with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

TRUST BOARD MEETING

PUBLIC SESSION

Thursday, 25 July 2024

10:00 – 13:00

The Green Room, Churchdown Community Centre

AGENDA

TIME	Agenda Item	Title	Purpose	Comms	Lead
OPENING BUSINESS					
10:00	01/0724	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/0724	Declarations of interest	Assurance	Verbal	Chair
10:05	03/0724	Service User Story Presentation	Assurance	Verbal	DoNTQ
10:30	04/0724	Draft Minutes of the meetings held on 30 May 2024	Approve	**Paper**	Chair
	05/0724	Matters arising and Action Log • System Financial Plan *Note Board Approval received*	Assurance	**Paper**	Chair
10:35	06/0724	Questions from the Public	Assurance	Verbal	Chair
10:40	07/0724	Report from the Chair	Assurance	**Paper**	Chair
10:50	08/0724	Report from Chief Executive	Assurance	**Paper**	CEO
ASSURANCE REPORTING (PERFORMANCE AND PATIENT EXPERIENCE)					
11:00	09/0724	Finance Report	Assurance	**Paper**	DoF
11:10	10/0724	Performance Report	Assurance	**Paper**	DoF
11:30 – BREAK					
11:40	11/0724	Quality Report	Assurance	**Paper**	DoNTQ
STRATEGY					
12:10	12/0724	Equality Diversity and Inclusion	Assurance	**Paper**	DoHR&OD
GOVERNANCE					
12:30	13/0724	Audit & Assurance Committee Annual Report	Assurance	**Paper**	DoCG
12:35	14/0724	Council of Governor Minutes – 15 May 2024	Information	**Paper**	Chair
BOARD COMMITTEE SUMMARY ASSURANCE REPORTS (REPORTING BY EXCEPTION)					
12:40	15/0724	Audit & Assurance Committee (17 June)	Approve	**Paper**	Audit Chair
	16/0724	Charitable Funds Committee (19 June)	Information	**Paper**	CF Chair
	17/0724	Resources Committee (27 June)	Information	**Paper**	Resources Chair

TIME	Agenda Item	Title	Purpose	Comms	Lead
	18/0724	Quality Committee (4 July)	Information	**Paper**	Quality Chair
	19/0724	Great Place to Work Committee (10 July)	Information	**Paper**	GPTW Chair
	20/0724	Working Together Advisory Committee (11 July)	Information	**Paper**	WTAC Chair
	21/0724	Mental Health Legislation Scrutiny Committee (17 July)	Information	**Paper**	MHLS Chair
	22/0724	Appointments and Terms of Service Committee (5 July, 16 July & 24 July)	Information	Verbal	Chair
CLOSING BUSINESS					
12:45	23/0724	Any other business	Note	Verbal	Chair
	24/0724	**Dates of future 2024 Board Meetings** Thursday, 26 September Thursday, 28 November	Note	Verbal	All

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 04/0724

MINUTES OF THE TRUST BOARD MEETING

Thursday, 30 May 2024
Churchdown Community Centre, Churchdown, Gloucester

PRESENT:
Graham Russell, Trust Chair
Steve Alvis, Non-Executive Director (NED)
Sandra Betney, Director of Finance
Douglas Blair, Chief Executive
Sumita Hutchison, Non-Executive Director
Nicola de Iongh, Non-Executive Director
Bilal Lala, Non-Executive Director
Vicci Livingstone-Thompson, Associate Non-Executive Director
Jason Makepeace, Non-Executive Director
Jan Marriott, Non-Executive Director
Neil Savage, Director of Human Resources (HR) & Organisational Development
Hannah Williams, Acting Director of Nursing, Therapies and Quality
Dr Amjad Uppal, Medical Director

IN ATTENDENCE:
Sharon Buckley, Deputy Chief Operating Officer (GHC)
Andrew de Burgh-Thomas, Sexual Health Consultant (GHC)
Joanna Burrows, Member of the Public
Jacqui Cooper, CQC Manager
Peter Gardner, Public Governor (GHC)
Des Gorman, Deputy Director of Strategy and Partnerships (GHC)
Anna Hilditch, Assistant Trust Secretary (GHC)
Ed Leonardo, Liaison Workforce
Bob Lloyd-Smith, Appointed Governor (Healthwatch)
Bren McInerney, Member of the Public
Louise Moss, Assistant Director of Corporate Governance (GHC)
Kate Nelmes, Head of Communications (GHC)
Helen Penrose, CQC Manager
Lavinia Rowsell, Director of Corporate Governance/Trust Secretary (GHC)

1. WELCOME AND APOLOGIES

1.1 The Chair welcomed everyone to the meeting. Apologies had been received from Marcia Gallagher, David Noyes, and Helen Goodey.

1.2 Graham Russell advised that this would be Marcia Gallagher's final Board meeting before the end of her term on 30 June. Unfortunately, Marcia was unable to attend the meeting due to a bereavement. Graham said that all of the Board's thoughts were with her at this difficult time, and he expressed his huge gratitude to Marcia for her commitment, work and expert leadership of the Audit and Assurance Committee over the past 8 years.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. SERVICE STORY PRESENTATION

3.1 Graham Russell informed the Board that the patient who had been due to attend and speak to the Board today had fallen ill and was therefore unable to be present. Hannah Williams said that the patient was very keen to tell their story and hoped to be able to attend a future meeting. The Board sent best wishes to the patient for their speedy recovery.

4. MINUTES OF THE PREVIOUS BOARD MEETING

4.1 The Board **received** the minutes from the previous Board meeting held on 28 March 2024. The minutes were accepted as a true and accurate record of the meeting, subject to the following amendment:

- At paragraph 11.7, Sumita Hutchison advised that she had not attended the Better Care Together event on Sustainability. This was noted and the minute would be updated to reflect this.

5. MATTERS ARISING AND ACTION LOG

5.1 The Board received the following updates on actions:

25 January 2024 – 5.1 – Health Visiting and Service Model
Sharon Buckley informed the Board that the Trust was progressing with working up the model of proportionate universalism in line with the national healthy child programme. This includes reviewing the skill mix workforce requirements to ensure the most efficient use of the resource and best use of skills according to the needs of service users. Contacts will continue to be delivered at home alongside venue contacts as we do now. A series of workshops have been booked in within the service to fully work up the vision and model which will incorporate family hub developments. The Quality Committee would receive updates as this work progresses.

25 January 2024 – 5.2 – Peer Support Worker Strategic Framework
The Board noted that an item was scheduled for presentation at the July Board meeting on the Peer Support Worker Strategic Framework. The lead for this item would be changed from Angela Potter to Des Gorman.

25 January – 7.1 – Delayed Discharges and Housing Issues
Douglas Blair informed the Board that discussions and engagement were ongoing around housing, with the work feeding in through the ICB into longer term plans. A report would be presented back to Board once this had been progressed further. Graham Russell said that housing and health did not come together naturally. There were a number of NEDs on the Board with experience of housing and suggested that these skills could be called upon if required. Sandra Betney confirmed that housing was also part of the Working as One programme.

6. QUESTIONS FROM THE PUBLIC

6.1 The Board **noted** that no questions had been received in advance of the meeting.

6.2 Bren McInerney asked how the Board could be assured that it was reaching the most vulnerable groups in the community. Douglas Blair said that the Trust's Partnership & Inclusion Team did a lot of outreach work and activities with groups across the county and

the Board could take assurance from reports received at the Board Committees on the engagement that was taking place.

6.3 Bren McInerney made reference to the Trust's Big Health Day which this year would be taking place on Friday 14th June. He said that Simon Shorrick had been the driving force behind this fantastic event for the past 16 years, but he was due to retire. Bren therefore asked whether there had been any discussions about the future of this. Douglas Blair said that the Trust would be reflecting with system partners on the way forward with this event as part of the evaluation process following the event on 14th June.

6.4 Bren McInerney thanked Graham Russell and the Board for allocating the time and giving space on the Board agenda for members of the public to ask questions. He said that this was valued.

7. FINANCE REPORT

7.1 Sandra Betney opened this report by advising that the draft annual accounts had been submitted to the external auditors (KPMG) on 24th April 2024, and the audited accounts were due by 30th June 2024. There were no material amendments to the position previously reported, and the year-end performance for GHC was a performance surplus of £0.984m. Graham Russell led the Board in congratulating Sandra Betney and the Finance Team for this positive outcome.

7.2 At month 1 the Trust had a deficit of £0.036m compared to the plan of £0.191m. The 2024/25 Capital plan is £9.454m with £4.000m of disposals leaving a net £5,454m programme. Spend to month 1 was £0.310m against a budget of £Nil. Cash at the end of month 1 was £55.143m.

7.3 The Cost Improvement Programme (CIP) has delivered £2.302m of recurring savings through budget setting, with £1,584m having a Quality Equality Impact Assessment (QEIA) carried out. The CIP target for the year is £7.319m.

7.4 The Trust spent £0.377m on agency staff in month 1. This equates to 2% of total pay compared to the agency ceiling of 3.2%.

7.5 Better Payment Policy performance shows 92.4% of invoices by value paid within 30 days, the national target is 95%. This is 82.7% by number of invoices. The 7-day performance at the end of March was 67.1% of invoices by value paid and 31.0% by number of invoices.

7.6 Sandra Betney provided an overview of the income and expenditure account for 2024/25, explaining the reasons for variation. It was noted that it was early days but the Trust was performing slightly ahead of plan.

7.7 Steve Alvis said that the agency spend performance was very encouraging. Referring to the Public Sector Payment Performance (PSPP), he noted that month 1 performance was 92.4% which was below target of 95% and asked whether this was an area of concern. Sandra Betney said that work was taking place to review receipting processes, but she added that performance was often not as high in month 1 due to older invoices being processed at year end.

7.8 Jan Marriott said that the priority appeared to be balancing budgets and she sought assurance on the importance being placed on the use of Quality Equality Impact Assessments (QEIAs) as part of the CIP process. Sandra Betney advised that each scheme

would be assessed to see whether it required a full QEIA. If it did, the QEIA would be completed and submitted to the Nursing Therapies and Quality Directorate. If a scheme was felt to be low risk, it would be presented to the Improving Care Group for consideration and recording. If it was felt to be a higher risk the QEIA would be passed through the Quality Assurance Group (QAG) for full sign off. Sandra Betney added that the monthly CIP Management Group reviewed all QEIAs as part of a standing agenda item on Quality. A review process had also been developed so all CIPs were assessed at the mid-point as well as at the start to monitor any impact. Sandra Betney advised that to date not many CIPs had been assessed as having a serious impact on quality so had not therefore been presented upwards for committee oversight.

7.9 Graham Russell asked about the aggregate risk position. Sandra Betney said that the Trust was not in a bad position, and there had been a number of much higher risks to the financial position identified in previous years. Sandra Betney said that the Trust would always start the new financial year with more risks, many of which would come up through the budget setting process. These would be managed throughout the year and reviewed. There would always be externally driven risks such as pay awards and inflation, but it was not possible to predict the impact of these at this stage of the year.

8. PERFORMANCE DASHBOARD

8.1 Sandra Betney presented the Performance Dashboard to the Board for the period April 2024 (Month 1 2024/25). In response to feedback from the Board regarding the length of the Performance Dashboard narrative, the Board was asked to note that this month's Dashboard presented a new reduced detail format. Sandra Betney assured the Board that despite the reduced detail within this report, the level of detail underneath and used to inform this report had not reduced and robust monitoring of all indicators continued.

8.2 In terms of Business Intelligence, the Board noted that Statistical Process Control (SPC) methodology was being reviewed. When complete, this update could lead to an increase in exceptions as escalation parameters are reduced for some indicators. This will be encapsulated into an update of the Trust's Performance Management Framework which will progress through the Business Intelligence Management Group (BIMG).

8.3 The Board was asked to **note** that the Trust's Data Quality Policy was ratified by the Information Governance Group in April 2024.

8.4 **Nationally measured domain** - Sandra Betney reported that there were 4 indicators in exception. Timely discharge follow-ups (N03) and transfer of care coordination (N04) are two current areas of improvement for operational services. Although in exception, Adolescent Eating Disorders routine waits within 4 weeks (N11) continues to show sustained improvement.

8.5 **Specialised & directly commissioned domain** – The Board noted that 3 health visiting indicators (S02, S03 & S04) remain very slightly behind their thresholds for the period, but they are all within normal variation (Statistical Process Control (SPC)). Pleasingly, there continues to be a reduced number of indicators in exception within this domain.

8.6 **Integrated Care System (ICS) Agreed domain** - Social Care Package Reviews within 8 weeks of commencement (L19) remains in exception and remains a focus for stakeholders to resolve. Adult Eating Disorders wait for adult assessments within 4 weeks (L07) is positively showing a continual reduction in its waiting list to a sustainable size.

8.7 **Board focus domain** – April saw 3 moderate harm falls incidents (B15) which has presented the indicator in exception, but the incidents are unrelated. Length of stay for Physical Health Inpatients (B23) and Physical Health Stroke Rehab (B25) both increased in April. Although a slight improvement from March, Appraisals (B28) remain in exception and there is some focused activity in corporate service areas to raise performance.

8.8 In terms of performance to note, Sandra Betney highlighted the following indicators to the Board:

- Adult Eating Disorders 16 week wait time (L08) was compliant at 100%. The last time it was above the threshold was in July 2023.
- The Gloucestershire Hospitals NHS Foundation Trust measure for *Percentage of patients waiting less than 6 weeks from referral for a diagnostic test* (B13) continues to be challenged and is at its lowest performance since December 2022.
- Although slightly over threshold for the period, Turnover (B31) is within SPC limits and is positively at the lowest level it has been for 11 months.

8.9 Sharon Buckley presented the Chief Operating Officer report to the Board. It was noted that there had been some periods of high system pressure particularly in early May, and particularly in the Acute Trust, generated by unusual levels of demand for urgent and emergency care at the start of the month (including very high attendances at MiiU), and some poor onward flow due to care market capacity. It was noted that the flow issue, combined with high acuity amongst patients had impacted on our average Length of Stay, which was reporting up to 35 days. Bed occupancy remains very high at 97.6%, however, unplanned readmissions within 30 days remains in a good position at 2.3%.

8.10 The MiiUs continue to perform well, achieving the 4 hours target 99.5% of the time and continuing to deal with on occasion more than 400 patient contacts a day at busy times. Rapid Response achieved 78.6% responded to within 2 hours (target 70%) and exceeded their target figure for patients (target now average 338 per month) by seeing 475 contacts.

8.11 Sharon Buckley said that she was delighted to report that all services had now successfully migrated to the new Forest of Dean hospital, and our colleagues had worked extremely hard to ensure the transition was seamless and delivered with minimal disruption to service offer.

8.12 In Core CAMHS despite a deterioration in the performance against the 4-week target for assessment, which dropped to 49.5% (target 80%), 86.7% were offered a first appointment within 5 weeks and 80.6% attended a first appointment within 5 weeks. The wait list has dropped to 520 (down from c780 during early 2022), and there has been a drop in both vacancy and sickness within the teams. The Board noted that the service attend to the list by prioritising clinical need, however, they have also been able to reduce some of the long waiters (no-one over 2 years) and the numbers on the list between 18 months and 2 years have been reduced in last month from 81 to 68. The latest trajectory projections show that on current assumptions of workforce capacity and demand, the Trust should be back to a normalised and sustainable position (around 200 on the waiting list and referral to treatment time of 4 months) by the end of 2024.

8.13 The Board **noted** the assurance provided and thanked colleagues for this detailed and informative report. Graham Russell said that the report demonstrated that some real improvements were being seen under enormous pressures, and congratulated colleagues across the Trust for their hard work and effort. He reinforced the earlier achievement of the new Forest of Dean Hospital and said that all colleagues involved should be very proud. This was a modern and sustainable facility for the people of the Forest and surrounding areas.

9. QUALITY DASHBOARD REPORT

9.1 This report provided an overview of the Trust's quality activities for April 2024.

9.2 Hannah Williams informed the Board that overall, the report demonstrated that some positive work was being carried out and high-quality services were being delivered. This month's report also included additional information regarding: NED audit of complaints Q4 2023/2024, continued development of 'Closed Culture' data and narrative, and an H2 update on the Trust Quality Priorities.

9.3 Quality issues showing positive improvement this month included:

- The new data capture process within clinical systems, that automatically reports safeguarding referrals to the local authority, has gone live. This replaces the manual workaround put in place, thus releasing time for operational colleagues.
- The refreshed internal MARAC process continue to demonstrate success, with no backlog of MARAC action plans awaiting administrative uploading to records for the second successive month.
- Continued reduction in deep tissue pressure injuries across all Integrated Care Team localities.
- Introduction of a new offer of adult safeguarding supervision enabling a 'menu' of options that are specific to individuals' roles within the Trust. The offer has been co-produced with colleagues.
- Good progress continues with more detailed reporting of Statutory and Mandatory training and Clinical Supervision, the Trust's Clinical Supervision group is supporting colleagues in understanding the recording process to improve compliance figures.
- Expanded restrictive practice data that is site specific.

9.4 Quality issues that require additional focus development included:

- Specific and targeted work to be led by the safeguarding team to support operational colleagues in the accurate recording of household contact details following a full review of the risk.
- Additional NTQ support required to ensure PALS visits at Berkeley House are maintained.
- Continued expansion of restrictive practice data and analysis.
- Ongoing work regarding quality concerns at Berkeley House, noting the challenges with staffing vacancies, complexity of discharges and subsequent building infrastructure challenges.
- Continued focus on the recording of observations post rapid tranquilisation, noting there have been some improvements.
- Continue to provide in partnership with operational colleague's, additional focus to safeguarding supervision attendance noting a small improvement in month.

9.5 Hannah Williams informed the Board that one of the patients at Berkeley House had now been discharged and another was planned for the following week. Plans were now in place to discharge all bar 1 patient. Nicola de Iongh asked how colleagues working at Berkeley House were feeling. Hannah Williams said that the team had received lots of support and they had shown real resilience to keep going. The Trust was encouraging colleagues at Berkeley House to get fully involved with the discussions about future service models with the aim of co-producing this with them. Hannah Williams added that some colleagues had worked at Berkeley House for a long time, so seeing the patients they had cared for over such a period of time being discharged was hard and there was a sense of loss. Colleagues

had accompanied the recently discharged patients to support and help them settle into their new accommodation by way of continuity.

9.6 Steve Alvis noted the Statutory and Mandatory training compliance highlighted within the report and noted the huge improvements in physical health colleagues receiving Mental Capacity Act training. Hannah Williams said that there had been great support received from the Learning and Development Team to achieve this. Compliance with Resuscitation level 3 training was noted. Sharon Buckley advised that the Trust was prioritising areas with the greatest clinical need but assured the Board that all required colleagues were now booked on to attend this training, however, there would always be exceptions reported around sickness / maternity etc.

9.7 Graham Russell noted the closed culture slides and observed that bed occupancy levels were consistently above the recommended 85%. Amjad Uppal said that the Royal College of Psychiatrists applied this as the level of optimum care, suggesting that above the line could see a risk that care could be compromised. Douglas Blair said that it was helpful to see this, but it really was a balancing act. GHC was not in an unusual position, with the majority of MH providers presenting very similar data, but he added that the Trust would like to see current occupancy levels decrease and would aspire to achieving the recommended levels.

9.8 The Board welcomed this report, **noting** the developments underway and the good level of assurance provided.

10. CHAIR'S REPORT

10.1 The Board **received** the first Chair's Report from the new Chair, Graham Russell which highlighted the activity of the Trust Chair and Non-Executive Directors since the previous meeting of the Board in March.

10.2 Graham Russell informed the Board that for his first report, he had considered that it would be useful to set out some of his thoughts moving forward based upon a number of conversations and some respectful listening with colleagues, partners and service users.

10.3 The values of the organisation provide us with the platform to be ambitious and impactful both for the benefit of the people and communities we serve and also for all of us in the Trust. We are a well performing Trust. We can take the energy from that position to continue to improve and innovate. The Trust has a forward Strategy and an Annual Business Plan so Graham said that his intention would be to bring emphasis and renewed focus to what we are already committed to and passionate about providing.

10.4 One of the key areas of focus related to Equality, Diversity and Inclusion (EDI). Graham Russell said that EDI was fundamental in everything we do together as colleagues and how we serve our service users and communities. He said that he would like the Trust to challenge itself to be the best in terms of how we understand, regard, respect, and benefit from the diversity in the Trust which is one of our real strengths. Sumita Hutchison welcomed this as an area of focus and asked whether there were any specifics on this or whether it was an area to develop. Graham Russell said that it was an area to develop, and it was confirmed that a Board Development session focussing on EDI was scheduled for 20th June to help explore this further.

10.5 Graham Russell said that the role of Governors was the democratic foundation for the Trust. There was a need to ensure that Governors are enabled to be a key agent in the way in which

we both engage with our constituencies and also improve through the benefit of useful insights and also the challenge from our members and communities.

10.6 The Trust would be welcoming 3 new Non-Executive and 3 new Executive Directors over a 6-month period. This was significant change for any team and will bring new experience, insights, and perspectives to the Board which was exciting. However, there was a need to ensure that we place a real emphasis upon building the new Board team - getting to know each other and valuing the contribution which each Board member can make. Nicola de longh acknowledged the huge amount of change around the Board table and agreed that it was vital not to lose our values. She therefore welcomed seeing this as a priority area.

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

11. CHIEF EXECUTIVE'S REPORT

11.1 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 March.

11.2 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.

11.3 Douglas Blair announced that the Trust had been awarded the contract to provide an Integrated Urgent Care Service (IUCS) for people across Gloucestershire. The IUCS includes NHS 111 (telephone and online), a local Clinical Assessment Service offering patients access to general and specialist advice from clinicians where appropriate and the Primary Care Out of Hours service. The service will be provided by the Trust in a partnership with social enterprise organisation Integrated Care 24 (IC24), who currently deliver services such as 111 in other areas of England. The Board noted that this was a new area of work for the Trust, but it will blend well with some of our existing services and help us work more closely with primary care colleagues. Mobilising the contract to go live in November 2024 will be a significant undertaking for the Trust. A dedicated Programme Director has been identified to lead and coordinate this task and our work programme will be prioritised to ensure that this can be delivered. Gloucestershire Health and Care and IC24 will work alongside system partners to ensure the service is responsive and provides high quality care when needed. The overall aim is to improve patient experience and to ensure there is high quality, responsive advice and treatment available for the people of Gloucestershire, preventing the need to use ambulance services and Emergency Departments unnecessarily.

11.4 Sumita Hutchison asked about the governance reporting routes in place around the IUCS contract. Douglas Blair advised that it was early days, and the Trust was still working with partners to develop this, but it was proposed that regular oversight would take place at the Executive Meeting, with David Noyes (COO) as Senior Responsible Officer. A Programme Board was also being established with IC24. Further information on all arrangements would be shared with the Board in due course.

11.5 The Board was pleased to **note** the appointment of Nicola Hazle as the Trust's new Director of Nursing, Therapies and Quality. Nicola would start substantively with the Trust from 1st July, having completed her induction two-days a week during June, which will include getting to meet as many services and colleagues as possible. Nicola has 23 years of experience as a registered mental health nurse and is joining the Trust from her current role as Health and Care Professional Director within Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board.

11.6 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.

12. BOARD ASSURANCE FRAMEWORK (BAF)

12.1 The purpose of this report was to provide assurance to the Board on the management of the Trust's strategic risks.

12.2 Along with the Corporate Risk Register the Board Assurance Framework (BAF) supports the creation of a culture which allows the organisation to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities. It helps to clarify what risks are likely to compromise the trust's strategic and operational objectives and assists the executive team in identifying where to make the most efficient use of their resources in order to improve the quality and safety of care.

12.3 Throughout the year, the BAF has been reviewed and updated in line with Trust policy with the regular governance touchpoints (Executive risk owners, Executive Team and Governance Committees).

12.4 The Board was asked to **note** the key changes made to the BAF during 2023/2024. This included the addition of four strategic risks (Risk 10 – System Operation, Risk 11 – Closed Culture, Risk 12 – Workforce Transformation, and Risk 13 – Board Stability). Four risks have reached their target scores and as such will be closed (Risk 5 – Partnership Culture, Risk 7 – Sustainability, Risk 9 – Strategic Focus, and Risk 10 – System Operation).

12.5 It was proposed that in light of the recent changes at Board level, a Board development session would be held to review current and identify new strategic risks. Lavinia Rowsell said that it was important that the key discussions held at the Board reflected the BAF and strategic risks.

12.6 Sumita Hutchison noted those risks that had hit their target score and therefore been closed, specifically Risk 7 – Sustainability. She said that good progress had made against the Trust's Green Plan, but she said that the risk covered climate emergencies more generally and she said it therefore felt uncomfortable closing this risk down. Lavinia Rowsell suggested that the proposed Board Development session would be a good opportunity for the whole Board to look collectively at the risk descriptors to address the wording of these to ensure they were more specific.

12.7 Vicci Livingstone-Thompson referred to Risk 3 - Colleague Recruitment & Retention and asked for further detail regarding the position with LD Nursing. Neil Savage said that the Trust had developed relationships with a number of universities to build supply, with new programmes developed with the University of Gloucestershire (UoG) including an LD Nursing degree programme. However, there were insufficient applicants for UWE and UoG to run LD Nursing degree programmes in October 2023. It was noted that this was a wider issue relating to the low uptake of people applying to nursing/LD nursing positions. Neil Savage said that work was taking place at a regional level around LD nursing as there was a need to encourage and promote LD nursing as a career option. The Board noted however that 14 people were now signed up for the September 2024 cohort so it was hopeful that this programme would go ahead.

12.8 Graham Russell reflected on this report and said that the Trust should not be fearful of risks. The BAF gave good assurance that the Board was aware of the key risks facing the Trust and the mitigations in place to manage these risks.

13. FREEDOM TO SPEAK UP REPORT

13.1 The Board **received** the Freedom to Speak Up (FTSU) Report, which provided assurance that Speaking Up processes were in place and remained open for colleagues to speak up, be listened to and follow up action occurs; and that the processes were in line with national guidance.

13.2 Sonia Pearcey, FTSU Guardian informed the Board there had been 96 speak up cases raised to the FTSU Guardian in 2023-24, which was an increase of 25% compared to 2022-23. There had been an increase in allegations of potential fraud and the GHC Counter Fraud Survey 2023 had highlighted that further awareness was required. It was identified that staff felt comfortable raising concerns about potential fraudulent behaviour, however, the majority would do this via their line manager.

13.3 It was reported that cases of sexual assault and sexual safety of colleagues had increased nationally, although none had been reported to the FTSU within the Trust. Sonia Pearcey assured the Board that any cases relating to sexual assault or the sexual safety of colleagues would be reported to the safeguarding team.

13.4 The Board **noted** that thirteen colleagues had spoken up to the FTSU Guardian via the new in-house application, which went live 30 October 2023, with three people choosing to remain anonymous.

13.5 The Trust's Freedom to Speak Up Champion Network continues to grow with 90 colleagues now awareness raising, signposting and promoting a positive speaking up culture by supporting the organisation to welcome and celebrate speaking up. Jan Marriott said that this was a great achievement and noted that there was good support in place for these Champions. She said that there was a need to encourage more medics and dentists to take up these roles to ensure staff in all groups were supported and represented. Amjad Uppal said that work had already started to publicise this role to medical staff, with presentations and information provided for colleagues at regular forums and meetings.

13.6 Sumita Hutchison noted that FTSU and ensuring colleagues felt encouraged and safe in raising concerns had always been important for the Trust, but she observed that it was becoming more of a focus for external organisations too with more scrutiny on this. She noted the outcome of a recent survey which said that 60% of colleagues would feel confident that their issue would be addressed, however, that meant that 40% did not feel confident or were unsure. Sonia Pearcey advised that work had already commenced to carry out a comparison against the key Staff Survey and FTSU measures to be able to see where additional work was required. Neil Savage suggested that this could apply to all survey responses, noting that there was a need to flip the lens. "Three in four people think the Trust is great", but that means one in four don't and there was a need to drill down and focus on those people and their experiences and to learn from them. He added that this had been picked up as an action to be taken forward for the Staff Survey action planning group.

13.7 The Board **received, reviewed** and **noted** the information for assurance relating to Freedom to Speak Up activity in 2023-24. The Board expressed their thanks to Sonia Pearcey for her work over the past year.

14. SENIOR INFORMATION RISK OFFICER (SIRO) ANNUAL REPORT

14.1 The purpose of this report was to provide assurance to the Trust Board on the effectiveness of controls for Information Governance (IG), data protection and confidentiality and to document the Trust's compliance with legislative and regulatory requirements.

14.2 The Trust was able to achieve a Data Security and Protection Toolkit (DSPT) submission (self-assessment) of 'Standards Exceeded' for the 2022/23 year. There were three data breaches that met the threshold for onward reporting to the Information Commissioners Office (ICO), two were reported within the 72 hours legal timeframe, the ICO accepted the reason for the one delayed report.

14.3 The Board **noted** that although we are no longer in a pandemic there continues to be an impact on the Information Governance (IG) activity as we continue to move toward new ways of working, within the digital arena. This has continued to increase the demand for advice and support from the IG team and the IG Group, with the IG Group approving 26 Data Protection Impact Assessments.

14.4 This year there has been an increase in Subject Access Requests (SARs) of 4.9%. The number of Freedom of Information Requests received until 3rd April 2024 had also seen an increase of 17%.

14.5 Cyber security continues to be a very real risk to the Trust, with IT reviewing cyber threats at weekly meetings. Phishing attacks continue to be a top three cyber risk for the Trust, with the Trust experiencing 1200 phishing email per day.

14.6 The Board **noted** this report and took assurance that the Trust has effective systems and processes in place to maintain the security of information.

15. APPOINTMENT OF DEPUTY CHAIR AND SENIOR INDEPENDENT DIRECTOR

15.1 The purpose of this report was to present the Trust Board with the proposal for the appointment of a new Deputy Trust Chair, and Senior Independent Director (SID).

15.2 Marcia Gallagher, the current SID would be coming to the end of her term as a NED on 30 June 2024. There was therefore a need to nominate a successor to Marcia. Following the appointment of Graham Russell to the position of Trust Chair, there was also a need to fill the Deputy Chair position.

15.3 Graham Russell, having consulted with Board colleagues, had recommended the appointment of Nicola de Iongh as both Deputy Chair and Senior Independent Director. It was noted that the Code of Governance for NHS Provider Trusts states that the same NED may carry out the role of SID and Deputy Chair. It was felt that this would help ensure that there is continuity during a period of significant change at Board level and would allow for a fuller insight into the Chair's performance when undertaking the annual appraisal.

15.4 Graham Russell informed the Board that robust discussion took place at the Council of Governors meeting on 15 May about the Deputy Chair and SID appointment, specifically about the capacity of one person to undertake both roles and the experience of the nominated NED to carry out the role of Deputy Chair. Good assurances were received, and the Council approved the proposal to appoint Nicola de Iongh as Deputy Chair, noting that this is a

Governor appointment. The Council also supported the appointment of Nicola de Iongh as SID.

15.5 The Trust Board **approved** the appointment of Nicola de Iongh as Senior Independent Director, to take effect from 1 July 2024. The Board formally noted that the Council of Governors had approved the appointment of Nicola de Iongh as Deputy Trust Chair, with effect from 15 May 2024.

16. USE OF THE TRUST SEAL 2023/24

16.1 The Trust's Standing Orders require that use of the Trust's Seal be reported to the Trust Board at regular intervals. The common Seal of the Trust is primarily used to seal legal documents such as transfers of land and lease agreements. Up to the 31 March 2024, the seal had been used 19 times (16 x Documents, 3 x Plans).

16.2 The Board **noted** the use of the Trust seal for the period 2023/24 (1st April 2023 – 31st March 2024).

17. COUNCIL OF GOVERNOR MINUTES

17.1 The Board **received** and **noted** the minutes from the Council of Governors meeting held on 13 March 2024.

18. BOARD COMMITTEE SUMMARY REPORTS

18.1 **Forest of Dean Assurance Committee**
The Committee had **received** by correspondence an update on the final commissioning and handover phase of the new hospital and assurance regarding the initial mobilisation of services and the proposed approach to oversight of the post completion aspects of the programme. This update was available to all Board members in the Diligent Reading Room.

18.2 The Committee:

- **Noted** the successful completion of the construction and commissioning phase of the hospital and that all services are now operational from the new site.
- **Approved** that the Forest of Dean Assurance Committee is now stood down and that oversight of the post project stages of activity (including oversight of the disposal of both Dilke and Lydney hospital sites) are passed to the Resources Committee.
- **Noted** that the retention sums will be released in April 2025 and post project evaluation will be completed by February 2025 with oversight proposed to be via the Resources Committee

18.3 The Board **noted** this summary report and approved the decision to close the Committee, with all remaining assurance and governance duties being transferred to the Resources Committee as of 30 May 2024. Thanks, were given to all colleagues who had contributed to this Committee, and particular thanks were given to Steve Brittan, former NED who had chaired the Committee from its inception.

18.4 The Board also **received** and **noted** the following summary reports for information and assurance:

- Working Together Advisory Committee (10 April)
- Mental Health Legislation Scrutiny Committee (24 April)

- Resources Committee (25 April)
- Great Place to Work Committee (25 April)
- Quality Committee (2 May)
- Audit & Assurance Committee (9 May)

19. ANY OTHER BUSINESS

19.1 Graham Russell invited colleagues in attendance at the meeting to provide feedback on how they felt the meeting had gone today, and any areas people thought could be improved. Colleagues said that the meeting was positive, there was a good level of challenge, and it was clear that Board members felt comfortable to provide this challenge and questioning. There was a clear demonstration of the Trust's culture and values, with the Board being open and honest. In terms of development, the use of acronyms both within papers and verbal reports was picked up. Colleagues welcomed the opportunity to provide feedback in this way.

19.2 There was no other business.

20. DATE OF NEXT MEETING

20.1 The next meeting would take place on **Thursday, 25 July 2024**.

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 05/0724

TRUST BOARD PUBLIC SESSION: Matters Arising and Action Log – 25 July 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 Jan 2024	5.2	It was agreed that a Peer Support Worker Strategic Framework would be scoped and a progress report presented at the July Board.	Des Gorman	September 2024	Programme of engagement and consultation has been carried out and reports have been presented to the Executive Team and the Working Together Advisory Committee. Further work required for the Executive to review and finalise/agree the ambitions/resourcing included in the scoping, along with clear timelines. A copy of the outcome from the engagement exercise, as presented at the WTAC, has been made available for Board members to view in the Reading Room on Diligent by way of an update on progress so far.	
30 May 2024		No actions identified				

REPORT TO: **TRUST BOARD PUBLIC SESSION – 25th JULY 2024**

PRESENTED BY: Graham Russell, Trust Chair

AUTHOR: Trust 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

This report updates the Board and members of public on the Chair's main activities and those of the Non-Executive Directors (NEDs), Council of Governor discussions and Board development as part of the Board's commitment to public accountability and Trust values.

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

Risks associated with meeting the Trust's values
None.

Corporate considerations	
Quality Implications	None identified
Resource Implications	None identified
Equality Implications	None identified

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

Appendices:	**Appendix 1** Non-Executive Director – Summary of Activity – May and June 2024

Report authorised by: Graham Russell	**Title:** Chair

REPORT FROM THE CHAIR

1.0 INTRODUCTION AND PURPOSE

This report informs the Board and members of the public of the key points arising from the Council of Governors and members' discussions, Board development and the Chair's and Non-Executive Directors most significant activities.

2.0 CHAIR'S UPDATE

In my first few months as Chair, I have been out and about meeting colleagues and service users. I have also met with stakeholders and partner organisations.

Underpinning the Trust's values, I have four key areas of focus:

- Working together
- Always improving
- Respectful and kind
- Making a difference

The values of the organisation provide us with the platform to be ambitious and impactful both for the benefit of the people and communities we serve and also for our colleagues across the Trust. My update to the Board is structured in line with these four areas.

Working together

- Since my appointment on 1st May, it has been a delight to visit services, meet colleagues and service users across the county. Since our last Board meeting, I have undertaken the following visits:

    - **School Aged Immunisation Team** who were vaccinating students at Dean Close School
    - **Gloucestershire Recovery in Psychosis Team** (GRIP) at Rikenel
    - **IV Therapy** and **Podiatry Service** based at Churchdown Clinic
    - The Vale **Stroke Unit**
    - **Countrywide Therapies and Equipment Services**
    - **Cirencester Hospital**
    - **Trinity Rooms Community Hub**, Stroud, where I had my blood pressure checked by members of the Outreach Vaccination and Health Team

I would like to personally thank all services who have taken time out of their busy schedules to accommodate my visit. I have met so many amazing colleagues who are truly great at what they do.

I have many more service visits scheduled across the county and I look forward to meeting further teams and service users over the coming weeks.

- To highlight some of the amazing work carried out by our Estates and Facilities colleagues, it was a pleasure to participate in the **National Healthcare Estates and Facilities Day** where I met with colleagues at Acorn House, Collingwood House and Wotton Lawn including Montpellier and Greyfriars PICU. The day recognises the role of the Estates and Facilities workforce and is a day to invite all to reflect on the work undertaken by these professions and the value this gives to patients and colleagues. I was really impressed with the energy and enthusiasm shown by colleagues to maintain really high standards. Much appreciated.

- On 28th June, along with colleagues from the NHS, ICB and Gloucestershire County Council, I joined series one of the **One Gloucestershire Leadership Conference** where the focus was on health inequalities.

- I was delighted to host my first meeting with the **League of Friends Chairs** on 4th June and I look forward to meeting the Chairs in person at our next meeting in September. The League of Friends do such an amazing job in investing in our hospitals and the wider community - I cannot thank them enough for what they do.

- Along with the Chief Executive, I recently attended the **NHS Confederation Expedition** in Manchester. The conference was an opportunity to hear from a range of national speakers and to share good practice. The conference was attended by many of our ICS Board colleagues and was a welcome opportunity for informal networking.

- Although unable to attend myself, an extraordinary meeting of the **Appointments and Terms of Service Committee** took place on 5th July. At the meeting, members received an update on the recruitment for our Director of Improvement and Partnership, and Chief Operating Officer posts. A further extraordinary meeting took place on 15th July. At our meeting on 24th July, amongst other items, members discussed Executive Director appointments and reviewed Executive Director portfolios.

- I am delighted to advise Moiz Nayeem, our second placement of **GatenbySanderson's Insight South West Programme** will join us on 1st August. Moiz will be attending a number of our Board and Board Committee meetings during his placement which is due to end in January 2025 and will participate in a wider development programme including mentoring and support from myself and other members of the Board.

Always improving

- On 7th June, it was a privilege to join local Councillors, MPs, charities and colleagues at the **official opening of the Forest of Dean Community Hospital** by **Her Royal Highness the Princess Royal**. The opening was the culmination of more than a decade of consultation and planning, to provide a purpose built, modern facility to replace the two former Forest hospitals and meet the needs of the local community now and in the future. The event also served as a thank you to all the colleagues – both current and former – who have been involved in bringing the new hospital to fruition and providing the first-class facilities we now have, which mean we are better able to support the people we care for both now and for decades to come.

Respectful and kind

- Along with NHS Board members, I was delighted to be invited to a screening of a short film to celebrate the **Rising Stars Football Clubs 50-year anniversary** on 10th June which formed part of **'Unreflected Reflections'** – a project created by members of the local Muslim community which highlighted their historic experiences in Gloucester. The event was chaired by Ismail Kholwadia and included the opportunity to reflect on shared experiences and discuss how the NHS in Gloucestershire could build closer partnerships with the Muslim community. One of my sons played in a match versus Rising Stars when I was a Youth Football Coach – I still remember the game and the enthusiasm of the Rising Stars players. Fantastic to celebrate 50 years of football…

- A face-to-face Board development session took place on 20th June which focused on **Equality, Diversity and Inclusion (EDI).** Key objectives of this session were to ensure all Board members were aware of their Equality, Diversity and Inclusion duties, to better understand the lived experience of our workforce and to recognise how the Board can deliver our commitments to reducing inequalities within our workforce and the communities we service. Going forward, all board members will have individual and collective Board EDI objectives/actions. A commitment to Equality, Diversity and Inclusion is not an option for anyone in the Trust – it is an imperative if we are to effectively serve everyone in Gloucestershire. We want to recruit colleagues from all communities; we want to properly understand the needs of all communities; and we want to provide the best services in all communities.

Making a difference

- I had the pleasure of supporting and participating in the **16th Big Health and Wellbeing Day** on 14th June at Oxstalls Sports Park. This annual event features accessible activities designed to help people with a disability, a mental health condition, hearing or sensory loss to stay active and healthy. My sincere thanks to Simon Shorrick, Annual Big Health Day Lead Co-ordinator for all of his hard work and dedication over the years making each Big Health Day such spectacular and inclusive events. Simon's passion and drive shines through when supporting better health outcomes for people. Simon retires from the Trust shortly and will be missed by colleagues and service users alike. I had

the pleasure of making a presentation to Simon to thank him for his passion, drive and leadership – all done in collaboration with lots of other organisations.

- I was delighted to be invited by **TIC+ (Teens in Crisis)** to a special celebration event which took place on the 19th July. The event marked the 30th anniversary of dedicated support to the children, young people and families of Gloucestershire. From humble beginnings in the Forest of Dean, TIC+ support more than 4,200 young people and families with their mental health support and counselling services, delivered free of charge to any young person living in Gloucestershire between the ages of 9-25.

3.0 BOARD UPDATES

- **2024/25 Non-Executive Director Objective setting** meetings are scheduled to take place over the coming weeks. Objective setting meetings allow Non-Executive Directors to consider how best they can continuously improve care quality, helping to create the safest, highest quality health and care service. I am so impressed and grateful for the contribution made by all of the Non-Executive Directors who bring their experience and insights to the Unitary Board.

- We are in the process of **recruiting** a new **Non-Executive Director** to the Board with interviews scheduled for September 2024. Following careful consideration of the mix of skills required on the Board, we are looking for a Non-Executive Director with a clinical background, specifically in the nursing or Allied Health Profession fields. Applications are invited until 16th August.

- The Non-Executive Directors and I continue to meet regularly as a group. NED 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 the Trust operates.

4.0 GOVERNOR UPDATES

- I continue to meet on a regular basis with the **Lead Governor Chris Witham**, where matters relating to our Council of Governors are discussed including agenda planning, governor elections and membership engagement.

- Meetings of the **Nominations and Remuneration Committee** took place on 6th June and 24th July. At the meeting on 6th June the Committee considered and approved the NED recruitment and succession planning along with NED responsibility allowances. On the 24th July, the Committee noted the NED appraisal outcome report for 2023/24 and the annual Fit and Proper Board Declarations.

- On 10th June we held our in-person **Council of Governors meeting** where part of the meeting was dedicated to a development session. Governors received an informative presentation on Quality Improvement (QI) and discussed ways in which Governors could get more involved. Colleagues from our Partnership Team also facilitated a Getting to Know You Session for

our Governors and NEDs which was a great way to learn more about our colleagues.

- A meeting of the **Governors' Membership & Engagement Committee** took place on 25th June. This was an opportunity for Governors and other colleagues from our Partnership Team and Communications, to have an open discussion about where we are with member engagement and to suggest ways forward with developing an engaged and meaningful membership, and development of our membership offer.

- Our programme of visits to sites for Trust Governors continues to progress. These visits offer Governors the opportunity to see our sites, speak to colleagues and to gain a better understanding of the services we provide. I joined Governors on a visit to Berkeley House on 17th June which was very informative.

5.0 NHS FIT AND PROPER PERSON COMPLIANCE

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 place a duty on all NHS providers not to appoint an individual as a Director, or performing the "functions of, or functions equivalent or similar to the functions of a director", or allow a person to continue in the role, if they do not meet, or cease to meet, the requirements as set out in the Regulations in relation to the Fit and Proper Person Test. A new Fit and Proper Person Test framework was published by NHS England in August 2023.

The Trust is responsible for ensuring that relevant individuals continue to meet the Fit and Proper Person Test. This is done through an annual review which is aligned with appraisal dates to ensure that outcomes are available for reference at individual appraisals.

Documentation includes:

- Completion of a self-attestation form by the individual (includes the 'Unfit Person test' and considerations relating to 'Good Character', DBS Check compliance, and professional registration compliance)
- Annual checks against the disqualified directors register, the bankruptcy and insolvency register, the removed charity trustees register and relevant professional registers (full checklist attached for information)

The Board is asked to note that I reviewed and signed the Annual Submission Form to confirm that the annual checks have been completed and that our Board continues to meet the Fit and Proper Person Test. This completed submission form was submitted to NHS England on 29th June.

6.0 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 May and June 2024.

7.0 CONCLUSION AND RECOMMENDATIONS

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

Appendix 1

Non-Executive Director – Summary of Activity 1st May – 28th June 2024

NED Name	Meetings with Executives, Colleagues, External Partners	GHC Board / Committee meetings
Dr Stephen Alvis	1:1 with Medical Director 2 x Mental Health Act Manager Personal Development Review Council of Governors Meeting GGI Webinar Gloucestershire ICS NEDs Network Identity check meeting with HR Mental Health Act Manager's Forum Non-Executive Directors Meeting Non-Executive Directors Meeting Quality visit to Respiratory Service Senior Leadership Network	Board Development EDI Session Resources Committee Trust Board: Private Trust Board: Public
Marcia Gallagher	1:1 with Chair Induction meeting with new Chair of Audit Meeting with Auditors Meeting with Head of Counter Fraud Meeting with Head of Counter Fraud Non-Executive Director Meeting Non-Executive Directors Meeting Official opening of Forest of Dean Community Hospital	Audit and Assurance Committee May and June Charitable Funds Committee Quality Committee
Sumita Hutchison	1:1 with Director of HR & OD Colleague Disability Awareness Network Council of Governors Meeting Diversity Network Agenda Setting Meeting Diversity Network Meeting Gloucestershire ICS NEDs Network Meeting Health and Wellbeing Audit Internationally educated Nurse Celebration Recording Introduction meeting with Deputy director of HR & OD Introduction meeting with People Promise Manager Meeting with Director of Finance regarding Women's Leadership Network Agenda Network Chairs Planning Session with Equality, Diversity and Inclusion Lead Network Session Catch up with Equality, Diversity and Inclusion Lead	Audit & Assurance Committee May and June Board Development EDI Session Trust Board: Private Trust Board: Public

NED Name	Meetings with Executives, Colleagues, External Partners	GHC Board / Committee meetings
	Non-Executive Directors Meeting Non-Executive Directors Meeting Senior Leadership Network	
Nicola de Iongh	Council of Governors Meeting ICS NEDs Network Meeting Extraordinary ICB Board Meeting Public Extraordinary ICB Board Meeting Private ICB Board Development Session Catch up/Mentoring session Non-Executive Directors Meeting Director of Improvements and Partnerships Recruitment Board Focus Group Director of Improvements and Partnerships Recruitment Feedback following Board Focus Group	Board Development EDI Session Nomination and Remuneration Committee Resources Committee Trust Board: Private Trust Board: Public
Jan Marriott	1:1 with Acting Director of Nursing, Therapies and Qualities 1:1 with Acting Director of Strategy and Partnerships re WTAC 1:1 with Chair 1:1 with Freedom to Speak Up Champion 1:1 with new Chair of Audit and Assurance Committee Community Mental Health Transformation Workshop Council of Governors Meeting FTSU Champions Meeting Gloucester Crisis Team Quality Visit Non-Executive Directors Meeting Non-Executive Directors Meeting Quality Assurance Group (part of) Quality Assurance Group Meeting Senior colleagues Focus Groups for Director of Improvement and Partnerships	Audit and Assurance Committee May and June Quality Committee Trust Board: Private Trust Board: Public
Vicci Livingstone-Thompson	Council of Governors Meeting Director of I&P Recruitment Focus Groups Director of I&P Recruitment Interview Panel ICS NEDs Network Meeting ICS Volunteering Network Meeting Meeting with Auditors Non-Executive Directors Meeting	Audit and Assurance Committee Board Development EDI Session Resources committee Trust Board: Private Trust Board: Public

NED Name	Meetings with Executives, Colleagues, External Partners	GHC Board / Committee meetings
Bilal Lala	Council of Governors Meeting (prior to coming into post) Introduction and Audit and Assurance Committee discussion with External Audit Introduction and Audit and Assurance Committee discussion with Internal Audit Introduction and Audit and Assurance Committee discussion with Jan Marriott Introduction and Audit and Assurance Committee discussion with Marcia Gallagher Introduction meeting with Director of Corporate Governance and Trust Secretary Introduction meeting with Director of Finance and Deputy CEO Introduction meeting with Interim Director of Strategy and Partnerships Introduction meeting with Trust Chair Introduction meeting with Trust chair and Jason Makepeace Meeting with Counter Fraud Team NHS Gloucestershire Audit Committee Non-Executive Directors Meeting	Audit and Assurance Committee Audit and Assurance Committee (prior to coming into post) EDI Board Development Session Trust Board: Private Trust Board: Public
Jason Makepeace	ICS Resources Committee discussion with Trust Chair Introduction meeting with Alex Giles, GHFT Introduction meeting with Chief Executive Introduction meeting with Chief Operating Officer Introduction meeting with Director of HR & OD Introduction meeting with Trust Chair Introduction meeting with Trust Chair and Bilal Lala Introduction with Director of Corporate Governance and Trust Secretary Non-Executive Directors Meeting Non-Executive Directors Meeting Non-Executive Directors Meeting	Audit and Assurance Committee Trust Board: Private Trust Board: Public

REPORT TO: **TRUST BOARD PUBLIC SESSION – 25th JULY 2024**

PRESENTED BY: Douglas Blair, Chief Executive Officer

AUTHOR: 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.	N/A

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☒ Information ☒

The purpose of this report is to

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

Recommendations and decisions required

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

Executive Summary

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

- Chief Executive Overview
- System updates
- Events
- Achievements / Awards
- National NHS removal of off framework agency usage
- NHS Oversight Framework Quarter 4 – 2023/24 Segmentation review outcome

Risks associated with meeting the Trust's values
None identified

Corporate considerations	
Quality Implications	Any implications are referenced in the report
Resource Implications	Any implications are referenced in the report
Equality Implications	None identified

Where has this issue been discussed before?
N/A

Appendices:	Appendix 1: Community Mental Health Survey Results

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. In addition to a number of internal events I have attended (described in more detail below), I have also spent time since the last Board meeting at the Forest of Dean Hospital, Cinderford, and Charlton Lane Hospital and site.

1.2 Industrial Action – 26 June to 1 July

Due to industrial action, Cheltenham's A&E temporarily switched to a Minor Injury and Illness Unit (MIIU) from 26th June to (and including) 1st July (open 8am to 8pm). The A&E service resumed at 8am on 2nd July 2024.

Emergency care services were centralised at Gloucestershire Royal Hospital during this period. Other Community Minor Injury and Illness Units and GP practices across the county continued to provide services. The public could also continue to get advice on their healthcare options at 111.nhs.uk or by calling 111.

1.3 Appointment of New Chief Operating Officer

We are pleased to confirm the appointment of Sarah Branton as our new Chief Operating Officer. Sarah will take over from David Noyes, who is retiring, and we expect her to start in Autumn. Before then she will spend some days with us, meeting colleagues and acquainting herself with the Trust and the Gloucestershire health and social care system.

Sarah has been working as Deputy COO at Avon and Wiltshire NHS Partnership Mental Health (AWP) Trust since November 2018. She has led her organisation through multiple complex situations as the gold commander for Covid, industrial action and critical incidents. Before this she held the roles of Divisional Director of Operations, AWP, November 2017 to November 2018 and Managing Director AWP, November 2014 to November 2017. Prior to this she worked in a number of management and social worker roles including Service Manager / Senior Service Manager, Deputy Manager and then Crisis Service Manager, Lecturer / Practitioner, Senior social work practitioner, Approved Social Worker and Social Worker / Care Manager. She has completed the NHS Leadership Academy Award in Executive Healthcare Leadership (Nye Bevan), holds a MSc in Mental Health, and a BSc (Hons) Social Work and Diploma in Social Work.

1.4 Stakeholder Engagement

Regular discussions with MPs were paused during the general election campaign and, following the outcome of the election, contact will be restarting

with mostly new set of MPs in the Gloucestershire County. Further information on specific stakeholder engagements, including with the Health Overview and Scrutiny Committee are detailed at section 2.0 of this report.

2.0 SYSTEM UPDATES

2.1 System Leadership Conference

On 28 June I attended the System Leadership Conference at Kingsholm Rugby Stadium. The theme was around tackling health inequalities, and as lead for inequalities, jointly with Siobhan Farmer, the Director of Public Health for Gloucestershire, I introduced the topic for the event. GHC have a significant role to play in this work, looking at how we deliver services and get to know our local population in a way that reduces the gap in experience and outcomes between different parts of the population which still exists.

The event provided an opportunity to hear from Partnership leaders on our ICS strategy, vision and objectives and to bring together senior leaders to establish relationships and build networks. It was a welcome opportunity to develop senior leader capability in the system and build on partnership working.

2.2 Primary Care Network Away Day

On 27 June I was pleased to attend the Primary Care Network Away Day and have the opportunity speak to the leaders to update them on the work we have been undertaking to achieve better local integration, with the use of Integrated Neighbourhood Teams, and our new Integrated Urgent Care contract, which we are mobilising for November. We will be striving to work closely with colleagues from primary care in designing and implementing these services.

2.3 Health Overview Scrutiny Committee

On 16 July the Chair, Graham Russell, and I attended the County Council's meeting of the Health Overview and Scrutiny Committee. The meeting primarily focused on an update on Cancer Waiting Times from Gloucestershire Hospitals Trust and the delivery and performance of ambulance services in Gloucestershire from South-Western Ambulance Service. Reports were also received from the NHS Gloucestershire Integrated Care Board.

2.4 ICB Board Meetings

Gloucestershire ICB held a Board Development Day on 26 June, which was attended by Nicola de longh, Non-Executive Director and Vice-Chair, and I. The session received a presentation from Dame Claire Marchant on Working Together with the University of Gloucestershire. The meeting also provided updates on the Children's Plan and SEND actions, Integrated Performance and Infrastructure Strategy.

2.5 Gloucestershire Volunteer Awards

On 6 June I attended the Gloucestershire Volunteer Awards which was hosted by Gloucestershire VCS Alliance in conjeuction with Go Volunteer Glos and Jo

Sutherland from Charlie's Cancer Support. It was an excellent evening celebrating the work of volunteers, who are often the unsung heroes in our communities who selflessly give their time to support those around them and provide a valuable contribution within our county.

2.6 South West Allied Health Professionals Festival of Growth

On 18 July Allied Health Professionals from across the South West held an outdoor summer festival at Westonbirt Arboretum. The event featured keynote speakers and the opportunity to network in person, as well as the concept of campfire stories and conversations - stories told without PowerPoint or technology, and delivered in a conversation style to peers.

Neil Savage, Director of HR and OD, Nicola Hazle, Director of Nursing, Therapies and Quality, and I attended sections of the event on behalf of the Executive team and welcomed the opportunity to meet with colleagues from across the South West and increase understanding on a number of important topics, including sustainability and health inequalities.

3.0 EVENTS

3.1 IEN Celebration Event

The second annual International Educated Nurse (IEN) Celebration Event took place on 4 July at Kingsholm Rugby Stadium. I was privileged to give the opening speech and thank our IENs for joining our Trust and for everything they have brought to us on both a professional and personal level. The event was a success, with 63 international nurses in attendance in an array of cultural dress which demonstrated the diversity in the room.

As a Trust, we continue to provide support for our IENs to come together as a group, to create a sense of belonging and forge strong foundations to maximise their personal and professional growth, which in turn enables them to network, collaborate, share ideas and remain working within the Trust.

The IEN Council co-produced the program and made it as interactive as possible and our co-chairs Merlin Baby and Joy Mpofu led on an activity that captured the number of countries and languages spoken by our nurses. The focus on the day was retaining our nurses to stay and thrive in GHC which included outside speakers from black minority ethnic strategic advisory group NHS England and the Royal College of Nursing (RCN). The highlight of the day was the Working Together Award and our congratulations to winner of the award Mooya Simweeleba who works at North Cotswold Hospital.

The Internationally Educated Nurse Council was created last year to provide a sense of belonging for the IENs working within our Trust. Its main aim is to ensure the voices of our IENs are heard and to enable our nurses to be

engaged in the decision-making that impacts their work and the care our patients receive.

3.2 Psychological Services Strategy Engagement Event

On 2 July I attended our psychological services strategy engagement event at Kingsholm Staaidum. Our psychology professionals are a group of highly valued colleagues, and it was brilliant to be able to find out more about their work Trustwide and see the enthusiasm and engagement while planning to do even greater things in the future.

3.3 SAS Doctors' Away Day

On 3 July I attended the opening session of the SAS Doctors' Away Day. SAS means 'speciality and specialist' and its an annual event for the doctors to come together in person and to take part in educational and wellbeing activities. I enjoyed getting to know more of our medical colleagues, listening to their experiences and thinking about the way we can work together to improve experiences for people who work in our Trust, as well as the people we support.

4.0 ACHIEVEMENTS / AWARDS

4.1 Apprenticeships

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

- Sam Galliers – Level 3 Business Administration
- Sam Walsh – Level 3 Team Leader/Supervisor
- Idowu Ahiaba – Level 3 Senior Healthcare Support Worker

4.2 National recognition for Trust QI project

Charlton Lane Hospital Psychiatry Core Trainee Dr Natasha Hobbs-Lakin and Wotton Lawn Hospital Advanced Trainee in Older Adults Psychiatry Emily Rackley have been recognised for their Quality Improvement work to increase inpatient psychiatry diabetes guideline compliance.

Following an audit of our Trust's inpatient psychiatry diabetes guideline compliance, Natasha and Emily embarked on a three-year QI project to try and improve compliance primarily at Charlton Lane and Wotton Lawn Hospitals. They implemented various interventions, including teaching sessions, digital cheat sheets and posters to try and improve compliance. Uncontrolled type 2 diabetes can have catastrophic health consequences, and our psychiatric population is at much higher risk of type 2 diabetes than the general population.

They presented this project at the National Trainees' Conference in Leeds in April, and at both the Bristol Patient Safety Conference and RCPsych South West Spring Biannual Meeting in May. They won first prize in the poster presentation group and the Divisional Poster Prize.

Congratulations for this work and the improvement in patient care it delivers.

4.3 Quality Accreditation for Perinatal Mental Health Team

The Gloucestershire Perinatal Community Mental Health Team has formally received the Perinatal Quality Network Accreditation from the Royal College of Psychiatrists following a robust review process used to promote high levels of care. The accreditation will last until March 2027.

The Team, which has expanded to meet the NHS long term plan, focuses on helping women who are at risk of developing or experiencing mental health difficulties, during pregnancy and up to two years following childbirth in addition to promoting the mother/baby relationship and their recovery.

Congratulations to the team on receiving this accreditation which recognises the high-quality individualised care and mental health treatment the team deliver to women and birthing people.

4.4 National Healthcare Estates and Facilities Day

To mark National Healthcare Estates and Facilities Day on 19th June, I visited Charlton Lane hospital where I spent some time helping with cleaning duties.

It was great to meet the team there and experience all the excellent work they do. Estates and facilities colleagues are often the unsung heroes in NHS services, so it is nice to have one day a year to thank them formally for all that they do for our patients and colleagues.

4.5 Trust awarded Veteran Aware reaccreditation

VETERAN AWARE

Gloucestershire Health and Care has been reaccredited as a Veteran Aware Trust. This is in recognition of our continued work in demonstrating the NHS's commitment to the Armed Forces Covenant in identifying and sharing best practice across the NHS as an exemplar of the high-quality standards of care for the Armed Forces community.

Veteran Aware Trusts are leading the way in improving veterans' care within the NHS, as part of the Veterans Covenant Healthcare Alliance (VCHA).

The reaccreditation acknowledges the Trust's commitment to a number of key pledges, including:

- Ensuring that the armed forces community is never disadvantaged compared to other patients, in line with the NHS's commitment to the Armed Forces Covenant
- Training relevant staff on veteran-specific culture or needs

- Making veterans, reservists and service families aware of appropriate charities or NHS services beneficial to them, such as mental health services or support with financial and/or benefit claims
- Supporting the armed forces as an employer.

4.6 Community Mental Health Survey Results

The Care Quality Commission carry out an annual Community Mental Health Survey. Our results have now been published and can be viewed on the infographic at **Appendix A** to this report.

Our response rate was 26%, which was above the 20% national average. Out of the 13 areas the questions covered, we scored significantly better than other Trusts in one area, somewhat better in three areas and the same in eight areas.

5.0 NATIONAL NHS REMOVAL OF OFF FRAMEWORK AGENCY* USAGE

Trusts across England have been working over the past months to reduce or remove off framework agency bookings. This has included the implementation of a new region-wide agency rate card for nursing and medical agency staffing. The next step is the removal of the use of expensive Off Framework agencies, alongside expectation that temporary staffing needs are best served by local staff banks and On Framework agencies.

Within GHC, we have continued with focused recruitment and retention actions, alongside the continued development of our internal staff bank, with the benefit of reduced temporary staffing costs and the resultant improved continuity of care that local colleagues who know our service users, clinical protocols and sites bring.

We also continue to lobby for the return of an NHS training bursary, or equivalent, to encourage more students to train for clinical roles. Additionally, we have been maximising the quality and finance benefits of having an On Framework Managed Service Provider agency contract. This allows on framework agencies to fill gaps in compliance with NHS mandated agency price caps.

From 1 July 2024, there was an NHS-wide requirement to cease use of off framework agencies. We have already made significant in-roads to minimising and avoiding these using the approaches outlined above. We also already have clear protocols and approval processes in place to ensure that we only use Off Framework agencies when there is no alternative, and where use avoids compromising the safe provision of care.

To support the implementation of the government's requirements, NHS England have introduced a new weekly and monthly reporting regime to monitor and centrally manage remaining off framework usage past 1 July 2024. Monthly meetings are now in place between the regional NHS England team and colleagues from GHC and Gloucestershire Hospitals NHSFT.

*Off Framework agencies are those businesses who provide temporary staffing solutions which have not been through the exacting quality assurance and competitive assessment process to get on to one of the government's or NHS's pre-procured frameworks to provide temporary staffing with the improved value for money, governance and contractual support that comes with framework agreements.

6.0 NHS OVERSIGHT FRAMEWORK QUARTER 4 – 2023/24 SEGMENTATION REVIEW OUTCOME

During April NHS England and the ICB undertook a Quarter 4 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 and/or deterioration against the Quarter 3 areas of concern, as well as identifying, by exception, any new areas requiring further consideration. The area of review for GHC 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 GHC was assessed as being in segment 2 for Quarter 4 2023/24.

7.0 CONCLUSION AND RECOMMENDATIONS

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

APPENDIX A - Community Mental Health Survey Results

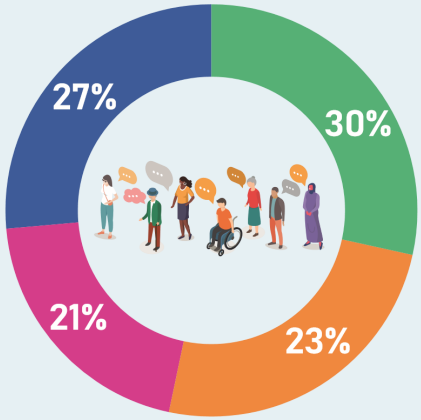
1250 invited to take part

315 completed

26% response rate

20% average response rate for all trusts

Age



Ethnicity

White	94%
Asian / Asian British	2%
Black / Black British	0%
Multiple ethnic groups	2%
Arab / Other ethnic groups	0%
Not known	3%

Religion

Christian	48%
No religion	39%
Other	4%
Muslim	1%
Buddhist	1%
Hindu	0%
Jewish	0%
Sikh	0%
Prefer not to say	6%

Long term conditions

91% of service users have physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.

Number of long - term conditions reported:

1	36%
2+	64%

Sex

At birth were you registered as...

Female	64%
Male	35%
Intersex	0%
Prefer not to say	1%

2% of service users said their gender is different from the sex they were registered with at birth.

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

Each domain includes a number of questions.
These are each compared to other trusts using this key:

Much better | Better | Somewhat better | Same

Support while waiting	6.6/10
Mental Health team	6.5/10
Planning care	6.7/10
Involvement in care	6.1/10
Medication	7.4/10
Talking Therapies	9.2/10
Crisis Care support	4.6/10
Crisis Care access	7.0/10
Support with other areas of life	3.7/10
Support with accessing care	5.4/10
Respect, dignity and compassion	8.0/10
Overall experience	7.0/10
Feedback	3.0/10

Top five scores (compared with national average)

Section 3. Planning care 6.6/10

Q16. In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working?

Section 10. Support in accessing Care 5.9/10

Q37. Do you feel the support provided meets your needs?

Section 10. Support in accessing Care 5.0/10

Q34. Has your NHS mental health team asked if you need support to access your care and treatment?

Section 2. Mental Health Team 5.4/10

Q11. Did you have to repeat your mental health history to your mental health team?

Section 6. Talking Therapies 9.2/10

Q25. Thinking about the last time you recieved NHS talking therapies, did you have enough privacy to talk comfortably?

Bottom five scores (compared with national average)

Section 7. Crisis care support 5.3/10

Q28. Thinking about the last time you contacted this person or team, did you get the help you needed.

Section 7. Crisis care support 3.9/10

Q30. Did the NHS menat health team give your family or carer support whilst you were in crisis?

Section 1. Support while waiting 6.7/10

Q7. Was the support offered appropriate for your mental health needs?

Section 8. Crisis care access 5.8/10

Q20. Thinking about the last time you contacted this person or team, how do you feel about the length of time it took you to get through to them?

Section 11. Respect, dignity and compassion 7.9/10

Q38. Overall, in the last 12 months did you feel that you were treated with, respect and dignity by the NHS mental health services?

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

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 09/0724

REPORT TO: **TRUST BOARD PUBLIC SESSION – 25th July 2024**

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

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: **FINANCE REPORT FOR PERIOD ENDING 30th June 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 3 position.

Executive summary

- The revised system plan submitted on the 12th June is break even and the Trust's plan is break even.
- At month 3 the Trust has a surplus of £0.096m compared to a plan of £0.307m
- 24/25 Capital plan is £10.704m with £4.000m of disposals leaving a net £6.704m programme. Spend to month 3 is £0.827m against a budget of £1.252m
- Cash at the end of month 3 is £56.151m compared to plan of £49.234m
- Cost improvement programme has delivered £2.368m of recurring savings at month 3 compared to plan of £1.741m. Target for the year is £7.319m and £ m are currently unidentified.
- £1.093m of non-recurring savings have been delivered at month 3 against plan of £2.528m. Target for the year is £5.661m and all has been identified.
- The Trust spent £1.15m on agency staff up to month 3. This equates to 2% of total pay compared to the agency ceiling of 3.2%.
- Better Payment Policy shows 90.8% of invoices by value paid within 30 days, the national target is 95%.

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

Corporate considerations	
Quality Implications	
Resource Implications	
Equality Implications	

Where has this issue been discussed before?

Appendices:	Finance Report – Month 3

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

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 09/0724

Finance Report
Month 3

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

Overview

Gloucestershire Health and Care
NHS Foundation Trust

- The revised system plan submitted on the 12th June is break even and the Trust's plan is break even
- At month 3 the Trust has a surplus of £0.096m compared to a plan of £0.307m
- 24/25 Capital plan is £10.704m with £4.000m of disposals leaving a net £6.704m programme. Spend to month 3 is £0.827m against a budget of £1.252m
- Cash at the end of month 3 is £56.151m compared to plan of £49.234m
- Cost improvement programme has delivered £2.368m of recurring savings at month 3 compared to plan of £1.741m. Target for the year is £7.319m and £ m are currently unidentified.
- £1.093m of non recurring savings have been delivered at month 3 against plan of £2.528m. Target for the year is £5.661m and all has been identified
- In total the Trust has 29% of its savings target unidentified
- Worked WTEs were 81 below the budgeted WTEs in June
- The Trust spent £1.15m on agency staff up to month 3. This equates to 2% of total pay compared to the agency ceiling of 3.2%.
- Better Payment Policy shows 90.8% of invoices by value paid within 30 days, the national target is 95%.
- The 7 day performance at the end of June was 65.7% of invoices by value paid

GHC Income and Expenditure

Gloucestershire Health and Care
NHS Foundation Trust

	2024/25 The Plan	2024/25 Revised budget	2024/25 YTD revised budget	2024/25 YTD Actuals	2024/25 Variance - ytd actual to ytd revised budget
Operating income from patient care activities	272,338	281,831	70,474	71,582	1,108
Other operating income	16,993	16,993	4,285	4,362	76
Employee expenses - substantive	(198,597)	(229,190)	(57,356)	(52,176)	5,180
Bank	(17,771)	(2,133)	(533)	(4,409)	(3,875)
Agency	(7,152)	(1,122)	(280)	(1,150)	(870)
Operating expenses excluding employee expenses	(63,887)	(64,455)	(16,548)	(18,330)	(1,782)
PDC dividends payable/refundable	(2,624)	(2,624)	(656)	(656)	(0)
Finance Income	825	825	645	882	236
Finance expenses	(212)	(212)	(53)	(55)	(2)
Surplus/(deficit) before impairments & transfers	**(87)**	**(87)**	**(22)**	**50**	**72**
Gains/ (losses) from disposal of assets				0	0
Remove capital donations/grants I&E impact	87	87	22	47	25
Surplus/(deficit)	**0**	**(0)**	**(0)**	**96**	**97**
Adjust (gains)/losses on transfers by absorption/impairments	0		0	**0**	0
Remove net impact of consumables donated from other DHSC bodies				0	
Revised Surplus/(deficit)	**0**	**(0)**	**(0)**	**96**	**97**

I&E Forecasts

Gloucestershire Health and Care
NHS Foundation Trust

Statement of comprehensive income £000	2024/25 Forecast £000s	2025/26 Forecast £000s	2026/27 Forecast £000s	2027/28 Forecast £000s	2028/29 Forecast £000s
Operating income from patient care activities	286,773	286,100	288,318	289,837	289,837
Other operating income	15,708	14,352	14,599	15,101	15,101
Employee expenses - substantive	(209,269)	(211,033)	(214,547)	(219,281)	(221,531)
Bank	(17,427)	(16,753)	(15,734)	(13,502)	(11,252)
Agency	(6,989)	(5,584)	(4,496)	(2,250)	(2,250)
Operating expenses excluding employee expenses	(69,400)	(66,863)	(67,813)	(69,475)	(69,475)
PDC dividends payable/refundable	(2,624)	(2,781)	(2,824)	(2,924)	(2,924)
Finance Income	3,400	2,622	2,565	2,565	2,565
Finance expenses	(211)	(164)	(165)	(169)	(169)
Surplus/(deficit) before impairments & transfers	**(38)**	**(103)**	**(98)**	**(98)**	**(98)**
Gains/ (losses) from disposal of assets	0				
Remove capital donations/grants I&E impact	127	103	98	98	98
Surplus/(deficit)	**90**	**0**	**0**	**0**	**0**

NB

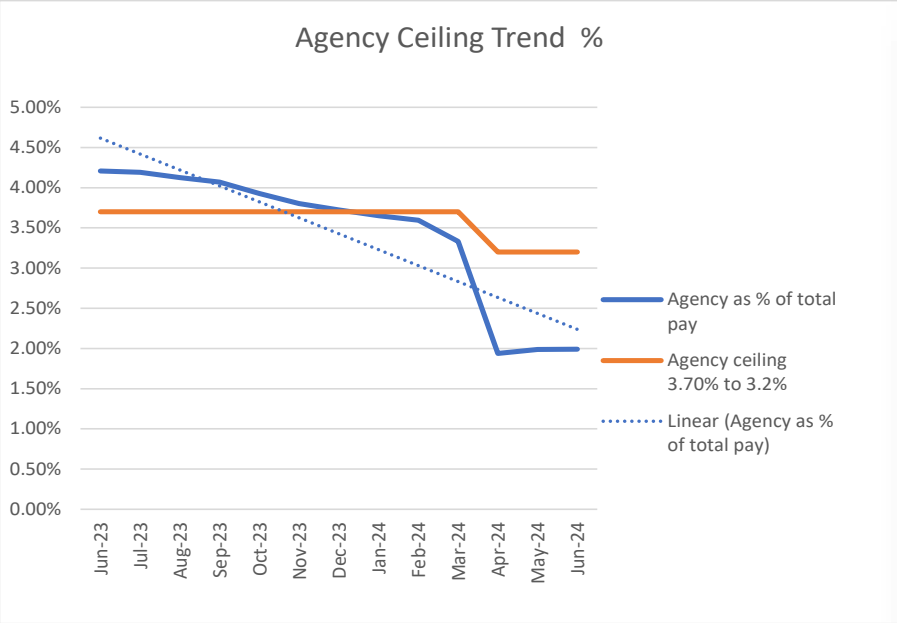
Does not include Integrated Urgent Care as budget not yet set.
Will be set within the next month and then added Income and Pay include 9.3m for employers contribution of nationally funded pensions costs.

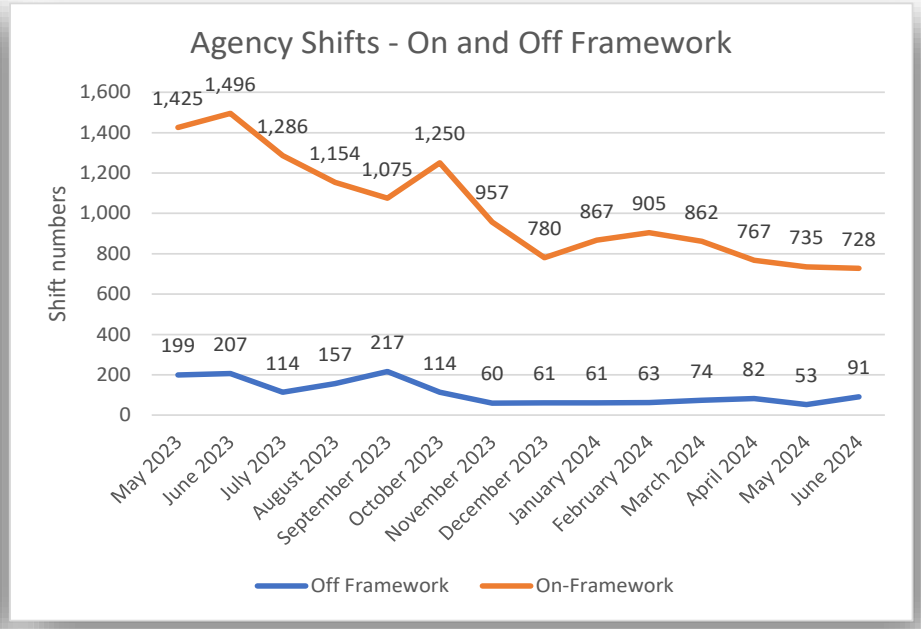
Pay Analysis

Gloucestershire Health and Care
NHS Foundation Trust

Pay analysis month 3						
	Plan WTE Month 3	Budget WTE Month 3	Budget year to date £000s	Actual WTE Month 3	Actual year to date £000s	Actual ytd £ as % of Total £
Substantive	4,182	4,695	57,356	4,267	52,176	90.4%
Bank	370	16	533	322	4,409	7.6%
Agency	55	0	280	41	1,150	**1.99%**
Total	**4,607**	**4,711**	**58,169**	**4,630**	**57,735**	**100.0%**

- the Trust used 91 off framework agency shifts in June. The target from July is 0.
- substantive costs include employers contribution of nationally funded pension costs of 6.3% (£9.3m)
- Trust does not routinely set budgets for bank and agency but the plan includes assumed levels
- 1.99% of pay bill spent on agency year to date. System agency ceiling 3.2%





From March 2024, pay costs include nationally funded pension costs.

with you, for you

Balance Sheet

Gloucestershire Health and Care
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		2023/24	2024/25			
		Actual	NHSE Plan	YTD revised budget	YTD Actual	Variance
Non-current assets	Intangible assets	1,618	2,106	1,584	1,730	146
	Property, plant and equipment: other	120,401	120,161	119,437	118,920	(517)
	Right of use assets*	17,358	16,886	16,950	16,947	(3)
	Receivables	1,013	1,013	1,013	1,010	(3)
	Total non-current assets	**140,390**	**140,166**	**138,984**	**138,607**	**(377)**
Current assets	Inventories	356	356	356	356	0
	NHS receivables	3,184	3,184	3,184	5,259	2,075
	Non-NHS receivables	9,248	9,248	9,248	9,217	(31)
	Credit Loss Allowances	(1,565)	(1,565)	(1,565)	(1,563)	2
	Property held for Sale	5,025	1,201	5,025	5,025	0
	Cash and cash equivalents:	51,433	54,152	49,258	56,151	6,893
	Total current assets	**67,681**	**66,576**	**65,506**	**74,445**	**8,939**
Current liabilities	Trade and other payables: capital	(2,743)	(2,743)	(243)	(1,305)	(1,062)
	Trade and other payables: non-capital	(35,320)	(35,319)	(34,320)	(41,897)	(7,577)
	Borrowings*	(1,454)	(1,385)	(1,437)	(1,424)	13
	Provisions	(8,464)	(7,464)	(8,380)	(8,407)	(27)
	Other liabilities: deferred income including contract liabilities	(1,086)	(1,086)	(1,086)	(1,294)	(208)
	Total current liabilities	**(49,067)**	**(47,997)**	**(45,465)**	**(54,327)**	**(8,862)**
Non-current liabilities	Borrowings	(14,925)	(14,752)	(14,589)	(14,604)	(15)
	Provisions	(2,510)	(2,510)	(2,510)	(2,503)	7
	Total net assets employed	**141,569**	**141,482**	**141,926**	**141,618**	**(308)**

Taxpayers Equity	Public dividend capital	131,876	131,876	131,876	131,876	0
	Revaluation reserve	13,821	13,821	13,821	13,821	0
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	(0)
	Income and expenditure reserve	(2,888)	(2,974)	(2,530)	(2,838)	(308)
	Income and expenditure reserve (current year)		0	0		0
	Total taxpayers' and others' equity	**141,569**	**141,482**	**141,926**	**141,618**	**(308)**

Balance Sheet Forecasts

Gloucestershire Health and Care
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		2024/25	2025/26	2026/27	2027/28	2028/29
Forecasts		Full Year Forecast	Forecast £000s	Forecast £000s	Forecast £000s	Forecast £000s
Non-current assets	Intangible assets	1,730	2,394	2,409	2,197	1,985
	Property, plant and equipment: other	118,697	123,405	122,743	122,605	122,467
	Right of use assets*	18,151	16,079	14,769	13,482	12,195
	Receivables	996	1,013	1,013	1,013	1,013
	Total non-current assets	**139,574**	**142,891**	**140,934**	**139,297**	**137,660**
Current assets	Inventories	356	356	356	356	356
	NHS receivables	3,259	3,134	3,104	3,074	3,044
	Non-NHS receivables	9,217	9,148	9,098	9,048	8,998
	Credit Loss Allowances	(1,563)	(1,565)	(1,565)	(1,565)	(1,565)
	Property held for Sale	1,200	0	500	0	0
	Cash and cash equivalents:	54,308	52,237	52,597	54,146	55,180
	Total current assets	**66,779**	**63,310**	**64,090**	**65,059**	**66,013**
Current liabilities	Trade and other payables: capital	(2,805)	(2,743)	(2,743)	(2,743)	(2,743)
	Trade and other payables: non-capital	(34,241)	(35,320)	(35,320)	(35,320)	(35,320)
	Borrowings*	(1,424)	(1,293)	(1,215)	(1,202)	(1,202)
	Provisions	(8,407)	(7,464)	(7,464)	(7,464)	(7,464)
	Other liabilities: deferred income including contract liabilities	(1,294)	(1,086)	(1,086)	(1,086)	(1,086)
	Total current liabilities	**(48,172)**	**(47,906)**	**(47,828)**	**(47,815)**	**(47,815)**
Non-current liabilities	Borrowings	(14,148)	(14,448)	(13,733)	(13,045)	(12,329)
	Provisions	(2,503)	(2,510)	(2,510)	(2,510)	(2,510)
	Total net assets employed	**141,529**	**141,337**	**140,953**	**140,986**	**141,019**

Taxpayers Equity	Public dividend capital	131,876	131,876	131,876	131,876	131,876
	Revaluation reserve	13,821	13,821	13,821	13,821	13,821
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	(1,241)
	Income and expenditure reserve	(2,888)	(3,119)	(3,503)	(3,470)	(3,437)
	Income and expenditure reserve (current y	(40)				0
	Total taxpayers' and others' equity	**141,528**	**141,337**	**140,953**	**140,986**	**141,019**

Cash Flow Summary

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Statement of Cash Flow £000	YEAR END 23/24		YTD ACTUAL 24/25		FULL YEAR FORECAST 24/25		2025/26 Forecast £000s	2026/27 Forecast £000s	2027/28 Forecast £000s	2028/29 Forecast £000s
Cash and cash equivalents at start of period		**48,836**		**51,433**		**51,433**	**54,308**	**52,237**	**52,597**	**54,146**
Cash flows from operating activities										
Operating surplus/(deficit)	475		(122)		(603)		**1,991**	**1,853**	**2,374**	**2,374**
Add back: Depreciation on donated assets	189		47		127		28	28	28	28
Adjusted Operating surplus/(deficit) per I&E	**664**		**(76)**		**(476)**		**2,019**	**1,881**	**2,402**	**2,402**
Add back: Depreciation on owned assets	9,856		2,561		10,898		8,143	8,732	8,395	8,395
Add back: Depreciation on Right of use assets	0				0		1,796	1,810	1,787	1,787
Add back: Impairment	277				(0)		0	0	0	0
(Increase)/Decrease in inventories	50				(44)		0	0	0	0
(Increase)/Decrease in trade & other receivables	8,262		(2,179)		0		150	80	80	80
Increase/(Decrease) in provisions	502		(64)		(64)		0	0	0	0
Increase/(Decrease) in trade and other payables	(3,556)		6,054		(1,079)		0	0	0	0
Increase/(Decrease) in other liabilities	(21)		208		208		0	0	0	0
Net cash generated from / (used in) operations		**16,034**		**6,504**	**0**	**9,443**	**12,108**	**12,503**	**12,664**	**12,664**
Cash flows from investing activities										
Interest received	2,843		882		3,400		825	825	825	825
Interest paid	0		(2)		(211)		-7	(7)	(7)	(7)
Asset Held for Sale					0		0	0	0	0
Purchase of property, plant and equipment	(15,371)		(2,254)		(9,811)		(11,859)	(13,613)	(8,073)	(8,073)
Sale of Property	1,356				4,324		1,201	5,000	500	0
Net cash generated used in investing activities		**(11,172)**		**(1,374)**	**0**	**(2,298)**	**(9,840)**	**(7,795)**	**(6,755)**	**(7,255)**
Cash flows from financing activities										
PDC Dividend Received	1,710				0		**0**	**0**	**0**	**0**
PDC Dividend (Paid)	(2,409)		0		(2,624)		**(2,790)**	**(2,890)**	**(2,990)**	**(2,990)**
Finance lease receipts - Rent	230		3		18		**0**	**0**	**0**	**0**
Finance lease receipts - Interest	(8)				(3)					
Finance Lease Rental Payments	(1,559)		(362)		(1,447)		**(1,385)**	**(1,293)**	**(1,201)**	**(1,216)**
Finance Lease Rental Interest	(229)		(53)		(214)		**(164)**	**(165)**	**(169)**	**(169)**
		(2,265)		**(412)**	**0**	**(4,270)**	**(4,339)**	**(4,348)**	**(4,360)**	**(4,375)**
Cash and cash equivalents at end of period		**51,433**		**56,151**	**0**	**54,308**	**52,237**	**52,597**	**54,146**	**55,180**

Capital – Five year Plan

Gloucestershire Health and Care
NHS Foundation Trust

Capital Plan	Full Year Plan	Plan ytd	Actuals to date	Forecast Outturn	Plan	Plan	Plan	Plan
£000s	2024/25	2024/25	2024/25	2024/25	2025/26	2026/27	2027/28	2028/29
Land and Buildings								
Buildings	2,577	144	53	2,049	1,900	3,000	3,000	3,000
Backlog Maintenance	1,612	403	0	1,612	1,393	1,393	1,393	1,393
Buildings - Finance Leases	255	0	0	255	989	250	250	250
Vehicle - Finance Leases	239	11	11	239	0	250	250	250
Other Leases	721	0	0	721	0			
Net Zero Carbon	645	0	0	645	500	500	500	500
LD Assessment & Treatment Unit					2,000	0	0	0
Cirencester Scheme					2,000	5,000	0	0
Medical Equipment	903	181	0	903	1,030	1,030	1,030	1,030
IT								
IT Device and software upgrade	600	0	(3)	600	600	600	600	600
IT Infrastructure	1,865	171	0	1,865	1,300	1,300	1,300	1,300
Transforming Care Digitally	1,050	105	0	1,050	980	790	250	250
Sub Total	**10,467**	**1,015**	**62**	**9,939**	**12,692**	**14,113**	**8,573**	**8,573**
Forest of Dean	237	237	765	765	0	0	0	0
Total of Updated Programme	**10,704**	**1,252**	**827**	**10,704**	**12,692**	**14,113**	**8,573**	**8,573**
Disposals	(4,000)	0	0	(4,000)	(1,233)	(5,000)	(500)	0
Total CDEL spend	**6,704**	**1,252**	**827**	**6,704**	**11,459**	**9,113**	**8,073**	**8,573**
Funded by;								
Anticipated System CDEL	**4,239**			4,239	**11,562**	**8,613**	**8,073**	**8,073**
IFRS 16	**1,215**			1,215	**989**	**500**	**500**	**500**
Additional CDEL	**3,250**			3,250				
CDEL Shortfall / (under commitment)	**(2,000)**	**1,252**	**827**	**(2,000)**	**(1,092)**	**0**	**(500)**	**0**

Risks

Gloucestershire Health and Care
NHS Foundation Trust

24/25 potential risks are as set out below:
The risk of Loss of CPD Funding has been removed following confirmation of funding for 24/25, and the risk that off framework agency continues has been removed because it is an issue not a risk.

Risk No.	Risks 24/25	Risk Value	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
391	There is a risk that GHC does not fully deliver recurrent CIP savings in year, resulting in GHC not achieving its financial targets	3738	3738		4	4	16
388	Staffing above establishment is not able to be reduced in Inpatients	1450	1450		3	3	9
390	ICS risk share mechanism will lead to financial impact on GHC	342		342	4	2	8
	There is a risk that not sufficient budget is available for Safer staffing project.	850	850		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	625	625		3	2	6
	A risk of Safer Staffing implementation plan does not go to plan and costs are greater than expected	550	550		2	2	4
180	Mental Health Act White paper reforms	1000	1000	0	1	3	3
	Total of risks	8555	8213	342			

with you, for you

NHS

Gloucestershire Health and Care

NHS Foundation Trust

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

AGENDA ITEM: 10/0724

REPORT TO: **TRUST BOARD PUBLIC SESSION – 25th JULY 2024**

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

AUTHOR: Chris Woon, Deputy Director of Business Intelligence

SUBJECT: **PERFORMANCE DASHBOARD JUNE 2024/25 (MONTH 3)**

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

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

The purpose of this report is to
This performance dashboard report provides a high-level view of performance indicators in exception across the organisation. Performance covers the period to the end of June (Month 3 2024/25). 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 Patient & Corporate Records Group.

Recommendations and decisions required

The Trust Board is asked to:

- **NOTE** the Performance Dashboard Report for June 2024/25 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 Update
Business Intelligence summary updates are presented on page 1. The performance indicator portfolio and the Trust's Performance Management Framework have been reviewed by BIMG members. The Framework was ratified in July 2024 and the Portfolio is being finalised before engagement with Resources Committee in August 2024. These reviews incorporate 2024/25 Operational Planning expectations and

GICB Contract updates for the new financial year, alongside a review of how SPC methodology is applied and escalation processes.

This month's Performance Dashboard for Board continues with a reduced detail format; however, members can be assured wider narrative is reviewed within BIMG.

Chief Operating Report
The Chief Operating Officer's Report is presented on page 2&3 of the performance dashboard.

Performance Update
The performance dashboard is presented from page 4 within the Board's four domain format:

- **Nationally measured domain** (under threshold)
  There are 2 indicators in exception this month; namely for timely 'Inpatient discharge follow-ups' (N03) and 'adolescent Eating Disorder routine referral to treatment waits' (N11).
- **Specialised & directly commissioned domain** (under threshold)
  2 health visiting indicators (S02 & S14) remain very slightly behind their thresholds for the period. Pleasingly, there continues to be a reduced number of indicators in exception within this domain.
- **ICS Agreed domain** (under threshold & outside of statistical control rules)

  There are 4 indicators in exception for the period.
  - CYPS Core CAMHS referral to assessment within 4 weeks (L03) is in exception but it is presenting its third consecutive month of improvement
  - Eating Disorders Adult wait for adult assessments within 4 weeks (L07) remain in exception but is showing a continual, albeit slight reduction in its waiting list
  - Perinatal routine referral to assessment within 2 weeks (L12)
  - Social Care Package Reviews within 8 weeks of commencement (L19).
- **Board focus domain** (under threshold & outside of statistical control rules)
  Positively, there are no indicators presented in exception for this period.
- **Performance to note**
  There are sometimes indicators that are not formally highlighted for exception, but they are useful for Board's awareness. These indicators are all routinely monitored by operational and support services within the online Tableau reporting server. This month these highlights (on page 9) include:

  - N41 and N42 items for Talking Therapies are presented for the first time in response to National Operational Planning expectations.
  - L08 Eating Disorders – Wait time for adult psychological interventions will be 16 weeks.

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

Corporate considerations	
Quality Implications	The information provided in this report can be an indicator into the quality-of-care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service/ care provided. Data quality measures were introduced in 2023/24 and will be monitored through the Clinical & Corporate Records Group.
Resource Implications	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 corporate performance dashboard and its narrative.
Equality Implications	Equality information is monitored within BI reporting. The font size of the report was increased in March 2024.

Where has this issue been discussed before?
BIMG on the 18 July 2024

Appendices:	Performance Dashboard

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

Gloucestershire Health and Care NHS Foundation Trust

Snapshot Month
June

Performance Dashboard Report & BI Update

Aligned for the period to the end June 2024 (month 3)

In line with the Performance Indicator Portfolio and the Trust's Performance Management Framework; this report presents to Board, performance indicators across four domains including **Nationally measured**, **Specialised & Direct Commissioning**, **ICS Agreed,** the **Board Focus**. The **Operational** domain is only presented to 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 Patient and Corporate Record (Quality) Group is reporting into BIMG.

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 & 3).

The Dashboard itself (from page 4-8) 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. All services are using this tool, alongside their operational reporting portfolios 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 from page 9 entitled '**Performance to note**'. Indicators within this section *are not in formal exception* but acknowledge either positive progress, possible areas for close monitoring or offer context to wider indicators that may be in exception.

Business Intelligence Summary Update

A revised 2024/25 performance indicator portfolio has been proposed to BIMG to take into consideration 2024/25 operational planning, GICB contractual requirements, operational and Board performance monitoring demands. Resources Committee are also to be engaged in August 2024 for the Board Focus domain indicator updates. When agreed, these updates will be integrated into the planned development programme.

An update of the Performance Management Framework has been tabled to BIMG in June 2024, which, alongside more routine housekeeping updates, incorporates updates to statistical process control use and escalation procedures. An agreement is planned in July for publication to the intranet in August 2024.

Chief Operating Officer's Report

David Noyes, Chief Operating Officer (COO)

Another pleasing month in terms of our Community Bed offer and flow; as board colleagues are aware, of our 173 beds, 14 are ringfenced for specialist stroke at the Vale and 10 held for community Assessment and Treatment in Tewksbury, so when you factor in what has become customary 20% capacity lost to NCTR across the estate, a weekly bed offer of between 30 and 40 beds means that we are generating good levels of capacity from what we have available. Bed occupancy remains high at 97.9%, and the enduring difficulty in sourcing onwards packages and flow continues to hold up average length of stay above 30 days, when I would like to see us achieving 26. It is also fair to say that as part of the changes being driven by the working as one programme, we are admitting patients with more complexity and higher acuity than previously which naturally generates a challenge to the existing capability. After a blip last month, I'm pleased that unplanned readmissions within 30 days have fallen back to 3.6%.

MiiU performance remains really strong with 99.7% of patients seen within the 4-hour target, and Rapid Response seeing 74.6% of patients within their 70% 2-hour target. The team achieved a total of 472 contacts across the month, which exceeds their operational plan target of 338, so this team continue to adapt and become ever more effective.

As reported previously there are also revised targets for the Pathway One (Homefirst) patients, and again we have over delivered against 35 starts per week, with length of stay in the service really competitive at a mean of 19 days and median 16.

We have had a positive month in terms of improved flow in mental health inpatient wards, and as previously reported, while progress in this area is taking longer than I had hoped, the data is indicating that we are discharging our longest waiters and are able to increase the throughput on the wards and hence able to treat more people. There remains much to do in this area, but our use of out of area beds remains very low compared to previous years.

Substantial progress is being made to reduce the CAMHS waiting list. There has been an improvement in the Core CAMHS referral to assessment within the 4 weeks KPI (target 80%) achieving 59.1%, compared to 56%, and 49% the month before. The average wait to first contact during June was 31.6 days. The number on the waiting list has reduced again to 476. The latest forecast trajectory shows a best case/worst case (between 23 and 31 new referrals per month) – the worst case demonstrates that treatment waiting times will have recovered to the 18-week target by March 25 with numbers waiting at c250 by the end of this year. The service will be presenting to Board in September.

I was also pleased to see really strong performance within the Health Visiting Service, meeting all KPIs with the exception of new birth visits being undertaken within 7-14 days, currently 93% against a target of 95%, and most of the cases here were due to infants being in intensive care or parental choice.

More worryingly, albeit in line with national trends, there are now more than 3000 young people waiting for the Social Communication and Autism Assessment Service (SCAAS). The SCAAS has been commissioned to provide a multiagency approach to assessing and diagnosing Autism Spectrum Disorder and ADHD in children. It is hosted by our Trust, although accountability and decision making sits within a multi agency arena and Gloucestershire Integrated Care Board Commissioners. SCAAS is working closely with a range of partners across Gloucestershire, including education, which is key to the operational and clinical success of this team.

In Children's Therapies, for Speech and Language this month we achieved 100% against the urgent 4-week target and 48% against the 95% within 18 weeks. As I have been reporting for a while, full recovery here will still take a few more months as we continue to work to reduce long waiters, and at the same time demand is higher than forecast. The implementation of digital toolkits is helpful and recruitment to the additional ELSEC posts in under way (strong interest here, with support worker posts attracting more than 6 candidates per role). The service is also going to trial a new job planning toolkit to try and enhance efficiency and is planning to host additional clinics across the summer months.

Narrative continued on next page...

Continued from last page...

In Children's Physio we achieved 72% against the 95% within 4 weeks urgent target (note 90% were seen within 6 weeks), slightly improved from the previous month, and much improved from the 32% we were at in April! The Service achieved 71% within 18 weeks for routine. The still relatively new reporting methodology continues to help the service reconfigure, and increasingly I think will help us flag an under capacity issue for taking forwards with the ICB as we develop our demand and capacity modelling.

The children's occupational therapy service achieved 75% against the urgent 4-week target but note that the figure was skewed by the one non-compliant patient being reprioritised after already waiting over 4 weeks. Routine achieved 47%, but we are entering the final stage of the wait list recovery plan when all long waiting home/school visits will have been seen and 18-week RTT compliance should be achieved. The average wait time for OT is good at 10.4 weeks (down from 33 weeks in Feb 23), with overall wait times and numbers waiting continuing to decrease, and we remain on track to recover the 18-week RTT by October. There are currently 200 referrals on the waiting list for CYPS OT – this has reduced from 810 referrals waiting in Dec 2022.

I'm pleased to report that once again podiatry (96.4%) and MSK advanced physiotherapy (99.1%) achieved their performance targets of 95% against the 18-week referral to treatment. There have been some delays in new staff starting in the MSK Service which has impacted on the 18-week RTT target, which is currently 91% (95% target). The staff should be in place by the end of July 2024 and therefore this should support the service in regaining the target. While not yet a significant concern, I have an eye on Adult Speech and Language performance which dipped below the 95% threshold to 90.4% this month – there are some demand and staffing challenges which we will monitor closely.

As colleagues are aware we keep close tabs on the performance of Echo (hosted by our GHFT partners) due to its impact on the Heart Failure service. This did improve this month to achieve 69% against a target of 95% within 6 weeks, but we still intend to discuss with system partners to review the ongoing demand and the patchy performance.

We missed the Perinatal KPI to see patients within 14 days of referral to the service achieving 27.9% (target 50%), although 98.5% of patients have been seen within 6 weeks. Current issues impacting our performance to see patients within 14 days relate to staffing availability, together with a rise of over 30% in referral rates. A plan is in place for recruitment, together with limiting the offer of appointments on a particular day that was found to have a higher DNA rate and (with help of QI) more proactively contacting patients. It is anticipated that the service will recover by the end of September 2024.

There is a steady recovery which is visible on the trend line for the previous 12 months, relating to the 18-week RTT for OT and physiotherapy within the ICT community teams. Whilst we were below our 95% target, OT 93.9%, and physiotherapy 89.8%, this is a continued improvement month on month.

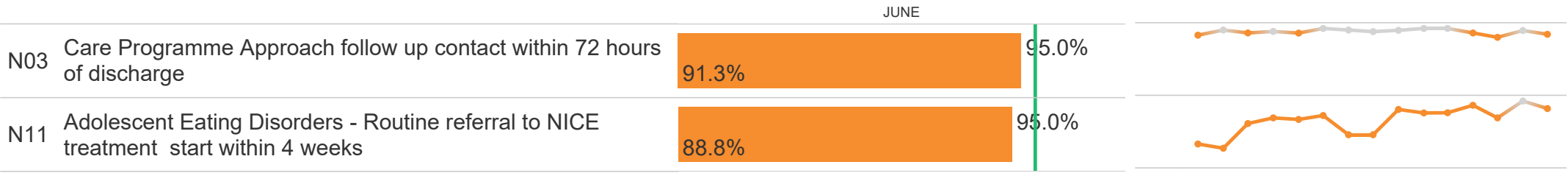
Performance Dashboard: *National Contract Domain*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Compliant Non Compliant

National Contract Domain



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

N03 - Care Programme Approach follow up contact within 72 hours of discharge
June is reported at 91.3% against a performance threshold of 95% with 4 of 46 patients not contacted within 72 hours, (May was 96.9%). This is within SPC control limits.

We understand all exceptions this month were due to recording issues which are being investigated and corrected. Once the clinical system has been updated then performance for June will be 100%.

N11 - Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks
June performance is reported at 88.8% against a performance threshold of 95.0%. There was 1 non-compliant case reported in June out of 9. SPC is not used for this KPI as performance is too variable.

The patient did not attend multiple appointments that were offered and booked. The service has raised a safeguarding concern.

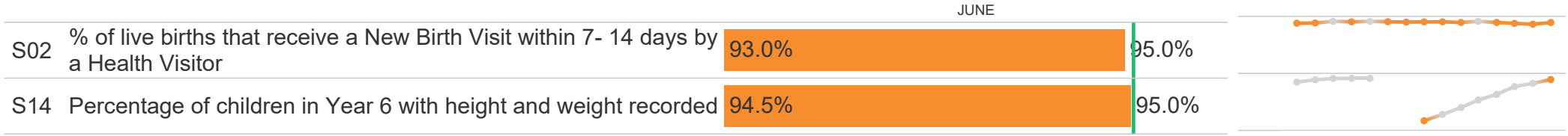
Performance Dashboard: *Specialised Commissioning Domain*

Gloucestershire Health and Care NHS Foundation Trust

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.*

S02 - % of live births that receive a New Birth Visit within 7- 14 days by a Health Visitor
Performance in June is 93.0% (May was 90.0%) compared to a threshold of 95.0%, with 32 out of 459 babies not seen within the 14-day target timeframe. Current performance is within SPC control limits.

12 of the exceptions were due to Neonatal Intensive Care Unit admission (NICU) / hospital readmission, and 7 were due to parental choice to be seen out of timeframe. The remainder were due to factors such as movement out of the county, staffing capacity limitations (staff illness), and access-issues with an appointment booked.

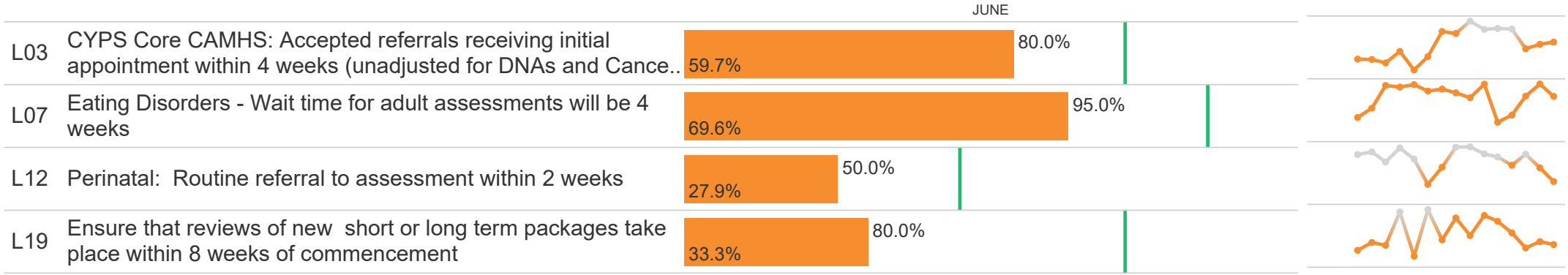
S14 - Percentage of children in Year 6 with height and weight recorded
Performance in June is 94.5% (May was 87.3%) compared to a threshold of 95.0%, with 6,531 out of 6,907 children measured as part of the National Child Measurement Programme (NCMP).

This is the first time that any of the School Nursing KPIs has dropped below threshold this school-year. There are two main reasons why performance is below threshold – school opt-outs and parental opt-outs.

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.*

L03 - CYPS Core CAMHS: Accepted referrals receiving initial appointment within 4 weeks (unadjusted for DNAs and Cancellations)
Performance in June was 59.7% (May was 56.2%) compared to a threshold of 80.0%, with 37 out of 92 accepted referrals receiving an initial appointment outside 4 weeks. Currently performance is too unstable to apply SPC limits this will be reviewed as and when performance becomes stable.

L07 - Eating Disorders - Wait time for adult assessments will be 4 weeks
June performance is reported at 69.6% against a 95% threshold. There were 10 non-compliant cases reported in June out of 33. SPC is not used for this KPI as performance is too variable.

Of the 10 non-compliant cases, 7 cases were offered appointments within 4 weeks and booked, but the patients either did not attend or cancelled.

One case did not have a contact where advice and guidance given was outcomed on the clinical system. This has been corrected and performance is now 72.7%.

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).

L12 - Perinatal: Routine referral to assessment within 2 weeks
Performance is reported at 27.9% against a performance threshold of 50%. There were 49 non-compliant cases out of 68. Currently performance is too unstable to apply SPC limits.

Non-compliance for June have been attributed to an increase in referrals. There were 135 referrals in June, compared to 121 in May. There were, on average, 100 referrals per month in the last financial year. At the end of June there were 77 people waiting with 37 of those waiting over 2 weeks.

Narrative continued on next page...

Continued from last page...

L19 - Ensure that reviews of new short or long term packages take place within 8 weeks of commencement
June performance is reported at 33.3% against an 80% performance threshold. SPC is not applied to this indicator due to the small number of cases. There were 2 non-compliant cases recorded in June.

One case was reviewed within the required 8 weeks, however, it was reviewed from the Social Care hub which have yet to be configured on the clinical system. Therefore, completion of the review could not be recorded.

The remaining case was due to difficulties in finding a date when all parties involved could attend and had to be rescheduled several times by the social worker. The case has now been reviewed.

KPI Breakdown

None

There are no indicators in exception in this domain for this period.

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

- **N41 - Talking Therapies Reliable improvement rate for those completing a course of treatment**

This is the first month that this KPI is being reported. June performance is reported as 66.3% against a performance threshold of 67.0%. There were 187 non-compliant cases reported in June out of 556. The performance is within statistical process control limits.

The service plans to improve the reliable improvement rate through clinical supervision. This will be supported by reports at a clinician and team level, which the BI team are currently developing.

- **N42 - Talking Therapies Reliable recovery rate for those completing a course of treatment and meeting caseness**

This is the first month that this KPI is being reported. June performance is reported as 47.5% against a performance threshold of 48.0%. There were 267 non-compliant cases reported in June out of 509. The performance is within statistical process control limits.

The service plans to improve the reliable improvement rate through clinical supervision. This will be supported by reports at a clinician and team level, which the BI team are currently developing.

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

June performance is reported at 69.5% against a 95.0% performance threshold. There were 7 non-compliant cases reported in June out of 23. The performance is within statistical process control limits, however we are highlighting as the service continue to have challenges with clinical capacity .

At the end of June there were 201 adult patients with an assessment completed that were waiting for treatment to commence. A decrease from May at 209.

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, 25th July 2024**

PRESENTED BY: Nicola Hazle, Director of Nursing, Therapies and Quality

AUTHOR: Nicola Hazle, Director of Nursing, Therapies and Quality

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

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

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☑ Information ☐

The purpose of this report is to:

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

Recommendations and decisions required

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

Executive summary

This report provides an overview of the Trust's quality activities for June 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:

- Q4 2023/24 Learning from Deaths summary
- Q4 2023/24 Guardian of Safe Working Report
- Development of Community Nursing data and narrative
- Continued development of 'Closed Culture' data and narrative

Quality issues showing positive improvement this month include:

- Expansion of current patient safety data set to include themes related to restrictive practice.
- Development of Community Nursing data and associated narrative in line with key quality proxy measures as referenced by The Queens Nursing Institute

- Mental Capacity Assessments and Best Interest forms are now live in both SystmOne and RiO which aims to increase compliance with reporting, visibility across systems and accuracy of assessments.
- Continued progress continues with more detailed reporting of Statutory and Mandatory training and Clinical Supervision but further work is required to be able to use this data for full assurance.

Quality issues that require additional focus development include:

- Continued work regarding quality concerns at Berkeley House, noting ongoing challenges for colleagues against the backdrop of a new service model being created.
- Focussed work required to accelerate the uptake and recording of clinical supervision. A Trust wide Supervision Development Group has been established to review trust policy and practice.
- Further work is required to provide assurance in relation to the recording of rapid tranquilisation and associated post tranquilisation observations.
- To provide in partnership with operational colleague's additional focus to safeguarding supervision attendance in both adults and children's services) and recording of household contact details.

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

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

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

Appendices:	Quality Dashboard Report - June 2024 Data

Report authorised by:	**Title:**
Nicola Hazle	Director of Nursing, Therapies and Quality

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 11.1/0724

Quality Dashboard 2023/24

Physical Health, Mental Health and Learning Disability Services

Data covering June 2024

Executive Summary

This Quality Dashboard reports quality focussed performance, activity and developments regarding key quality measures and priorities for 2023/24. 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 Nicola Hazle, 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 went live on 22nd April 2024 with work continuing towards the introduction of the children's template. Mental Capacity Assessments and Best Interest forms are now live in both SystmOne and RiO. Adult Safeguarding referral data was received from the local authority in June relating to the referrals in May; data for June is now awaited. This will inform reassessment of risk relating to the capture of data. The new children's supervision menu has been finalised, with information being shared among practitioners, with a launch date of 1st August 2024. A new offer/model of Adult Safeguarding Supervision is being discussed/modelled to address low supervision attendance and progress will be closely monitored. GHC Pressure Ulcer (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 we note an overall increase in pressure ulcer harm incidents, however, the number is still under the upper control limit . This reflects the good work, led by the Head of Profession for Community Nursing, to support accurate assessment and categorisation within Integrated Care Teams. There were a total of 1,117 patient incidents reported in June. 1027 were reported as No and Low harm incidents and 90 as Moderate, Severe or Catastrophic incidents. The top four overall categories of incident, excluding skin integrity, were falls, clinical care, medical emergencies and self-harm. Two serious incident/Care review reports were undertaken in June. Eight After Action Reviews took place in June and learning from these has been shared with clinical teams and governance forums. Progress continues with restrictive practice reduction in the Trust. The numbers of interventions during June have increased slightly and remain attributable to a small number of patients requiring high frequency interventions. None of these interventions resulted in physical harm to patients. Work is ongoing relating to sexual safety via an OD/HR project to promote the Sexual Safety Charter through the Violence and Harm Reduction workstream.

Are our services EFFECTIVE?

This month's dashboard includes developmental slides showing a set of Community Nursing data and associated narrative in line with key quality proxy measures, as referenced by The Queens Nursing Institute. These will be further developed in future dashboards. Operational data is now visible across a number of Board committees across the Trust. As previously agreed, operational data has not been included in this dashboard to reduce data duplication in reporting. Safer staffing data acknowledges the challenges but recognises the improvements that have been made through International Recruitment. This month we see an increase in HCSW vacancy rates, currently at 134.24 WTE Alteration made. This is due to an increase of 65 WTE funded posts in response to an anticipated need in increase for resource. We continue with 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 further detail will be added as we progress through 2024. The final year end detailed summaries have flowed through to the Quality Account. This month we include the Q4 summary for Learning from Deaths with no concerning themes or trends being identified.

Are our services CARING?

Overall, 93% of Friends and Family Test (FFT) respondents reported a positive experience of our services (same as last month) and carers data is now being separated out. Across the Trust there were 2638 FFT responses last month, 40 were from carers (with a positive score of 83%). 15 formal complaints were received in June, with 9 complaints closed, of which 7 were closed within 3 months. One complaint was re-opened in June and the PCET continue to work collaboratively with patients and carers to ensure post-complaint actions are completed. There were 133 enquiries (down from 172 last month). 100% of complaints were acknowledged within the national 3-day requirement. At the end of June, there were 27 open complaints (up from 21 in May). There are 6 complaints that are with the Parliamentary and Health Service Ombudsman (PHSO). There were 156 compliments recorded for the month and a total of 2638 FFT responses (down from 3093 last month). 7 requests for contact via the FFT generated further action. Patient and Carer Experience Team (PCET) visits have recommenced at Berkeley House.

CQC Update

We have now provided 8 consecutive months of data, analysis and description of activity linked to the quality of life indicators to the CQC. At Berkeley House the system and executive oversight of discharge plans continues and is seeing progress. Further the enhanced monitoring at Berkeley House (BH) is continuing in line with the requirements of the Section 31 notice. The application to CQC to add an additional Regulated Activity to GHC's portfolio due to the new Integrated Urgent Care Service has commenced and we are working closely with a senior Registration Manger within the CQC to achieve this within timelines. There have not been any further Mental Health Act inspections across services, though these are expected. Peer review work continues with the Children and Adolescents Mental Health Services (CAHMS) and the CQC Quality manager is working with CAHMS colleagues to roll out a wider programme in conjunction with their internal self-assessments.

Learning from Deaths Summary Q4 2023/24

Overview

This summary aims to inform the Board of the Trust's Learning from the Deaths review process, data analysis and outcomes during Quarter 4 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 4 2023/24 Learning from Deaths Summary:

- No concerning trends or themes have been identified.
- 95 patients died whilst under the care of the Trust in Q4, the deaths reviewed during Q4 were judged not to be due to problems in the care provided.
- Learning from End-of-Life care incidents, complaints, enquiries and compliments shows the continued need for focus on medicines management. There was notable improvement in Continuing Health Care (CHC) Fast-Track applications this quarter, with none being delayed. This is a positive outcome following the implementation of associated training and case review.
- A slight change in the scope for mental health Structured Judgement Reviews (SJRs) was approved by the Quality Assurance Group (QAG) in April 2024. RCPsych guidance mandates mortality reviews for patients with a primary diagnosis of psychosis. QAG has approved an amendment to GHC policy in that patients with a secondary diagnosis of psychosis who die prematurely will also be in scope for a review.
- 3 learning summaries (Learning on a Page) were generated this quarter and have been shared with operational services via the Patient Safety Notice Boards. The learning from these cases related to 1) the importance of having oversight of all patients who may physically deteriorate and ensuring that their care plans are clearly communicated, 2) management of Acute Kidney Injury and nursing staff feeling safe to challenge medical staff and 3) ensuring that patient deaths are appropriately confirmed before they are closed on the caseload.
- The inpatient death rate for Community Hospitals (CoHos) and Charlton Lane remains 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 GHC End of Life lead is undertaking further work to validate this position.
- Cancer, frailty of old age, respiratory and cardiovascular illness remain the most prevalent causes of death, and respiratory infections remain the most prevalent cause of death of people with a learning disability, consistent with the findings from LeDeR reviews. Data regarding natural cause deaths for community mental health patients identifies that deaths from cardiovascular illness and respiratory illness within the patient group with Severe Mental Illness (SMI) are more prevalent than within the CoHo population. This supports the increased resource identified to promote annual physical health checks for patients with SMI.
- The System Mortality Group identified that mortality rates were higher at weekends at the acute trust, reflecting higher admission activity of acutely unwell patients on these days. Review of current GHC activity shows that death rates are highest on Mondays, Tuesdays and Sundays, however, admissions at weekends are lower. There does not, therefore, appear to be a correlation between date of admission and date of death.
- There were 5 deaths of patients open to Trust Learning Disability services in Q4 and all of these 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 and 13 years younger than the mean age of community mental health patients
- Feedback from the Medical Examiner service continues to provide significant assurance that that the care provided to inpatients at the time of their death was of a good standard, that families were appreciative of the ME service input and were happy with the cause of death given, and gladly gave feedback about care when asked. The ME was involved with 65 deaths in Q3.
- In February 2024, the Gloucestershire Coroner issued the Trust with a Prevention of Future Deaths Report following the death of a patient on Greyfriars PICU. The Coroner raised several concerns in regard of practice and training regarding resuscitation, the updating of risk assessments following risk related incidents, access to a portable landline telephone and the signposting of colleagues from emergency services when they arrived on site. These issues have been reviewed and actions are in place to mitigate the risk of recurrence.

- During Q1–4 2023-24, 30 inquests were heard which touched on the deaths of Trust patients. Suicide prevention remains a key priority for the Trust and reported in detail to the Quality Assurance Group.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

Quality Priorities 2023-2025:

A summary of quality priority activity in 2023-25 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 and to Board and formed the backbone of the Quality Account which was published post consultation on 28th June 2024 thus meeting prescribed deadlines..

SUMMARY QUALITY PRIORITIES 2023-2025

Priority	Description	Status 23/24
1	• Tissue Viability (TVN) - with a focus on reducing performance through improvement in the recognition, reporting, and clinical management of chronic wounds.	Each month the Quality Dashboard is presented by the Director of Nursing Therapies and Quality (NTQ) to either Quality Committee or GHC Board. Included within each are quarterly updates (commencing at the close of H1) and monthly summary reports detailing the position of our agreed 11 quality indicators. This is to facilitate an ongoing focus on quality for the organisation and to improve care for the people we seek to serve in Gloucestershire. The quality priorities and their relative progress against targets form the backbone of the Quality Account and as such are used as a template for preparation. This year we move to the second and final year as the timeline for the quality priorities has been extended to cover a two-year time frame with the ambition that all aspects of each indicator will be in place by the end of Q8 (March 2025). To note that from this year the compliant/non-compliant descriptor will not be applied until the close of H2 as the workstreams will have components which are dependent upon each other and run concurrently, therefore some may not be fully embedded until the end of the second year . All of the priorities support local and national agendas around personalisation, co-production and shared decision making. Each indicator reports progress to plan via Quality Committee as part of the Quality Dashboard slide deck, flows through to Board and is shared with Governors at Q3 to give early indication of expected achievement at year end. During the last financial year (23-24) there was a consistent level of work undertaken in relation to the Quality Priority workstreams which is maintained this year, the priorities will be evaluated with assurance levels attributed to each at the end of H2 (March 25). All involved teams remain engaged and motivated. A summary of Trust wide progress in relation to H1 (April – Sept 24), both plans and progress, will be presented to Quality Committee and will then progress to Board . Feedback received from leads has noted that “having the ability to flex the workstreams to make amendments and alterations where required is beneficial.as there have been instances where the original work plans have required amendment after the testing cycles”. System partners are also appreciative of the continuity of focus this approach offers. It is pleasing to report there are no reportable concerns or barriers noted and all priorities are tracking as green thus providing a good assurance that the priorities will be achieved.
2	• 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.	
3	• Falls prevention – with a focus on reduction in medium to high harm falls within all inpatient environments based on 2021/22 data.	
4	• 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.	
5	• 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.	
6	• Reducing suicides – with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services.	
7	• Reducing Restrictive Practice – with a focus on continuing our strategy in line with the Southwest Patient Safety Strategy to include restraint and rapid tranqulisation.	
8	• Learning disabilities – with a focus on developing a consistent approach to training and delivering *trauma informed* Positive Behavioral Support (PBS) Plans in line with National Learning Disability Improvement Standards. This includes training all learning disability staff in PBS by April 2025.	
9	• Children’s services – with a focus on the implementation of the SEND and alternative provision improvement plan.	
10	• Embedding learning following patient safety incidents – with a focus on the implementation of the Patient Safety Improvement Plan.	
11	• Carers – with a focus on achieving the Triangle of Care Stage 3 accreditation.	

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

	Reporting Level	Threshold	2023/24 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2024/25 YTD	Notes
Number of Friends and Family Test Responses Received (FFT)	N - R		30,519	2,471	3,093	2,638										8,202	Including 40 responses from carers (83% positive response)
% of respondents indicating a positive experience of our services	N - T	95%	94%	94%	93%	93%										94%	
Number of compliments received in month	L - R		2,506	151	241	156										548	As reported on last day of the month, noting compliments can be added retrospectively
Number of enquiries (other contacts) received in month	L - R		1,186	150	172	133										455	
Number of complaints received in month *Includes ALL complaints (closer look complaint / early resolution complaint)*	N - R		161	8	9	15										32	
Of complaints received in month, how many were early resolution complaints	L - R			8	9	14										31	
Number of open complaints (not all opened within month) *Includes ALL complaints (closer look complaint / early resolution complaint)*	L - R			24	21	27											
Percentage of complaints acknowledged within 3 working days	N - T	100%	100%	100%	100%	100%										100%	
Number of complaints closed in month *Includes ALL complaints (closer look complaint / early resolution complaint)*	L - R			11	13	9										33	
Number of complaints closed within 3 months	L - I			9	9	7										25	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			3	1	1											
Number of external reviews (not all opened within month)	L - R			7	7	6											

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

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

Key Highlights:.

- Numbers are reported by operational channels/directorates, then by type.
- Directorate level data is shared with senior operational leads each month to enable interrogation of service specific feedback; this time is also be used to discuss ongoing investigations and emerging themes/learning.

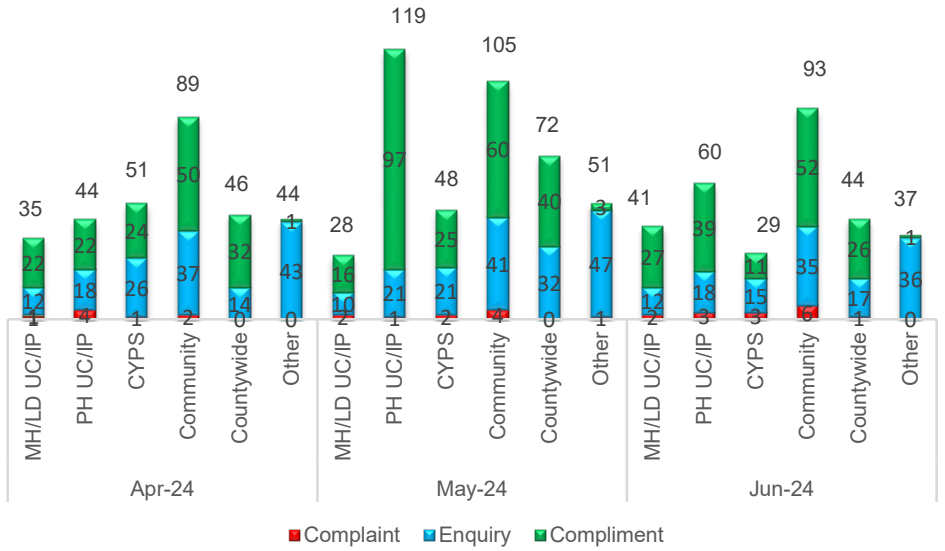
This table shows all reported PCET data received this month by type and directorate
It is important to note that this is a snapshot and does not consider footfall/caseloads/acuity of patients.

Directorate	Complaint			Enquiry	Compliment
MH/LD urgent care and inpatient	2	Early resolution:	**1**	12	27
		Closer look:	**1**		
PH urgent care and inpatient	3	Early resolution:	**3**	18	39
		Closer look:	**0**		
CYPS	3	Early resolution:	**3**	15	11
		Closer look:	**0**		
PH/MH/LD Community	6	Early resolution:	**6**	35	52
		Closer look:	**0**		
Countywide	1	Early resolution:	**1**	17	26
		Closer look:	**0**		
Other	0	Early resolution:	**0**	36	1
		Closer look:	**0**		
Totals	15	Early resolution:	**14**	133	156
		Closer look:	**1**		

Examples of complaints [as reported] for each directorate:

- **Community:**. Patient requesting to be discharged from his mental health team and requesting his driving licence back.
- **MH UC/IP:** Patient very unhappy with tone of the mental health call handler when she called for help during mental health crisis.
- **Countywide:**. Patient very unhappy that an advanced practitioner told him his neck symptoms could not be fixed by surgery when a spinal surgeon confirmed that it can be operated on.
- **CYPS**: Mother of patient wishing to complain due to all staff members giving the wrong dose of epilepsy medication to the patient.

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*

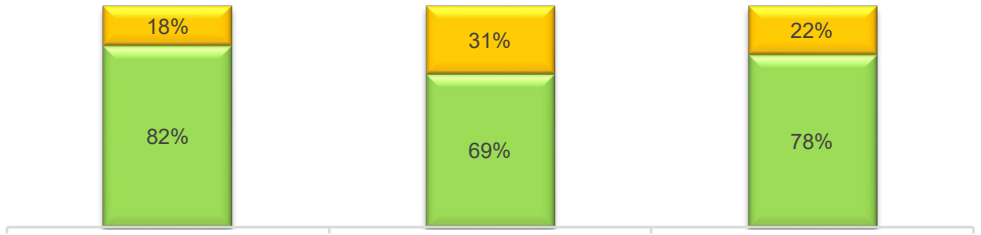
CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

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	Withdrawn	Other	Total
MH/LD urgent care, inpatient	0	0	1	0	0	1
PH urgent care, inpatient	0	0	3	0	0	3
CYPS	0	0	1	0	0	1
PH/MH/LD Community	0	1	3	0	0	4
Countywide	0	0	0	0	0	0
Other	0	0	0	0	0	0
Totals	**0**	**1**	**8**	**0**	**0**	**9**

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

- This month, 78**%** were closed within three months (target = 50%), 100**%** closed within six months (target = 80%)

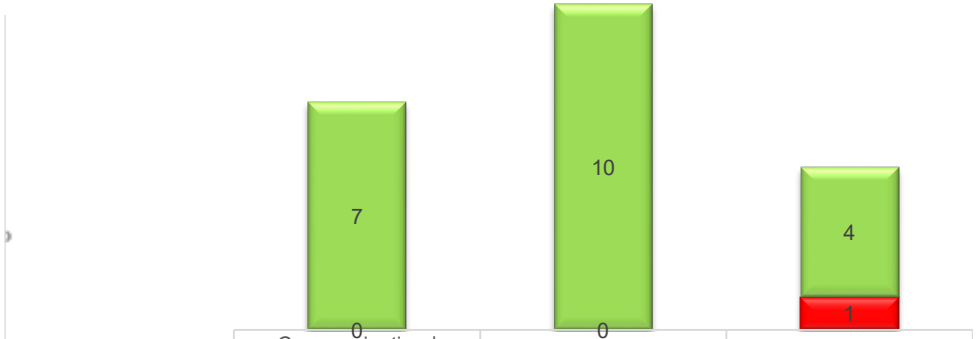


	Apr-24	May-24	Jun-24
7-12 months	0%	0%	0%
4-6 months	18%	31%	22%
1-3 months	82%	69%	78%

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
PH/MH/LD Community	Patient told to make her own referral to Managing Memory, despite being under secondary services (12990). **Access to services**

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



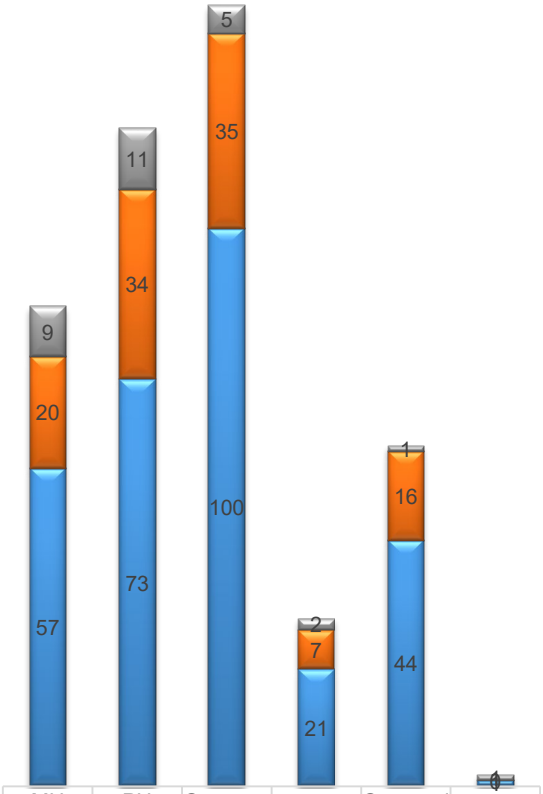
	Communication | attitude	Care | treatment	Access to services
Not Upheld	7	10	4
Upheld	0	0	1

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.

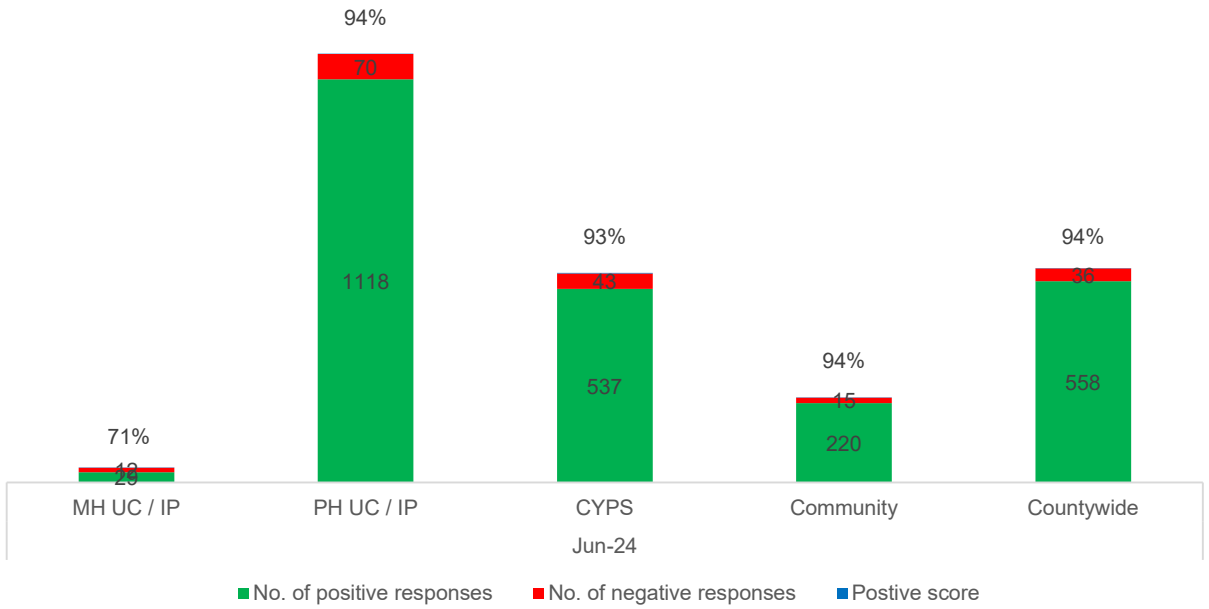
The 156 compliments recorded contained comments that were distributed over **10** different themes. **Some compliments contained more than one theme.** It is very likely that more compliments were received but not recorded, therefore, not reported; this is due to operational challenges in some teams.

Date	ID	Team	Compliment
04/06/2024	14304	ICT Chelt Physio	Thank you for you all your help over the last six months. You have helped and encouraged me throughout a very difficult time. Thanks to the Physio for some really difficult but effective exercises.
19/06/2024	14508	ICT Cotswold North DN	Thank you for all the help and support during end-of-life care at home. The team made a real difference to a very difficult situation.
16/06/2024	14461	CLDT Gloucester	Thank you very much for your support and advice over the recent months, whilst J did not always show her appreciation, we were very grateful.
03/06/2024	14292	CYPS/PH-School Nursing	Email from parent: "It honestly means the world that you're listening & even more you're helping so thank you so much."
11/06/2024	14410	Stroud Hosp-Jubilee Ward	Thanks for heartfelt, amazing care for patient and family
10/06/2024	14409	SALT Adults Physical Health	Following a long outpatient appointment, my patient said, "thank you for listening to me" and said she felt valued.
18/06/2024	14485	Sexual Health Integrated ISH	Patient called to be put on triage and was very complimentary about the whole of Sexual Health department how we have been so kind and compassionate towards her.
18/06/2024	14481	Memory Management MAS	"My wife, attended your memory clinic today. Beforehand she had been very nervous about attending. But she has described the nurse conducting the clinic as lovely, knowledgeable, and reassuring. Please pass on my sincere thanks. My wife is a different person now!"
20/06/2024	14571	Ciren Hosp-Windrush Ward	To everyone working on the Windrush Ward, thank you for all your care, kindness and compassion. With very best wishes from us both T and C S



	MH UC/IP	PH UC/IP	Community	CYPS	Countywide	Other
Other	9	11	5	2	1	1
Care | treatment	20	34	35	7	16	0
Communication | attitude	57	73	100	21	44	1

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



Patient and Carer feedback

Carer feedback

Highlights for this month:

- The overall positive experience rating is 93% which is in line with the previous month.
- We are continuing to work with services where responses are low to promote a variety of survey methods, such as iPads, QR codes and paper where this is appropriate.
- Feedback from the new FoD hospital continues to show a positive response rate, with 89% from Inpatients (9 responses) and 96% for MIIU (90 responses).
- A pilot to share feedback through 'You Said, We Did' Boards is underway as part of the FFT QI project. Boards were introduced in Wotton Lawn Hospital in June.
- Service users made 7 requests for contact/action through the FFT open question.
- We are committed to hearing the voice of our carers and we now offer a specific FFT for carers. In June we had 27 responses which we are reporting as our baseline and it's our intention to drive up responses across the trust ensuring the voice of our carers.is listened to.

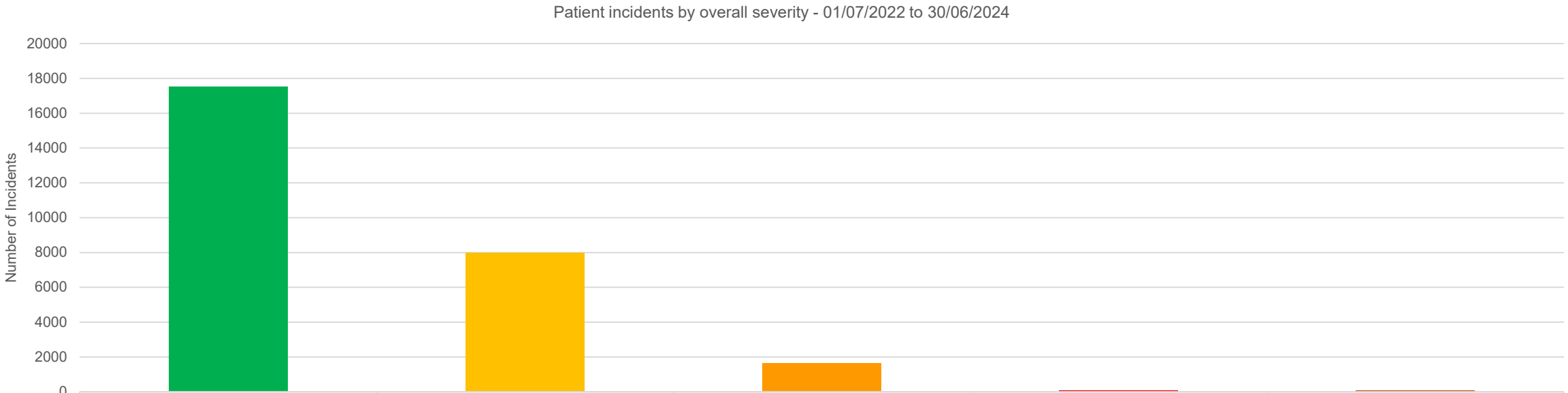
CQC DOMAIN - ARE SERVICES SAFE? INCIDENTS (Whole Trust data)

	Reporting Level	Threshold	23-24 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2024-25 YTD	R / A / G	Exception Report?	Benchmarking Report
Number of Never Events	N - T	0	1	0	0	0										0			N/A
Number of Patient Safety Incident Investigation (PSII) / Care Reviews	N - R		22	4	1	2										7			N/A
No of overdue SI actions (incomplete by more than I month)	L - R		N/A	0	0	0										0			N/A
No of unallocated PSII / Care Reviews (waiting more than 1 month for allocation).	L - R		0	0	0	0										0			N/A
Number of Patient Safety Incident Investigations regarding self-harm or attempted suicide	N - R		1	0	0	0										0			N/A
Number of Learning and Engagement Sessions meetings taking place	L - R		168	19	26	18										63			N/A
Total number of Patient Safety Incidents	L - R		14261	1074	1138	1117										3329			N/A
Number of incidents reported as resulting in low or no harm	L - R		13299	991	1058	1027										3076			N/A
Number of incidents reported as resulting in moderate harm, severe harm or death	L - R		962	83	80	90										253			N/A
Total number of patient falls (hospitals and inpatient units) reported as resulting in moderate harm, severe harm or death	L - R		14	4	1	2										7			N/A
Total number of medication errors reported as resulting in moderate harm, severe harm or death	L - R		5	1	0	0										1			N/A
Total number of sexual safety incidents	L- R		114	12	6	8										26			N/A
Total number of Rapid Tranquilisations (RT)	N - R		591	83	82	117										282			N/A

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

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

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



Key highlights:

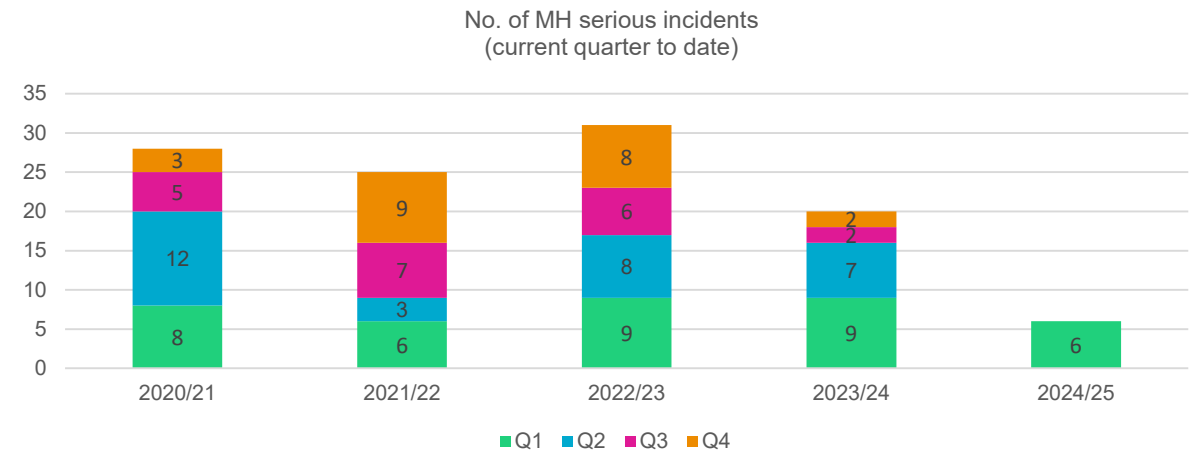
We have included in this dashboard a summary of patient safety incidents reported over the last 2 years and seek to present data that can identify patterns requiring deeper analysis.

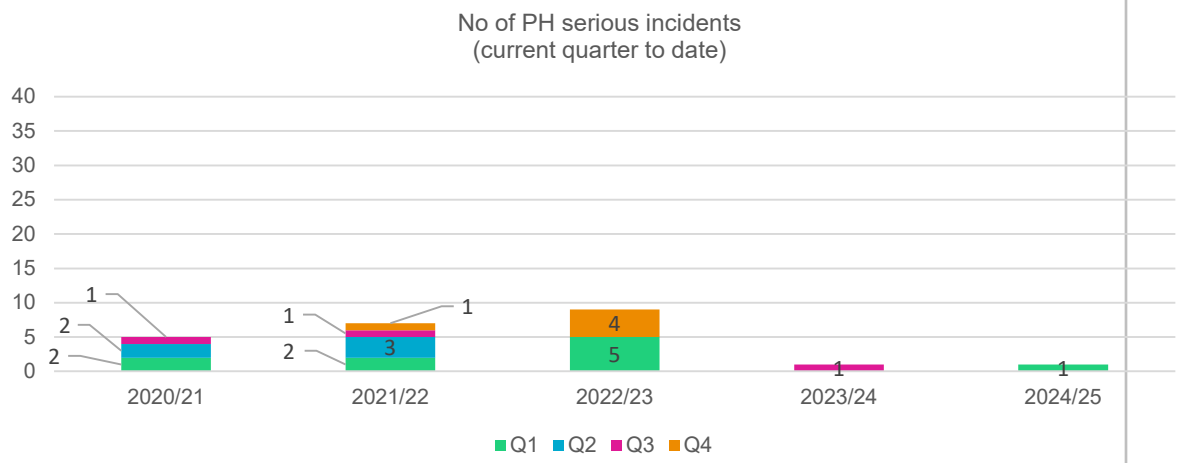
In June 2024 there were 1109 patient incidents reported on Datix (date incident occurred), 29 fewer than May (1138). 1027 were reported as No and Low harm incidents, 31 less than May (1058) and 90 as Moderate or Severe harm or Death, 10 more than May (80).

It should be noted that the data on this dashboard is presented by date of incident (or date a SI/PSII was declared). It can, therefore, be subject to later revision if additional incidents are reported for a particular month after the dashboard is generated. Data regarding severity (level of harm) and categorisation may also be subject to revision when incidents are reviewed by handlers (managers). These revisions would then be reflected in the Quality Dashboard in later months. There is also a significant current issue related to the Microsoft Edge 'autofill' function, affecting both DatixWeb and EASY. If staff use the autofill option, it appears to be changing the incident date to a date when they previously reported an incident. Staff have then been submitting the incident without being aware that the incident date has changed and is incorrect. This means that data we are using for internal reporting, and data which is pulled into tableau based on incident date, may be inaccurate. It also means our submissions of patient incidents to NHS England via LFPSE may have the wrong incident dates. Communications have gone out across the trust to alert staff of this issue and has been discussed within the Corporate System Group in June.

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. This month there are no new patterns of reporting to examine and consider.

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





Key Highlights

New Patient Safety Incident Investigations

There were 2 new Patient Safety Investigations in June

- 1 was a suspected suicide of a patient known to the Recovery Team. The care provided will be reviewed and a Care Review Report will be completed. A reviewer has been appointed.
- 1 Patient was an in-patient at the acute trust at time of their death, they had been referred to Speech and Language Therapy (SALT). This incident was raised by the Medical Examiner and will be reviewed further by a Patient Safety Incident Investigation (PSII) a reviewer has been appointed.

Post incident learning activity – After Action Reviews

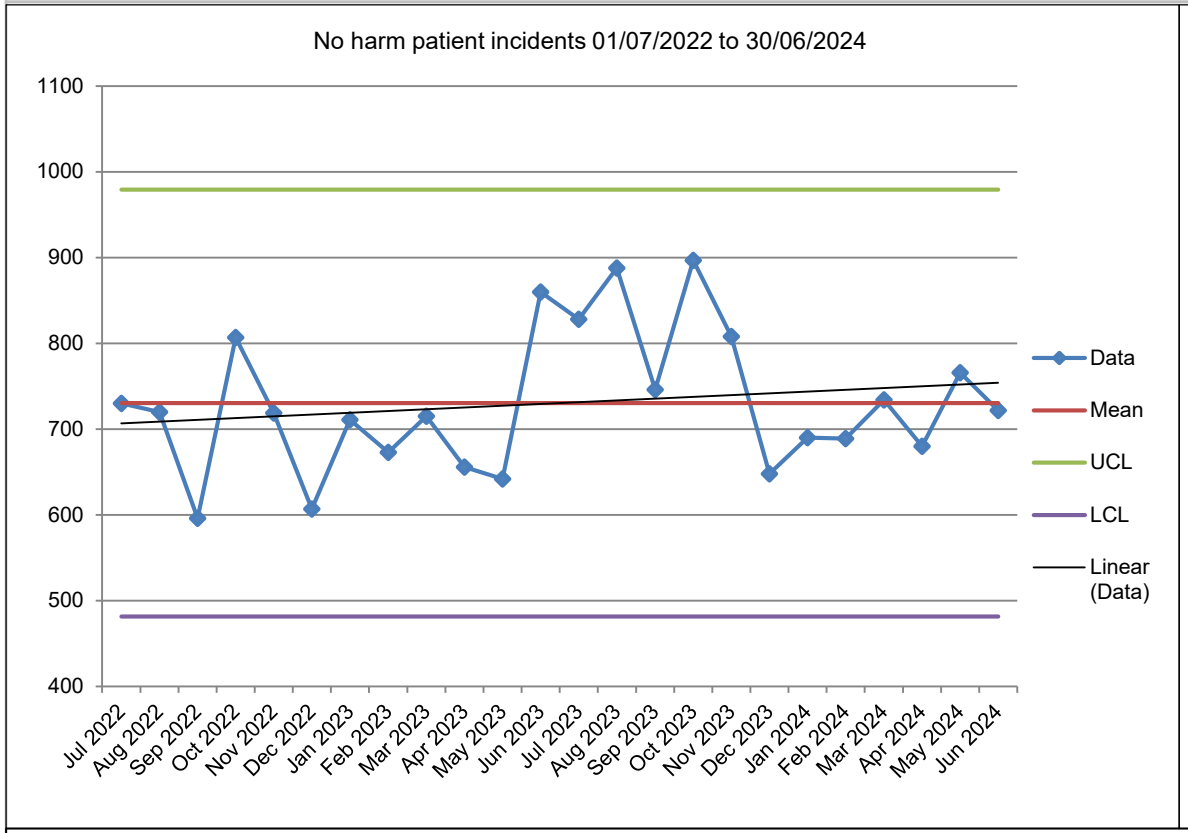
8 After Action Review (AAR) meetings were held in June, 5 were mental health incidents and 3 were physical health. These are reported in Datix and shared with the clinical team and governance forums. AAR reports form part of the Trusts Duty of Candour response to patients and families. The Team works with clinical teams following AAR's to identify any learning and develop and prioritise safety actions that align with the principles of the Patient Safety Incident response Framework (PSIRF)

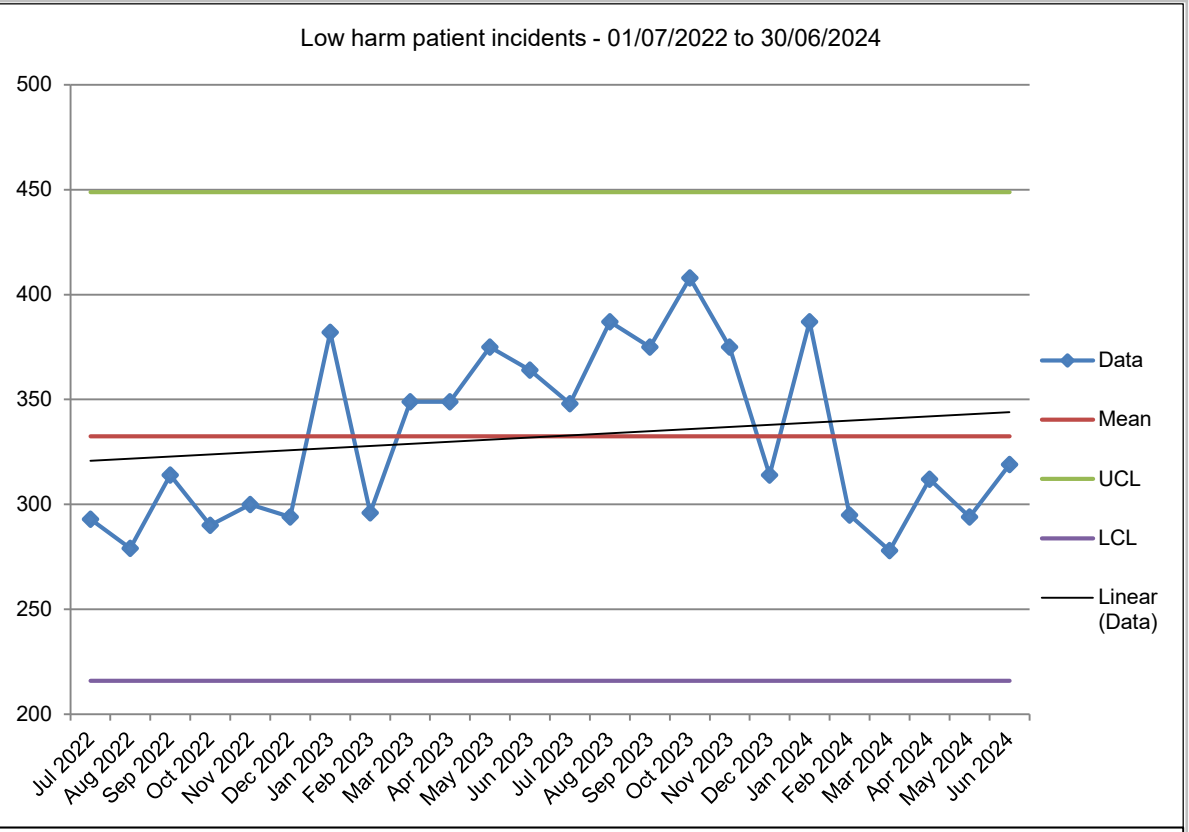
Learning Assurance Activity

We have continued to work alongside clinical teams to develop and prioritise safety actions following after action review meetings. Dedicated time has been spent looking at assurance from the recent Prevention of Future Deaths action plan. 6 actions were set and a number of changes have already been made.

There has been a small decrease in the number of learning and engagement sessions which took place in June due to our learning assurance lead leaving the trust. Good progress has been made on recruitment, with an anticipated start date of December 2024.

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



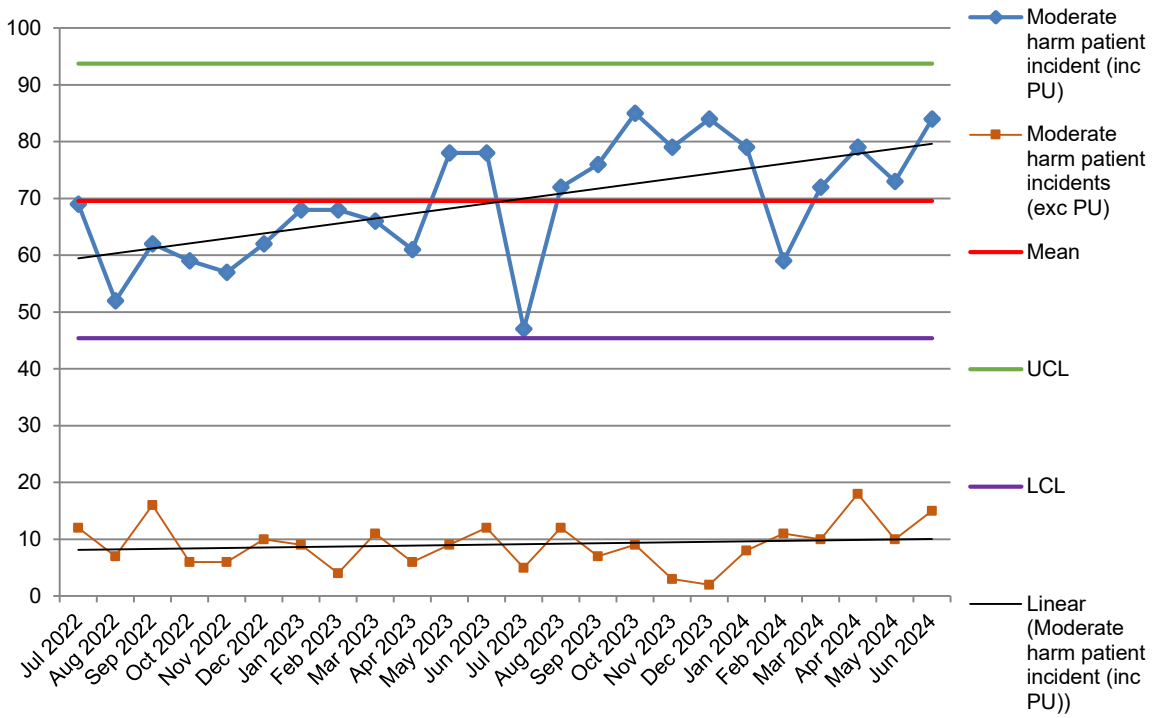


Key Highlights:

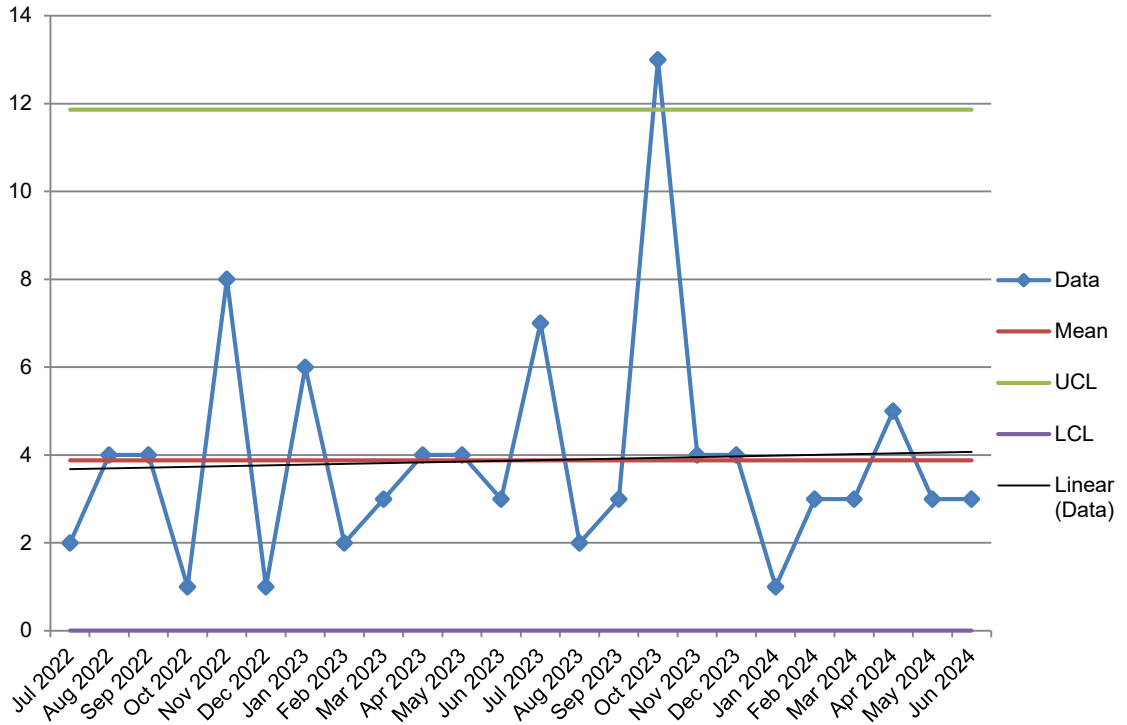
- **No Harm Incidents** – A slight reduction in no harm incidents being reported in June (730 reported incidents) compared to May (766 reported incidents) but remains in keeping with the mean line.
- **Low Harm Incidents -** There was 319 low harm incidents reported in June compared to 294 incidents in May (increase of 23). Priory Ward and Dean Ward at Wotton Lawn Hospital saw the biggest increase in their reporting (an increase of 12 incidents each). Both wards saw an increase in self-harm incidents and can be attributed to identified patients who have an on-going management plan to mitigate against these identified risks.

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

Moderate harm patient incidents 01/07/2022- 30/06/2024



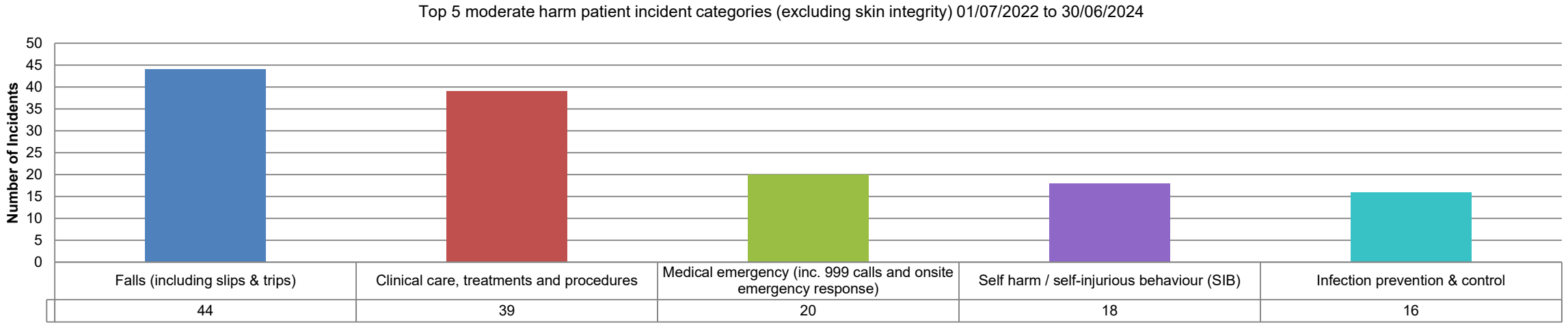
Severe harm patient incidents 01/07/2022- 30/06/2024



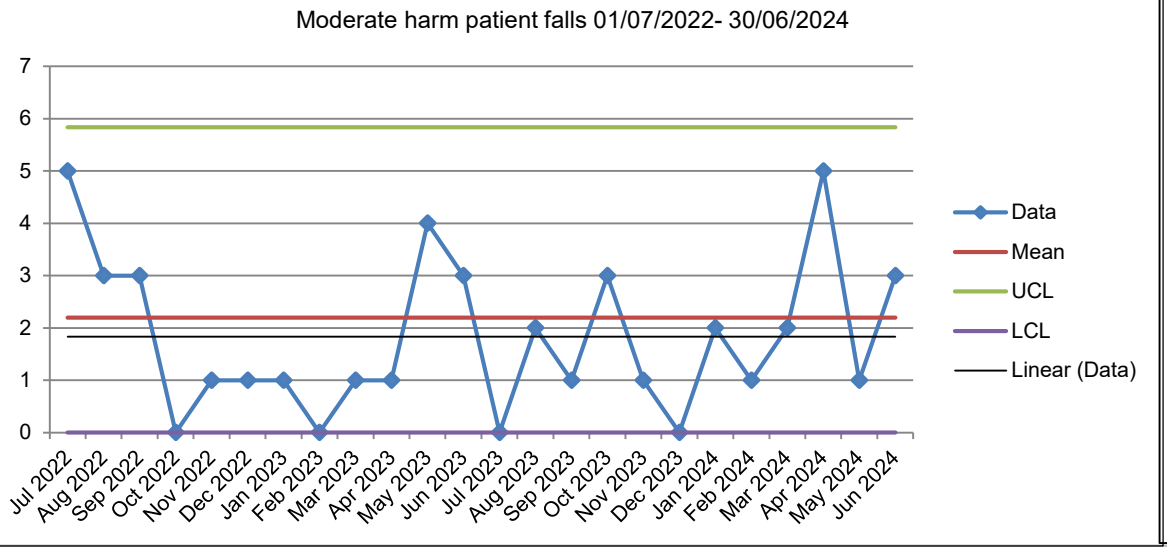
Moderate Harm Incidents – In June, there were a total of 84 moderate harm incidents reported, compared to 73 incidents in May (an increase of 11). 69 were skin integrity related incidents, leaving 15 incidents within other categories. Due to the small numbers, there is nothing standing out as significant across the categories or teams.

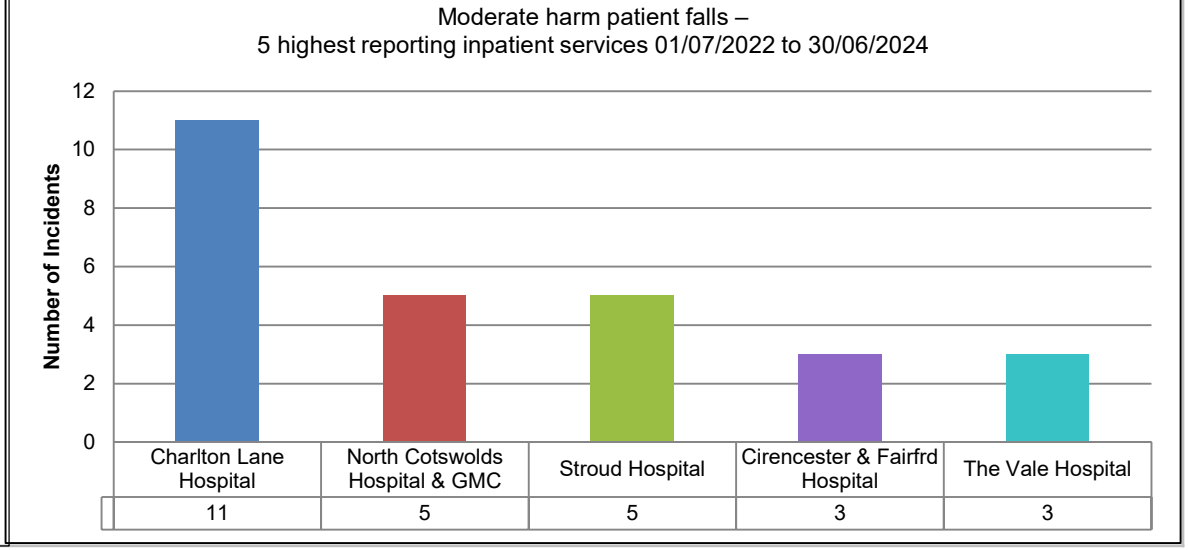
Severe Harm Incidents - There was 3 reported severe harm incidents in June (the same as May). Full details have been reported at QAG.

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



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.





Quality Dashboard

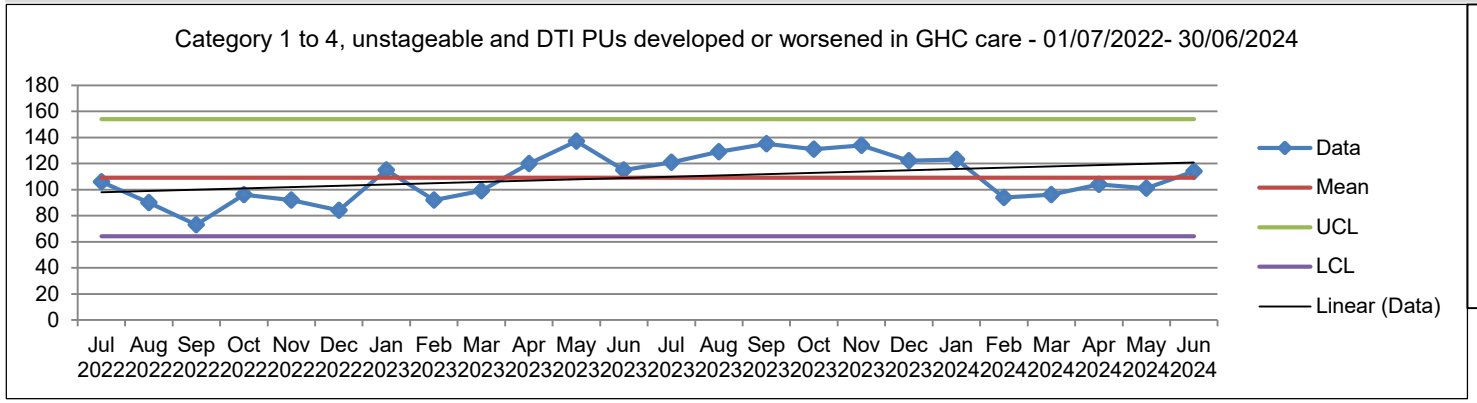
Gloucestershire Health and Care NHS Foundation Trust

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

	Reporting Level	Threshold	2023/24 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2024/25 YTD	R A G	Exception Report?	Benchmarking Report
VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	99%	97.8%	100%	97%										97%	G		
Number of HODA Clostridium Difficile Infections (C Diff)	N	16	5	1	0	0										1	G		
Number of C Diff cases (days of admission plus 2 days = 72 hrs) - avoidable	N	0	1	0	0	0										0	N/A		
Number of MRSA Bacteraemia	N	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		1457	104	101	114*										319			
Number of Category 1 & 2 pressure ulcers developed or worsened within our care.	L - R		927	81	64	68*										213			
Number of Category 3 pressure ulcers developed or worsened within our care.	L - R		47	3	7	9*										19			
Number of Category 4 pressure ulcers developed or worsened within our care.	L - R		17	3	1	1*										5			
Number of unstageable and deep tissue injury (DTI) pressure ulcers developed or worsened within our care.	L - R		466	17	29	36*										82			

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

HCAI: There were 0 HODA and avoidable C Diff infections and 0 MRSA Bacteraemia infections recorded in June 2024.



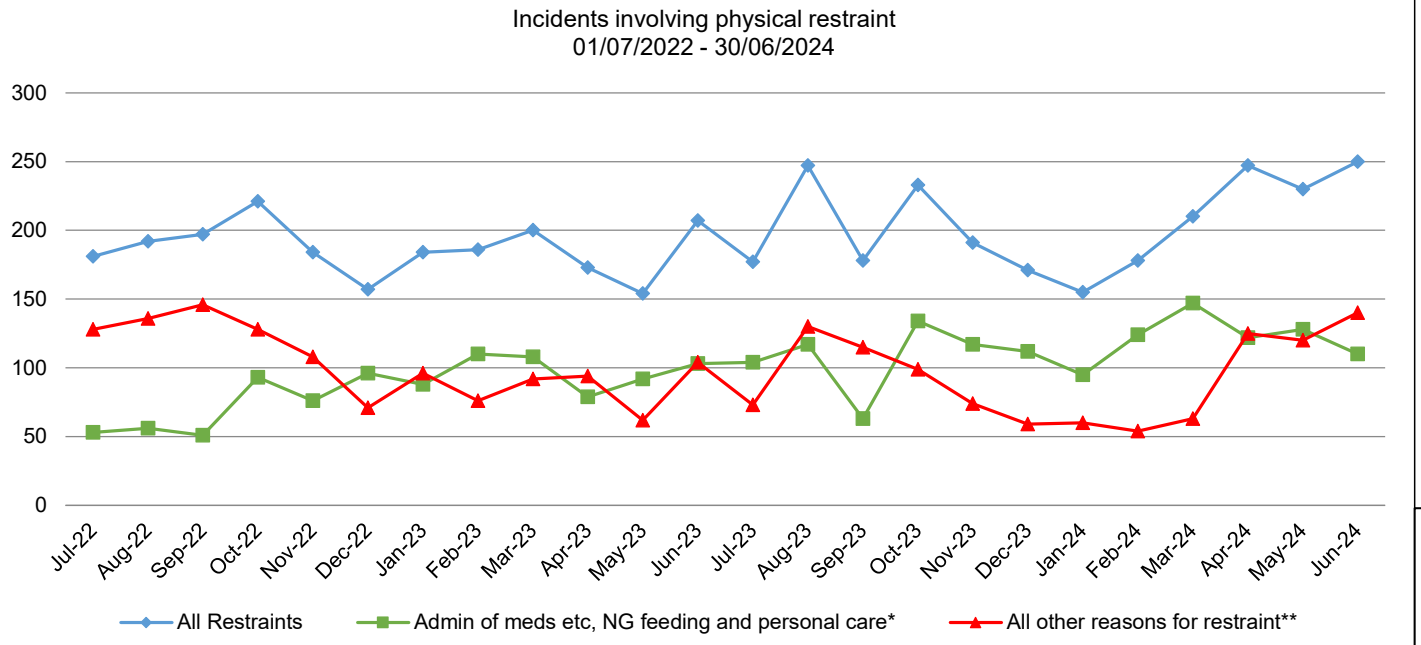
Pressure Ulcers:

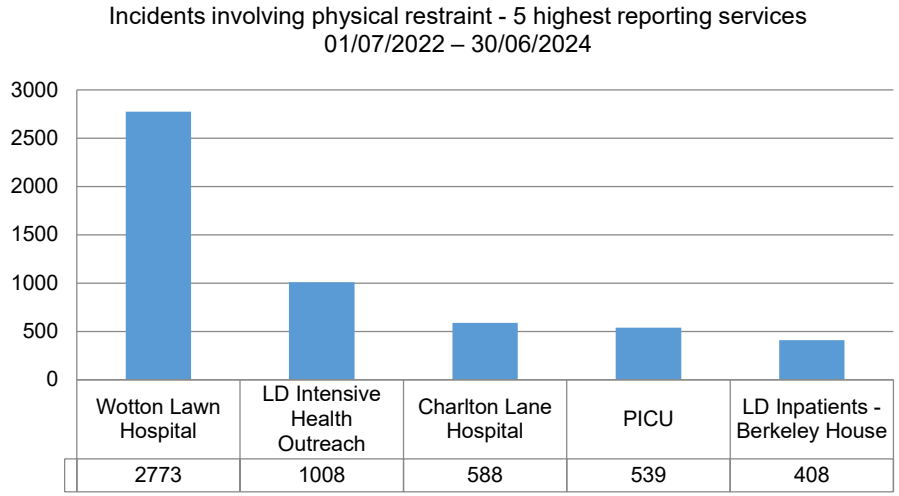
All cat 3, 4 & unstageable pressure ulcers each month are subject to senior clinical review as part of our validation process.

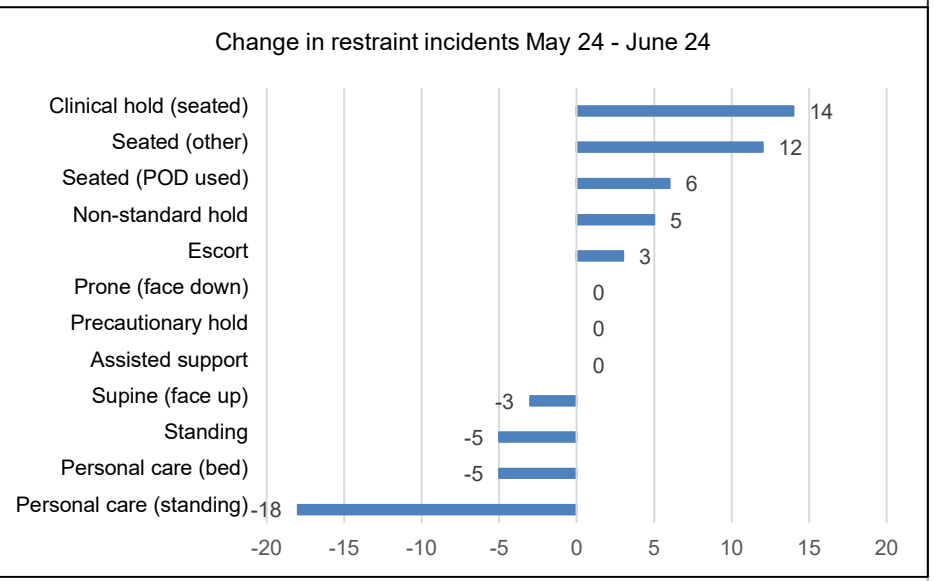
*June 2024 data has not been fully validated. Once validation has been completed, the numbers of Category 3,4 and unstageable usually change and there may be duplication of reporting.

The total number of reported pressure ulcers developed or worsened in our care has remained fairly static throughout the first quarter of the year, including static reporting of Category 1 and 2 pressure ulcers.

Incidents involving restraint







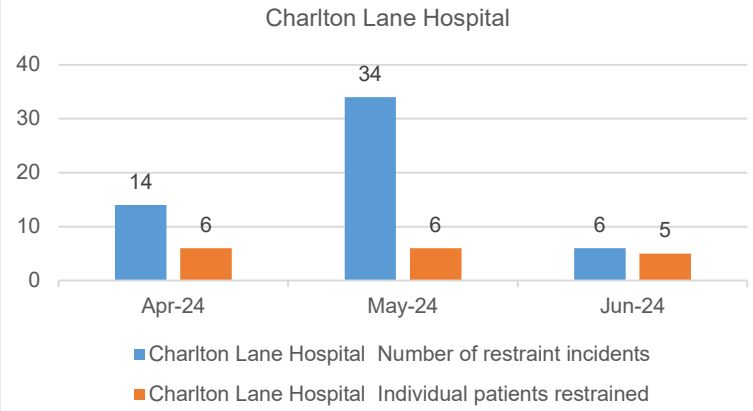
*To Lawfully administer medicines or other medical treatment, facilitate nasogastric (NG) feeding & facilitate personal care.
**Prevent a patient being violent to others, prevent a patient causing serious intentional harm to themselves, prevent a patient causing serious physical injury to themselves 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.

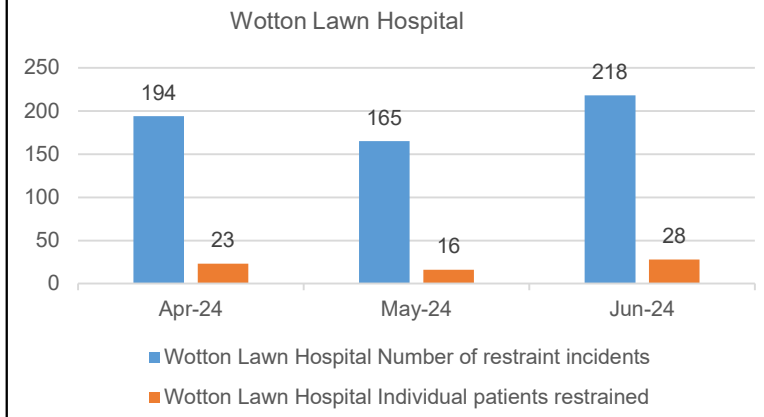
Priory Ward, Wotton Lawn Hospital continues to report the highest number of physical restraints each month. A weekly range of 45% - 54% of these incidents relate to interventions supporting specific patients. There are up-to-date and clinically appropriate Inpatient Positive Behavioural Support Plans in place.

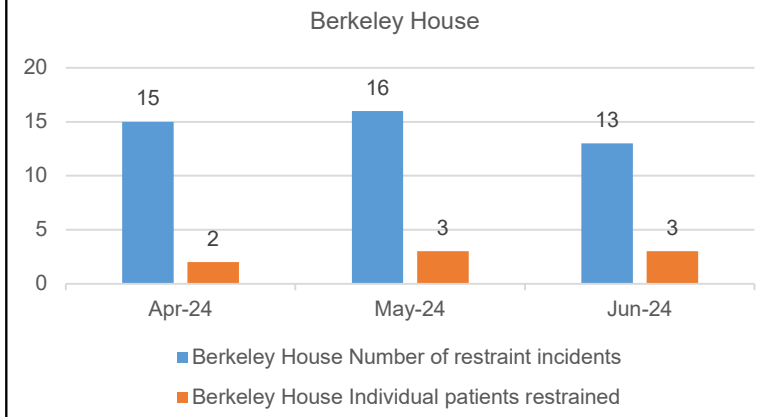
There were no episodes of rapid tranquillisation occurred at Charlton Lane or Berkeley House during June. The reported IHOT incidents relate to Phlebotomy and clinical procedures.

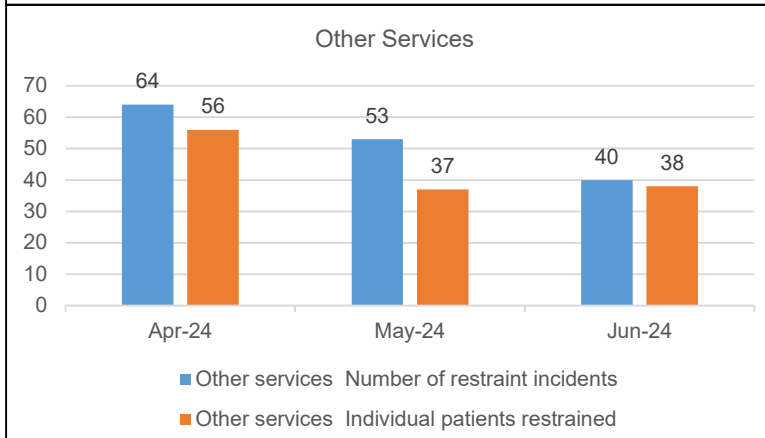
Incidents involving restraint – individual patients restrained

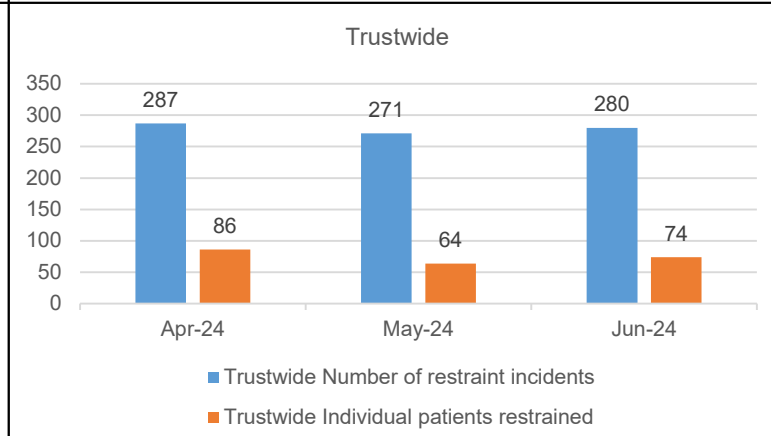
	Charlton Lane Hospital		Wotton Lawn Hospital		Berkeley House		Other services		Trustwide	
	Number of restraint incidents	Individual patients restrained	Number of restraint incidents	Individual patients restrained	Number of restraint incidents	Individual patients restrained	Number of restraint incidents	Individual patients restrained	Number of restraint incidents	Individual patients restrained
Apr-24	14	6	194	23	15	2	64	56	287	86*
May-24	34	6	165	16	16	3	53	37	271	64*
Jun-24	6	5	218	28	13	3	40	38	280	74*





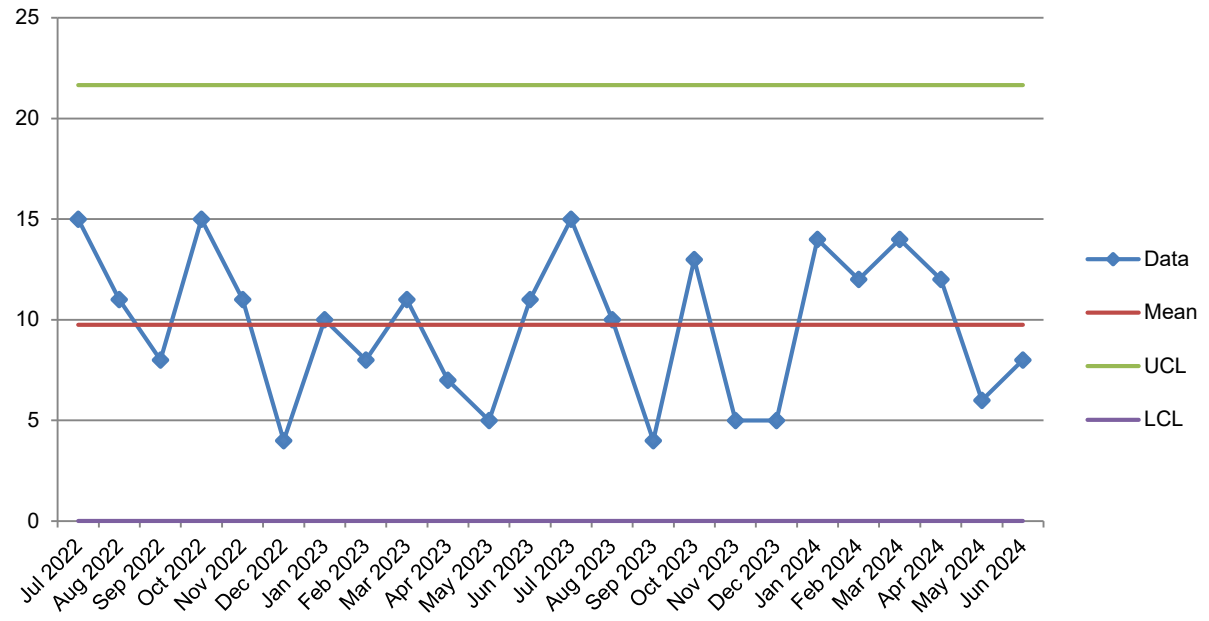






*The number of individual patients restrained Trustwide is lower than the sum of individual patients restrained in each of the hospitals / services. This is because some patients have been restrained in more than one setting.

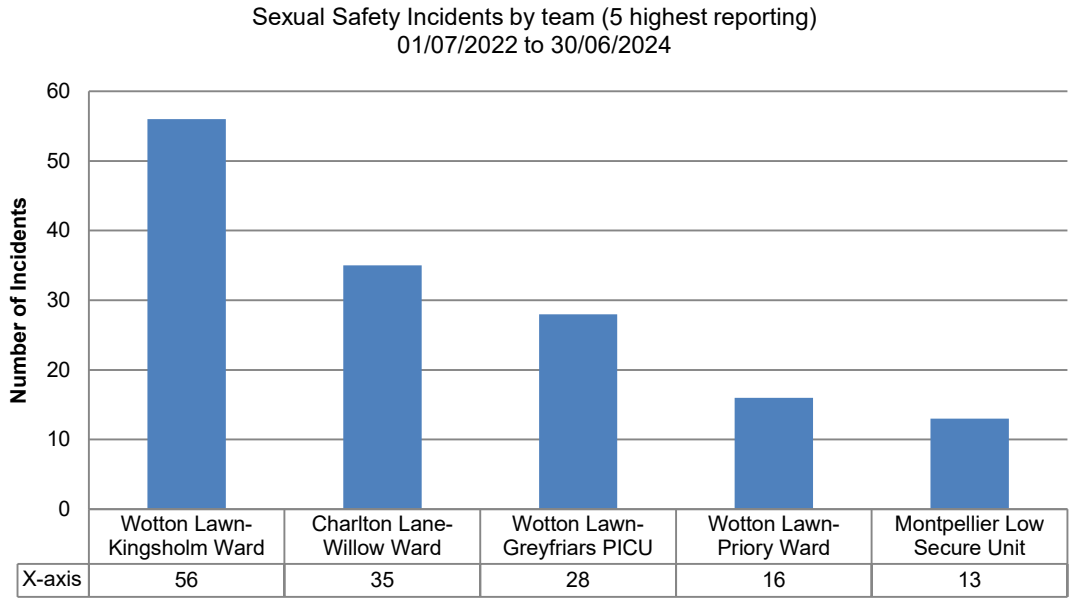
Sexual Safety Incidents

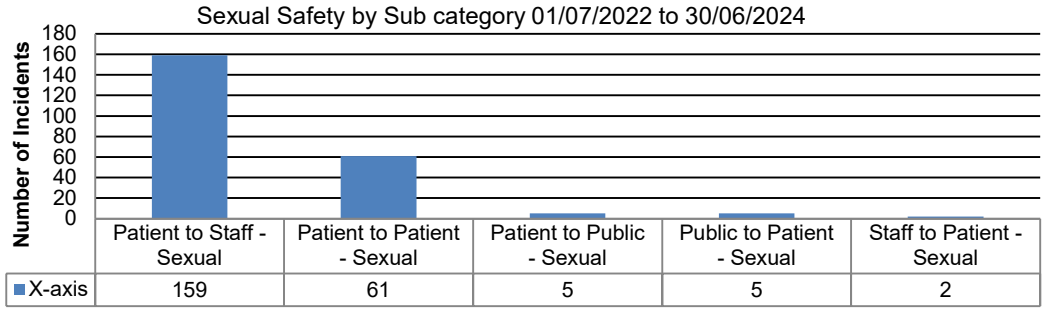


During June, 8 sexual safety incidents were reported, an increase of two incidents compared to May 2024, with the majority (88%) of sexual safety incidents continuing to occur in mental health inpatient services. 4 incidents were sexual disinhibition, 2 incidents were sexual harassment, 1 was sexual assault and 1 was categorised as 'other' sexual safety incident. 1 lone worker sexual safety incident was reported by a physical health colleague working in the community. 7 incidents were reported as no harm.

An AAR meeting for the 'other' sexual safety incident (patient to patient) has been held and areas of learning have been identified. The team are working alongside operational colleagues in finalising an action plan. The incident was reported as a moderate harm.

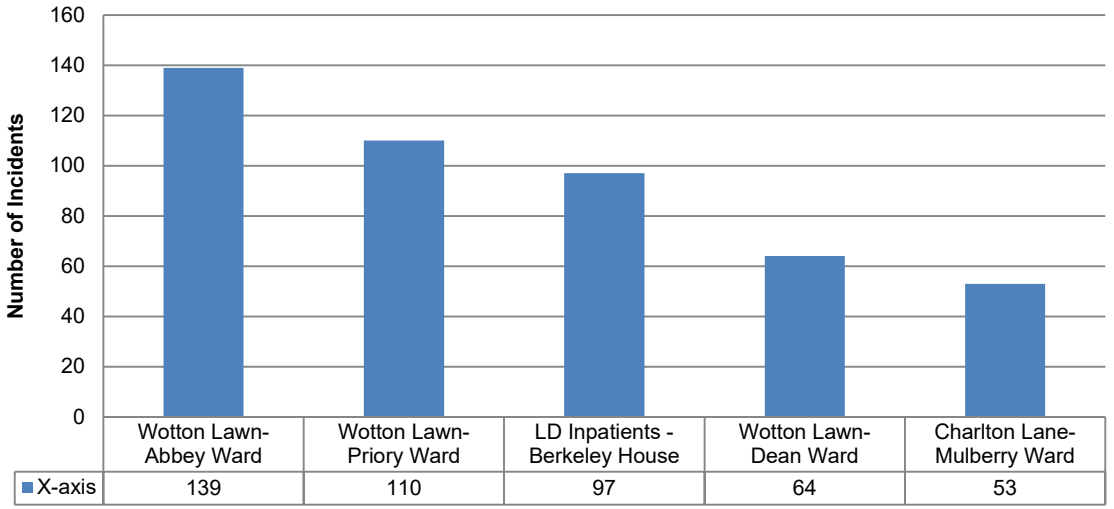
Locally, mental health services continue to report most sexual safety incidents and male service users targeting female employees in a sexually inappropriate manner continues to be a robust theme over time. This is being addressed via an OD/HR project to promote the Sexual Safety Charter through the Violence and Harm Reduction workstream.



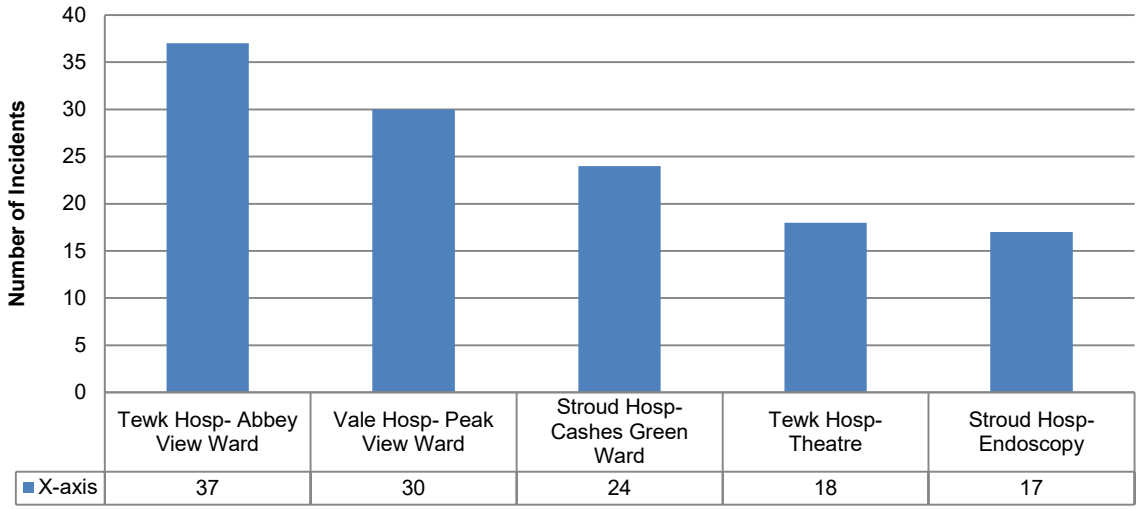


Incidents awaiting review and confirmation of level of harm: data priority areas and actions underway

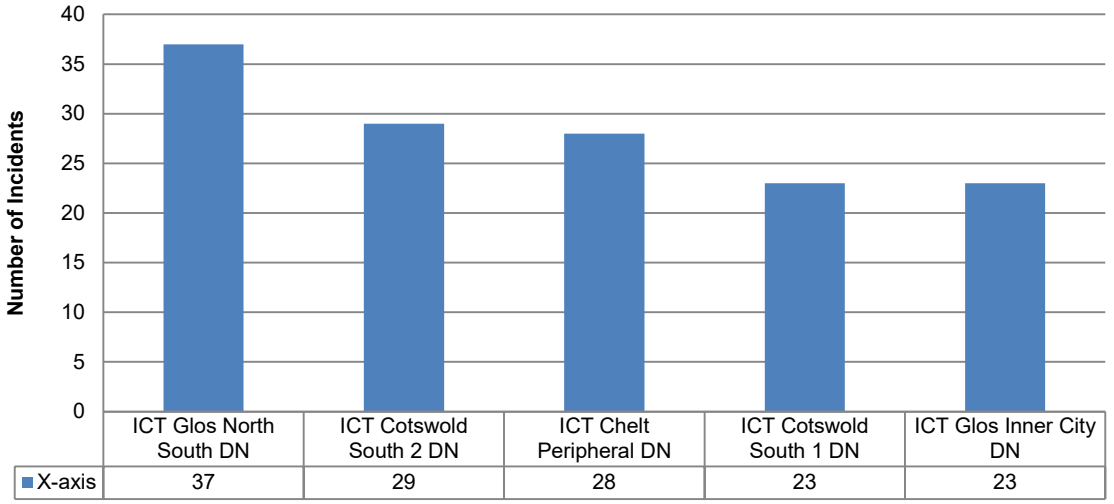
MH/LD inpatient wards/units (Top 5) –
Open incidents (awaiting review / being reviewed) as of 05/07/2024



Community hospitals (Top 5) –
Open incidents (awaiting review / being reviewed) as of 05/07/2024



ICT teams (Top 5) –
Open incidents (awaiting review / being reviewed) as of 05/07/2024



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 1995 as of 10/07/2024. This is an increase from May (1835 open incidents).

The Patient Safety Team continue to monitor the number of 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. 58 such incidents remain open as of 10/07/2024. This is a slight decrease from May (63 open incidents).

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE? Closed Cultures: eliminating the risk of our patients experiencing abuse

Closed cultures – identification and risk factors (June 24)

The CQC closed culture-related work applies to services that can be described as locked environments or areas where open access is restricted. Alongside these areas, services that deliver care to people that have communication or significant cognitive challenges are also considered at risk of becoming a closed culture. We have identified the following settings in the Trust as *potentially* having a raised risk of a closed culture; these are the focus of increased monitoring and support to eliminate this risk.

- **Berkeley House: Learning disabilities assessment and treatment**
- **Montpellier Ward: Mental health forensic low secure**
- **Willow Ward: Dementia unit**
- **Greyfriars Ward: Psychiatric intensive care unit**

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

We are using the recent substantial governance review of the Manchester Edenfield Unit, published by the Good Governance Institute (2023), to develop an improved governance approach and implement anti-closed culture interventions. We are planning a Board development session on the report's findings and will update on outputs from this work.

Greyfriars Ward

Staffing: ***Band 6** - We have 3 vacant posts; interviewed 03/07/24. It has been challenging to recruit B6 RMN's so we have created a B5-6 development post. This is a structured programme to support established B5's to gain experience to develop into a competent band 6. During interviews we were able to successfully recruit 2 B5's for the developmental post and 1 B6. ***Band 4 and 5** - Fully recruited! ***Band 3**- We have 2 vacant posts. We were able to recruit a very experienced HCA, starting end of August.

Incidents: There has been a decrease in Datix incidents this month, which has been felt to coincide with the recovery of several highly disturbed patients.

Training: Ongoing, with notable increases in compliance in most areas. Our biggest deficit has been the Oliver McGowan training because of lack of training dates – new dates are now available and most of the team are booked on.

Issues: Ongoing challenges with bed management/PICU beds being used for acute patients. This has impacted on patients being moved to acute wards when they have met their PICU goals of admission. It is evident that this is impacting on the ability to consolidate patients' recovery in a less restrictive environment. This is due to significant pressures for beds across the county. However, there has been an improvement in patient flow over the last month, with a clear increase in patients being transferred to acute beds when deemed ready for transfer.

Montpellier Unit

Staffing: Two WTE Band 5 staff nurses are due to start Aug and Sept 2024 and then nursing establishment will be full. 1.6WTE HCA currently being advertised. Plans to uplift 1WTE B5 to 1WTE B6.

Incidents: Management are taking a person-centred systems-based approach to learn from incidents. Staff are encouraged to use the SEIPS model to learn from incidents, reduce blame culture and encourage staff to speak up. Learning includes: working with clinical systems to optimise RIO to reduce medication incidents and reviewing procedural security processes to reduce security related incidents.

Training: Training compliance 95% overall. Hotspots include Safeguarding, due to limited dates available in coming months, and Oliver McGowan, due to difficulties releasing staff from clinical duties. Management have developed care plan training for staff based on the model of relational security with a focus on 'therapy'. This has been rolled out to all trained staff with plans to adapt the training for HCA's. We have secured spaces for the relational security facilitator training, and for personality disorder training. Staff of all grades have been given the opportunity to attend.

Issues: None to report this month.

Charlton Lane Hospital, including Willow Ward

Staffing: Staffing levels good with only 2.3% vacancy rate. A new HCA was welcomed to the Ward in June and Willow is fully recruited to.

Incidents: 117 incidents across CLH in June – falls (40), violence and aggression patient to patient (15) and patient to staff (12) were the top 3types of incident. 106 were No Harm incidents and 11 were Low Harm.

Training: Statutory and mandatory training compliance is good, currently 96%

Issues: None to report this month.

Berkeley House

Staffing: No new starters in June, 1 staff member has left to work with older adults. New starter 3-month reviews completed for 6 staff – all positive about their first 3 months at BH. Monthly meeting for Registered Nurses commenced in June.

Incidents: Some major damage to a flat by a patient; they have been moved to an empty flat to enable repairs to be undertaken.

Training and supervision: Statutory and mandatory training levels good at 92%. Have also received additional training on trauma informed care and Safeguarding.

Issues: None to report this month. Successful re-opening of a refurbished flat in June for a patient to move into.

Staff survey 2023

	IP CLH		IP LD		IP WLH		Montpellier	
	2022	2023	2022	2023	2022	2023	2022	2023
Completion rate (%)	33	72	16	10	47	77	no data	21
Proportion of respondents who agreed/strongly agreed (%)								
In my team disagreements are dealt with constructively	62.5	52.8	13.3	40.0	62.2	71.4	no data	57.1
I feel valued by my team	75.0	73.6	33.3	70.0	75.6	78.7	no data	66.7
My immediate manager gives me clear feedback on my work	81.3	75.0	35.7	50.0	69.6	85.7	no data	66.7
My immediate manager values my work	78.1	85.7	35.7	70.0	84.8	90.9	no data	76.2
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 (Never)	24.2	38.0	20.0	50.0	42.6	37.7	no data	26.3
I would feel secure raising concerns about unsafe clinical practice	78.8	76.4	75.0	60.0	80.9	79.2	no data	70.0
I feel safe to speak up about anything that concerns me in this organisation	75.8	61.1	50.0	50.0	61.7	71.4	no data	66.7

CLH, Charlton Lane Hospital; IP, inpatient; LD, Learning Disabilities; WLH, Wotton Lawn Hospital

Key

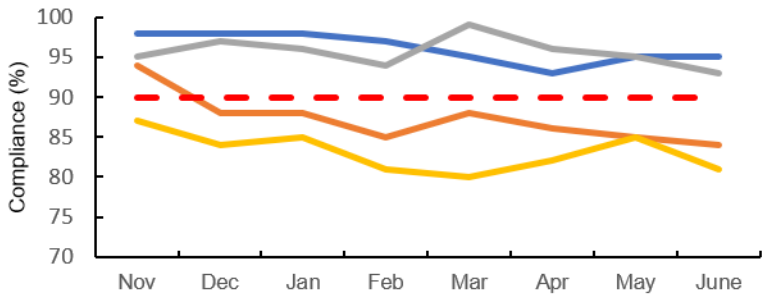
Improvement
No change
Reduction (negative for 12 months question)

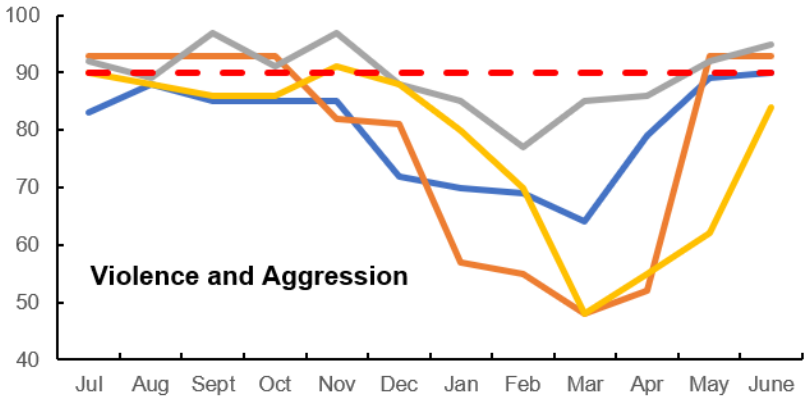
Quality Dashboard

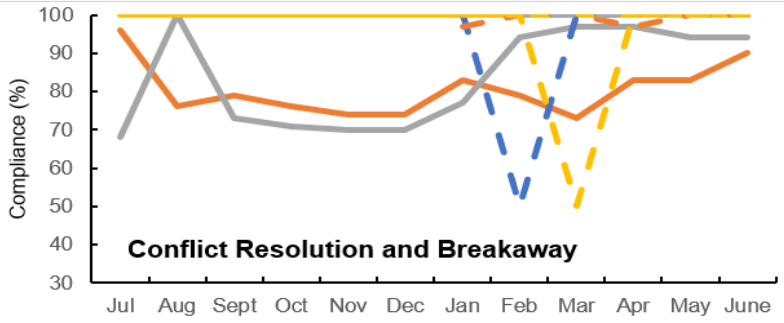
Gloucestershire Health and Care NHS Foundation Trust

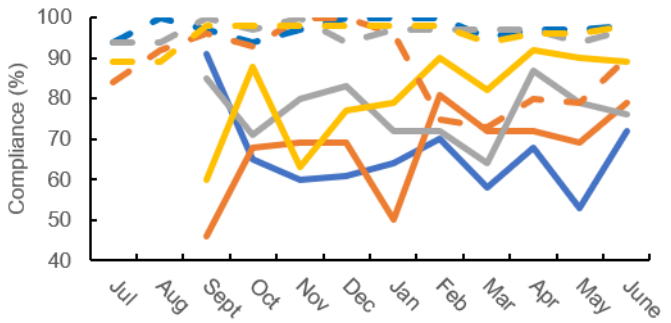
CQC DOMAIN - ARE SERVICES SAFE? Closed Cultures: eliminating the risk of our patients experiencing abuse

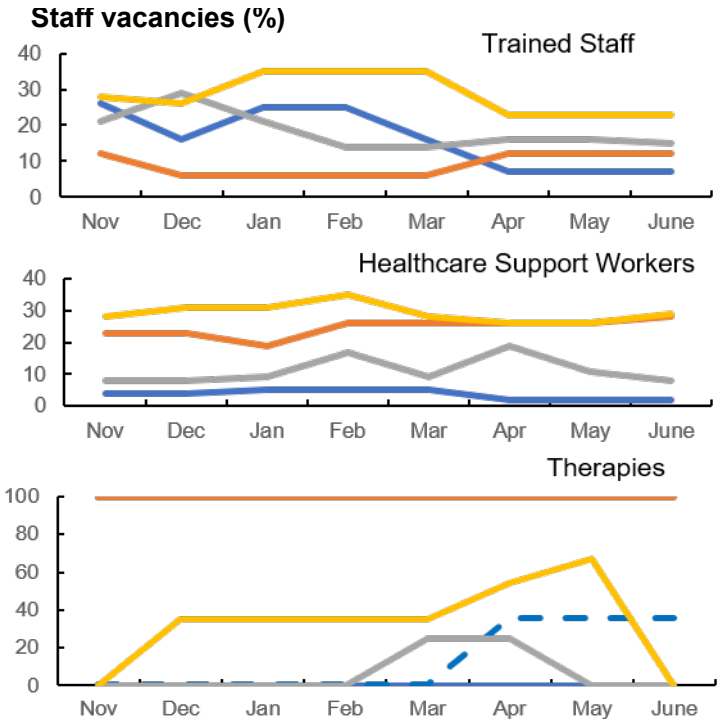
Closed cultures – Trust safeguards against risks

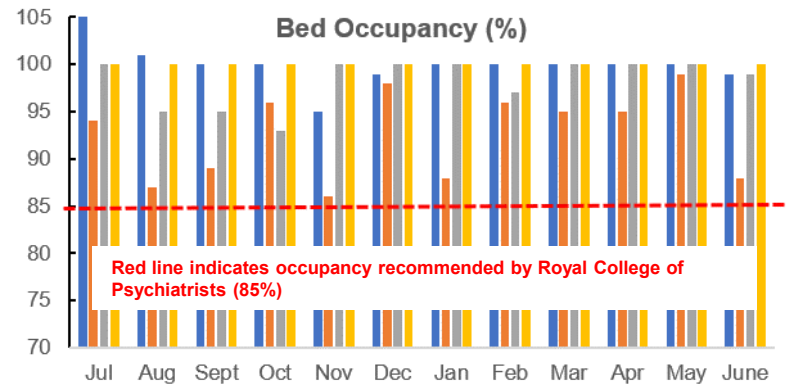












Key

Blue - Willow Ward
Orange - Greyfriars
Grey - Montpellier
Yellow - Berkeley House

For conflict resolution and breakaway training, dashed lines indicate conflict resolution

For supervision and appraisals compliance, dashed lines show appraisals

For therapies vacancies:

- blue line shows CLH occupational therapy
- blue dashed line shows CLH physiotherapy
- green line shows CLH speech and language therapy (no data available for May)

Dashed red lines show target/recommended levels

Areas that fall below recommended compliance are noted and highlighted to ops and training; plans are put in place to rectify

These measures support safeguards against a closed culture: training and staff engagement. Datasets are collated at different timepoints as incidents are validated; numbers may not align with other reports.

CQC DOMAIN - ARE SERVICES SAFE? Closed Cultures: eliminating the risk of our patients experiencing abuse

Closed cultures – Trust safeguards against risks

Patient to patient incidents

		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Attempted assault	Willow W	5	1	2	0	4	3	3	4	1	4	5	5
	Greyfriars	0	4	0	1	0	0	0	1	2	0	0	0
	Montpellier	0	1	1	0	0	0	1	0	0	3	0	0
	Berkeley H	0	0	0	0	0	0	0	0	0	0	0	0
Physical	Willow W	15	11	17	5	8	3	3	7	8	1	14	8
	Greyfriars	1	2	0	4	3	2	2	3	2	13	2	4
	Montpellier	0	0	0	0	0	0	0	0	0	1	0	0
	Berkeley H	1	0	0	0	2	0	0	0	0	0	0	0
Verbal	Willow W	0	0	0	0	0	1	0	0	2	1	1	2
	Greyfriars	0	1	0	0	2	0	0	1	0	0	0	0
	Montpellier	0	0	0	0	0	0	1	1	1	1	0	0
	Berkeley H	0	0	0	0	0	0	0	0	0	0	0	0
Racial abuse	Willow W	0	0	0	0	0	0	0	0	0	0	0	0
	Greyfriars	0	0	0	0	1	0	0	0	0	0	0	0
	Montpellier	0	0	0	0	0	0	1	1	2	0	0	0
	Berkeley H	0	0	0	0	0	0	0	0	0	0	0	0
RT (RT only + PI and/or RT)	Willow W	20	10	6	9	8	6	7	28	56	5	30	4
	Greyfriars	5	25	5	28	9	27	26	31	18	54	20	19
	Montpellier	7	56	53	4	1	0	2	1	1	2	1	0
	Berkeley H	29	23	25	31	33	6	5	11	20	16	16	14
Total sexual safety incidents	Willow W	4	2	0	1	0	2	6	2	0	1	1	4
	Greyfriars	2	3	0	2	0	0	0	3	3	2	2	0
	Montpellier	1	0	0	0	0	0	0	0	0	0	0	0
	Berkeley H	0	0	0	0	0	0	0	0	0	0	0	0
PALS/PCET													
Visits (no. patients giving feedback)	Willow W	3	2	1	5	2	4	4	6	0	3	3	4
	Greyfriars	4	2	0	0	4	3	1	1	1	2	2	3
	Montpellier	1	2	0	2	5	1	2	3	0	2	2	2
Enq/comment	Willow Ward	1	0	0	0	0	0	0		0	0	0	0
	Greyfriars	0	1	1	1	0	1	1	2	1	0	0	1
	Montpellier	0	0	2	0	1	0	0	0	0	0	0	0
	Berkeley House	0	0	1	0	0	0	0	0	0	0	0	0
Early resn	No new incidents												

Patient to staff incidents

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Willow W	3	1	2	1	0	1	3	0	2	0	6	3
Greyfriars	1	5	1	5	2	3	5	2	1	4	0	1
Montpellier	4	40	23	2	1	0	0	1	1	0	0	0
Berkeley H	14	11	16	15	8	8	1	5	3	11	9	5
Willow W	6	14	9	10	17	6	7	3	6	4	8	5
Greyfriars	2	8	1	18	6	15	18	6	5	22	8	2
Montpellier	4	5	10	2	2	0	2	1	3	0	1	0
Berkeley H	63	72	56	61	46	29	15	11	14	30	18	20
Willow W	1	0	0	0	0	0	3	0	0	0	0	0
Greyfriars	0	2	0	0	1	4	6	4	1	0	0	1
Montpellier	1	3	0	3	1	3	1	2	3	2	3	0
Berkeley H	2	3	2	2	3	2	0	1	0	0	0	0
Willow W	2	0	0	0	1	0	1	2	0	0	0	0
Greyfriars	0	2	0	1	3	1	1	0	1	11	2	0
Montpellier	1	1	1	0	2	2	0	2	0	2	0	0
Berkeley H	0	0	0	0	0	0	0	0	0	0	0	0

Reported incidents of physical intervention and/or rapid tranquilisation in June, by individual; Montpellier had no incidents.

Willow Ward, 4 incidents

Greyfriars, 19 incidents

Berkeley House, 14 incidents

PALS, Patient Advice and Liaison Service; PCET, Patient and Carer Experience Team; PI, physical intervention; resn, resolution; RT, rapid tranquilisation.
Datasets are collated at different timepoints as incidents are validated; numbers may not align with other reports.

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE? Statutory and Mandatory and Essential to Role Training

Service – data as at 08/07/24	Resus Level 3	Safeguarding	PBM/PMVA	Clozapine	Rapid Tranquilisation	Mental Capacity Act	Clinical Risk Assessment	Observation and Engagement
Cirencester & Fairford Hospital	87%	84.5%	N/A	N/A	N/A	97.3%	N/A	N/A
Forest of Dean Hospital	91.3%	98%	N/A	N/A	N/A	100%	N/A	N/A
MIIU's	95.2%	93.9%	N/A	N/A	N/A	94.6%	N/A	N/A
North Cotswold Hospital	89.3%	89.5%	N/A	N/A	N/A	96.4%	N/A	N/A
Stroud Hospital	87%	88.6%	N/A	N/A	N/A	91.4%	N/A	N/A
Tewkesbury Hospital	95.2%	93.9%	N/A	N/A	N/A	98.7%	N/A	N/A
The Vale Hospital	87.8%	87.8%	N/A	N/A	N/A	96.6%	N/A	N/A
Community Physical Health	N/A	93.1%	N/A	N/A	N/A	96.2%	N/A	N/A
AMHP	100%	98%	N/A	N/A	N/A	100%	100%	N/A
Charlton lane Hospital	95.9%	93.5%	90%	100%	93.7%	100%	100%	97.8%
Community Forensics	N/A	95.5%	N/A	100%	N/A	93.3%	100%	N/A
Criminal Justice Liaison	N/A	93.8%	N/A	83.3%	N/A	94.1%	75%	N/A
Crisis Resolution HT	100%	93.5%	N/A	97.9%	N/A	89.7%	88.4%	N/A
Honeybourne	88.2%	95.3%	N/A	90%	N/A	100%	80%	100%
Laurel	95.2%	84.8%	N/A	100%	N/A	100%	83.3%	100%
Berkeley House	90.9%	81.2%	84%	N/A	77.7%	97.8%	90.9%	76.7%
Psychiatric Liaison	N/A	95.7%	N/A	100%	N/A	92.8%	92.5%	N/A
Wotton Lawn Hospital	93.8%	88.7%	82.9%	100%	92.5%	98.5%	90%	86.8%
Community Mental Health	N/A	91.8%	N/A	96.7%	N/A	88%	87.9%	N/A

Additional information

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. PMVA/PBM compliance rates are being impacted by access to courses (they are fully booked over the next few months). Staff are booking onto courses where they are available. This does not impede the hospitals ability to provide safe management of distress.
Appraisal - The June figure is 87%, a slight increase on last month. **Clinical Supervision** – The May figure is 45.67% Trust-wide which is a slight increase 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. Supervision compliance for MH/LD IPU is 76.55%, PH IPU is 39.4% and Adult Community MH/LD is 44.62%, Adult Community PH is 44.2%. We acknowledge the need for improved assurance regarding supervision practice across the Trust - a Trust wide Supervision Development Group has been established to review trust policy and practice.

Supervision - Q1 2024/25

Childrens: Group Supervision Compliance **66%**

Integrated Group Supervision Sessions: **75**

One to One Supervision Sessions: **2**

Adults Group Supervision Sessions **0**

Training

LEVEL 1: INDUCTION	LEVEL 2: THINK FAMILY	LEVEL 3: CHILD PROTECTION	LEVEL 3: ADULT PROTECTION	LEVEL 4: ADULT PROTECTION
97%	87%	83%	88%	85%
Q1 24/25: 97%	Q1 24/25: 87%	Q1 24/25: 83%	Q1 24/25: 88%	Q1 24/25: 85%
Jun 24: 97%	Jun 24: 87%	Jun 24: 84%	Jun 24: 89%	Jun 24: 84%
May 24: 97%	May 24: 87%	May 24: 82%	May 24: 88%	May 24: 84%
Apr 24: 97%	Apr 24: 88%	Apr 24: 82%	Apr 24: 82%	Apr 24: 88%

Referrals and Advice Line

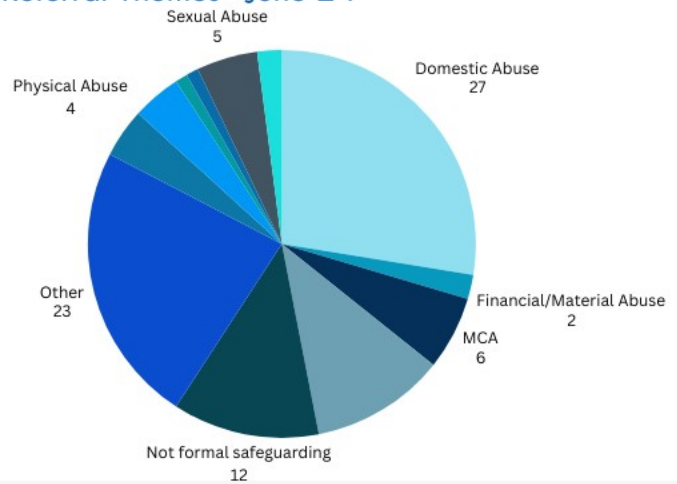
325 Q1 24/25

Contacts to Advice Line (adults and children combined)
Apr 24:116 May 24: 123 Jun 24: 86

41 Q1 24/25 Children

Referrals made to GCC (adults and children combined)
Apr 24: 23 May 24: 24 Jun 24: 15 (children only)

Referral Themes - June 24



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

- The B6 practitioners secondment for MASH has been successfully filled.
- The current training offer across adult and child Safeguarding is being considered in the light of the NHS England Strategy for Statutory and Mandatory Training. This review will also encompass an understanding of how our courses are aligned to the Intercollegiate Documents (adult and child) and the Core Skills Training Framework (CSTF), and to compare training across the ICB and with other trusts
- Safeguarding training completed over 2 days (17th and 18th June) for colleagues working in Berkeley House, this will offer further internal and external assurance surrounding staff competency, upskill and patient safety.
- The new children's supervision menu has been finalised and information about the model is being shared with practitioners. The launch date is 01/08/24.
- Mental Capacity Assessment and Best Interest Forms are now live in SystmOne and Rio. These new forms replace the previous MCA forms and can be found in the MCA & BI folder on Rio and the Questionnaires section on SystmOne
- The Adult Safeguarding template was introduced to SystmOne on 22nd April, and work is continuing towards the introduction of the Children's template (although despite being previously scheduled for September 2024 this has now been put back, new date TBC).
- Adult Safeguarding referral data was received in June from the Local Authority (relating to May's referrals), but as at the time of writing June's data has not yet been received. It is expected mid-month.
- The ICB have offered group supervision for the band 7/8's in the adults team which will replicate the children's model. The plan is for 2-hour supervision sessions on MS Teams (with a view to possible face to face in the future) every other month and the team have been invited to attend 2-3 a year or more if they feel they would benefit from attending. The days and times will be changed to make it easier for everyone to attend.

Challenges/Risks

The launch of the children's template has been delayed due to the introduction of the 111 service into GHC. As this news has only just been received we do not have a revised launch date yet.

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 - June 2024

- There has been an average of 35 patients that have Not Met the Criteria to Reside (nCTR) in a community hospital in June 2024
- There has been an average of 3 patients in total Not Meeting the Criteria to Reside (nCTR) for over 30 days in June 2024

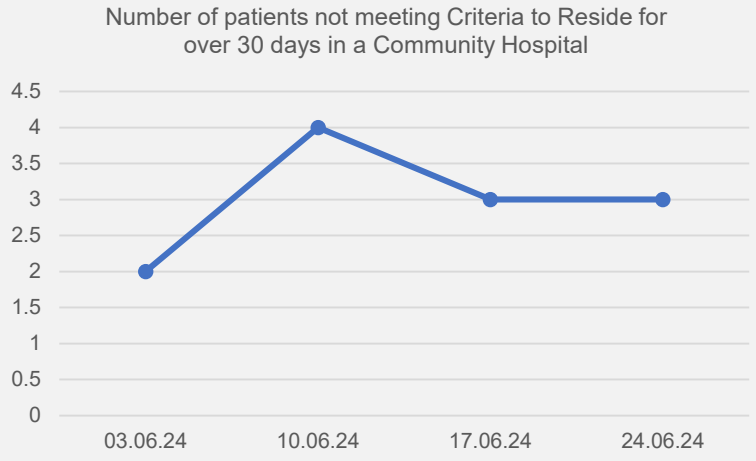
- Overall, there has been a slight reduction in the number of patients that have not met the Criteria to Reside in a Community Hospital. The average number of patients who do not meet criteria to reside for > 30 days remains low.
- There has been an increase in the number of Pathway 1 discharges, due to the new DCA Capacity.
- There has been a rise in the delays for Pathway 3 discharges, due to an increase in complexity of patients, and a significant rise in the number of Community patients waiting onward care.
- Positively, there were no delays attributable to housing, which could be attributed to having a senior housing officer based in the Integrated flow hub.

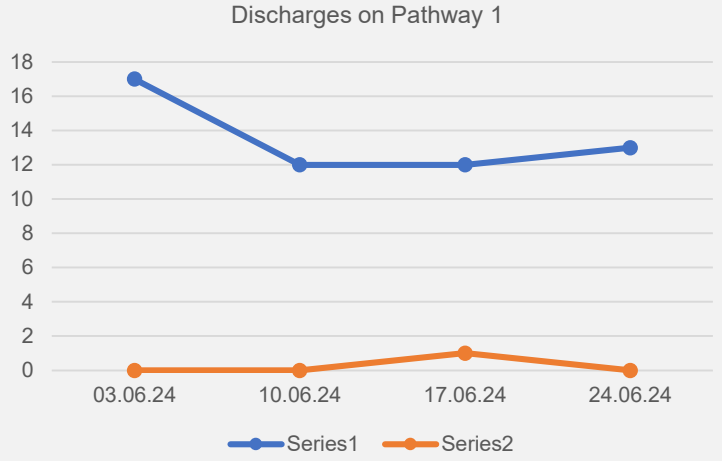
Pathway Zero – 'Simple Discharge' 0
No formal care arranged but could include follow up appt, district nurse or community and voluntary sector input

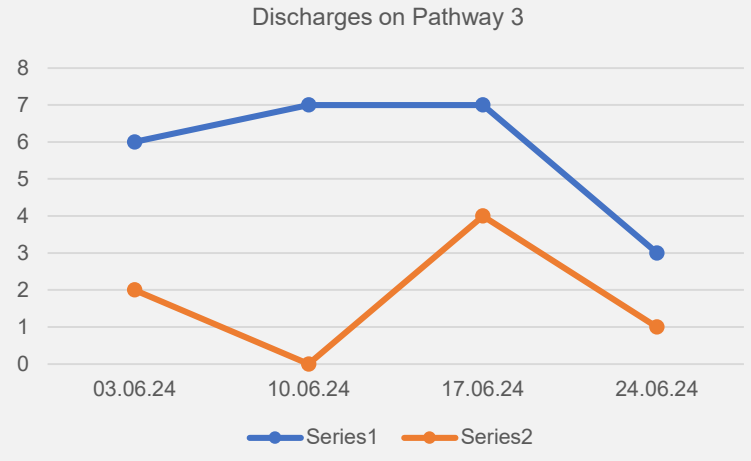
Pathway One 'Homefirst' – Return Home with additional Support 1
Homefirst principle with support to recovery or pre-existing Domiciliary Care that needs to be increased

Pathway Two – Bedded Recovery/Reablement/Rehabilitation 2
Bedded facilities, such as Community Hospitals, bed based reablement units with the aim to recover people to get back home

Pathway Three – Longer Term Setting 3
Short Term Residential/Nursing Respite after recognised ongoing needs, which lead to long term nursing or residential placements if not home







Showing the number of patients that do not meet the Criteria to Reside for > 30 days. Date ranges week commencing 03/06/24 – 24/06/24.

Showing the number of patients **discharges** on Pathway 1 who did not meet the criteria to reside for > 30 days. Date range: week commencing 03/06//24 – 24/06//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.

Chart 3 - Showing the number of patients delayed on Pathway 3 for over 30 days. Date range: week commencing 03/06//24 – 24/06//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.

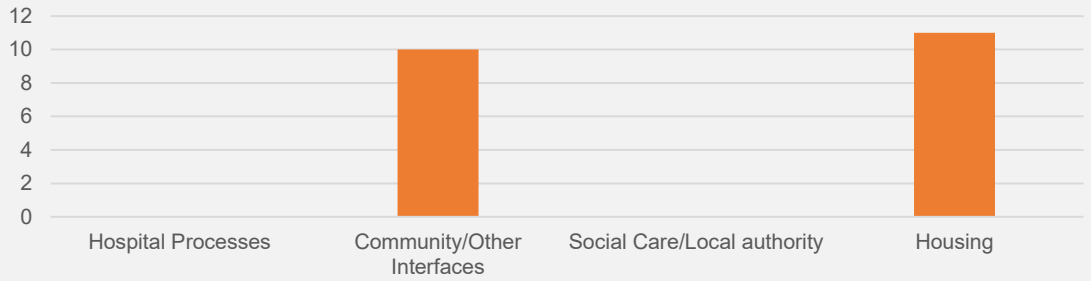
Clinically Ready for Discharge, formally known as DTOC, is the new terminology for reporting delays in MH since January 2023. "Clinically Ready" does not indicate complete recovery, it is the point at which a person could be safely assessed, cared for and treated at home or in a less restrictive setting. 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 - June 2024: Total of patients across WLH, CLH, Recovery, LD = 32 WLH = 21 CLH = 7 Recovery Units = 4 Learning Disability = 0

No. of clinically ready for discharge patients in Wotton lawn per theme of delay



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

No. of clinically ready for discharge patients in Charlton Lane hospital per theme of delay

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

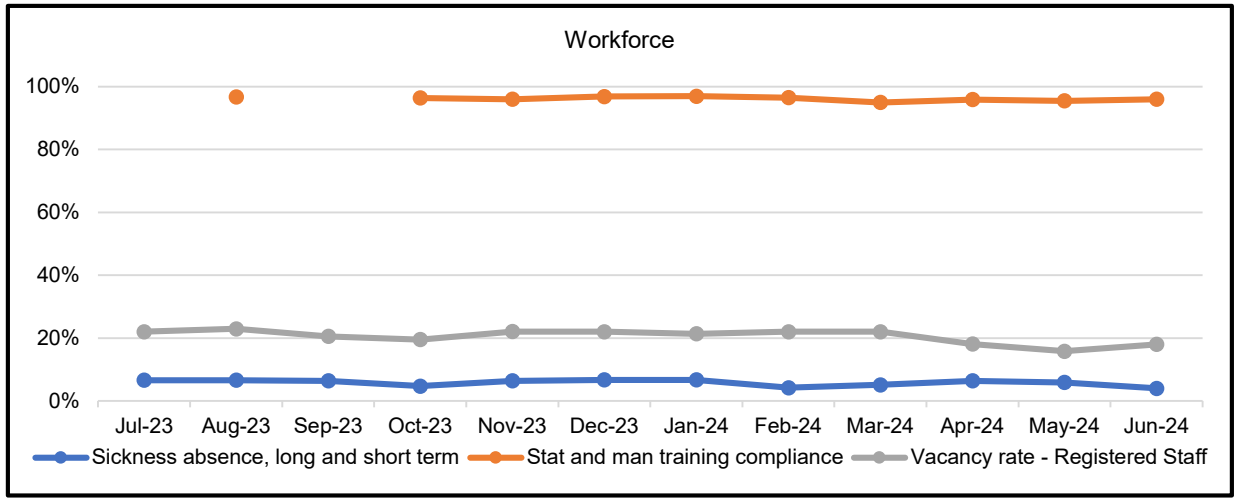
No. of clinically ready for discharge patients in Recovery Units per theme of delay

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

Learning Disability

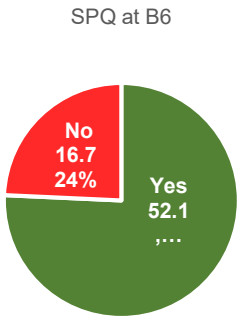
Themes related to delays:-
Lack of appropriate housing

CQC DOMAIN - ARE SERVICES EFFECTIVE? ICT Community Nursing (In Development)

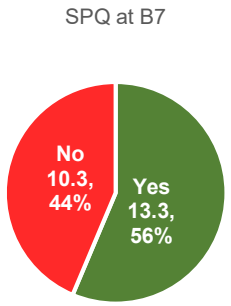


1.4% (n=386) of visits were rescheduled in June. This is linked to sickness (4.2%) and vacancy levels (18%), both are above the Trust average. Although vacancy levels are falling (by 1% on last month), the recruited RN's are newly qualified and need preceptorship and support over their induction to gain competencies and experience.

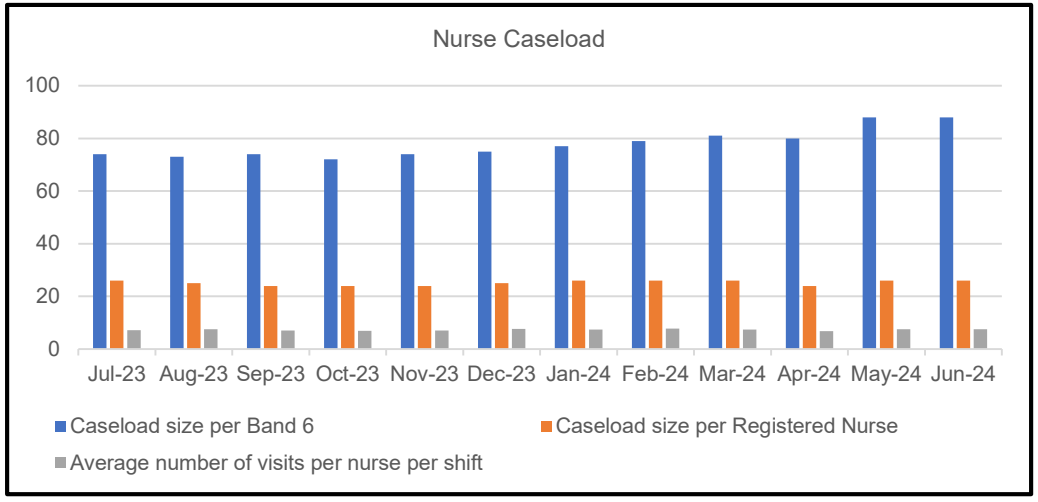
The ENDNS have moved into the ICT's which has improved communication and enabled cross support of patients throughout the service.



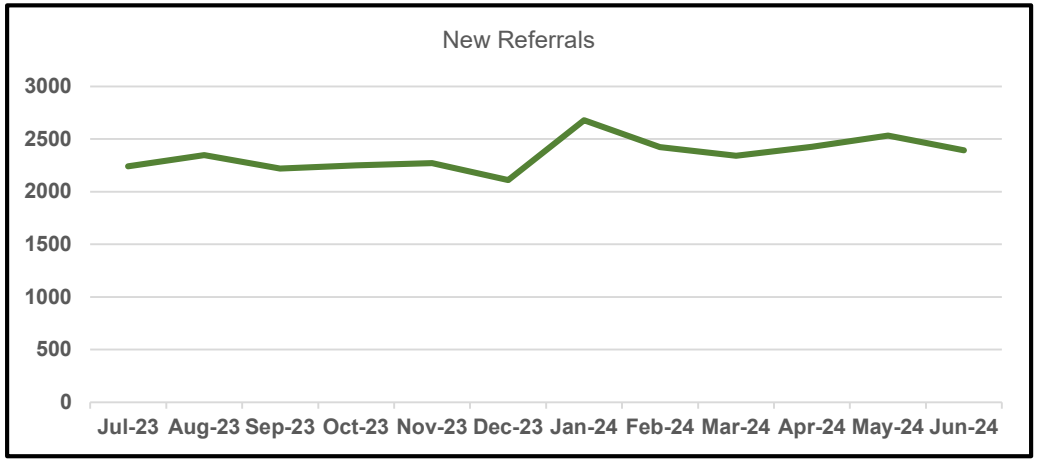
Community nursing leadership benefits from Specialist Practice District Nursing qualified colleagues at senior levels throughout the ICT localities.



5 SPQ qualified practitioners, funded by the ICT's, will re-join the Community Nursing ICT workforce in September. Interviews for 5 more candidates took place on 12th July.

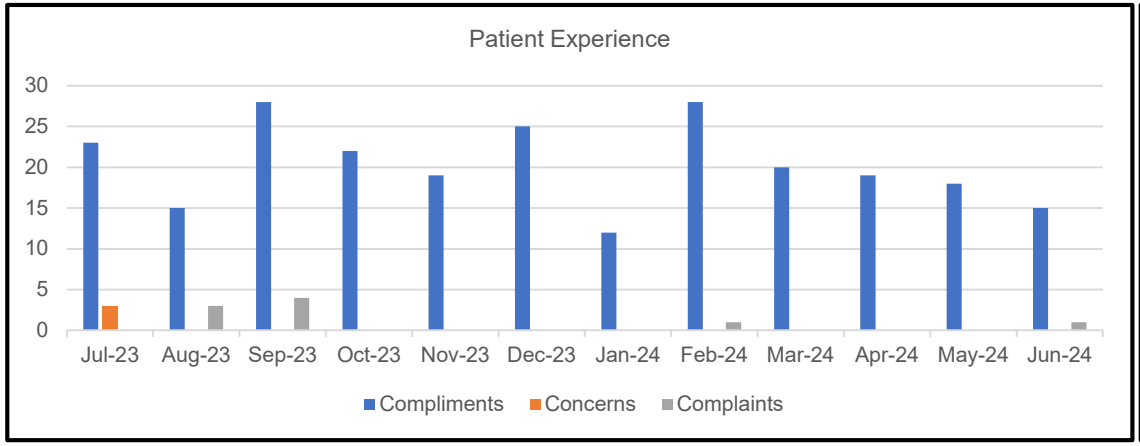


Caseload numbers remain static however there is a slight increase in the average visits per RN per shift, this is still below the QNI maximum of 10. There are increases from May in new referrals (6 patients), urgent visits (by 4) and missed visits (by 1) reflecting increased operational pressure.

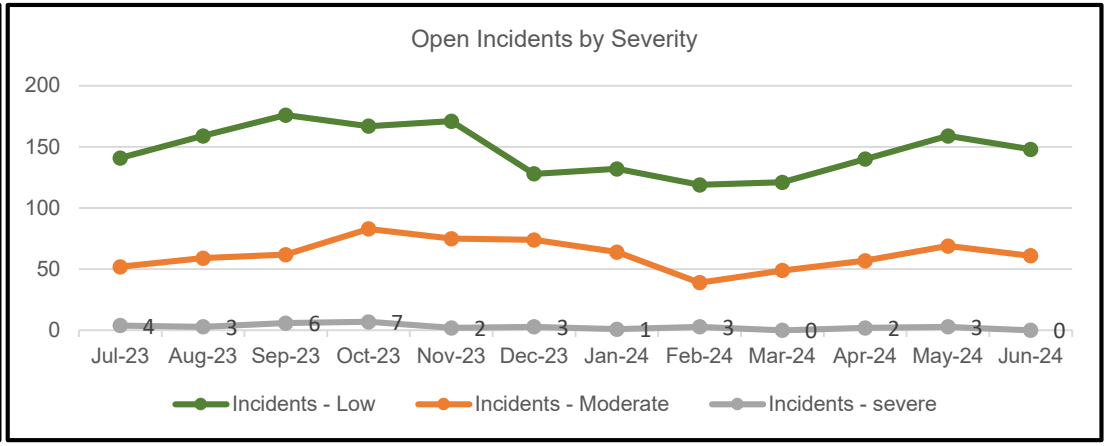


2022/23 Trust average – Average of 2,148 new referral per month, 10 visits per nurse per shift

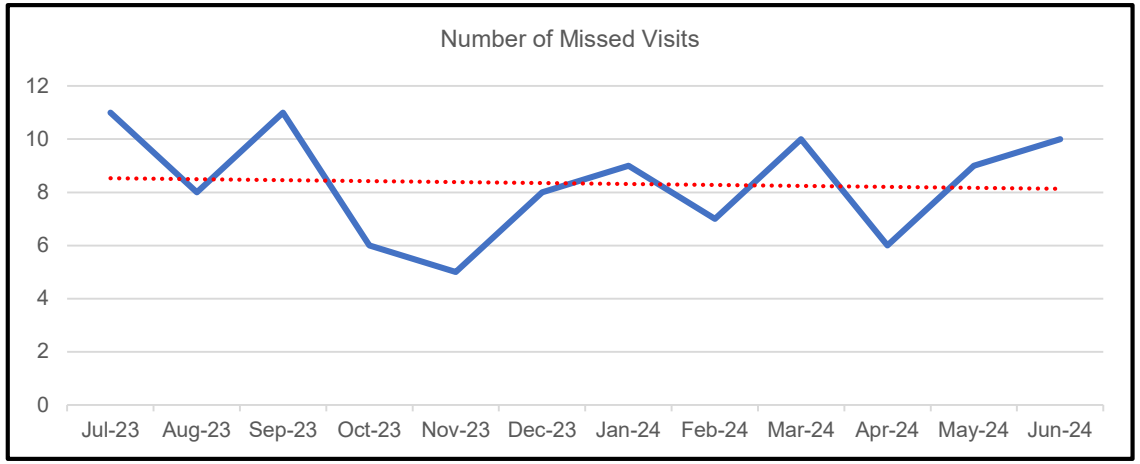
CQC DOMAIN - ARE SERVICES EFFECTIVE? ICT Community Nursing (In Development)



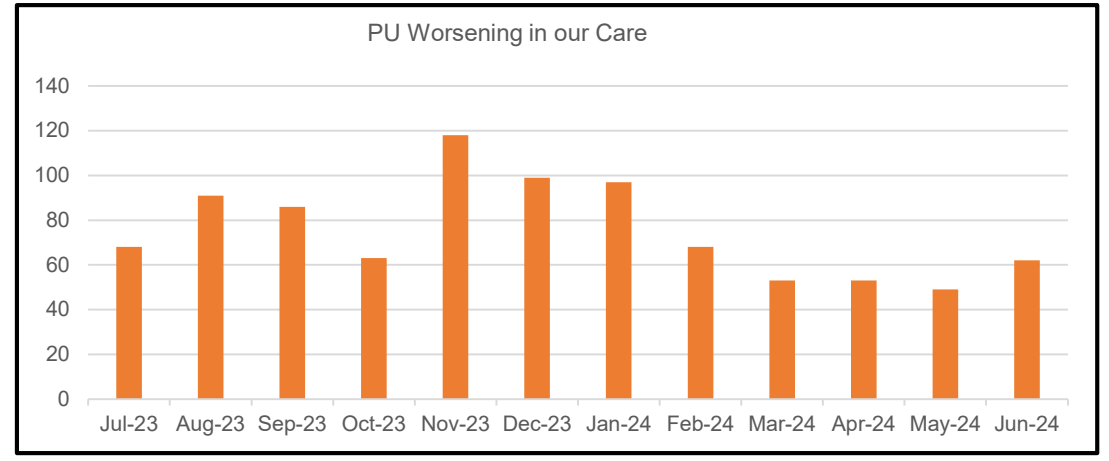
Patient feedback on community nurses is good (FFT currently reports 100%). One new complaint has been received and is being investigated.



June data shows a slight reduction in Datix incidents being reported. No severe incidents were reported in June. For comparison:2022/23 Trust average – Average of 150 Low Harm, 53 Moderate Harm and 4 Severe Harm Datix per month.



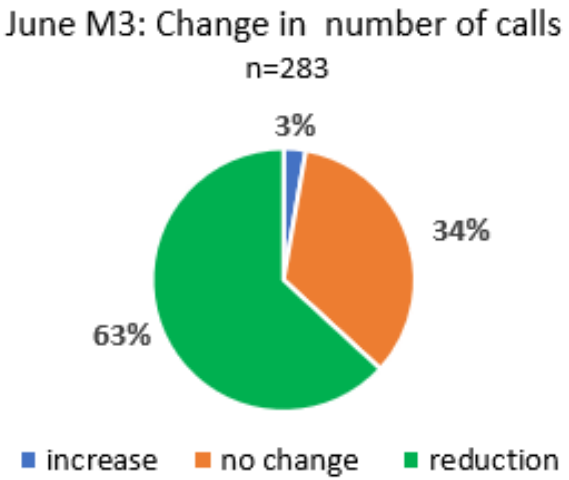
June data shows a slight increase in the number of missed visits. This is not yet statistically significant and may be explained by the increase in new referrals (60 patients). Previously, visits month by month were decreasing numerically, however, the effect on patients and nurses are not easily captured. There may be a correlation in the reduction of complaints/enquiries and the numbers of enquiries may be helpful to include in future dashboards.

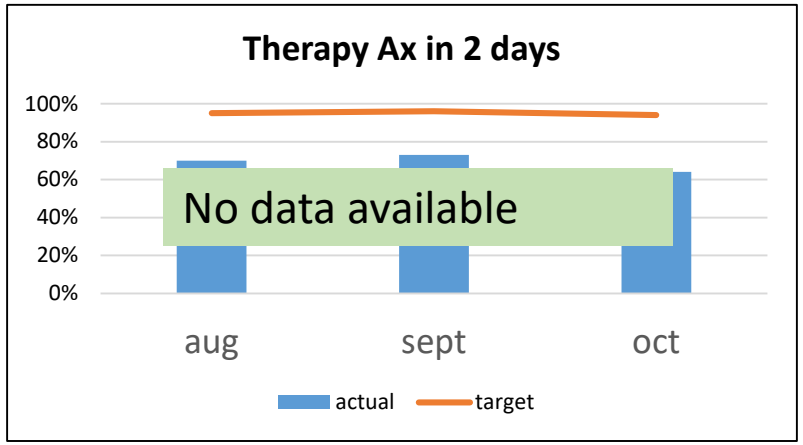


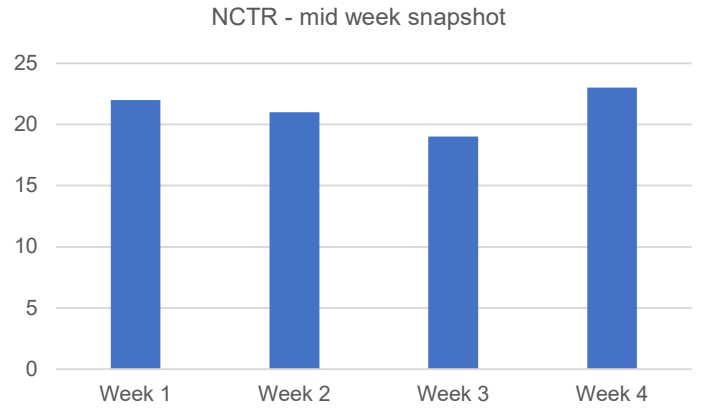
2022/23 Trust average – Average of 51 PU worsening in our care per month. June shows an increase of 13 PU's developed or worsened under our care, this is likely to be due to the increased complexities in community nursing patients. The incidents will be validated by Professional nursing colleagues and if learning is identified it will be shared with the teams.

Quality Dashboard

CQC DOMAIN - ARE SERVICES EFFECTIVE? Home First and Reablement (In Development)







Goal Plans	
No data available	%

MyCaw Outcomes	
No data available	

Patient experience	
Compliments	1
Concerns	0

Newton Europe Effectiveness score	apr	may	jun
All cases closed in month	53.4%	48.0%	44.9%
Home First only	46.0%	39.0%	37.1%
HF + R & Reablement only	61.2%	58.6%	56.1%

	apr	may	jun
AvLoS (Mean)	**24**	**23**	**19**
AvLoS (Median)	**20**	**16**	**16**
Longest LoS	**89**	**91**	**79**
AvLoS - R (incl HF+R)	**33**	**34**	**28**
AvLoS - HF only	**15**	**14**	**13**

Additional Information

Change in visits: 63% had a reduction in visits in June, slightly less than April when 71% had a reduction in visits.
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 10 respondents in June.100% reported being involved in decisions about their care and treatment and that the service was delivered safely and protected their welfare.
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

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

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

Quality Improvement Hub Support along the Improvement Lifecycle

1. New improvement opportunity/concept/idea

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

- ↓ Reducing time spent on comprehensive geriatric assessment in complex Care at Home
- = IPS project
- =Supporting the testing and learning of acute care pathway in LD
- = Clinical System Team Model
- + Improving work related stress processes
- + Sustainability and consumables in dental services

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

- = On Call medical staffing review at Charlton Lane Hospital
- = (s) Homeward Assessment Team and ICT pathway
- = Gloves off - reducing PPE glove waste
- ↑ Improving health inequalities in school age immunisation
- + Paired ROMs compliance – Outreach Team
- + Paired ROMs compliance – Vulnerable Children's Team
- + Paired ROMs compliance – Young Adults team
- + Paired ROMs compliance –CORE CAMHs South
- + Paired ROMs compliance –CORE CAMHs North

3. Improvement idea initiated

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

- = Reducing restrictive practice in Greyfriars, WLH
- = MH inpatient and urgent care flow pathway mapping
- = School nursing - Supporting Primary Schools with High Health Needs
- = (s) CYPS SLT Selective Mutism Project
- = 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
- = School nursing mental health pathway and resources
- = (s) CYPS SLT waiting list
- = Temporary access card use for RIO by agency workers WLH
- = CYPS Public Health Liaison Nursing
- = Staff retention - itchy feet
- = Improving the number of patients receiving their depots in primary care
- = Weight management in SMI project

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

- + Diabetes Service demand and capacity
- ↑ Dental Services – medical history form
- = Improving Working Environment in Stroud Recovery Team
- = Increasing percentage of successful home visits in Home O2 Service
- =Improving self-referral form for MSK physiotherapy
- = Sexual health specimen mis-labelling
- = Measuring effectiveness of new OATS service
- = (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
- = Substance misuse in CAMHS
- = 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
- = Developing a FCP Occupational therapist in Primary Care
- = Stroud HV pre-SCAAS
- = Toilet training - improving outcomes for children
- = DBT outcomes
- +QUITT - reducing inpatient smoking in MH

5. Improvement idea sustained & implemented

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

- =(s) How do we provide services for lung cancer patients
- ↑ Improving mouthcare standards in inpatient areas – Honeybourne
- ↑ Improving mouthcare standards in inpatient areas – Willow Ward Charlton Lane Hospital

Directorate	No of Projects
Countywide	7
MH Hospitals and UC	9
PH Hospitals and UC	1
Adult MH/PH/LD Community	13
CYPs	12
Corporate	6
Total: 48	

Training data June 2024:
34 Silver – 0.7% workforce
598 Bronze - 12.7% workforce
883 Pocket QI, total trained
overtime – 19% workforce

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

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE

Safe Staffing Inpatient data June 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	0	0	25	3	0	0	0	0	0	0
Abbey	30	4	47.5	6	0	0	0	0	0	0
Priory	40	5	0	0	0	0	0	0	0	0
Kingsholm	0	0	0	0	0	0	0	0	0	0
Montpellier	17.5	2	10	1	0	0	0	0	0	0
Greyfriars	15	2	15	2	0	0	0	0	0	0
Willow	0	0	37.5	5	0	0	0	0	0	0
Chestnut	7.5	1	0	0	0	0	0	0	0	0
Mulberry	15	2	15	2	0	0	0	0	0	0
Laurel	180	22	30	3	0	0	0	0	0	0
Honeybourne	7.5	1	0	0	0	0	0	0	0	0
Berkeley House	1160	88	15	2	0	0	0	0	0	0

The 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 patient experience data with no adverse trends being noted. Berkeley House have reported the highest code 1 exception levels, followed by Laurel House ward. 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 1 exceptions at Berkeley were attributable to HCA vacancies on all shifts.

Mental Health & LD			
Ward	**Average Fill Rate %**	**Sickness %**	**Vacancy %**
Dean Ward	145.06%	4.7	14.7
Abbey Ward	100.24%	16.9	-4.9
Priory Ward	149.33%	4.6	-2.8
Kingsholm Ward	100.18%	2.8	-0.4
Montpellier	99.42%	7.2	15.0
PICU Greyfriars Ward	101.81%	8.9	23.0
Willow Ward	102.74%	5.5	3.5
Chestnut Ward	105.39%	2.0	3.7
Mulberry Ward	99.95%	5.1	0.0
Laurel House	110.00%	5.5	0.8
Honeybourne Unit	113.34%	3.4	15.5
Berkeley House	86.69%	5.4	27.1
MHH Totals Avg (Jun 2024)	**102.17%**	**5.6**	**12.2**
Previous Month Totals	105.10%	5.2	12.2

Physical Health			
Ward	**Average Fill Rate %**	**Sickness %**	**Vacancy %**
Coln (Cirencester)	100.29%	3.0	7.6
Windrush (Cirencester)	108.23%	3.5	7.9
Woodland View	113.82%	2.7	-.0.1
North Cotswolds	105.86%	2.8	4.6
Cashes Green (Stroud)	97.93%	0,3	15.2
Jubilee (Stroud)	95.95%	2.7	18.2
Abbey View (Tewkesbury)	105.26%	0.1	2.0
Peak View (Vale)	98.43%	1.5	9.7
PHH Totals Avg (Jun 2024)	**103.22%**	**4.2**	**6.1**
Previous Month Totals	91.37%	4.9	7.9

NHSE Zero HCSW Vacancy Commitment inc. bank – 3 month report

Apr	70.59
May	135.41
Jun	134.24

Organisation	FTE Budgeted	FTE Actual	FTE Variance
Grand Total	**664.89**	**530.65**	**-134.24**
H44100 Development Budgets	46.5	0	-46.5
C11505 Lydney Hosp- Lydney Ward	17	0	-17
E11850 LD Inpatients - Berkeley House	49	33.4	-15.6
H47103 CIP Pay Reserves	15	0	-15
D11602 Wotton Lawn- Dean Ward	12.5	6.2	-6.3
E11701 Stroud Hosp- Jubilee Ward	14.34	10.07	-4.27

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 23 people in recruitment pipeline and in June there were 7 new recruits and 4 leavers. The table opposite is a breakdown of the current HCSW vacancy hotspots. The FTE budgeted figure has increased by 65 WTE due to an anticipated increase in need for resource. Finance are working with the ICB to finalise contract schedules. Final confirmation of where the additional posts will be is awaited.
IR/Recruitment: The last International Educated Nurse to be recruited arrived in the Trust in May 2024 . 99 international colleagues have been recruited (since Jan 2021). NHS England funding has now come to an end and we don't anticipate to receive any future funding from NHS England, therefore, any further recruitment would require Trust investment. At the celebration day held on 4th July 2024 IR Nurses identified themes that they felt were most important to their success, the top ones being equality and inclusion.

CQC DOMAIN – ARE SERVICES SAFE? Q4 2023/24 Guardian of Safe Working Report

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 4 2023/24 (Jan – Mar) there were 52 MH doctors in training posts.** • 16 Higher Trainees • 8 CT3s • 3 CT2s • 9 CT1s • 5 GP Trainees • 4 FY2s • 7 FY1s
Exceptions in this period	• **33 on call shifts had a junior doctor gap due to sickness or other reasons.** • 27 on-calls shifts were covered by Doctors in training. 6 were covered by Trust speciality doctors acting as Locums. • Due to strike action January also saw a further 15 shifts needing cover and February saw 12 shifts needing cover (not including any daily normal working hours cover required). • 24 out of 27 of these shifts were filled by either our doctors in training or specialty doctors acting as locums. 3 of these shifts were covered by consultants stepping down. • **4 exception reports in this time period - 1 relating to hours worked and 3 relating to pattern of work. Outcomes agreed were 3 toil and 1 payment.** • One of the exception reports (relating to hours worked when a junior doctor stayed on to cover a last minute night shift gap on the rota) constituted a breach incurring a fine of £3,350. • Following the breach, the information in the on-call pack regarding on-call/out-of-hours procedures when medical staffing are not working has since been circulated to all consultants to make them aware (previously only circulated to the clinical manager on call and Exec on-call). HR have also updated our maternity procedures for future pregnant staff unsure of their current on-call status. • **The Junior Doctors Forum was held virtually on 8th March .** • **GOSWH continues to work with the Modern Matrons from WLH and CLC** to ensure adequate junior doctor office and rest spaces at both sites to take into account the increase in the numbers of trainees. • **A second Junior Doctors Wellbeing Day** took place on 23 Feb 2024 which was well attended with excellent feedback. A further Wellbeing Day is being planned for later on in 2024.

Appendix One

Safeguarding Information - June 2024

with you, for you

Summary
Trust Safeguarding Data

NHS
Gloucestershire Health and Care
NHS Foundation Trust

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

Highlights:

- The B6 practitioners secondment for MASH has been successfully filled.
- The current training offer across adult and child Safeguarding is being considered in the light of the NHS England Strategy for Statutory and Mandatory Training. This review will also encompass an understanding of how our courses are aligned to the Intercollegiate Documents (adult and child) and the Core Skills Training Framework (CSTF), and to compare training across the ICB and with other trusts
- Safeguarding training completed over 2 days (17th and 18th June) for colleagues working in Berkeley House, this will offer further internal and external assurance surrounding staff competency, upskill and patient safety.
- The new children's supervision menu has been finalised and information about the model is being shared with practitioners. The launch date is 01/08/24.
- Mental Capacity Assessment and Best Interest Forms are now live in SystmOne and Rio. These new forms replace the previous MCA forms and can be found in the MCA & BI folder on Rio and the Questionnaires section on SystmOne
- The Adult Safeguarding template was introduced to SystmOne on 22nd April, and work is continuing towards the introduction of the Children's template (although despite being previously scheduled for September 2024 this has now been put back, new date TBC).
- Adult Safeguarding referral data was received in June from the Local Authority (relating to May's referrals), but as at the time of writing June's data has not yet been received. It is expected mid-month.
- The ICB have offered group supervision for the band 7/8's in the adults team which will replicate the children's model. The plan is for 2-hour supervision sessions on MS Teams (with a view to possible face to face in the future) every other month and the team have been invited to attend 2-3 a year or more if they feel they would benefit from attending. The days and times will be changed to make it easier for everyone to attend.

Challenges/risks:

- The launch of the children's template has been delayed due to the introduction of the 111 service into GHC. As this news has only just been received we do not have a revised launch date yet.

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

GHC - Safeguarding Dashboard 2024/25 Children's Safeguarding Data						
	Q4	Apr-24	May-24	Jun-24	Q1	Additional Information
SAFEGUARDING ACTIVITY						
Advice Line Calls	161	41	46	39	126	Good steady use of the Safeguarding Advice Line continues.
Multi-Agency Request for Service Forms submitted to MASH	47	13	13	15	41	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. Original target date of Nov 2023 has not been met, however, work on the template has increased and good progress is being made. The safeguarding children's audit has been commenced.
Number of Safeguarding Escalations	1	0	0	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. Further work is underway with Clinical Systems/Business Intelligence Teams to accurately identify the number of escalations made to partner agencies. Original target date of Nov 2023 has not been met, however, work on the template has increased and good progress is being made.
CHILD DEATH NOTIFICATIONS						
Expected	1	1	1	0	2	Expected deaths are infants with known life limiting conditions or cases of extreme neonatal prematurity.
Unexpected	2	0	0	0	0	Gloucestershire Child Death Overview Process is followed for each unexpected death.
RAPID REVIEWS/LCSPR'S						
Number of Serious Incident notifications made by LA	0	0	0	0	0	
Number of Rapid Reviews attended	0	0	0	0	0	
Number of LCSPR's in progress	3	0	0	0	0	
MASH HEALTH TEAM ACTIVITY						
Children researched/info shared	4,125	1,498	1,636	1,272	4,406	
Adults researched/info shared	306	105	94	63	262	The introduction of the PDVM has placed significant pressure on the MASH team, increasing it's workload significantly, the MASH team are only researching adults where there is a clear need to do so. This is not a negative thing, in fact demonstrated appropriate information sharing.
MASH strategy meetings attended	79	10	25	18	53	
Demographic information sharing	570	188	160	161	509	MASH health are frequently asked for demographic data from multiagency partners - this is due to referral data quality and incomplete data.
AUDITS						
Single Agency	3	2	1	1	4	
Multi-Agency sub group activity	6	2	2	2	6	
UNDER 18'S ADMISSIONS						
Number of under 18's admitted to Adult MH Wards	0	0	0	0	0	0 children admitted in June.
Number of under 18's assessed under S.136 of the MHA 83/07	5	2	2	4	8	4 children assessed in June.
OTHER WORKSTREAMS						
Allegations management – number of referrals to/from the LADO	0	0	0	1	1	1 referral made to the LADO in June.

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

GHC - Safeguarding Dashboard 2024/25 Adults safeguarding Data

	Q4	Apr-24	May-24	Jun-24	Q1	Additional Information
SAFEGUARDING ACTIVITY						
Contacts to GHC advice Line	202	75	77	47	199	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	25	10	11	TBC	TBC	From June data on Adult Safeguarding referrals will be obtained directly from the local authority, meaning we have accurate details of all referrals.
MH/LD Household Member Form Compliance	56%	57%	57%	57%	57%	Linked to Risk 107 – recording of household members. Household & Family form completion (MH/ LD Current caseload) – added as new 2023/24 Performance indicator - Threshold: 100%
CASE REVIEWS						
New Safeguarding Adult Reviews/Domestic Homicide Reviews	1	2	1	0	3	
Number of Reviews ongoing	36	13	15	14	42	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	18	7	7	7	21	This includes single and multi agency action plans
MAPPA						
Level 2 Meetings Held	15	*	*	*	22	Data reported quarterly.
Level 2 Meetings Attended	15	*	*	*	22	Data reported quarterly.
Level 3 Meetings Held	4	*	*	*	4	Data reported quarterly.
Level 3 Meetings Attended	4	*	*	*	4	Data reported quarterly.
PREVENT						
Number of Prevent Referrals Made	0	0	0	0	0	0 Prevent concern raised with the police.
Information requests received & completed from Police/Channel	14	0	4	1	5	100% response to all police and channel panel information sharing requests, supportive effective planning and decision making.
MARAC						
Families screened/researched	507	169	158	136	463	Continued high level of MARAC activity. Minor variation in month.
No.of children open to MH Services	41	7	13	11	31	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	86	22	31	26	79	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	86	27	14	19	60	Identifies the number of perpetrators open to MH services. Expected minor variation in month.
Un-uploaded MARAC Action Plans	0	0	3	0	3	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	10	5	6	2	13	Continued pattern of DOLS applications
Mental Health Services Authorised	1	0	1	0	1	1 awaiting assessment and 1 closed (transferred to GRH).
Physical Health Services Total	62	22	25	14	61	Physical health urgent applications (not requiring LA authorisation)
Physical Health Services Authorised	0	0	0	0	0	12 awaiting assessment and 2 closed (1 discharge home and 1 transferred to Southmead Hospital).
AUDITS						
Single Agency - Safeguarding Related	1	0	0	0	0	
Multi Agency Sub - Group Related	2	0	0	0	0	
OTHER WORKSTREAMS						
Allegations management - use of PiPoT guidance	1	0	0	0	0	0 new allegations relating to a member of GHC staff in June.

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

GHC - Safeguarding Dashboard 2024/25 Training and Supervision Data

	Q4	Apr-24	May-24	Jun-24	Q1	Additional Information
TRAINING						
Level 1 – Induction	97%	97%	97%	97%	97%	Consistent month on month compliance level
Level 2 – Think Family	89%	88%	87%	87%	87%	Overall a minor variation in month
Level 3 – Multi-Agency Child Protection	87%	82%	82%	84%	83%	Overall a minor variation in month. Training compliance review being undertaken to identify specific Teams to target to improve compliance.
Level 3 Adult Protection	87%	88%	88%	89%	88%	Overall a minor variation in month. Training compliance review being undertaken to identify specific Teams to target to improve compliance.
Level 4 Adult Protection	90%	88%	84%	84%	85%	Overall a minor variation in month. Training compliance review being undertaken to identify specific Teams to target to improve compliance.
PREVENT:						
Level 1	97%	98%	98%	98%	98%	Continued high level of compliance with Level 1 Prevent Training
Level 2	94%	93%	93%	93%	93%	Training compliance review being undertaken to identify specific Teams to target to improve compliance.
Level 3	97%	95%	95%	93%	94%	Improving picture of compliance with Level 3 PREVENT training
MENTAL CAPACITY ACT:						
Level 1	96%	96%	97%	87%	93%	Level 1 MCA training is an online package, mandatory for all clinical staff who work with adults.
Level 2	71%	82%	78%	82%	81%	
Bespoke MCA Training	24	8	6	5	19	3x Mental Capacity Assessment/Best Interest Training and 2x Level 2 MCA Training.
SAFEGUARDING SUPERVISION						
CHILDREN:						
Group Supervision Sessions	64	25	28	22	75	Clinical staff working with children need to attend this supervision 3x per year. 5 x sessions are delivered per week. Attendance at sessions is excellent, with a maximum of 8 participants per session. Feedback is sought and captured following every session via a Snap Survey – feedback helps to shape future sessions.
Group Supervision Compliance	59%	60%	65%	73%	66%	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. A piece of work is underway to breakdown compliance at team level for targeted work to address low compliance rates. Alongside this a scoping activity is underway to consider developing a new model of Safeguarding Supervision, development will include consultation with operational teams and a review of the different supervision needs of the target audience.
One to One Supervision Sessions	4	0	0	2	2	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.
ADULTS:						
Group Supervision Sessions	2	0	0	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
Number of Staff who attended Supervision	11	0	0	0	0	
One to One Supervision Sessions	0	0	0	0	0	121 Supervision is available to all upon request.

REPORT TO: **TRUST BOARD PUBLIC SESSION – 25th JULY 2024**

PRESENTED BY: Neil Savage, Director of HR & OD

AUTHOR: Neil Savage, Director of HR & OD

SUBJECT: **BOARD BRIEFING - EQUALITY, DIVERSITY AND INCLUSION**

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

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

The purpose of this report is to:
Provide a top-level workforce Equality, Diversity and Inclusion (EDI) update to inform a debate and a refreshing of Board commitment to prioritising our strategic focus and improvement plans in this business-critical area. To this end, the report is not intended to provide a detailed report on each of the various individual EDI work streams reported elsewhere or on existing committee workplan timelines.

Recommendations and decisions required

The Trust Board is asked to:

- **NOTE** and **DEBATE** the report
- **REFRESH** its strategic commitment to prioritising focus, activity and improvement in EDI delivery
- **CONSIDER** and **AGREE** any additional actions that should be taken to express the Trust's strategic intent on EDI internally and to stakeholders.

Executive summary

This briefing was requested following a recent Board EDI development session held in June 2024. By means of background, that interactive session covered: -

- an update on legal and statutory duties and responsibilities
- good practice
- bias and privilege
- recent workforce equalities failures from the wider NHS
- a deep dive in to the "Too Hot To Handle" report findings and recommendations
- director EDI objective setting
- the Trust's performance and lived experience within the Trust
- improvement areas and our wider approach to EDI.

An additional Health Inequalities session is planned for later in the year.

The report provides a top-level synthesis and summary of the some of the Trust's key elements of the complex, multi-factorial requirements and range of approaches for EDI. The report does not attempt to replicate the detailed individual reporting, action plans and work streams of EDI referred to within, which are included elsewhere, or that are reported to Board committees and operational meetings. Instead, it seeks to provide Directors with an overarching update and summary to enable a Board debate and the option of refreshing commitment to prioritising and progressing improvements in EDI within our workforce as a key strategic enabler and commitment.

Importantly, particular emphasis is on section 8 of the report – "how we measure up on EDI".

The key message from this briefing is that while we are getting much right on EDI and we are mostly improving, *we still aren't getting things right and there is plenty of room for improvement.* We need to guard against complacency. Too many colleagues continue to have poor experiences. We must do better and keep focussed on doing so.

For the purposes of the report and debate some definitions may be helpful.

Equality: Providing equal opportunities to everyone and protecting people from discrimination.
Diversity: Recognising, respecting, and valuing differences in people, such as gender, age, sexual orientation, ethnicity, and physical ability.
Inclusion: Refers to an individual's experience within the workplace, services they are receiving and more widely in society, and the extent to which they feel valued and included in relation to each.

From: McKinsey & Company and University of Sunderland.

Risks associated with meeting the Trust's values

If we don't deliver on EDI, we risk delivery on elements of all of the Trust Values – Welcoming and Kind, Always Improving, Respectful and Kind, Making a Difference.

Corporate considerations	
Quality Implications	The Trust cannot provide genuinely high-quality services or workforce experience if it fails to prioritise and progress EDI. Ensuring EDI aspects are considered and prioritised, will help ensure that the Trust delivers the quality of services it aspires to, that health inequalities are better tackled and that our strategic aim to be a "great place to work" is met.

Resource Implications	The resources for the delivery of our EDI objectives is already accounted for within existing budgets and key post holders and job responsibilities. If additional activities are to be considered, there may be associated costs, requiring a further business case.
Equality Implications	The Trust must ensure that EDI is embedded into everything it does. There are equality implications in terms of meeting our legal and statutory obligations but also implications more broadly in terms of how we carry out our work for colleagues, patients, service users and the wider community

Where has this issue been discussed before?
Executive Meetings, Workforce Management Group, Great Place To Work Committee and Board of Directors

Report authorised by:	**Title:**
Neil Savage	Director of Human Resources & Organisation Development

BOARD BRIEFING - EQUALITY, DIVERSITY & INCLUSION

1. INTRODUCTION

"The business case is clear: when diversity is at the table, the discussion is richer,the decision-making process is better, & the organisation is stronger."
~ Getting Serious About Diversity (Robin Ely & David Thomas, HBR 2020)

Delivering on Equality, Diversity and Inclusion (EDI) is not just a compliance and moral imperative for the success of the Trust and its services, it also provides key strategic advantages.

Diverse teams bring together deeply layered and rich tapestry of perspectives, experiences, and skills. The evidence is that this can better fuel creativity, problem-solving, improvement and innovation.

By fully embracing and vigorously progressing EDI, the Trust is better placed to tap into a broader and more representative pool of colleague talent and experience, leading to higher quality services, improved performance, better decision-making, and novel solutions to complex challenges.

Recruitment and retention both remain top strategic risks for the Trust, and, as such are recognised in the Board Assurance Framework. A related rationale for stronger focussing on EDI is that good practice can mitigate related risks by creating a better employment offer and reducing turnover against the context of increasingly competitive job markets, where people seek workplaces that prioritise fairness, respect, and inclusivity. A Trust that is demonstrably committed to and delivering on EDI is more likely to be a magnet for top talent, as colleagues want to work where they feel valued and where their unique contributions are recognised, rewarded and celebrated.

In addition to the business case for EDI, there are also key legislative and regulatory grounds for embracing and delivering on EDI. The body of this report goes into a small amount of further detail, but, in summary, these include, but are not limited to, the requirements of the Care Quality Commission and the Equality Act 2010. The latter mandates public sector bodies to actively promote equality and eliminate discrimination.

Beyond regulatory or legal obligations, the fostering of a more inclusive workplace and services aligns with ethical principles, and demonstrates commitment to corporate social responsibility, reinforcing public trust and confidence in our organisation.

As an anchor institute, the Trust plays a crucial role in fostering community development and wider economic sustainability in Gloucestershire. While the specific focus may vary across anchor institutes, this includes promoting equality and inclusion. These principles indubitably help create a safer, more equitable local community in which diverse voices are heard and valued.

In summary, delivering on and improving EDI isn't just about compliance for the Trust — it's a *strategic investment that drives and enables organisational*

excellence, attracts and retains talent, and upholds the ambitions of both our Trust Strategy and the commitments of our People Strategy.

2. LEGAL REQUIREMENTS & STATUTORY RESPONSIBILITIES

In addition to the business case, it is important to consider the legal position too. The primary legislation in the United Kingdom that includes equality requirements is the Equality Act 2010. This outlaws discrimination, not only in employment, but also in access to education, public services, private goods and services, transport, and premises. It provides legal protection for the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

In summary, the Act aims to:

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and,

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In addition, the Act enshrines and mandates a Public Sector Equality Duty (PSED) on Trusts and other public sector organisations. This includes two key elements.

The first of these is the known as the General Duty. This requires public sector bodies like the Trust to consciously consider how their functions, policies or decisions affect people with protected characteristics.

The second of these is known as the Specific Duty. This requires public sector bodies to publish equalities objectives, information on compliance with regard to people affected by their policies & practices, as well as information on compliance with regard to employees which includes, for example, an annual Gender Pay Gap.

Our EDI mandatory workforce training and wider development offers aim to provide colleagues with a foundation of knowledge and good practice, from general and specific duties, to recruitment, employment, leadership and impact assessments.

In addition to the above, there are also other duties and responsibilities for the Trust contained in and not limited to the following:

- The NHS Constitution
- Human Rights Act 1998
- Mental Capacity Act 2005
- Health & Social Care Act 2012
- Care Quality Commission (CQC) Well led Framework and Standards
- NHS England's Fit and Proper Person Test Framework
- Workforce Disability Equality Standard (WDES) *
- Workforce Race Equality Standard (WRES) *
- Gender Pay Gap Reporting (GPG) *
- Equality Delivery System (EDS) 2022 *

- NHS EDI Improvement Plan 2023 *
- Patient and Carer Race Equality Framework 2023 (PCREF) *

* Internal Trust work streams and/or action plans are in place for these. For example, the Trust's WDES report and action plans are available on the Trust website, while the WRES report and action plans are also available, supported by a detailed Annual Equalities Report. The WDES and WRES actions are linked to the NHS EDI Improvement Plan, which focus on 6 High Impact Actions. The Gender Pay Gap is located here. The latest EDS submission is located here Policies & Procedures > Glos Health & Care NHS Foundation Trust (ghc.nhs.uk). Finally, we have also committed to establishing a new three-year plan and programme of activities that promote access and inclusion and aims to reduce inequalities.

3. STRATEGIC COMMITMENT

The Trust's "Our Strategy for the Future 2021 – 2026" makes explicit reference to our intent on EDI. In this we declare: -

"Our values ensure we focus on equality of opportunity for all, treating people as individuals. We will continue to focus on …ensuring that everybody is treated with respect and feels valued for the contribution they make."

Our Strategic Aim Three, to be a "Great Place to Work" emphasises that: -

"Being a Great Place to Work means taking care of our people, with a strong focus on their health and wellbeing. Our organisation will celebrate diversity, ensure real inclusivity and enable everyone to reach their potential. We will make sure colleagues are heard, valued and influential."

The Trust's subsequent "People Strategy 2021 to 2026" further builds on this, highlighting that our strategic ambition is to create and develop an organisational culture that is welcoming, celebrates inclusivity and diversity, and also provides a sense of belonging and trust.

To support our workforce aims and ambitions, in adopting the People Strategy, the Board also made explicit commitment to 6 key areas of focus: -

- Equality, Diversity and Inclusion
- Strong Voice
- Full Potential
- Model Recruitment and Retention
- Health and Wellbeing
- Great Culture, Values and Behaviours

Each of these commitments have core elements of EDI threaded through them. Also, specifically on EDI, the Board committed that the Trust:

"will be 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."

This was followed by supplementary commitments in the strategy that further capture our intent and that aim to enable delivery on EDI including:

"We will develop a great culture with kind, compassionate leadership, strong values and behaviours, and where working life can be passionate, vibrant, innovative and inspiring."

The Great Place to Work Committee oversees delivery of the People Strategy, its EDI workstreams and action plans alongside its related three strategic frameworks and action plans. These frameworks are (1) Recruitment and Retention, (2) Health and Wellbeing, and (3) Learning and Development. Each of these contain golden threads of EDI to support the Trust deliver EDI and other workforce related priorities.

4. OUR DIVERSITY & INCLUSION POLICY

Our Diversity and Inclusion Policy underpins the Trust Values and highlights our approach to inclusive partnership with professional associations and trades unions, summarising the aims and intentions of the Trust on EDI. It describes the high value that placed on diversity and inclusion in the delivery of our services and how we approach optimising diversity and inclusion.

It also emphasises our commitment to avoid using acronyms to describe colleagues from minority ethnic backgrounds. As an early adopter of inclusive language, we committed to remove the unnecessary use of acronyms when describing black, Asian and other minority ethnic colleagues, and continue to not use the term "BAME" to describe our colleagues.

5. OPEN CULTURE

Open culture is key to optimising EDI, and, very specifically, an essential ingredient for becoming a genuine anti-abuse and anti-racist organisation.

Through EDI training and development, our Freedom to Speak Up work stream (policy and reporting, the wider work of the Guardian and Champions), the restorative just and learning culture training and work stream, engagement tools like Direct to Douglas, and other approaches for raising concerns, we aim to encourage the development of a broad truly open culture with EDI at its heart. However, we are not there yet as section 8 below shows.

Continued focus on delivering and developing these is critical in our journey to progressing EDI ambitions and improving workforce experience. However, in the recent Board development session, we noted that progress and improvement was also against a background of strong evidence from studies and academic research that organisations' approaches and interventions needed to proactively mitigate the following risks: -

1. Fear Of Retaliation: fear of negative consequences from speaking out about discrimination. This can include loss of job opportunities, demotion, or termination. Fear of retaliation is a powerful deterrent against reporting discriminatory behaviour.

2. Belief That Nothing Will Change: speaking up won't lead to any meaningful change, due to past experiences where issues weren't adequately addressed, or a perception that leadership is indifferent.

3. Lack of Trust in Reporting Systems: If systems for reporting discrimination are viewed as ineffective/biased, colleagues may not trust them. Confidentiality concerns also contribute to lack of trust and psychological safety.

4. Social & Peer Pressure: Workplace culture & peer pressure can play a significant role. If there's a culture of silence or complicity regarding discrimination, colleagues may feel pressured to conform & not speak up.

5. Lack of Awareness or Understanding: Some colleagues may not recognise some behaviours as discriminatory. There can also be a lack of awareness about colleague's rights & the legal obligations as an employer.

6. Cultural / Personal Reasons: Cultural background, personality, & past experiences can influence whether an individual feels comfortable speaking out. For instance, some cultures may place a high value on harmony & avoiding conflict, which can discourage individuals from raising concerns

7. Fear of Being Labelled or Misunderstood: Colleagues might worry about being labelled as troublemakers or overly sensitive. There's also the fear of not being believed or having their experiences minimised or misunderstood by others, which can be particularly daunting.

Failure to sustainably tackle the above will hurt our strategic success. While our wider approaches to EDI aim to mitigate these, the delivery of the Trust's response to the recent BDO Closed Culture recommendations and actions will also clearly be paramount.

6. EDI WITHIN THE BOARD ASSURANCE FRAMEWORK (BAF)

Risk 4 on the BAF captures a key EDI risk for the Trust as "Inclusive Culture (Internal)".

This describes the risk that we could fail to deliver our commitment to having a fully inclusive and engaging culture with kind and compassionate leadership, strong values and behaviours which negatively impacts on retention and recruitment, colleagues experience and engagement and on our ability to address inequalities in service delivery (access, experience and outcomes).

This risk is currently rated as a 9 (3 for likelihood and 3 for impact), against a tolerance for a scoring of 6. In the BAF commentary, it describes the rationale for the score, relevant key performance indicators, controls, sources of assurance and mitigating actions.

This is reviewed and updated quarterly.

7. KEY EDI PEOPLE

Sumita Hutchison (Non-Executive Director and Chair of the Great Place To Work Committee), and, Neil Savage (Director of Human Resources and Organisational Development), provide leadership within the Board of Directors on EDI. David Noyes (Chief Operating Officer), provides leadership on Health Inequalities.

Ruth Thomas, (Associate Director: OD, Learning and Development), Anis Ghanti (Head of Leadership and Organisational Development) and Tania Hamilton (Equality, Diversity and Inclusion Lead) provide operational leadership.

Nominated Nursing, Therapies and Quality directorate colleagues play an important role in supporting the review of Equality, Quality Impact Assessments (EQIAs) carried out on key Trust decisions. Similarly, Operations and Corporate Directorates leads play crucial roles in assessing their decisions via the EQIA processes too.

Our Local Security Management service (LSMS) provides security support when there is EDI abuse or racism, and Working Well and Talking Well provide related health and well-being support for those impacted by these.

Finally, our Diversity Network / Group leads also play pivotal roles and we will be exploring this in more depth with them at a development session in late Summer.

8. HOW WE MEASURE UP ON EDI

While we are pleased with many of the continued improvements measured by how colleagues rate their experiences of working in the Trust in the annual NHS Staff Survey, we also know that colleagues from minority groups and those with protected characteristics continue to often have a worse experience than those from majority groups.

Importantly, we recognise there is still much we need to do to improve workplace experiences and we must continue prioritising our focus on solutions and new ways of improving. For colleagues, these key differences in experiences are mostly picked up through the Staff Survey, the Workforce Race and Disability Equality Standards, Pay Gap reporting and through other reporting, engagement and escalation routes.

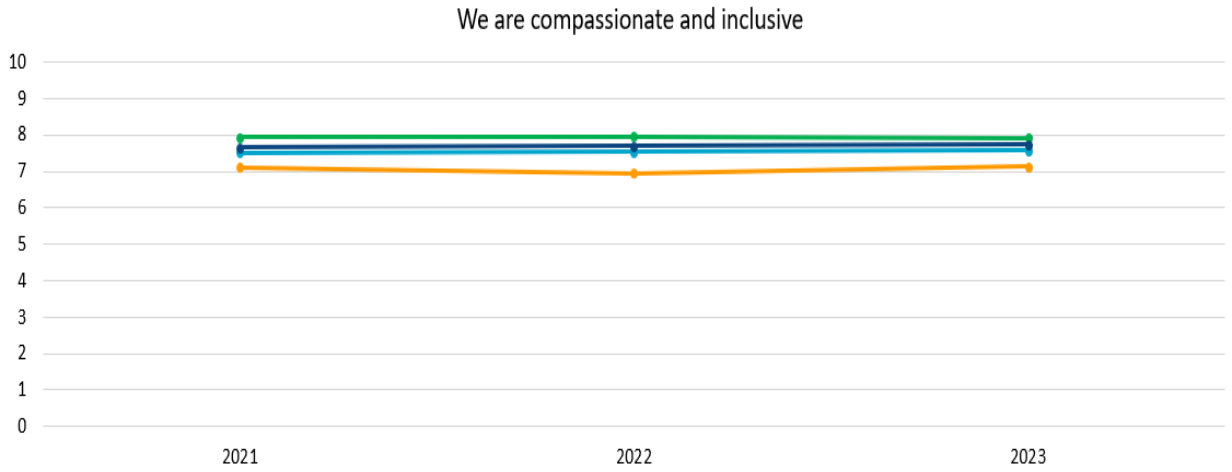
Working with colleagues, we've continued to make progress in some areas, which, in turn, has identified hot spots in other areas such as an increase in the number of reports of racism and other abuse across the Trust from service users, visitors and colleagues. We have worked with colleagues and partners to create safer spaces to report incidents. This led to the successful launch of an anti-abuse roadmap, signposting to the Trust's approach towards being an anti-racist organisation, aspiring to the recommendations of the "Too Hot To Handle Report" and developing our own "2024 Anti-Racist Programme". We accept that we are not yet an anti-racist organisation, but have given our intent to become one, and have an action plan in place to get there.

We know from our **Staff Survey** that while our colleagues score the Trust better than the national benchmark average on the questions relating to EDI, there is still much room for further improvement.

To put it bluntly, depending on the specific questions, between 1:4 and 1:5 colleagues poorly rate their EDI workplace experiences. Is that a sign of a truly excellent organisation and great place to work? We shouldn't think so. Clearly, to get to excellent, we need to maintain and regularly reinvigorate a strong focus on actions and oversight to make sustainable improvements in lived experience.

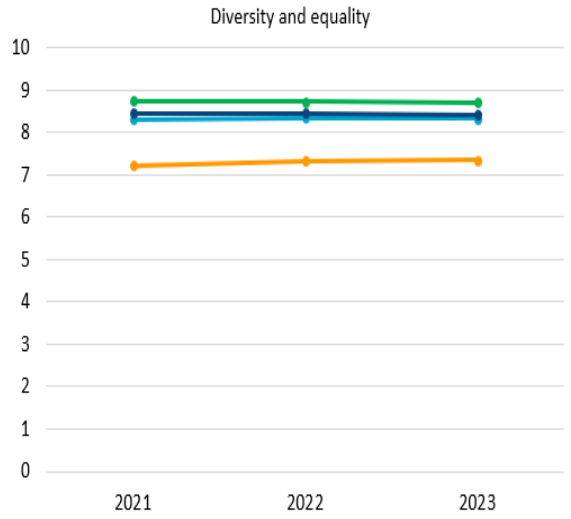
For the detailed EDI related questions, a sample of these and the overarching composite scores are shown below. Please see our 2023 Staff Survey Benchmark Report for further detail.

Promise element 1: We are compassionate and inclusive

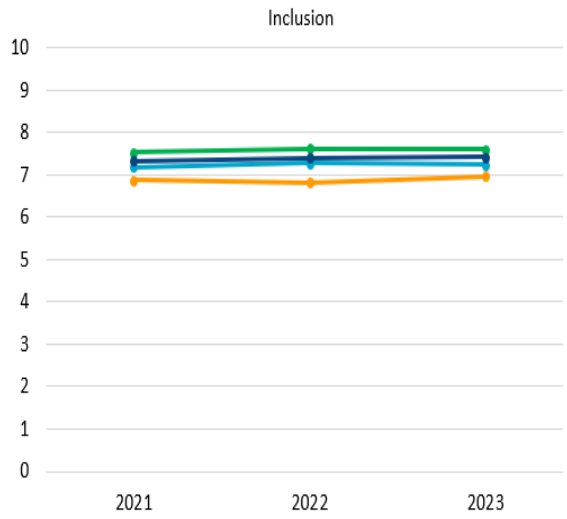


	2021	2022	2023
Your org	7.65	7.70	7.73
Best result	7.94	7.95	7.93
Average result	7.52	7.54	7.58
Worst result	7.11	6.96	7.14
Responses	2366	2482	2799

Promise element 1: We are compassionate and inclusive (2)

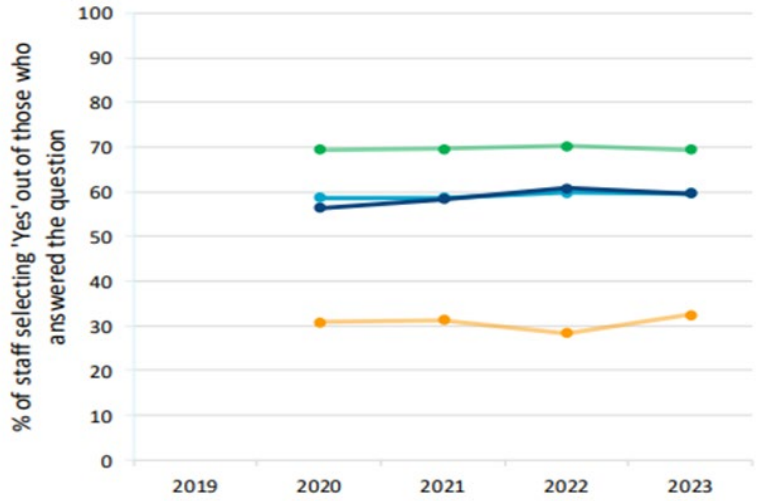


	2021	2022	2023
Your org	8.46	8.46	8.44
Best result	8.75	8.73	8.72
Average result	8.30	8.34	8.33
Worst result	7.21	7.32	7.36
Responses	2358	2483	2787

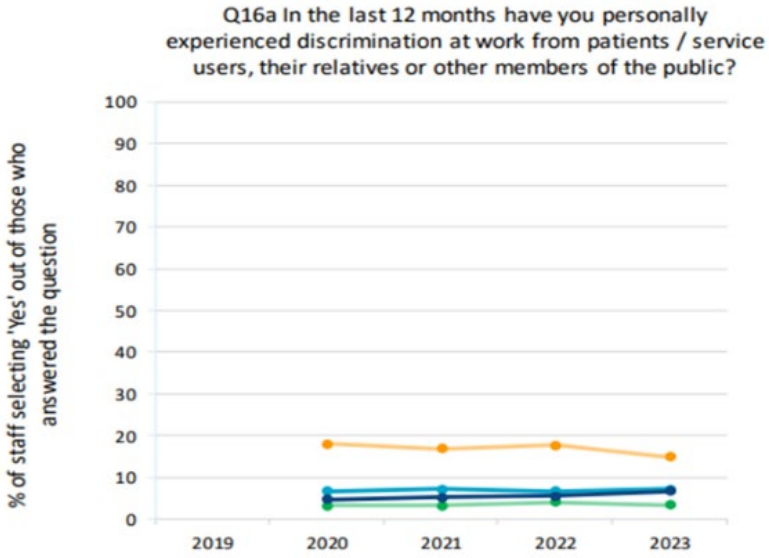


	2021	2022	2023
Your org	7.33	7.40	7.41
Best result	7.54	7.61	7.61
Average result	7.18	7.27	7.23
Worst result	6.87	6.83	6.96
Responses	2357	2470	2783

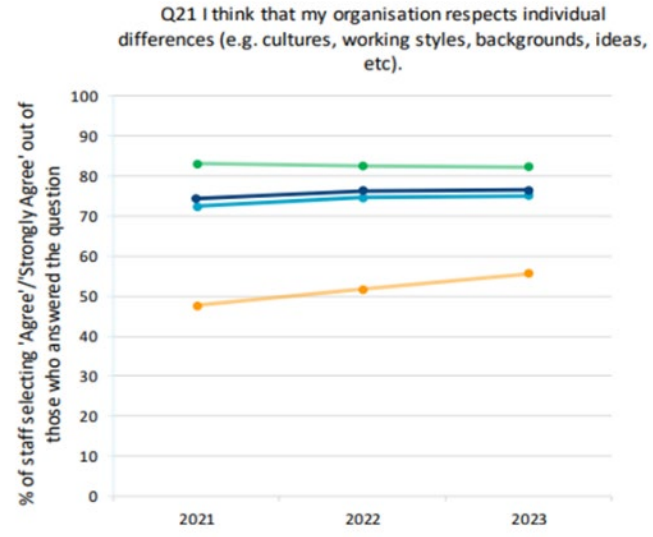
Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	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



	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



	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

From the Staff Survey, in addition to the above, we also know that:

- 8.8% of colleagues report experiencing discrimination on the grounds of disability
- 6.9% of colleagues report experiencing discrimination at work from patients, service users, relatives or members of the public

- 5.3% of colleagues report experiencing discrimination at work from a manager/team leader or other colleague
- 4.7% of colleagues report experiencing discrimination on the grounds of their religion
- 4.1% of colleagues report experiencing discrimination on the grounds of their sexual orientation
- 2.5% of colleagues report having personally been the target of unwanted behaviour of a sexual nature in the workplace from a manager/team leader or other colleague.

Clearly, we have an imperative to improve colleagues' experience and must do better.

While there are many reasons to be optimistic, with much data supporting high ratings, good progress and good practice, there are other specific workplace experiences that require improvements. Some of these are further indicated through the examples below.

Through the Trusts **Internationally Educated Nurses' (IEN) Council**, some IENs have told us that they experience racism, abuse and microaggressions from service users, visitors and colleagues based on their ethnicity. This and other reported lived experience led to the creation of the Trust's anti-abuse roadmap, anti-racism and cultural competency programmes earlier in 2024. The embedding and review of these will be critical to our success.

Through the most recent **Workforce Disability Equality Standard (WDES)** data we know that 5.9% of colleagues shared that they have a disability and 84.8% shared that they do not have a disability. However, despite widescale communications, 9.3% of our workforce have still not shared their status with us and fall within the category "Disability unknown." While 5.9% is an improvement from last year where our disabled workforce was at 4.8% and unknown was 10.8%, it is difficult for the Trust to make truly well-informed decisions with such a data gap. The current development of the 2024/25 WDES action plan aims to further tackle this and will be brought to Executive, the Great Place to Work Committee and the Board later in the year.

Through the most recent **Workforce Race Equality Standard (WRES)** we know that data on black, Asian and minority ethnic colleagues who are subjected to formal disciplinary procedures compared to our white colleagues evidences an increase from the previous 1.62x more likely range to currently being 7 times more likely. Immediate actions have been put in place to examine and address this increase and these will be formally captured in the current development of the 2024/25 WDES action plan.

From the latest **Gender Pay Gap** we know that while improving on the previous year, on the mean average gender pay gap, women earn less than men by 12.17%. On the median average gender pay gap, women earn less than men by 5.27%. While the mean and median average bonus gender pay gap is negligibly in favour, this indicates room for improvement. A related action plan is in place.

From the **pilot Ethnicity Pay Gap,** initial analysis we know that while the mean average gap is 2.41% in favour of minority ethnic colleagues, the median gap shows a 0.67% hourly rate in favour of white employees. For the mean ethnicity bonus pay gap there is a gap of 31.34% in favour of white consultants, alongside a 34.67% median bonus in favour of white consultants. The removal in 2024 of the Consultant Clinical Excellence Awards will incrementally remove this over time, but no additional measures are available to address this in the short term in light of the changes in national terms and conditions.

From the **pilot Disability Pay Gap,** initial analysis we know that the mean disability pay gap is 7.20% in favour of non-disabled colleagues, with the median showing a gap of 6.90% in favour of non-disabled colleagues. Similarly, and more pronounced, the mean disability bonus pay gap shows a 39.43% in favour of non-disabled colleagues, while the median shows a 33.33% in favour of non-disabled colleagues.

The **wider evidence** of the NHS gap in great workplace experience is particularly highlighted in Roger Kline's and Joy Warmington's extensive and compelling "Too Hot To Handle" report. Amongst many other pertinent, and, at times eye-wateringly stark, EDI findings, this found: -

- UK trained staff are much more likely than internationally trained staff to raise concerns. 71.0% of UK trained staff highlighted race discrimination as an issue, compared with 53.1% of internationally trained staff
- The most common reason for not raising a concern of race discrimination was not believing anything would change (75.7%). 63.5% of people who didn't raise their concerns were worried about being seen as a troublemaker
- Of those staff who have raised concerns, only 5.4% said they were taken seriously and that their problem was dealt with satisfactorily
- The most common outcome to a race discrimination concern was nothing happening (the outcome in 42.7% of cases). In one in five (19.1%) instances, claims of race discrimination were treated the same as any other workplace dispute and referred to mediation. In 5.0% of cases, the individual raising the concern were themselves disciplined
- 41.8% of respondents left their jobs as a result of their treatment.

As part of the wider NHS family, as leaders we must not assume we are exempt from similar experiences within our workforce.

We must do better and keep focussed on doing so.

9. RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE** and **DEBATE** the report
- **REFRESH** its strategic commitment to prioritising focus, activity and improvement in EDI delivery
- **CONSIDER** and **AGREE** any additional actions that should be taken to express the Trust's strategic intent on EDI internally and to stakeholders.

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 13/0724

REPORT TO: **TRUST BOARD PUBLIC SESSION - 25th July 2024**

PRESENTED BY: Lavinia Rowsell, Director of Governance and Trust Secretary

AUTHOR: Lavinia Rowsell, Director of Governance and Trust Secretary

SUBJECT: **AUDIT & ASSURANCE ANNUAL REPORT TO THE BOARD, 1st APRIL 2023 – 31st MARCH 2024**

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

The purpose of this report is to

Receive the annual report of the Audit and Assurance Committee for 2023/2024.

Recommendations and decisions required

The Trust Board is asked to **NOTE** the Committee's Annual Report 2023/2024.

Executive summary

The Committee's terms of reference require that:

"*The Audit and Assurance Committee will update each routine Board meeting on its activity, highlighting decisions made, issues being progressed and concerns requiring further consideration or decision by the Board*"

"*The Committee will report to the Board annually on its work in support of the Annual Governance Statement*."

The attached report provides an overview of the Committee's work in the last financial year, from 1 April 2023 to 31 March 2024 in sections which reflect the headings of the Committee's terms of reference. The report also provides an overview of the work of the Committee in overseeing internal control mechanisms in the Trust as reflected in the Annual Governance Statement. No issues have been highlighted as areas of concern. The Committee has operated in line with its terms of reference to meet the functions delegated to it by the Board.

Risks associated with meeting the Trust's values

Failure to identify and mitigate corporate and strategic risks may adversely affect the achievement of the Trust's strategic goals.

Corporate considerations	
Quality Implications	Effective management of risk provides assurance that patient services are being delivered safely.
Resource Implications	None other than those identified in the report.
Equality Implications	None other than those identified in the report.

Where has this issue been discussed before?
Audit and Assurance Committee meeting held in June 2024.

Report authorised by:	Title:
Marcia Gallagher	Immediate past Chair, Audit and Assurance Committee/Non-Executive Director

Gloucestershire Health and Care NHS Foundation Trust

Audit and Assurance Committee Annual Report

1 April 2023 – 31 March 2024

1.0 INTRODUCTION

In accordance with best practice and good governance, the Committee produces an annual report to the year setting out how it has met its terms of reference during the financial year.

2.0 MEMBERSHIP

All Non-Executive Directors are members of the Committee, with the exception of the Trust Chair, with four NEDs as core members. This membership enables the Committee to triangulate information and assurance received at other Board Committees, each of which is chaired by a member of the Audit and Assurance Committee.

A number of officers (or their delegates) are in regular attendance at meetings. These include the Director of Finance, the Director of Governance/Trust Secretary, Internal and External Auditors, and the Local Counter Fraud Specialist. Other Directors and Managers (including the Data Protection Officer and Assistant Director of Digital Services) attend at the request of the Committee, for example where further information is required on actions and/or issues being raised through an Internal Audit.

3.0 MEETINGS AND ATTENDANCE

The Committee met 5 times during the period 1 April 2023 to 31 March 2024, and has discharged its responsibilities for scrutinising the risks and controls which affect all aspects of the Trust's business through self-assessment and review, and by requesting assurances from Trust Officers. Each meeting was quorate. All Non-Executive Directors receive papers and have the opportunity to raise any concerns with the Chair even where they do not attend.

Attendance by members at the Committee during the period as follows:

** core members*

Members*	11/05/23	19/0623	10/08/23	09/11/23	08/02/24
Marcia Gallagher (Chair)*	Y	Y	Y	Y	Y
Graham Russell*	Y	Y	Y	Y	Y
Steve Brittan*	Y	Y	Y	Y	
Jan Marriott*	Y	Y	N	Y	N
Steve Alvis				Y	Y

4.0 PRINCIPAL REVIEW AREAS

4.1 Governance, Risk Management and Internal Control

The Committee has reviewed relevant disclosure statements, in particular the Annual Governance Statement together with the Head of Internal Audit Opinion, external audit opinion and other appropriate independent assurances.

The Head of Internal Audit Opinion was based on the audit work carried out during the year in line with the plan approved by the Committee, with regard to the Trust's Board Assurance Framework, Risk Register, and other control mechanisms. This opinion contributed to the Committee's assessment of the effectiveness of the Trust's system of internal control, and to the completion of its Annual Governance Statement.

The Committee reviewed the Corporate Risk Register and the Board Assurance Framework at regular intervals in order to provide challenge and receive assurance that strategic and corporate risks are being adequately monitored.

The Committee acknowledges the progress made in year in relation to risk management, in particular the increased focus on risk appetite, and believes that while adequate systems for risk management are in place, ongoing management focus is required to ensure that risk management continues to be embedded within the Trust.

4.2 Internal Audit

In completing its work, the Committee places considerable reliance on the work of the Internal Auditors, BDO. Throughout the year the Committee has worked effectively with internal audit to strengthen the Trust's internal control processes. During the year the Committee reviewed and approved the internal audit plan for 2023/24 and considered the findings of internal audit in relation to work on the following areas:

	REPORT FINDINGS	
	Design	Effectiveness
Barriers to Raising Concerns	Moderate	Limited
Business Planning	Moderate	Moderate
Consultant Job Planning	Moderate	Moderate
Cyber Security	Moderate	Moderate
Data Security and Protection Toolkit (DSPT)	Low Risk	High Confidence
E-Rostering	Moderate	Moderate
Emergency Preparedness, Resilience and Response	Moderate	Moderate
Freedom to Speak Up	Substantial	Substantial
Key Financial Systems – Accounts receivable	Moderate	Moderate
Recruitment	Moderate	Moderate
Sickness (Absence) Management	Moderate	Limited
Transformational Governance	Moderate	Substantial

The reviews produced a total of 55 recommendations - 17 low, 35 medium and 3 high risk-rated. In respect of each of these findings the Committee sought and received assurance on the mitigating actions being taken, following up outstanding actions as necessary and referring issues to other Committees as appropriate in order for progress with action plans to be monitored. Tracking of IA recommendations is reviewed at each meeting.

4.3 External Audit

During the year, the Committee:

- **Received** and **noted** the final audit in respect of the 2023/2024 Annual Report Financial Accounts.
- **Reviewed** and **agreed** the external audit plan for 2023/24.
- **Reviewed** and **commented** on the reports prepared by external audit which have kept the Committee apprised of progress against the External Audit Plan.

4.4 Private Meeting with the Auditors

The Committee Chair met privately with internal and external auditors during the period. No concerns were raised by either auditor, and both gave positive feedback about the reputation of the Trust and the working relationships that have been established.

4.5 Other Assurance Functions

The Committee received regular Counter Fraud updates, and received the Counter Fraud Annual Report for 2023/24 and the Counter Fraud work plan for 2023/24. Throughout the year the Head of Counter Fraud had met with the Committee Chair, Director of Finance and Counter Fraud Champion.

Proactive Counter Fraud exercises were concluded relating to IT Asset Management, Single Tender Waiver Benchmarking, Conflicts of Interest, Targeted Staff Survey and Estates Vehicles.

4.6 Compliance Reporting

The Committee has received finance compliance reports at each meeting and an annual compliance report. This includes information on losses and special payments, aged debtors and breaches in SFIs.

The Committee reviewed the 2023/24 financial statements and annual report at the 17 June meeting prior to recommending the final accounts for Accounting Officer signature.

The Committee was pleased to note the external audit report which indicated that an unqualified audit opinion was to be given to the accounts, and that the auditors had not identified any significant weaknesses in systems of accounting and financial control.

5.0 OTHER MATTERS

During the year the Committee has:

- Undertaken an effectiveness review
- Reviewed its terms of reference
- Compiled an annual report to the Board

6.0 CONCLUSION

The Committee's primary contribution to the achievement of the Trust's strategic objectives is to ensure that Governance, Control, Risk Management and Audit systems are sound, reliable, and robust. The work of the Committee in the last financial year, and the triangulation of information and assurance received both at the Audit and Assurance Committee and at other Committees chaired by members of the Audit and Assurance Committee, have enabled the Audit and Assurance Committee to conclude that the Trust's systems are in the main sound, reliable and robust.

Marcia Gallagher, Chair, Audit and Assurance Committee - June 2024

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS MEETING

Wednesday, 15 May 2024
Via Microsoft Teams

PRESENT:	Graham Russell (Chair)	Chris Witham	Kizzy Kukreja
	Bob Lloyd-Smith	Sarah Nicholson	Steve Lydon
	Cath Fern	Paul Winterbottom	Jenny Hincks
	Peter Gardner	Andrew Cotterill	Erin Murray
	Laura Bailey	Alicia Wynn	Nic Matthews

IN ATTENDANCE:
Steve Alvis, Non-Executive Director
Douglas Blair, Chief Executive
Anna Hilditch, Assistant Trust Secretary
Millie Holmes, GHFT Observer
Sumita Hutchison, Non-Executive Director
Nicola de Iongh, Non-Executive Director
Claire Kenny, Board Committee and Membership Officer
Bilal Lala, Non-Executive Director *(from 20 May 2024)*
Vicci Livingstone-Thompson, Associate Non-Executive Director
Jan Marriott, Non-Executive Director
Kate Nelmes, Head of Communications
Lavinia Rowsell, Director of Corporate Governance / Trust Secretary
Neil Savage, Director of Human Resources and OD

1. WELCOMES AND APOLOGIES

1.1 Graham Russell welcomed colleagues to the meeting.

1.2 Apologies had been received from the following Governors: David Summers, Penelope Brown, Ismail Surty, Rebecca Halifax, Chas Townley and Mick Gibbons. Alison Hartless and Lisa Crooks did not attend the meeting. Apologies had also been received from Marcia Gallagher, Non-Executive Director.

1.3 The Council noted that this would be the last meeting for 2 staff Governors. Nic Matthews (Staff Governor: Health & Social Care Professionals) would be coming to the end of his final term on 31 May. Nic had served a full 6-year term in his Governor role and Graham Russell expressed his thanks for Nic's involvement, support and effective challenge over that period. Erin Murray (Staff Governor: Management & Administration) would be leaving GHC in early June to take up a new post at GL11 Community Hub. Colleagues thanked Erin for her contribution and wished her well in her future role.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes from the previous meetings held on 13th March and 17th April were both agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

4.1 The actions from the previous meetings were all complete or progressing to plan. There were no other matters arising.

5. GOVERNOR PRE-MEETING UPDATE

5.1 The main points covered at the pre-meeting would be picked up as part of other items on the agenda for the meeting.

6. MEMBERSHIP UPDATE

6.1 Anna Hilditch provided a verbal report to the Council, providing an update on membership activity, and engagement opportunities.

6.2 A meeting of the Governors' Membership & Engagement Committee had now been scheduled for Tuesday 25th June and all Governors had been invited to attend this. It was noted that colleagues from the Trust's Communications Team, and the Partnership & Inclusion Team would also be in attendance. Jan Marriott said that she was keen to ensure that there were clear links developed between this Committee and the Trust's Working Together Advisory Committee.

6.3 A number of engagement events had recently been shared with Governors and people were encouraged to participate in these. A dedicated Governor & Membership stand had been secured for the Trust's upcoming Big Health Day, taking place on Friday 14th June at Oxstalls Tennis Centre. Anna Hilditch thanked those Governors who had put themselves forward to attend on the day and help manage the stand. A rota would be pulled together over the next week and shared with those participating. This event would be a good opportunity to recruit new members, but also for colleagues to engage with both the public and other staff colleagues attending the event.

7. APPOINTMENT OF DEPUTY CHAIR AND SENIOR INDEPENDENT DIRECTOR

7.1 The purpose of this report was to present the Council of Governors with the proposal for the appointment of a new Deputy Trust Chair, and Senior Independent Director (SID).

7.2 In line with the Trust's Constitution, the Council of Governors at a general meeting of the Council shall appoint one of the current non-executive directors as Deputy Chair, on recommendation of the Trust Chair. It was noted that following the appointment of Graham Russell to the position of Trust Chair, the Deputy Chair position has since become vacant. The role of the deputy chair is to take on responsibilities delegated to them by the Chair and deputise for them during any absence. They should work closely with the Chair to establish a constructive relationship, share responsibilities and act as a substitute for the Chair whenever required.

7.3 Graham Russell, having consulted with Board colleagues, had recommended the appointment of Nicola de Iongh as both Deputy Chair and Senior Independent Director. The Council noted that the current SID, Marcia Gallagher would be coming to the end of her term on 30 June 2024. There was therefore a need to nominate a successor to Marcia. It was important to note that the SID role was a Board appointment, taking into account the views of Governors

Nicola de Iongh left the meeting at this point

7.4 The Council of Governors noted Nicola de Iongh's background, skills and experience which was set out in the report. It was also noted that Nicola had confirmed that she has the capacity to undertake both roles.

7.5 Steve Lydon asked whether there had been a nomination process for this, and whether Nicola had been the only candidate. Graham Russell said that he had spoken with all NEDs, and on reflection he felt that Nicola's skills and experience fit best with these roles in terms of relationships and partnership working.

7.6 Bob Lloyd-Smith said that the Trust had recently carried out a very rigorous and robust process for appointing a new Chair, and he noted that the appointment of a Deputy Chair was not as rigorous in terms of deputising for the Chair in periods of absence or sickness. Bob said that he had full trust in Nicola de Iongh's abilities, but he felt it important to raise this in relation to this key role. Graham Russell said that if there was a need to deputise for him for a longer period then discussions would be carried out at that time. He thanked Bob for flagging this.

7.7 The Council of Governors approved the appointment of Nicola de Iongh as Deputy Trust Chair, to take effect from 15 May 2024. The Council also noted the appointment of Nicola de Iongh as Senior Independent Director, to take effect from 1 July 2024 subject to Board approval.

Nicola de Iongh re-joined the meeting at this point

8. CHIEF EXECUTIVE'S REPORT

8.1 Douglas Blair provided a verbal report to the Council to update on various publications and matters of interest.

8.2 The Council noted that Douglas has continued to carry out service visits, team meetings and to 'hot desk' from different sites. He said that he has welcomed the opportunity to meet with colleagues, learn about their roles and understand any of the challenges facing their service areas.

8.3 Nicola Hazle had been appointed as our new Director of Nursing, Therapies and Quality. Nicola will start substantively with the Trust from 1st July, having completed her induction two-days a week during June, which will include getting to meet as many services and colleagues as possible. Nicola has 23 years of experience as a registered mental health nurse and is joining the Trust from her current role as Health and Care Professional Director within Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board.

8.4 The Council noted that the recruitment for a Chief Operating Officer, and Director of Improvement and Partnerships was underway, and Governors would be invited to participate as part of the focus groups for these two executive director appointments.

8.5 The new Forest of Dean Community Hospital has been completed and is now fully operational. Positively this was delivered to budget with only minor delays to the overall timescales. Throughout April, colleagues at the Dilke and Lydney hospitals prepared for the moves to take place with the inpatients team being the first to move, moving 16 patients in one day. The team are now operating at full capacity with 24 patients. Outpatients, Diagnostics, CYPS (Children and Young People's Services), Adult MSK (Musculoskeletal), and Dental services, moved in during the following weeks with the final services being MIIU (Minor Injury and Illness Units) and the Complex Leg and Wound Service. Teams are settling in well to the new hospital and positive feedback has been received from both colleagues and patients on the new site. The official opening of the new hospital was scheduled for Friday 7th June, performed by HRH The Princess Royal.

8.6 The Trust had submitted a tender application for the contract to provide an Integrated Urgent Care Service (IUCS) for people across Gloucestershire. The IUCS includes NHS 111 (telephone and online), a local Clinical Assessment Service offering patients access to general and specialist advice from clinicians where appropriate and the Primary Care Out of Hours service. The service would be provided by the Trust in a partnership with social enterprise organisation Integrated Care 24 (IC24), who currently deliver services such as 111 in other areas of England. This was a new area of work for the Trust, but it would blend well with some of our existing services and help us work more closely with primary care colleagues. The Council noted that the formal announcement on the award of the contract would be made the following day, and Douglas Blair said that Governors would be notified as soon as the outcome was known.

8.7 The Council of Governors thanked Douglas for his report.

9. GOVERNOR DASHBOARD AND HOLDING TO ACCOUNT

Governor Dashboard

9.1 The Governors received the Governor Dashboard, presenting data up to 31 March 2024. The dashboard provides a high-level snapshot to ensure governors have an ongoing sense of how the Trust is performing. This includes key Trust statistics, and the achievement of Trust targets, focussing on patient experience, quality indicators and workforce targets.

9.2 Bob Lloyd-Smith asked about availability and length of stay in MH acute beds, noting that he was aware this was an ongoing issue. He highlighted a recent example of a colleagues' son who had been admitted to a unit in Birmingham as there was no availability in Gloucestershire. Douglas Blair said that the Trust had seen a small reduction recently and was slightly below the national average; however, there were areas of blockage in the system and the Trust had a programme in place to manage and monitor this position. He said that Out of Area (OOA) Placements were being carefully controlled and positively there had been very few instances of placements being made out of area.

9.3 Paul Winterbottom said that OOA placements could be difficult to measure and needed to be triangulated with community incidents, pressure on community services and pressure on a relatively small bed base. There needed to be a balanced approach.

9.4 Vicci Livingstone-Thompson noted that there had been a significant increase in complaints/concerns reported since September 2023 and she asked whether there was a reason for this. Anna Hilditch advised that the new NHS Complaints Standards were introduced from 1 August 2023. The introduction of these standards had meant that data reporting has changed in a number of areas – for example, feedback is now either an "enquiry" (other contact) or a complaint. "Concerns" are no longer reported and therefore no longer included within this report. The increase noted within the report was a direct result of these changes and the change in categorisation.

Holding to Account

9.5 A table setting out the Committee meetings that had taken place during the previous month, alongside the key agenda items received, discussed, and noted at these meetings was included within the dashboard report for Governor information and reference. As previously agreed, those NEDs in attendance at the Council meeting would highlight 2 or 3 key areas of interest from the most recent Committee meetings for Governor attention and to demonstrate how assurances on performance had been sought.

9.6 MH Legislation Scrutiny Committee – Steve Alvis, Chair of the Committee, highlighted:

- The CQC Monitoring visits report was received and an update was given on Berkeley House, and the work underway to have the Section 31 notice removed due to the extensive work and improvements within the unit. It was noted that staff at Berkeley House had reported they are seeing the positive difference in working life and care they are able to provide.
- The Trust had appointed three new Mental Health Act Managers.
- A report had been received looking at Trust wide compliance with Mental Capacity Act (MCA) and Liberty Protection Safeguards (LPS) training. The Committee discussed the MCA training available to band 6 and 7 colleagues and a query was raised as to when this would be available to band 5 colleagues. It was noted that it was necessary to ensure staff were not overloaded with training, and focus would be given to colleagues working within mental health areas first. Further discussions would be held to determine when this could be rolled out further. Steve Alvis informed the Council that there was a risk on the corporate Risk Register around MCA training compliance, and this was being closely monitored.

9.7 Nic Matthews made reference to Berkeley House and asked whether a timeline was yet in place in terms of messaging to staff at the unit about the future plans. Steve Alvis said that he was unsure but would seek a response to this. Andrew Cotterill noted that a Governor visit to Berkeley House was in the process of being arranged. **ACTION**

9.8 Great Place to Work Committee – Sumita Hutchison, Chair of the Committee, highlighted:

- A colleague story was received which highlighted the importance and positive impact of apprenticeships within the Trust. The Committee requested that a report be presented to a future meeting looking again at the Trust's apprenticeship offer.

- A deep dive into the Staff Survey was carried out. The Staff Survey action planning had been divided into four areas of focus: Harassment and Bullying, Health and Wellbeing, Flexible working, and Internationally Educated Nurses. The Committee shared areas of focus for consideration and raised that more awareness was required for colleagues to understand flexible working. The Committee also discussed whether a sharper focus on race was required and whether there should be a broader focus on Equality, Diversity and Inclusion (EDI) and also protected characteristics.
- The Committee received the detailed workforce performance indicators report which set out performance against KPIs such as vacancies, retention, turnover, sickness and training compliance. The Trust had achieved 94.10% statutory and mandatory training compliance against a target of 90%. It was also pleasing to note the reduction in the use of agency staffing which continued to perform below the national threshold.

9.9 Quality Committee – Jan Marriott, Chair of the Committee, highlighted:

- The Committee received the Celebrating Improvement in Community Hospitals Report, which provided an overview of the innovations and improvements which had happened in the last 12 months, and the plans for how the directorate continued to nurture and develop this culture of continuous improvement and innovation to create a space for reflection and learning. Twelve different QI projects had taken place throughout the year, and the learning and outcomes of these were shared within the report. The Committee welcomed the positive report and congratulated the teams involved. Jan Marriott said that this was picked up as something that Governors may wish to learn more about at a future meeting
- The Committee received the summary of the results of the 2023 CQC National Community Mental Health survey. The Trust's response rate was 26%, which equated to 315 responses; and it was noted this was significantly above the national average of 20%. The results from the survey showed that the Trust had performed the same compared with other trusts in 25 of the 33 questions and somewhat better (3), better (4) or much better (1) than expected in the remaining 8 questions. The priority areas for improvement were discussed and these included a focus around access to crisis care and the support received.

9.10 Vicci Livingstone-Thompson referred to Talking Therapies and she asked whether this had been looked at in terms of access for people with a learning disability or neurodiversity. Jan Marriott said that Gloucestershire had a really good offer for people around Talking Therapies, but it was suggested that it might be helpful if the Team Manager be linked up and invited to present at a future Autism Partnership Board. **ACTION**

9.11 Resources Committee – Graham Russell, Chair of the Committee, highlighted:

- The Committee would continue to be chaired by Graham Russell until October when new NED Jason Makepeace would step in to the role.
- The Committee received the Green Plan Strategy – Delivery Progress Report. The Green Plan was the Trust's three-year sustainability strategy to deliver on national Net Zero requirements, as well as recognising the wider role we play in enabling sustainability across the Trust. New objectives had been set within the Green Plan and an update was provided on the various projects across the Trust which were being undertaken. The target for the NHS single-use plastic pledge had been

achieved and exceeded, and further focus would be on single use plastics in clinical consumables. Graham Russell said that this was a great report and suggested that it be shared with Governors to be able to see the positive steps forward the Trust had made. **ACTION**

- The Committee received the Finance Report for month 12. The draft year end position was a surplus of £984k. The Cost Improvement Programme delivered £5,026m of recurring savings against the target of £5,445m. The £418k which was unidentified had been carried forward. Agency expenditure had significantly reduced throughout the year, and the Trust had spent £7,449m on agency staff, which equated to 3.33% of total pay; which was below the agency expenditure celling of 3.7%. The Trust had paid 97% of invoices due within 30 days against the national target of 95%. The cash position at the end of month 12 was £51,445m. Graham Russell said that 2024/25 was going to be challenging but the Trust had performed well in 2023/24 and thanks had been passed on to all colleagues for achieving this performance at year end.

9.12 Steve Lydon asked how the Governors could get a better understanding of resources, and how these were managed within the Trust. Graham Russell said that the finance report was published as part of the public Board paper pack, and this provided a helpful overview. An annual session would also be arranged for Governors to drill down into the annual accounts with the Director of Finance and a representative from External Audit.

9.13 Governors thanked NED colleagues for their reports. Governors were invited to email through any additional questions that they wished to ask of the NEDs, to Anna Hilditch.

10. ANNUAL GOVERNOR DECLARATIONS 2023/24

10.1 The purpose of this report was to present the annual Governor declarations to the Council to provide assurance that these have been carried out for 2023/24 and as evidence that the Governors continue to meet the requirements of the 'Fit and Proper Persons Test'.

10.2 The Council noted this report and noted that there were no issues to be brought to the attention of the Council following the checks.

11. GOVERNOR QUESTIONS LOG

11.1 The Governor Questions Log is presented at each Council meeting, and any questions received between meetings are presented in full, alongside the response for Governors' information.

11.2 It was noted that three new questions had been received since the last meeting in March, and these were presented to the Council as follows:

05/2024	Cyber Security
06/2024	Medical Education – Dental Education
07/2024	Appraisals

12. WAYS OF WORKING – DISCUSSION SESSION

12.1 Following the appointment of Graham Russell as the new Trust Chair, it had been agreed that it would be helpful and timely to have an open discussion session for Governors and colleagues to explore the role of the Governor and ways of working going forward. Graham Russell had shared a one-page highlights slide with Governors in advance of the meeting to aid in discussion.

12.2 Steve Lydon said it was important to look at making the best use of Governors and their existing links to the community and wider bodies. He said that it would be helpful to see how Governors could get more involved in wider initiatives across the county.

12.3 Nic Matthews said that a lot had been done around the staff Governor role and communication with NEDs. He said that there had been huge changes made around the operation of Council meetings and how it all worked. He said that he felt the Council was in a really good place and the Trust ensured that feedback and comments received from Governors were always taken on board.

12.4 Alicia Wynn said that she had valued the recent opportunity to visit the new Forest Hospital as part of the visiting programme and she felt more equipped to carry out the role. She said that Governors had the responsibility to ensure that the time was taken, and effort made to attend such events and visits when offered. Alicia Wynn noted that she was still unsure who "we" are as Governors and felt there was a need to get to know each other better to understand other people's experience and knowledge.

12.5 Andrew Cotterill advised that he had attended 2 Trust Board meetings as an observer and had found this to be a helpful experience and recommended this to other Governors. He said that it would be helpful to explore further how the Trust and the Governors linked in with the wider system partners such as the ICB and GHT as there was some reliance on, and potential knock-on impact for the Trust on the performance of other organisations.

12.6 Referring back to Steve Lydon's earlier point, Jenny Hincks said that it would be helpful to produce a directory which set out all of the groups, committees or organisations that Governors were part of or linked into.

12.7 Nic Matthews said that he would be happy to coordinate an offline meeting of the Staff Governors to seek their views.

12.8 Kizzy Kukreja said that she found having the ability to communicate with all NEDs was helpful, and the quarterly staff Governor/NEDs meeting was a good mechanism for this. Having the feedback channels in place was important.

12.9 Peter Gardner said that as a Public Governor he sometimes felt more distant from what was going on within the Trust and wanted to explore how to get more of a sense of belonging. He said that more visits for Governors to sites and services would be helpful by way of giving a better understanding of the estate.

12.10 Bob Lloyd-Smith said that Governors would all have different opinions and have certain areas of the Trust's work that they felt more of an interest in. He said that Governors needed to be more proactive and ask the Trust Secretariat Team if they

wanted to visit somewhere or attend an event. Andrew Cotterill suggested that there were some services within the Trust that would rarely receive a visit so it would be nice to choose some lesser-known services to conduct future visits.

12.11 Graham Russell thanked colleagues for feeding into the discussion. He said that the Council of Governors had some strong foundations to build on, there was further to go but we were at a great starting place, with a huge amount of work already carried out to ensure that the Governors could add real value in their roles.

13. ANY OTHER BUSINESS

13.1 Graham Russell asked for feedback from Governors on how the meeting had gone today. Nic Matthews said that he felt it had been a good meeting and he welcomed the more interactive elements and opportunities for open discussion. He said that meetings had improved considerably since he commenced as a Governor 6 years ago and he was pleased to see the progress that had been made. Kizzy Kukreja agreed that it had been a good meeting. She asked whether it would be possible to circulate the papers for the meetings a little earlier in future, especially when large reports are received, and time is required to digest them to enable comment to be provided. This request was noted.

14. PRIVATE SESSION – DRAFT QUALITY ACCOUNT 2023/24

14.1 The Council welcomed Jane Stewart to the meeting to present the draft Quality Account for 2023/24.

14.2 Jane advised that this was the second draft version of the Quality Account (which was presented in private session due to it still being under development) which historically has formed part of the Quality Report that the Trust is obliged by statute to produce annually. The Quality Account reports on activities and targets from the previous year's Account and sets out and introduces new objectives and proposed developments for the following year.

14.3 Formal ratification of the Quality Account is required by the Board prior to being published before 30th June 2024. This draft report was presented to enable Governors to see the work in progress, to provide an opportunity to comment and to suggest further inclusions prior to its finalisation. The key message was that excellent progress had been made in all quality priority workstreams with no known barriers to planned completion next year (Q8).

14.4 Jane Stewart said that additional information had been added to the Quality Account following suggestions from the Governors at the previous meeting around the falls prevention work that had taken place across the Trust. Jane added that a review of the formatting of the document would also be taking place and the creation of an easy read version of the report was being explored.

14.5 Additional suggestions received for inclusion included health inequalities and progress with the integration of physical health and mental health services. Jan Marriott asked whether reference to the Patient and Carer Race Equality Framework (PCREF) should be included. It was agreed that it would be helpful to share a summary of PCREF with the Governors for information. **ACTION**

14.6 Jane Stewart thanked Governors for their feedback and would look at including reference in the final draft. It was noted that the Board would be receiving the final draft report at its meeting on 30 May for approval. A copy of the final published version would be shared with Governors in due course.

15. DATE OF NEXT MEETING

15.1 The next meeting would take place on **Wednesday 10th July 2024** at 10:30 – 13:00. This would be a short, formal Council meeting followed by a Governor development session.

ACTIONS LOG

Date	Item	Action	Lead	Status
13 March	8.7	Updated list of locality NED and Governor pairings to be circulated	Trust Secretariat	**On track.** NED portfolios now agreed and guidance being prepared on how pairings can be used. Guidance and pairings to be shared once drafted. Schedule August 2024.
15 May	9.7	Nic Matthews made reference to Berkeley House and asked whether a timeline was yet in place in terms of messaging to staff at the unit about the future plans. Steve Alvis said that he was unsure but would seek a response to this.	Steve Alvis	**Complete (Ongoing)** A video message from the BH Senior Team and an email communication, went out to all BH colleagues on 28 May. A virtual meeting was held on 3 June at which colleagues could come along and hear more about the trial to flexibly support people with learning disabilities. The communication, the FAQs (shared with HR to certify them) and the briefing slides were also shared with the staff team. This was followed up by attending handover sessions on the 7th, 10th and 13th June. The intranet has also been updated, to ensure everyone has had the opportunity to see the information.
	9.10	Vicci Livingstone-Thompson referred to Talking Therapies and she asked whether this had been looked at in terms of access for people with a learning disability or neurodiversity. It was suggested that it might be helpful if the TT Team Manager be linked up and invited to present at a future Autism Partnership Board.	VLT / Trust Secretariat	**Complete** Link made with service lead to enable further discussions to take place. Inclusion Gloucestershire have successfully applied for funding for a small research grant to investigate the accessibility of Talking Therapies for people who are neurodivergent or Autistic.
	9.11	Green Plan Strategy Delivery Progress Report to be shared with Governors to be able to see the positive steps forward the Trust had made.	Trust Secretariat	**Complete** Green Plan Strategy report sent out via email on 5 July
	14.5	Further information about the Patient and Carer Race Equality Framework (PCREF) to be shared with the Governors for information.	Trust Secretariat	**Complete** https://www.england.nhs.uk/long-read/patient-and-carer-race-equality-framework/

AUDIT AND ASSURANCE COMMITTEE

SUMMARY REPORT

DATE OF MEETING: **17 JUNE 2024**

COMMITTEE GOVERNANCE	• Committee Chair – Marcia Gallagher, Non-Executive Director • Attendance (membership) – 100% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

INTERNAL AUDIT (BDO)

The Committee **received** and **noted** the BDO Patient Safety Incident Reporting Framework (PSIRF) Report for information, also noting that governance of this sat under the Quality Committee.

The Committee **received** and **considered** the Agency Spend internal audit report and noted this was scored moderate for design opinion and substantial for design effectiveness; with two medium findings and one low finding.

CONSIDERATIONS PRIOR TO APPROVAL OF THE ANNUAL ACCOUNTS

The Committee received the Considerations Prior to Approval of the Annual Accounts and **considered** the evidence presented in the report and declared it was satisfied with the reliability of the Annual Accounts and the Letter of Representation.

FINAL ACCOUNTS & CERTIFICATES

The Committee **received** the Final Accounts and Certificates for 2023/24 for Gloucestershire Health and Care NHS Foundation Trust.

The Committee **approved** the 2023/24 Annual Accounts for Gloucestershire Health and Care NHS Foundation Trust on behalf of the Board.

The Committee **approved** the signing of:

- The Statutory Accounts for Gloucestershire Health and Care NHS Foundation Trust 2023/2024
- TAC Confirmations tab (NHS Improvement's Accounts) (TACs)
- TAC Summarisation Schedule Certificate (NHS Improvement's Accounts) (TACs)
- The Letter of Representation

The Committee formally thanked the Finance Team for their work in finalising the accounts.

FINAL ANNUAL REPORT 2023/24

The Committee received the Final Annual Report 2023/24 for Gloucestershire Health and Care NHS Foundation Trust and noted the changes made since the previous meeting.

The Committee **noted** the final draft and **approved** it for signing by the Chief Executive and Chair before being laid before Parliament; subject to the inclusion of amendments discussed. An updated version of the report was circulated to the full Board.

SELF-CERTIFICATION – NHS PROVIDER LICENCE (COS7)

The Committee **received** the Self-Certification – NHS Provider Licence (COS7), for endorsement, which formed part of the oversight arrangements for the NHS and set out conditions that providers of NHS-funded healthcare services in England must meet to help ensure that the health sector works for the benefit of patients, both now and in the future.

The Committee **recommends** that the Board self-certifies against the statement detailed in section 3a (of the paper): *"After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate."*

The full paper is available in the Diligent reading room for Board Member review.

ANNUAL FINANCE COMPLIANCE REPORT

The Committee **received** the Annual Finance Compliance report and **approved** the write off of two invoices from Herefordshire County Council for £94,173, which were from the legacy 2Gether Trust in 2028/19

OTHER ITEMS RECEIVED

The Committee:

- **Noted** the External Audit Annual Report and ISA260 Report
- **Endorsed** the Committee's Annual Report for presentation to trust Board in July.
- **Noted** the Annual Procurement Shared Services Report.

ACTIONS REQUIRED BY THE BOARD

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

DATE OF NEXT MEETING:	08 August 2024

CHARITABLE FUNDS COMMITTEE

SUMMARY REPORT

DATE OF MEETING: **19 JUNE 2024**

COMMITTEE GOVERNANCE	• Committee Chair – Marcia Gallagher, Non-Executive Director • Attendance (membership) – 75% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE REPORT

The Committee **received** and **noted** the Finance Report, which provided an overview of the financial position of Gloucestershire Health and Care NHS Foundation Trust Charities funds, and was informed the funds balance at 31 May 2024, had increased by £27k during the year from £370k to £397k. The main reason for the increase was a grant of £20k which had been received from the National Lottery Community Fund for the Sanctuary Garden at Wotton Lawn.

The total income received during the period was £32,695.
The expenditure for the period was £5,140.
The Committee **noted** the report.

CHARITABLE FUNDS BID APPROVALS

The Committee **received** and **noted** the Charitable Funds – Bids Requiring Committee Approval and Updates on Progressing Bids Report.

It was reported there had been a total of eight bids made since the previous meeting, which totalled £6,181.54.

The Committee was informed that there were currently 18 bids which had been previously approved, with a total value of £9,982.25, with outstanding committed spend.

STRATEGIC UPDATE – APPROACH TO WORKING WITH GHFT

The Committee **received** and **noted** the Strategic Update – Approach to working with Gloucestershire Hospital's NHS FT (GHFT) Report, which provided an update on a number of projects across the Trust which were seeking charitable funds in order to progress and the proposed approach to take them forward via the Charity's fundraising strategy.

The work which had been progressed by Orchard Fundraising to develop the Trust's fundraising activities was shared, and the development of a sanctuary garden at Wotton Lawn Hospital was highlighted; the anticipated costs for which were £55,000 to complete. The Committee was informed that the Trust had approached GHFT to collaborate on some of the charitable funds' initiatives and that GHFT were keen to work with the Trust. Arrangements were being progressed to transfer funds and GHFT were supportive of raising money through the schemes, and sharing their links and services.

ANNUAL ACCOUNTS - APPROVAL

The Committee **received** the Gloucestershire Health & Care NHS Foundation Trust Charities Annual Accounts and Annual Report of the Trustees for the financial year ending 31 March 2024.

It was reported that the funds balance at 31 March 2024 had decreased by £15k between 1 April 2023 and 31 March 2024 from £385k to £370k.

The Committee was informed that the restricted funds, which were mainly made up of the Brokenborough fund totalled £161k, and that this was no change from 2022/23. The unrestricted funds total at 31 March 2024 was £157k, which was a reduction in the year of £12k.

The Committee **reviewed** and **approved** the Annual Accounts and Annual Report subject to completion of the independent review which was due to start week commencing 1 July 2024.

OTHER ITEMS RECEIVED

The Committee **received** and **noted** the following reports:

- League of Friends Update
- Brokenborough Update

ACTIONS REQUIRED BY THE BOARD

The Trust Board is asked to **NOTE** the contents of this summary.

DATE OF NEXT MEETING:	18 September 2024

RESOURCES COMMITTEE

SUMMARY REPORT

DATE OF MEETING: **27 JUNE 2024**

COMMITTEE GOVERNANCE	• Committee Chair – Graham Russell, Trust Chair • Attendance (membership) – 75% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE REPORT – MONTH 2

The Committee **received** and **noted** the Finance Report for month 2, which provided an update of the financial position of the Trust. The planning process for the new financial year was continuing throughout June and it was acknowledged nationally that forecasts did not have to be submitted at this point. A plan had been put in place, which was submitted on 12 June, in which a small surplus of £41k was reported. No significant concerns were reported at present. The revised plan reported a break-even position for the System.

The 2024/25 Capital Plan was £10.704m with £4.000m of disposals, leaving a net £6.704m plan. The spend to month 2 was £0.564m against budget of £0.161m.

The Committee noted that the final accounts for the Trust were approved at the Audit and Assurance Committee, 17 June; and would be submitted 28 June 2024.

SYSTEM FINANCE POSITION & DEFICIT RISK SHARE UPDATE

A presentation was shared which provided an update on the System Finance Position and Deficit Risk Share. The Committee **noted** the update provided.

PERFORMANCE REPORT – MONTH 2

The Committee **received** the Performance Report, which provided a high-level view of the key performance indicators in exception across the organisation for month 2.

It was reported Business Intelligence were reviewing the performance indicator portfolio over the six domains across the Trust. This work included reviewing the Statistical Process Control (SPC) methodology and revising the thresholds. It was noted this was connected to the review of the Trust's Performance Management Framework; and this would be ratified at the BIMG meeting over the next months.

The Committee **received** and **noted** the indicators which were currently in exception
The recovery trends within the core Children and Mental Health Service (CAMHS), were highlighted, and it was reported the numbers had reduced from 520 to 499 since the previous month, and achievement of first assessment within 4 weeks had risen to 56.2%, compared to 49% in the previous month. It was further reported that 83% of patients had been seen within 5 weeks.

The Committee was informed that the Community Dental Service had experienced some staffing disruption and vacancy issues, which were being addressed. It was highlighted there had been a decrease in 95% referrals booked within 18 weeks, and this had dropped to just 39%. A review of the recovery action plan was to take place to address issues.

The Committee discussed the performance within CAMHS and requested the Board receive an update on the work being progressed. It was suggested the Trust Board receive a presentation from the Service at a future Trust Board meeting.

NHS PREMISES ASSURANCE MODEL (PAM) SELF-ASSESSMENT

The Committee **received** the NHS Premises Assurance Model (PAM) Self-Assessment 2023/24. The data from NHS PAM provided the Trust with a range of performance metrics across all Estates disciplines for the period of 1 April 2023 to 31 March 2024.

The Committee **approved** the submission of our NHS PAM self-assessment, ahead of the deadline date, 13 September.

OTHER ITEMS RECEIVED

The Committee:

- **Received** and **noted** the Service Development Report
- **Received** and **noted** the following Summary Reports:
  - Business Intelligence Group
  - Capital Management Group
  - Community Mental Health Transformation Programme
  - Digital Group
  - Strategic Oversight Group

ACTIONS REQUIRED BY THE BOARD

The Trust Board is asked to **NOTE** the contents of this summary.

DATE OF NEXT MEETING:	29 August 2024

QUALITY COMMITTEE

SUMMARY REPORT

DATE OF MEETING: **4 JULY 2024**

COMMITTEE GOVERNANCE	• Committee Chair – Jan Marriot, Non-Executive Director • Attendance (membership) – 100% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

NEW RISKS OR ISSUES

A verbal update was provided on ROC2395 Patient Safety and Quality of Care and it was reported a letter had been received from NHS England following the Dispatches programme which raised concerns with the ED at Shrewsbury hospital. The letter from NHS England reminded COOs, CEOs and ICBs that they were working within an innovative and pressurised environment, and that the fundamentals and basic standards of care should always be met.

The Committee was assured that the activities set out within the letter were already in place within the Trust. The Committee acknowledged the update and the receipt of the ROC2395 letter.

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 Committee noted the Quality Dashboard Report included the following:

- Q4 2023/24 Learning from Deaths summary
- Q4 2023/24 Guardian of Safe Working Report
- Development of Community Nursing data and narrative
- Continued development of 'Closed Culture' data and narrative

The Committee was informed of the Quality areas which were showing positive improvement and the overall decrease in pressure ulcer incidents was highlighted.

The Quality issues for priority development were shared and it was highlighted work continued to be progressed in addressing concerns raised relating to Berkeley House. The Committee was informed of progress made against the new service model and were informed that this work continued to be submitted to the CQC on a monthly basis.

Positively, the new Mental Capacity Act Assessments and Best Interest Decision Making forms had both gone live on SystmOne and RiO, which it was hoped would improve compliance with reporting and accuracy of patient assessments.

REVISED LEARNING FROM DEATHS POLICY

The Committee received the Learning from Deaths policy update. The policy had been reviewed and updated to reflect changes of terminology, a description of the process for sharing learning, and extending the scope of the Medical Examiner Service to cover death within all GHC inpatient units from 9 September 2024, in line with legislation.
The Committee **endorsed** the revised policy.

ANNUAL PATIENT SAFETY REPORT

The Committee received the Annual Patient Safety Report, which provided assurance on the progress in implementing the National Patient Safety Strategy and that the Trust was developing a robust learning assurance framework. The report also provided assurance around the provision of staff support during and after learning responses and described the development of our Family Liaison Practitioner role. The Committee endorsed the work of the Patient Safety Team and agreed to accept updates on the progress of the Patient Safety Incident Response Framework (PSIRF) and LFPSE over the next 12 months.

OTHER ITEMS RECEIVED

The Committee **received** and **noted** the following reports:

- Improving Care Group Annual Report
- Learning from Deaths Report – Quarter 4
- Quality Assurance Group Summary Report

ACTIONS REQUIRED BY THE BOARD

The Trust Board is asked to **NOTE** the contents of this summary.

DATE OF NEXT MEETING:	05 September 2024

GPTW COMMITTEE

SUMMARY REPORT

DATE OF MEETING: **10 JULY 2024**

COMMITTEE GOVERNANCE	• Committee Chair – Sumita Hutchison, Non-Executive Director • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

STAFF STORY: CHILDREN AND YOUNG PEOPLE WELLBEING CHAMPIONS

The Committee was presented with a pre-recorded film made by 2 colleagues from the Children and Young People's Service (CYPS), Bridget and Sally, who spoke about their role as Wellbeing Champions for the CYPS directorate. They set out some of the initiatives that they had put in place for colleagues, including lunchtime MS Teams meetings, and focus groups led by staff who had particular interests in topics that affect wellbeing such as parenting during lockdown, MSK issues from home working, and managing stress in the workplace. Sally and Bridget produce a monthly newsletter for CYPS colleagues and have integrated CYPS themed months: Self-care September, Values month and Stay Safe November. Using the Staff Survey results from the CYPS Directorate, Sally and Bridget developed a 12-month staff wellbeing strategy based on what the survey results said, alongside an action plan for key areas of focus.

The Committee wished to thank Sally and Bridget for preparing the film and sharing the fantastic work that they had carried out to promote wellbeing and to create a culture of wellness where colleagues thrive, and families receive high quality care. It was suggested that their work could be shared more widely, with the aim of encouraging more colleagues across the Trust to sign up as wellbeing champions.

HEALTH & WELLBEING STRATEGIC FRAMEWORK UPDATE

The Committee received and noted an update on progress with the Health and Wellbeing (HWB) Strategic Framework that was approved in August 2022.The updated HWB strategic framework introduced the Trust's focus on moving to a proactive approach to health and wellbeing and was formulated alongside published national guidance. The strategic framework was also accompanied by an annual action plan that set out key priorities for 2023/2024. An update on progress against these actions was presented to the Committee. Key achievements included:

- Intranet resources/landing page for H&WB updated
- Establishment of a bi-monthly core strategic H&WB group
- Number of GHC HWB Champions increased (12 in Jan 2023 to 108 in Jan 2024)
- HWB champions induction materials created and 7 HWB champion induction sessions delivered
- Bi-weekly peer support sessions for HWB champions via The Wellbeing Line in place

The next steps were shared with the Committee and included the development of a communications plan for the intranet resource library and calendar of HWB events and

initiatives (to sit alongside ViVup offers and national initiatives) utilising tools to reach non-desk colleagues.

WORKING WELL ANNUAL ASSURANCE REPORT 2023-24

The Committee received the Working Well Annual Assurance Report, which set out a summary of the services and activity provided by the Working Well Team, a summary of performance against the Key Performance Indicators, details of the reasons for management referrals, results of customer satisfaction surveys, and an update regarding new and existing NHS contracts.

The Committee was pleased to note that confirmation had been received from the Faculty of Occupational Medicine that the Service achieved its annual re-accreditation for SEQOHS re-accreditation (Safe, Effective, Quality, Occupational Health Service).
Working Well has continued to support the workforce and the Committee recognised the hard work and contribution of its staff during the year.

ANNUAL EQUALITIES REPORT

The Committee received the Annual Equalities Report which provided an update and assurance on the Trust's Annual Report and its publication, linking to how it will inform the plan and address our public sector duty. The Trust must ensure that equality, diversity and inclusion (EDI) is embedded into everything it does. Ensuring EDI aspects are considered, will help ensure that the Trust delivers high quality services, tackles health inequalities and delivers its aim to be a "great place to work."

The report summarised the high-level EDI activity that had been carried out, the work currently ongoing, and the actions to be carried out for the remainder of the year.
The Committee noted and endorsed the content of the 2023-24 Annual Equalities Report to meet our Public Sector Equality Duty (PSED), with a planned publication date of July 2024.

OTHER ITEMS RECEIVED

The Committee:

- **Received** an update on the outcome of the BDO internal audit report on Health & Wellbeing
- **Carried out** a deep dive discussion into Health & Wellbeing
- **Received** the month 3 Workforce Performance (KPI) Report
- **Received** a Staff Engagement Update (including Q1 PULSE Survey results)
- **Received** and **noted** the summary reports of Management Groups & ICS Meetings

ACTIONS REQUIRED BY THE BOARD

The Trust Board is asked to **NOTE** the contents of this summary.

DATE OF NEXT MEETING:	5 September 2024

WORKING TOGETHER ADVISORY (WTAC) COMMITTEE

SUMMARY REPORT

DATE OF MEETING: **11th July 2024**

COMMITTEE GOVERNANCE	Committee Chair: Jan Marriott, Non-Executive Director

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

PEER SUPPORT WORKERS

The Committee **received** an update on work completed to better understand the roles of Peer Support Workers (PSWs) across the Trust. A summary of engagement findings was presented to members. Engagement included feedback from stakeholders via focus groups, interviews and surveys with peer support workers, their line managers and patients. It was found that generally PSWs provide one to one support; clinical teams support; co-design and deliver courses, group work; and collaboration with partnership organisations. The results identified several themes: a need for greater clarity of the PSW role; PSW roles need to feature within the Trust's People Plan workforce strategy; a professional structure, along with investment in leadership roles to support supervision, Continuing Professional Development (CPD), career progression and networking needs to be established; a need for a culture shift to embed PSW roles across the Trust; and ensuring robust manager, team and PSW training to ensure support within parameters of the role.

A paper has been presented to the Executive Team where it was agreed that a Strategic Framework should be drafted for the Trust Board to consider at a future meeting.

PARTNERSHIPS / CYPS/ EXPERTS BY EXPERIENCE

The Committee **received** an update on some of the work of the Partnership Team who represent GHC interests at the six Integrated Locality Partnerships (ILPs). A paper and accompanying presentation included an overview of the ICS structure, where ILP's featured and their purpose. A summary of each of the ILP's current priorities and stage of development was provided. Information about Integrated Neighbourhood Teams (INT) was provided, implementation of these will be part of Primary Care Networks' GP contract for the new financial year. INT's will feature a multi-disciplinary team (MDT) approach to focus on streamlining access to care and advice; more proactive and personalised care for more complex needs; help people stay well for longer. Some GP test-and-learn pilots have commenced and Service Development Managers (SDM's) are understanding how GHC teams can link into these as they develop. The team is supporting GHC Operational Directorate to plan service delivery changes to increase localised care that can promote neighborhood level working.

A brief overview was provided about SDM changes within the Partnership Team workforce as these will have a temporary impact on capacity and resources to support both ILP activity and GHC development initiatives.

The Working Together Advisory Committee **received** a report with an update on the Experts by Experience programme and some 23/24 data with progress on the work undertaken with

focus on patient, service users and carers involvement across our Trust. The report included a Children and Young People participation programme update from Josh Bond, new CYP/Digital Specialist Inclusion Lead. The report summarised the Expert by Experience programme activity held with people who use our services, including children and young people that was undertaken during 23/24, including GHC partnership engagement activities and areas of priorities for this financial year.

The Working Together Committee **noted** the progress and work on developing the Experts by Experience programme, Children & Young People (CYP) participation priorities and our engagement plan to work with people and communities.

COMMUNITY MENTAL HEALTH TRANSFORMATION (CMHT) – A CO-PRODUCTION APPROACH

Andy Telford provided a verbal update about the CMHT focusing on the co-production approach. The transformation programme started three years ago with a £3.71m Service Development Fund (SDF) allocation. Co-production involvement has taken place with service users, carers, People Representation Board, experts by experience, local authorities, primary care, secondary care and the third sector, all were involved in assessment; care planning; reviews and outcomes; psychological interventions and medication reviews. Co-production has been at the forefront of conversations and has positively changed the dynamic of discussions and outcomes. The co-production model was received with interest and commended. Funding for ongoing co-production and partnership working was recognised as an issue due to unclear information about future commissioning. Commissioning of a full evaluation is in planning.

REVIEW OF THE WTAC PURPOSE, STRUCTURE & MEMBERSHIP PROPOSAL

Jan Marriott provided a summary of a discussion considering the remit of the WTAC and next steps. Advantages and disadvantages were identified since the group became a committee. It was noted that attendees with lived experience had reduced and were not included as quorate members. Increasing meeting formality such as committee papers, and unclear objectives may have contributed to this. To enhance the impact and effectiveness several proposals were presented to WTAC members:

- Focus on producing a WTAC annual report highlighting key achievements.
- Refresh WT plan to review language around co-production
- Create SMART annual implementation plan against objectives for Working Together Plan, assigning responsibilities
- Working Together Plan to become an enabling strategic framework
- Workshop planned for October 24 with wider stakeholders to review TOR, Committee ownership, Membership and quoracy (to include Lived Experience member) and focus on developing stronger partnerships with the voluntary sector as well as incorporating engagement with membership and Governors
- Create a role description for lay members with terms of office
- Working Together and co-production – including approach to addressing PCREF, marginalized voices, partnership position – to be discussion points that take place across GHC governance structures.

ACTIONS REQUIRED BY THE BOARD

The Trust Board is asked to **NOTE** the report's contents and the proposed future ways of working and principles of this Committee. The Board is also asked to **SUPPORT** the requirement for co-production to be included as an underpinning value-based approach for all Trust Governance Committees.

DATE OF NEXT MEETING:	17th October 2024

MENTAL HEALTH LEGISLATION SCRUTINY (MHLS) COMMITTEE

SUMMARY REPORT

DATE OF MEETING: **17 JULY 2024**

COMMITTEE GOVERNANCE	• Committee Chair – Steve Alvis, Non-Executive Director • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

MENTAL HEALTH OPERATIONAL GROUP UPDATE

The Committee **received** this update report which highlighted the activity and business discussed at the bi-monthly GHC Mental Health Operational Group.

The Committee **noted** the discussions that had taken place around Advocacy, and it was noted that a project was underway being led by the Local Authority to look at and map gaps in current advocacy provision and support available. Vicci Livingstone-Thompson flagged that Gloucestershire County Council had commissioned a piece of work previously to map advocacy services in Gloucestershire and she agreed to share this with the Committee.

POLICY FOR RESPONDING TO CARERS'/RELATIVES' CONCERNS

In line with the Policy for Responding to Carers'/Relatives' Concerns, this report provided the Committee with the outcome of a recent audit of the records of a random selection of Community Treatment Order (CTO) patients focussing on whether the concerns of carers and relatives were being followed up.

The Committee **noted** that this review offered a significant level of assurance of compliance with the Policy.

TIMING OF MENTAL HEALTH ACT MANAGERS' RENEWAL/EXTENSION HEARINGS

Responsible Clinicians (RC) can renew hospital detentions and extend community treatment orders by completing the appropriate form within two months of the expiry date. Hospital Managers (known in GHC as Mental Health Act Managers) must review all renewals/extensions. The Mental Health Act and Code of Practice do not specify a timescale for these reviews, although the Trust's Mental Health Act Managers' Policy states that hearings should take place no later than four weeks after the expiry date.

An audit of MHA Managers' hearings in 2023-24 provides significant assurance that all RC renewals/extensions were completed before the expiry date. It also provides assurance that the majority of MHA Managers' renewal/extension hearings took place before 28 days had passed since the expiry date.

MENTAL HEALTH ACTIVITY REPORT

The purpose of this report was to inform the Committee of Mental Health Act (MHA) activity and trends since 2017. Overall, it was noted that MHA activity remained quite static, but there were variations in the use of different sections and in MHA Managers' Hearings and Tribunals.

The Committee **noted** that the proportion of people from ethnic minority backgrounds subject to the MHA continues to be disproportionately high. The Committee discussed the level of support available for ethnic minorities, both in terms of advocacy but also around the education and support for community leaders. The Patient and Carer Race Equality Framework (PCREF) was currently being rolled out and developed within the Trust and it was agreed that further discussions would take place to consider these issues within that framework and the work already taking place.

REVIEW OF MHA, MCA AND DEPRIVATION OF LIBERTY SAFEGUARDS TRAINING

This report provided the annual update on the position with regard to Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training within the Trust. There is currently Mental Capacity Act training at Level 1 and Level 2, which has been added to staff training profiles on Care to Learn as Essential to Role training. Most of this training meets the Trust's compliance target of 90%. The MCA training currently provided includes information about DoLS.

The Trust's Mental Health Act Training has been developed from a previous in-house designed e-learning programme. The MHA element of the e-learning is available to all staff but is specifically targeted at MH staff training profiles. Current training compliance is 98.6% of 1517 staff, up from 90.6% last year.

The Committee **noted** the current position with training provision and training compliance figures.

MENTAL CAPACITY ACT & LIBERTY PROTECTION SAFEGUARDS UPDATE

There are a number of action plans in place in relation to the improvement of Mental Capacity Act (MCA) Practice across the Trust which are reviewed bi-monthly by the MCA practice improvement group. The Committee noted the main areas of progress in meeting these action plans, as follows: -

- Mental capacity assessment and best interest decision making training is continuing to be rolled out across the trust and sessions have now been set up to deliver training to mental health inpatient settings.
- Face to face Deprivation of Liberty Safeguards training for Community Hospital Staff has now been completed
- Learning Disability inpatient MCA practice Audit has been completed and the report has been signed off.
- Training around the MCA and decision making for Children and Young people has commenced.
- Reaudit of MCA compliance in Community Hospitals has been completed and the draft audit report is pending. Initial findings indicate overall compliance has gone up from 65% to 84%
- The new MCA forms are now live on System One and Rio

OTHER ITEMS RECEIVED

The Committee:

Received and **noted** the Review of Detention Issues update

Received and **noted** the update from the Mental Health Act Managers' Forum

ACTIONS REQUIRED BY THE BOARD

The Trust Board is asked to:

- **NOTE** the contents of this summary.

DATE OF NEXT MEETING:	16 October 2024