

DRAFT GHC GOVERNOR DASHBOARD

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 July 2021)

Quality

Patients Friends and Family Feedback (Target – 95%)

| Current Month Performance | Comparator (Start of previous quarter) | Previous year Outturn or monthly comparison |
|---------------------------|--|---|
| July 2021 – 95% | April 2021 – 92% | 2020/21 Outturn – 94% |

Number of Complaints/Concerns*

| Current Month Performance | Comparator (Start of previous quarter) | Previous year Outturn or monthly comparison |
|---|--|---|
| July 2021 – 9 Complaints / 37 Concerns | April 2021 – 11 Complaints / 41 Concerns | 2020/21 Outturn – 83 complaints /390 concerns |

Number of Compliments*

| Current Month Performance | Comparator (Start of previous quarter) | Previous year Outturn or monthly comparison |
|---------------------------|--|---|
| July 2021 – 131 | April 2021 – 149 | 2020/21 Outturn – 1478 |

Number of Serious Incidents Requiring Investigation

| Current Month Performance | Comparator (Start of previous quarter) | Previous year Outturn or monthly comparison |
|---------------------------|--|---|
| July 2021 – 2 | April 2021 – 4 | July 2020 - 6 |

*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 year Outturn or monthly comparison |
|---------------------------|---|
| 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

Performance

At the end of July 2021, there were **19** out of **233** key performance indicators in exception (*not achieving target*) covering both Mental Health and Physical Health 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.

Workforce

Staff Sickness (Threshold – 4%)

| Current Month Performance | Comparator (Start of previous quarter) | Previous year Outturn or monthly comparison |
|---------------------------|--|---|
| July 2021 – 3.9% | April 2021 – 4.3% | 2020/21 Outturn – 4.3% |

Mandatory Training completion (Target – 90%)

| Current Month Performance | Comparator (Start of previous quarter) | Previous year Outturn or monthly comparison |
|---------------------------|--|---|
| July 2021 – 88.9% | April 2021 – 87.5% | 2020/21 Outturn – 86.1% |

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

| Current Month Performance | Comparator (Start of previous quarter) | Previous year Outturn or monthly comparison |
|---------------------------|--|---|
| July 2021 – 72.5% | April 2021 – 71.2% | 2020/21 Outturn – 76.6% |

Vacancies / Vacancy Rate

| Current Month Performance | Comparator (Start of previous quarter) | Previous year Outturn or monthly comparison |
|---------------------------|--|---|
| July 2021 – TBC | April 2021 – TBC | 2020/21 Outturn – TBC |

CQC Update August 2021

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 Last Trust Board – 29 July 2021

| Matters of Concern or Key Risks Escalated | Major Actions Commissioned/Work Underway |
|--|--|
| <p>Quality issues for priority development to the Board:</p> <ul style="list-style-type: none"> • Work is underway to design the 2021/22 Quality Dashboard, the quality team will be using quality metrics from a wider range of Trust services such as sexual health, dental, complex leg wound and specialist mental health/learning disability services, to commence from April 2021. • A quality deep dive into the Memory Assessment Service is planned for inclusion in the next Quality Committee Dashboard. • CPA compliance remains under threshold and a CPA audit has commenced to understand challenges. • Continued focus and quality improvement work to enhance recovery within the complaint management process following the national pause. • To support the NHS Long Term Plan to eliminate out of area mental health placements, there is a comprehensive quality improvement plan in place which focuses on governance and leadership, operational practice, and service development. <p>5 complaints had remained open for over a year – AGREED in future to include a trajectory to provide timescale for likely completion.</p> <p>1 admission of an under 18 in February. A Tier 4 placement was found, and the young person transferred the next day.</p> | <p>The number of Category 1 and 2 acquired pressure ulcers has reduced to below threshold and for the first time since September there were no reported Category 4 acquired pressure ulcers in the month of February</p> <p>89% of all GHC staff have now received their first vaccination for Covid-19</p> <p>An action plan is being delivered and a monthly exception reporting regime in place for recovering resuscitation and restrictive physical intervention training (PMVA and PBM) compliance.</p> <p>The regrouped training strategy for medical emergency training has been well received by frontline staff and found to increase staff confidence in the application of skills following the reduction in face to face training resulting from COVID.</p> <p>Forest of Dean Hospital Business Case to come to May Board.</p> |
| Positive News and Assurances Provided | Decisions Made |
| <p>Learning from Covid - GHC had introduced Attend Anywhere which had allowed patients to connect with us virtually, this would continue, along with other digital platforms as feedback from patients demonstrated that these were valued</p> <p>£250k funding secured for international recruitment into community services.</p> <p>Qtr. 3 NED Audit of Complaints - very impressed with the quality & thoroughness.</p> <p>There is a Covid interim financial framework for the NHS in place for October to March 2021. The Trust has received additional block contract payments to cover Covid costs, lost income and some new developments but will receive no further top ups. The Trust has spent £3.213m on Covid related revenue costs between April and February.</p> <p>The Trust has an interim plan of a deficit of £439k for October to March. The Trust's position at month 11 was a surplus of £145k. The Trust is forecasting a year end surplus of £0.163m.</p> | <p>Business Plan 2021/22 APPROVED (Council of Governor Agenda Item Mar 21)</p> <p>Budgets - Revenue and capital budgets for 2021/22 APPROVED</p> <p>Our Trust Strategy 2021-2026 – APPROVED</p> <p>Our People Strategy – APPROVED</p> <p>Gender Pay Gap</p> <ul style="list-style-type: none"> • The Board of Gloucestershire Health and Care NHS Foundation Trust confirms its commitment to ongoing monitoring and analysis of its Gender Pay Gap data and to developing the appropriate actions which will reduce and eradicate this gap over time. • Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove the gender pay gap. <p>Membership & Engagement Strategy Approved (Council of Governors approved 3 21)</p> |

Summary from Trust Committees July 2021 – Key Areas Covered

Audit Committee – Chair, Marcia Gallagher (26 May 2021)

INTERNAL AUDIT ANNUAL REPORT 2020/21 DRAFT - The Committee received the final draft Internal Audit Report for 2020/21 which provided a summary of the work undertaken by Internal Audit. The Head of Internal Audit opinion received was; *Generally satisfactorily with some improvements required.*

FINAL ACCOUNTS AND CERTIFICATES - The Committee received the Final Accounts and Certificates for 2020/2021. There had been no significant changes to the accounts since their consideration at the last meeting of the Committee. It was noted that there may be some minor amendments as the audit was finalised. The Committee **approved** the 2020/2021 Annual Accounts for Gloucestershire Health and Care NHS Foundation Trust on behalf of the Board.

ANNUAL REPORT 2020/21 - The Committee received and **approved** the Annual Report 2020/21. It had been subject to External Audit and no issues remained outstanding from this process.

EXTERNAL AUDIT REVIEW OF ANNUAL REPORT & ACCOUNTS - The Committee received the External Audit year-end report for 2020/2021. Their provisional audit conclusion was an unqualified audit opinion. No uncorrected audit misstatements had been identified. The External Auditors thanked the Finance Team for their assistance during the audit acknowledging the challenges introduced by Covid-19 and continuing to work from two finance ledgers. The new finance system would introduce efficiency in the process and support greater team working.

EXTERNAL AUDIT – VALUE FOR MONEY RISK ASSESSMENT - The Committee received the Value for Money (VFM) Risk Assessment for 2020/21, providing the outcomes of the External Audit value for money risk assessment procedures under the new VFM responsibilities for 2020/21. It was reported no significant risks had been identified and a clean audit opinion was given.

Charitable Funds Committee – Chair, Sumita Hutchison (9 June 2021)

FINANCE REPORT - The Committee received the Finance Report for the Trust's charities which reported the funds balance at 31st March 2021 had increased from £284k to £406k. The increase in funding was largely due to funds received from NHS Charities Together, noting that £169k had been received to date from the charity.

BIDS AND UPDATES ON PROGRESING BIDS - The Committee received the report on Bids and Updates on Progressing Bids which provided an overview of the bids which had been completed and were in progress for the Trust as of 31st March 2021.

The Committee received the charitable funding bid to support the Volunteer Service. The bid sought to support the Volunteer Services across the Trust for 2021/22 by providing catering and travel expenses; covid testing and full uniform. The bid totaled £13,000. The Volunteer Services had in the past been funded through Charitable Funds. Discussions were taking place with the Director of Finance and Chief Executive Officer about whether this could be funded from core funding going forward. A paper on the future funding arrangements for the volunteer services would be prepared for consideration at a forthcoming meeting of the Trust Board.

NHS CHARITIES TOGETHER - The Committee received the NHS Charities Together report which provided the Committee with an overview of the expenditure against the grant funds the Trust had received from the NHS Charities Together in response to the Covid-19 pandemic. This funding had mainly been used to support Health and Well Being initiatives in the Trust.

DEVELOPING A CHARITABLE FUNDS STRATEGY – PROGRESS REPORT - The Committee received an update on Developing a Charitable Funds Strategy for the Trust and the proposed next steps in developing a future direction for Charitable Funds activities.

Resources Committee – Chair, Graham Russell (24 June 2021)

FINANCE REPORT – MONTH 2 - The Committee received the Finance Report for month 2 which provided an update on the Trust's financial position. The capital expenditure to date was running behind plan. This was due to a number of factors including asbestos issues and prolonged tenders amongst other works. The Committee was assured this was being closely monitored. The Capital Management Group had discussed emerging pressures on the capital programme. The pressures were due to a delay in supplies and also a delay to works starting as an impact of difficulties in obtaining materials. This was recognised as a national position.

PERFORMANCE REPORT – MONTH 2 - The Committee received the Performance Report for month 2 which provided a high-level view of the key performance indicators in exception across the Trust. It was reported that there were no new indicators which had not been seen in the previous 12 months. There were 9 indicators in exception for Mental Health and Learning Disability Services and 10 indicators in exception in Physical Community Health Services. The Trust wide indicator for sickness absence was compliant in the month of May, performing at 3.94% against the 4% target. This was the first time that GHC as a merged Trust had achieved this target which was excellent news.

STAFF SURVEY PROGRESS UPDATE AND PULSE SURVEY RESULT

SUMMARY - The Committee received the 2020 Staff Survey Progress update and Pulse Survey Result Summary. The report showed an increase of 3.1% of staff feeling overworked or that their workload was too high. This indicated staff were feeling fatigued. It was also highlighted that 29.3% of staff supported more frequent team huddles and virtual check-ins. The Committee **noted** the results of the most recent Staff PULSE survey on health and well-being and that the Health and Wellbeing Hub were considering the next actions to take forward with Executive and Communications support. The Committee was **assured** that the Trust was continuing to engage with colleagues and progress actions identified as an output of the 2020 Staff Survey results.

Quality Committee – Chair, Maria Bond (1 July 2021)

QUALITY DASHBOARD REPORT - The Committee received the Quality Dashboard.

- There had been an increase from 7% to 9% of “moderate” and upwards safety issues. The issues related to Wotton Lawn and it was noted that some issues had been retrospectively reported as part of the covid system.
- The Committee was assured that there had been no new inpatient Covid deaths or inpatient Covid cases.
- There had been 2 cases of Clostridium Difficile Infections (C Diff) and it was noted the safety thermometer data remained paused.
- The Trust had been successful in recruiting the first District Nursing direct entry international recruit and the Trust would be the first Trust within the Pilot sites to achieve this. The Committee also noted that 32 RGNs had now been appointed which was excellent news.
- In response to concern raised relating to the significant surge in demand for inpatient beds (in the month of May) with increased levels of patient acuity and dependency which had resulted in a shortage of bed availability; the Committee was assured that a task and finish group was in place, which would be looking to develop the admission and discharge pathways to ensure these were running smoothly and working with partner organisations to look at the processes in place. Community processes and delays to hospital transportation were also being reviewed. The Committee agreed the Trust Board should be sighted on this issue.

CLINICAL INCIDENTS AND ALERTS - The Committee received the Clinical Incidents and Alerts report and was asked to note the increase in incidents reported specifically relating to inpatient care at Wotton Lawn. Assurance was received that all Trust incidents were reviewed by the Safety team. Two incidents had occurred of patients having positive MRSA results on Coln Ward, Cirencester Hospital. The Committee was informed learning was identified reminding staff to take MRSA swabs upon admission.

LEARNING FROM DEATHS - The Committee received the Learning from Deaths – quarter 4 report which provided information about the mortality review process and outcomes found during 2020/21. It was reported during 2020/21 there were 829 patients who died whilst receiving care from the Trust; whilst as either a physical health inpatient or in the care of the Trust's mental health or learning disabilities services. None of the deaths were judged likely to have been due to problems in the care provided by the Trust.

Mental Health Legislation Scrutiny Committee – Chair, Jan Marriott (21 July 2021)

UPDATE ON THE CONSULTATION ON REFORMS TO THE MHA WHITE PAPER - The Government had now published its response to the Consultation on Reforms to the MHA. The Trust submitted its response to the consultation, incorporating comments and feedback received at the April Committee meeting. It was noted that a Task and Finish Group would be established to look in more detail at how the reforms would be implemented and to carry out a scoping exercise of the key workstreams including legislative and procedural changes, care planning and workforce. The Task and Finish Group will have to identify the considerable additional resources required in order to implement the recommended changes in response to the reforms of the MHA; in particular the changes to tribunals but balanced against the planned increase in resources to provide better 24/7 community support for people which may reduce the need for inpatient beds by preventing/and or better supporting people in crisis.

MHA ACTIVITY 2012 – 21 - The Committee received the MHA Activity report which provided information on MHA Activity and trends from 2012 – 2021. It was reported that the predominant themes confirmed within the report had previously been considered by the Committee; The themes were as follows:

- an upwards trend in the use of some sections of the MHA, especially sections 2 and 3
- an upwards trend of direct admissions on section, with a corresponding downwards trend of detentions after informal admission
- disproportionately higher use of the MHA with people of ethnic minority background, including CTOs.

The Chair referred to the increase in detentions of people with an ethnic minority background, which showed an additional increase in 'White – other European' and requested a further understanding of the increase in numbers. The Committee would request the joint commissioners provide an update at the next meeting on the work they are undertaking to understand and address the issues.

AMHP UPDATE - The Committee was informed of the increasing pressure and demand for inpatient beds locally and nationally, both in terms of the number of people being admitted on section and the acuity of patients. The increase in referrals received between midnight and 8am was highlighted. This showed an increase from 28 (Quarter 1 2020/21) to 57 (Quarter 1 2021/22). The Committee was informed that the increase would continue to be monitored, along with the impact on colleagues – particularly AMHPs and Crisis teams who were having to carry significant risks as a result of there being no beds available. Further consideration would be given to how the lack of inpatient beds could potentially influence and impact the choices of the mental health assessments carried out.