

**Council of Governors**  
10 November 2021

# Governor Dashboard

Data up to 30 September 2021

## GHC GOVERNOR DASHBOARD – NOVEMBER 2021

**Purpose:** To provide a high-level overview on the performance of the Board and Committees, with particular focus on the core responsibilities of governors in relation to views of stakeholders, to support the governors in holding the NEDs to account for the performance of the Board.

*Where can we gain further assurance – Committee Feedback summaries, NEDs, triangulation with public Board papers*

### Core Facts

Geographical Area of Activity – **Gloucestershire**

Area of work – **Mental Health & Physical Health Care Services**

Number of clinical services provided – **94**

Number of patient/service user contacts 2020/21 – **1,233,608**

Total number of Staff – **5,685**

Income 2020/21 - **£246m**

### GHC Long term Overview

**Quality** - Care Quality Commission Grading (2018 inspection) – **Good** (*pl see page 4 for more information*)

**Staff Views** – recommend place to work (2020 national survey) – **71%\***

**Staff Views** – recommend place for treatment (2020 national survey) – **79.5%\***

**Finance** - Annual Financial Statements – **unqualified external audit opinion received on 2020/21 accounts**

*\*This was the first combined Staff Survey carried out following the merger, so it is not possible to present a year on year comparison. However, GHC is in the Top 20% of performing Trusts in this area*

## Indicators 2021/22 (at September 2021)

### Quality

#### Patients Friends and Family Feedback (Target – 95%)

Current Month Performance	Previous Report	Start of 2021/22	Previous year Outturn/monthly comparison
Sept 2021 – <b>93%</b>	July 2021 – 95%	April 2021 – 92%	2020/21 Outturn – 94%

#### Number of Complaints/Concerns

Current Month Performance	Previous Report	Start of 2021/22	Previous year Outturn/monthly comparison
Sept 2021 – <b>9 Complaints / 44 Concerns</b>	July 2021 – 9 Complaints / 37 Concerns	April 2021 – 11 Complaints / 41 Concerns	2020/21 Outturn – 83 complaints /390 concerns

#### Number of Open Complaints *(Detailed analysis of timeframes and response times for open complaints is included in monthly Quality Dashboard reports)*

Current Month Performance	Previous Report	Start of 2021/22	Previous year Outturn/monthly comparison
Sept 2021 – <b>87</b>	July 2021 – 86	April 2021 – 76	N/A

#### Number of Compliments

Current Month Performance	Previous Report	Start of 2021/22	Previous year Outturn/monthly comparison
Sept 2021 - <b>147</b>	July 2021 – 131	April 2021 – 149	2020/21 Outturn – 1478

#### Number of Serious Incidents Requiring Investigation

Current Month Performance	Previous Report	Start of 2021/22	Previous year Outturn/monthly comparison
Sept 2021 - 3	July 2021 – 2	April 2021 – 4	Sept 2020 – 5

\*Governors should note that year-on-year comparisons for complaints and compliments may be affected due to the impact of Covid in early 2020/21

### Finance

#### Financial Performance better than or in line with plan? – YES/NO

#### Public Sector Payment Policy – Non-NHS Percentage paid within 30 days by volume (Target 95%)

Current Month Performance	Previous Report	Previous year Outturn or monthly comparison
Sept 2021 – <b>86.8%</b>	July 2021 – 83.1%	2020/21 Outturn – 93.6%

Data still being verified as the Trust has recently introduced a new Finance ledger system. The Finance team are working closely with budget holders and requisitioners to embed the new ledger and associated processes, and are actively chasing up outstanding invoices

## Workforce

### Staff Sickness (Threshold – 4%)

Current Month Performance	Previous Report	Start of 2021/22	Previous year Outturn/monthly comparison
Sept 2021 – <b>4.1%</b>	July 2021 – 3.9%	April 2021 – 4.3%	2020/21 Outturn – 4.3%

Line managers continue to keep a keen eye on supporting health, well-being and attendance at work with the support of Occupational Health, HR and the Health and Well-being Hub. But alongside many other NHS Trusts, absence rates have increased after almost a year of month on month reduction through to March 2021.

### Mandatory Training completion (Target – 90%)

Current Month Performance	Previous Report	Start of 2021/22	Previous year Outturn/monthly comparison
Sept 2021 – <b>87.4%</b>	July 2021 – 88.9%	April 2021 – 87.5%	2020/21 Outturn – 86.1%

Following the postponement of much mandatory training and PDRs during the peak of the pandemic in 2020/21, the work that services/teams have been undertaking to re-instate training compliance levels has remained operationally challenging due to the impact of the COVID recovery process, and the unprecedented pressures currently being experienced across the Trust balanced with the need to prioritise patient care. Removing bank workers from the figures achieves a compliance rate for substantive colleagues of just over 90%. The Learning and Development Team have just won a national Innovation Award from the National Back Exchange (NBE) after switching to online mandatory training which has freed up their time for tailored sessions with individual pieces of equipment and to work proactively with other clinicians on bespoke solutions for patients.

### Staff with Completed Personal Development Reviews (Appraisals) (Target – 90%)

Current Month Performance	Previous Report	Start of 2021/22	Previous year Outturn/monthly comparison
Sept 2021 – <b>68%</b>	July 2021 – 72.5%	April 2021 – 71.2%	2020/21 Outturn – 76.6%

There was a drop in September due to July and August's annual leave alongside the reasons outline above for PDRs. The Trust is now close to agreeing new revised paperwork to help support effective and meaningful conversations during appraisals, which will launch soon assuming agreement at December's Joint Negotiating and Consultative Forum. October 2021's rate is now 75%.

### Vacancies / Vacancy Rate

Current Month Performance	Previous Report	Start of 2021/22	Previous year Outturn/monthly comparison
Sept 2021 – <b>5.7%</b>	July 2021 – 6.7%	April 2021 – 5.9%	2020/21 Outturn – N/A – due to ESR and Ledger merger.

Nationally and locally, recruitment remains an area for focus with sustained high volumes of recruitment activity despite relatively static turnover of 12%. Key areas of focus include Vaccination Team, Wotton Lawn, Community Hospitals, Community Nursing, International Recruitment and Home First. The Trust has put in additional resourcing to the team to assist with this and will shortly be implementing a new recruitment software package, TRAC, to provide further assistance. The Trust continues to build its use of apprenticeships to improve staffing and pipeline and in October won five Gloucestershire Live Apprenticeship Awards, including Employer of the Year 2021.

## Performance

At the end of September 2021, there were **24** out of **233** key performance indicators in exception (*not achieving target*) covering Mental Health, Physical Health and Trustwide services. More information and narrative can be found in the Performance Dashboard Report available to view as part of the public Board papers. It should be noted that the Trust's Resources Committee carries out a robust review of the Performance Dashboard and receives assurances on those indicators in exception at each of its meetings.

### Regroup, Reconnect, Recover – September 2021

Governors requested an overview of the Trust's service recovery programme "Regroup, Reconnect, Recover" in its regular dashboard reports. A top-level overview of performance is now included. Governors are directed to the Performance Dashboard Report available to view as part of the public Board papers which includes more detailed narrative and context.

Operational Service Recovery RAG Rating Key		Sept Status	Aug Status	Service area	Specialism	Service	Current RAG
Service recovery plan in place to support recovery to pre-Covid levels. Identified as low risk	Green	56	57	Long Term Conditions	PH	Respiratory - HOAS	Red
				Long Term Conditions	PH	Pulmonary Rehab	Red
				Long Term Conditions	PH	Respiratory – Core	Red
				Long Term Conditions	PH	Diabetes Nursing	Red
				Long Term Conditions	PH	Diabetes Education	Red
				Long Term Conditions	PH	Heart Failure	Red
				Long Term Conditions	PH	Cardiac Rehab	Red
				Long Term Conditions	PH	MacMillan	Red
				Therapy & Equip	PH	Adult MSK	Red
				Adult PH	PH	District Nursing	Red
Service recovery plan in place to support recovery to pre-Covid levels within 12 months. Moderate level of risk Identified which may involve workforce, estates or service design challenges	Yellow	15	15	Adult PH	PH	ICT Occupational Therapy	Red
				Adult PH	PH	ICT Physiotherapy	Red
				Adult Specialist MH	MH	Eating Disorders	Red
				Adult Specialist MH	MH	ASC	Red
				Adult Specialist MH	MH	ADHD	Red
Service recovery plan in place to support recovery to pre-Covid levels predicted to take 12+ months. High level of risk identified which involves workforce, estates or service redesign challenges.	Red	18	17	Children & Young People	PH	SALT - core	Red
				Children & Young People	PH	Immunisation Service	Red
				Children & Young People	MH & LD	CAMHS LEVEL 2/3	Red

## Vaccination Summary (Covid) – September 2021

- 85% “frontline” workforce received first vaccine; with 76% having received their second dose. 69% BAME colleagues received first vaccine and 61% received their second as at 24/09/2021.
- Vaccine uptake data is monitored weekly and submitted to NHSE/I every 14 days
- Workstream in place led by Working Well to enhance uptake that includes staff conversations to compassionately address vaccine hesitancy
- Proactive and targeted communication in place with intention to reinforce the importance of second dosages.
- Pop up clinics remain in place to support enhanced access for staff
- Systems remain in place to vaccinate all eligible inpatients and vulnerable service users as required with consent.
- The Covid vaccination team have commenced the roll out of the 12-15 school programme. All secondary schools in the county will be visited by the end of November, the programme is currently on target. Work is under way with our PCN colleagues to create a supplementary offer for those children turning 12 throughout the year and those who have missed the school session.

ROLE	TOTAL NUMBER Sept 2021	1 <sup>ST</sup> VACCINE (up to 24/09/21)	%	2 <sup>ND</sup> VACCINE (up to 24/09/21)	%
All doctors/dentists	127	111	87	99	78
All qualified nurses, including students	1444	1237	86	1099	76
All other professional qualified staff	780	673	86	619	79
Support to clinical staff	1872	1554	83	1390	74
<b>TOTAL GHC CLINICAL STAFF</b>	<b>4223</b>	<b>3575</b>	<b>85</b>	<b>3207</b>	<b>76</b>
NHS infrastructure staff	358	246	69	200	56
<b>TOTAL GHC WORKFORCE</b>	<b>4581</b>	<b>3821</b>	<b>83</b>	<b>3407</b>	<b>74</b>

In 2018 2G and GCS (the NHS Trusts which came together to form GHC in 2019) underwent individual inspections both of which had the rating of Good.

Once merged the expectation was that another inspection would take place within 12 months however the pandemic halted all inspections from the CQC. They adapted what they called a Transitional Monitoring Approach (TMA) which involved gathering information from providers and liaising with them on a regular basis. We underwent a TMA in April and results were positive with no concerns raised.

Going forward the CQC will be changing how they regulate; there will be a New Assessment Framework, the core Key Lines of Enquiry (KLOE's) will remain, however, they will be developed further during the pilots. Crossing the threshold of a service may not always be necessary and providers may be required to provide focused information based on insights/intelligence

Safety and Learning will be a key feature of risk stratification and intelligence, assessments will be made on how services engage with the local populations and can demonstrate outcomes. The local relationships with Inspectors will be key and the regulated approach will be defined by risk level.

Site visits are vital in the CQC's assessments and essential to observe care – but they're not the only way to assess quality. All regulatory methods, tools and techniques to support robust and proportionate decision-making will be a feature of forward planning when it comes to inspecting services.

We have a supportive and constructive relationship with our inspector. Our relationship and the time fostering this in an open and transparent way is crucial.

Work is underway to carry out a Trustwide self-assessment with individual services and included in this will be a Well-Led assessment with the Board. Current overall assurance remains at **Good**.

## Summary Report from Trust Board – Meeting held on 30 September 2021

**PATIENT STORY PRESENTATION** - The Board received a powerful and emotional story from Elaine who had kindly agreed to speak to the Board, with consent, about her daughter's experience of health services. Elaine and her family moved to Gloucestershire in April 2021. Elaine's daughter Christina was now 24 years old. In 2017/18 Christina had intermittent periods when she felt unwell and struggled with stomach problems. She saw a number of different clinicians during this time who prescribed varying medication but there was no consistency. In 2019 they saw a GP who was determined to help and referred Christina to the Gastric Team. In July 2019 she had an appointment with the team but received no follow up. In October 2019, Christina started being sick on a daily basis and when they contacted the Gastro Team they were told that they had dropped off the list. They were passed from pillar to post and end up back with the GP. In July 2020 they contacted the GP for help again, to be told that Christina should take paracetamol for the pain. One week later Christina was admitted into hospital with sepsis. In April 2021, Elaine and her family moved to Gloucestershire. She said that they felt welcomed and after the first appointment with a new GP they had been referred to the Eating Disorder Team and received a face-to-face appointment within weeks. Elaine said that the support received from the ED Team had been immense, and they continued to monitor her. Before moving to Gloucestershire, their experience of services had been frustrating and distressing, highlighting the impact of services that don't communicate with each other and 'bounce' patients between services when they don't neatly meet access criteria. As soon as the family moved into Gloucestershire, they received appropriate and swift referrals and communication between services (GP, GHC, GHT), along with shared management of care across services. The support and compassionate care provided by the ED Service, and the confidence in the GP and the wider system working together had had a positive effect on the family's quality of life.

### QUALITY DASHBOARD

#### Those Quality issues for priority development:

- Pressure on adult mental health beds continues, as does the task and finish group led by the quality team to support opportunities to create capacity. Positively, the situation does appear to be slowly improving and is reflected in the reduction of out of area bed usage reported in the dashboard.
- Wheelchair Services, Podiatry, Physiotherapy and Paediatric Speech and Language Therapy remain under enhanced observation by the quality team noting the additional challenges with referrals and wait times.
- There are no 12 months plus complaints outstanding and all 7+ month complaint cases have their progress reported upon weekly. The number of complaints received month on month remained relatively static, the challenge had been clearing the backlog in the system due to reduced resources within the team. However, all the additional resource (2 new experienced colleagues) is now in place alongside a new more efficient process. Reporting zero 6 month + complaints is a 2021/22 Quality Priority for the Trust.
- RMN recruitment at Wotton Lawn Hospital remains a significant service challenge and further work is being delivered to address this issue in partnership with Operations and Human Resources Directorates. This is alongside recruitment challenges recognised in other services notably Integrated Community Teams.
- CPA compliance has decreased further compared to previous month's data to 86.8%. Trust Recovery Teams continue to report increased caseloads, increased levels of acuity alongside staffing challenges. There is a service recovery action plan in place which includes the review of non-compliant cases with regard to scheduling reviews and ensuring the clinical system is updated with reviews that have taken place. Team managers are raising compliance with teams, assisted by Business Intelligence reports, and have set up weekly schedules with early warnings for reviews that are due. John Trevains assured the Board that this drop in compliance did not mean that the standard of care being received was poor and related to data quality/data entry issues. However, he said that this remained a key priority and would therefore not accept a continued decline.

#### Those Quality issues showing positive improvement:

- The total number of patient safety incidents reported decreased from 1026 in July to 921 in August. The percentage of patient safety incidents meeting moderate, severe and death thresholds has decreased to 5.75%. Further data analysis has identified reductions in self-harm incidents at Wotton Lawn and continued good progress from the Pressure Ulcer Improvement programme linked to the reduction in recorded incidents.
- The Pressure Ulcer (PU) indicators report there have been fewer incidents in all categories of (PU) this month. The number of PU's in category 1&2 has decreased by 4, category 3 have decreased by 1 with Category 4 remaining at 0. Indicators are positive that this is a sustainable improving area and that quality initiatives taken to reduce PU's are effective.
- In total 33 new international nursing colleagues are in the process of joining the Trust. 19 have arrived in the UK and it is anticipated that our remaining new colleagues will have arrived by March 2022. It is excellent to note that the first cohorts of international nurses have all passed their accreditation exams and are very much a valuable addition to our Gloucestershire Health Care nursing family. Our international recruitment approach is developing routes for mental health and direct entry community nurses into District Nursing Teams.



- This dashboard reports strong compliance and sustainable processes in place for FFP3 mask training requirements. The Trust was proud of this performance as it underpinned the Trust's commitment to safe services.

**PATIENT SAFETY REPORT – QUARTER 1 2021/22** - The Board received the Quarter 1 Patient Safety Report which provided high level information with regard to patient safety incidents reported through the Trust's Datix Incident Reporting System. 8 SIRIs had been recorded in quarter 1. The Board discussed the huge impact of serious incidents on colleagues and assurance was sought and received on the level of and access to support offered to colleagues.

**PERFORMANCE DASHBOARD** - Operational recovery continues, with many services settling back to business as usual. All services are being tracked and coded as red, amber or green. This month there are 15 services in red recovery support indicating they are at present, unlikely to return to pre-pandemic state within 12 months (using a comparator of November 2019 as the pre-pandemic metric). These teams, many of which are undergoing service transformation and business case construction, continue to receive support both in addressing demand through recovery plans, Service Development and Improvement Plans (SDIP) and Performance Exception Action Plans (PEAP). The Board welcomed the incorporating of the recovery data into the performance report by way of increasing Board oversight and providing a helpful overview. The huge challenges ahead for services were acknowledged.

At the end of August, there were 6 mental health key performance thresholds and 14 physical health key performance thresholds that were not met. It was noted that all of these indicators had been in exception previously within the last 12 months.

An additional paper was presented to the Board which provided an outline of the high-level learning from the recent Measuring What Matters Board Seminar held on 16th June 2021. The key themes had been identified along with the goals/aims and milestones. This was a long-term development plan, and a timetable monitoring progress would be integrated into the Performance Dashboard for future months.

**FINANCE REPORT** - The Board received the month 5 Finance Report for the period ending August 2021. The Trust has an H1 plan of breakeven and the Trust's position at month 5 was a surplus of £34k. Guidance on financial framework H2 (October 21 to March 22) was not expected until the end of September. This remained a challenging position with a lot to work through as a system, but GHC had kept its discipline throughout and continued with its annual financial and business planning processes, which had put us in a better-grounded position to build from. Huge thanks were given once again to Sandra Betney and the Finance Team for steering the Trust through these challenging and uncertain times.

**LEADERSHIP AND GOVERNANCE REVIEW** - The Board received a proposed approach for the delivery of the next developmental review of leadership and governance using the Well Led Framework. The Board supported and endorsed the approach outlined within the report, noting that this was important work that the Trust could use as a real opportunity for development and learning.

**DIGITAL UPDATE** – This report provided an update on progress against the Digital Strategy, the delivery of digital services and provided a wider view on the breadth of work ongoing in this area.

**OTHER ITEMS** – The Board also received the following reports – some of which had already received Board Committee scrutiny and oversight:

- Operational Resilience and Capacity Plan (*Resources*)
- Medical Revalidation Annual Report (*Quality*)
- Report from the Chair (*to be presented in full to the CoG at November meeting*)
- Report from the Chief Executive
- Integrated Care System Update
- Annual Senior Information Risk Owner (SIRO) Report (*Audit & Assurance*)

## Summary from Trust Committees September 2021 – Key Areas Covered

### Audit Committee – Chair, Marcia Gallagher (12 August 2021)

#### INTERNAL AUDIT

The Committee received and considered the following Internal Audit Reports:

- Accounts Payable. Report Classification: Medium risk.
- Data Security and Protection Toolkit (DSPT). Report Classification: Low risk.

The Committee reviewed and was satisfied with progress being made against the internal audit plan and with implementing audit recommendations.

#### COUNTER FRAUD BRIBERY & CORRUPTION

The Committee received the Counter Fraud, Bribery and Corruption Progress Report which provided an update on the progress of Counter Fraud activity against the approved workplan.

An exercise to consider the Trust's approach of salary overpayments was being undertaken which would be done as a countywide exercise.

The Committee received the final report on the proactive counter fraud exercise looking at the usage of Estates Vehicles. The report set out a number of findings including that the management controls around the use of estates vehicles required review. All recommendations had been accepted by management and implemented.

#### STANDING FINANCIAL INSTRUCTIONS & SCHEME OF DELEGATION

The Committee **endorsed** the proposed amendments to the SFIs and Scheme of Delegation. The amendments lowered the threshold value at which NHS Trusts must undertake a full procurement tender exercise from £181k to £122k.

#### ANNUAL REPORTS

The Committee received the following Annual Reports:

- **SIRO Annual Report:** The Committee took **assurance** that the Trust has effective systems and processes in place to maintain the security of information and **endorsed** the report for submission to the Trust Board.
- **Health & Safety Annual Report:** Providing assurance that the organisation has in place the processes and structures to lead Health and Safety at Work as set out by the Health & Safety Executive.
- **Security Management Annual Report:** Providing assurance that the risks associated with Security Management were being managed and mitigated. The report also highlighted the forthcoming new standards for violence prevention and reduction.

#### REVIEW OF ACTIONS ARISING FROM LESSONS LEARNED PROJECT

The Committee received an update on the Review of Actions Arising from Lessons Learned Project – Wotton Lawn. All actions had been progressed with the majority of actions completed. It was reported that the project implementation review had been put in to place to ensure the outcomes of the original brief had been achieved.

### Appointments and Terms of Service Committee – Chair, Ingrid Barker (25 August and 1 September 2021)

#### CLINICAL EXCELLENCE AWARDS (CEA)

The Committee received a report setting out the process and outcome from the 2019/20 CEA process. A total of 34 Consultants were eligible to apply for awards and 8 applications were received. Prior to application forms being sent out, a letter was sent to all eligible consultants from the Chair of the Trust to encourage applications, particularly from female and Minority Ethnic consultants. The number of applications was unfortunately lower than usual; however, given the pressures of Covid this was not unexpected. Further consideration would be given to providing additional support and encouragement to applicants for future rounds. The Committee was pleased to note that those applications received were of a high standard and were representative in terms of gender and ethnicity. The Committee reviewed the report and endorsed the Employer Based Award Committee recommendations to award the CEAs as listed, in line with the scheme.

#### EXECUTIVE REMUNERATION POLICY

The Committee approved the Executive Remuneration Policy. The policy aimed to provide a clear framework and ensure transparency about remuneration arrangements for Executive Directors, following good practice and mirroring the national guidelines and directives set out by NHSI regarding Executive Director and VSM remuneration.

#### CEO & EXECUTIVE DIRECTOR PERFORMANCE REVIEWS 2020/21

The Committee received a report providing a summary of the 2020/21 appraisal of the Chief Executive and Executive Directors which had been conducted in line with the Trust's appraisal policy. This report summarised the appraisal process, the outcome of the appraisal conversations and agreed/draft objectives for each Director. The Committee received and discussed the appraisal summaries, noting the key objectives set for the CEO and Executive Directors for the coming year.

#### EXECUTIVE DIRECTOR PORTFOLIOS

The Committee received the revised portfolios for the Executive Directors, noting that this would be reviewed annually.

#### RECRUITMENT TO THE POST OF CHIEF OPERATING OFFICER

The Committee received an update from the CEO on the recruitment and selection process for the new Chief Operating Officer (COO). The Committee endorsed the appointment of David Noyes to the post of COO, and the remuneration package which would include access to the Trust's relocation expenses policy. David would commence in post on 10 January 2022.

#### FINANCE REPORT – MONTH 4

The month 4 position was a £40k surplus with a six-month forecast of break even. The Trust had spent £0.639m to date for all covid related costs.

Backlog maintenance had been brought forward in order to replace schemes which had slipped. The Committee was assured there would be no high-quality impacts or significant items being moved from the current financial year and that colleagues from the Nursing, Quality and Therapies directorate had been involved in discussions regarding this.

#### PERFORMANCE REPORT – MONTH 4

The Committee received the Performance Report for month 4 which provided a high-level view of the key performance indicators in exception across the Trust.

The Performance Dashboard now included a new section focussing on Recovery, and additional proxy indicators had been agreed by the Trust Board.

#### SOUTH WEST PROVIDER COLLABORATIVE LD AND AUTISM

The Committee received and endorsed the South West Adult Secure Learning Disability and Autism Provider Collaborative report. The collaborative would formally go live from the 1 October 2021; subject to appropriate NHSE approvals.

#### SEXUAL ASSAULT REFERRAL CENTRE (SARC) TENDER UPDATE

The Trust had successfully passed the assessment process for the SARC tender; and was the only trust to do so. This news was welcomed. The service would commence in April 2022.

#### OPERATIONAL RESILIENCE & CAPACITY PLAN (INC WINTER PLAN)

The Committee received the Operational Resilience and Capacity Plan which provided overall details of the operational resilience and sustainability plans and tools implemented through periods of service disruption. The plan outlined the processes for ensuring capacity, including System level reporting.

#### OTHER ITEMS

The Committee:

- Received the Internal Business Plan for quarter 1, noting the huge achievement in progressing objectives to date. A proposed refresh of objectives at the end of quarter 2 was noted.
- Received and noted an update on the People Strategy, acknowledging the huge amount of work that had been carried out.
- Received and noted the progress with taking forwards the Staff Survey Action plan; and noted the results of the most recent Staff Pulse Survey,
- Received and noted the Risk Register and the Board Assurance Framework

#### QUALITY DASHBOARD REPORT – JULY 2021

The ligature works at Wotton Lawn had to be paused due to pressures; however, a plan was in place for this to commence again in September.

Recruitment remained a significant issue, however, the first mental health international recruit had landed in the country and a further circa 10 nurses would be joining Wotton Lawn.

There had been a further decrease in CPA Compliance. Operational colleagues were reviewing this and the Committee was assured that further action would be taken to ensure compliance.

#### FOSTERING AND VULNERABLE CHILDREN SUPPORT PRESENTATION

The Committee received an excellent and informative clinical presentation about Fostering and Vulnerable Children Support which was presented by the Pathway Lead for Children in Care. The Committee was informed of the Fostering Development project, which involved aiming to improve the understanding and skill bases of newly approved GCC foster carers and understanding the impact that adverse childhood experiences on the emotional and relational needs of children in care.

#### LEARNING FROM DEATHS REPORT

During quarter 1 2021/22, 129 Trust patients died. None of the patient deaths during the reporting period, were judged more likely than not to have been due to problems in the care provided to the patient.

#### EXPERTS BY EXPERIENCE IN QUALITY GOVERNANCE - UPDATE

The Committee received the Experts by Experience (EbyE) in Quality Governance update, providing a summary of learning identified by having an Expert by Experience in attendance at the Quality Committee; and also outlining the next steps for the Trust with regards to people participation. The Trust was progressing an organisation-wide position with regards to people participation.

#### MEDICAL APPRAISAL & REVALIDATION ANNUAL REPORT

The Committee received the Medical Appraisal and Revalidation Annual Report, providing a summary of the work which had been undertaken by the Trust to support the safe provision of clinical services through the medical practitioners working to this Designated Body aligned with national policy.

#### OTHER ITEMS

- Received and noted the Risk Register and the Board Assurance Framework
- Received and reviewed the quarterly patient safety incident report.
- Received and discussed the Whole Trust Quality Management report
- Received and noted the Research and Development Annual report.