with you, for you

Gloucestershire Health and Care
NHS Foundation Trust

Quality Account 2024/25

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Part 1: Statement on Quality from the Chief Executive

Introduction

I am proud to present our Quality Report for 2024 to 2025. During the year, good progress has been made in relation to achieving the aims within our 11 Quality Priorities which include a focus on tissue viability, dementia, falls prevention, end of life care, reducing suicides, reducing restrictive practice, learning disabilities, children's services, carers, improving patient safety and improving the experience of the people who use our services.

These priorities are designed to support our Quality Ambitions, underpinned by the three pillars of quality which support national initiatives:

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

All of the priorities support our agendas around personalisation, co-production and shared decision making.

The priorities will carry forward to 2025/26 and beyond as they are large scale pieces of work which require time to develop and embed. They will also align with the development of the new Quality Strategy which is in progress.

I hope the report provides assurance of our focus on continuously improving the quality of our services and our commitment to doing all that we can to support the health and wellbeing of communities across Gloucestershire. Thank you to everyone involved in providing and supporting services, as well as our partners who work with us.

There is, of course, always room for improvement and we have been continuing to develop and mature our overall approach to quality improvement. There is also a stringent process for checks and balances and the organisation constantly encourages feedback from our colleagues and the people who use our services. That feedback is used to ensure a continuous cycle of improvement.

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

If, when reading this report, you would like more information or to get involved in continuing to improve our services, then please contact experience@ghc.nhs.uk.

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

Kind regards,

Douglas Blair
Chief Executive

Part 2.1: Looking ahead to 2025/26

Quality priorities for improvement 2025/26

The present quality priorities agreed in 2023 were designed to be implemented over a multiyear period and will continue through to full implementation in 25-26. These indicators were agreed with the Gloucestershire Integrated Care Board (ICB) and further ratified by Governors in March 2025. They cover areas of quality improvement taken from the Quality Strategy and are large pieces of work which take time to develop , implement and embed. We are committed to developing quality priorities that reflect our ambitions within the Trust Quality Strategy. We continue to build on this mandate and our aspirations are central to our total quality management approach, which focuses on the contribution of our people to develop changes in our culture, processes and practice – a philosophy which we apply to the way the whole organisation manages change and decision-making. It is based on the concept that continual improvement towards a quality aim provides better services, increases quality and reduces costs. The Care Quality Commission (CQC) Well Led Inspection in 2022 gave "good" assurance that our governance structures provide a good foundation for growth and are the gateway for our ambitions to be an outstanding provider of healthcare in Gloucestershire. As we enter the third year of those priorities, we acknowledge that the foundation year and implementation year have demonstrated improvements in all our priority areas. We will be drawing on our experiences and improvements in year and continue to develop and embed these over the next year, which keeps pace with the current Quality Strategy which is being revised in readiness for the next financial year. Our focus with support of our stakeholders therefore continues to be as follows:

- Tissue Viability (TVN) - with a focus on the recognition, reporting and clinical management of chronic wounds using quality improvement methodology and educational resources.
- Dementia Education - with focus on Increase staff awareness of dementia through training and education, to improve the care and support that is delivered to people living with dementia and their supporters across Gloucestershire.
- Falls prevention – with a focus on reduction in medium to high harm falls within all inpatient environments based on baseline 2021/22 data.
- End of Life Care (EoLC) – with a focus on patient centered decisions, including the extent by which the patient wishes to be involved in the End-of-Life Care decisions.
- Friends and Family Test (FFT) – with a focus of building upon the findings of the 22/23 CQC Adult Community Mental Health Survey action plan.
- Reducing suicides – with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services.
- Reducing Restrictive Practice – with a focus on continuing our strategy in line with the Southwest Patient Safety Strategy to include restraint and rapid tranqulisation.
- Learning disabilities – with a focus on developing a consistent approach to training and delivering *trauma informed* Positive Behavioral Support (PBS) Plans in line with National Learning Disability Improvement Standards. This includes training all learning disability staff in PBS by April 2025.
- Children's services – with a focus on the implementation of the SEND and alternative provision improvement plan.
- Embedding learning following patient safety incidents – with a focus on the implementation of the Patient Safety Improvement Plan.
- Carers – with a focus on achieving the Triangle of Care Stage 3 accreditation.

We have continued support from our Trust Board and Governors to build on the successes in the previous years and continue to implement the full ambitions of the 11 Quality Priorities above. This reflects our ongoing focus and shining a light on quality within the organisation and channelling improvements which reflect our Trust values.

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

- Always effective – embedding a culture of continuous improvement in all of our services.
- Great experience – making sure everyone's experience is personalised and is consistently the best it can be.

- Consistently safe – people who use and deliver our services consistently receive intervention free from harm and which provides the most benefit.

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

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

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

Review of services

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

Between April 2024 and March 2025, Gloucestershire Health and Care NHS Foundation Trust provided or sub-contracted the following NHS health services.

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

- One Stop Teams providing care to adults with mental health needs and those with a learning disability.
- Minor Injury and Illness Units MIIU's.
- Intermediate Care Mental Health Services (Primary Care Mental Health Services and Improving Access to Psychological Therapies – Let's Talk).
- Recovery Teams and Accommodation Teams.
- Specialist services including Early Intervention, Mental Health Acute Response Service, Crisis Resolution and Home Treatment, Assertive Outreach, Managing Memory, Children and Young People Services, Eating Disorders, Intensive Health Outreach Team, and the Learning Disability Intensive Support Service & Reablement .
- Inpatient mental health and learning disability care.
- Community services in peoples' homes, community clinics, outpatient departments, community hospitals, schools and GP practices; District nursing, Integrated Community Team, Rapid Response and podiatry etc
- In-reach services into acute hospitals, nursing and residential homes and social care settings.
- Seven community hospitals provide nursing, physiotherapy, re ablement in community settings.
- Health visiting, nursing and speech and language therapy services for children.
- Other specialist services include sexual health, heart failure, community dentistry, diabetes, intravenous therapy (IV), tissue viability, Wheelchair Assessment and community equipment.

MH & LD Urgent Care and In-Patient Services	PH Urgent care and In-Patient Services	Community PH, MH & LD Services	CYPS Directorate	Countywide Services
Inpatients MH & LD & supporting functions • Wotton Lawn Hospital • Charlton Lane Hospital • MH Inpatient Rehabilitation Laurel House • MH Inpatient Rehabilitation Honeybourne • Montpellier Low Secure Unit • Learning Disabilities Inpatients - Berkeley House • Alexandra Wellbeing House • Crisis Services incl. Mental Health Rapid Response Vehicle (MH RRV) • s136 Maxwell Centre • Mental Health Liaison Team • Criminal Justice Liaison Service • Approved Mental Health Professional (AMPHP) Hub • First Point of Contact Centre • Specialised Community Forensic Team	Inpatients PH & supporting functions • Vale • Tewkesbury + CATU • Stroud • North Cots • Dilke • Lydney • Cirencester Out-patients Depts • Cirencester • North Cots • George Moore Clinic • Fairford • Vale • Tewkesbury • Stroud • Dilke • Lydney Theatre activity (GHFT with GHC staff) • Cirencester + Endoscopy (all GHFT inc staff) • Stroud + Endoscopy • Tewksbury • Minor Injury and Illness Units • Rapid Response and • Intravenous (IV) Therapy Services • Home Assessment Treatment	• Integrated Care Team (ICT) • Assertive Outreach Team (AOT) • Complex Psychological interventions (CPI) Recovery • Later Life • Community Dementia Nurses (+CHST) • Memory Assessment Service • Mental Health ICT – Primary MH Nursing • MHICT (IAPT) • First Contact Practitioner (ARRS) • Eating Disorders • Perinatal • Learning Disability Intensive Support Services (LDISS) and Intensive Home Outreach Team (HOT) • Learning Disabilities Health Facilitation Team • Community Learning Disability Team (CLDT) • Complex Emotional need (CEN) • LD Health Education Team • Gloucestershire Recovery in Psychosis (GRiP) • Integrated Social Care (ISC) • Autistic Spectrum Conditions (ASC) • Attention Deficit-Hyperactivity Disorder (ADHD) • Specialist Treatment and Rehabilitation (STAR) • Individual Placement service (IPS) • Evening and Overnight District Nursing Services	• CAMHS Parenting Support Team • CAMHS LD • CAMHS Interagency Teams (x 3 teams) • CAMHS MHST Young Minds Matter • Core CAMHS and Outreach Paediatric Liaison Team (LTCs) Young Adults (16-25) Team • SCAAT (Social Communication and Autism Assessment Team) - CYPS • CAMHS VCS (x 11 teams) • Children's Community Nursing Team • Children's Complex Care Team • Children's Occupational Therapy Inc. CYPS Home Safety Team • Children's Physiotherapy • CYPS Respiratory Physiotherapy • CYPS Persistent Physical Symptoms (PPS) • Children's Speech and Language Therapy SALT • Immunisation Service • School Nursing Team • Health Visiting Team • Children in Care Team • Wellchild Nurse and Trg	• Long Term Conditions - Heart Failure - Cardiac Rehab - Bone Health - Macmillan - Respiratory – home oxygen - Respiratory – core - Pulmonary Rehab - Adult specialist Respiratory - Diabetes – nursing and education - Long Covid - Dental • Complex Care at Home • Sexual Health – PAS. GUM/HIV • Sexual Health Referral Centre (SARC) • Accommodation • Wheelchair Assessment Service • Integrated Community Equipment Service • Blue Badge • Telecare • Musculoskeletal (MSK) • Musculoskeletal Advanced Practitioner Service (MSKAPS) • First Contact Practitioners (PH) • Lymphoedema • Falls Assessment • Tissue Viability • Homeless healthcare • Complex leg wound/lower limb • Podiatry Services • Speech and Language Therapy Services (SALT) • Early Stroke Discharge (ESD) • *Neurology (Clinical Specialists*

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

The income for patient care activities in 2024/25 represents 93.6% of the total income generated by Gloucestershire Health and Care NHS Foundation Trust for 2024/25.

Participation in clinical audits and National Confidential Enquiries

National Clinical Audits

During 2024/25, there were 9 national clinical audits which related to mental health and physical health services provided by Gloucestershire Health and Care NHS Foundation Trust.

During this period, Gloucestershire Health and Care NHS Foundation Trust participated in 100% of the national clinical audits.

The national clinical audits that Gloucestershire Health and Care NHS Foundation Trust was eligible for and participated in during 2024/25 are as follows:

Clinical audits	Participated Yes/No	Teams
Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls	Yes	Community Hospital Inpatients and Mental Health Inpatients
National Audit of Cardiac Rehabilitation	Yes	Cardiac Rehabilitation Team

National Audit of Care at the End of Life (NACEL)	Yes	Community Hospital Inpatients
National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis	Yes	GRIP (Early Intervention in Psychosis) Team
National Diabetes Footcare Audit	Yes	Podiatry Service
National Respiratory Audit Programme (NRAP): Pulmonary Rehabilitation Audit	Yes	Pulmonary Rehabilitation Team
Prescribing Observatory for Mental Health (POMH): Rapid Tranquillisation in the context of the pharmacological management of acutely disturbed behaviour	Yes	Adult Mental Health Services
Prescribing Observatory for Mental Health (POMH): The use of melatonin	Yes	Core Child and Adolescent Mental Health Services (CAMHS), CAMHS Learning Disabilities (LD), LD teams in Gloucester, North, Stroud, and Forest, Community Eating Disorders and High-risk Eating Disorders,
Sentinel Stroke National Audit Programme (SSNAP)	Yes	The Vale Stroke Unit and Early Supported Discharge Team

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

Audit title	Details of the audit and the actions that were taken as a result of the audit
National Audit of Care at the End of Life	The National Audit of Care at the End of Life (NACEL) is a national clinical audit that is overseen by NHS Benchmarking. The Trust's community hospitals participate in the annual audit. For the 2024 audit, NACEL identified 10 key indicators to support quality improvement in end-of-life care. Overall, the Trust performed well and was benchmarked higher than the national Community Hospitals average in 7 out of the 10 key indicators. The audit indicated 3 areas requiring improvement: Key indicator 2: There was evidence of communication about hydration with those important to the dying person, or a reason recorded why not, documented in 33% of records reviewed for the audit. Key indicator 4: There was evidence of an assessment of the emotional/psychological needs of the person, or a reason recorded why not, documented in 56% of clinical records. Gloucestershire Health and Care NHS Foundation Trust currently use the countywide One Gloucestershire Shared Care Plan for Expected Last Days of Life (SCP) to document all care planning for patients who are dying. This is a paper document and it has been identified, through the NACEL audit, that there is a variation between documenting care adequately on this paper document and the electronic patient record (EPR). Staff are unsure where to write the care planning in detail and the two methods of recording lead to a greater impact for staff. The EPR does not currently have a template that adequately replicates the detail contained in the SCP, which includes conversations about hydration and clinical assessment of a patient's emotional and psychological needs. Plans are in place to improve the End-of-Life template on the EPR systems to ensure that the person-centered, holistic end of life care that is planned and delivered to patients can be recorded appropriately.

Audit title	Details of the audit and the actions that were taken as a result of the audit
	The final area that was highlighted as requiring improvement was key indicator 6 - the proportion of hospitals with a face-to-face specialist palliative care service (doctor and/or nurse) available 8 hours a day, 7 days a week. The Integrated Care Board (ICB) commissions Specialist Palliative Care services for the county and currently it only commissions a face-to-face 5-day service. These commissioning arrangements are outside the control of the Trust however, it should be noted that there is 24/7 telephone access to Specialist Palliative Care if needed.

Local clinical audit activity

The reports of 95 local clinical audits were reviewed by Gloucestershire Health and Care NHS Foundation Trust in 2024/25. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality of healthcare provided by our services:

Audit title	Details of the audit and the actions that were taken as a result of the audit
Mental Capacity Assessment Audit	An initial Mental Capacity Assessment Audit was completed in 2023 to establish the quality of mental capacity assessments and best interest decision processes that are undertaken across the Trust to ensure that they comply with legal requirements as set out in the Mental Capacity Act 2005, the Mental Capacity Act 2005 Code of Practice and case law. The audit highlighted areas for improvement and, following implementation of an action plan, a re-audit was undertaken in 2024.

The 2024 re-audit demonstrated a clear improvement in practice in relation to the quality of Mental Capacity assessments and recording of best interest decision making. Although there has been a significant improvement in the quality of the Mental Capacity assessment forms completed, there are still a number of areas that need significant improvement.

Summary of actions arising from the audit:

- There were a number of cases assessed which showed good practice. Examples of good MCA forms will be circulated to all clinical teams.
- Team managers should have access to additional training so that they can review capacity assessments and best interest decision making forms completed by their team members.
- Level 2 MCA training to provide more support to staff around the completion of MCA assessments and forms.
- Consideration in relation to training around advocacy should be given.
- Resources to improve supported decision making and provision of relevant information need to be developed.
- The findings of the audit should be fed back directly to clinical teams. |
| **Face-to-Face Triage Audit** | Face-to-face triage is required to be carried out for all patients that walk in to Gloucestershire Health and Care NHS Foundation Trust (GHC) Minor Injury and Illness Units (MIIUs) within 15 minutes of arrival. The patient is then placed in a priority category which suggests time-to-treatment safe parameters. All MIIU staff have accredited training with Manchester Triage System (MTS) qualified trainers and triage priority is |

Audit title	Details of the audit and the actions that were taken as a result of the audit
	MTS pathway driven. The aim of the audit was to ensure staff are complying with guidelines and all face-to-face triage is safely performed.
	The audit highlighted some good practice, such as documenting the patient's presenting complaint, evidence of correct discriminator (flow chart) chosen, appropriate history documented and appropriate priority selected. The audit results also highlighted some areas requiring improvement.
	Summary of actions arising from the audit:
	- There are 3 MTS trainers for all of the MIIUs, and all new staff are required to complete the training with one of the trainers. Staff who attend MTS training must have prior exposure to SystmOne to maximise the training provided. - There is a need for MTS refresher sessions for all staff at 3-year intervals. Work is in progress for staff to book a refresher via Care to Learn. - A SystmOne Demo will be added on to Care to Learn which will cover the red and amber areas of the audit to improve compliance. - The audit report will be shared in MTS training sessions, highlighting the key areas for improvement, i.e. Pain scores, Discriminator stepped off at.
	A re-audit will take place in January 2026.

Participation in clinical research

Research activity in Gloucestershire Health and Care NHS Foundation Trust in 2024/25

The number of patients receiving relevant health services provided or subcontracted by Gloucestershire Health and Care NHS Foundation Trust in 2024/25 that were recruited during that period to participate in National Institute for Health Research Portfolio research approved by a research ethics committee was **181**. No target was set for 2024/25 due changes to the Key Performances Indicators that were changed by the NIHR post the COVID Pandemic.

This participation was across **18** different studies in Mental Health, Dementia and Neurodegenerative Diseases and Children clinical areas. This is a decrease on the previous year's total of **244** participants (from 22 studies). The legacy of the COVID-19 pandemic has led to a reduction in recruitment and many other trusts around the country are still seeing lower recruitment in the same way. The need to find new ways of working to avoid infection risks led to many studies being redesigned to work remotely, and this trend has continued beyond the Pandemic as it can prove more efficient and cost effective.

In 2024/25, the Trust registered and approved **19** studies in the following clinical areas:

- **14** in Mental Health Services
- **1** in Medicines for Children
- **1** in Workforce related topics
- **1** in Dementias and Neurodegenerative Diseases
- **1** in Stroke
- **1** in Health Services and Delivery Research

Although there is still a focus on mental health studies, the variety in other studies continues to reflect the growing opportunities for taking part in research. A growing proportion of these studies are being led by local teams and students.

The breakdown of study type included:

- **8** non-commercial portfolio studies
- **5** academic/student projects
- **4** non-commercial, non-portfolio studies
- **2** commercially sponsored study

The decrease in the number of studies approved in 24/25 is due to a combination of factors including a general reduction in portfolio studies available to us via the NIHR and a reduction in the capacity of the Research Team. Positively, we have seen a recent surge in new service evaluations (especially from psychologists) with 10+ projects currently under review or in setup. This should set us up for a more positive year and hopefully an increase in local research activity.

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

Funding

Budgets for 2025/26 have been announced and GHC will receive £287,733.86 compared to £261,686 for 2023/24. National budgets have not increased significantly, so local budget increases have also been low, with uplifts largely provided to offset some of the increase costs from annual pay awards/incremental increases.

In 2023/24 we received additional funding from the CRN/RRDN for a variety of development bids totalling approximately £90,000. These bids supported the posts for two Band 7 Physiotherapists (0.2 WTE each), a band 7 Pharmacist and to support the management of research in the community and primary care. No further funding is available from the network to support these initiatives through 2025/26.

The outcome of additional funding bids for 2025/26 have not yet been shared with partner organisations. We are also still waiting for confirmation of any Research Capability Funding allocated to GHC. If we qualify for this payment in 25/26, we expect it to be around £20,000 to £25,000.

Research Network

In October 2024, the Local Clinical Research Network (LCRN) West of England transitioned into the Southwest Central Research Delivery Network (RDN). While the work of the networks will not change significantly, their main aim still to be to promote and support the development of a wide range of health and social care research across the country, the size of the network has increased slightly.

The previous 15 LCRNs have become 12 RDNs and the Southwest Central RDN incorporates the same area as the existing LCRN but stretches south through Dorset to the coast as seen in Fig 1 below.

Fig 1 – New RDN Boundaries

Research Strategy

The GHC Research and Innovation Strategy has been agreed by the trust and has been published on the Research Intranet pages HERE. One of the key themes of the strategy is collaboration, and we will be working closely with the Research4Gloucestershire partners throughout 25/26 to set up systems and process that will support a truly collaborative, systemwide approach to research, development and innovation.

Research4Gloucestershire is a consortium of research active organisations within Gloucestershire, including, GHC, Glos ICB, GHT, Uni of Gloucestershire, Social Care, General Practice. We will continue to review this membership and expand it as appropriate.

Table 1: Recruiting studies in Gloucestershire Health & Care NHS FT			
Short Name	**Managing Specialty**	**IRAS ID**	**Recruitment**
			181
Quantitative MRI in the NHS – Memory Clinics / QMIN-MC	Dementia and Neurodegeneration	274332	60
DiPS validation study	Mental Health	333807	23
PPiP2	Mental Health	97740	17
Genetic Links to Anxiety and Depression (GLAD)	Mental Health	245339	14
NCISH	Mental Health	185221	11
CAMH-Crisis2: Mental health crisis care for children and young peopleV1	Mental Health	324235	10
Stretching programme for ambulant children with cerebral palsy (SPELL)	Children	326645	8
integrating smoking cessation treatment into online psychological care	Mental Health	304857	8
DIADEM	Dementia and Neurodegeneration	333204	6
DIAMONDS Randomised Control Trial	Mental Health	316173	6
FReSH START RCT	Mental Health	297939	6
Environmental factors on DFUs incidence - a mixed-mode survey	Diabetes, Metabolic and Endocrine	312284	3
Eating Disorders Genetics Initiative V1	Mental Health	243566	3
Strengthening programme for ambulant adolescents with cerebral palsy	Children	325313	2
VISION-QUEST	Mental Health	332680	1
Understanding anger and aggression: A questionnaire study	Mental Health	320010	1
1346-0014 Long-term safety of BI 425809 in people with schizophrenia	Mental Health	299552	1
ADEPP	Mental Health	279574	1

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

A proportion of Gloucestershire Health and Care NHS Foundation Trust's income is typically informed by achieving quality improvement and innovation goals agreed between Gloucestershire Health and Care NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

In 24/25 CQUIN Schemes were nationally paused with the option to undertake locally agreed schemes. None were agreed for 24-25.

2025/26 CQUIN Goals

Gloucestershire Health and Care Locally agreed CQUINS.

Goal name	Applicable To
None negotiated for 25 -26	NA

Statements from the Care Quality Commission

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

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

- Assessment or medical treatment to persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Personal care.
- Surgical procedures.
- Family planning services; and
- Termination of pregnancies.

Gloucestershire Health and Care NHS Foundation Trust has one condition on its registration.

Through our internal quality and governance monitoring we declared some quality issues to the CQC which resulted in an unannounced visit in October 2023 of our 'wards for people with learning disability and autism' – Berkeley House. This resulted in a change of rating from this service from 'Good' to 'Requires Improvement' The Trust was issued with a Section 31 notice which required us to take additional actions to improve the care delivery in this service. This has resulted in an intensive programme of work for the service and was supported by our system partners to improve the quality of care and to progress the discharge of the patients from the unit. Improvements have been made and the Trust are now applying to have the notice and restrictions on the registration of this service removed. The removal of the notice was supported by our system partners and commissioners.

During 24/25 the CQC undertook routine Mental Health Act (MHA) visits to a number of our inpatient's units. These visits by the CQC are to assess how we comply with the MHA Code of Practice which sets out clear guidance to our registered medical practitioners, approved clinicians, managers and staff of hospitals on the standards that we are expected to achieve to safeguard those people who use those services.

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

There are five guiding principles that should be considered when making any decisions in relation to care, support or treatment provided under the Act:

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

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

The following wards were inspected in this account period:

Location	Date
Priory Ward	6th February 2025
Greyfriars Ward	25th February 2025
Abbey Ward	26th February 2025
Honeybourne Ward	5th March 2025
Laurel Ward	17th March 2025

Two reports have been received and are overall very positive. Themes which have appeared are regarding the recording of Mental Capacity Assessments, and inclusion of the patients in the formation of their care plans. Previous trends have so far not been highlighted as an issue in these reports and the informal feedback received on the day of the inspection which indicates that actions have been embedded into the practice.. Where areas of improvement are required each service will complete and Provider Action Statement which outlines in detail the steps required to improve in the areas identified. These plans are monitored with the CQC relationship manager and form part of our routine internal governance arrangements to ensure we can evidence, reassure and assure on the work we need to complete.

Fidelity checking of previous inspections of the Trust have taken place and this continues now as business as usual.

In May 2023 the Sexual Assault Referral Centre (SARC) was inspected by the CQC. They visited both Hope House and Swindon SARC which is managed by First Light. The inspection found that there was a lack of assurance around the Well-Led aspect of the service and as a result a 'breach' was placed on this domain. In August 2024 they returned to both SARCs and found full assurance around the areas they had concerns about during the last visit. Therefore, there is no longer a breach around this service.

We have a good working relationship with the CQC and we meet with our relationship manager on a regular basis. This includes an opportunity to share our wider developments and quality priorities to demonstrate our approach to continuous improvement.
The CQC have been under scrutiny regarding their practice over the last year and in May 2024 Penny Dash published a report which found 7 issues of concern that need to be addressed. As a result, the CQC are undergoing a period of engagement and change which may lead to a change in how they carry out inspections and potentially moving away from their Single Assessment Framework.

During this period of uncertainty, the Trust continue to   deliver an in-house assurance programme to ensure our services are meeting the standards of registration. We have carried out internal Peer Reviews on services that have not been inspected since 2016 and 2018 inspections. These teams were:
- Community Mental Health Recovery Teams.

- Community Learning Disability Teams.
- Community Later Life Teams.
- Crisis Resolution and Home Treatment Team.
- CAHMS services.

Outcomes of the visits are typically shared throughout the services to generate opportunities for learning, share good practice and prepare colleagues for external reviews.

The Trusts self-assessment programme has continued, and all services scheduled to complete the assessment were completed over the past 12 months. This has not identified any significant quality issues during the last period. The change to the Single Assessment Framework has led to a revised template for services which has been well received. Should the CQC change how they carry out their assessment framework going forward this template will be amended to reflect their future ways of working.

Data Quality

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

Gloucestershire Health and Care NHS Foundation Trust (GHC) submitted data to the following at the required quality maturity levels during 2024/25 (based on latest local position as of March 2025, month 12; but a December 2024, month 9 average benchmark).

- The patient's valid NHS number was: **99.3%** (97.9% national average) for Emergency Care (ECDS); **99.9**% (89.7% national average) for Community Services (CSDS), **100%** (50.1% national average) for Mental Health Services (MHSDS) and **100%** (90.4% national average) for Improving Access to Psychological Therapies (IAPT). The Trust is above National data score averages in all areas for NHS Number recording.

- The patient's valid General Medical Practice Code (Patient Registration) was: **98.7%** (97.5% national average) for Emergency Care (ECDS); **99.9**% (96.4% national average) for Community Services (CSDS), **100%** (70.8% national average) for Mental Health Services (MHSDS) and **99.8%** (95.6% national average) Improving Access to Psychological Therapies (IAPT). The Trust is above National data score averages in all areas for NHS Number recording.

Overall, the Data Quality Maturity Index (DQMI) Rates for GHC at the end of 2024 were:
MHSDS 94.1%, IAPT 99.7%, CSDS 89.5%, and ECDS 76%. CSDS and ECDS have both improved since 2023. This contributed to an 89.7% Trust position.

Furthermore, the Trust has made the following quality improvements during 2024/25:

- Implementation of a new, operationally led Patient Record Quality Group with associated governance.
- Additional data quality reporting suite and Board level DQMI monitoring within the Trust's quality and performance dashboard.
- Established BI business partnering functions aligned to the operational service structure to improve relations and support service delivery management.
- Implementation of newly established Integrated Urgent Care Service and associated system requirements and reporting.
- Integrated corporate and clinical service level reporting for all core Physical Health Community and Mental Health and Learning Disability systems.
- Initiated the National Faster Data Flows implementation for completion in early 2025.

- Updated Trust Data Quality Policy and Performance Management Framework
- Sexual Health System (Lilie) functionality review and system optimisation.

Information Governance

Gloucestershire Health and Care NHS Foundation Trust's (GHC) 2023 to 2024 Data Security and Protection Toolkit (DSPT) submission was an overall score of Standards Exceeded and was graded as green. With the changes to the CAF aligned DSPT GHC is expecting to submit a complaint return in June 2025 for the 2024 to 2025 DSPT submission.

Clinical Coding

Gloucestershire Health and Care NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2024/2025 by the Audit Commission.

Learning from Deaths

During 2024-2025, 394 Gloucestershire Health and Care NHS Foundation Trust (GHC) patients died.

This comprised the following number of deaths, which occurred in each quarter of that reporting period:

- 116 in the first quarter.
- 116 in the second quarter.
- 78 in the third quarter.
- 84 in the fourth quarter.

By 4 April 2025, 59 case record reviews and 18 investigations had been carried out in relation to the 693 deaths included above.

The number of deaths in each quarter for which a case record review was carried out was:

- 10 in the first quarter.
- 36 in the second quarter.
- 9 in the third quarter.
- 4 in the fourth quarter.

0, representing 0.0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

0 representing 0% in the first quarter.
0 representing 0% in the second quarter.
0 representing 0% in the third quarter.
0 representing 0% in the fourth quarter.

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

- Mental health patients: the Royal College of Psychiatrists (RCPsych) Mortality Review Tool 2019 is employed.
- Learning disability (LD) patients; a similar Trust-developed SJR tool is used which pre-dates the RCPsych tool. This approach has been maintained to allow consistency with the Learning Disability Mortality (death) Review (LeDeR) programme.

- Physical health patients: a range of questions based on SJR tools is being used to assess the standard of care provided to patients that die during an inpatient stay at a community hospital.

Case record reviews are discussed at monthly Mortality Review Group (MRG) meetings chaired by a Clinical Director and Head of Patient Safety and Learning.

For any deaths meeting Serious Incident or Clinical Incident criteria, a full Comprehensive Investigation was carried out, using the principles of SEIPS analysis or Root Cause Analysis.

Coronial Activity

In 2024-2025 there was a change in the way in which the trust engaged with the Coroner with a move away from the Patient Safety Team to the Legal Team in September 2024.

During the reporting period, 21 inquests were heard which related to patients known to the trust. The outcomes of these inquests are shown in the graph below. It is important to note that this information includes attended and non-attended inquests:
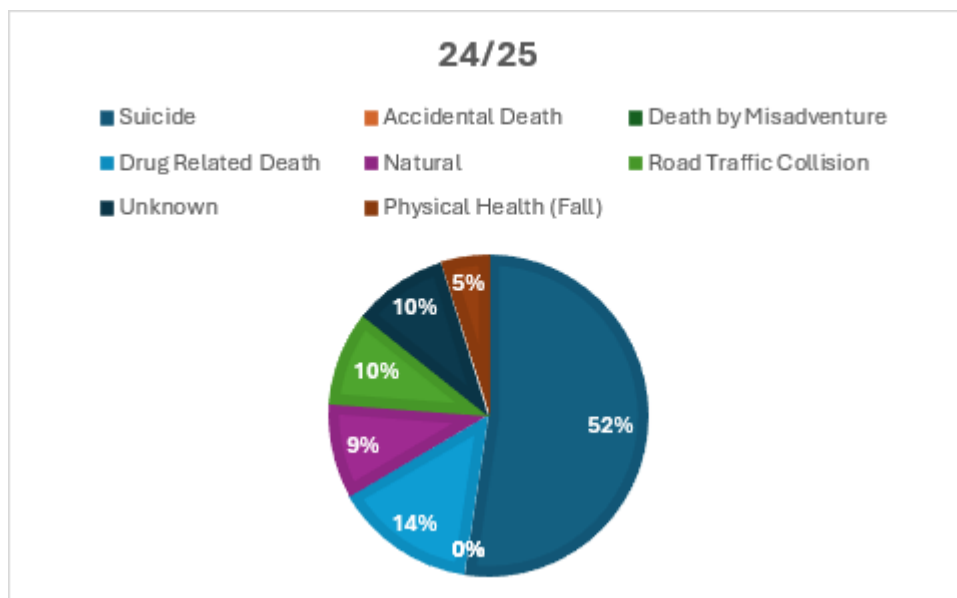
Medical Examiner

The Medical Examiner (ME) service in Gloucestershire provides independent scrutiny of deaths which are not subject to inquest, and an opportunity for the bereaved to raise concerns to a doctor not involved in the care of the deceased person.

Regular feedback is provided by the Medical Examiner service to the Trust from families. This has continued to provide significant assurance that that the care provided to inpatients at the time of their death was of a good standard.

Shared Learning

For all deaths which are investigated using an After-Action Review (AAR), Patient Safety Investigation (PSI) or care review bespoke action plans are developed. These are progressed by the Patient Safety Team in collaboration with operational staff and identified action owners. The learning from these action plans is monitored through the Trust's learning assurance process.

Learning from deaths is disseminated throughout the organisation using a variety of methods which include:

- '*Learning on a Page*' documents which are produced to reflect the learning from individual cases in a succinct and accessible format.
- Quarterly Learning from Death Reports.
- Directorate Governance meetings.
- Patient Safety Notice Boards which provide a large display area for monthly updates and learning points in areas relevant to the clinical setting.

Previous Reporting Period

By April 2025, 34 case record reviews had been completed after 31st March 2024 related to deaths which took place before the start of the reporting period.

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

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

	Quarter 1 2024-25	Quarter 2 2024-25	Quarter 3 2024-25	Quarter 4 2024-25
Gloucestershire Health and Care NHS Foundation Trust 0-15	0%	0%	0%	0%
Gloucestershire Health &Care NHS Foundation Trust16 +	6.56%	3.91%	2.84%	3.70%

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

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

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

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

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

	NHS Staff Survey 2021	NHS Staff Survey 2022	NHS Staff Survey 2023	NHS Staff Survey 2024
GHC NHS Foundation Trust	78.42%	73.54%	76.59%	76.14%
National Average Score	67.74% (all NHS trusts) 64.93% (MH, LD, Comm trusts)	62.90% (all NHS trusts) 63.77% (MH, LD, Comm trusts)	64.96% (all NHS trusts) 65.13% (MH, LD, Comm trusts)	64.28% (all NHS trusts) 64.84% (MH, LD, Comm trusts)

Worst Trust Score	45.06% (MH, LD, Comm trusts)	40.20% (MH, LD, Comm trusts)	43.61% (MH, LD, Comm trusts)	41.55% (MH, LD, Comm trusts)
Best Trust Score	82.37% (MH, LD, Comm trusts)	79.63% (MH, LD, Comm trusts)	80.42% (MH, LD, Comm trusts)	79.18% (MH, LD, Comm trusts)

- The GHC Trust score is less than the previous year, however we remain in the top quartile and well above the national average score.

Introduction

Quality Priorities 2023-2025:

In support of our overarching quality ambitions our physical, mental health, learning disability, children's and specialist services undertook work relating to the following quality improvement priorities which have been agreed with commissioning bodies. This is to facilitate an ongoing focus on quality for the organisation in order to improve care for the people we seek to serve in Gloucestershire. The priorities are underpinned by the mandate set out in the Quality Strategy and reflect our 3 Pillars of Quality in terms of Effectiveness, Safety and user Experience.

- Tissue Viability (TVN) - with a focus on the recognition, reporting and clinical management of chronic wounds using quality improvement methodology and educational resources.
- Dementia Education - with focus on Increase staff awareness of dementia through training and education, to improve the care and support that is delivered to people living with dementia and their supporters across Gloucestershire.
- Falls prevention – with a focus on reduction in medium to high harm falls within all inpatient environments based on baseline 2021/22 data.
- End of Life Care (EoLC) – with a focus on patient centered decisions, including the extent by which the patient wishes to be involved in the End-of-Life Care decisions.
- Friends and Family Test (FFT) – with a focus of building upon the findings of the 22/23 CQC Adult Community Mental Health Survey action plan.
- Reducing suicides – with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services.
- Reducing Restrictive Practice – with a focus on continuing our strategy in line with the Southwest Patient Safety Strategy to include restraint and rapid tranqulisation.
- Learning disabilities – with a focus on developing a consistent approach to training and delivering *trauma informed* Positive Behavioral Support (PBS) Plans in line with National Learning Disability Improvement Standards. This includes training all learning disability staff in PBS by April 2025.
- Children's services – with a focus on the implementation of the SEND and alternative provision improvement plan.
- Embedding learning following patient safety incidents – with a focus on the implementation of the Patient Safety Improvement Plan.
- Carers – with a focus on achieving the Triangle of Care Stage 3 accreditation.

Good progress against plans is demonstrated against each Quality Priority and these priorities have an agreed three year, (possibly to extend) focus period prior to becoming embedded within the organisation. This timeline aligns with the current Trust Quality Strategy lifeline and during the two years that these Quality Priorities have been running there has been focused work undertaken in relation to all of the Quality Priority workstreams with each team involved being highly engaged and motivated to demonstrate progress in their areas of practice. Feedback received has demonstrated 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" and or the addition of further additional national directives. The priorities do not have solid boundaries relating to separate quality pillars but have a fluid sphere that changes as requirements and external factors come into play.

Below are some curated highlights :

Tissue Viability (TVN) - with a focus on the recognition, reporting and clinical management of chronic wounds using quality improvement methodology and educational resources.

The implementation plan is split into 4 sections:

- Implementation of the National Wound Care Strategy, (NWCS).

- Refresh and evaluate the delivery of training education and support available.
- Evaluate and produce a business case for the implementation of a wound care app.
- Evaluate and strengthen links with dietetic services and other services both within GHC and across the system to improve holistic support to patients.

The Journey:

- Good progress has been made in implementing the (NWCS) with links to Tissue Viability Nurse (TVN) colleagues being established in Gloucestershire, Oxford and Bristol. A review of the latest guidance/standards that are published on the NWCS website has been completed and uploaded to the Trust Intranet, with links to the NWCSP videos and training/learning resources being shared to enable learning.
- **Training**:
  A blended model of training is available encompassing both Face to Face training and Webinars, the Face-to-Face offers have been made available countywide at multiple locations.
- **Wound Care App**
  The project team have led the work needed prior to In implementing the trial of the wound care app which has involved the review and rationalisation of the wound product formulary and wound templates in System1. A baseline audit tool has been constructed and use of this has commenced.
- **Links with Dietetic Services.**
  Network established which GHC actively engage with and ensure representation at all arranged meetings.

The Outcome:

- This means that all staff have access to the most up to date information in order to assist them to deliver the best care to our patients, the Implementation of the National Wound Care Strategy (NWCS) is in line with national initiatives. Up to date and appropriate training can be delivered to all staff who require the offering will Staff based in more remote locations having equal access to quality training. A preferred supplier has been identified for the wound care App and the Pilot Project has been outlined and approved.
- This means that subjective notes can be replaced with realistic, consistent images of wounds, and facilitate efficient, evidenced based consultations. The process increases patients' engagement and satisfaction.

Next Steps :

- We are working with technology company Healthy io to trial a digital wound care app, called Minuteful for Wound. The trial began on (Monday 17 March) and is due to last 12 months.
- The Forest of Dean locality (Forest of Dean North and Forest of Dean South) is trialing the app. The trust has purchased 40 licenses for the app, 38 of which will be allocated to community nursing staff in the Forest of Dean, and 2 will be allocated to tissue viability nurses. The app is being used by a number of other health care organisations in the UK including Sirona Care and Health, Swansea Bay University Health Board, Live Well Southwest, NHS Lincolnshire, Essex Partnership University NHSFT.

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

The implementation plan is split into 5 sections:

- Training.
- Gloucestershire 5 Step Approach.
- Patient Carer Experience.
- System Working with GP Practices.
- Communication.

The Journey:

- The numbers of staff trained in tier 2 and tier 3 dementia training across GHC continues to increase with courses being fully booked and positive feedback received.
- The Gloucestershire 5 step Approach is now available on GCC Website however the numbers of those who have completed the training cannot be captured. The resource remains available and will be reviewed in February 2026.
- Joint working continues with the Patient/Carer Experience Team to identify themes of concern and System working with GP practices. This year there have been no themes identified but this will continue to be monitored and action taken if any themes or trends are seen to emerge.
- Work is ongoing with GP practice staff to include MH ARRS roles around early onset dementia and identification. This year a successful Primary Care Dementia Education Event was delivered at Eastgate House and was well received with good engagement. Ongoing dementia awareness training is available across Primary Care through the ICS and Dementia Education Team. We Plan to set education as a priority within our Young Onset dementia Network at future meeting across ICS.
- We held Dementia Action events this year in Eastgate Shopping Centre in Gloucester in January, outside Stroud Library in February and an event held in Tewkesbury in March. Engagement with the public has been positive and some important and helpful conversations have been had which can be used to shape future discussions.

The Outcome:

- This means that staff awareness and understanding of dementia within not just GHC but across Gloucestershire is increasing, which enables teams to improve the care and support that is delivered to people living with dementia countywide.

Next Steps:

For 2025, we have set our dates for Dementia Action Days . These are an opportunity for us to engage in discussion with our communities about dementia. Core messages for these days include:
- Reducing your risk, signs and symptoms, how to get a diagnosis and information specific to the availability of post diagnostic support.
- Dementia Action Week is planned around 19th May 2025.
- Dementia care mapping across Community Hospitals will recommence in April 2025. We will then aim to have a rolling programme ongoing as BAU.

Falls prevention with a focus on reduction in medium to high harm falls.

The implementation plan is split into 3 sections:

- Policy.
- Training.

- Falls Reduction Plan.

The Journey:

- A falls leaflet and revised policy have been introduced, and the Trust wide Falls group ensures consistency of practice, and strong focus on evidence-based falls prevention in all areas of GHC. The group is also steering the clinical systems team to update the electronic patient record to provide an easier template for staff to record risk and management plans for staff across the physical and mental health directorates as well as learning disability teams.
- Excellent progress has been made at Charlton Lane trialling the Falls Reduction Action Plan however Organisational roll out of the falls initiative was delayed as evaluation of the falls training offer highlighted that training had not kept pace with the revised falls policy. Therefore, the training package is being revised prior to continuation of roll out. This work continues and currently awaiting the completion of the changes being made to clinical systems before launch.
- The Professional Development and Clinical Skills team have secured funding (until the end of March 2026) to develop and roll out a Trust wide Falls simulation training package. These sessions have been well received from staff, and whilst the full roll out of the plan will most likely not be achieved until next year.

The Outcome:

The increased focus on the prevention and management of falls means that all inpatient teams meet regularly to discuss local data, recent falls and any immediate action that needs to be taken, before the monthly Trust wide Falls group

This enables best practice and innovative ideas to be shared Trust wide and at pace. Most recently the Trust are looking at the validity and practicality of Floor sensors for inpatient environments.

Next Steps:

- Changes in data collection required to accommodate the revised requirements of the National Audit of Inpatient Falls (NAIF), which is the continuous national audit undertaken throughout the year, have commenced with results under review which will be shared when complete and a report on inpatient falls will be run from Datix to evidence changes year on year in falls incident numbers.
- A Task & Finish group has been set up to discuss and evaluate the use of floor falls sensors.

End of Life Care (EoLC) – with a focus on patient centred decision , including the extent which the patient, their carers and families wish to be involved in the End-of-Life Care decisions.

The implementation plan is split into 3 sections:

- To be fully assured that patients, their carers and families, are involved as much as they want to be in end of life care decisions.
- To Be fully assured that staff are identified and receive training with systems in place for ongoing compliance monitoring.
- To maximise training availability and ensure identification of additional resources where required.

The Journey:

Progress – The NACEL 2023 audit evidenced good compliance that patients, carers and families were involved in end of life care as much as they wanted to be. A training needs baseline has been established with the aim of Masterclasses being assigned as Essential to Role for certain groups. A review of the training provision and alignment to essential to role training identified a shortfall in provision and as number of topics have been requested to become E2R, this has led to a wider review of E2R and therefore the EoL E2R proposals are part of that wider review.

The Outcome:

GHC EoLc priorities align with NICE Quality Standards for care at the end of life and NHSE personalised care ,we have a workforce that is compassionate, confident and competent in delivering personalised end of life care in our hospitals and in the community therefore benefiting the patients in our care.

Next Steps:

We receive many compliments regarding EOL care but our recording of these is low and we are working hard to support the teams to record these to enable us to share the positive feedback.
The number of EOL complaints that we receive is fortunately very low, however, we consider that one complaint is too many as the impact for family and those people important to the patient can lead to significant and ongoing distress and challenges in their bereavement process if there is no resolution. Our work and success in early / local resolution of complaints is important for patients and their loved ones. Early resolution can support people to travel through their bereavement process without the distress and anger that a complaint can bring to them. Going forward we are exploring how we can capture feedback in Realtime to address and resolve any issues or concerns before they have a devastating impact."

Embedding the actions of the 2023 CQC Adult Community Mental Health Survey action plan

The implementation plan is split into 2 sections:

- **Friends and Family Test (FFT)**
  This focused on the implementation and review of the 'You Said, We Did' boards in four pilot sites. The aim is to share patient feedback and provide information on how this feedback has helped to inform change and service improvement.
- **CQC Community MH Survey Action Plan**
  This part focused on the review of the 2023 survey results and identifying areas for action.

The Journey:

- **Friends and Family Test (FFT)**
  A previous Quality Improvement (QI) project identified that services don't often share changes they have implemented because of patients and carer feedback through the FFT. 'You Said, We Did' boards in patient facing areas were subsequently developed to communicate this information in an effective and inclusive manner.
- **CQC Community MH Survey Action Plan**
  A working group of GHC staff and Experts by Experience identified the below areas of focus and collaborated with services to identify work already underway, as well as reviewing data from other sources to identify specific areas of concern.

Survey area identified for improvement	CQC recommendations
Your Mental Health Team	Ensure that all mental health team members are given, or have access to, the necessary treatment history of service users. Direct care team members to review this information prior to any appointments with service users so they do not have to repeat it.
Accessing Care and Treatment	Review the resources provided to service users to support their mental health while they are waiting for their first appointment for treatment to ensure they address a range of service users' needs. Examine the data to determine if any particular groups tended to feel the support was not appropriate for their mental health needs.
Crisis Care (1)	Review range and level of support provided by the out of office hours service. Consider gathering more detailed feedback from service users to understand better what help they needed and their response to the help that was available.
Crisis Care (2)	Remind mental health care teams the importance of providing all service users' families or carers support whilst they are in crisis. Review current materials and ensure their appropriateness and clarity.
Crisis Care (3)	Identify if there are any areas in which service users report being unhappy with the length of time it has taken them to reach their mental health team during a crisis. Address any communication and/or process issues which are delaying contact.

The Outcome:

- **Friends and Family Test (FFT)**
  An evaluation of the 'You Said, We Did Board' is currently underway and will be shared with Improving Care Group for their comments/review in Q2.
- **CQC Community MH Survey Action Plan:**
  1. Ongoing work within the Clinical Systems Transformation Programme to improve access to previous or aligned notes.
  2. Examination of previous patient feedback data did not reveal any areas for focus although expectations of the service could be improved in some cases. This will be addressed by greater explanation and clarity during the triage and assessment process
  3. A review of the Crisis Team service is ongoing, to include the implementation of the new call handling system.
  4. Improvements have been made in the offer and uptake of carers within the initial assessment process and any ongoing care delivery (March 2025; 86% of Carers offered an assessment).
  5. The new triage system should improve efficiency in reaching the relevant service as quickly as possible. New Triage Scale and Call Handling Guidance has gone through Governance and Improving Care Group. Improved explanation of the scope and timescales involved by the call center and clinician making contact should clarify from whom and when the patient should expect contact and what support will be offered.

Next Steps:

- **Friends and Family Test (FFT)**
  A recommendation will be made regarding implementation of the 'You Said, We Did Board' across a wider range of services to ensure continued communication and sharing of feedback and improvements.
- **CQC Community MH Survey Action Plan**
  A final review of the action plan will be shared with the Quality Committee, then any outstanding issues will be added to the action plan from the 2024 survey which is currently being agreed.

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

The Plan:

- Good progress has been made in relation to the implementation of the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services.

The Journey:

- Self-assessments have been undertaken against the 10 key elements of the suicide prevention toolkit which evidenced that GHC has the majority of systems and processes in place and the recommended operational configuration. The areas for focus in 2025/26 include increasing family involvement in learning lessons, and multi-agency working by CAMHS health and social care, specialist drug and alcohol services and services for self-harm. Action plans with monitoring systems are in place for staff turnover (Great Place to Work Committee) and family involvement in learning lessons (via the Triangle of Care accreditation programme).

Next Steps:

- The CAMHS component will be reviewed by the Gloucestershire Suicide Prevention Steering Group in line with the refreshed countywide Suicide Prevention Strategy.

Reducing Restrictive Practice - To Reduce Restrictive Interventions within Mental Health & Learning Disability Inpatient Services.

The Plan:

- Good progress has been made in relation to work undertaken in 4 key elements to reduce restrictive interventions, with a focus on continuing our strategy in line with the Southwest Patient Safety Strategy to include restraint and Rapid Tranquilisation (RT).

The Journey:

- Work has been focusing on the reduction of blanket restrictions, the development of post restraint debrief process, and monitoring of the mandatory and required data fields within Datix.

The Outcomes:

- This will improve the safety of patients and staff undertaking these processes and make data capture more simplified.

Next Steps:

- We are expanding the remit of our Positive and Safe working group to develop a workplan that consider all services under GHC. We are working with partners in the southwest region to develop strategies for enhanced therapeutic observations which links to safer staffing programme.

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 learning disability staff in PBS by April 2025.

The implementation plan is split into 2 sections:

- Develop training matrix to identify the baseline no of staff who require a consistent approach to training alongside developing a bespoke Trauma Informed Training Pack (TITP) to form core foundation of the delivery of this programme.
- Delivery of the Tier 1 and Tier 2 of the Oliver McGowan Mandatory Training package.

The Journey:

- Good progress has been made with training on a monthly basis with 30 Berkeley House staff trained and 28 staff from the community, this took place across four training days, the target of 100% of staff to be trained by year end was achieved. Evaluation of the tools used has begun to enable the team to understand the benefits of the training from a staff perspective, with the ambition that this is complete by year end. We now have 82% of staff having completed the Oliver McGowan training with plans in place to add the Tier 2 to profiles in the new year, with that complete the Tier 2 compliance rates can then be added to Tableau to provide a complete reporting picture.

The Outcome:

- This means that our staff have a higher level of understanding and awareness of the complex area that this workstream covers and are therefore better able to provide a quality service to patients.

Next Steps

- Continue with the training on an ongoing basis and to continue to support and encourage staff to complete the Tier 1 and Tier 2 of the Oliver McGowan Mandatory Training package.

Children's services – with a focus on the implementation of the Special Educational Needs and Disabilities (SEND) and alternative provision improvement plan.

The Plan:
The SEND Quality Priority is split into 4 sections:

- Digital Reporting.
- SEND Advisory Service.
- Training and Development.
- Quality Assurance..

The Journey:
Digital Reporting

- The Health Visitors continue to use the Purple Square icon in SystmOne for children identified as having SEN.
- GHC children's staff now add Educational Health and Care Plan (EHCP) High Priority Reminders to SystmOne records for all children and young people when they have a confirmed EHCP.
- There continues to be no way to pull a report from SystmOne to show the children with EHCP High Priority Reminders.
- There continues to be no option to record or report EHCPs in RiO.
- SEND activity or outcomes cannot be recorded in the clinical systems specifically because supporting SEND is part of holistic assessment and care delivery across all services.
- The EHCP Digital Portal has presented many challenges in the last year, including unmanageable notifications, duplication and inefficient processes. However, issues were escalated to both the ICB and Local Authority (who commission the provider) and now many of the issues have been managed or resolved. As a result, GHC are able to continue using the Portal and adopt it in other areas.

SEND Health Advisory Service (SHAS)
There has been good progress in this area:

- The SEND Health Advisory Service (SHAS) went live in December 2024. So far, the service has received 200 EHCNA requests from Local Authority and completed 129 Health Need Reviews.
- SHAS performance data is being recorded by the service and will be used to evaluate and inform future planning.

Staff Training & Development
There has been good progress in this area:

- Version 1 of a SEND Handbook has been produced by the Children's Directorate.

- SEND Group Supervision is now available across the CYPS Directorate. Group sessions are facilitated by the Directorate's SEND Leads, with staff able to choose and attend any available session. Each session focusses on different key areas and include learning, information sharing and case discussions.

- GHC have not progressed the development of EHCP Guidance because the Local Authority are producing a tool for the whole Partnership.

Quality Assurance
There has been progress in this area:

- The first integrated (CYPS physical health and mental health) EHCP Quality Audit has been completed. Initial learning from this audit indicates that more sensitive questioning is required in future audits to better assess the quality of health information being provided for EHCPs.
- Gloucestershire SEND and Inclusion Local Area Partnership (SILAP) aims to implement a Multi-Agency Case Auditing Process. This will involve a random sample of children being regularly selected for review and each partner of the SILAP providing information about the services provided to those children and a cross-system reflective assurance discussion. The Local Authority have co-developed a DPIA and SISA to support this, with the aim of ratifying these in early June.

The Outcomes:

Digital Reporting
- The purple square icon on SystmOne is reportable and data is shared with the Local Authority to support resource planning and provision in early years placements.
- EHCP High Priority Reminders on SystmOne case records makes it easier for involved clinicians to see when a child/ young person has a statutory plan in place. However, because reporting is not possible at this stage, and because there is no EHPC recording functionality in RiO, there is no organisational 'line of sight' to all the children and young people known to GHC services who have an EHCP.
- The EHCP Digital Portal is a family-friendly tool that allows families, as well as professionals, to track the progress of EHCP assessment requests, from the beginning to the end, enabling greater transparency, a centralised and accessible record, and better information sharing. Improvements over the last 6 months have made the Portal more efficient and user-friendly. As a result, GHC services are able to continue using it and GHC children's mental health services will be adopting it in 25/26.

SEND Health Advisory Service (SHAS)

- SHAS enable children and young people not known to specialist health services to access a timely and holistic health need assessment and receive advice as part of their EHC Needs Assessment Process.
- Formal feedback received from [people who use our services rate the service as "excellent".

Staff Training & Development

- SEND Group Supervision enhances the existing clinical supervision offer by providing another option for all staff. It provides a space where staff can learn from one another, seek advice and develop their knowledge and skill-base.
- A digital SEND Handbook provides staff with helpful information about supporting children and young people with SEND in Gloucestershire and within the organisation.

Quality Assurance

- ECHP quality audits will ensure that health contributions are compliant with legal frameworks and that there is a holistic understanding of a person's needs. This will lead to better coordinated support across health, education and social care.
- Multi-Agency case reviews will help to identify any gaps or inconsistencies in support or outcomes, highlighting areas for improvement. They will strengthen communication and relations between health, education and social care, promoting more cohesive and child-centered planning and delivery.

Next Steps:

- An **EHCP Digital Portal Standard Operating Procedure** (SOP) is being developed by the CYPS SEND Lead for Physical Health and Service SEND Champions. Once ratified, this SOP will be used to support CAMHS and GHFT teams to adopt and use the Portal in 25/26.
- The **SHAS Team** plan to work closer with the Local Authority's EHCP Teams to promote positive working relationships and develop further understanding for each other's roles. They will also be linking with neighboring SHAS Teams to share learning.
- With the support of system partner IG Leads, the Local Authority have devised a DPIA and SISA to support the **Multiagency Case Auditing Process**. All partners have been asked to review the final documents, working towards sign-off in early June 2025.
- A **SEND Learning and Development Framework** is being produced by GHC, so that all staff can be equipped with the necessary knowledge and skills to effectively identify, assess and support children and young people with SEND. This framework will support ongoing professional development, enabling staff to be up to date on best practice aligned to the SEND Code of Practice and the Children and Families Act (2014).

Embedding learning following patient safety Incidents

The Plan
The work stream has four components:

- Implement and review the GHC Patient Safety Incident Response Policy and Plan.
- Development and Implementation of Learning Assurance Framework.
- Fidelity Testing.
- Civility Saves Lives.

The Journey:

- The GHC Patient Safety Incident Response Policy and plan have been updated and implemented alongside Implementation of the Patient Safety Incident Response Framework (PSIRF). This has seen new learning responses to patient safety incidents that have been met with positivity, plus the embedding of Fidelity Testing. 181 Learning and Engagement Sessions took place last year. In order to improve organisational learning, we are now searching for more thematic and systemic issues rather than concentrating on individuals and root cause analysis. This will address current incidents and make positive moves towards the prevention of re occurrence.
- Fidelity Testing is an Ongoing workstream which is now embedded.
- Harm from disrespect has been identified as a key element in patient safety efforts and fostering a culture of civility and respect within our Trust further supports the delivery of our values and behaviors. Civility and respect sit behind a positive workplace culture and our Trust values.
  1. **Civility** describes a behavior: treating someone politely or with courtesy.
  2. **Respect** involves valuing other people's experience and feelings. The two are closely linked, as people show their respect for someone by acting with civility.
- In health and care, civility and respect involve supporting, valuing and respecting each other for what we do and showing kindness, compassion and professionalism towards our colleagues, patients and people who use our services. It also means ensuring that people are civil in their digital communications, avoiding sharp, harsh or insulting comments on email or social media. Civility saves lives is intended to be entwined into all that we do.

Next Steps:

We have a four-module course available on C2L which we aim to report uptake of over the next year.

Carers – with a focus on preparing for, achieving and long-term maintenance of the Triangle of Care Stage 3 accreditation.

The Plan:
The implementation plan is split into 4 sections:

- **Mission and vison**
  Develop and launch an Organisational plan that communicates the mission and vision of the project.
- **Mapping**
  Develop a map of all teams and establish their current compliance status with level 2 requirements by using a self-assessment methodology.
- **Engagement**
  Engage with stakeholders
- **Planning**
  Develop plan on a page and project control methodology.

The Journey:

In early 2024 the Carers Trust reaffirmed our 1st and 2nd star status and gave approval for GHC to work towards the ToC 3rd star accreditation by engaging the principles of ToC with all teams across both MH and PH services. Progress with the Triangle of care accreditation workstream continues with focus projected on engaging with stakeholders and developing a map of all teams establishing their current compliance status with level 2 requirements by using a self-assessment methodology. This enable a clear picture to be obtained of where resource needs to be directed next year.

The Outcome:

Each year, to retain accreditation, Gloucestershire Health and Care NHS Foundation Trust (GHC) submits an annual report to the Carers Trust providing information regarding progress, key development and the compliance of our carer aware practice against the 6 standards. Key updates include:

- The development of a Carer Champion Community of Practice.
- A review and revaluation of the Trusts Carer Awareness training package.
- The implementation of a monthly Carers Working Group.
- The Development of the Trust Carers Charter.
- The Development of a Trust wide Carers Booklet with a mental health supplement.
- The implementation of a carer specific Friends and Family Test.
- The development of proactive links with our local Young Carers.
- Monthly support group for GHC colleagues who are carers.
- The development of guidance on the use of common-sense conversations with family and friends to empower staff to feel more empowered and confident to converse with carers and family members.
- Development of a Triangle of Care Maturity Matrix to monitor compliance across the Trust.
- The Carers Trust complimented the Trust on our ambition and in how we continue to re-affirm and build on our commitment to carers using the Triangle of Care quality improvement framework.

Next Steps:

Evaluate the data collected, alongside responses and recommendations from the Carer Trust to plan the workstream priorities for 2025/6 to visit areas requiring focus and development with focus on Carer Friendly Workplace and The Peoples Promise.

Quality Dashboard

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

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

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

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

There is an organisational appetite to further develop our reporting and governance framework by moving towards greater integration between our assurance mechanisms. The ambition is to enhance the way the Trust thinks, plans and reports and to improve accountability through assurance and

scrutiny, it is felt that a better reporting product will drive short and long-term organisational improvement. Therefore, the intention is to move beyond our historical silo approaches of information reporting towards a more comprehensive, holistic assessment of value, quality and performance. There will be a multi-year timeline for achieving the ambition and It will develop not only the reporting and associated governance frameworks of (initially) the Performance and Quality Dashboards, but also, over time, the integration of other corporate reports such as, but not limited to, the Trust's corporate Finance and Workforce reports. There will be no postponement of reporting during the transition with an intention to iteratively develop the current reporting architecture through 2025/26 and then publish a completely new integrated product in 2026/27. involves stakeholders from across the Trust. The long-term ambition is to integrate the existing Performance Dashboards (Tableau) and Quality Dashboards into a single report with the BI report being the chosen method to deliver statistical data plus the addition of a quality narrative reviewing the data from a different lens.

Outreach Vaccination Team (OVT)

The Outreach Vaccination and Health Team (OHVT) support the national immunisation programme by offering vaccinations including Covid and flu to the people of Gloucestershire in five core areas of activity:

- The OVHT hold community-based pop-up sessions in areas with low vaccine uptake and underserved communities offering Covid vaccinations at various locations across the county of Gloucestershire including venues supporting the homeless, food banks, community centers, warm spaces, sports clubs, libraries and village halls. During 2024/2025 Covid vaccination campaigns 270 vaccines were administered by the team. OVHT also supported primary care when required and administered 726 Covid vaccinations to people who were housebound and/or residents in older adult care homes.
- Support the Covid and flu vaccination campaigns to increase vaccine uptake in vulnerable groups such as inpatients and administered a total of 463 Covid and 353 flu vaccinations to patients admitted to Trust inpatient units. In addition, the team supported the Trust occupational health offer by holding walk-in sessions for staff at various locations across the Trust estate. During the Autumn/Winter 2024/2025 vaccination campaign the OVHT administered 1169 Covid and 1388 flu vaccinations to staff.
- Promote the national call for Making Every Contact Count (MECC) in which public facing staff engage with patients, and members of the public as an opportunity to support and encourage or consider change in behavior such as stopping smoking to improve individual people's health and wellbeing. The OVHT offer health care advice including blood pressure checks, sign-post people to free local services and partner organisations at community pop-up vaccination and MECC sessions. During 2024/2025 the team held over 100 MECC sessions at various locations across the county, with 1403 people having blood pressure checks. Of these,196 people were referred on for specialist/ primary care review.
- Unfortunately, in the UK and locally, we are starting to see a decline in routine childhood Immunisation uptake including HPV (vaccine to protect against human papilloma virus) and measles, mumps and rubella (MMR). The OVHT continues to collaborate with system partners to support local initiatives to increase the uptake of routine immunizations in target groups such as over 18-year-olds in college settings. The OVHT have worked in partnership with system partners to plan a local pathway for post exposure prophylaxis for people with an incomplete MMR vaccination status/history who have been identified as being a close contact with a positive measles case.
- The OVHT continue to work jointly with system partners to support offering routine immunisations to refugees and asylum seekers within Gloucestershire such as offering MMR and diphtheria/tetanus and polio (DTP) to those who have an incomplete/unknown vaccination history.

The OVHT tirelessly champion vaccination uptake and outreach within Gloucestershire through ongoing engagement with community leaders/networks and partner organisations and seek innovative ways to expand their reach.

Mental Health Services

By the end of 2024/25, 18 Patient Safety Incidents (PSI's) were reported by the Trust. The classification of these incidents reported are shown below.

- 17 Apparent/actual/suspected self-inflicted harm meeting SI criteria (related to self-inflicted injury and do refer to suspected and attempted suicide incidents. 15 such incidents resulted in the patient's death).
- 1 Adverse media coverage or public concern about the organisation or the wider NHS.

MENTAL HEALTH PATIENT SAFETY INCIDENTS BY TYPE 24-25
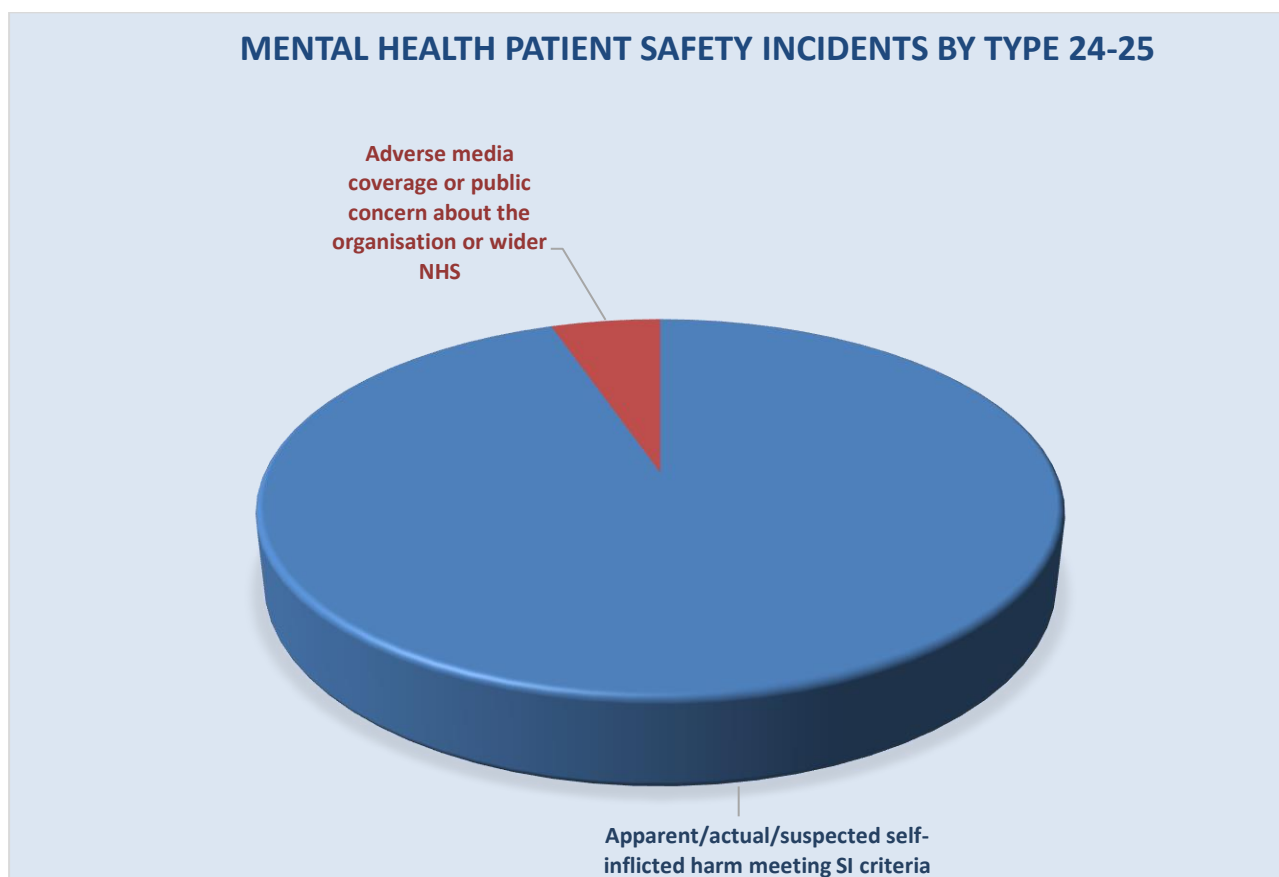
All Patient Safety Incidents were investigated by a dedicated team of clinicians, all of whom have completed two days of formal training.

The Family Liaison Service currently has two dedicated Family Liaison Practitioners (FLPs), comprising both clinical and non-clinical colleagues. This marks a decline from the previous year when the service had seven FLPs, with numbers decreasing due to existing work commitments. Despite this, several colleagues have expressed interest in joining the service, and training for these new members is under review. The current expectation is for all FLPs to have PABBS training, the Cruse bereavement by suicide webinar, and a trauma-informed response session facilitated by Nelson's Trust.

An offer of a FLP has been extended to all but one family during this year and the service is currently supporting eleven families. To ensure consistency and clarity in operations, a Draft Standard Operating Procedure (SOP) has been developed and is awaiting signoff. Additionally, new resources have been introduced to support team members in their voluntary roles. A structured feedback system has been implemented, where patients and families receive a letter following the completion of a Care Review or Patient Safety Incident Investigation (PSII). The team is also reviewing methods to capture feedback from families who have been supported.

Recognising the emotional demands of this work, the service places a strong emphasis on staff welfare and self-care. Team members actively support one another through both formal and informal support networks, which provide a space for ongoing communication and peer support.

The Trust continues to share copies of our investigation reports regarding suspected suicides with the Coroner in Gloucestershire to assist with the Coronial investigations and the Learning Assurance Team have started sharing progress of action plans and embedded learning alongside this.

Physical Health Services

For 2024/25, the Trust reported 4 Patient Safety Incidents (PSI's) and 1 thematic review.

The classification of these incidents are as follows:

- 1 Medication incident meeting SI criteria.
- 2 Sub-optimal care of the deteriorating patient meeting SI criteria.
- 1 Treatment delay meeting the SI criteria.

PHYSICAL HEALTH PATIENT SAFTY INCIDENTS BY TYPE 24-25

- 25% Medication incident meeting SI criteria
- 50% Sub-optimal care of the deteriorating patient meeting SI criteria
- 25% Treatment delay meeting the SI criteria
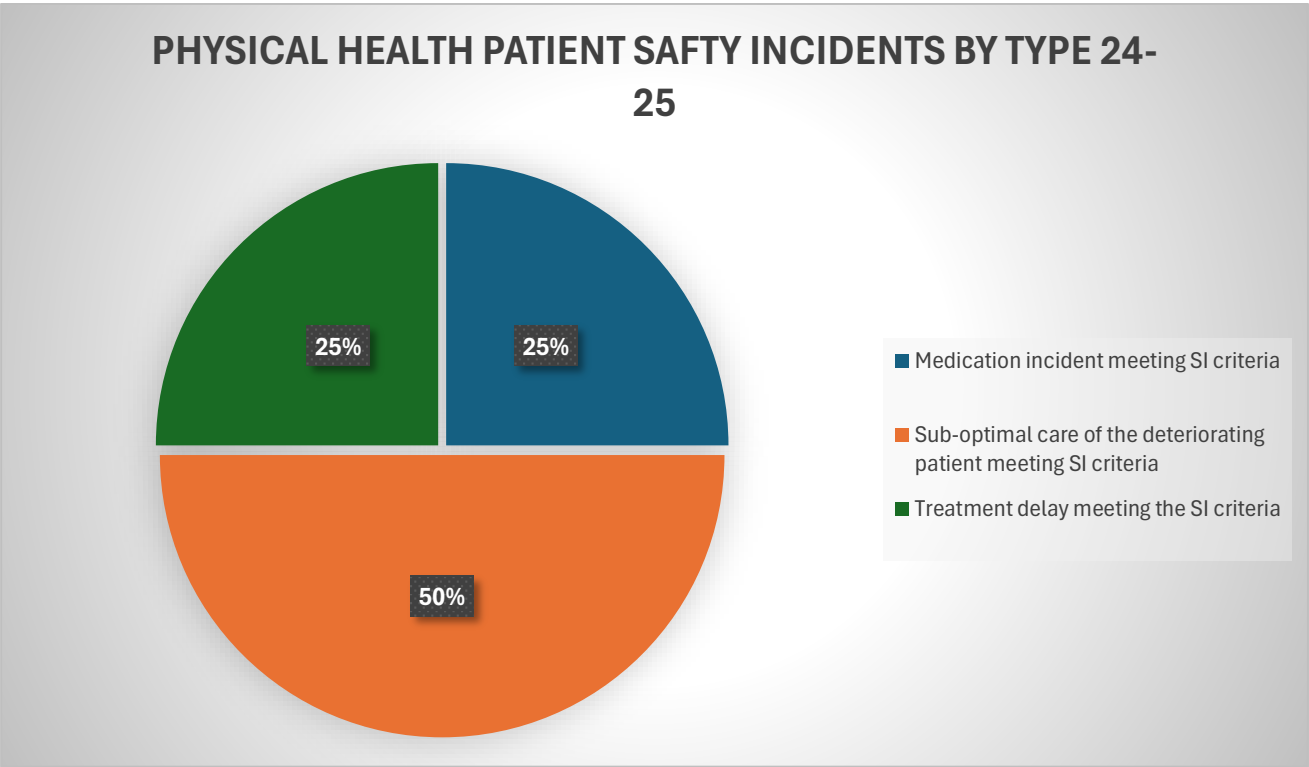
As with mental health PSI's all physical health PSI's are investigated by a dedicated team of clinicians, all of whom have completed two days of formal training.

Physical health care in mental health settings

GHC employs a small team of nurses/HCAs to improve the physical healthcare of patients with mental health (MH) and learning disabilities (LD) within Gloucestershire. We have Physical Health Nurses working within our Older and Working Age Adult inpatient units and provide weekly support for Berkeley House.

The TTDS team was set up in January 2024 and to coincide with National No Smoking Day, we re introduced a Smoke Free environment within our Inpatient settings. We had done this preciously, but relaxed the rules in the pandemic, but now patients and staff must leave Trust property if they wish to smoke. The positive side to the roll out this time, is that the TTDS team have been on hand to provide

advice and treatment for people wishing to smoke or support abstinence or reduction from smoking whilst they are in hospital. We have had great feedback from staff and patients alike.

We continue to offer Annual Physical Health Checks for people both in hospital and the community for people with a Severe and Enduring Mental Illness (SMI). Regular audits mean we are continuing to offer the majority of our patients a full cardiometabolic health check and have been working hard to ensure we have good interventions to offer people who use our services who may need them. We have Healthcare Assistants based within the Recovery Teams in the Community and can now offer to help screen patients with SMI in primary care and not necessarily known to us in GHC.

Freedom to Speak Up

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

The Freedom to Speak Up Guardian is supported by a network of Champions who promote the Freedom to Speak Up service, offer support to colleagues to gain psychological and/or practical support. The commitment by the Freedom to Speak Up Guardian is to ensure that our champions receive ongoing support and development through sharing successes, challenges, best practice and learning.

Speaking Up processes, in line with national guidance are in place and remain open for colleagues to speak up, be listened to and follow up action occurs. In summary, in 2024/2025 there was an 8% increase in speaking up cases (104 in total), this follows a 25% increase of speaking up in 2023/2024.

	Number of Cases				
Year	Q1	Q2	Q3	Q4	Total
2024/2025	20	21	26	37	104
2023/2024	23	16	23	34	96

Year on Year
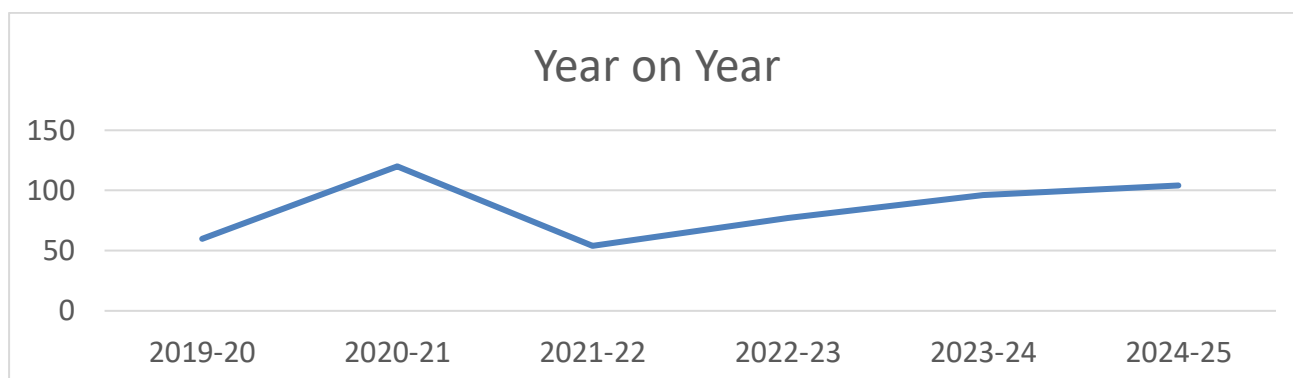
Under the national reporting categories, 33% of cases had an element of colleague safety or wellbeing, 31% with an element of inappropriate behaviours and attitudes (other than bullying and harassment). Patient safety/quality at 23% with bullying and harassment reduced at 13%.

The Freedom to Speak Up Guardian role is part of a much bigger picture, supporting our organisational culture to further embed our positive speaking up culture. Those colleagues that have declared a protected characteristic is 14% and this information is used to identify if they experience

any differences in their speaking up experience, identifying any barriers and ensuring learning takes place. We use opportunities to reflect on local and national reports these and capture learning. Within the Trust the new Freedom to Speak Up policy has been implemented and the Guidance for Boards reflection tool highlights continuous improvement. Our processes are aligned to the NHSE/I guidance and the National Guardian's Office embedded in the NHS Contract. A positive speaking up culture within our workforce will ensure that patient safety matters are heard and that colleagues are supported.

A positive speaking up culture is reflected nationally in the People Plan and People Promise, and locally in our strategic commitments to High Quality Care and being a Great Place to Work. It is a core component in our health and wellbeing offer, in our 'Strong Voice' commitment to colleagues. Within the NHS Staff Survey 2024 - We each have a voice that counts (2nd in the region) against a backdrop of being 1st in the region on recommended as a place to work and as a place to receive treatment. Also recognising that organisationally speaking up data has slightly declined this year and nationally results have plateaued in confidence to speak up.

Feedback continues to be positive from colleagues who have accessed the Freedom to Speak Up service with 89% of colleagues speaking up would use the service again.

Looking forward, in addition to continuing to support colleagues on a day-to-day basis, Freedom to Speak Up is identified as a key workstream in the Leadership and Culture programme with the aim of supporting all colleagues to feel safe and confident to speak up, encouraging leaders to take the opportunity to learn and improve from those who speak up.

Learning from speaking up is fundamental to an open and honest culture and through continued work with our learners and proactive work continues within local universities.

Other options available to colleagues within the Trust include:

Freedom to Speak Up APP is an in-house application available as a safe, anonymous or confidential application to enable colleagues to enter into a conversation to obtain further advice and support.

Direct to Douglas is a confidential application to share with our Chief Executive any issues colleagues think he should be aware of or ask for a response to something they are concerned about. There are also opportunities to make suggestions for improvement.

Staffing in adult and older adult community mental health services

Placeholder

NHSI indicators 2023/2024

		National Threshold	2022-2023 Actual	2023-2024 Actual	2024-2025 Actual
1	Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	60%	69.2%	76.9%	70.1%
2	Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas: -inpatient wards -community mental health services (people on CPA)	NA NA	68% 70.7%	77% 81%	76% 88%

3	Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database) Waiting time to begin treatment (from IAPT minimum dataset - treated within 6 weeks of referral - treated within 18 weeks of referral	50% 75% 95%	50.5% 99.6% 99.9%	52% 99.6% 99.9%	53.3% 97.4% 99.8%
4	Admissions to adult facilities of patients under 16 years old.	NA	0	0	0

The data above is mandated within the guidance and there are no statistical variances to report upon.

The table below reports out of area placements for adult mental health services and this year we are pleased to report that there has been a significant decrease of over 90% on last year's figure which was 375. All out of area placements are monitored by a range of teams to ensure our patients are receiving services which are safe, effective and provide a good experience. Use of out of area placements (typically within the private sector) refers to a situation where a patient is admitted to an inpatient unit outside of their local area because no appropriate bed is available locally. However out of area providers may also have limited capacity or decline to accept a patient when referred.

The aim of the trust is always to eliminate all out of area placements (OAPs) in mental health services for adults in acute care in lieu of local capacity, however in exceptional circumstances use can be operationalised to reduce the risk of harm, ensuring we provide care that has a clear benefit and improve outcomes and is patient centred and in partnership with the patient and their family.

A *'Use of Mental Health Out of Area Beds: In and Out of Hours Protocol'* has been implemented.

To support more local capacity being readily available the Trust has developed a Wotton Lawn Length of stay programme focusing on Mental Health Hospital Flow with community colleagues and system partners. Regular Multi-agency Discharge Events (MADE) are held regularly across working age, older age and recovery units to both enable actions to support patients being discharged but also collating barriers to discharge themes to focus efforts and development to take forward. All of these schemes maturing and being used have contributed to the reduction of use of out of area placements due to capacity.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year
Average Bed Days	3	5	1	2	3	5	7	1	9	0	3	1	31

CQC Adult Community Mental Health Survey 2023

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

The Care Quality Commission (CQC) requires that all providers of NHS mental health services in England undertake an annual survey of patient feedback. For the 2024 survey, Gloucestershire Health and Care NHS Foundation commissioned IQVIA (Quality Health) to carry out this work. The CQC makes comparison with 53 English NHS mental health care provider's results of the same survey and the results are published on the CQC website. The CQC requires that all providers of NHS mental health services in England undertake an annual survey of patients in their care.

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

The Chief Executive also received a separate outlier letter from the CQC highlighting the positive results of this survey: I am pleased to inform you that Gloucestershire Health and Care NHS Foundation Trust has been identified as performing 'better than expected'. This is because the proportion of respondents who answered positively to questions about their care, across the entire survey, was significantly above the trust average.

The Trust scores in comparison with other trusts is detailed below:

Survey Domain	Score	Rating
Support while waiting	6.4	**Same**
Mental Health Team	6.8	**Better**
Planning Care	6.9	**Better**
Involvement in Care	6.8	**Better**
Medication	7.5	**Somewhat Better**
Talking Therapies	9.1	**Better**
Crisis Care Support	5.6	**Same**
Crisis Care access	6.8	**Same**
Support with other areas of life	4.5	**Much better**
Support with accessing care	5.8	**Somewhat Better**
Respect, dignity and compassion	8.2	**Same**
Overall experience	7.2	**Same**
Feedback	3.4	**Same**

The Trust's response rate was 24% (288 responses). This is above the national average of 20%. However, both the Trust's and the national response rates have decreased from the 2022 survey (Trust 26%, national average 21%).

The Trust performed about the same compared with other trusts in 16 of the 35 questions and somewhat better (7), better (11) or much better (1) than expected in the remaining 19 questions. The Trust did not score worse than expected compared with other Trusts in any of the survey questions.

Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.

Much better than expected	1
Better than expected	11
Somewhat better than expected	7
About the same	16
Somewhat worse than expected	
Worse than expected	
Much worse than expected	
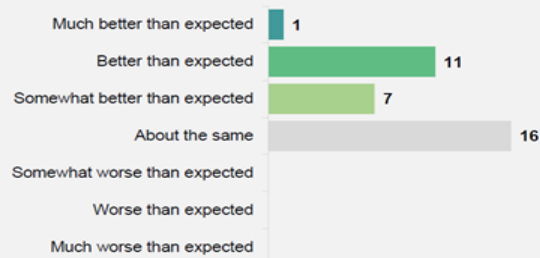
Comparison with last year's results

The **number of questions** at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2024 vs 2023.

Significantly better	2
No different	29
Significantly worse	
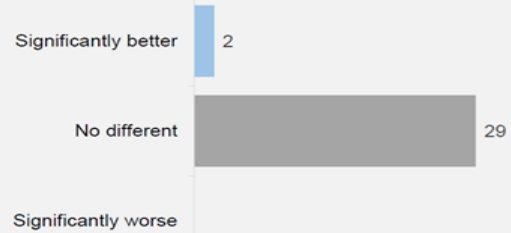
Top 5 and bottom 5 question scores are shown below; the recommendations for improvement will be based on the bottom five scores.

Top five scores (compared with national average)

Your trust score / National average

	Score
Section 10 Support in accessing care — Q38. Do you feel the support provided meets your needs?	6.6
Section 9 Support with other areas of life — Q32. In the last 12 months, has your NHS mental health team supported you with your physical health needs?	5.8
Section 9 Support with other areas of life — Q33_2. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for…Finding or keeping work	3.2
Section 9 Support with other areas of life — Q34. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	6.9
Section 9 Support with other areas of life — Q33_3. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for…Financial advice or benefits	3.5

Bottom five scores (compared with national average)

Your trust score / National average

	Score
Section 8 Crisis care access — Q30. 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?	5.5
Section 1 Support while waiting — Q6. While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, were you offered support with your mental health?	5.9
Section 1 Support while waiting — Q7. Was the support offered appropriate for your mental health needs?	6.9
Section 8 Crisis care access — Q27. Would you know who to contact out of office hours within the NHS if you had a crisis?	8.2
Section 11 Respect, dignity and compassion — Q40. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.1

National Survey 2024 – Community Mental Health Trusts

288 respondents

20% National Response rate

24% Our response rate

35 questions → 13 domains →

Our results

- Rated better than expected in 7 of 13 domains and 19 of 35 questions.
- All scores better than or as expected, with no scores being worse than expected.

Results of 12 domains

Domain	Score	
Support while waiting	6.4/10	😊
Mental Health Team	6.8/10	😀
Planning care	6.9/10	😀
Involvement in care	6.8/10	😊
Medication	7.5/10	😊
Talking Therapies	9.1/10	😊
Crisis Care Support	5.6/10	😊
Crisis Care Access	6.8/10	😐
Support with other areas of life	4.5/10	😊
Support in accessing care	5.8/10	😊
Respect, dignity and compassion	8.2/10	😐
Overall experience	7.2/10	😐
Feedback	3.4/10	😐

Each domain compared to other trusts
- 😀 Better
- 😐 About the same
- 😟 Worse

Where service user experience is best

- **Support in accessing care:** support provided met service users' needs
- **Support with other areas of life:** service users being given support with physical health needs
- **Support with other areas of life:** service users being given help or advice with finding support for finding or keeping work
- **Support with other areas of life:** service users' family/someone close to them being involved in their care as much as they like
- **Support with other areas of life:** service users being given help or advice with finding support for financial advice or benefits

Where service user experience could improve

- **Crisis care access:** length of time taken to get through to the crisis team
- **Support while waiting:** service users offered support while waiting
- **Support while waiting:** service users offered appropriate support while waiting
- **Crisis care access:** service users knowing who to contact out of hours in the NHS if they had a crisis
- **Respect, dignity and comp**... users being treated with r... by NHS mental health ser...

National Survey 2024 – Community Mental Health Trusts

Results for 35 questions

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

😀 Better 😐 About the same ☹️ Worse

Question	Score	Rating
Support while waiting		
Offered support between assessment and appointment	5.9/10	About the same
Offered support appropriate to needs	6.9/10	About the same
Support while waiting	6.4/10	About the same
Mental Health Team	6.8/10	Better
Enough time to discuss needs and treatment	7.5/10	Better
MH team listened	7.3/10	About the same
Got the help needed	6.5/10	About the same
MH team considered areas of life impacting mental health	7.1/10	Better
Having to repeat mental health history to MH team	5.5/10	Better
Planning care	6.9/10	Better
Have care plan	7.1/10	Better
Care plan review in last 12 months	6.7/10	Better
Support in accessing care	5.8/10	Better
MH Team asked if need help accessing care and treatment	4.9/10	About the same
Support provided meets needs	6.6/10	Better

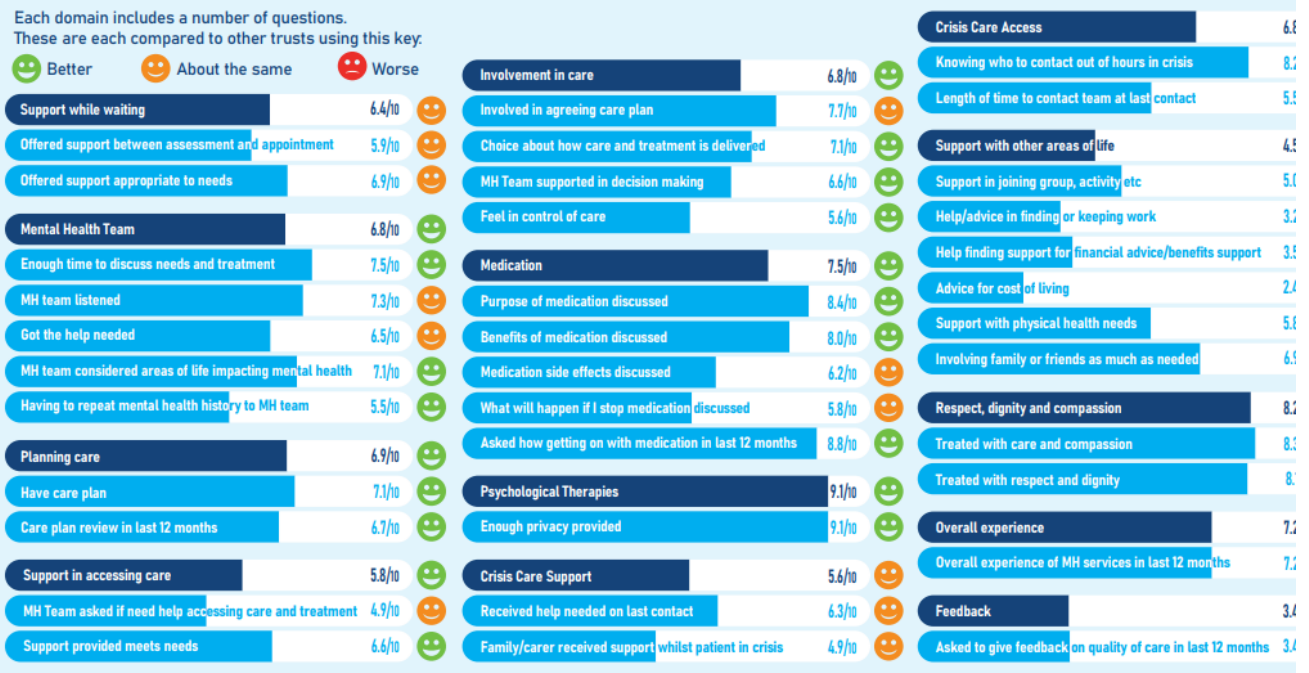| Question	Score	Rating
Involvement in care	6.8/10	About the same
Involved in agreeing care plan	7.7/10	About the same
Choice about how care and treatment is delivered	7.1/10	Better
MH Team supported in decision making	6.6/10	Better
Feel in control of care	5.6/10	Better
Medication	7.5/10	Better
Purpose of medication discussed	8.4/10	About the same
Benefits of medication discussed	8.0/10	Better
Medication side effects discussed	6.2/10	About the same
What will happen if I stop medication discussed	5.8/10	About the same
Asked how getting on with medication in last 12 months	8.8/10	About the same
Psychological Therapies	9.1/10	Better
Enough privacy provided	9.1/10	Better
Crisis Care Support	5.6/10	About the same
Received help needed on last contact	6.3/10	About the same
Family/carer received support whilst patient in crisis	4.9/10	About the same

Question	Score
Crisis Care Access	6.8
Knowing who to contact out of hours in crisis	8.2
Length of time to contact team at last contact	5.5
Support with other areas of life	4.5
Support in joining group, activity etc	5.0
Help/advice in finding or keeping work	3.2
Help finding support for financial advice/benefits support	3.5
Advice for cost of living	2.4
Support with physical health needs	5.8
Involving family or friends as much as needed	6.9
Respect, dignity and compassion	8.2
Treated with care and compassion	8.3
Treated with respect and dignity	8.
Overall experience	7.2
Overall experience of MH services in last 12 months	7.2
Feedback	3.4
Asked to give feedback on quality of care in last 12 months	3.4

Annual NHS Staff Survey and Staff Friends and Family Test 2024

The Trust approaches staff engagement through a breadth of routes. These include via a regular Staff Forum, Board Visits, Staff Stories at the Great Place To Work Committee, Diversity Networks engagement, Internationally Educated Nurses Council, Freedom to Speak Up Champions, Health and Wellbeing Champions, the Joint Negotiation and Consultative Forum, the Local Negotiating Committee, the Resident Doctors Forum, quarterly Pulse Surveys, annual GMC and National Education and Training surveys, annual Staff Survey, ad hoc surveys, discussions and listening groups. A lessons learned template has also been introduced in 2024 to provide a learning process from cases and incidents.

Summary of performance

The NHS Staff Survey is conducted annually, with the questions aligning to the seven Themes of the NHS "People Promise" and two additional Themes of "Staff Engagement" and "Staff Morale". All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The latest results present a positive and steady view of how colleagues rate the Trust as an employer and benchmark favourably against peers. Within the South West region's providers, the Trust's survey ranking was 2nd overall. The Trust was ranked 1st for the "We are Always Learning" Theme, and 2nd overall for the combined People Promise Themes as well as for the specific "Staff Engagement," "Staff Morale," "We have a Voice that Counts," and "We are Safe and Healthy" Themes.

Nationally, colleagues rated the Trust 9th as a recommended place to work amongst all Mental Health, Learning Disability and Community providers.

The survey response rate saw a further growth to 61%, an improvement of 15% since the Trust's first survey in 2020. There was also an improvement in the number of bank workers responding to the survey -- 31% in comparison with 22% in 2023. The national median response rate for Mental Health

& Learning Disability and Mental Health, Learning Disability and Community providers was 54%. This compares with the average national All NHS organisations response rate of 50%.

Additionally, colleagues rated the Trust 1st overall regionally for both the Staff Friends and Family Tests, with 71.64% recommending the Trust as a Place to Work, and 76.14% as a Place To Receive Care. These ratings compared with national all NHS organisation averages respectively of 60.80% as a place to work, and 64.28% for care.

Scores for each indicator together with that of the survey benchmarking group are presented below for the past three years.

Indicators ("People Promise themes")	2024 Trust score	2024 Benchmarking average score	2024 National NHS Score	2023 Trust score	2023 Benchmarking average score	2022 Trust score	2022 Benchmarking average score
People Promise:							
We are compassionate & inclusive	**7.67**	**7.55**	**7.28**	7.73	7.58	7.7	7.5
We are recognised & rewarded	**6.48**	**6.35**	**5.99**	6.54	6.41	6.4	6.3
We each have a voice that counts	**7.00**	**6.94**	**6.69**	7.11	7.01	7.1	7.0
We are safe & healthy	**6.48**	**6.40**	**6.14**	6.51	6.38	6.3	6.2
We are always learning	**6.05**	**5.93**	**5.67**	6.05	5.93	5.8	5.7
We work flexibly	**6.84**	**6.83**	**6.31**	6.84	6.84	6.7	6.7
We are a team	**7.21**	**7.15**	**6.80**	7.23	7.18	7.2	7.1
Staff Engagement	**7.18**	**7.07**	**6.85**	7.27	7.11	7.2	7.0
Staff Morale	**6.35**	**6.20**	**5.96**	6.38	6.17	6.2	6.0

Future priorities

Whilst the survey results for 2024 were generally positive, we recognise that there remains further room for improvements. There are also differences between some services and teams, as well as hot spots and thematic elements to address.

Our priorities for the coming year are still being worked through at a granular level, but based on the survey results and other engagement routes will include:

- **Increasing Response Rates.**
- **Harassment, discrimination & violence at work:** Whilst we began to address this following our 2023 results in 2024 with our Anti-Abuse Road Map, our recently stated ambitions in working towards becoming an Anti-Racist/discriminatory organisation will support our efforts in becoming an inclusive employer. Our Sexual Safety and Safe Learning Environment workstreams, alongside our new Leadership & Culture Programme will be critical to improvements in this area.
- **Staff engagement/speaking up:** breaking down barriers to raising concerns, ensuring colleagues feel safe about speaking up/raising concerns in the workplace.
- **Managing conflicting demands:** supporting teams/managers/colleagues in considering working practices to help staff better manage conflicting demands.
- **Teamwork:** Guidance/toolkits to help managers & teams in creating shared objectives & improving team effectiveness.

- **Improving clinical supervision:** Support for a working group to consider/identify improvements to clinical supervision.
- **Continued focus on Health & Wellbeing at work.**
- **Optimizing Flexible Working.**
- **Individual Service / Team analysis:** to include three local team top actions for 2025.

Oversight and progress against plans and related key performance indicators will be overseen operational by Executive Directors and the Workforce Management Group and by the Board's Great Place to Work Committee through 2025/26.

Staffing in adult and older adult community mental health services

We have continued to invest in our staff and to build our service offer; including that to minority groups, we continue to offer both remote and face to face therapy and are actively looking at how we can offer support to older adults. We have been concentrating significant time on our NHS Talking Therapies to enable them to develop their input to the CMHT Transformation agenda.

Health Inequalities

There are many initiatives that continue to run across our learning disability services aimed at tackling the health in equalities that we know many people with learning disabilities face. Here are just a few examples:

Our Health Facilitator continues to chair a multi-agency group looking at how Annual Health checks are run across the county for people with a learning disability; the work of this group has included introducing a pre-health check questionnaire, which is in line with clinical recording systems used by most GPs across the county, as well promoting access to the learning disability register and ensuring that people are invited to / attend for their health checks. Through this group we have also worked closely with the ICB to support surgeries over the past few years who have been struggling to complete their health checks and work conducted by a specialist learning disability nurse to facilitate this has had a big impact. Clinicians from the GHC learning disability service are actively involved in the LeDeR review process and findings from these reviews produce learning for all involved in the care of people with learning disabilities; local and national learning is shared across our service and more widely. In response to these findings, there is a continued focus on healthy lifestyles and healthy eating .

One of our biggest and most popular initiatives aimed at health inequalities that people will hopefully already be aware of is the Big Health Day, held every year at Plock Court in Gloucester, where health and social care providers (both statutory and voluntary) come together to offer over 120 information stalls alongside interactive and inclusive sports and other attractions. This year is the 17th Big Health Day event, and it takes place on Friday June 13th.

Guardian of safe working

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

A summary of exception reporting and rota gaps for the year 1st April 2024 to 31st March 2025 is shown below.

Date	No. of reports	Resolutions
April 2024 to June 2024	4	3 Toil, I payment
July 2024 to September 2024	3	2 Toil, 1 Payment
October 2024 to December 2024	14	14 Toil
January 2025 to March 2025	3	2 Toil, I payment

Equality , Diversity and Inclusion

Equality, diversity and inclusion is becoming more visible and embedded into everything we do as a Trust.

The recently launched **Leadership and Culture Programme** was launched to enhance Leadership and Culture across the Trust. This will bring together existing and new strands of work that focus on improving our culture, leadership and our determination to tackle racial and other forms of discrimination. EDI is one of the 7 workstreams and although planning has started, it will soft launch in June 2025, providing a framework for all our work and plans to be linked into other culture change work

Our People Strategy continues to set out our pledge as an organisation to support our colleagues to be free from bullying or discrimination at work.

Our diversity networks have grown in size and strength, giving a strong voice to our workforce. Hosting a listening event with Trust senior leaders, of the 5 key asks that have been implemented, each network has an Executive Sponsor, giving an even greater Board influence on the Board. **Our Diversity Networks**

Whilst racist incidents are a key focus of the strategy, we are also working to address the wider incidents of hate crime, including recent Transphobia following the recent UK Supreme Court ruling on the definition of a woman, homophobic and sexist abuse; whether this is from patient-to-colleague or colleague-to-colleague.

To enable colleagues to more easily access support, the co-produced **Equality, Diversity and Inclusion Incident Roadmap** is aimed at visually representing the range of support that we have in place for those colleagues who have experienced, or may experience and witness, abuse - as EDI Lead Tania Hamilton explains: "A series of measures looked to reduce the number of reports around racism and discrimination and our anti-abuse incident Roadmap has signposted colleagues to a range of spaces where they can feel free to raise issues they have experienced or witnessed."

"We have felt an increase in the number of racist incidents reported within our Trust and we listened to the views that not all our processes and support around abuse are easy to find. This Roadmap aims to help with that. Nothing is new in this Roadmap, it merely aims to simplify, highlight and raise awareness about the existing support that is currently available in an accessible, at-a-glance image. The image is supplemented by a more comprehensive guidance document with links to relevant support, policies and contacts".

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Incident Roadmap
GHC Equality, Diversity and Inclusion (EDI) for colleagues

Tackling inequalities and abuse is everyone's business

Abuse
Any type of abuse at work is unacceptable and will be proactively managed.

Record
Your line manager should signpost options, support and help record details to help manage the incident response

Support
Your line manager will offer you support which might include supervision, Working Well, Wellbeing Line

Action
Your manager or service director may (A) warn the abuser, (B) consider the Patient / HR policy, (C) consider withdrawal of non-urgent care or serious disciplinary action

Learning
Build into Corporate and Local Inductions, GHC Handbook, EDI / Leadership Development Training

To find out more. Scan the QR code or follow the link below.
Intranet.ghc.nhs.uk/EDI-Roadmap

Report
If you experience abuse on the grounds of a protected characteristic (*see below), you should raise it immediately with your line manager(s) in the first instance

Options
If you feel unable to raise with your line manager(s), raise with HR, Staff Side, FTSU, or via 'Direct To Douglas'. We can do more to tackle abuse and support you when we know who you are

Approach
Your line manager or service director will speak to the perpetrator within one working day with support

Escalate
Line managers should escalate to the Dir. of HR & OD who will ensure (B) and/or (C) above is implemented with the appropriate Trust team(s)

Collaborate
Reflection with Networks, FTSU, HR, ASMS, stakeholders, Board and Senior Leaders

* 9 Protected characteristics: Age, Gender, Disability, Race/Ethnicity, Religion/Belief, Sexual Orientation, Gender Reassignment, Pregnancy/Maternity, Marriage/Civil Partnership

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

Statement from Healthwatch Gloucestershire

Thank you for sharing the Quality Accounts for Gloucestershire Health and Care Foundation Trust for 2024/25.

Healthwatch Gloucestershire are pleased to see the commitment of the CEO Douglas Blair to personalisation, co-production and shared decision making through the Trust's priorities.

We appreciate that the 11 priorities identified are large pieces of work which will take time to develop, implement and embed. We acknowledge the progress being made but also the recognition that there is still some way to go. We welcome the areas of focus that will increase the involvement of people, families and carers in the lessons learnt, as well as empowering staff to raise concerns. We note the learning from the implementation of PSIRF and how it can influence culture through expressing values of civility and respect.

One of Healthwatch Gloucestershire's priorities for the coming year is focussing on Children and Young People's mental health. Much of the work we have carried out over the past year has highlighted the need for early intervention and support through using trauma informed approaches, so we hope to explore this more through this project with support from the Trust.

Healthwatch Gloucestershire values the collaborative relationship we have, particularly through one of our Board members having a seat on the Council of Governors, which enables us to share public feedback and provide insight. Our volunteers have also valued the opportunity to support the Trust with their PLACE visits.

We congratulate the Gloucestershire Health and Care Foundation Trust on their achievements and look forward to working with the Trust this year to ensure that patient voices are at the heart of service delivery and improvement.

Gloucestershire Health Overview and Scrutiny Committee response to Gloucestershire Health and Care NHS Foundation Trust's Quality Accounts 2023/24.

To be added

NHS Gloucestershire response to Gloucestershire Health and Care NHS Foundation Trust's Quality Account 2023/24.Please see below a statement from Marie Crofts, Chief Nursing Officer

NHS Gloucestershire in response to the request to comment on the Gloucestershire Health and Care NHS Foundation Trust Quality Account 2024/25.

To be added

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

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

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

- The content of the quality account meets the requirements set out in the NHS Foundation Trust annual reporting manual 2020/21 and supporting guidance Detailed requirements for quality reports 2019/20.
- The content of the quality account is not inconsistent with internal and external sources of information including:
  1. Board minutes and papers for the period April 2024 to March 2025.
  2. Papers relating to quality reported to the Board over the period April 2024 - March 2025.
  3. Feedback from Commissioners dated
  4. Feedback from local Healthwatch organisations dated 27/06/2025
  5. Feedback from overview and scrutiny committees dated
  6. The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009.
  7. The 2020 CQC national patient survey dated 2024.
  8. The 2020 national NHS staff survey dated March 2024.
  9. CQC inspection reports.
- The Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

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

By order of the Board

Graham Russell
Trust Chair   Date: 30/06/2025

Douglas Blair
Chief Executive   Date: 30/06/2025

BMI	Body Mass Index
CCG	Clinical Commissioning Group
CPA	Care Programme Approach: a system of delivering community service to those with mental illness
CQC	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care.
CQUIN	Commissioning for Quality & Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
CYPS	Children and Young Peoples Service
DATIX	This is the risk management software the Trust uses to report and analyse incidents, complaints and claims as well as documenting the risk register.
ECG	An electrocardiogram (ECG) is a test that is used to check the heart's rhythm and electrical activity.
GHC	Gloucestershire Health and Care NHS Foundation Trust
GRiP	Gloucestershire Recovery in Psychosis (GriP) is [2]gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis.
HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine Measure of clinical outcome used by English mental health services.
ICS	Integrated Care System. NHS Partnerships with local councils and others which take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
IAPT	Improving Access to Psychological Therapies
Information Governance (IG) Toolkit	The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against a list of 45 Department of Health Information Governance policies and standards.
LeDer	Learning Disabilities Mortality Review. It is a national programme aimed at making improvements to the lives of people with learning disabilities
MCA	Mental Capacity Act
MHMDS	The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every person that uses our services.
NHSI	NHSI is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament.

MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant.
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
NHS	The National Health Service refers to one or more of the four publicly funded healthcare systems within the United Kingdom. The systems are primarily funded through general taxation rather than requiring private insurance payments. The services provide a comprehensive range of health services, the vast majority of which are free at the point of use for residents of the United Kingdom.
NICE	The National Institute for Health and Care Excellence (previously National Institute for Health and Clinical Excellence) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NIHR	The National Institute for Health Research supports a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
NPSA	The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.
PAM	Patient Activation Measure: This is a tool to measure a patient's skill, knowledge and confidence to manage their long-term conditions.
PBM	Positive Behaviour Management
PHSO	Parliamentary Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
PLACE	Patient-Led Assessments of the Care Environment
PROM	Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective.
PMVA	Prevention and Management of Violence and Aggression
ReSPECT	This is a plan created through a conversation between a patient and a healthcare professional which includes their personal priorities for care, particularly for those people who are likely to be nearing the end of their lives.
RiO	This is the name of the electronic system for recording patient care notes and related information within the Trust's mental health services.
ROMs	Routine Outcome Monitoring (ROMs)

SIRI	Serious Incident Requiring Investigation, previously known as a "Serious Untoward Incident". A serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the trust or NHS. In the context of the Quality Account, we use the standard definition of a Serious Incident given by the NPSA
SMI	Serious mental illness
SJR	Structured judgement reviews. A process to effectively review the care received by patients who have died
SystmOne	This is the name of the electronic system for recording patient care notes and related information within the Trust's physical health services.
VTE	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis.

Annex 4:   How to contact us

About this report

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

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

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

Other comments, concerns, complaints and compliments

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

You can give us feedback about our services by:

- Speaking to a member of staff directly.
- Telephoning us on 0300 421 8313.
- Completing our Online Feedback Form at www.ghc.nhs.uk
- Completing our Comment, Concern, Complaint, Compliment Leaflet, available from any of our Trust sites.
- Using one of the feedback screens at selected Trust sites
- Contacting the Patient & Carer Experience Team at experience@ghc.nhs.uk
- Writing to the appropriate service manager or the Trust's Chief Executive

Alternative formats

If you would like a copy of this report in a different format please telephone us on 0300 421 7146.