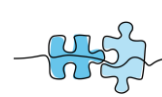
We are safe and  
healthy



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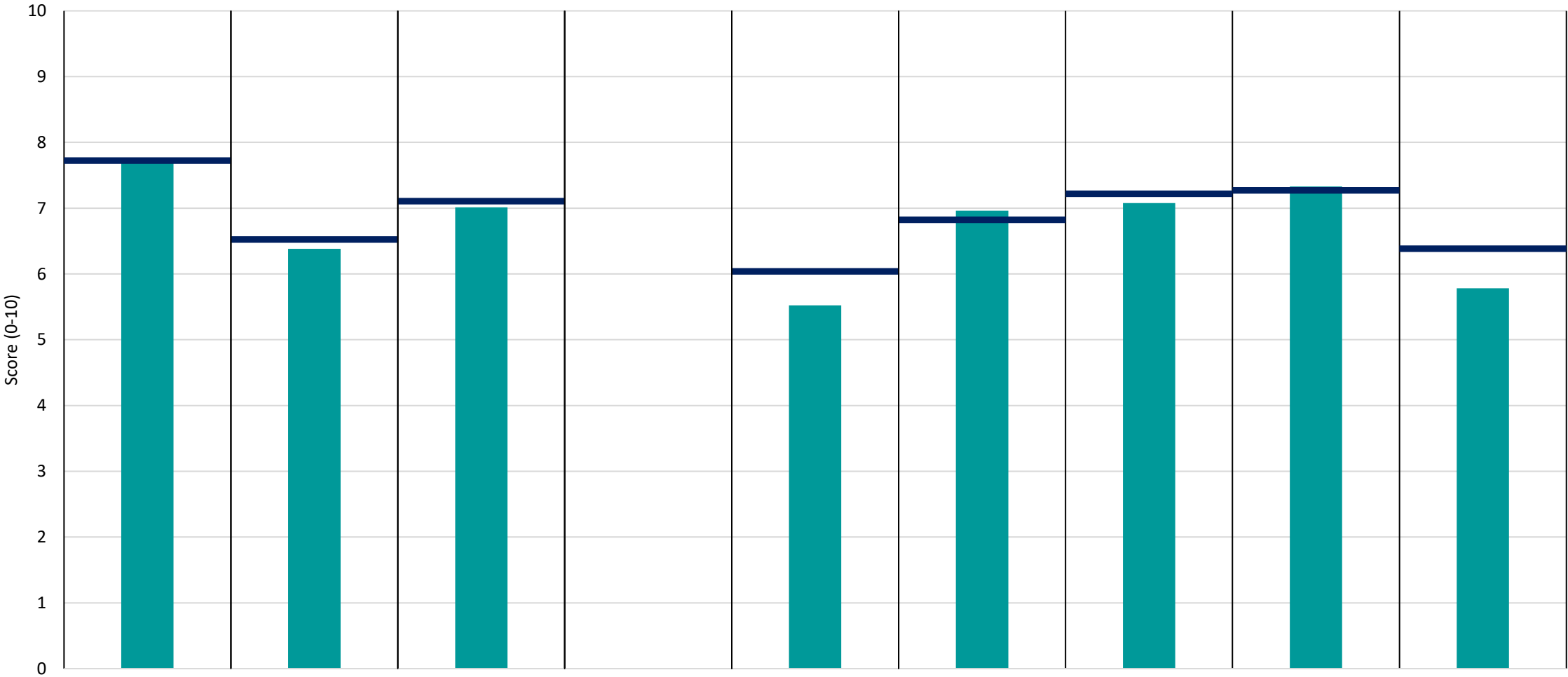
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.72	6.38	7.01	-	5.52	6.96	7.08	7.33	5.78
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 17 17 17 - 16 17 17 17 17 6

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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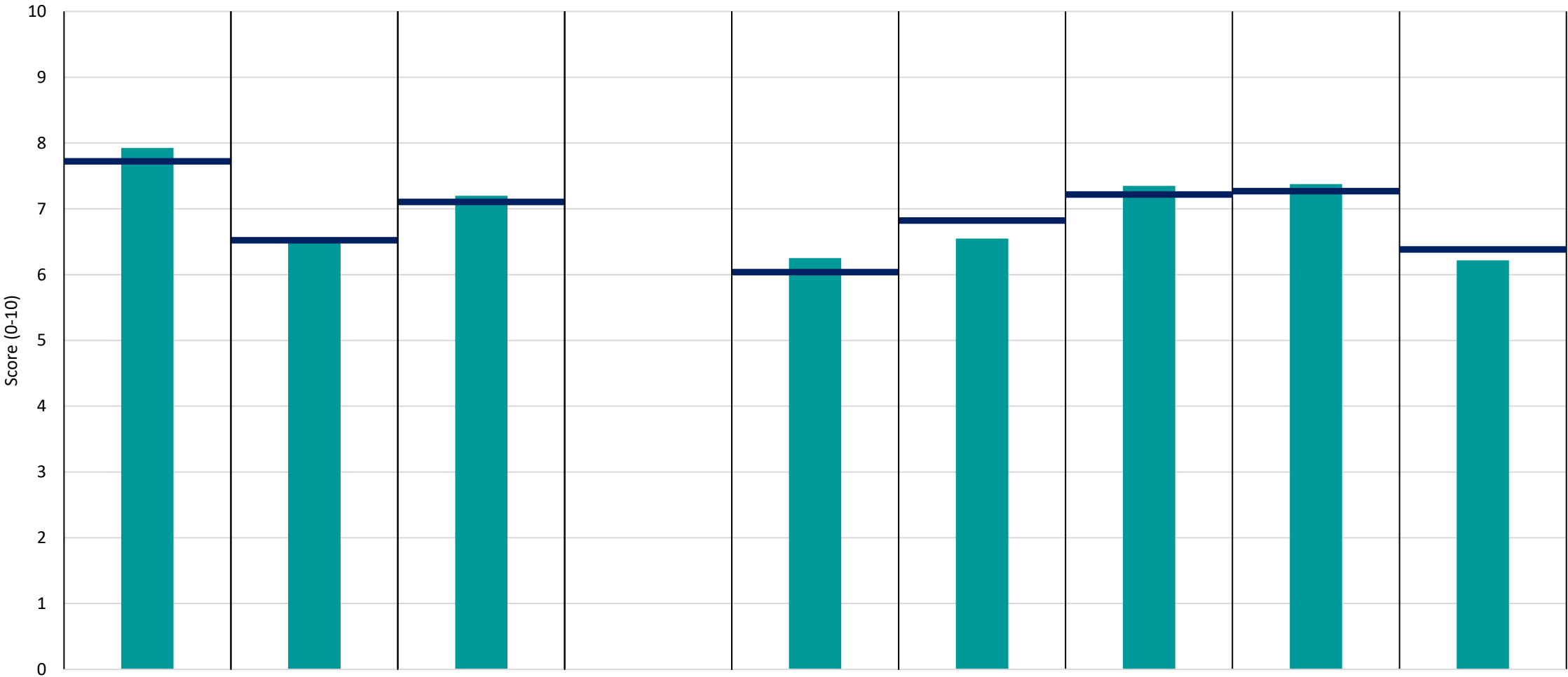
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Staff Engagement

Morale



Breakdown	7.92	6.56	7.20	-	6.25	6.55	7.35	7.38	6.22
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 245 244 244 - 243 244 244 245 245 7

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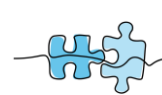
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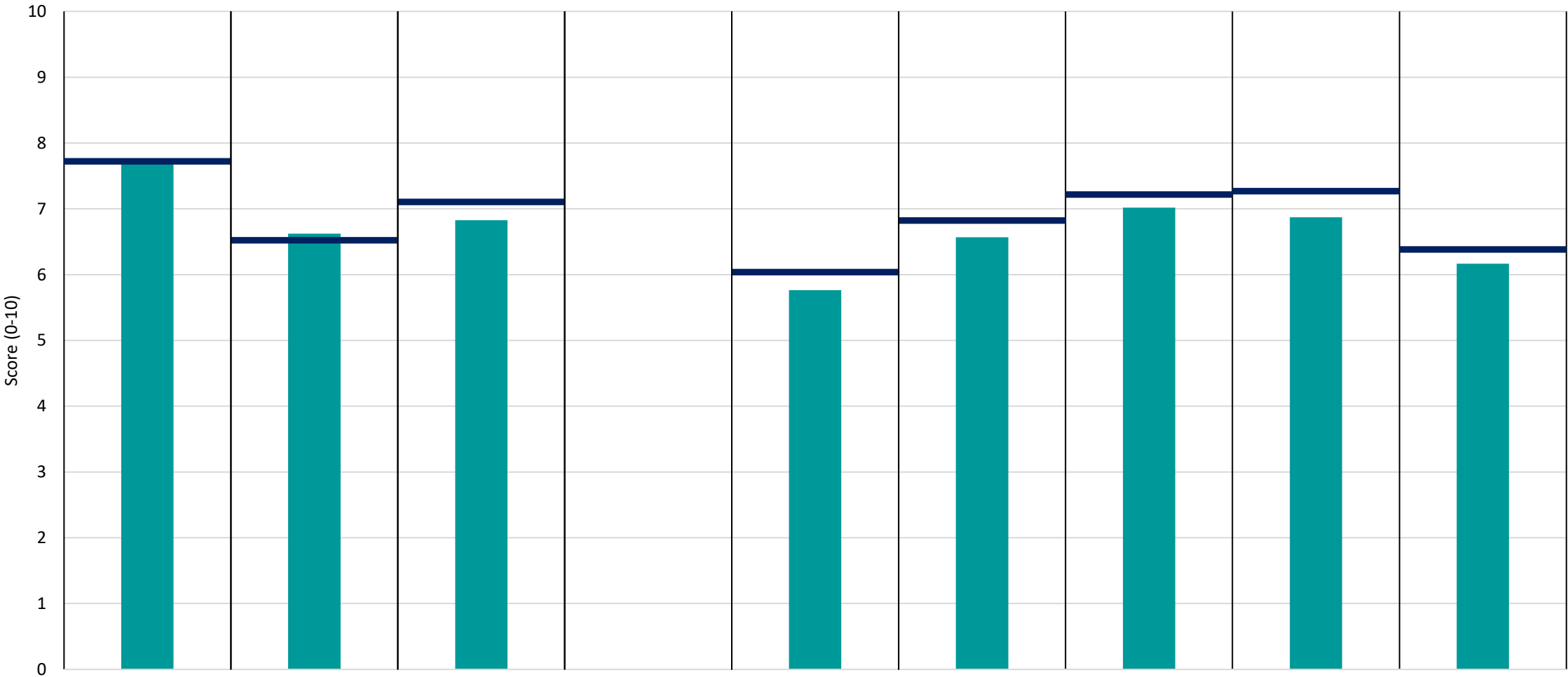
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Staff Engagement

Morale



Breakdown	7.70	6.62	6.83	-	5.76	6.57	7.02	6.87	6.17
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses

113

113

113

-

111

113

113

113

113



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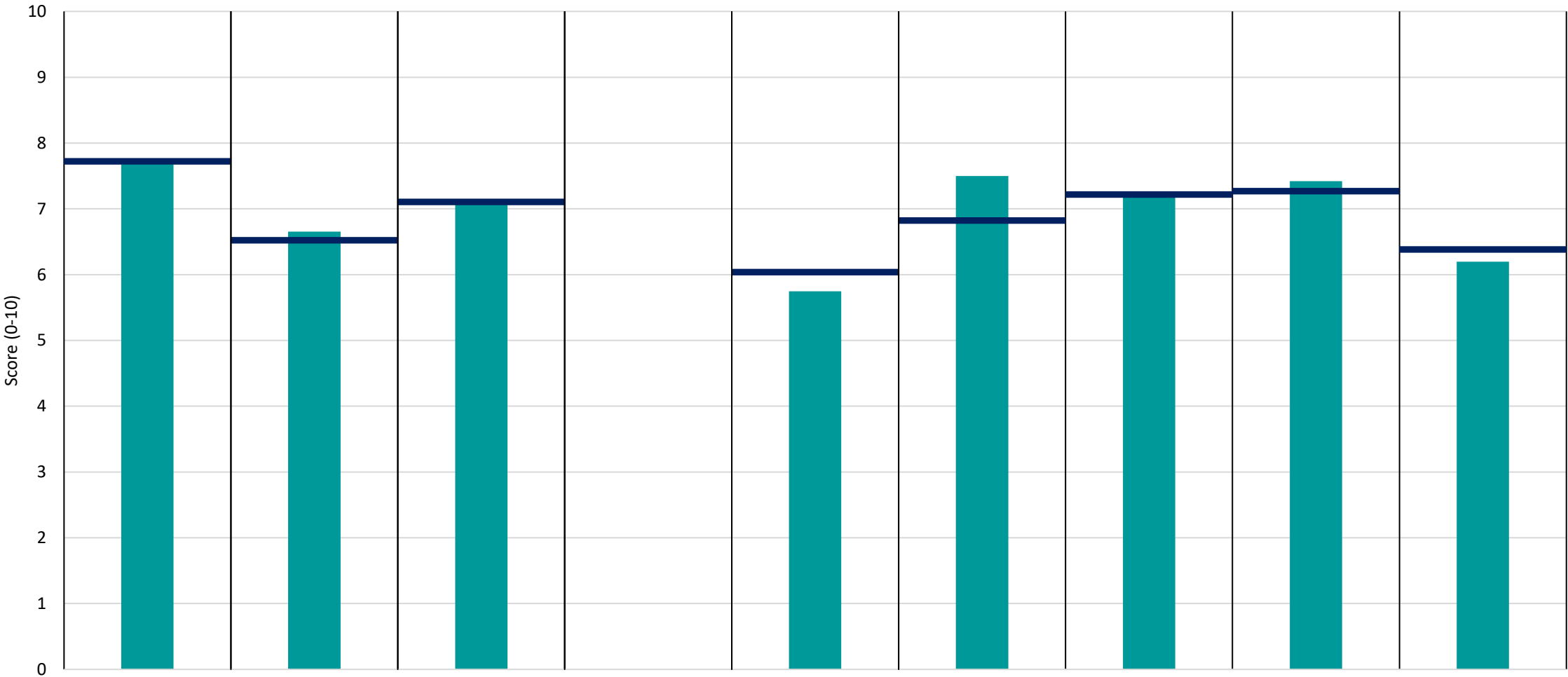
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Staff Engagement

Morale



Breakdown	7.68	6.65	7.10	-	5.75	7.50	7.23	7.42	6.20
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 32 32 32 - 32 32 32 32 32 32

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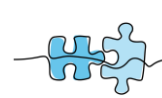
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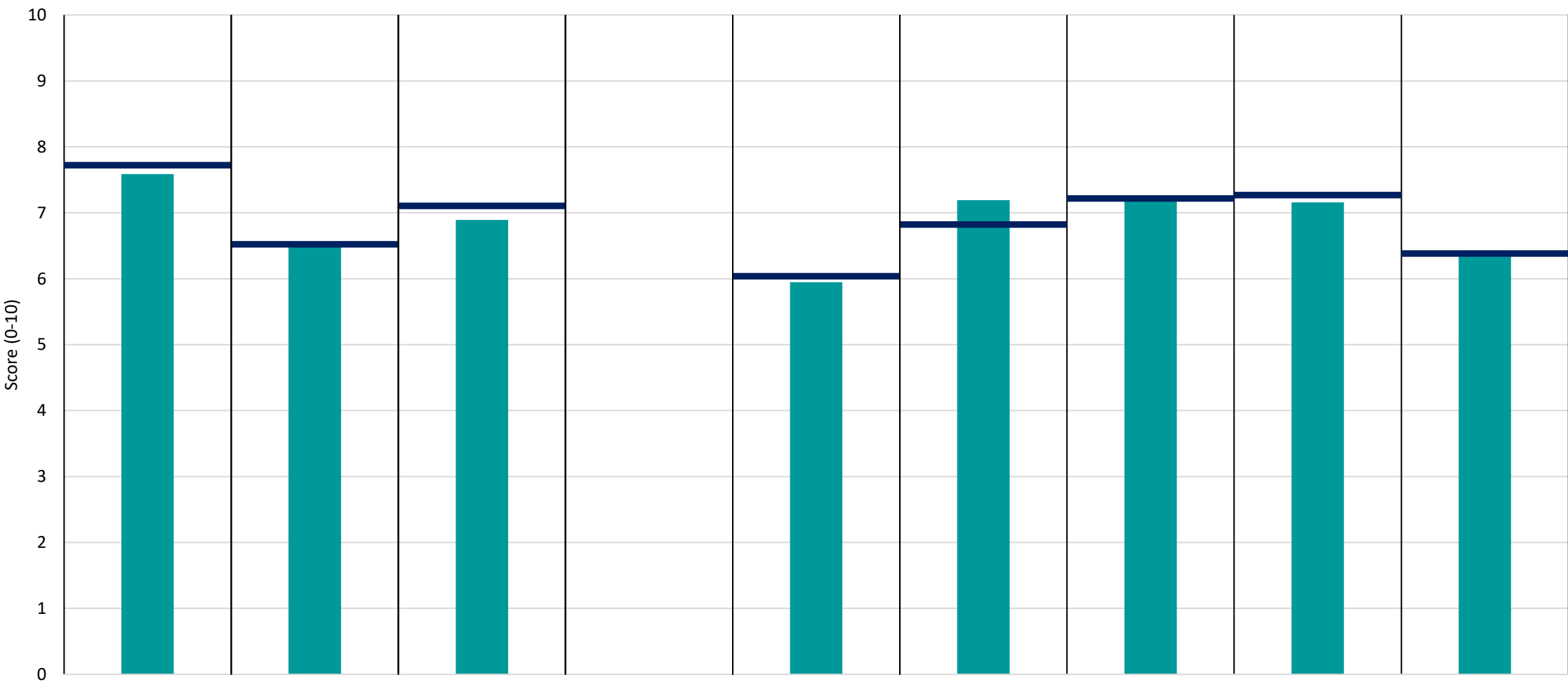
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Staff Engagement

Morale



Breakdown	7.59	6.49	6.89	-	5.95	7.19	7.24	7.16	6.40
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 214 215 212 - 210 215 215 215 215 10

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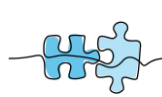
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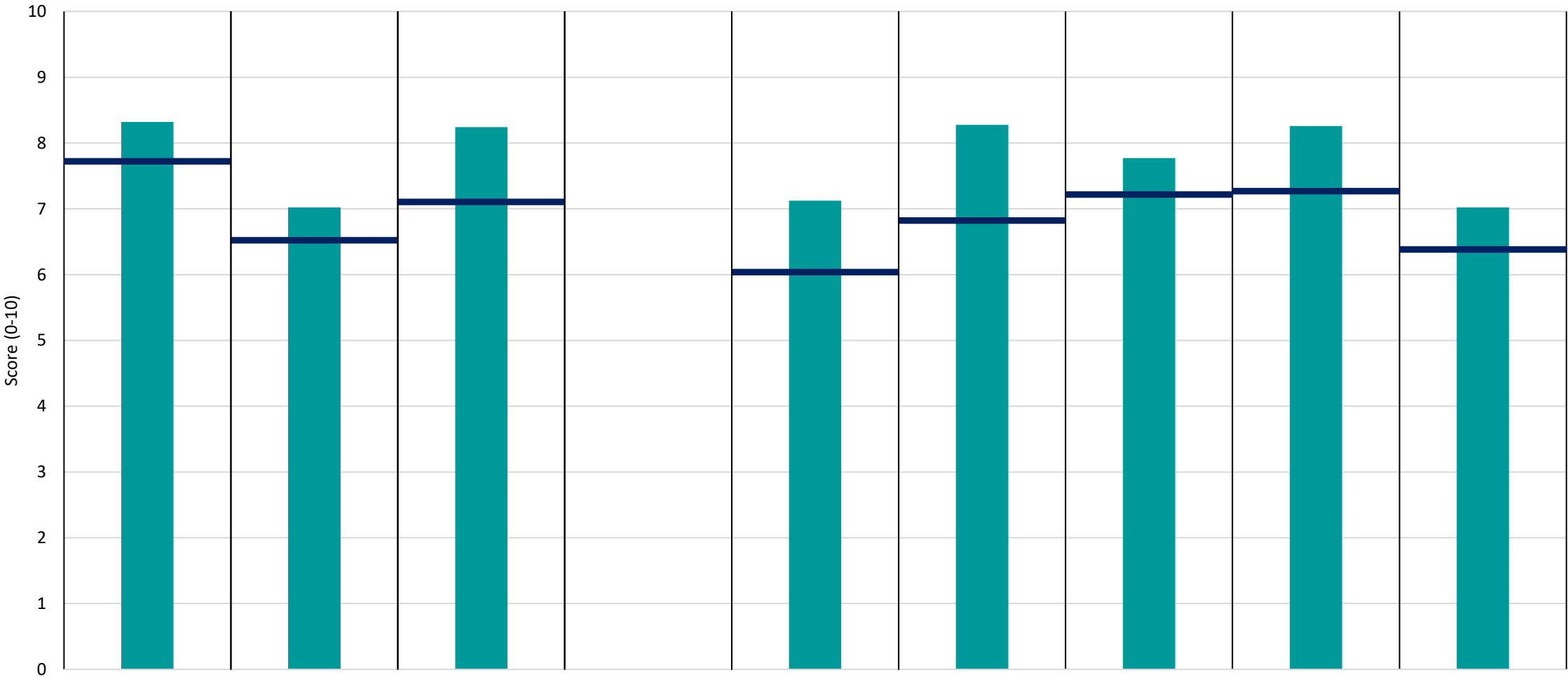
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Staff Engagement

Morale



Breakdown	8.32	7.02	8.24	-	7.13	8.28	7.77	8.26	7.02
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 22 22 22 - 22 22 22 22 22 22 11

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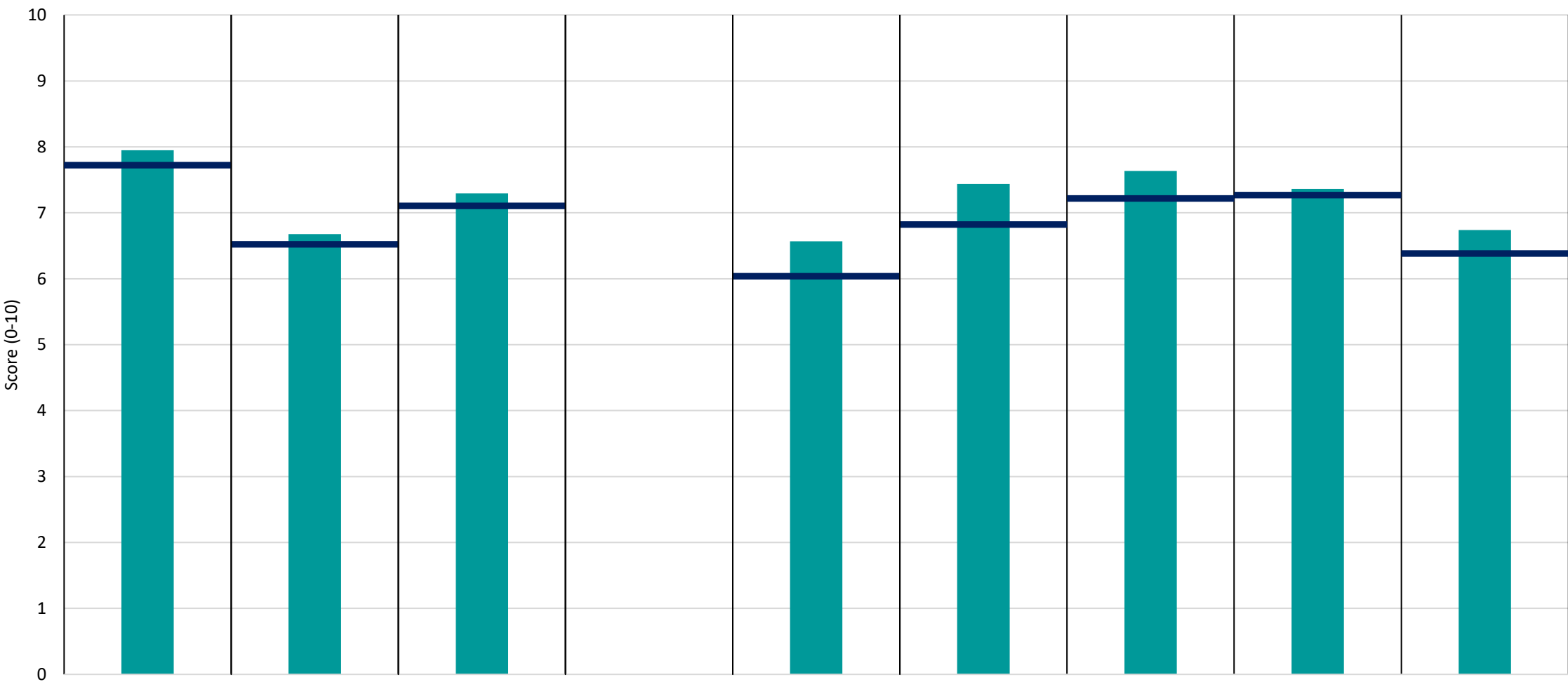
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Staff Engagement

Morale



Breakdown	7.95	6.68	7.30	-	6.57	7.44	7.63	7.36	6.74
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 95 95 95 - 94 95 95 95 95 95 12

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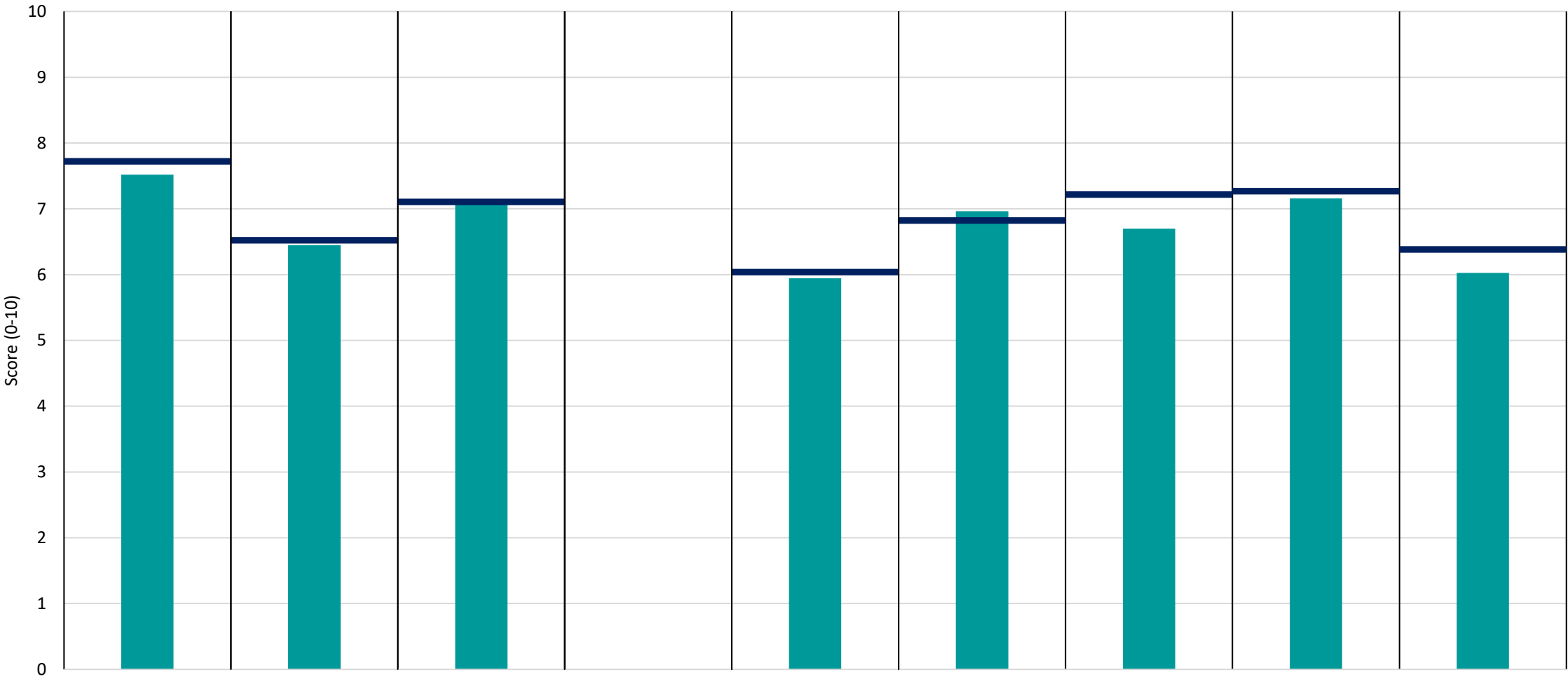
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Staff Engagement

Morale



Breakdown	7.52	6.45	7.07	-	5.94	6.96	6.70	7.16	6.03
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 50 50 49 - 50 50 50 50 50 13

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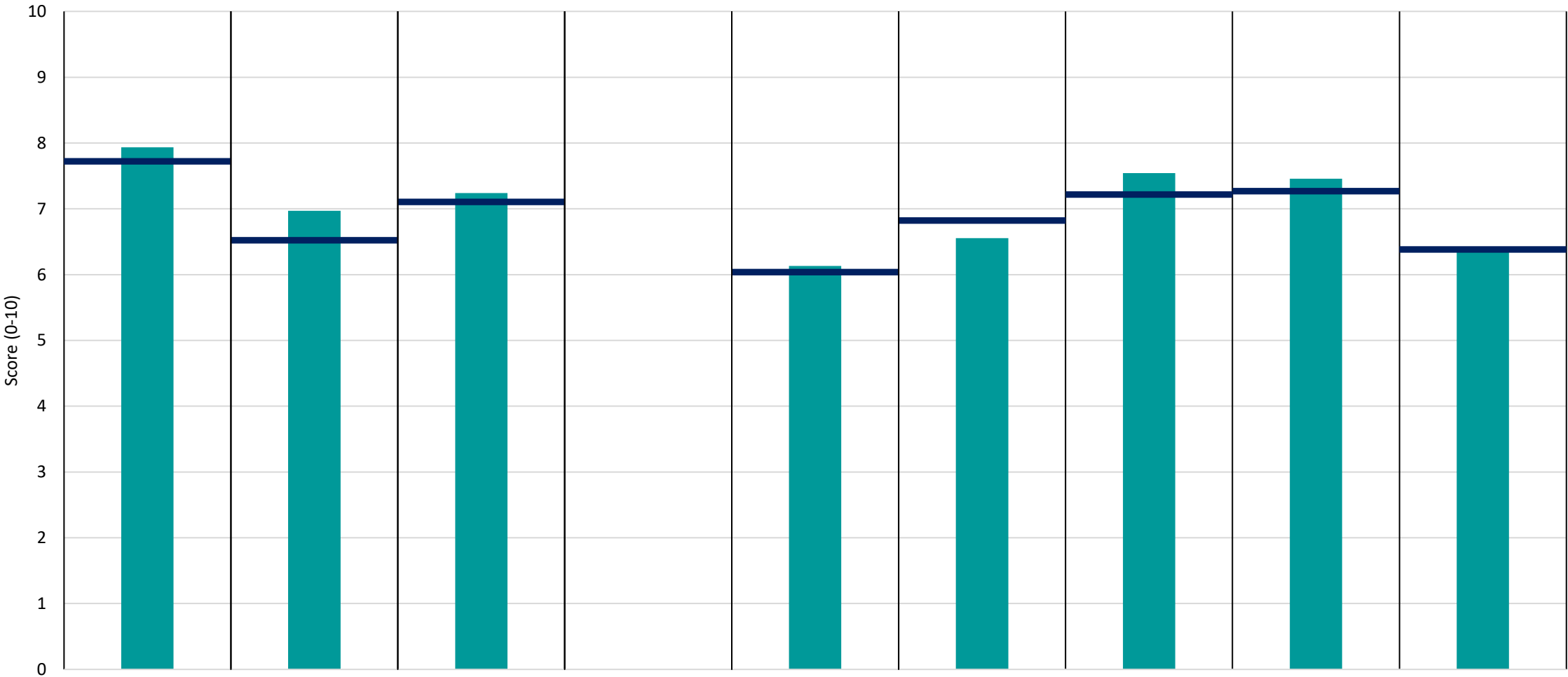
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Staff Engagement

Morale



Breakdown	7.94	6.97	7.24	-	6.13	6.55	7.54	7.46	6.39
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 82 82 82 - 81 82 82 82 82 14

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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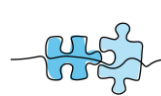
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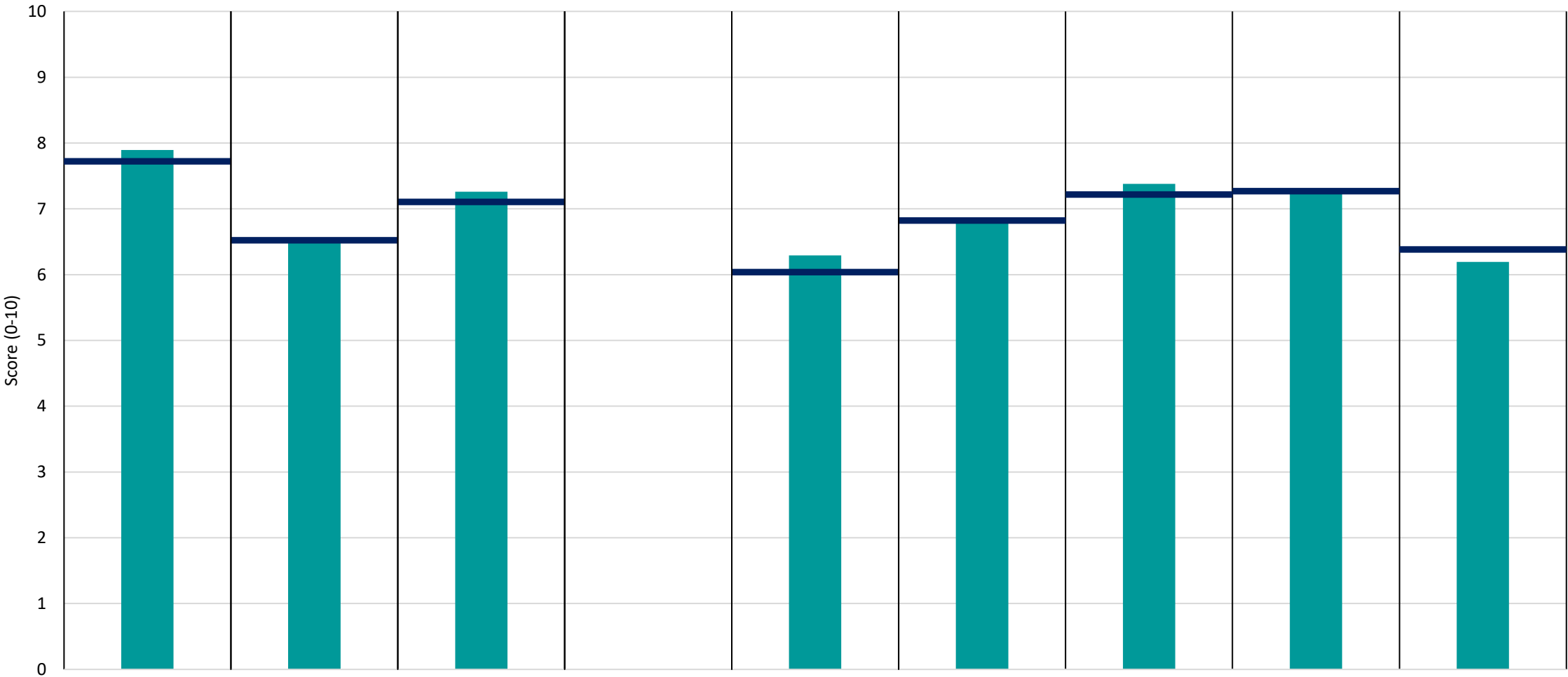
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Staff Engagement

Morale



Breakdown	7.89	6.55	7.26	-	6.29	6.79	7.38	7.26	6.19
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38
Responses	173	173	172	-	171	173	173	173	173

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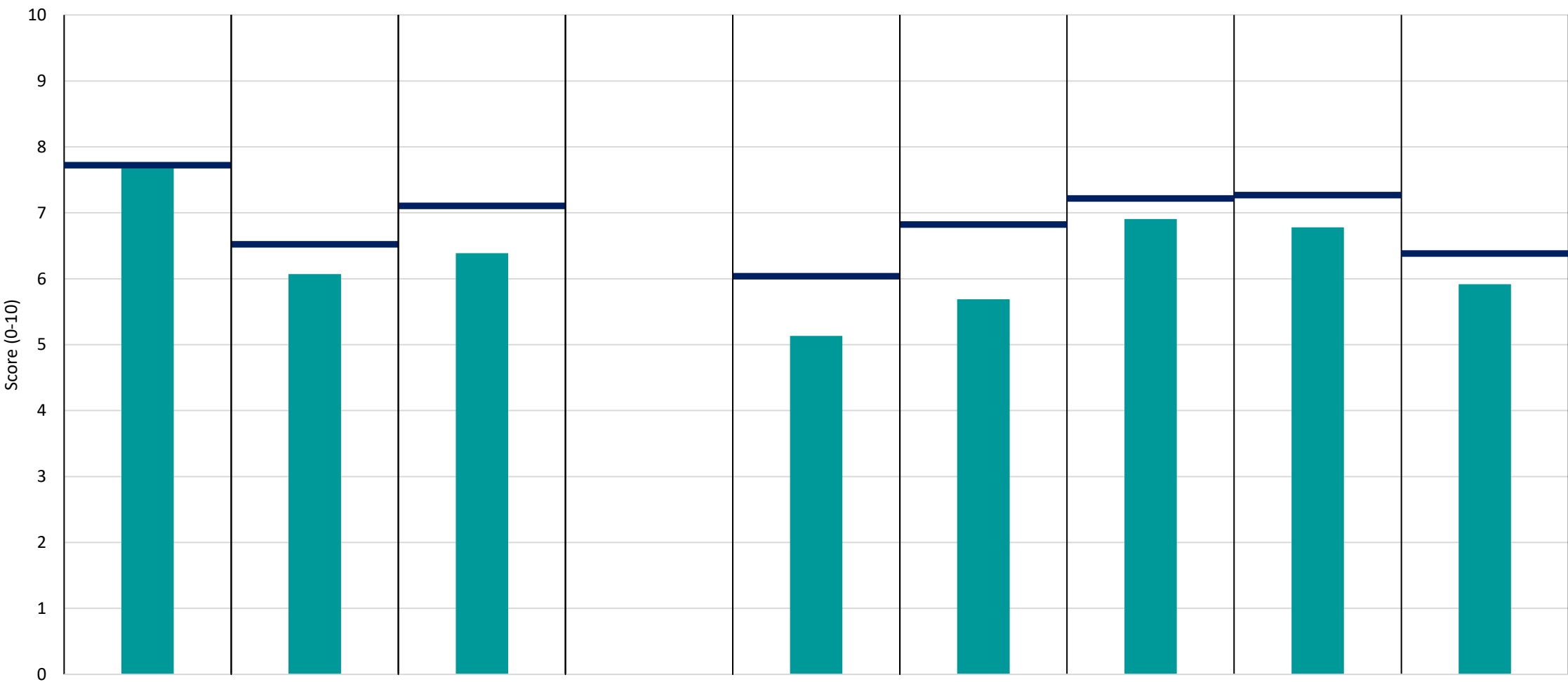
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Staff Engagement

Morale



Breakdown	7.67	6.07	6.39	-	5.13	5.69	6.91	6.78	5.92
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 91 90 91 - 86 90 91 91 91 16

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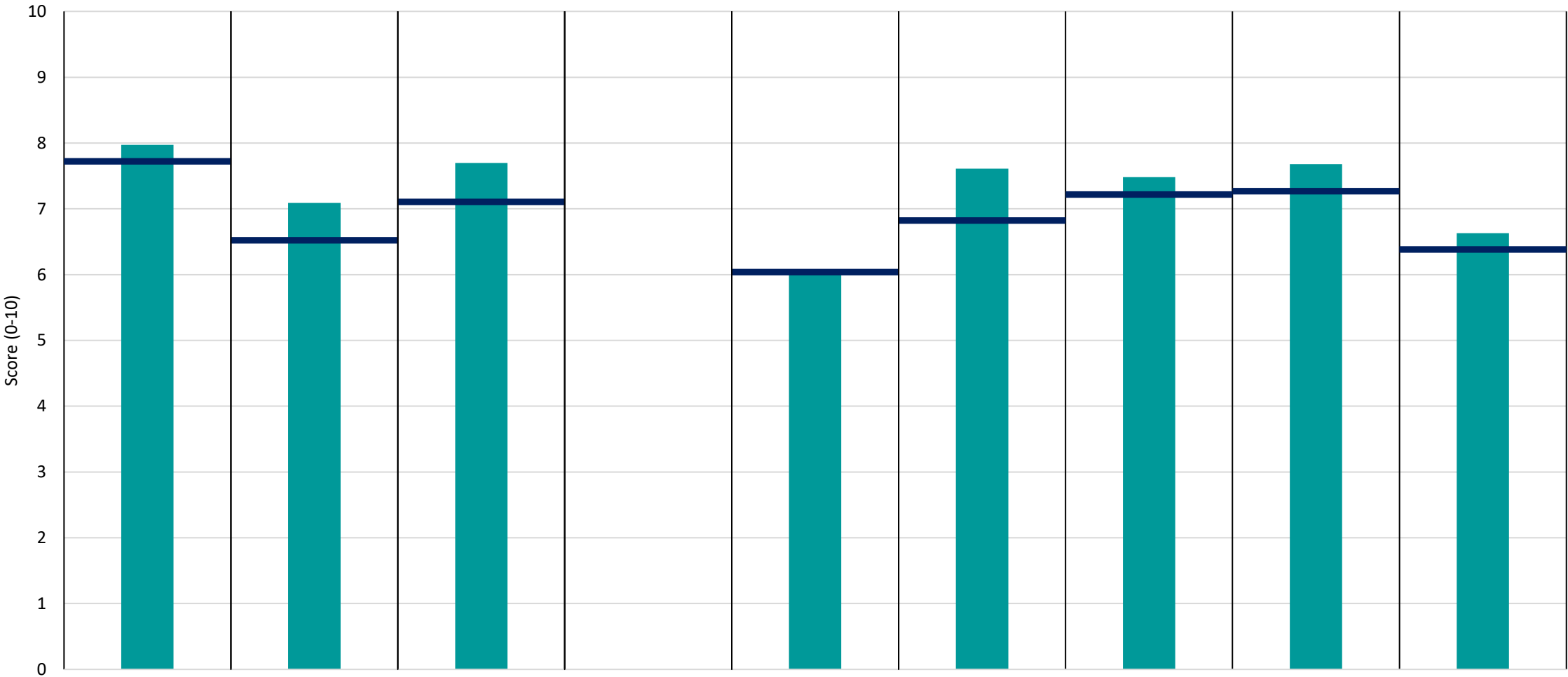
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Staff Engagement

Morale



Breakdown	7.97	7.09	7.70	-	6.02	7.61	7.48	7.68	6.63
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 39 39 39 - 36 39 39 39 39 17

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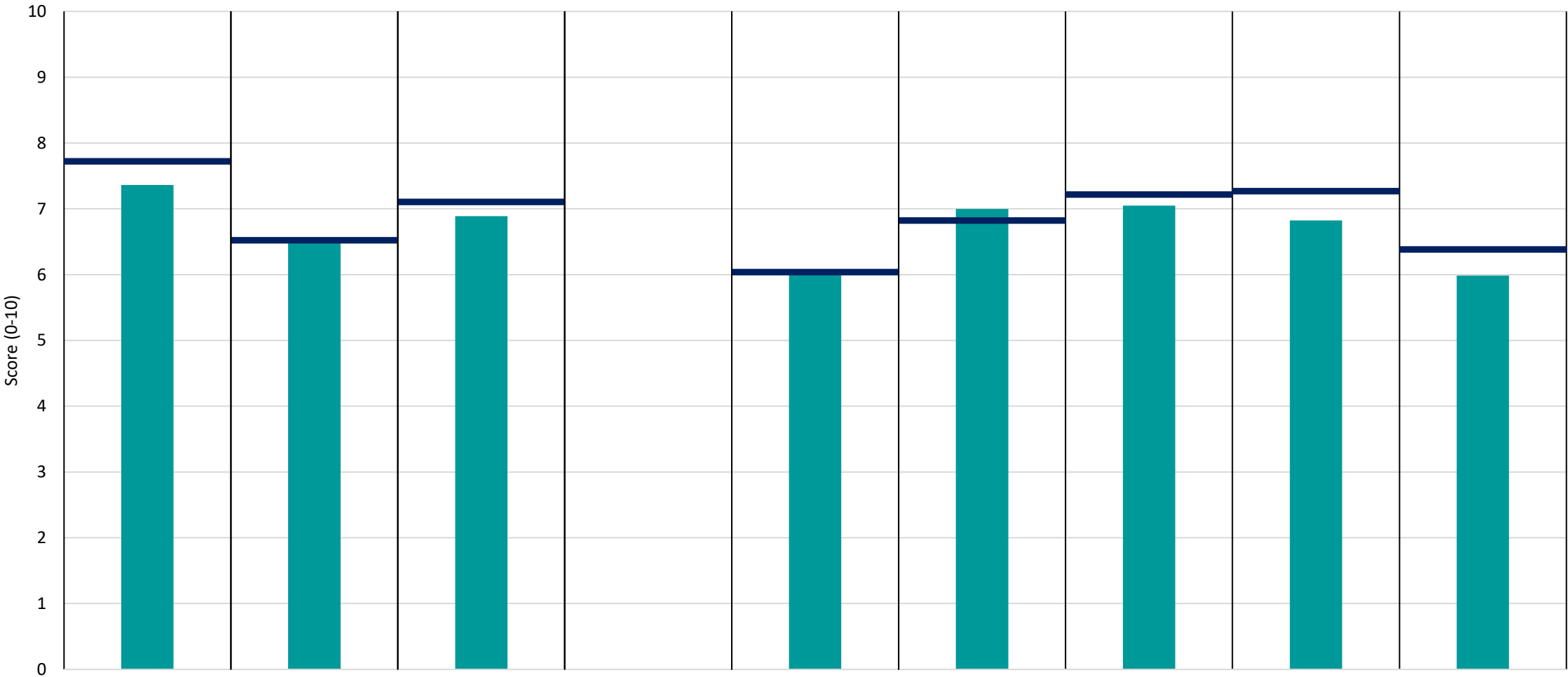
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Staff Engagement

Morale



Breakdown	7.36	6.52	6.89	-	5.99	7.00	7.05	6.82	5.98
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 29 29 29 - 27 29 29 29 29 18

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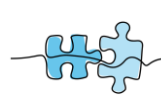
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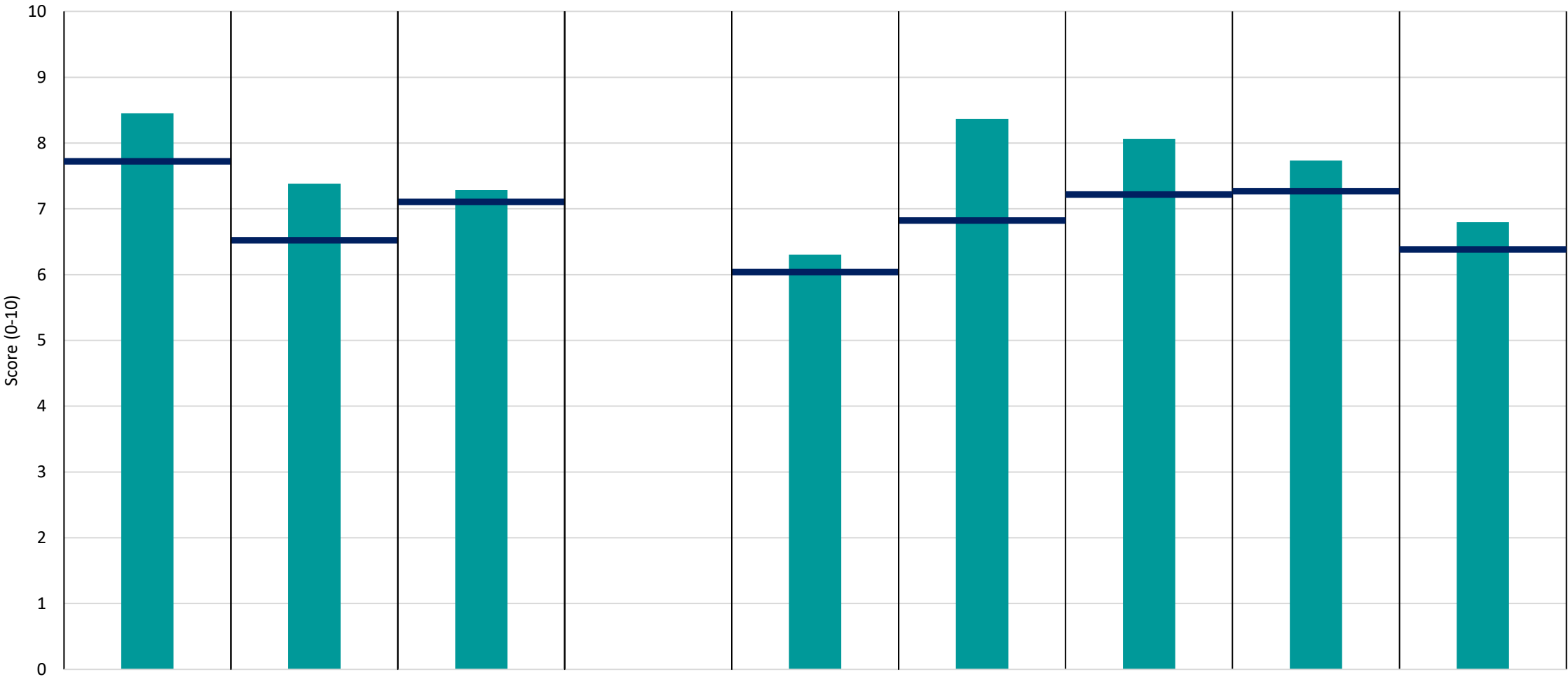
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Staff Engagement

Morale



Breakdown	8.45	7.38	7.29	-	6.30	8.37	8.06	7.74	6.80
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 13 13 13 - 13 13 13 13 13 13 19

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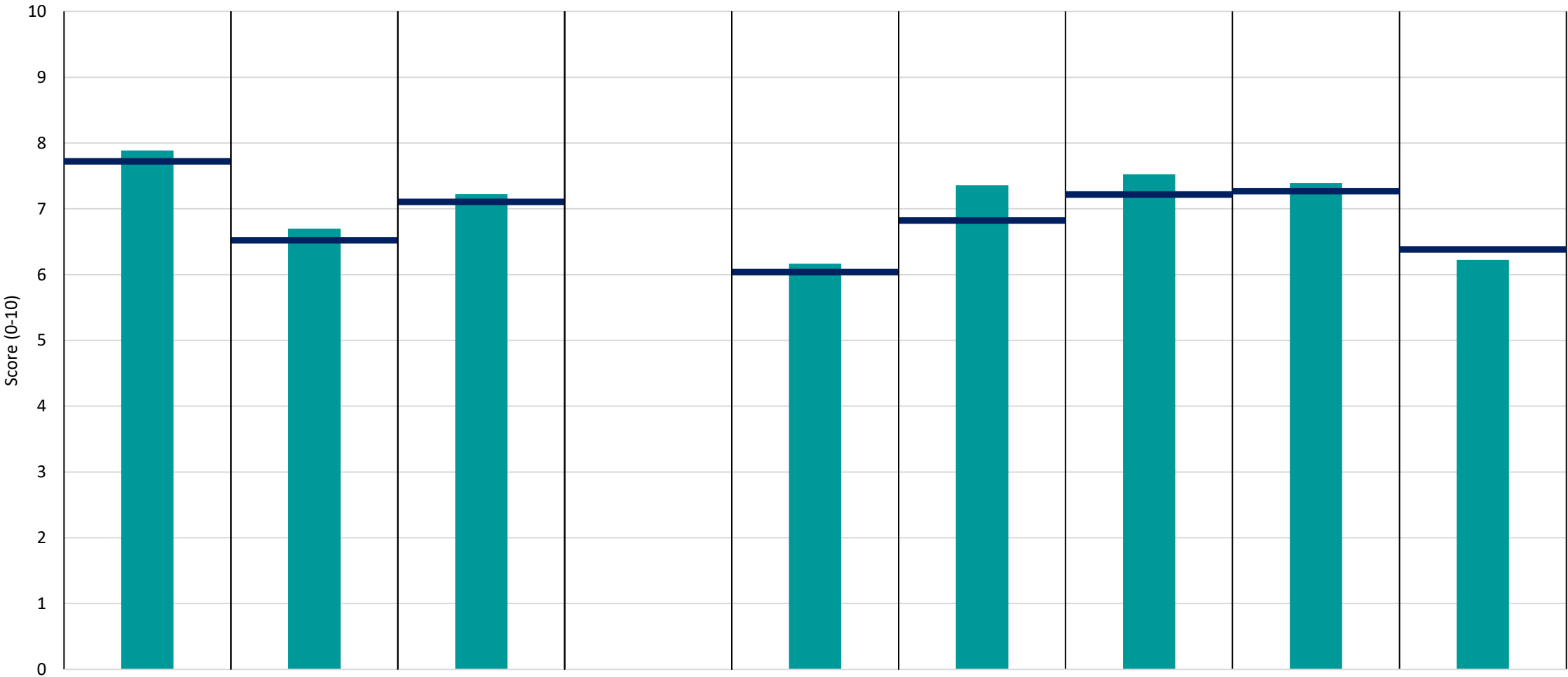
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Staff Engagement

Morale



Breakdown	7.89	6.70	7.22	-	6.17	7.36	7.53	7.39	6.22
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 53 54 53 - 51 53 53 54 54 20

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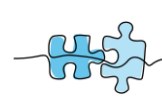
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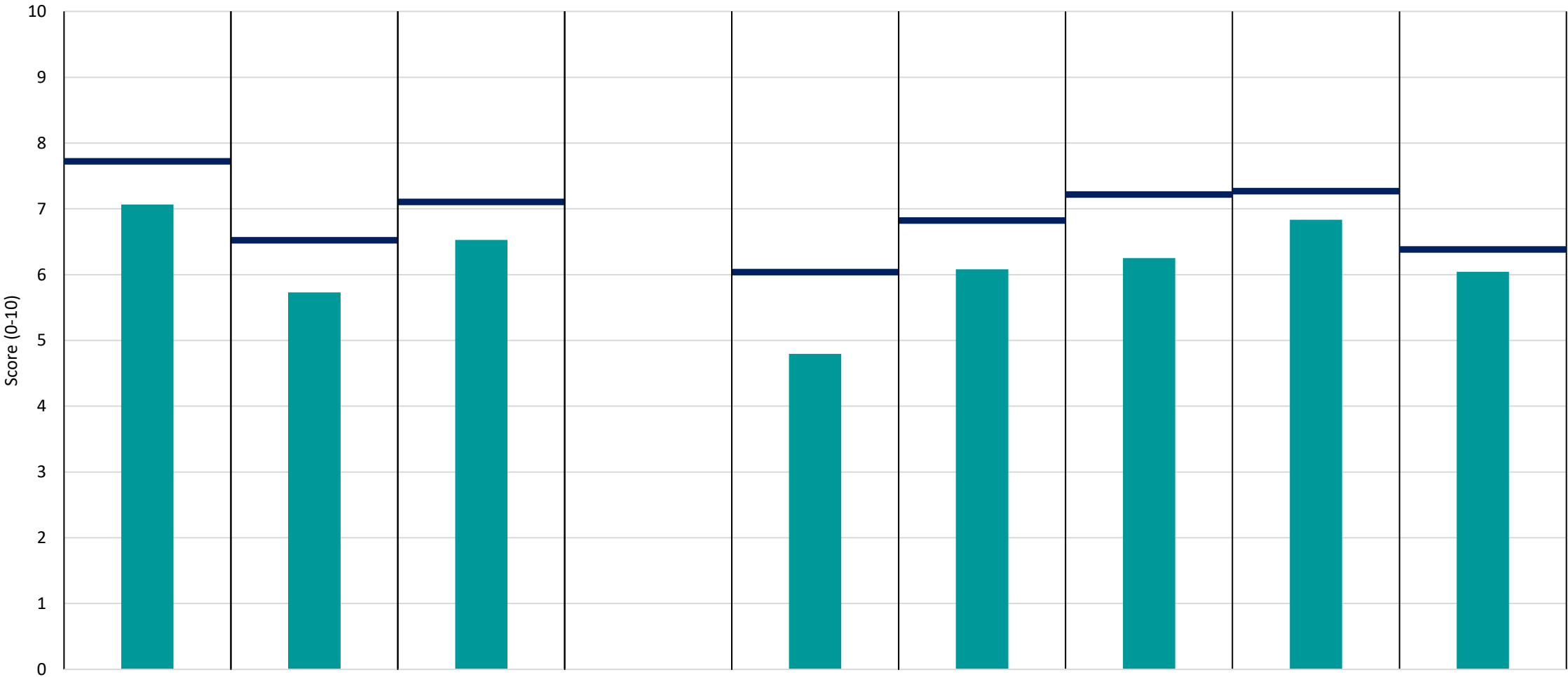
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Staff Engagement

Morale



Breakdown	7.07	5.73	6.53	-	4.80	6.08	6.25	6.84	6.04
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 181 181 174 - 163 176 176 180 182

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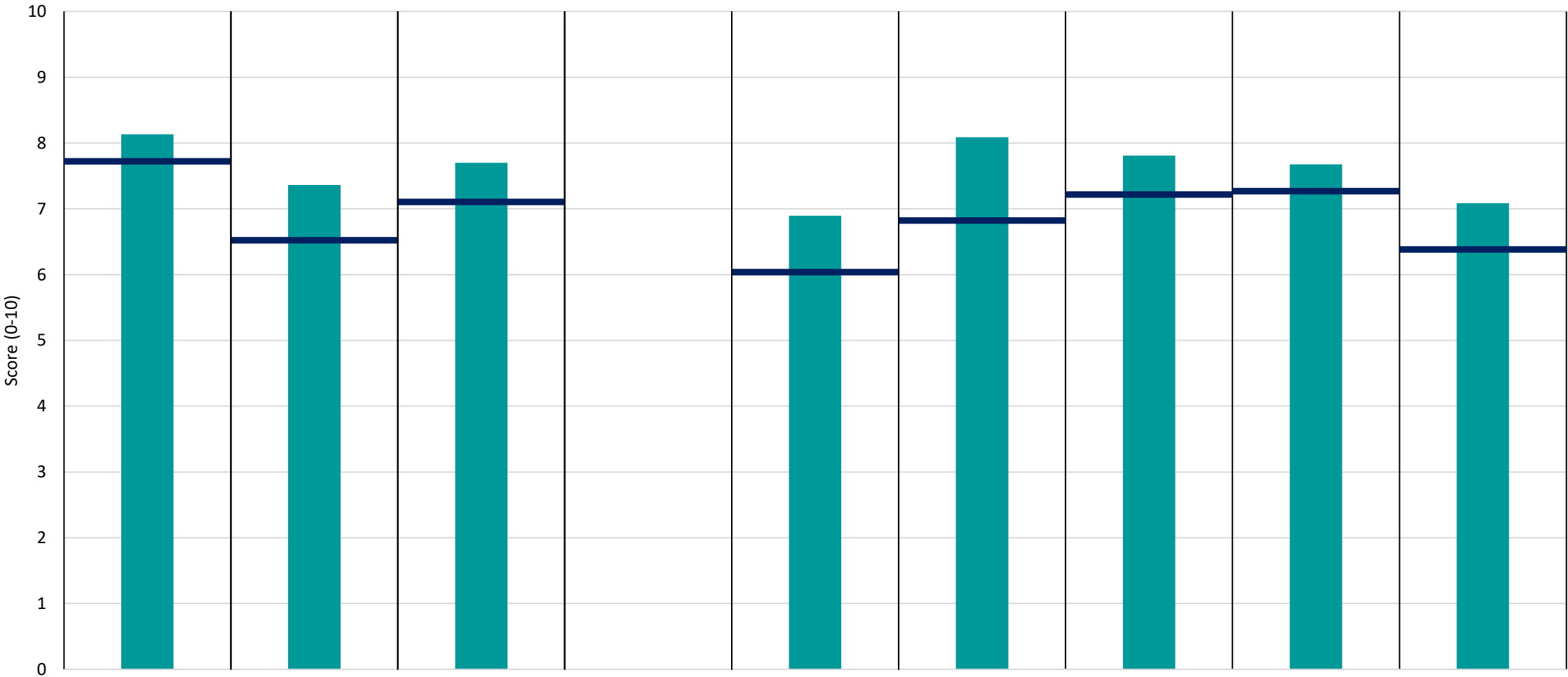
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Staff Engagement

Morale



Breakdown	8.13	7.36	7.70	-	6.90	8.09	7.81	7.68	7.09
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 147 147 144 - 142 147 147 147 147 22

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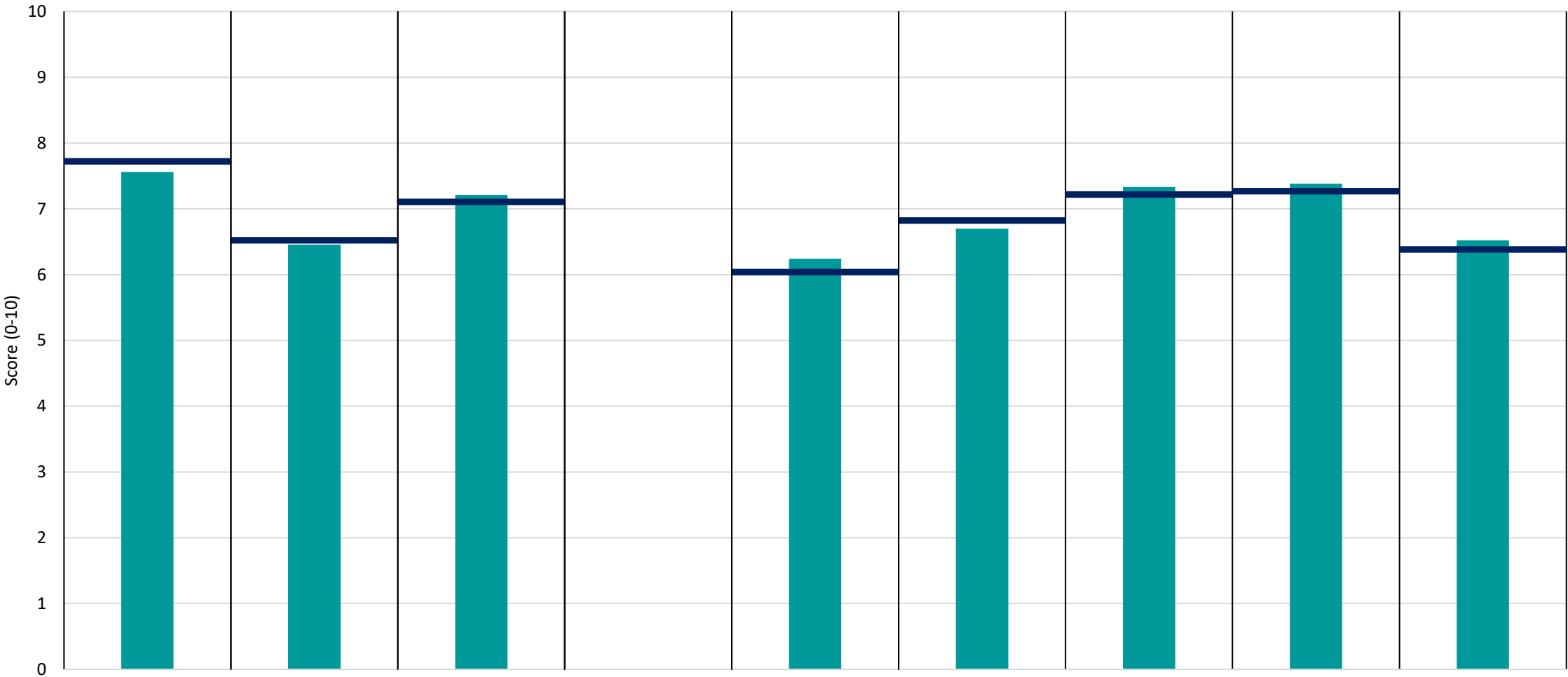
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Staff Engagement

Morale



Breakdown	7.56	6.46	7.21	-	6.24	6.70	7.33	7.38	6.52
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38
Responses	306	306	303	-	295	304	306	306	306

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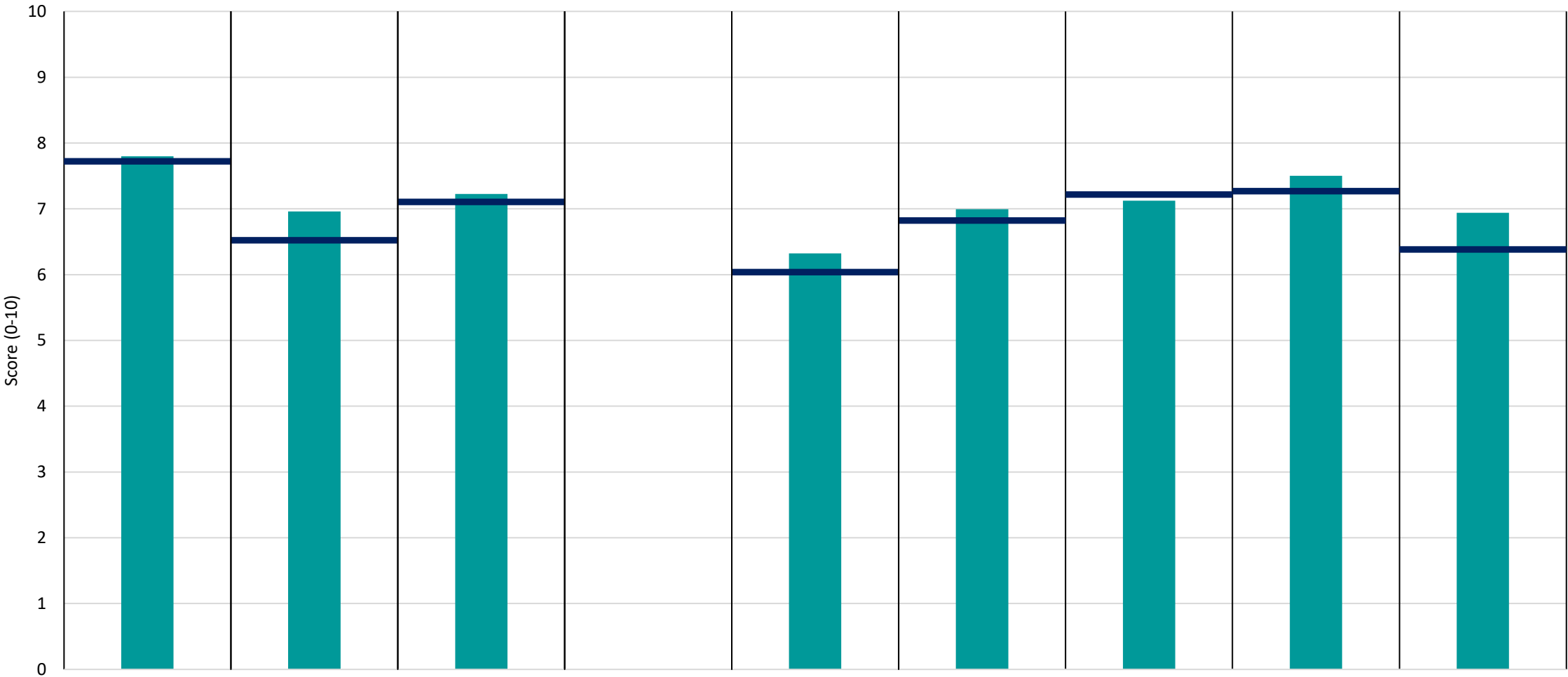
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Staff Engagement

Morale



Breakdown	7.80	6.96	7.23	-	6.32	6.99	7.13	7.50	6.94
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 114 114 113 - 114 113 114 114 114 24

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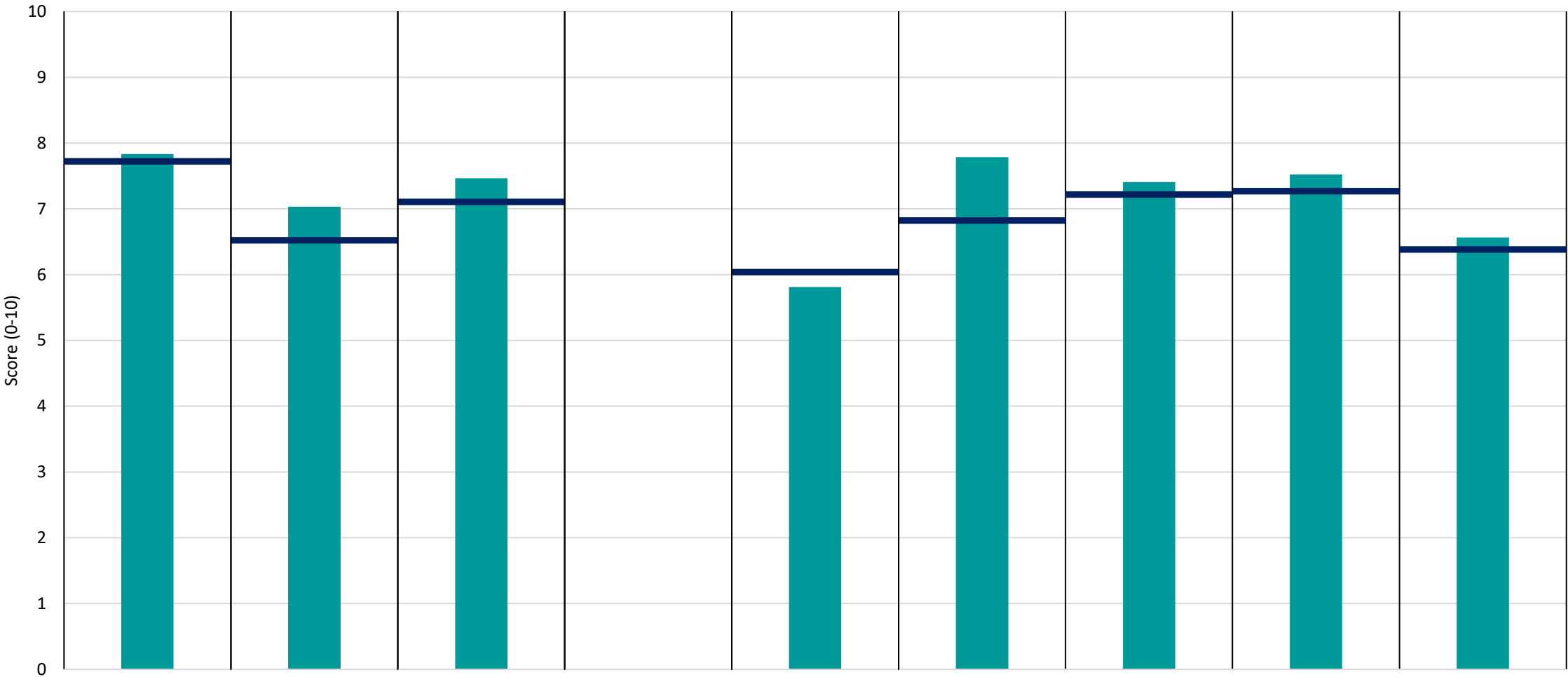
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Staff Engagement

Morale



Breakdown	7.83	7.03	7.47	-	5.81	7.79	7.41	7.52	6.57
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 90 90 89 - 87 90 90 90 90 25

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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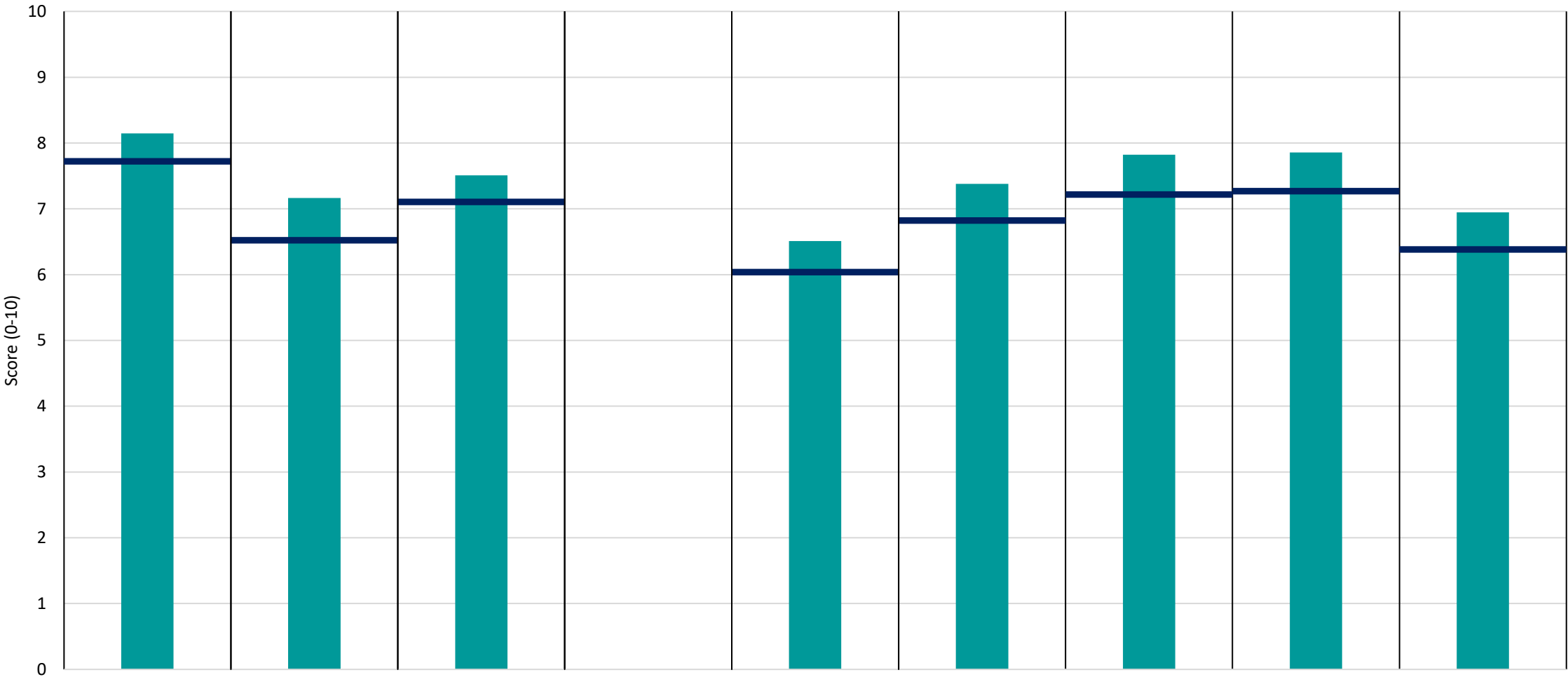
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Staff Engagement

Morale



Breakdown	8.15	7.17	7.51	-	6.51	7.38	7.82	7.86	6.95
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 31 31 31 - 30 31 31 31 31 31 26

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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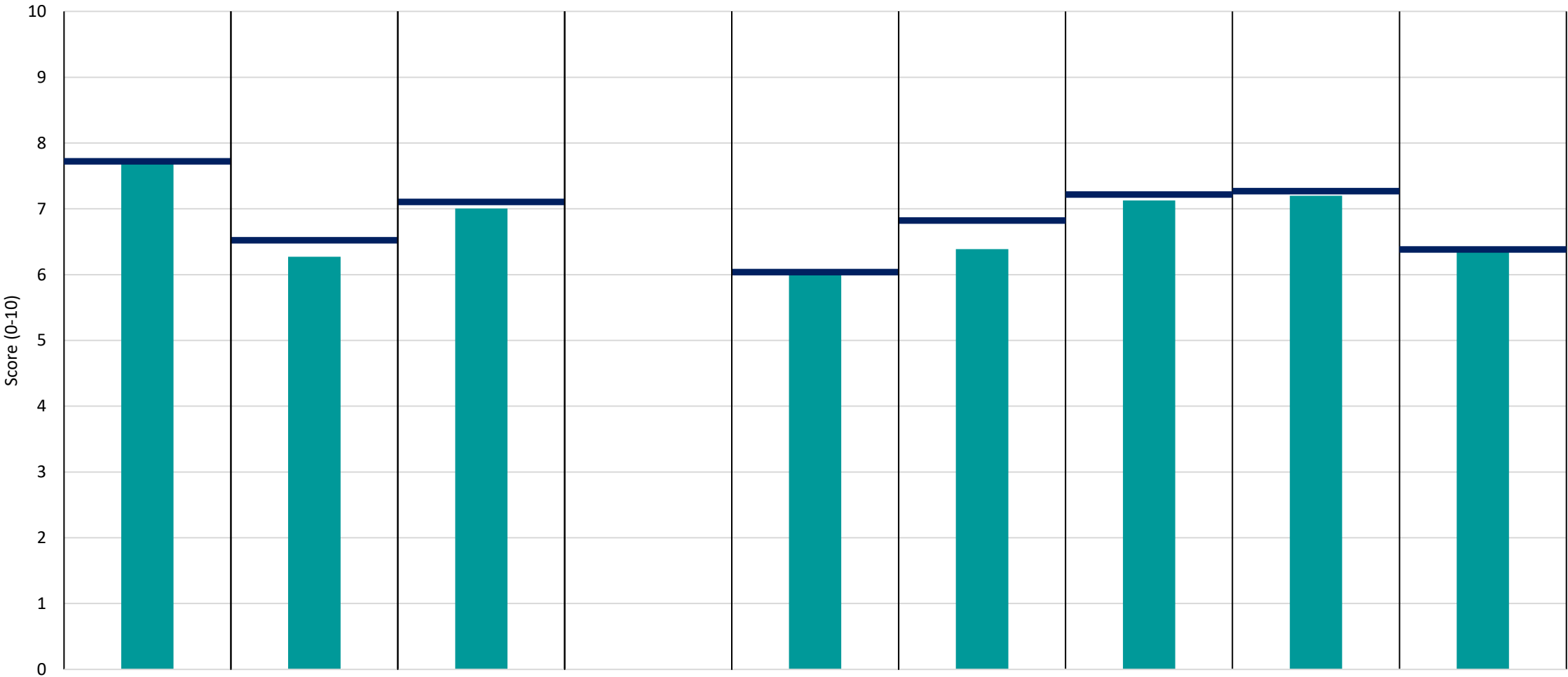
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Staff Engagement

Morale



Breakdown	7.70	6.27	7.01	-	6.02	6.39	7.13	7.20	6.41
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 467 468 461 - 461 467 467 467 468 27

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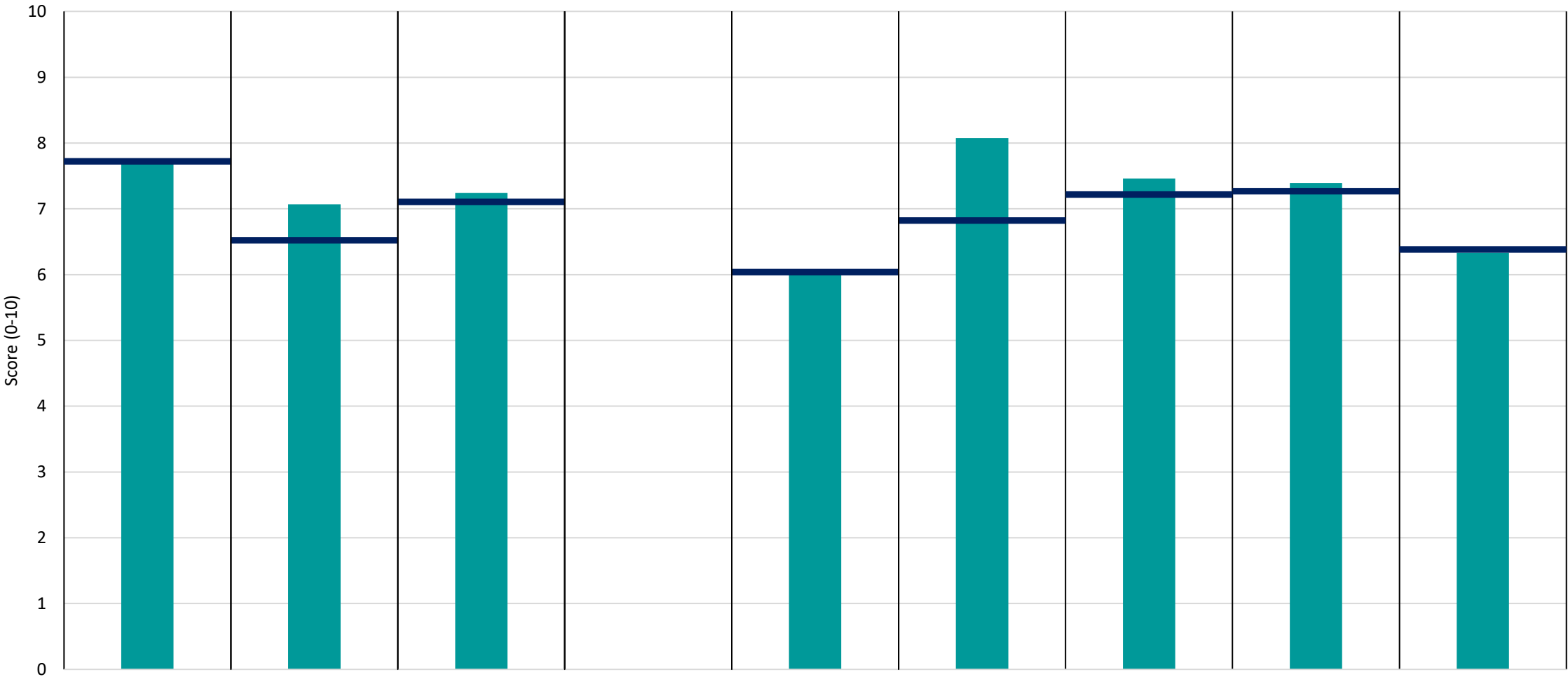
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Staff Engagement

Morale



Breakdown	7.74	7.07	7.24	-	6.08	8.07	7.46	7.39	6.33
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 29 29 29 - 29 29 29 29 29 29 28

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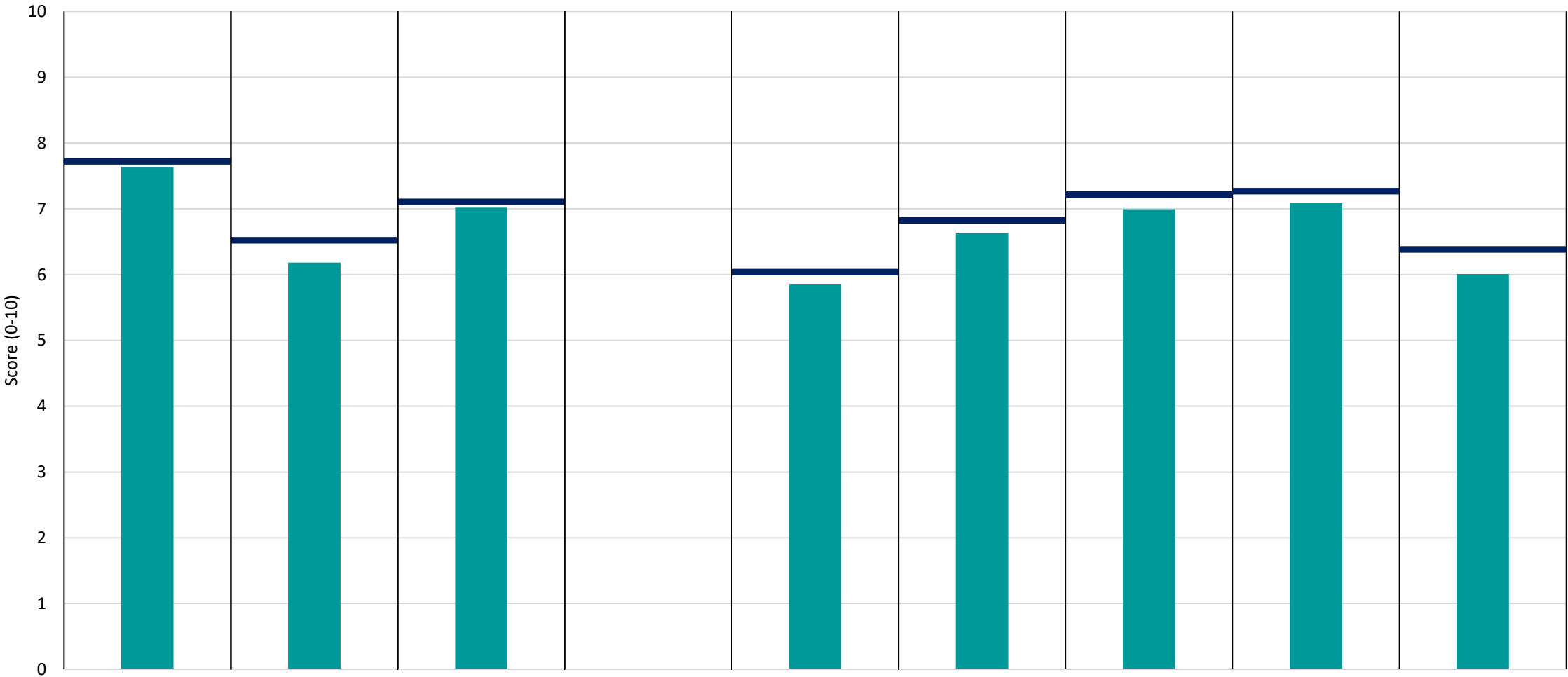
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Staff Engagement

Morale



Breakdown	7.64	6.18	7.02	-	5.86	6.63	6.99	7.09	6.01
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 166 166 166 - 161 166 166 166 166 29

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

# Breakdowns 2

Gloucestershire Health and Care NHS Foundation Trust  
2023 NHS Staff Survey



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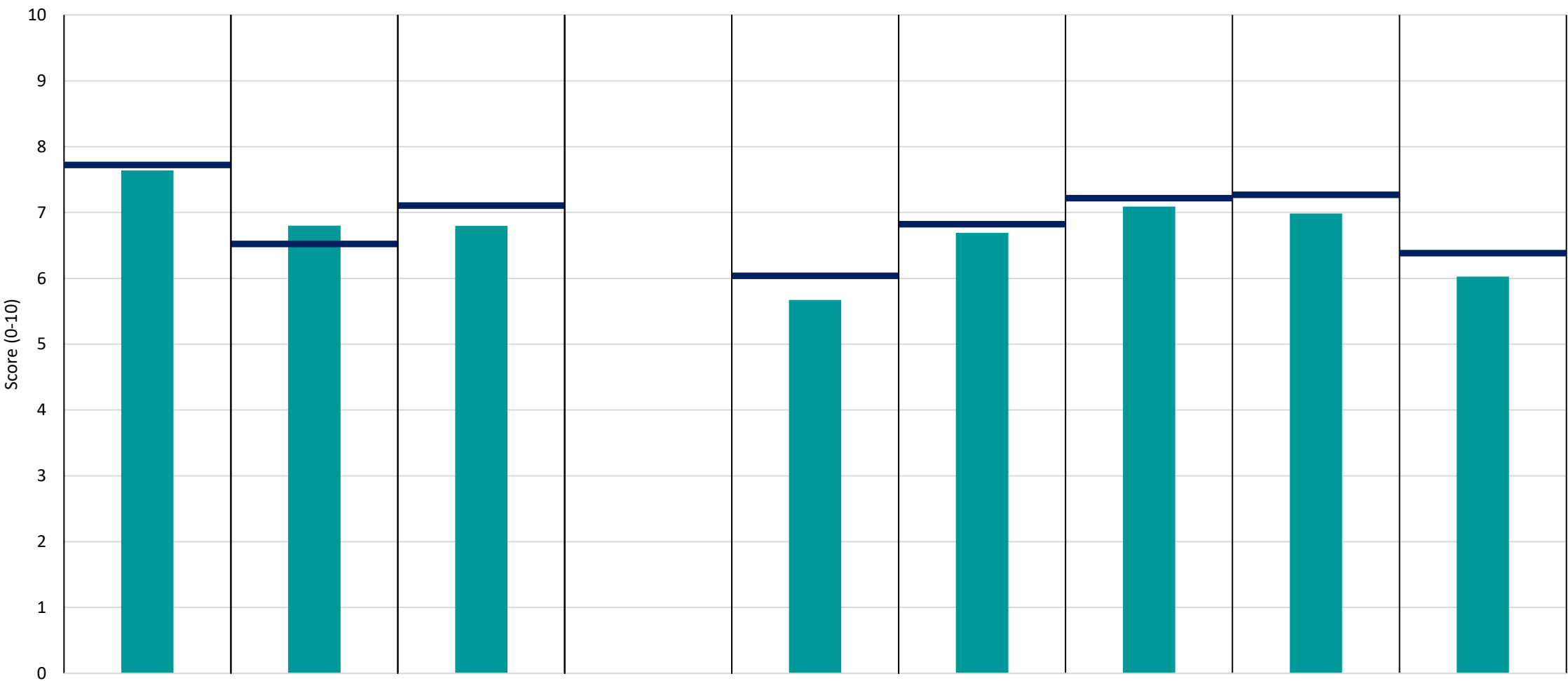
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Staff Engagement

Morale



Breakdown	7.64	6.80	6.80	-	5.67	6.69	7.09	6.98	6.03
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 118 118 118 - 117 118 118 118 118 31

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



Additional Clinical Services



We are  
compassionate and  
inclusive



We are recognised  
and rewarded



We each have a voice  
that counts



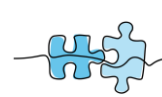
We are safe and  
healthy



We are always  
learning



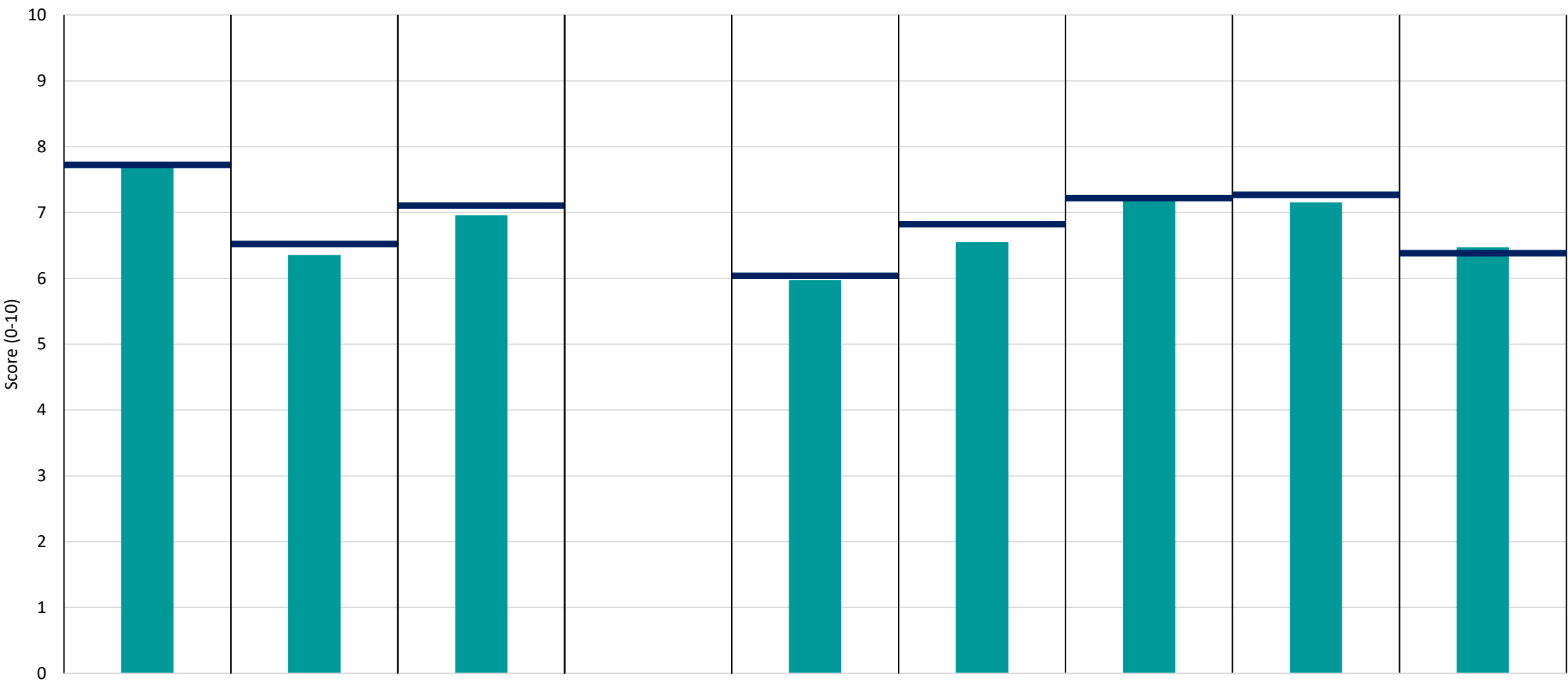
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.74	6.35	6.96	-	5.97	6.55	7.21	7.15	6.47
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 504 501 500 - 485 499 502 503 503<sub>32</sub>

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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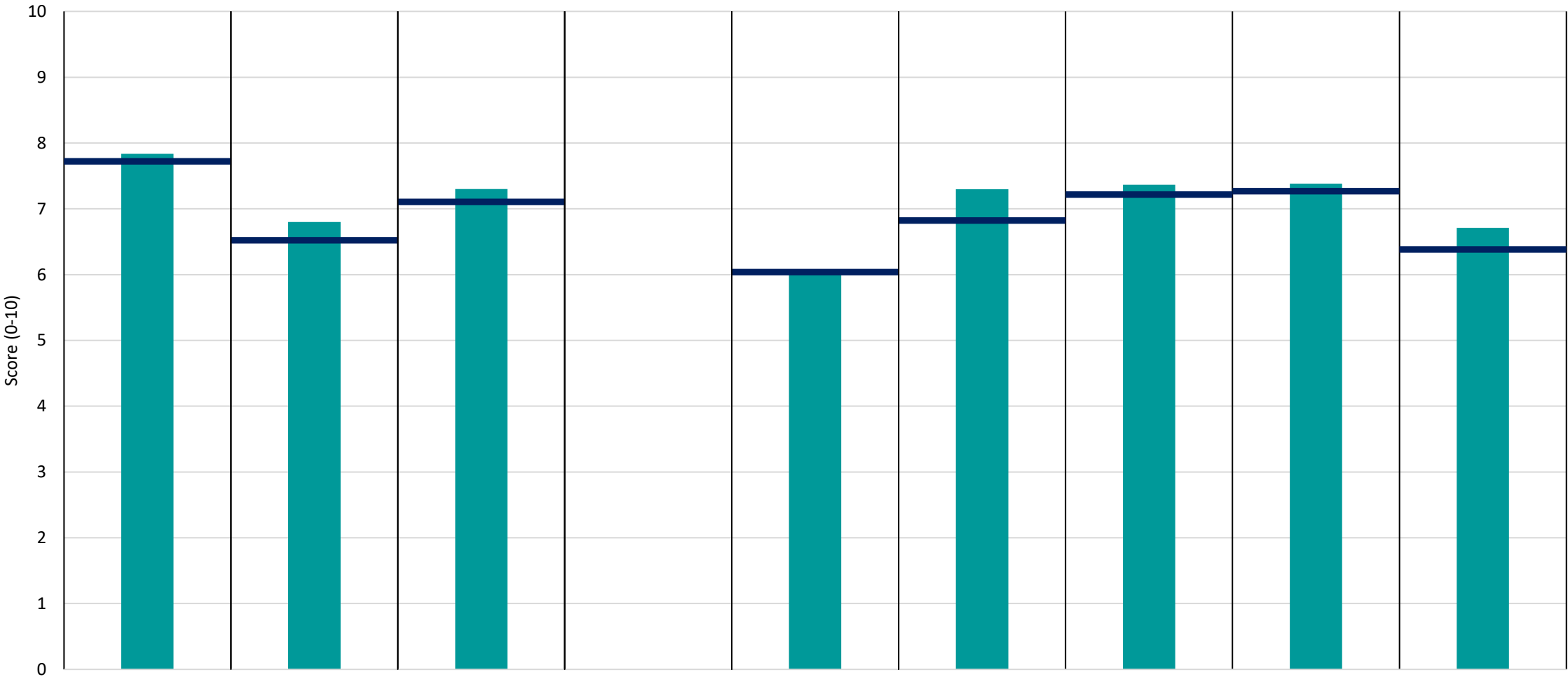
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.84	6.80	7.30	-	5.99	7.30	7.37	7.38	6.71
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 756 757 749 - 741 756 756 757 757 33

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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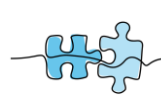
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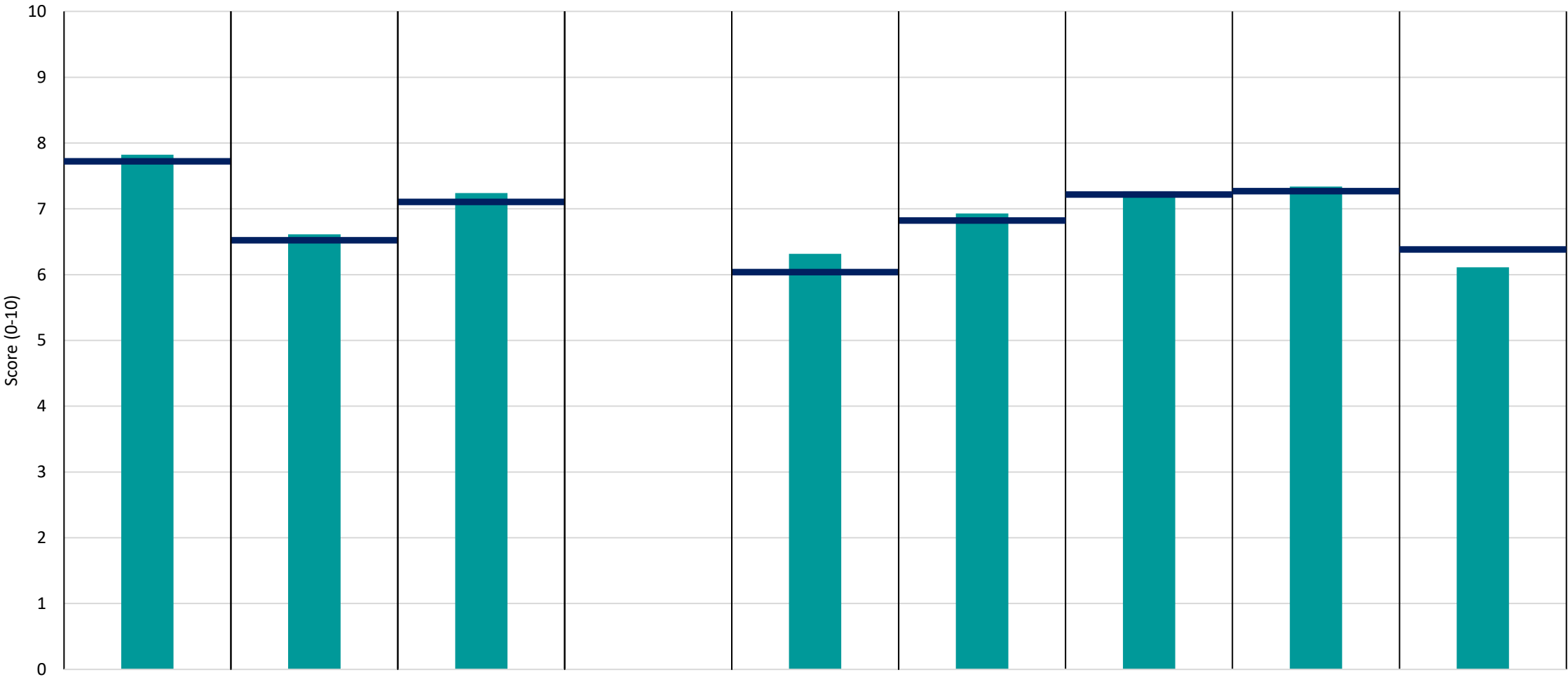
We work flexibly



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Staff Engagement

Morale



Breakdown	7.82	6.61	7.24	-	6.32	6.93	7.27	7.34	6.11
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 381 382 378 - 374 382 382 381 382 34

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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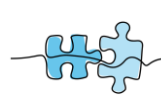
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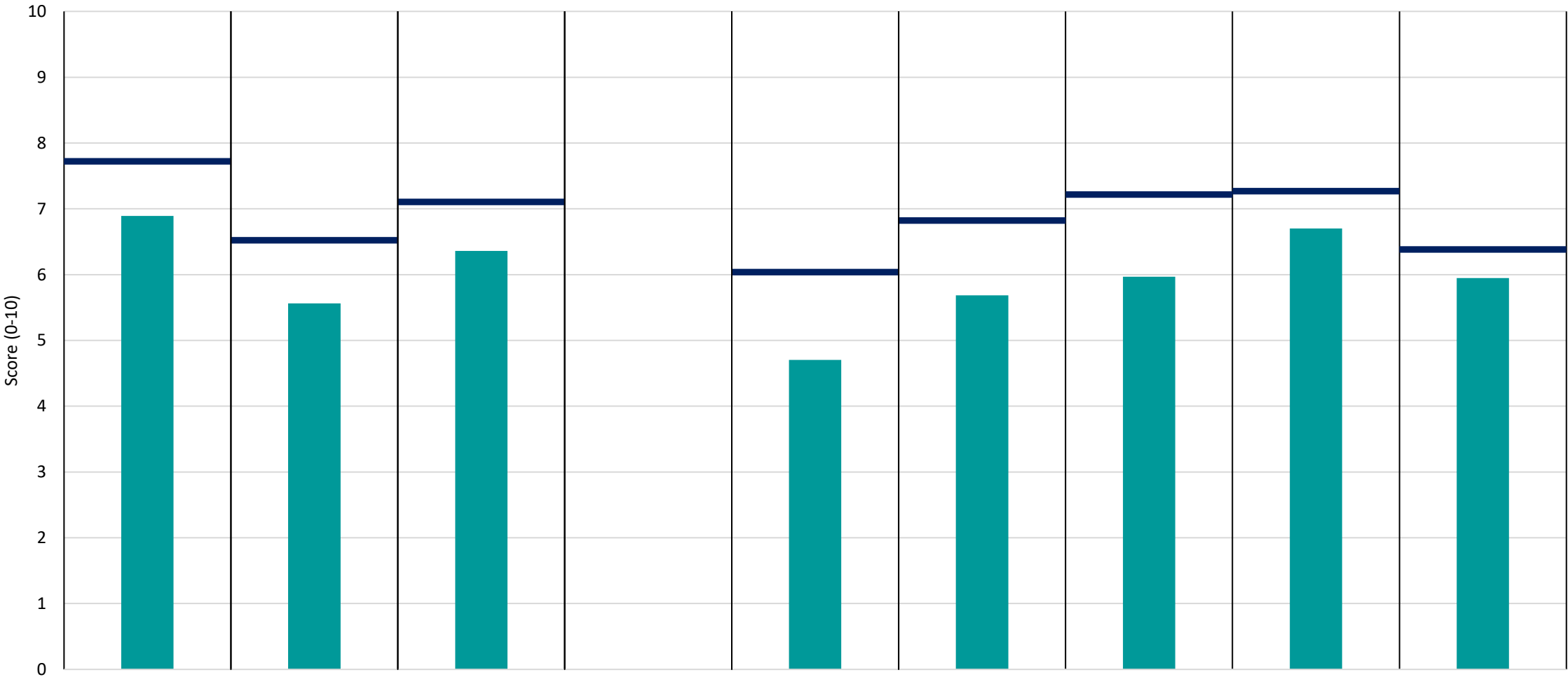
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Staff Engagement

Morale



Breakdown	6.89	5.56	6.36	-	4.70	5.69	5.97	6.70	5.95
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 136 136 129 - 119 131 131 135 137 35

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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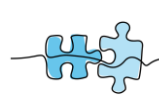
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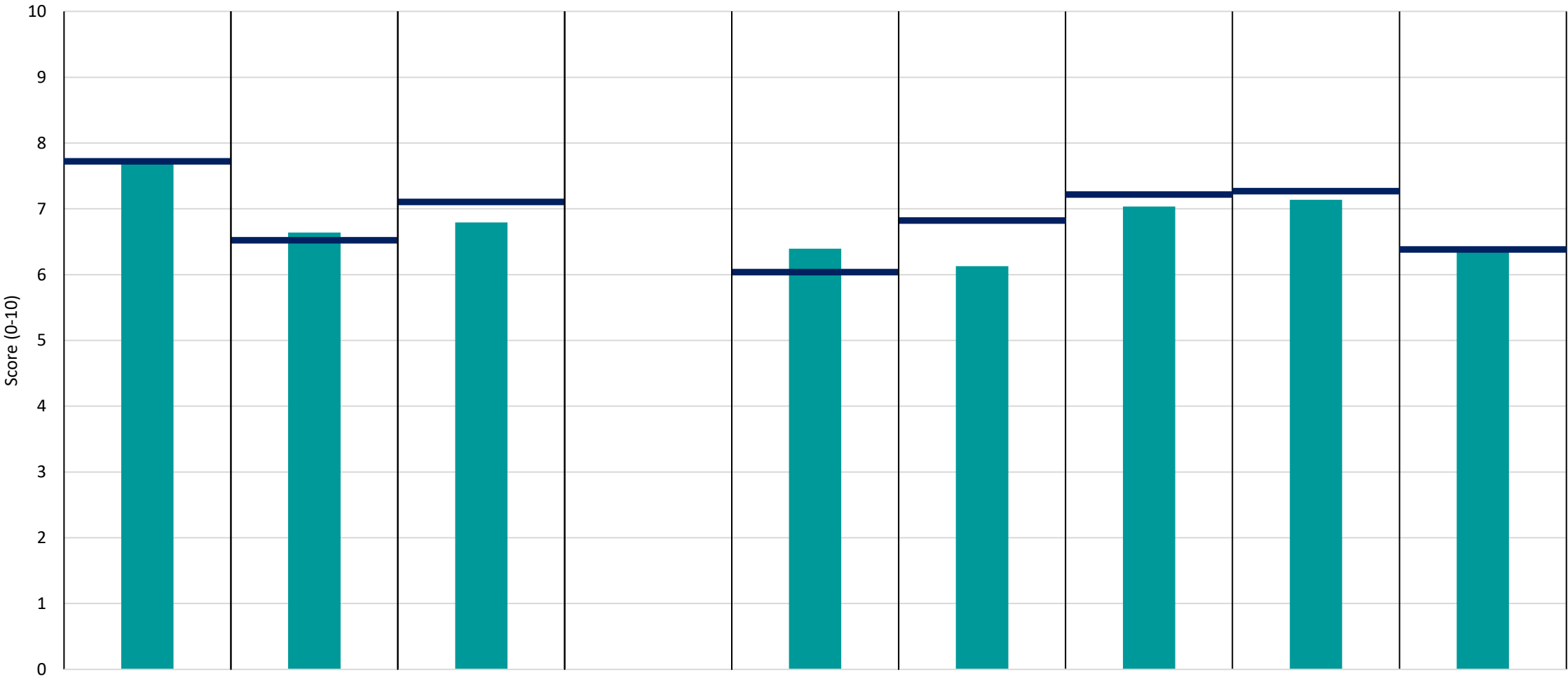
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Staff Engagement

Morale



Breakdown	7.70	6.64	6.79	-	6.39	6.13	7.04	7.14	6.41
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 85 85 85 - 85 85 85 85 85 36

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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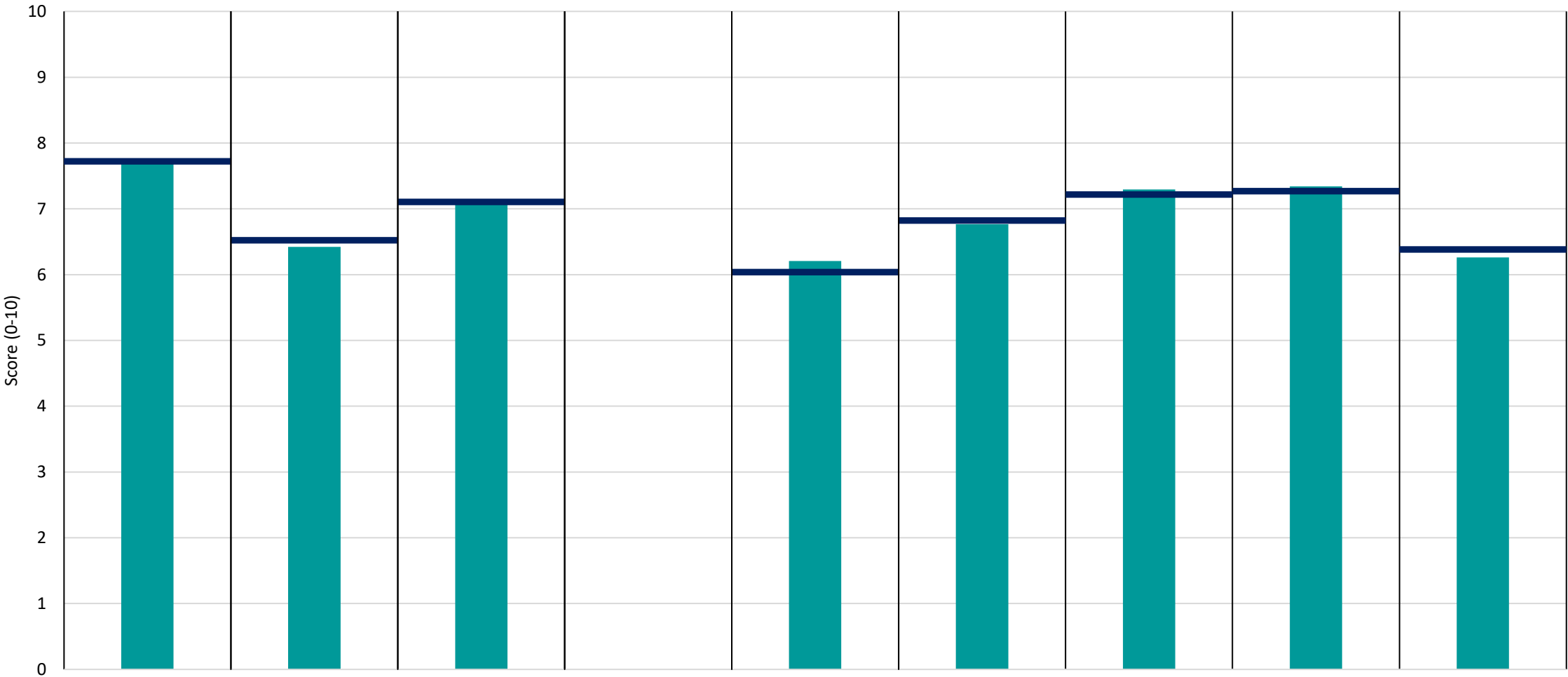
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Staff Engagement

Morale



Breakdown	7.71	6.42	7.15	-	6.21	6.77	7.29	7.34	6.26
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 809 811 804 - 795 809 810 811 811 37

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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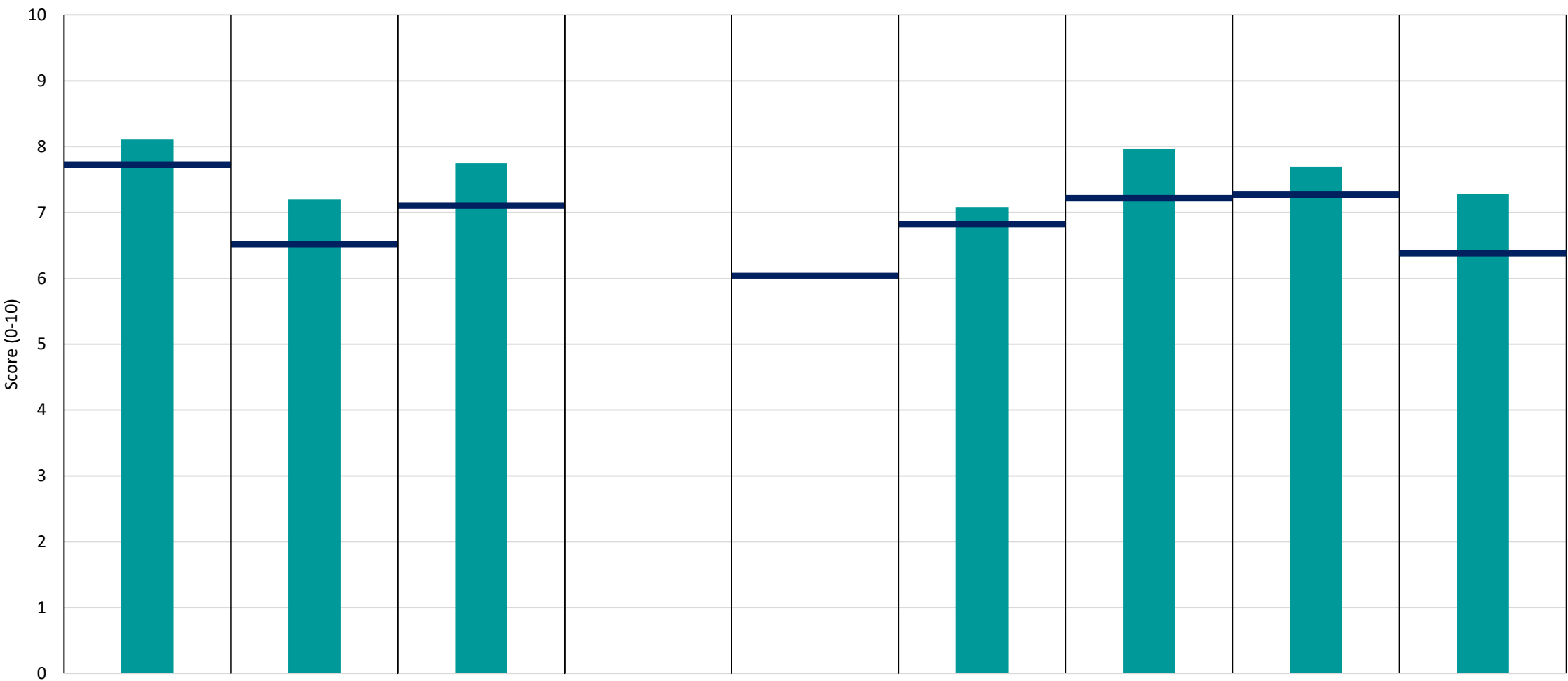
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Staff Engagement

Morale



Breakdown	8.12	7.20	7.75	-	-	7.08	7.97	7.69	7.28
Your org	7.72	6.52	7.11	-	6.04	6.82	7.22	7.27	6.38

Responses 10 10 10 - - 10 10 10 10 38

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 March 2024**

**PRESENTED BY:** Neil Savage, Director of HR & Organisational Development

**AUTHOR:** Andrew Mills, Associate Director, Workforce Systems, Planning & Temporary Staffing

**SUBJECT:** 2023 GENDER PAY GAP REPORT

If this report cannot be discussed at a public Board meeting, please explain why.	
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<b>This report is provided for:</b>			
Decision <input checked="" type="checkbox"/>	Endorsement <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input checked="" type="checkbox"/>

**The purpose of this report is to:**

Inform the Board of the latest 2023 gender pay gap across Gloucestershire Health & Care NHS Foundation Trust (GHC), and, provide an update on related actions from the last report alongside an outline of next steps and actions.

**Recommendations and decisions required**

The Trust Board is asked to:

- **Note** the current report which has been previously received and discussed at the Great Place To Work Committee (GPTW)
- **Agree** the next steps and actions
- **Agree** to publish this report on the Trust website and submit the data to the government website
- **Agree** the statement that will be published on the Trust website and via the government website.

**Executive summary**

From previous meetings, the Board will recollect that the UK Gender Pay Gap legislation requires NHS Trusts and other public sector employers to annually publish a series of details and calculations highlighting the employed workforce's gender pay gap.

For this latest reporting period, the information and report must be published on both the Trust and Gov.UK website by 30<sup>th</sup> March 2024.



Public and private sector organisations with 250 or more employees, must also publish their gender pay gap information on their own website and the related Government website. Employers that fail to report on time or report inaccurate data will be in breach of the regulations and risk facing legal action from the Equality and Human Rights Commission.

This latest report contains the requisite statutory calculations, presenting the pay gap against the six indicators. These are calculated from the Trust's workforce on the required date in 2023 and are summarised below:

- **Mean average gender pay gap.** Women earn less than men by 12.42%. This is an improvement and compares with a previous 2022 gap of 15.13%
- **Median average gender pay gap.** Women earn less than men by 4.72%. This is an improvement and compares with a previous 2022 gap of 7.09%
- **Mean average bonus gender pay gap.** Women are paid similar than men, a difference of 0.17% which compares with women being paid 7.25% more than men in 2022. This is thought to be almost exclusively due to the temporary pandemic changes in payment of Clinical Excellence Awards as an equal quantum to all consultants rather than the usual competitive process.
- **Median average bonus gender pay gap.** Women are paid more than men by 51%. This compares with a previous 2022 gap of 40%.
- **Employee numbers by quartile.** The proportion of men and women (when divided into four groups) ordered from lowest to highest pay shows there are a higher proportion of women in all quartiles and the gap closes with progression toward the upper quartile.

Our People Strategy makes a key strategic commitment to equality, diversity and inclusion. In agreeing this, the Board has previously committed to being *“a fair organisation that celebrates diversity and ensures real equality and inclusion. People will be able to bring their hearts to work, free from bullying or discrimination.”* Reducing, and ultimately removing, the pay gap is a key element to operationally delivering on this commitment alongside our actions on the Workforce Race and Disability Equality Schemes.

While this past year's data generally presents a modest improving picture for the Trust, it also shows that there is still far to go to reach the desired equity. The data also continues to demonstrate the scale of challenge and the inherent inequity globally and in the nation more widely. At scale and sustainable improvements require amendments to legislation, continued application of good practice, such as positive action, alongside changes in education, careers advice, flexible working, and a leadership culture that consistently values diversity and puts its intent into action.

Finally, in line with the national requirements, the Trust needs to reconsider its statement of commitment to reducing the pay gap and the Great Place to Work

Committee, have recommended that the Board **endorses** the detailed statement of intent as described later in the report.

### **Risks associated with meeting the Trust's values**

Failure to provide equality of opportunity may result in claims of discrimination, damage to the reputation of the Trust as a fair employer with resultant impact on retention and recruitment.

### **Corporate Considerations**

<b>Quality implications</b>	The Trust strives to provide equality for all colleagues, leading to increased levels of colleague satisfaction and ultimately improved patient care and experience.
<b>Resource implications:</b>	By failing to recognise and address issues of equality, colleague turnover could increase and also increase the amount of casework by responding to claims of detrimental treatment.
<b>Equalities implications:</b>	The Equalities Act 2010 sets out the duties of the Trust in relation to equality generally, and the gender pay gap specifically. The Equality and Human Rights Commission gives guidance which the Trust endeavours to meet. This report is intended to progress the agenda to meet these duties and guidance and to ensure compliance.

### **Where has this issue been discussed before?**

- Great Place To Work Committee – February 2024
- Gender Pay Gap Reporting has been in place since 2018 and has been reported annually to WOMAG, ATOS, and the Board of Directors in 2019, 2020, 2021, 2022, 2023

### **Appendices:**

**Appendix 1** – Staff Survey Benchmark Report  
**Appendix 2** – Staff Survey Breakdown Report

**Report authorised by:**  
Neil Savage

**Title:**  
Director of Human Resources & Organisation Development

## GENDER PAY GAP REPORT 2023

### 1.0 CONTEXT & DEFINITIONS

UK legislation requires employers with over 250 employees to publish annually a range of statutory calculations showing the size of the pay gap between their woman and man employees. There are two sets of regulations, one mainly for the private and voluntary sectors, which became effective from 2017. The second, mainly for public sector organisations, took effect from March 2017.

The Government has required subsequent rounds of reporting to be published on both organisation's and the Government's websites by 30 March annually. The data is based on a snapshot of the workforce on 31 March of the previous year. This report is based on data drawn from the Trust's Electronic Staff Record (ESR) from March 2023.

These results must be accompanied by a written statement of confirmation from the Chief Executive or another appropriate person. In the Trust we have historically always made this statement on behalf of the Board. Any actions should also be published outlining how the organisation plans to reduce the gender pay gap.

*Gender pay reporting is different to equal pay.* This is important and often a point of confusion and misunderstanding. Definitions are outlined below.

**Equal pay** deals with the difference in pay between men and women doing the same or similar jobs or jobs of equal value. It is unlawful to pay people unequally because of their gender and has been since the adoption of the Equal Pay Act, 1970 which prohibited less favourable treatment between men and women in terms of pay and conditions of employment.

This differs from the **gender pay gap** which shows the difference in the **average (or mean) pay** between all men and all women in the workforce. If the workforce has a high gender pay gap, this may indicate a number of issues to deal with, and the individual calculation can help to identify what these issues are.

NHS Agenda for Change terms and conditions of service contain the national pay and conditions of service for NHS colleagues other than Very Senior Managers (VSMs) and medical staff. The majority of Trust colleagues work under these national NHS terms and conditions. These terms were introduced in 2004 with the express intention of removing pay inequalities. The terms cover over 1 million workers and harmonises their scales and career progression arrangements across previously separate pay groups. Colleagues are expected to progress through pay bands irrespective of gender. The Agenda for Change job evaluation process enables jobs to be matched to national job profiles and allows Trusts to evaluate jobs locally to determine in which pay band post should sit. There is some concern about the equalities impact element of the current Department of Health consultation on creating a new and different pay spine and pay rates for nurses.

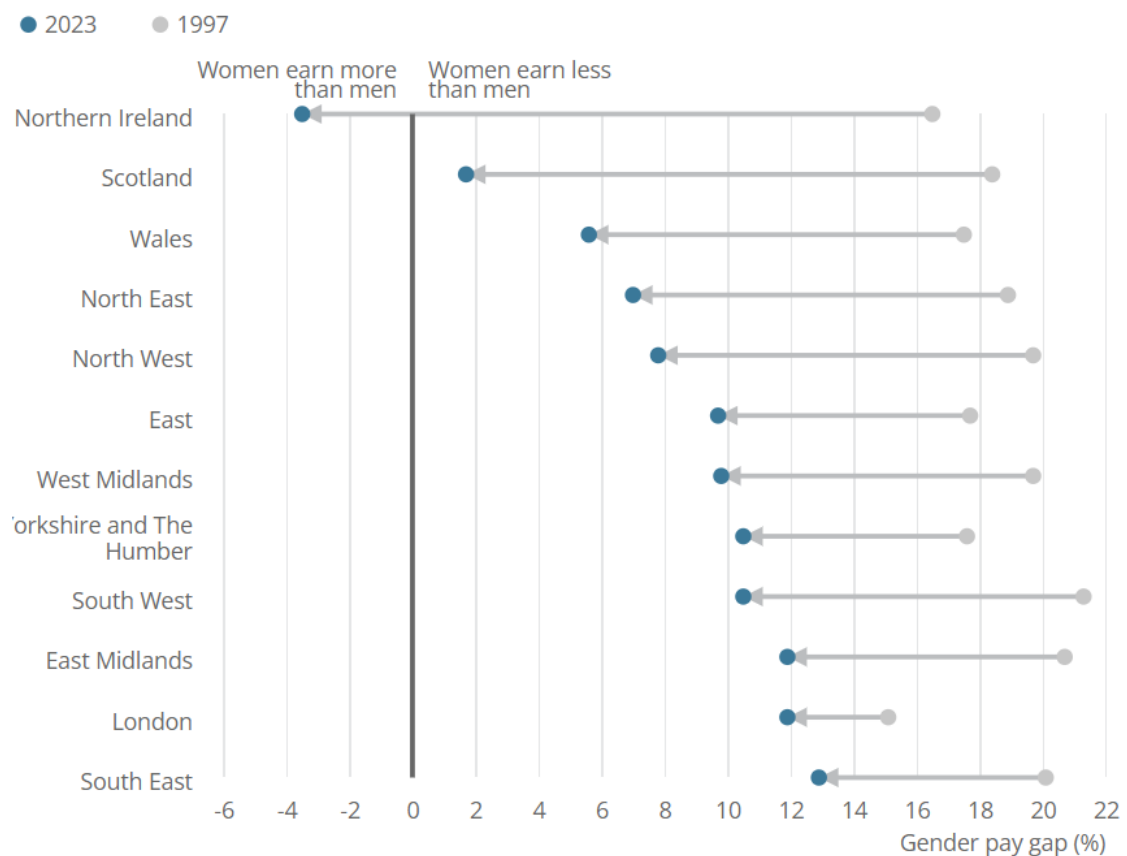
Medical and Dental colleagues have different sets of terms and conditions, depending upon their seniority. However, these too are based on the principles

of equal opportunity and are set across a number of pay scales for basic pay, which have varying thresholds within them. Directors have been appointed on similar equal opportunity job evaluation methods, informed by the national NHS Improvement VSM Guidance and benchmarked using national surveys, for example from NHS Providers, regional and local labour market data.

By means of wider background and context, the national 2022 gender pay gap reported in 2023 continues to vary substantially between regions. Regional variations in the gender pay gap are likely to be caused by differences in the types of jobs and industries.

The gender pay gap among full-time employees is higher in every English region than in Wales, Scotland or Northern Ireland. In Northern Ireland the gap is negative at 3.5%, in Scotland it is 1.7% and in Wales 5.6%. The main reason for the negative gender pay gap in Northern Ireland is thought to be due to the higher proportion of women working in the public sector where pay rates for some jobs are higher than in the private sector. Scotland is following a similar pattern. From the 2023 national picture, this remains a different position from 1997, when the gender pay gap was relatively equal between the regions.

**Gender pay gap for median gross hourly earnings (excluding overtime) for full-time employees, by work region, UK, April 1997 and 2023**



Source: Annual Survey of Hours and Earnings (ASHE) from the Office for National

Drivers of the gender pay gap continue to be numerous and although jobs in London are more skewed to higher-skilled occupations, the relative change in proportion of full-time jobs by occupation since 1997 shows a similar pattern in London to that of the whole UK, meaning that factors beyond this need to be considered for the capital. This demonstrates how much further progress is needed to remove the gender pay gap within the Trust and the wider NHS, which mirrors its performance.

## 2.0 GENDER PAY GAP INDICATORS

Employers must publish the results of six calculations showing their:

1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Average bonus gender pay gap as a mean average
4. Average bonus gender pay gap as a median average
5. Proportion of men receiving a bonus payment and proportion of Women receiving a bonus payment
6. Proportion of men and Women when divided into four groups ordered from lowest to highest pay

It should be noted that Consultant Medical colleagues are now the only employees to receive bonus payments within the Trust in the form of either national or local Clinical Excellence Awards. However, it should also be noted that the usual competitive process was put on hold during COVID nationally and a temporary equal distribution was put in place. Subject to the outcome of the British Medical Association's consultant ballot on new terms, local awards may cease to exist on a marked time basis in the future.

## 3.0 GENDER PAY GAP ANALYSIS

Table 1 – Employee by assignment as at 31 March 2023.

AfC Pay Grade	Totals			
	Female	% makeup	Male	% makeup
Band 1*	11.00	92%	1.00	8%
Band 2	808.00	85%	146.00	15%
Band 3	798.00	83%	158.00	17%
Band 4	473.00	85%	83.00	15%
Band 5	911.00	88%	127.00	12%
Band 6	1060.00	86%	168.00	14%
Band 7	510.00	84%	96.00	16%
Band 8 - Range A	151.00	81%	35.00	19%
Band 8 - Range B	55.00	74%	19.00	26%
Band 8 - Range C	12.00	75%	4.00	25%
Band 8 - Range D	10.00	59%	7.00	41%
Band 9	2.00	67%	1.00	33%
Other	162.00	64%	93.00	36%
Totals	4963.00	84%	938.00	16%



The percentages in table 1 above remain similar to previous years' data 84% women and 16% men, with a 1% reduction in the number of women making up the workforce.

NB Band 1 roles are part-time roles in Facilities. While all Trusts have previously closed entrance to new Band 1 roles, in line with national terms, all these colleagues were given the option to accept Band 2 roles. Across NHS Trusts a small number of Band 1 colleagues rejected this offer, as it meant they would lose benefits / Universal Credit and be worse off from a pay rise. All GHC colleagues in this situation are provided with an annual review opportunity with their manager and HR to reconsider accepting a Band 2 role. The number of Band 1 colleagues within GHC has now reduced to under 20 (11 wte) in 2023 since this reporting data was gathered. The proposed higher spot rate for Band 2 proposed by the Secretary of State for Health and the planned work to potentially move a number of Band 2 roles to Band 3 in 2024 are expected to impact the positively impact the gender pay gap for 2024 onwards.

**Table 2– Average and Median Hourly Rates – all eligible staff and pay schemes.**

Gender	Avg. Hourly Rate '23	Avg. Hourly Rate '22	Median Hourly Rate '23	Median Hourly Rate '22
Female	£18.53	£17.13	£17.07	£16.13
Male	£21.16	£20.35	£17.91	£17.36
Difference	£2.63	£3.22	£0.85	£1.23
Pay Gap %	12.42%	15.85%	4.72%	7.09%

The figures in Table 2 above show modest reductions in the average hourly and median gender pay gaps over the previous year's reporting period.

**Table 3 – Number of employees – Q1 = Low, Q4 = High**

Quartile	Female	Male	Female %	Male %
1	1,081 (1,052)	184 (151)	85 (87)	15 (13)
2	1,068 (1,031)	183 (174)	85 (86)	15 (14)
3	1,091 (1,019)	189 (176)	85 (85)	15 (15)
4	1,001 (968)	265 (247)	79 (80)	21 (20)

(Previous year's figures in brackets)

Table 3 above shows that whilst overall numbers have increased, there remains a reasonably static workforce percentage in relation to gender breakdown.

**Table 4 – Average Bonus\* Gender Pay Gap**

Gender	Avg Bonus Pay '23	Avg. Pay '22	Median Bonus Pay '23	Median Bonus Pay '22
Male	£9,406.89	£9,654.98	£6,032.04	£7,540.02
Female	£9,422.46	£10,354.92	£9,110.84	£10,555.98
Difference	-£15.57	-£699.94	-£3,078.80	-£3,015.96
Pay Gap %	-0.17%	-7.25%	-51.04%	-40%

The figures in table 4 above illustrates a continued reversal in payments of bonus pay showing women are paid more than men in both average and median despite the pandemic driven equal distribution of Clinical Excellence Awards. The only bonus pay the Trust operates is the Local Clinical Excellence Award Scheme, which is solely open to Medical Consultants who have been in post for at least one year.

**Table 5 – Proportion of Men and Women receiving a bonus against the overall totals**

Year	Total	Gender		% of total		Number receiving a bonus		% receiving bonus	
		Male	Female	Male	Female	Male	Female	Male	Female
2022	132	50	82	38%	62%	18	6	14%	5%
2023	148	57	91	39%	61%	17	5	11%	3%

As part of previous pay gap actions agreed, *if* the new competitive post pandemic Local Clinical Excellence Scheme is operational the Trust will continue to strive to communicate and encourage applications from women and also ethnic minority colleagues, alongside providing extension training and support to maximise the quality of applications. However, it is important to note that subject to the outcome of the British Medical Association's consultant ballot on new terms, local awards may cease to exist on a marked time basis in the future.

## 4.0 CONCLUSIONS AND NEXT STEPS

### 4.1 Conclusions

The headline figure based on all eligible Trust employees and pay schemes indicated that the gap continues to slowly close and women are paid 12.42% less on average than men against a previous year of 15.13%, 17.09% the year before and 18.63% in the year before that. However, at this rate, it would take circa another 13 years for the gender pay gap to be neutralised.

The gap for median (middle point) earnings in the Trust stands at 4.72%, 7.09% in 2023, 4.31% in 2021 and 7.55% in 2020.

The data shows that 84% (85% in 2022) of the Trust's substantive workforce were women, and ideally an analysis would show this is broadly reflected in each of the Agenda for Change pay bands, Medical and Dental pay and VSM / Executive Board level pay. However, it is also noted that there has been some growth in the lowest quartile, with the Trust employing more male at lower banding levels.

However, while improving, as with previous years, the gender split in the pay bands still suggests that there is less opportunity for women in more senior roles and/or that jobs for this group are less attractive.

Even allowing for the availability of promotional opportunities, the pay gap will only close gradually due to a wide range of contributory factors including incremental pay progression, student pipeline recruitment changes via Higher Education Institutes (HEIs), and how they recruit students, and with a significant shift in the number of senior and very senior managers and senior clinician appointments. From the route of the student pipeline, with training and career progression it takes many years to rise through the nationally set pay bands. The term 'feminisation of the medical workforce' was used increasingly from the mid-1990s as a driver for change. 2017 was originally forecast as the year that the number of women on the medical register would exceed the number of men. But despite this, with the exception of Scotland, this has still not happened. That's despite more than 60% of medical students being female and, at the other end, older, mainly male, doctors retiring. The most recent General Medical Council (GMC) report confirms the medical register is made up of 52.6% men and 47.4% women.

A range of measures, including increasingly improving flexible working and wider choices about career breaks, changes in working patterns, turnover, positive action in targeted recruitment advertising (particularly for director and deputy director level), will all continue to factor into this, alongside improved gender ratios in our apprenticeship and degree supply chain, particularly in medical school, nursing and allied health professionals.

The gender pay gap remains significant at Executive Director level with an average hourly rate which is 10.01% lower for women than men compared to 11.27% previously. Five of the post holders were men and two were women. There may be a further positive shift in the forthcoming 2024 report with this in light of ATOS's most recent benchmarking exercise and subsequent remuneration decisions after the current reporting period. However, for 2025 reporting onwards, key to progress will also be the gender of appointees to three vacancies -- the Director of Nursing, Therapies and Quality, the Director of Strategy and Partnerships, and the Chief Operating Officer. The recent Chief Executive Officer appointment process did not enable the appointment of a woman. Given the level of remuneration for this role, this will again present a continued impact on the Executive Director level gender pay gap.



The Trust has regularly stated its full commitment to equality of opportunity across the whole organisation and should recognise from the most recent data that there remains much further work to be done to close the gender pay gap. Evidence suggests that progress will not be achieved quickly or exclusively by internal organisational actions, requiring a wider shift in education policies, societal attitudes and behaviours. However, there are clear actions the Trust can continue to take to make a positive difference.

## 4.2 2023 Actions

Over the past year, the Trust had continued to take positive action in actively encouraging women to participate in our various local leadership development offers including the One Gloucestershire Elements, Flourish, Thrive, Leading Better Care Together programmes. The impact and success of these is continually assessed as part of their programme reviews, with input from the external programme developers and trainers. However, with the relatively short time frame, it is currently difficult to determine the longitudinal or lasting impact these development programmes are having on the pay gap. Additionally, the Trust has supported and sponsored senior colleagues apply and / or undertake aspiring director programmes as well as one colleague to successfully apply to the South West Developing Aspirant Leadership programme for Ethnic Minority Nurses and Midwives.

Our Flexible Working Policy (which was previously reviewed and updated in 2021) has again been reviewed and refreshed in 2023/24 to better support the use and accessibility of flexible and non-standard working. The new policy was published in February 2024 and there is a comprehensive roll out planned for managers and colleagues.

Positively, colleagues' rating for the two People Promise Theme "We Work Flexibly" questions -- Support For Work-life Balance, and Flexible Working -- have both improved in the 2023 Staff Survey outcomes, suggesting that the 2021 revisions to the Flexible Working Policy have modestly helped. For example, the number of woman reporting that they can approach their immediate manager to talk openly about flexible working (Agree/Strongly agree) was 81.9% in comparison with 78.6% for men. In 2023/24 the Trust bid for external funding to appoint a 12-month People Promise Manager. The bid was successful and the colleague starts in May. One of their key delivery priorities will be flexible working.

The Trust continued to keep on top of compliance with its mandatory requirement to complete Equality, Diversity and Human Rights Level 1 training every three years. Compliance has been maintained at consistently over 98% (currently 98.9%).

Additional bespoke Equality, Diversity and Inclusion (EDI) training continues to be provided for teams and individual appointments. Most recently targeted unconscious bias training has been provided to recruitment panels for Board level appointments with Directors and Governors. The Equality, Diversity and Inclusion and Safer Recruitment Training programme, is provided for recruiting

managers and key modules on our leadership development programme continue to upskill colleagues too.

The Deputy Chief Executive/Director of Finance has continued with her personal support on the development of the Trust's Women's Leadership Network (WLN). The gender pay gap and actions have been discussed with the network in February and August 2023 alongside future ideas for action. Initial progress has also been made in relation to a Trust Women's Charter following a meeting to review options, including the Athena Swan Charter as an example which covers education institutes. A re-prioritised focus on the new nationally mandated work on the NHS England Sexual Safety Charter and the Health Education England Safe Learning Environment Charter implementations has commenced. Updates on progress will shortly be provided to Executives and the GPTW Committee thereafter.

Provision of a Leadership & Management Development Workshop for members of the Women's Leadership Network and a Development Session on psychological barriers to women in leadership development and career progression. These have not yet been completed and remain in progress. While these have been explored with members of the WLN, in light of the low interest they have not yet been delivered. Tania Hamilton, Equality, Diversity, Inclusion Lead, attended the February 2024 WLN to explore whether interest can be improved, or whether alternative support options can be developed and delivered. A follow meeting with the WLN Executive sponsor is being held to finalise actions.

Clinical Excellence Award Training Session & Buddying System. This had to be paused pending the new Clinical Excellence Award (CEA) processes following the temporary cessation of the competitive process for the last two years and the expected outcome of the current ballot.

The Appointment and Terms of Service Committee (ATOS) received succession planning and talent management updates in 2023 and there has been a focus on supporting women who are aspiring leaders and directors. Three women have been supported with applications on regional aspiring directors programmes and.

#### 4.3 Consultation

The Gender Pay Gap has been shared with the WLN, with discussions on the network's ideas of what actions would further help. Further on-going consultation will be continued throughout 2024/25.

#### 4.4 Action Plan

Following discussions with the network, wider colleagues and GPTW Committee, the following actions will be progressed to tackle the Trust's pay gap.

**Action 1:** Progress analysis of pay gaps within occupational groups and use resultant information to target identified staff career, leadership development,

and Organisational Development needs and related positive action approaches (Q1).

**Action 2:** Finalise provision of the WLN Development Sessions to address the psychological barriers to women in leadership development and career progression (Q1).

**Action 3:** Finalise and agree the Women's Charter (Q2).

**Action 4:** Scope Positive Action Internal Transfer scheme to help support career development (Q3/4).

**Action 5:** Work collaboratively across the Gloucestershire Integrated Care System (ICS) in developing more inclusive recruitment and career development opportunities (Qs1/2/3).

Additionally, in Q1 2024/25 the Trust will develop its first Pay Gap Report covering gender, ethnicity and disability. This will come back to the Workforce Management Group (WOMAG), Executives and GPTW Committee in April. Further engagement is also planned with the Diversity Network and WLN.

## 5.0 RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE** the current report.
- **AGREE** the actions.
- **AGREE** to publish this report on the Trust website and submit the data to the government website.
- **AGREE** the recommended statement (below in bold), is recommitted to, and then be published on the Trust website and via the government website.

**“The Board of Gloucestershire Health and Care NHS Foundation Trust confirms its commitment to ongoing monitoring and analysis of its Gender Pay Gap data and to developing the appropriate actions which will reduce and eradicate this gap over time.**

**Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove the gender pay gap.”**

**GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS MEETING**

Wednesday, 17 January 2024  
at Churchdown Community Centre

**PRESENT:**

Ingrid Barker (Chair)	Chris Witham	Mick Gibbons
Bob Lloyd-Smith	Steve Lydon	Cath Fern
Peter Gardner	David Summers	Alicia Wynn
Alison Hartless	Nic Matthews	Sarah Nicholson
Paul Winterbottom	Lisa Crooks	Chas Townley

**IN ATTENDANCE:**

Douglas Blair, Chief Executive  
Graham Russell, Non-Executive Director/Deputy Chair  
Jan Marriott, Non-Executive Director  
John Trevains, Director of Nursing, Therapies & Quality  
Neil Savage, Director of Human Resources and OD  
Nicola de longh, Non-Executive Director  
Sumita Hutchison, Non-Executive Director  
Lavinia Rowsell, Director of Corporate Governance / Trust Secretary  
Anna Hilditch, Assistant Trust Secretary

**1. WELCOMES AND APOLOGIES**

- 1.1 Ingrid Barker welcomed colleagues to the meeting.
- 1.2 Apologies had been received from the following Governors: Jenny Hincks, Erin Murray, Kizzy Kukreja, Ismail Surty, Rebecca Halifax, Laura Bailey and Andrew Cotterill. Apologies had also been received from Marcia Gallagher, Steve Alvis, Vicci Livingstone-Thompson and Steve Brittan, Non-Executive Directors (NEDs).
- 1.3 Ingrid Barker welcomed two new Governors to the meeting. Chas Townley had been elected unopposed, as a Public Governor representing Tewkesbury. Penelope Brown had been successfully elected as a Public Governor representing Gloucester. Both colleagues had commenced in their role from 1 January 2024.
- 1.4 The Council of Governors was informed that since reported at the last meeting in November, the Trust had received no confirmation of appointment from Roger Stewart (Cheltenham) despite multiple attempts to make contact. We have written formally to him to state that the position of Governor representing Cheltenham will be marked as vacant, and the Trust will readvertise this post in the next round of elections scheduled for Spring 2024.

**2. DECLARATIONS OF INTEREST**

- 2.1 There were no new declarations of interest.

### 3. NOMINATIONS AND REMUNERATION COMMITTEE SUMMARY

- 3.1 The purpose of this report was to provide a summary to the Council of Governors of the business conducted at the Nominations and Remuneration (N&R) Committee, held on 19 December 2023. Chris Witham presented this item.
- 3.2 A recruitment process for 2 new NEDs had been planned to commence in the spring 2024, looking to the departure of Marcia Gallagher and Jan Marriott from 30 September 2024. Following the recent resignation of Steve Brittan from 1st February 2024, discussions have taken place to reconsider the timeline for the upcoming recruitment.

#### **Recruitment to NED Vacancies**

- 3.3 It was proposed that the process commence as soon as possible to appoint a like for like NED in light of Steve Brittan's resignation. Having carried out a review of the current NED skill mix, a NED with digital, business and commercial expertise was still seen as being a valuable addition to the Board. This had been previously considered and endorsed by the Committee.
- 3.4 As the Trust is required to mobilise itself earlier than planned for a NED recruitment process, discussions had taken place around the timescales for the 2 scheduled NED vacancies and it was proposed that the post currently held by Marcia Gallagher be included in this round of recruitment, noting the importance of this position (Audit Chair, Qualified accountant) and therefore providing additional time to recruit the right person to this key role. It would be made clear to any applicants that the full NED position would commence on 1 October 2024, however, the Trust would bring the successful candidate on board as an Associate Non-Executive Director from appointment date to commencement date. It was felt that this would be helpful by way of acting as an induction period and enabling the successful candidate to get fully up to speed with colleagues and the Trust.
- 3.5 The Trust would be seeking the following skills, qualifications and expertise:
- Post 1 - We are specifically seeking those individuals able to evidence strong Business/Commercial/Digital experience with a track record of leading innovative organisational transformation.
- Post 2 - We are seeking a financially qualified individual with a track record of operating at Board level and of serving on or chairing committees, to eventually take on the role of Audit and Assurance Committee Chair.
- 3.6 The Committee agreed that the recruitment process for these Non-Executive Director posts should commence as soon as possible, looking to secure appointments by April 2024. Recruitment would commence as previously planned for the next scheduled NED vacancy (Jan Marriott's position) in May 2024.



### **Extension of Non-Executive Director Term**

- 3.7 The turnover of NEDs in 2024, as well as a new Trust Chair, has necessitated an immediate review of the NEDs portfolios. By way of evening out the turnover, maintaining stability and balancing the seniority of our remaining NEDs, initial discussions have taken place about extending Sumita Hutchison's term for a further period of 1 year. Sumita's term was scheduled to end on 13 January 2025.
- 3.8 Sumita Hutchison is valued by fellow Board colleagues and is seen as bringing a distinctive voice to the Board and a different perspective. She is passionate about the 'people and culture' agenda within the Trust. She adds particular value in relation to equality diversity and inclusion discussions and works well in making colleagues feel welcome and able to have a strong voice as chair of the Trust's Diversity Network. Given the aforementioned need to review the Non-Executive Director portfolios, retaining Sumita will mean that the Trust's Great Place To Work Committee will have an experienced NED with the necessary HR and OD background at the helm.
- 3.9 It was noted that Sumita Hutchison had welcomed the proposal of a 1-year extension, subject to Governor approval.
- 3.10 Chas Townley asked for further information about Sumita's tenure. It was noted that Sumita would come to the end of her full term of 6 years on 13 January 2025. The decision to extend by one year would take her end of term date to 13 January 2026. The Trust's Constitution set out the process for Non-Executive Director and Chair appointments and guidance on the extension of terms, noting that the Chair and NEDs could be extended up to a maximum full term of 9 years in extraordinary circumstances. This proposal would take Sumita's full term to 7 years.

### **Recommendations**

- 3.11 The Council of Governors noted and supported the proposed direction of travel for upcoming Non-Executive Director recruitment. The Council also approved the recommendation that Sumita Hutchison's term of office be extended by 1 year to 13 January 2026, in line with the Trust constitution.

## **4. CHAIR RECRUITMENT UPDATE**

- 4.1 Chris Witham provided a verbal update to the Council on the current position with the Trust Chair recruitment process.
- 4.2 The decision had been taken to extend the recruitment to seek additional candidates for the shortlist. The circumstances for recruitment have shifted in the last two months and there was a need to provide the panel with as strong and diverse a cohort of applicants given the critical importance of this role. To that end, it was hoped that by extending the search for an additional 4 weeks, we will further strengthen the shortlist for interview.

- 4.3 Chris Witham advised that contingency time had been built into the recruitment timeline to allow for such a scenario. He added that the questions raised at the due diligence stage stood testament to the robustness of the process.
- 4.4 The Council noted that it was hoped that the current candidates on the shortlist would continue in the process. David Summers expressed concern that this did not send a good message to the existing candidates. Chris Witham said that the messaging for these candidates would be managed carefully. He added that extending the search period had been carried out previously for other senior Board appointments, namely the Chief Executive, which had proved to be valuable.
- 4.5 It was noted that Governors had a number of meetings scheduled for focus groups, interviews and subsequent approval meetings over the coming few weeks. This would all be reviewed alongside Finegreen, the Trust's search partner, and a revised schedule of dates would be issued in due course.
- 4.6 The Council was reminded that it was the role of the Governor's Nominations and Remuneration Committee to oversee the Chair recruitment process, and it was a full Council of Governor appointment.
- 4.7 A fuller briefing would be shared with all Governors and Board members the following day.

## **5. ANY OTHER BUSINESS**

- 5.1 There was no other business.

## **6. DATE OF NEXT MEETING**

- 6.1 The next meeting would take place on Wednesday 13 March January 2024 at 10.30 – 1.00pm.

## AUDIT AND ASSURANCE COMMITTEE

### SUMMARY REPORT

DATE OF MEETING: 8 FEBRUARY 2024

#### COMMITTEE GOVERNANCE

Committee Chair: **Marcia Gallagher, Non-Executive Director**

### KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

#### INTERNAL AUDIT BDO

The Committee **received** and **considered** the following internal audit reports:

- Barriers to Raising Concerns – scored **moderate** for design opinion and **limited** for design effectiveness; with two high and four medium recommendations.
- Cyber Security – scored **moderate** for both design opinion and design effectiveness; with six medium, and four low recommendations.
- EPRR (Emergency Preparedness, Resilience and Response) – scored **moderate** for both design opinion and design effectiveness; with three medium, and one low recommendations.
- Sickness Absence Management – scored **moderate** for design opinion and **limited** for design effectiveness; with one high, three medium, and one low recommendations.
- Transformation Governance – scored **moderate** for both design opinion and design effectiveness; with four medium, and one low recommendations

The Committee:

- **Noted** the Internal Audit Progress Report, which detailed the progress made towards the 2023/24 internal audit plan. No issues were raised.
- **Noted** the Internal Audit Follow Up Plan - 19 recommendations had been followed up; seven recommendations were overdue, five remained in progress and five were complete
- **Approved** the Internal Audit Plan for 24/25 the Internal Audit Charter.

#### EXTERNAL AUDIT – KPMG

The Committee **received** and **noted** the Draft External Audit Plan, for the year ending 31 March 2024, and **received assurance** that there were no significant changes identified in terms of the new accounting or auditing standards.

#### DILKE: IMPACT OF DECOMMISSIONING & DISPOSAL

The Committee **received** a paper on the Impact of Decommissioning & Disposal, which provided an update on the Trust's plan to revalue the Dilke Hospital site. The Committee **noted** the proposed approach.

#### COUNTER FRAUD, BRIBERY & CORRUPTION

The Committee **noted** the Counter Fraud, Bribery and Corruption Progress Report, which provided an update on the counter fraud work undertaken since November 2023. The



Committee was informed of the introduction of the Failure to Prevent Fraud offence, which was due to come in to force early 2024. It was **noted** this was similar to the Bribery Act, and no issues were expected.

The Committee **received** the Summary of Counter Fraud Investigations and it was reported there were six live investigations since April 2023.

The Committee **received** the outcome of a follow up review relating to use of Estate Vehicles, which confirmed that the recommendations and actions agreed in an earlier review had been implemented.

### FINANCE COMPLIANCE REPORT

The Committee **received** and **noted** the Finance Compliance Report, which provided an update on actions taken under delegated powers where a periodic report is required. It was reported the Better Payment Policy information had demonstrated performance of 98.7% of invoices paid by value within 30 days against the national target of 95%.

The Committee:

- **Authorised** the write-off of three invoices
- **Endorsed** amendments to the Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD), to include *engagement of staff not on the establishment, and discretionary pay*.

### INTERNAL AUDIT EVALUATION

The Committee **received** the positive 2023 evaluation of the internal audit function. The Committee was informed the overall feedback received was positive, with internal audit being viewed as adding value to the Trust and individuals in their work.

### EXTERNAL AUDIT PROVISION

The Committee **received** the External Auditor Provision, which provided an update on the procurement process for the provision of External Audit services to the Trust. The Committee **noted** the proposal had been approved by the Council of Governors, at the meeting in November 2023. The Committee **noted** the proposed award of the External Audit contract.

### OTHER ITEMS RECEIVED

The Committee **received** and **considered** the following reports:

- Cyber Security Assurance Report
- Corporate Risk Register and Board Assurance Framework
- Summary Reports from Management Groups

### ACTIONS REQUIRED BY THE BOARD

The Board is asked to **NOTE** the contents of the report.

<b>DATE OF NEXT MEETING:</b>	May 2024
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## RESOURCES COMMITTEE

### SUMMARY REPORT

DATE OF MEETING: 22 FEBRUARY 2024

#### COMMITTEE GOVERNANCE

Committee Chair: **Graham Russell, Non-Executive Director**

### KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

#### FINANCE REPORT – MONTH 10

The Committee **received** and **noted** the Finance Report for month 10, which provided an update on the financial position of the Trust. The Trust's Cost Improvement Plan (CIP) position was highlighted, and it was reported £4.34m of recurring savings had been delivered against the plan of £4.92m; and £4.018m of non-recurring savings had been delivered against a plan of £3.70m. The forecast for recurring savings was £5.443m, against a plan of £5.443m; however, it was noted that £330k was at high risk of non-delivery. Directorates were aware that they would need to deliver next year what could not be delivered this year. The Committee **noted** the changes to the capital programme.

#### PERFORMANCE REPORT – MONTH 10

The Committee **received** the Performance Report, which provided a high-level view of the key performance indicators in exception across the organisation for month 10.

The Committee was informed of indicators reported in exception for the reporting period; and under the Integrated Care System agreed domain, only one indicator was in exception; Social Care Package Reviews within eight weeks of commencement. It was noted that this related to one case which was due to lack of social worker capacity and this was now being picked up by the social care specialist.

Within the Board focus domain, it was reported Mental Health Bed Occupancy levels remained high for October. The Committee was informed that Personal Development Reviews (Appraisals) were above Statistical Process Control (SPC) limits, which suggested an improving trend. Within the Operational domain, it was reported five performance indicators were in exception for the period across Paediatric therapy services, Speech & Language Therapy, Physiotherapy and Occupational Therapy.

The Workforce indicators included in the report were shared, which covered appraisals, vacancy, sickness, turnover and annual leave. The Committee was informed of a project being undertaken by Business Intelligence and the Workforce team to present a closer view on workforce challenges at a service or team level that may otherwise be masked by aggregated indicators.

The Committee **noted** the priorities and operational planning guidance was released in January 2024 for the National activity and performance indicators required for 2024/25. The relevant measures for both the Trust and Gloucestershire Hospitals NHS Foundation Trust (GHFT) were included within the report.

## BUDGET SETTING UPDATE

The Committee **received** the Budget Setting Update 2024/25, which highlighted the budget setting process for both the Trust and the System. A breakdown of the underlying position for the Trust for 2024/25 was shared, noting a total deficit for Gloucestershire Health and Care NHS Foundation Trust of £2.3m. The 2024/25 indicative CIP requirements were also shared, which showed a total CIP of £8,859. The Committee **noted** and **discussed** the cost pressures that had been identified, including additional inflationary pressures.

The Trust's Capital Plan was shared and the Committee **noted** some movements within this in relation to planned estate disposals in 2024/25 and 2025/26.

The System Operational Plan was due for submission to NHS England by 21<sup>st</sup> March and an Extraordinary Board meeting would be scheduled to consider this ahead of sign-off. The Board meeting on 28<sup>th</sup> March would receive the final budget setting report for approval.

## BUSINESS PLANNING – QUARTER 3 REPORT

This report set out the business planning progress in Quarter 3 of 2023/24. Each team has completed their progress self-assessment using a RAG (Red, Amber, Green) rating for each milestone. The report showed that 65% of milestones have been completed at the end of Quarter 3 and a further 29% have been part achieved, leaving only 6% not achieved. The quarterly report also included a summary of the progress for the high impact milestones which had been identified by each team for 2023/24.

## COMMITTEE EFFECTIVENESS REVIEW – RESULTS

The Committee **received** and **noted** the outcome Committee Effectiveness Review Results which was highly positive and demonstrated members and attendees were confident with the role of the Committee and how it operates; and no areas of concern were raised. The Committee **noted** the Terms of Reference had been reviewed and no changes were proposed.

## OTHER ITEMS RECEIVED

The Committee:

- **RECEIVED** and **NOTED** the Service Development Report
- **APPROVED** the South West Collaborative, Perinatal Risk Sharing Agreement
- **RECEIVED** and **NOTED** the Estates Strategy Process update
- **RECEIVED** and **NOTED** the Risk Report
- **RECEIVED** and **NOTED** the Board Assurance Framework
- **RECEIVED** and **NOTED** the following Summary Reports:
  - Digital Group held January 2024
  - Capital Management Group held 21 December 2023 and 18 January 2024
  - Business Intelligence Management Group held 21 December 2023, 18 January & 15 February 2024
  - Community Mental Health Transformation Programme, held January 2024

## ACTIONS REQUIRED BY THE BOARD

The Board is asked to **NOTE** the contents of the report.

<b>DATE OF NEXT MEETING:</b>	25 April 2024
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## GREAT PLACE TO WORK COMMITTEE

### SUMMARY REPORT

DATE OF MEETING: 22 FEBRUARY 2024

#### COMMITTEE GOVERNANCE

Committee Chair: **Sumita Hutchison, Non-Executive Director**

### KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

#### DEEP DIVE: COLLEAGUE STORY

The Committee welcomed “A”, a colleague, to the meeting, who shared their experiences and journey working within the NHS. “A” had started working in the NHS for a different Trust, in a Band 2 role in February 2021; and disclosed that they had been diagnosed with complex Post-traumatic stress disorder (PTSD), following an incident when they were younger. “A” spoke about the issues they had faced in the other Trust due to their complex PTSD and the journey that this had led them on to work in their current role with Gloucestershire Health and Care NHS Foundation Trust. “A” discussed their involvement with the staff networks across the Trust, in particular the LGBTQ Group which had enabled them to feel proud of who they were and feeling more empowered. “A” now worked as a Band 5 for the Trust, and they felt that without the encouragement and support they had received from Equality, Diversity and Inclusion (EDI) colleagues at GHC, this would not have been possible. The Committee thanked “A” for sharing their story and wished them the best in their onwards NHS journey.

#### DEEP DIVE: 2023 STAFF SURVEY RESULTS

The Committee **received** the interim 2023 Staff Survey results, noting that these included responses from bank staff also. The improvement in response rates for substantive staff were highlighted, with a 58% response for 2023 compared with 55% in 2022 and 53% in 2021. There had also been improved responses across all seven of the People Promise scores. In comparison to the previous year's scores, 60% of the questions had improved ratings, 39% of the question responses had worsened and 1% remained the same.

The Committee **received** the interim results report and participated in break-out groups to discuss the results further. It was **agreed** that attention was required on the presentation of the “top” and “bottom” ten scores, and also on addressing concerns with the increase of discrimination on the grounds of ethnicity; as well as health and wellbeing and improvements needed with appraisals. The Committee **noted** that the action plan would be developed further and reported to the next Committee and Board, with progress updates coming back to the GPTW Committee for oversight.

The interim results presented a largely positive and improving view of how staff rate the Trust as an employer. They also provided signposting to areas to prioritise for action over the coming year.

### PULSE SURVEY UPDATE Q4 2023/24

The Committee **received** and **noted** the Pulse Survey Update, which provided feedback and results from the Trust's most recent NHS Quarterly People Pulse Survey (NQPS) Wave 46. The feedback was also being considered by Working Well; HR & OD colleagues and internal GHC Health and Wellbeing groups to help inform actions and priorities going forwards. It was reported the Trust had performed well in comparison to other organisations.

The following highlights were shared:

- There had been a total of 309 respondents of the Pulse Survey
- Friends and Family metrics responses indicated that 62.2% would recommend Gloucestershire Health and Care NHS Foundation Trust as a place to work, in comparison to 65.5% in previous wave. This was 13.2% above the NHS average.
- 70.5% (of respondents) would be happy if a friend or relative needed treatment at GHC. This was 14.3% above the NHS average.

### WORKFORCE KEY PERFORMANCE INDICATORS (KPIs) AND PERFORMANCE

The Committee **received** the Performance Report – Workforce key performance indicators (KPIs), which provided a high-level view of key workforce performance indicators across the organisation.

The vacancy and turnover data was shared and it was **noted** that the local target for turnover was 11% and the Trust was above target reporting 11.71%. It was **noted** that this benchmarked better than other similar trust's rates. The turnover rates by directorate and staff groups were shared, and although some areas such as Adult Community Physical Health indicated high numbers, assurance was received that these numbers were reducing.

The vacancy rate was 9.62% and there were currently 437.91 vacancies across the Trust. Hot spot areas for focus continued to be registered nursing (particularly community nursing Integrated Community Teams (ICTs), community and mental health inpatients, facilities and Children & Young People Services (CYPS)).

The temporary staffing data was shared and it was reported at the end of month 10, the agency spend was 3.65% against a plan of 3.7%. It was **noted** the use of agency workers had reduced by approximately 50% which was positive.

The appraisal data was shared with the Committee, and it was reported the Trust had currently completed 87% of appraisals.

The average staff training compliance was 94%, which was above target.

### WOMAG TERMS OF REFERENCE

The Committee **received** and **approved** the updated Workforce Management Group (WOMAG) Terms of Reference.

### HR POLICY MANUAL PROJECT

The Committee was informed that the Human Resources (HR) Policy Manual project was now complete, and the manual with the full suite of HR policies would be available to colleagues electronically and in hard copy, which included supporting action cards. The



Committee congratulated Ali Koeltgen and HR colleagues for their work in developing and progressing this.

#### OTHER ITEMS RECEIVED

The Committee:

- **RECEIVED** and **NOTED** the Corporate Risk Register
- **RECEIVED** and **NOTED** the Board Assurance Framework
- **RECEIVED** and **NOTED** the Gender Pay Gap Report
- **RECEIVED** and **NOTED** the following Summary Reports:
  - Workforce Management Group held January 2024
  - Joint Negotiating and Consultative Forum (JNCF) held November 2023.
  - Sustainable Staffing Oversight Group held January 2024
  - ICS Education & Training Steering Group held December 2023
  - ICS Organisational Development (OD) Steering Group held December 2023
  - ICS Workforce Steering Group held December 2023

#### ACTIONS REQUIRED BY THE BOARD

The Board is asked to **NOTE** the contents of the report.

<b>DATE OF NEXT MEETING:</b>	25 April 2024
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## APPOINTMENTS AND TERMS OF SERVICE (ATOS) COMMITTEE

### SUMMARY REPORT

DATE OF MEETINGS: 6 MARCH 2024 and 15 MARCH 2024

#### COMMITTEE GOVERNANCE

Committee Chair: **Ingrid Barker, Chair**

### KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

#### EXECUTIVE DIRECTOR RECRUITMENT UPDATE

##### Director of Nursing, Therapies and Quality (15 March ATOS Meeting)

The Committee **received** and **approved** the appointment of the preferred candidate for the position following interviews that had taken place on 1 March and follow-up conversations. The appointment was subject to completion of all nationally required Fit and Proper Person Tests (FPPT) and Standard Employment Checks which were being progressed following which an announcement would be made.

##### Director of Improvement and Partnership

The Committee **reviewed** and **approved** the Job Description, Personal Specification and remuneration range for the role. The recruitment process would commence in March/April 2024. The role and person specification had been reviewed in the context of the wider Executive Director portfolios.

##### Chief Operating Officer

The Committee **noted** the resignation of David Noyes, Chief Operating Officer. The Committee **reviewed** and **approved** the Job Description, Personal Specification and remuneration range for the role. The recruitment process would commence in March/April 2024.

#### REMUNERATION POLICY REVIEW

Committee **approved** the renewal of the policy and the minor amendments proposed. The Remuneration Policy had been first approved by the Committee in 2021. A review had been undertaken and only minor amendments proposed to reflect changes in guidance. The policy had been updated to reflect the national policy position, noting that the anticipated new national guidance on Very Senior Managers (VSM) remuneration had not been issued.

#### LOCAL CLINICAL EXCELLENCE AWARDS (LCEA)

The Committee **received** an update on the current position with Consultant Clinical Excellence Awards. The Committee **endorsed** the recommendation supported by the Director of HR and OD, Medical Director and the local and regional British Medical Association (BMA) to distribute the funding for the 2023/24 round to all eligible consultants on a pro-rata basis i.e. no competitive round, noting the related consultant contract negotiations.

### FIT AND PROPER PERSONS REVIEW

The Committee **received** a report confirming that the annual Board declarations had been carried out for 2023/24 and as evidence that the Executive Directors meet the requirements of the 'Fit and Proper Persons Test', as set out within the ATOS Committee terms of reference. There were no issues to be brought to the attention of the Committee following the checks.

### TERMS OF REFERENCE REVIEW

The Committee **received** and **noted** the terms of reference which had been reviewed in line with best practice and the Trust's scheme of delegation and standing orders. Only minor amends were proposed which did not require Board approval.

### ACTIONS REQUIRED BY THE BOARD

The Board is asked to **NOTE** the contents of the report.

### DATE OF NEXT MEETING:

10 July 2024



## QUALITY COMMITTEE

### SUMMARY REPORT

DATE OF MEETING: 7 MARCH 2024

#### COMMITTEE GOVERNANCE

Committee Chair: **Jan Marriott, Non-Executive Director**

### KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

#### QUALITY DASHBOARD REPORT

The Committee **received** and **noted** the Quality Dashboard Report, which provided a summary assurance update on the progress and achievement of quality priorities and indicators across Trust's physical health, mental health and learning disability services. The quality issues which were showing positive improvement were highlighted, and it was reported there had been a significant development of quality reporting within Home First and Reablement. Additional metrics had been agreed and additional narrative of what the quality of care for patients looks like would be included in next month's report.

It was reported the Business Intelligence team had developed a clinical system which would automatically report safeguarding referrals to the local authority. This was due to go live on the 31 March 2024.

The Committee was informed of quality issues for priority development, and reported work was ongoing to address quality concerns raised at Berkeley House. Concerns were raised regarding the additional therapy workforce that was put into Berkeley House following on from the Care Quality Commission (CQC) visit, noting that this was due to come to an end on 31<sup>st</sup> March. This would be closely monitored.

#### LEARNING FROM DEATHS REPORT – QUARTER 3

The Committee **received** and **noted** the Learning from Deaths Report, which provided learning from the mortality review process, data analysis and outcomes during quarter 3 2023/24 and also learning from End-of-Life care incidents, concerns, queries and compliments, and the local Gloucestershire Learning Disabilities Mortality Review (LeDeR) Programme.

The Committee was informed there had been 108 patient deaths during quarter 3. None of the reported deaths were judged more likely than not to have been due to problems in the care provided to the patient.

#### BDO INTERNAL AUDIT REPORT AND ACTION PLAN

The Committee **received** the Barriers to Raising Concerns BDO Internal Audit Action Plan, which provided an update on the progress of actions identified. The audit was commissioned to test the Trust's ability to detect concerns raised by staff related to closed culture risks in a timely way.

The Internal Audit report on Barriers for Raising Concern had been received and discussed at the Audit and Assurance Committee.

The areas identified for action were shared and included in the report and the Committee received the action plan and noted this had been developed to address the recommendations received. The Committee **noted** the progress made against the actions.

### MEDICAL EDUCATION ANNUAL REPORT

The Committee **received** the Medical Education Annual Report. It was **noted** that 2022/23 had continued to be a challenging year in terms of delivering high quality medical education and training but despite the pressures, Gloucestershire Health and Care NHS Foundation Trust (GHC), had had a successful year. The Trust was ranked the 6<sup>th</sup> highest NHS Trust in England and Wales in relation to Trainee Satisfaction/Trainer Satisfaction, which was very positive. The survey results and available Quality Panel feedback demonstrated that GHC is delivering a high-quality training environment for trainees and trainers alike.

The Committee **discussed** the cost implication of supporting medical trainees, **noting** that due to financial pressures, GHC have had to decline the offer of additional trainees who were due to start in 2024. In order to preserve, maintain and develop our status as a high-quality provider of training, these ongoing costs need to be prioritised. The greater the number of high-quality trainees we have, will have a positive impact on recruitment in the future and will also reduce our reliance on agency/locum staff. It was **agreed** that this issue would be escalated for further consideration by the Executive.

### COMMITTEE EFFECTIVENESS REVIEW – RESULTS

The Committee **received** the Quality Committee Effectiveness Review and Results, providing the outcome of the self-assessment review and **noted** the overall results showed a positive response and demonstrated members were confident in the role of the Committee and how it operates.

The Committee **received** the Terms of Reference and **noted** no changes were proposed.

### OTHER ITEMS RECEIVED

The Committee:

- **RECEIVED** the Quality Strategy 2021-26 Bi Annual update, and **NOTED** this would be discussed further at the next meeting.
- **RECEIVED** and **NOTED** the Risk Report
- **RECEIVED** and **NOTED** the Board Assurance Framework
- **RECEIVED** and **NOTED** the Quality Assurance Group Summary Report

### ACTIONS REQUIRED BY THE BOARD

The Board is asked to **NOTE** the contents of the report.

<b>DATE OF NEXT MEETING:</b>	2 May 2024
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