

TRUST BOARD MEETING
PUBLIC SESSION
Wednesday 25 November 2020
10.00 – 13.00pm
To be held via Microsoft Teams

AGENDA

TIME	Agenda Item	Title	Purpose		Presenter
Opening Business					
10.00	01/1120	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/1120	Declarations of interest	Assurance	Verbal	Chair
10.05	03/1120	Annual Report from the Director of Public Health	Assurance	Presentation	Sarah Scott, DPH
10.30	04/1120	Patient Story Presentation	Assurance	Verbal	Chair
10.55	05/1120	Draft Minutes of the meeting held on 30 September 2020	Approve	Paper	Chair
	06/1120	Matters arising and Action Log	Assurance	Paper	Chair
	07/1120	Questions from the Public	Assurance	Verbal	Chair
Strategic Issues					
11.00	08/1120	Report from the Chair	Assurance	Paper	Chair
11.05	09/1120	Report from the Chief Executive and Executive Team	Assurance	Paper	CEO
11.10	10/1120	System Wide Update	Assurance	Paper	DoSP
11.20	11/1120	Diversity Network Update Report	Assurance	Paper	DoHR&OD
11.30	12/1120	Board Assurance Framework	Approve	Paper	HoCG
11.35am - BREAK – 10 Minutes					
Performance and Patient Experience					
11.45	13/1120	Covid Programme Update	Assurance	Verbal	COO
11.55	14/1120	Quality Report	Assurance	Paper	DoNQT
12.05	15/1120	Patient Safety Report (Q2)	Assurance	Paper	MD
12.15	16/1120	Guardian of Safeworking (Q2)	Assurance	Paper	MD
12.20	17/1120	Learning from Deaths (Q2)	Assurance	Paper	MD
12.25	18/1120	Finance Report	Assurance	Paper	DoF
12.35	19/1120	Performance Report	Assurance	Paper	DoF
12.40	20/1120	Freedom to Speak Up Report	Approve	Paper	Sonia Pearcey

TIME	Agenda Item	Title	Purpose		Presenter
Governance					
12.50	21/1120	Change to the Trust Constitution	Approve	Paper	HoCG
Note	22/1120	Council of Governor Minutes (Sept)	Assurance	Paper	HoCG
Board Committee Summary Assurance Reports					
Note	23/1120	Resources Committee Summary (22 Oct)	Assurance	Paper	Resources Chair
Note	24/1120	Quality Committee Summary (3 Nov)	Assurance	Paper	Quality Chair
12.55	25/1120	Audit & Assurance Committee Summary (5 Nov) <ul style="list-style-type: none"> Terms of Reference Review 	Assurance Approve	Paper Paper	Audit Chair HoCG
Note	26/1120	Appointments & Terms of Service Committee Summary (12 Nov)	Assurance	Paper	Chair
Note	27/1120	Charitable Funds Committee Summary (13 Nov)	Assurance	Paper	CF Chair
Note	28/1120	Mental Health Legislation Scrutiny Committee Summary (23 Sept (P) and 18 Nov (V))	Assurance	Paper & Verbal	MHLS Chair
Closing Business					
13.00	29/1120	Any other business	Note	Verbal	Chair
	30/1120	Date of Next Meeting 2021 Thursday 28 January Wednesday 31 March Thursday 27 May Thursday 29 July Thursday 30 September Thursday 25 November	Note	Verbal	All

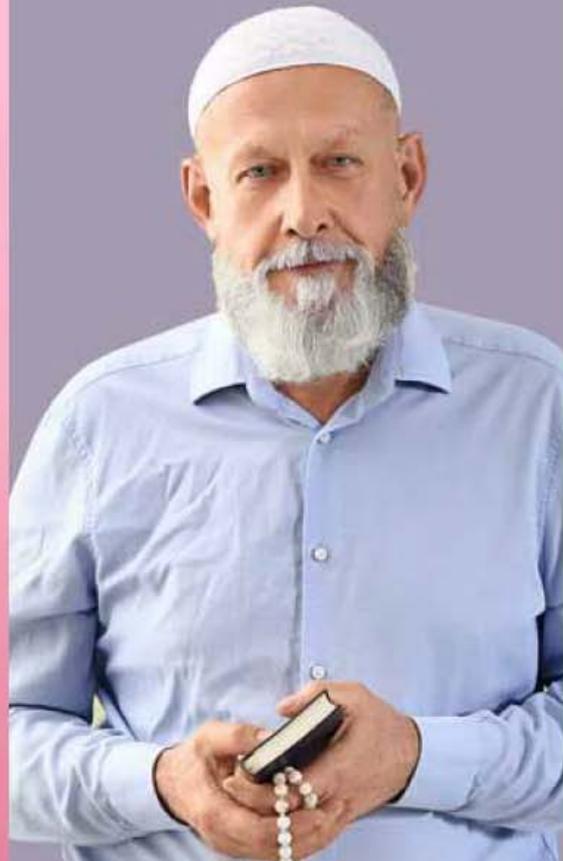


Gloucestershire
COUNTY COUNCIL

BEYOND COVID:

RACE, HEALTH AND INEQUALITY IN GLOUCESTERSHIRE

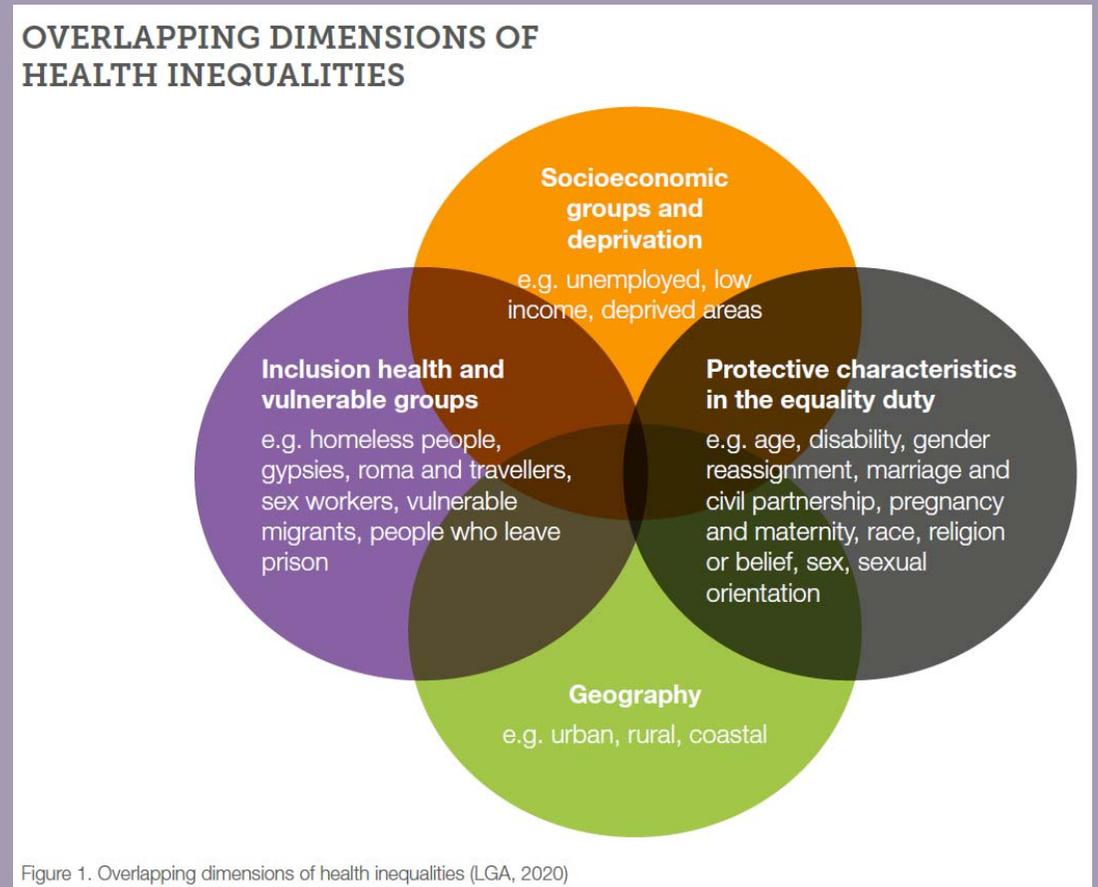
Report of the Director of Public Health 2020



BAME Communities: Health Inequalities and COVID-19

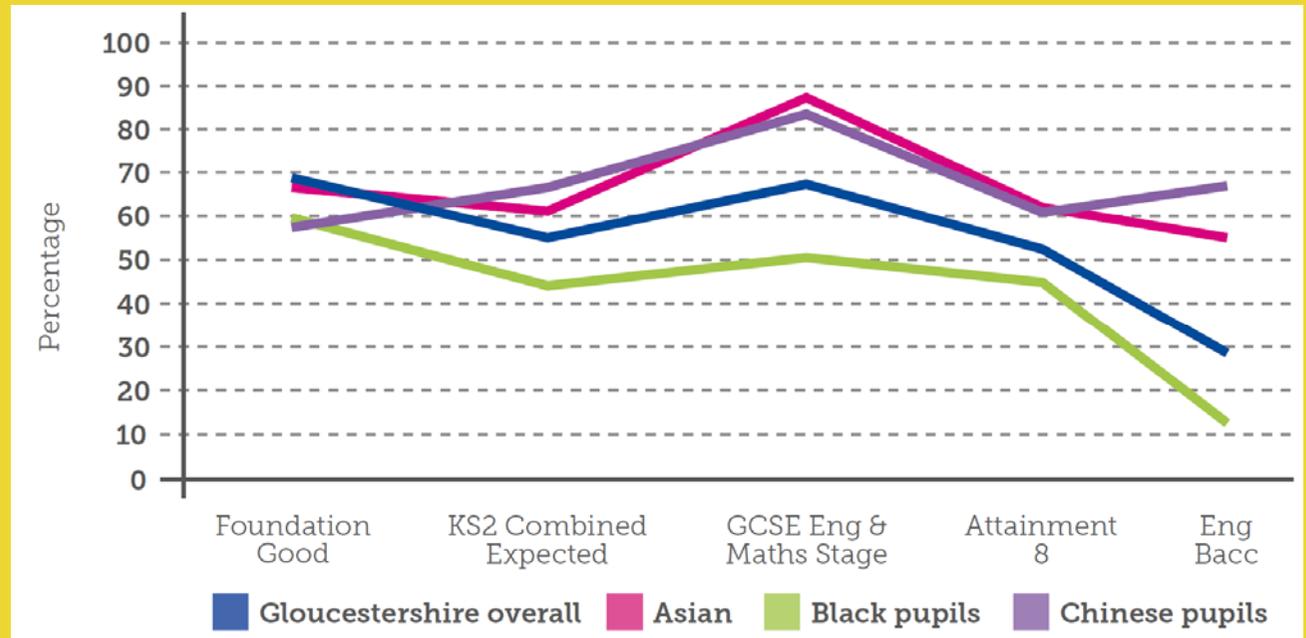
Health inequalities are the avoidable and unfair differences in people's health across different population groups.

They are a result of social inequalities in the conditions in which people are born, grow, live, work and age.



In Gloucestershire

Education - Black pupils in Gloucestershire perform below other ethnic groups and below the average for Black pupils in England.



Housing - BAME people are more likely to live in poor-quality, overcrowded private-rented housing than White British people.

Employment - BAME adults aged 25-49 are more likely to be unemployed than White British adults of the same age. For Black people, the rate is more than double.

The Impact of COVID-19 on Gloucestershire's BAME residents

Cases:

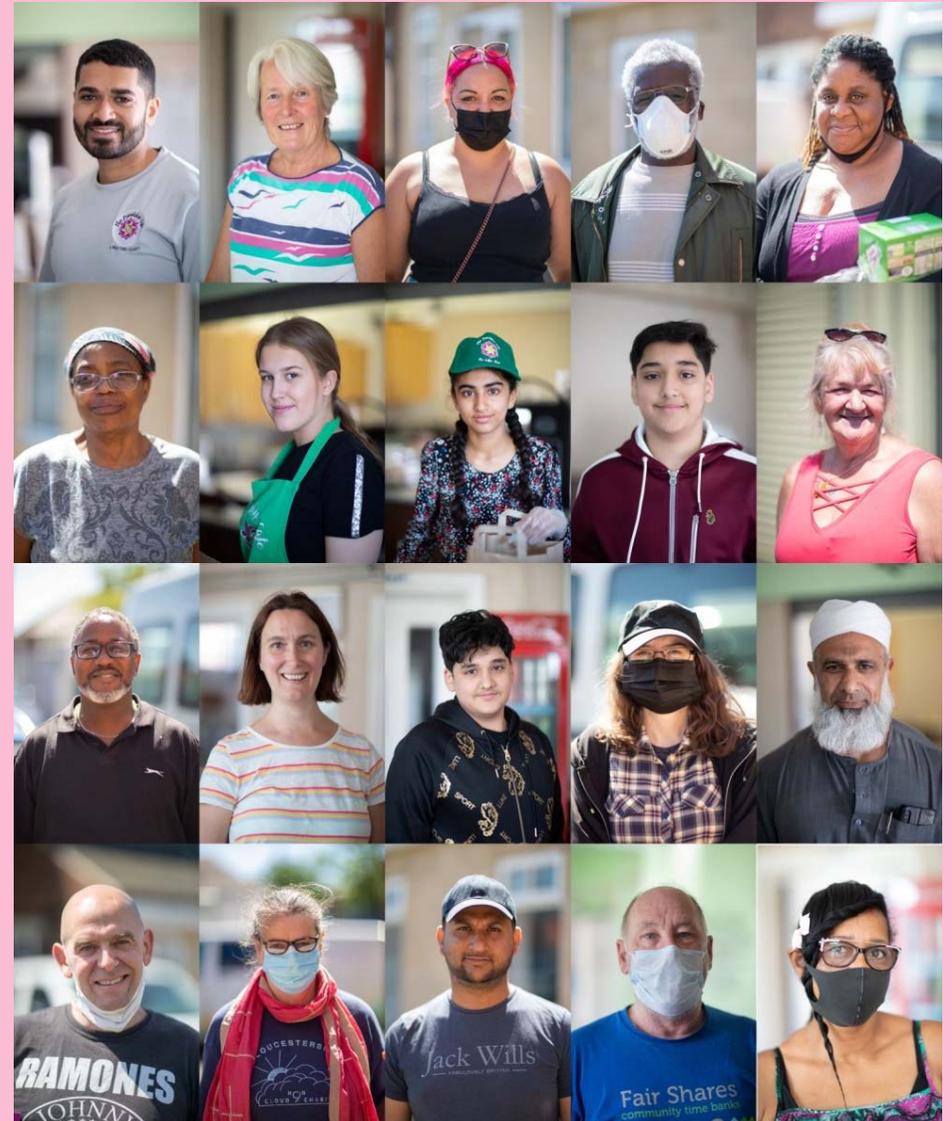
	Contacts 29/05/20-26/08/20	Cases 26/02/20-25/08/20	Population 2011
White British	55.1%	75.2%	91.6%
White Other (including Irish)	3.6%	4.7%	3.9%
Asian	2.2%	4.4%	2.1%
Mixed/Multiple Ethnic Groups	2.2%	0.9%	1.5%
Black/African/Caribbean/ Black British	0.0%	2.4%	0.9%
Any other ethnic group	0.0%	1.3%	0.2%
Unknown/Not recorded	36.9%	11.2%	0.0%
Total	100.0%	100.0%	100.0%

Hospitalisations: Black and Asian people were between 2.5 and 3 times more likely to be admitted to hospital with COVID-19 than White people of the same age.

Community Resilience

“People from the area organised themselves and came together to create a street rep scheme; there are 102 streets in the area, so that’s a lot of volunteers all coordinating through social media. They distribute leaflets and organise support for anyone on their street who needs it, such as food and meal deliveries, and we are helping with this effort.”

**Imran Atcha, Friendship Café
Barton and Tredworth**



Workplace Health and Wellbeing

Occupational Risk Assessments

“I have a slight worry that raising concerns as a Black employee about COVID-19 risks may result in Black/BAME employees being required to have any subsequent vaccine as a condition of their employment.”

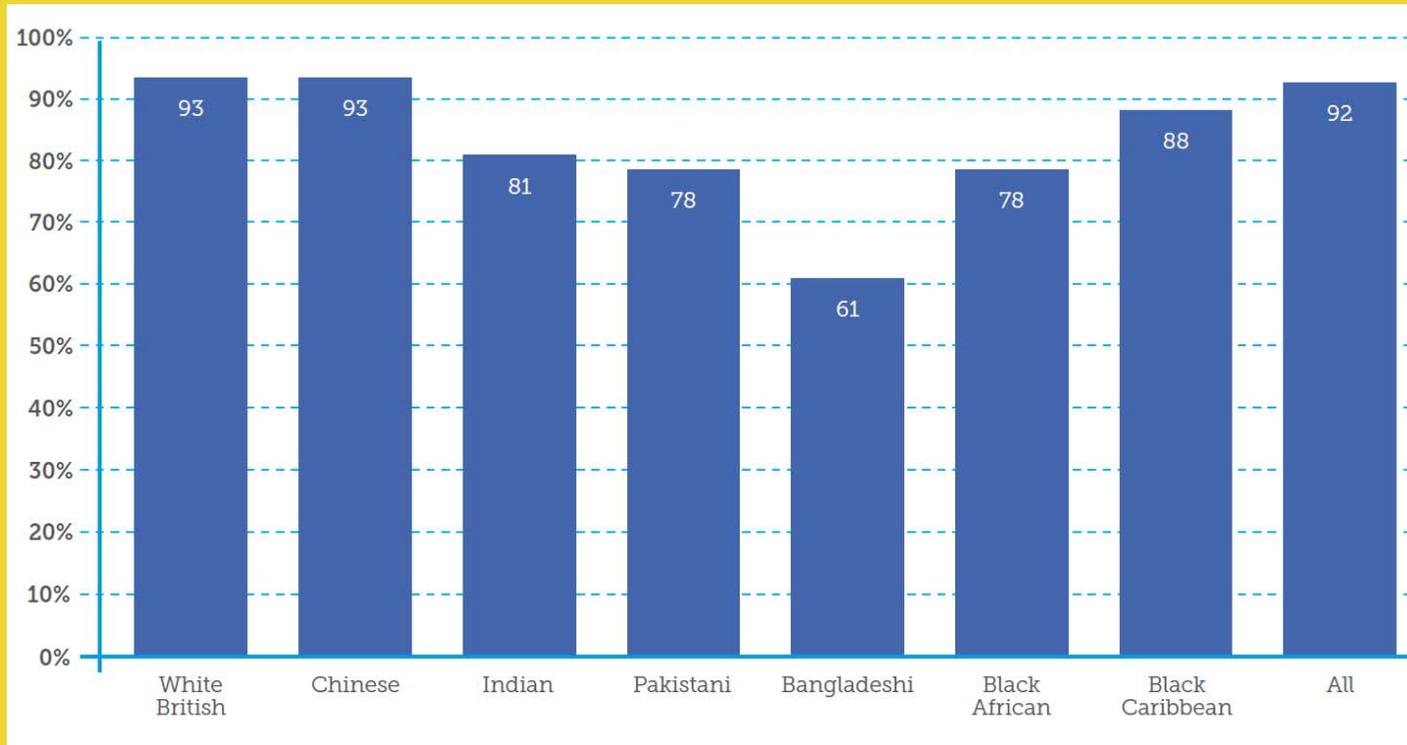
“I believe I have been expected to essentially self-mitigate any COVID-19 risks to meet the requirements of my role.”

“I didn’t understand the purpose of the assessment based on the information I was given.”

- Public sector BAME employees in Gloucestershire

COVID-19 and Communication

Awareness of public health and economic measures during COVID-19 by ethnicity



Barriers to communication:

- Fear
- Mistrust
- Language
- Digital access
- Cultural insensitivity

Building confidence in the messaging and public services generally, requires working with faith and BAME communities to create and disseminate culturally competent and easy to understand versions of guidance in multiple languages.

COVID-19 and Pre-existing Conditions

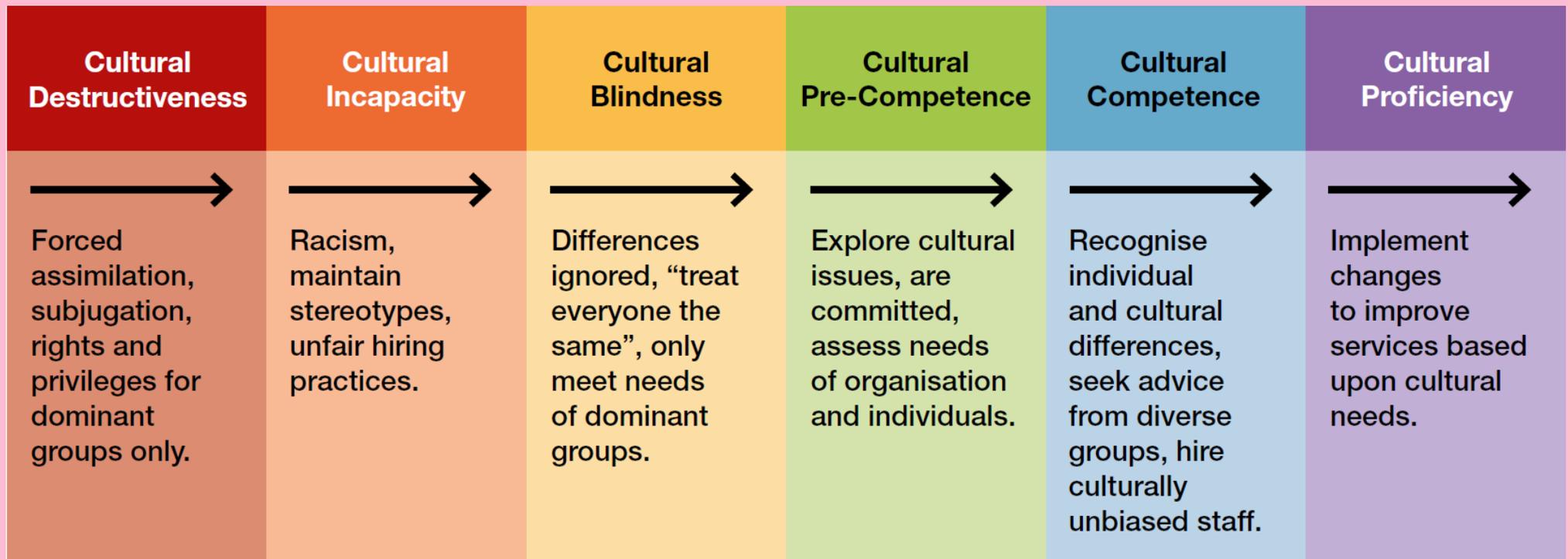
- Diabetes was mentioned on 21% of death certificates where COVID-19 was also included; for Asian people this rises to 43% and for Black people 45%.
- The health risk of excess weight for some BAME groups occur at a lower BMI than for White populations.

“There is a lack of awareness in the West Indian community. There is no guidance for them on diet or sleep. They feel powerless to do anything about lifestyle factors. Messages are generic and not culturally targeted. Things should be shared in other languages and in a format for ordinary people.”

- Carol, Community Builder



Becoming a Culturally Competent Organisation



Gloucestershire County Council has set up a BAME COVID-19 Task and Finish Group who are working with agencies to build their cultural competence. If you would like to find out more please contact bwn@gloucestershire.gov.uk

Co-operation and Co-production



Need identified

Intervention or
service planned

Members of
communities with
lived experience of
discrimination and
structural racism
should be a part of
this process at every
stage.

Public consultation
and Equality Impact
Assessment
completed

**Meaningful changes
made to improve
delivery for
marginalised groups**

Beyond COVID-19 in Gloucestershire - Recommendations

1.
 - a) Require comprehensive and good quality ethnicity data collection in all public services (directly provided and commissioned), including at death registration.
 - b) Put in place culturally competent training and messaging to improve response rates
2.
 - a) Provide the capacity and resource for collaborative research with BAME employees, organisations and community representatives to understand the social, cultural, structural, economic, religious, and commercial factors related to COVID-19.
 - b) Using the output from this research, co-produce and fund interventions to reduce the risk of catching COVID-19 and improve health outcomes.
3. Review commissioning procedures and practice to make sure that Equality Impact Assessments, BAME service user data and feedback are routinely used in a meaningful way to inform services. Training for commissioners should explicitly cover the differences in access, experience and outcomes for BAME residents and their responsibilities in addressing these.

Recommendations

4. System-wide commitment to the implementation of culturally competent occupational risk assessment tools, including assigning the required capacity and resource. Use our influence in the public sector to gather knowledge and share best practice to support the occupational health of key workers in the private sector.
5. Proactively work with BAME and faith community representatives to develop and distribute culturally competent COVID-19 prevention and health improvement communication plans at an organisation level and through Local Resilience Forum infrastructure.
6. Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health. The Recovery Coordination Group should regularly review the equality implications within its remit and seek input from BAME staff, residents and other marginalised groups.

Recommendations

7. Undertake a stocktake of the BAME voluntary sector, examining further the contribution that it makes towards reducing health inequalities in Gloucestershire. Seek to build capacity and sustainability longer term within this sector.
8. Establish a Race Equality Panel for Gloucestershire, complementing the work of Gloucester City Council, to drive forward this agenda and create long term sustainable change.



MINUTES OF THE TRUST BOARD MEETING

Wednesday, 30 September 2020

Via Microsoft Teams

PRESENT: Ingrid Barker, Trust Chair
Dr. Stephen Alvis, Associate Non-Executive Director
Sandra Betney, Director of Finance
Maria Bond, Non-Executive Director
Steve Brittan, Non-Executive Director
John Campbell, Chief Operating Officer
Marcia Gallagher, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Jan Marriott, Non-Executive Director
Angela Potter, Director of Strategy and Partnerships
Paul Roberts, Chief Executive
Graham Russell, Non-Executive Director
Neil Savage, Director of HR & Organisational Development
Duncan Sutherland, Non-Executive Director
John Trevains, Director of Nursing, Therapies and Quality
Dr. Amjad Uppal, Medical Director

IN ATTENDANCE: Caroline Hanman, Member of the Public
Anna Hilditch, Assistant Trust Secretary
Ruth McShane, Trust Governor
Kate Nelmes, Head of Communications
Lavinia Rowsell, Head of Corporate Governance/Trust Secretary
David Smith, Transition Director
Hannah Williams, Deputy Director of Nursing
Chris Witham, Trust Governor

1. WELCOME AND APOLOGIES

1.1 The Chair welcomed everyone to the meeting. Apologies for the meeting had been received from Helen Goodey, Director of Locality Development and Primary Care.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. PATIENT/STAFF EXPERIENCE PRESENTATION

3.1 The Board welcomed Lisa Dervan, Community Partnerships Manager to the meeting, who had been invited to share her personal experience of Covid, and her journey through the illness since becoming unwell in March 2020.

3.2 Lisa informed the Board that it had been difficult to navigate services, with fragmented communications between primary and acute services. Following a number of visits to A&E Lisa was finally diagnosed with a heart condition, Post-Covid myocarditis. Lisa had received some rehabilitation but this was directly

- from Trust colleagues, not from services and she had sought professional support and advice. She was finally offered rehabilitation at the end of August which was almost 5 months after becoming ill.
- 3.3 Lisa advised that she wanted to share her story and the impact of the illness, noting that the importance of morbidity also needed to be discussed, as well as mortality. She had struggled to get heard and for people to listen to her concerns.
- 3.4 Jan Marriott noted that she had watched Lisa's video of her story at the recent Senior Leadership Network and thought this should be shared widely as it was such an important and powerful message around recovery but also for younger people to see how Covid could impact on fit and healthy young people. The Board noted that the ICS Rehabilitation Group was focusing on the longer-term conditions being developed post-Covid and it was suggested that Lisa's video be shared with that group. Lisa said that she was very happy for her story to be shared widely.
- 3.5 Ingrid Barker said that Lisa's story did highlight the need as a system to look further at the attitude and communication from services.
- 3.6 Sandra Betney asked Lisa whether she felt that there was anything further as an employer the Trust could have done to support her. Lisa said that she had received excellent support from her team, however, better access to Working Well would have helped. Lisa was keen to stress that she did not feel that she should have received any services above or beyond what a normal member of the public would have received, despite being an employee. Angela Potter supported Lisa's sentiment about getting fair and equitable access to services, but it was important for staff to get the best possible care. She said that there were areas that needed to improve, noting that trying to access services and support for Lisa was not straightforward and there were some important lessons to be learned.
- 3.7 Paul Roberts thanked Lisa for agreeing to share her story, and he apologised for the experience that she had had on behalf of the NHS, for the gaps and delays in services. He said that it gave the Trust a good insight for people who were less able and knowledgeable about the NHS system and trying to navigate services.

4. MINUTES OF THE MEETING HELD ON 22 JULY 2020

- 4.1 The Board received the minutes from the previous meeting held on 22 July 2020. These were accepted as a true and accurate record of the meeting.

5. MATTERS ARISING AND ACTION LOG

- 5.1 The Board reviewed the action log and noted that all actions were now complete or included on the agenda. There were no further matters arising.

6. QUESTIONS FROM THE PUBLIC

- 6.1 No questions from the public had been received in advance of the meeting.

7. CHAIR'S REPORT

- 7.1 The Board received the Chair's Report which highlighted the activity of the Trust Chair and Non-Executive Directors for the period end of July to Mid-September 2020.
- 7.2 The Board noted that this was Non-Executive Director Duncan Sutherland's last day of office. Duncan was appointed as a Non-Executive Director by 2gether NHSFT in 2016 and following the merger of 2gether and Gloucestershire Care Services in October 2019, kindly agreed to stay with the merged Trust for a further year. Duncan's strategic and commercial insights, along with his warmth for colleagues and service users, had been invaluable during this time. Board colleagues joined Ingrid Barker in expressing their thanks and best wishes to Duncan.
- 7.3 It was noted that the final stage in the appointment process for Associate NED Steve Brittan took place on 26th August and he has now been confirmed as a full Non-Executive Director, with approval having been received at the recent Council of Governors meeting.
- 7.4 A huge amount of work continued with the Trust's Governors, focussing on the review and refresh of the Council. This has been aided by the recent appointment of 7 new Public Governors at the beginning of September and details of the new appointments were set out in the report.
- 7.5 The Board noted the content of the Chair's Report, which also highlighted Board Development activity, partnership working with system partners and engagement with national networks.
- 7.6 Graham Russell informed the Board that the Council of Governors at their September meeting had also approved the reappointment of Ingrid Barker as the Trust Chair for a final 3-year term.

8. CHIEF EXECUTIVE'S REPORT

- 8.1 The Board received the Chief Executive's Report which highlighted the activity of the Chief Executive and Executive Directors for the period end of July to Mid-September 2020. The content of this report was noted.
- 8.2 Paul Roberts highlighted some key senior Team changes, noting the departure in October of Sian Thomas, Deputy Chief Operating Officer and Matthew Edwards, Deputy Director of Quality and Workforce Transformation. It was noted that the Trust was also saying farewell to David Smith, Transition Director whose contract would finish at the end of September. Paul Roberts expressed his thanks to all colleagues for their support, advice and expertise.
- 8.3 A number of changes were being proposed for the Trust's operational team following the departure of Sian Thomas on 16 October. An interim Deputy COO had been appointed, Hilary Shand, who would be commencing in post from 12 October, with some induction and handover sessions scheduled in advance of this. The contract was until 31 March 2021. The Team structure would revert back to having two Deputy COOs and a managed process was underway to

agree this, with an external advert going out for 1 post and an internal management of change process for the 2nd. Board members welcomed this update.

- 8.4 The Trust continues to keep up to date with the latest Brexit updates as we move ever closer to the end of the Brexit transition period. John Campbell, Chief Operating Officer, will be the Senior Responsible Officer for the EU Exit for GHC as it is crucial that this work is fully coordinated with the Covid response and winter planning. The Executive, led by John, will continue to monitor guidance from NHS England and NHS Improvement to inform the Trust's preparations for 'deal', 'light deal' or 'no deal' scenarios.

9. ORGANISATIONAL PRIORITIES FOR THE TRUST

- 9.1 This paper set out the proposed priorities for the Trust until the end of the 2020/21 financial year, which were agreed by the Board at an informal meeting on 11th August 2020.
- 9.2 The report also provided an update on framing the strategic programme post-merger and capacity in the context of Covid. The Board had discussed and agreed a realistic set of 23 priorities for the Trust to pursue over the next six months; and these were set out in the report.

10. SYSTEM WIDE UPDATE

- 10.1 This paper provided an update on the activities that were taking place across the Gloucestershire Integrated Care System (ICS). The Sustainability and Transformation plan is now in its fourth year (from April 2020) and the ICS continues to play a key role in improving the quality of Health and Care by working in a more joined up way as a system.
- 10.2 The ICS has continued to co-ordinate the system wide Recovery Response to the Covid pandemic and to start the activities associated with the system wide winter plan and the phase 3 planning returns. Service change proposals were presented to the Health Overview and Scrutiny Committee on the 15th September 2020.
- 10.3 The Integrated Locality Partnerships have now also re-commenced their activities and started to revisit their priority actions moving forward, taking into account the impact of Covid.
- 10.4 The Fit for the Future programme work programme continues to progress with a proposed public consultation in the autumn (subject to usual assurance and governance requirements).
- 10.5 The development of the new hospital in the Forest of Dean also requires a final phase of consultation on the proposed service models. Whilst this is not tied to the FFTF programme to enable the smooth running of the consultation and maximise the use of the available resources this will run concurrently with the FFTF consultation commencing mid-October.



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- 10.6 There have been a number of engagement and survey activities to continue to understand the impact that the pandemic has had on our population.
- 10.7 Angela Potter informed the Board that the format for this System Wide Report had been widened in scope and perspective to reflect the connections that GHC has as an organisation. The Board was very supportive of this new format.

11. OPERATIONAL RESILIENCE AND CAPACITY PLAN (inc. Winter Plan)

- 11.1 The Operational Resilience and Capacity Plan embraces the Trust Winter Planning, Surge Management and Covid-19 arrangements for the Trust. As part of the governance and assurance process the document has followed, the Trust Board assurance is the final element prior to submission to the Gloucestershire Clinical Commissioning Group in October.
- 11.2 The Trust is required to have a robust resilience and capacity plan in place with particular emphasis on the winter period (November – March).
- 11.3 In order to take a system-wide approach to managing operational issues the NHS recognises the need to establish sustainable year-round delivery. This will require the Trust's capacity planning to be on-going, robust and aligned with other organisations' plans across the Health and Social Care system, with a move towards a proactive system of year-round operational resilience.
- 11.4 The 2020/21, Operational Resilience and Capacity Plan includes additional assurance and planning around Covid-19 and general incident/surge response. The plan ensures learning from the Covid-19 experiences is fully captured and included within future planning arrangements, identifying new ways of working as we enter the winter period.
- 11.5 The Board endorsed the Operational Resilience and Capacity plan.

12. MENTAL HEALTH DEVELOPMENTS

- 12.1 This report provided the Board with an update on a range of mental health developments within the Trust, which we aim to progress, following a period where many have been paused due to the Covid pandemic. It is increasingly recognised that the mental health needs of the population are being impacted by the Covid situation, particularly the level of change creating new societal norms and on-going anxiety in relation to Covid.
- 12.2 The Board noted that a number of these mental health developments were supported by additional funding from the Mental Health Investment Standard (MHIS). This standard was brought in to address funding disparity which favored physical health services which left mental health services significantly underfunded. The standard requires CCGs to increase investment in mental health services at a faster rate than their overall increase in funding allocation each year.
- 12.3 John Campbell advised that the range of developments within mental health, are fully aligned to our aspirations of prevention and early intervention as the

main provider of specialist mental health services in Gloucestershire. We deliver many of our services in partnership with other statutory organisations and the Voluntary, Community and Social Enterprise (VCSE) sector.

- 12.4 The Covid pandemic has magnified issues in relation to health inequalities. It will be important as we move forward as a Trust, to understand the role that we can play in tackling issues relating to equality, diversity and inclusion particularly in relation to mental health. This will include how we work with the diverse range of community groups who have played a key role in supporting communities during the pandemic
- 12.5 The Mental Health developments highlighted in the report included: Improving Access to Psychological Therapies (IAPT) 'Let's Talk', Perinatal MH Services, Psychiatric Liaison services, the complex emotional needs service, Gloucester City First Contact Mental Health Practitioners, The Gloucestershire Mental Health Trailblazer 4WW Programme and a review of complex children and young people.
- 12.6 In terms of IAPT, John Campbell advised that the recovery rate had dropped nationally, with GHCs rate moving from 53% to 52%. The Trust would be looking to increase its access rate to 20.5% by the end of the year, noting the need to convert trainee positions into qualified therapists to meet demand. Jan Marriott noted that cases of stress and anxiety were increasing due to Covid, and suggested that some people were struggling to access IAPT. John Campbell advised that the IAPT service was for mild to moderate presentations. Other services were available for people and the Trust ensured that people were signposted to those services if IAPT was not felt to be the appropriate service for them. Sumita Hutchison made reference to diversity and supporting people from different communities to access IAPT. John Campbell said that a lot of work continued to be carried out to ensure equitable access to services, both by IAPT and the Trust's social inclusion teams.
- 12.7 Duncan Sutherland asked whether the Trust had plans to forge links with businesses. There was still a stigma around mental health, and mental health in the workplace and it was suggested that GHC could work through the ILPs to look at how businesses and their workers were supported, before there was a need to access services.
- 12.8 The Board noted and welcomed this report.

13. STAFF HEALTH AND WELLBEING AND PEOPLE PLAN

Staff Health and Wellbeing

- 13.1 This report set out the feedback and results from the Trust's voluntary participation in the National NHS People Pulse Survey between the months of July to August 2020. The feedback has been used to suggest recommended priorities going forwards. The report also provided an update on progress with Covid risk assessments and highlights the next actions to continue to improve completion.

- 13.2 With regard to the Pulse Survey, the Trust has performed very well in comparison with other organisations, and in the majority of cases, consistently above average. The feedback trend from responses confirms that colleagues rate the Trust higher than the national average in response to a number of key areas, including: colleagues feeling informed, feeling supported, feeling able to have a work/life balance, feeling calm, feeling motivated and feeling confident in local leaders.
- 13.3 Of note, the most common responses to the question 'What support would make the biggest difference to help you at work?' was 'more updates on changing operations/ways of working' (31.46%) and 'more frequent team huddles/virtual check ins or other ways to maintain team connection ' (30%). Sumita Hutchison asked whether the Trust had anything further planned to help teams to connect better. Neil Savage advised that there was a huge amount of support already in place and it was vital that individual teams worked together with their staff to identify what they needed and wanted. He said that teams had developed their own ways of working to include daily group and 1:1 calls, socially distanced walks with colleagues and the introduction of buddying systems within larger teams to ensure people looked out for each other and their wellbeing. Dave Smith added that the NHS Leadership Academy was running master classes on remote working and management, and colleagues were looking to explore this further.
- 13.4 Steve Alvis made reference to staff financial support and said that he was really encouraged by the work that the Trust was doing to ensure colleagues had access to the right information and guidance.
- 13.5 Going forwards, particularly in light of Covid and the new NHS People Plan, it was important that the Board, the Executives, the Health and Well-being Hub, line managers, Working Well and HR continue to put strong and regular focus on the importance of health and well-being within the organisation.
- 13.6 The Trust continued to make good progress in uptake of its comprehensive Covid risk assessment arrangements. Neil Savage informed the Board that this had been a sizeable project which needed sustained and continued focus.
- 13.7 The first focus through May and June 2020 was on ensuring that Black and Minority Ethnic (BAME) colleagues were assessed and fully supported to mitigate the higher risks from Covid. A risk assessment tool with algorithm and record of the assessment, based on national advice, was developed by Working Well colleagues, tested with senior colleagues and rolled out for BAME colleagues and continues to be used for new BAME appointees. The second key focus of activity through July and August 2020 has then been on risk assessing and supporting those "shielding" colleagues identified as higher risk from Covid. The third focus of activity through July, August and September 2020 has been to supplement this by focussing on rolling out Covid risk assessments for more latterly identified other higher risk colleagues, including All Males and White Europeans who are 60 years of age or over. Finally, the fourth focus has been on offering an on-line risk assessment tool for all colleagues irrespective of their background, age or situation.



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- 13.8 As of 11th September, 99% of BAME risk assessments had been completed and 100% for Shielding colleagues. Work was continuing to communicate out to colleagues the importance of completing the risk assessments. Neil Savage informed the Board that GHC was one of only a handful of Trusts who were offering a risk assessment tool to all colleagues.

People Plan

- 13.9 The Board noted that “We are the NHS: action for us all” was published at the end of July 2020 by NHS England/NHS Improvement & Health Education England. This sets out what NHS staff can expect from their leaders, their employers and each other. The Plan builds on previous interim NHS plans and the central themes of more staff, working differently and a compassionate & inclusive culture. It also includes a brand new “Our People Promise” which sets out national ambitions for what people working in the NHS will ideally say about it by 2024.
- 13.10 The Trust has pre-existing general and specific equalities duties and obligations and these have been further added to with Equality, Diversity & Inclusion (EDI) requirements from the Long-Term Plan, the recent Public Health England recommendations and the NHS People Plan and Our People Promise. As a result, there are a number of additional asks for NHS providers on EDI for the workforce. Delivering the requirements will be a significant ask and resource commitment.
- 13.11 The Trust’s emerging strategy puts EDI at its heart, and the Executives have agreed to the creation of a new Equality, Diversity & Inclusion lead role within the Trust. The aim is to offer the post initially as a secondment or fixed term, to drive forward the EDI agenda both within the Trust and more widely with ICS and Regional partners. The Board supported the creation of this new role, subject to taking on board the learning and experiences from other organisations in ensuring the role is fully supported. Neil Savage advised that the post would follow the same structure as the Freedom to Speak Up Guardian, and would cut across all aspects of the organisation.
- 13.12 Marcia Gallagher asked how GHCs local plan would work alongside the ICS plan and how the two would work together and feed in. It was noted that a more detailed report was being prepared for the Resources Committee in October which would set out how it all fit together.
- 13.13 Neil Savage advised that guidance received had recommended the appointment of a Health and Wellbeing Guardian for the Board. It was agreed that the NEDs would discuss this further at their next meeting, with the aim of agreeing a nominated NED lead.

ACTION: NEDs to discuss and nominate a NED Lead for Health and Wellbeing

- 13.14 The Board welcomed the Staff Health and Wellbeing and People Plan report, acknowledging the huge amount of work that had, and continued to be carried out.

14. COVID ACTIVE RECOVERY UPDATE

- 14.1 This item provided an update on the Trust's active recovery work, including progress to date with service and operational recovery. Key points of learning have been highlighted alongside some of the successes and achievements.
- 14.2 The Board noted that significant progress had been made with active recovery and a huge amount of learning has been captured.
- 14.3 Second surge plans were in place and more detailed discussion would be taking place at both the Covid Programme Board and the Executive Team meetings.
- 14.4 Jan Marriott asked about the Trust's Live Well Feel Better service. John Campbell advised that this service was being brought together with the Recovery College approach to hopefully bring more resilience around how the service was provided.
- 14.5 Steve Brittan noted that the Trust had a number of waiting lists for services and asked whether this was due to Covid. John Campbell advised that some did relate to Covid but others were historical waiting lists. He provided assurance that work was underway to fully review and manage these as part of the recovery work.
- 14.6 The Board noted the excellent work that was being carried out across the Trust by colleagues.

15. QUALITY DASHBOARD REPORT

- 15.1 This report provided an overview of the Trust's quality activities for August 2020. It was noted that key data was now reported under the relevant CQC Domains – caring, safe, effective, responsive and well-led.
- 15.2 John Trevains highlighted those Quality issues for priority development to the Board.
- Work is required to understand in more detail the reduction in the number of calls received into Single Point of Clinical Access (SPCA). It is possible this is as a result of altered system flow but this needs to be clarified and any impact on patients understood.
 - The number of bed days for adult mental health inappropriate out of area placements has risen in the month of August. The reasons for this and impact on patients' needs to be fully understood and monitored.
 - The data associated with the cardio-metabolic assessment and treatment for people with psychosis is currently not available. Further work will be undertaken in month with the business intelligence team to re-establish reporting.

- The Quality directorate will work with Children's Services to understand the recovery of a universal antenatal service to ensure that those identified as most at risk are being proactively managed.

15.3 Quality issues showing positive improvement were also highlighted.

- No healthcare associated Covid-19 infections attributable to the Trust's care for the third month in a row
- Referral to treatment times for physical health services identified within the Quality Dashboard have all exceeded the required thresholds for the first time this year.
- The quality directorate have progressed plans to deliver the "Civility & Patient Safety" programme and the "Embedding learning following investigations project" are making good progress,

15.4 The Board noted that incident reporting rates had now returned to pre Covid levels, the Trust was fully assured on current and future supply of all PPE stock items via local and national supply routes and there was good assurance that safe staffing levels had been maintained throughout the month in our inpatient services.

15.5 John Trevains informed the Board that future iterations of the Quality Dashboard would incorporate the Non-Executive Directors Complaints audit report and summary detail of Non-Executive Director quality visits.

15.6 The Board welcomed this report, and the assurances provided.

16. FINANCE REPORT

16.1 The Board received the month 5 Finance Report for the period ending 31 August 2020.

16.2 There was a Covid interim financial framework for the NHS in place for April to September and a revised financial framework would be put in place for October to March.

16.3 The Trust's position at month 5 was break even. All Trusts are required to show a break even position by NHSI. To reach a break even position the Trust has requested a retrospective top-up of £1.484m for Apr to August. £1.072m of this has been approved by NHSI for April to July.

16.4 To support the creation of a Service Director post in CYPs the Trust was proposing to invest £110k of merger savings in the Operations directorate. Sandra Betney noted that when the merger took place, the Board agreed to hold back any savings to be used to cover any shortfalls related to the merger and subsequent resourcing. The savings held back from the merger had been made through corporate/Board streamlining. The Board approved the funding for the post.



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Gloucestershire Health and Care
NHS Foundation Trust

- 16.5 The cash balance at month 5 was £71.453m.
- 16.6 Capital expenditure was £0.978m at month 5. The Trust has a capital plan for 20/21 of £10.045m. Duncan Sutherland asked for assurance that the capital forecast outturn was still deliverable. Sandra Betney advised that there had been significant slippage with the capital plan due to Covid, with no capital expenditure in the first 4 months of 2020/21. The Capital Management Group had carried out a detailed review and it was hoped that the target would be achieved. It was noted that a few schemes needed further discussion in terms of the interplay with the wider system and winter plans. Sandra Betney advised that the Montpellier work was now underway and all IT expenditure commitments were in place. The capital plan was not without risk; however, it was being carefully monitored and the Trust had some schemes that could be brought forward if required.
- 16.7 The revised recurring Cost Improvement Plan (CIP) target for the Trust is £4.352m and the amount delivered to date is £3.277m.

17. PERFORMANCE DASHBOARD

- 17.1 Sandra Betney presented the combined Performance Dashboard to the Board for the period August 2020 (Month 5 2020/21). This report provided a high level view of key performance indicators (KPIs) in exception across the organisation.
- 17.2 At the end of August, there were 10 mental health key performance thresholds and 20 physical health key performance thresholds that were not met. It was noted that all indicators had been in exception previously within the last 12 months. Sandra Betney informed the Board that there were a large number of exceptions but offered assurance that many of these related to data quality issues and this was starting to improve following Covid. Relevant services and teams had been contacted and asked to start looking at service recovery plans. There were no new issues to raise with the Board.

18. FLU VACCINATION SELF ASSESSMENT

- 18.1 The purpose of this report was to inform the Board of the role of GHC in the operational delivery of the seasonal flu vaccination and to present the GHC self-assessment against the NHS England healthcare worker flu vaccination, best practice management checklist.
- 18.2 The national flu vaccination programme is essential to protecting vulnerable people and supporting the resilience of the health and care system. To support the maximum uptake of flu vaccination across Gloucestershire, the Gloucestershire Integrated Care System (ICS) has developed a seasonal flu group. GHC is actively engaged in the Operational Subgroup of this group which has an operational focus on the arrangements and delivery of seasonal flu vaccinations across the system to improve uptake. GHC are involved in a number of the operational work streams, including:
- Vaccination of frontline health care workers employed/engaged by GHC
 - Vaccination of GHC inpatients

- Vaccination of school age children
- Vaccination of patients on the community nursing caseload, to include carers and shielding household contacts of patients on the case load

18.3 The Board welcomed this comprehensive report which offered excellent assurance, and endorsed the submission of the completed Healthcare worker flu vaccination best practice management checklist.

19. LEARNING FROM DEATHS – Q1 2020/21

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

19.2 The Board received the Learning from Deaths report for quarter one, noting that this was the first report which provided both mental health and physical health deaths as a combined figure.

19.3 The report showed a high number of deaths in both April and May, which were stabilising in June. In total 276 GHC patient deaths were recorded in quarter 1. The Board was assured that this was in line with the Gloucestershire death rate and previous reporting. Amjad Uppal advised that further analysis of the data would be carried out, however, there was no concern raised in regards to the deaths that occurred and none were judged to be related to problems in care.

19.4 An understanding of the impact of Covid on the Trust's mortality rates and vulnerable groups would be included in the next Learning from Deaths report submitted to the Board.

20. GUARDIAN OF SAFE WORKING – Q4 2019/20 & Q1 2020/21

20.1 Amjad Uppal presented the Guardian of Safe Working Hours report for the period's quarter 4 2019/20 and quarter 1 2020/21. The Board noted that a new guardian, Dr Sally Morgan had been appointed in July 2020.

20.2 The exception reporting process is part of the new Juniors Doctors Contract to enable them to raise and resolve issues with their working hours and training. The Guardian's Quarterly report summarises all exception reports, work schedule reviews and rota gaps, to provide assurance on compliance with safe working hours by both the employer and doctors in approved training programs, and will be considered by CQC, GMC, and NHS employers as key data during reviews.

20.3 It was reported that no exception reports were received in the final quarter of 2019/20, with six received for the period April – June 2020. In terms of themes, Amjad Uppal advised that when people were new in post it would take time to get used to the new systems and ways of working. There were therefore no overarching themes for the exceptions raised; however, he offered the Board full assurance that any exceptions raised were addressed and actioned appropriately.

21. BOARD COMMITTEE SUMMARY REPORTS

21.1 Audit and Assurance Committee

The Board received the summary report from the Audit and Assurance Committee meeting held on 6 August 2020. This was noted.

The Board also received the Audit and Assurance Committee Annual Report. The report provided an overview of the Committee's work in the last financial year, from 1 October 2019 to 31 March 2020 in sections which reflect the headings in the Committee's terms of reference. The report also provided an overview of the work of the Committee in overseeing internal control mechanisms in the Trust as reflected in the Annual Governance Statement. No issues had been highlighted as areas of concern. The Board welcomed this report.

21.2 Resources Committee

The Board received the summary report from the Resources Committee meeting held on 27 August 2020. This summary was noted. An extraordinary meeting of the Resources Committee had taken place on 5 August to discuss the delivery options for the new Forest of Dean Hospital.

21.3 Quality Committee

The Board received the summary report from the Quality Committee meeting held on 1 September 2020. This summary was noted.

21.4 Mental Health Legislation Scrutiny Committee

The Board received a verbal report from the MHLS Committee meeting which had taken place on 23 September. A written summary would be provided to the next Board in November.

The Board noted the recommendation regarding the reappointment of two Mental Health Act Managers. Jan Marriott informed the Board that these were two highly experienced managers who continued to perform at a high standard, with no performance issues. The Board was happy to approve the reappointments.

22. COUNCIL OF GOVERNOR MINUTES

22.1 The Board received and noted the minutes from the Council of Governors meeting held on 22 July 2020.

23. ANY OTHER BUSINESS

23.1 There was no other business.

24. DATE OF NEXT MEETING

24.1 The next meeting would take place on Wednesday 25 November 2020.



Signed:

Dated:

Ingrid Barker (Chair)

Gloucestershire Health and Care NHS Foundation Trust

PUBLIC SESSION TRUST BOARD: Matters Arising Action Log – 25 November 2020

Key to RAG rating:

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

Meeting Date	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
30 Sept 2020	13.3	Guidance received had recommended the appointment of a Health and Wellbeing Guardian for the Board. It was agreed that the NEDs would discuss this further at their next meeting, with the aim of agreeing a nominated NED lead.	NEDs	25 November 2020	Complete Sumita Hutchison nominated as Health and Wellbeing Guardian.	

AGENDA ITEM: 08/1120

REPORT TO: TRUST BOARD – 25TH NOVEMBER 2020

PRESENTED BY: Ingrid Barker, Chair

AUTHOR: Ingrid Barker, Chair

SUBJECT: REPORT FROM THE CHAIR

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

The purpose of this report is to
To update the Board and members of the public on my activities and those of the Non-Executive Directors to demonstrate the processes we have in place to inform our scrutiny and challenge of the Executive and support effective Board working.

Recommendations and decisions required
The Board is asked to:

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

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

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

Work to improve and further develop the work of the Trust and the Board continues through Board sessions and external partnership meetings and sector update sessions as set out below. Key areas of focus remain ensuring effective system working, ensuring equality, diversity and inclusion are at the heart of how we work as a Trust and that the voice of our Trust is heard locally and nationally to ensure the needs of our community are understood and inform policy and practice.

<p>Risks associated with meeting the Trust's values None.</p>

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

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

Appendices:	<p>APPENDIX 1 Non-Executive Director – Summary of Activity – 1st September to 31st October 2020</p>
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<p>Report authorised by: Ingrid Barker</p>	<p>Title: Chair</p>
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REPORT FROM THE CHAIR

1.0 INTRODUCTION AND PURPOSE

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

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

2.0 BOARD

2.1 Non-Executive Director Update

The Non-Executive Directors and I continue to meet regularly. Virtual meetings were held on 15th October and 12th November and we will continue to have monthly meetings going forward. These meetings have been helpful check in sessions as well as enabling us to consider future plans.

I also continue to have regular individual meetings with all the Non-Executive Directors.

2.2 Board Updates:

Congratulations to **Sonia Pearcey**, the Trust's Freedom to Speak Up Guardian, who has been awarded an **MBE** for services to the NHS in the Queen's Birthday Honours. I am delighted that the way Sonia has taken forward this key role, embedded it across the Trust and supported its development across the region and nationally has been recognised.

Board Development

We continue to devote significant time to considering our Board ways of working and how we ensure that transformation remains central to the way we work, whilst the necessary focus is maintained on ensuring clinical safety and colleagues' wellbeing. The following sessions have taken place:

- **13th October** – Board development session facilitated by the King's Fund
- **21st October** – Board Seminar - sessions included Improved Health and Place and Equality, Diversity and Inclusion – two key areas that we are determined will be at the heart of how the Trust works.

A number of Executive and Non-Executive Directors have met in trios to progress work on Strategic Aims of Quality, Sustainability, People and Better Health. This will be further discussed separately at today's meeting.

3.0 GOVERNOR UPDATES

Council of Governors – 19th November where matters discussed included the Forest Hospital Development Consultation, Membership and Election Report, changes to the Constitution (which are on our agenda today) and Review and Refresh activities to take forward the Council of Governors in line with best practice and reflecting the expanded remit of the Trust.

I met with the **Lead Governor, Dr. Faisal Khan** on 22nd October for a regular 1:1. Dr Khan has confirmed that when his term of office comes to an end on 31st December that he will step down from his roles as Governor and Lead Governor and I would like to formally thank him for the contribution he has made to the Council. His thoughtful inclusive approach has been much appreciated.

One to One introductory meetings with new Governors Ruth McShane, Tracey Thomas, Dawn Rooke, Chris Witham, Dan Brookes and Juanita Paris have taken place. I am very pleased to welcome all of them to the Trust.

Membership and Engagement Strategy Working Group – two meetings have taken place on 28th October and 5th November. These focused on how we can ensure our membership is vibrant, engaged and represents our wider community, an area we will be building into the way the Council of Governors works, building on existing work.

The **Governors' Nomination and Remuneration Committee** met on 3rd November

A **New Governor Induction Session** took place on the afternoon of 12th November.

4.0 NATIONAL AND REGIONAL MEETINGS

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

- **NHS Providers Annual Conference** took place on 6th, 7th and 8th October. The Trust was represented by a number of Board colleagues for the first ever virtual NHSP annual conference. This year's theme was 'reflect and recover' exploring the challenges of confronting the Coronavirus pandemic and the impact it has had on the healthcare sector. Sessions included Diversity in NHS Leadership; Supporting the workforce after the pandemic; Recovery and beyond; Regulation as an enabler; NHS supply chain; CQC forthcoming strategy.
- **NHS Confederation Mental Health Network** – I have been invited to attend weekly meetings when my diary permits and I attended on 1st October. I do hope to attend more of these meetings going forward.

- **NHS Providers Board** - 14th October and 4th November where we discussed important policy and national operational issues and current challenges and opportunities.
- **NHS Confederation NHS Reset Webinars** held on 12th October and 9th November were attended by some of the Non-Executive Directors. These recognise the continuing challenges faced by the NHS and the need to move effectively to a new normal taking with us the learnings from the last 6 months.
- **South West and South East Regional Meeting** – 9th October – due to annual leave I was unable to attend this meeting, but was represented by Vice-Chair Graham Russell. Simon Stevens (NHS CEO) and Amanda Pritchard (NHS Chief Operating Officer) talked about priorities around restoration of services, continued response to COVID 19 and national support available to Trusts
- **NHS England and NHS Improvement – Chairs Advisory Group** – I was very pleased to be invited by Lord David Prior, CEO of NHS England, to join the **NHSE/ Chairs’ Advisory Group** and attended a meeting on 27th October 2020. The meeting considered forthcoming potential legislative changes through the draft NHS Bill. A further meeting will be held in the New Year.
- **South West Chairs meeting** – 28th October. It is hoped that a further meeting of the South West Chairs can be held prior to Christmas.
- **NHS Providers Community Network** – 28th October – the meeting included a national policy update from Danny Mortimer, CEO, NHS Confederation; an update on community health services and digital improvement from Matthew Winn, Director of Community Health and SRO for the Ageing Well Programme for NHS England and NHS Improvement; and a digital health service case study from Karen James, CEO, Tameside and Glossop Integrated Care NSHFT.
- I was invited by Professor Andrew Corbett-Nolan to co-chair a **Good Governance Institute (GGI) webinar** on Weds 11th November regarding Integrated Care Plans (ICPs) : the at pace development of Place that will make Integrated Care Systems (ICSs) succeed. The GGI have arranged a series of weekly breakfast webinars relating to ICSs and ICPS over the next 6 weeks for Non-Executive Directors.

5.0 WORKING WITH OUR PARTNERS

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

- Along with the Chief Executive and the Director of Strategy and Partnerships, I attended two meetings of the County’s **Health Overview and Scrutiny Committee** (HOSC) as follows:

22nd October where the Committee considered proposals and an outline plan for consultation relating to the next phase of the **Fit for the Future Programme**. It also considered proposals and an outline for the consultation relating to the development of the **new community hospital for the Forest of Dean**.

17th November where matters discussed included an update on changes to community phlebotomy services, including recent revisions to the arrangements in the Cirencester area; an overview of performance by Gloucestershire Clinical Commissioning Group; an update on ambulance service response times during the COVID-19 pandemic; an update from the Director of Public Health; an update from the One Gloucestershire Integrated Care System (ICS) Partnership; and an update from the Gloucestershire Clinical Commissioning Group Clinical Chair and Accountable Officer.

- On **11th November** the Trust held its **Annual Briefing Meeting with Members of the Health Overview and Scrutiny Committee** where items discussed included an overview of the Trust's activities over the last year; planning preparations for winter and flu; the Trust's response to COVID-19, including an example of service recovery; along with updates on Pillar 1 testing; First Contact Physio; School Immunisations Programme and Mental Health and Learning Disability developments.
- I met with the **County's Health Chairs** on 17th November – these sessions are very helpful in supporting our partnership working.
- As a **Governor** of the **University of Gloucestershire Council** I have attended several meetings over the last couple of months. This link will assist with some of the workforce challenges faced by the Trust and the wider system, as well as developing research and other potential links between our two organisations.
- The **Chair of Gloucestershire Hospitals NHSFT**, Peter Lachecki, and I continue to meet virtually on a regular basis to discuss matters of mutual interest.
- I also continue to have regular meetings with the **Independent Chair of the ICS Board (Integrated Care System)**, Dame Gill Morgan.
- The **ICS Board** has continued to meet virtually and meetings were held on 15th October and 19th November where we discussed a number of important operational and strategic issues. Partnership work was a key aspect of the County's response during the pandemic and this group helps ensure effective working is supported.
- I attended the **Gloucestershire GP Education Trust (GGPET) AGM** on Weds 11th November

6.0 WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

On 18th November, I was very pleased to be invited by Bren McInerney BEM to pay a virtual visit to **The Shire** based in Northgate Street in Gloucester. The Shire is a purpose-built hub that has a particular focus on young people offering a wide range of activities and youth programmes intended to enrich and develop young people's physical, mental and emotional well-being. I am hoping to visit in person in the new year.

The dream, vision and reality of the Shire has been taken forward by Kirstie O'Connor Farrant, Director of Streetahead, with no grants or claim to public monies. It is an extraordinary testament to what can be achieved.

7.0 ENGAGING WITH OUR TRUST COLLEAGUES

Along with several other Board members, I attended the first meeting of the Trust's **Diversity Network** on 19th October. This new forum brings together members from the BAME, LGBTQ, Disability and Women's networks.

As part of my rotational attendance at Board Committees, I attended a meeting of the **Quality Committee** on 3rd November and gained assurance on the way we are progressing our focus on quality across the Trust's services at the same time as ensuring preparedness for COVID-19.

Armistice Day events - 11 November:

- **Trust Remembrance Ceremony** – because of the COVID restrictions, this year the Trust's annual Remembrance ceremony and two-minute silence was held on line via Microsoft Teams, but nevertheless it remained a poignant and heartfelt ceremony led by CEO Paul Roberts. We were honoured to have Team Manager Rebecca Walder reading the poem Taking a Stand by John Bailey and Quality Improvement Manager Tracey King marked the two-minute silence at 11am with the playing of the Last Post and signalled its end with The Rouse.
- **Nicola Shilton**, Partnership and Inclusion Assistant Development Worker, and a veteran, laid a wreath on behalf of the Trust and the NHS at Gloucester Railway Station on the morning of 11th November as part of the 'Poppies to Paddington' initiative. Swathes of poppy wreaths were placed on Great Western Railway trains and carried to London Paddington station for Remembrance Day.

As part of my regular activities, I also continue to have a range of 1:1 meetings with Executive colleagues, including a weekly meeting when possible with the Chief Executive and the Head of Corporate Governance.

8.0 NED ACTIVITY

A **briefing for Non-Executive Directors** on the Trust's response to COVID-19 took place on 9th November. Updates were given by the Chief Executive, Chief Operating Officer,



Director of Nursing, Deputy Chief Operating Officer and the Head of Children and Young People's Services.

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

See Appendix 1 for the summary of the Non-Executive Directors activity for September and October 2020.

9.0 CONCLUSION AND RECOMMENDATIONS

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

Appendix 1

Non-Executive Director – Summary of Activity – 1st September to 31st October 2020

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Graham Russell	Joint Director of Primary Care etc. PwC Internal Auditors Trust Chair and NED Director of Finance and Director of HR/OD Director of Finance Trust Chair	Good Governance Institute Audit Committee evaluation South West Chairs Meeting with King's Fund NHS Providers Annual Conference (3 days)	Nomination and Remuneration Committee NEDs meetings Informal Trust Board Board Development and Board Seminar ICs Board Trust AGM Trust Board Resources Committee Charitable Funds Seminar
Marcia Gallagher	Head of Corporate Governance (2) Trust Chair (2) Chair of Quality Committee ASC Partnership Board (2) Senior Leaders Network PriceWaterhouseCooper Director of HR	Meeting with Prof Andrew Corbett-Nolan, Good Governance Institute NHS Confederation / NHS Reset Audit of Complaints Good Governance Institute Seminar Audit Committee Review of Effectiveness NHS Providers Annual Conference (3 days)	Nomination and Remuneration Committee Quality Committee Council of Governors Informal Board meeting Trust Board Governors meeting MHAM Forum

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	Women's Leadership Forum GHFT AGM Health & Safety Meeting with Deputy Head of Corporate Gov. Diversity Network Director of Finance	NHS Confederation – Chairs/NEDs NHS Providers Community Network	MHLS Committee NEDs meetings Board Development and Board Seminar MHAM Section 3 Hearing Charitable Funds Workshop
Jan Marriott	LD team meeting / away day Senior Leaders Network ICs Clinical Council 2 NED Trust Chair Cheltenham Know Your Patch meeting	Bevan Brittan Mental Health Act Update Webinar Audit Committee evaluation MHA Operations Group Cheltenham Population Health Management Development Programme	Quality Committee Board meeting Council of Governors Board Development and Board Seminar MHLSC Trust AGM Trust Board NEDs meetings Mental Health Act Manager Forum Resources Committee Governors Membership and Engagement Steering Group

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Maria Bond	NTQ virtual catch up Trust Chair NED Director of Strategy and Partnerships Senior Leadership Network Meeting with Internal Audit Deputy Chief Operating Officer Deputy Director of Nursing Head of Corporate Governance Director of Nursing (2) Director of Strategy and Partnerships	NHS Chairs Reset meeting Learning Difficulties away-day NHS Providers Annual Conference (3 days)	Quality Committee NEDs meetings MHAM Forum Informal Trust Board Board Development and Board Seminar Trust AGM Trust Board
Sumita Hutchison	Trust Chair Medical Director Director of HR and Consultant Gloucester Governor Senior Leadership Network NQT Team Talk	NHS Providers Annual Conference (3 days)	Quality Committee Board Development and Board Seminar Trust Board Informal Board meeting Council of Governors Trust AGM Resources Committee

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
			Charitable Funds Workshop NEDs meetings
Dr. Stephen Alvis	Trust Chair Chair and NED meeting Senior Leadership Network Cheltenham ILP Director of Finance Medical Staffing Officer NED Gloucester ILP	NHS Providers NED Induction (2 days) Consultant Psychiatrist Interview Panel member (2 days) Mental Health Act Webinar NHS Chairs Reset	Quality Committee NEDs meetings Mental Health Legislation Committee Trust AGM Trust Board MHAM Forum Board Development and Board Seminar
Steve Brittan	Trust Chair Director of Nursing (2) Head of Research	NHS Chairs Reset Meetings NHS Providers NED Induction (2 days) NHS Providers Annual Conference (3 days) Introductory meeting ref technology project Audit Committee evaluation	NED meetings Council of Governors Informal Board Meeting Board Development and Board Seminar Trust Board Meetings Resources Committee Trust AGM

AGENDA ITEM: 09/1120

REPORT TO: TRUST BOARD – 25 NOVEMBER 2020

PRESENTED BY: Chief Executive Officer and Executive Team

AUTHOR: Paul Roberts, Chief Executive Officer

SUBJECT: REPORT FROM THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM

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

The purpose of this report is to

Update the Board and members of the public on my activities and those of the Executive Team.

Recommendations and decisions required

The Board is asked to note the report.

Executive summary

The activities reported inevitably continue to be heavily impacted by the response to the pandemic but we are also moving forward other projects, for example the Forest of Dean hospital proposals and looking at ways to ensure continuous improvement across our operation, involving services users and staff to inform us.

An update on changes of Team within the Deputy Executive tier is provided, as well as updates on our Flu Programme and EU Exit plans.

Risks associated with meeting the Trust's values

None identified

Corporate considerations

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

Where has this issue been discussed before?

N/A

Appendices:

Report attached

Report authorised by:
Paul Roberts

Title:
Chief Executive Officer

CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

1.0 CHIEF EXECUTIVE ENGAGEMENT

Over the last two months we have started to see a steady increase in the number of Covid positive cases in the local community, and more recently we have seen a marked increase in admissions to local acute hospitals and now into community hospitals too. The ongoing management of Covid-19, particularly since the NHS was put back onto “level4” incident response, is a significant and challenging focus for the Trust including the adjustment to the recent ‘lockdown’ restrictions, but the organisation is also working to move forward other projects, for example the public consultation on the Forest of Dean Hospital proposals and continuous service improvements.

In recent weeks, Black History Month has again provided an opportunity to reflect on our Equality, Diversity and Inclusion (EDI) agenda. Our Trust is committed to having an inclusive and compassionate workplace, and as a public body we have a duty to work with our partners to develop fair and cohesive communities. We now need to look beyond Black Lives Matter and Black History Month and make promoting equality and diversity and ending discrimination ‘business as usual’. We continue to work hard on developing our EDI strategy and, within the body of my report, I provide an update on the work being undertaken with our local BAME (Black Asian and Minority Ethnic) community to further this aim. Our Diversity Network continues to gather pace and the work streams/networks (BAME, LGBTI+, Disability and Women’s) have all been well attended, as has the overall network itself.

The Covid-19 Pillar 1 testing team at Edward Jenner Court (EJC) is back in full swing and we have now reached an agreement with our system partners to extend the service provided to meet the ever-increasing demand in the county. There are now three testing pods (with a possible option to introduce a fourth) and the service is providing testing for staff and household contacts for GHC and Gloucestershire Hospitals Foundation Trust (GHFT) and testing for adult social care – pre-placement and pre-operation for GHC, GHFT and certain out of county services.

I have visited a number of our service centres over the last few months. I value the opportunity to hear first-hand how different colleagues are experiencing their new ways of working and how they are coping with the ever-changing challenges presented to them. Recently I have visited the Vale Community Hospital and Wotton Lawn hospital, where I was able to safely meet with colleagues and patients and be on hand to discuss any topics or issues that they wished to raise.

In light of the challenging times facing our staff and communities, the Trust has been working hard to promote the different forums colleagues can use to ensure their voice is heard. The spotlight has been shone on the need to speak up against racism, discrimination and poor practice to ensure accountability and the opportunity to continually improve. It takes courage and strength to speak up, and we need to be pro-active in ensuring colleagues feel comfortable to speak up on any topic of concern to them. The adaptations of our practices in response to the pandemic have, in this instance, supported this engagement as colleagues are able to join these forums on

line without needing to build in additional time for travel and the level of involvement has been very encouraging.

I would like to take this opportunity to congratulate Sonia Pearcey, our Freedom to Speak Up Guardian, who has been awarded the MBE in the Queen's Birthday Honours List. Sonia has been a nurse for 32 years and her MBE is in part due to her work in supporting Trust staff to speak up about anything that gets in the way of providing good care. We are delighted that one of our colleagues has received such recognition and thank Sonia for her ongoing contribution to our Trust and our communities.

Wednesday 14th October marked national AHP Day a day to celebrate the major contribution our collective Allied Health Professionals make to patient care and improving the quality of people's lives. To mark the event, myself and some of our heads of profession, leads, directors and executives recorded video messages to say a huge 'thank you' to all our fabulous AHPs for the amazing work they do, each and every day. Reflecting the key role AHPs play not just within our Trust but across the county I am pleased to highlight that Sarah Morton, our Head of Profession for Physiotherapy, has been appointed to the part-time role of Chief Professional Lead for Allied Health Professions for Gloucestershire Integrated Care System (ICS) and will be helping shape the future of AHP development in the county.

The NHS and the military have always had close links and therefore it was particularly appropriate and poignant on Armistice Day to mark the two-minute silence via Teams for the whole Trust with Tracey Moss playing the Last Post and the Reveille live and Rebecca Walder, a services veteran, reading a poem.

I am truly grateful to our entire workforce, both clinical and support, who have worked brilliantly and flexibility to serve our patients and communities. I am incredibly proud of all of my colleagues for their hard work and dedication throughout this tough year and I am confident that our Trust team will continue to work together and rise to the challenges being thrown at us.

I have continued to attend a range of meetings, including:

1.1 Internally

A **Board Development Seminar** was held on 13th October, which was facilitated by the Kings Fund, an English health charity that shapes health and social care policy and practice, provides NHS leadership development, and hosts health care events, who we have been working with for a period of time. The seminar focused on reflecting on our experience of our first year as a Trust and on reviewing the Board's diverse membership in order to maximise effectiveness and identify learning and development opportunities. A **Board Seminar** was also held on 21st October, during which the Board explored the topics of – **Improved Health and Place** and **Equality, Diversity and Inclusion**. The second session included talks from Dr Habib Naqvi MBE, who has recently taken on a new role as the Director of NHS Race and Health Observatory, and Sonia Pearcey MBE, GHC's Freedom to Speak Up Guardian and Ambassador

for Cultural Change. The sessions provided invaluable time to facilitate leadership development, helping to achieve our core value of always improving.

Monthly **Team Talk** sessions continue to be held as digital events and are led by an Executive or a deputy. They are open for all Trust employees to attend and provide an opportunity for the Executive Team to share the latest Trust news and for staff to share their thoughts, feelings and concerns. The sessions typically cover an update on the latest Covid and Workforce news, amongst other recent items of interest, such as the annual NHS staff survey and the Appreciation and Long Service Recognition Evening. The programme helps to ensure effective communication across the Trust and provides an opportunity for the staff voice to be heard directly by the Executive Team.

A **Senior Leadership Network (SLN)** meeting was held on 3rd November as a virtual event. The meetings provide an excellent opportunity to update the SLN on Trust and national developments. The November session had a particular focus on staff health and wellbeing, including an update on from the National Guardian, Dr Henrietta Hughes, and from Sonia Pearcey on our local Freedom to Speak Up work. We were delighted to have a presentation from the Memory Services and a presentation on resus updates and developments.

Corporate Induction continued to be run via weekly face-to-face sessions (during the 4-week lockdown the sessions have been moved online), with reduced numbers to allow adequate social distancing. Each session is attended by either myself or a member of the Executive Team to welcome personally new colleagues and provide an overview of the Trust and how we live our values. It is important that the Executive Team are visible from day one, so that all staff members feel able to approach us with comments, concerns or new ideas. In light of Covid, there was a need to review alternative ways of delivering training and a great deal is now available as eLearning.

The Trust remains committed to **recruiting a highly skilled and dedicated workforce** and I was recently interviewed for a new recruitment video to be used at virtual career fairs. Our staff are fundamental to delivering high-quality services and patient care and the Trust's recruitment team regularly attends virtual recruitment events to encourage candidates to apply to work for our diverse and exciting Trust. In recent weeks, I have had a number of one to one meetings with candidates for senior positions and recently appointed senior managers to provide a more comprehensive understanding of the aspirations of the Trust, and expectations of the roles.

The Trust has reinstated its daily **Covid-19 Briefing calls** for senior and on call managers. These calls provide daily national, regional and local updates and data on the number of Covid positive patients in Gloucestershire hospitals. They also provide an update on the GHC testing team, number of staff isolating and any PPE stock updates. These calls ensure we can respond quickly to changes, and are able to assess resilience in these key areas on a daily basis and put in place any actions required.

I attended the **JNCF** meeting on 11th November to provide the Chief Executive update on national, system and Trust level priorities and issues. Other members of the Executive team presented verbal updates on their areas and Sarah Birmingham,

Deputy Chief Operating Officer, provided a Trailblazer update. General updates on finance and HR were provided, with Neil Savage, Director of HR & OD, also presenting the recent Resources Committee report. Attendees, as usual, had an opportunity to raise any concerns or issues and to comment on any of the items raised. The thoughtful and thorough way colleagues engage with the meetings is much appreciated.

I attended a **Council of Governors meeting** on 19th November, which is reported on in more detail in the Chair's report.

I attended the regular meetings of the **Medical Staffing Committee** on 2nd October and 6th November and the **Local Medical Council** on 12th November, both via virtual forums.

The **Enhanced Independence Offer (EIO) Working Group**, which was set up some time ago to support the taking forward of the Reablement Strategy across Gloucestershire, has been re-established, following a short break due to the onset of the Covid pandemic. Positive progress has been made with the longer-term aspirations around the new delivery model of EIO and Reablement services. The group will facilitate discussions regarding how the delivery of the longer-term transformation can be achieved, whilst also meeting this year's priority around delivery. I will be chairing the working group for the time being, assisted by Angela Potter, Director of Strategy and Transformation, as we move forward with this important piece of work.

The **Walk In My Shoes (WIMS) Community Lead Mentoring Programme** continues to gain momentum. Community members, led by Valerie Simms, who initiated and lead the project met with NHS leaders on 15th October, this was chaired by Dame Gill Morgan, independent Chair of the Gloucestershire ICS. The purpose of the meeting was to facilitate group introductions, to brief NHS colleagues on the WIMS Programme and to explain the role of the ICS and its commitment to the Equality Diversity and Inclusion (EDI) agenda. We are due to meet again shortly to hear in more detail the experiences and priorities of the community members of this partnership...

The **reverse mentoring sessions** have now commenced and I am positive that the NHS Leaders involved in the programme will gain invaluable insight and knowledge by "walking in the shoes" of local BAME community advocates. The WIMS programme was featured on BBC Points West on Sunday 18th October, which highlighted the aims and aspirations of the programme and promoted the excellent work being done by the BAME advocates.

I also had meetings with two Trust colleagues, Vinod Mani and Dominika Lipska-Rosecka, who have recently been successful in their applications to join NHS England's **Workforce Race and Equality Standard (WRES) Experts Programme**. It is excellent news to have two WRES experts within our workforce as we strive to improve our organisation in terms of race equality.

I am involved, along with other GHC Directors, in the **Reciprocal Mentoring Scheme** and have continued to have meetings with my reciprocal mentoring partners. The

scheme is based on the concept of reverse mentoring, with the addition of the relationship between the mentor and mentee being reciprocal in nature, enabling allies and equal partnerships designed to create systemic transformational change. A workshop was held on 4th November, which was run by the **Leadership Academy**, to help revive and refresh the programme. The Trust is committed to focussing on and supporting our underrepresented colleagues and we are committed to continue with this excellent programme and tackle inequalities in our Trust.

1.2 ICS (Integrated Care System) and System Partners

Our Trust plays an important role in the Gloucestershire system with colleagues working committedly to meet the needs of our community. I have regular meetings with the **CEO of Gloucestershire Hospitals NHS Foundation Trust (GHFT)** and the **Accountable Officer for Gloucestershire Clinical Commissioning Group (GCCG)** to keep abreast of any issues facing our partner organisations so that mutual help and support can be provided. I also continue to have regular meetings with senior officers and Leaders at Gloucestershire County Council and recently had an introductory meeting with William Warrender, newly appointed **CEO of South Western Ambulance Service NHS Foundation Trust**.

I have recently agreed to take on the role of lead CEO for equality as the partnership seeks to develop its approach to systematically tackling inequality and co-ordinate its response to the recent DPH Annual Report: Beyond Covid (summarised below and which we have considered earlier in this meeting).

I have attended the monthly **ICS Board, ICS Executive and ICS CEO Meetings**, which continue to focus on system-wide planning and resilience, and provide updates on organisational matters and projects such as Fit for the Future. The regular meetings, held with senior colleagues across the health system, help ensure joined up working and provide a forum to discuss items affecting multiple partners.

I attended the **Health Overview and Scrutiny Committee** on 22nd October and 17th November, where the committee discussed various matters including an update on the Fit for the Future Programme, which allowed consideration of the proposals and outline plan for the next phase of consultation, and an update on the Forest of Dean Community Hospital.

The **public consultation** for the new **Forest of Dean Hospital** was launched on Thursday 22nd October and will run until Thursday 17th December. Our Trust announced the site as the Lower High Street Playing Field in Steam Mills Road, Cinderford, in December 2019 and has been working with Gloucestershire Clinical Commissioning Group since then to reach the stage where we can put a proposal about the new hospital to the public.

The proposal is for a hospital which includes a 24-bed inpatient unit, urgent care facility, x-ray, ultrasound and endoscopy, and a range of consultation and treatment rooms for outpatient appointments. Experiences of providing care throughout the ongoing COVID-19 pandemic will influence the final design, to minimise the

risk of infections spreading and to allow for social distancing between staff and patients. The proposals can be found at www.fodhealth.nhs.uk or getinvolved.glos.nhs.uk

The **GHC Annual Briefing with Gloucestershire County Council Health Overview and Scrutiny Committee** was held on 11th November. Angela Potter provided an overview of the Trust Annual Review and look ahead, and colleagues provided an update on the Trust's response to Covid-19 and other service news, including the winter and flu campaigns.

The system **Gold Health System Strategic Command CEOs** call has continued to be in operation over the last three months as part of the **Gloucestershire ICS Covid-19 Response Programme**; albeit recently at a reduced frequency of twice or three times a week. This forum has proved essential in overseeing the system response to the Covid pandemic and in providing a regular liason point between senior leaders in the NHS system.

On 20th October, Bren McInerney invited me to attend the **opening of the 'Shire'**, a purpose built hub in Gloucester City, aimed at providing young people with a safe, creative, and inspiring environment. The hub is truly impressive and offers a wide range of activities and youth programmes intended to enrich and develop young people's physical, mental and emotional wellbeing. The dream, vision, and reality of the Shire has been taken forward by Kirstie O'Connor Farnat, Director of Streetzahead, and now offers an excellent space in the heart of Gloucester for young people to flourish. I always welcome the opportunity to visit and engage with the communities our organisation serves and to learn more about the other services available in the local area.

I have attended the bi-weekly **Gloucestershire MP briefings**, led by CEOs of the Gloucestershire NHS organisations and senior County Council officers and Leaders. These have focussed on the latest developments in the management of the Covid-19 pandemic and, in particular providing updates on acute service issues, PPE, testing and public health updates.

1.3 National and Regional Meetings

There has been a plethora of national and regional meetings held virtually throughout the Covid-19 pandemic to support the valiant efforts of all the NHS Trusts in the region. Amongst others, these have included:

- MH/LDA (Mental Health/Learning Difficulties and Autism) Covid-19 Response webinar for Trust CEOs;
- SW Regional Chief Executive meetings, chaired by Elizabeth O'Mahony;
- SW MH (Mental Health) CEO's meetings, chaired by Anne Forbes; and
- Gloucestershire Phase 3 Recovery Planning meeting, chaired by Elizabeth O'Mahony.

I attended the **South West & South East Regional Roadshow** meeting, chaired by Elizabeth O'Mahony, on 9th October. Simon Stevens (NHS Chief Executive) and Amanda Pritchard (NHS Chief Operating Officer) also participated in the meeting. The call allowed a discussion on the priorities around restoration of services, the continued response to Covid-19 and national support available.

I have recently been appointed Chair of the West of England **Patient Safety Collaborative Board** and I chaired a meeting of the Board on 20th October. An update on the National Patient Safety Commission was presented, as well as a verbal update on Patient Safety Specialists. Dr Matt Inada-Kim, Acute Physician and National Clinical Lead-Deterioration / Sepsis, attended the meeting to provide a welcome update on national guidance and virtual ward wave 1 pilots around the country, and Dr Hein Le Roux provided a presentation on the Gloucestershire COVID Virtual Ward.

On 22nd October I attended the **South West Imaging Network Event**. The network has been established, in part, due to the recent publication of Professor Sir Mike Richards' report: Diagnostics: Recovery and Renewal, which sets out the case for the transformation of NHS diagnostics services, to build capacity and drive productivity in order to meet the rising demand for certain critical services. The meeting saw interesting discussions on how NHS diagnostic services could be managed and run moving forward to support Trusts in delivering the improvements and high impact interventions identified. As a result of my input I have now been asked to join the South West Imaging Regional Focus Group to steer the development of this programme.

The **NHS Providers Annual Conference and Exhibition** ran from 6th to 8th October, facilitated through an online platform with interactive sessions and debates. The highlights from the conference included a panel discussion around inclusive leadership within the NHS and an informative Q&A discussion on the CQC's forthcoming strategy. The NHS England Chief Executive, Sir Simon Stevens, and the social care minister, Matt Hancock, delivered key note addresses and there was a number of interesting and lively discussions on a range of current topics.

2.0 FLU PROGRAMME

Our flu vaccination programme is well underway and, despite a slight delay due to a vaccine shortage, the service is now back up and running. We have already received more than 2,000 online bookings from colleagues and our peer vaccinators are also doing a fantastic job of vaccinating colleagues and teams across our sites.

This year the vaccination is more important than ever. We know that if someone contracts both flu and Covid the health consequences could be very serious. We don't yet have a vaccine for Covid, but we can have the flu jab to protect ourselves, our patients, colleagues, friends and family members.

3.0 TEAM CHANGES

John Campbell, Chief Operating Officer (COO), is working to build more resilience into a revised operational structure. This will include moving to a **two Deputy COO model**,

enhancing leadership within the Children's and Young People's service directorate, given the significant amount of transformation within this area, and retaining the revised community service configuration, introduced during Covid, that has worked effectively.

Sarah Birmingham, previously Associate Director of Operations for GHC, has been permanently appointed into one of the Deputy COO roles (Service Group 2) which includes Children and Young People Services; Mental Health and Learning Disability Community Services and Covid Operational Services. On behalf of the Board, I would like to formally congratulate Sarah and wish her every success with her new role.

Hilary Shand joined the Trust in the week commencing 12th October as **Interim Deputy Chief Operating Officer**. Hilary undertook a brief induction period with Sian Thomas, prior to her departure, to ensure a smooth handover. It is intended that Hilary will be with us to the end of March 2021 whilst we recruit to the second role of Deputy Chief Operating Officer.

Hilary's previous assignment was working for Cornwall Partnership NHS Foundation Trust for the last 2 years, who operate a similar range of services to GHC. She managed a range of community services and led on Discharge 2 Access and implementation of the 'Home First' model. She has also worked in North West London on developments to improve urgent care flow and capacity within a challenged system and as an Interim DCOO for North Bristol NHS Trust, an Acute provider with over 860 beds. I would like to take this opportunity to warmly welcome Hilary to the Trust.

4.0 RECENT NATIONAL AND LOCAL REPORTS

4.1 Care Quality Commission – Annual Assessment of the state of health and social care in England

The **Care Quality Commission (CQC)** recently published its **annual assessment of the state of health and social care in England**, which looked at the quality of care over the past year - <https://www.cqc.org.uk/publications/major-report/state-care>. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve. The report includes the period before the full impact of COVID-19 began to be felt and CQC's routine inspections were suspended as a result of the pandemic.

This year's main findings were summarised into four areas – 1) Quality of care before the pandemic; 2) The impact of the coronavirus pandemic; 3) Collaboration between partners; and 4) Looking forward, the challenges and opportunities ahead.

Pre-COVID-19, care was generally good, but with little overall improvement and some specific areas of concern highlighted. Since the arrival of COVID-19, the areas of concern remain, but so much else has changed.

The progress achieved in transforming the way care is delivered has been extraordinary. In a matter of days, services developed new procedures and ways of

working, often taking advantage of technology. Changes which were expected to take years – like the switch to more flexible GP consultations by phone and online – took place almost overnight. This report highlights many examples of collaboration among services which have made a real difference to people's care. The challenge now will be to keep and develop the best aspects of these new ways of delivering services while making sure that no one is disadvantaged in the process.

At the start of the pandemic, the focus on acute COVID-19 care was driven by the urgent imperative that the NHS should not be overwhelmed. Decisions were made in order to ensure capacity as quickly as possible – but now priorities need to be reset in a more sophisticated way to ensure that the longer-term response includes everyone, regardless of what kind of care they need, or where they receive it.

This resetting of priorities starts with local leaders seizing the opportunity to collaborate and building capacity to respond together to the needs of their area. The fact that the impact of Covid has been felt more severely by those who were already more likely to have poorer health outcomes – including people from Black and minority ethnic backgrounds, people with disabilities and people living in more deprived areas – makes the need for health and care services to be designed around people's needs all the more critical.

Over the summer, CQC reviewed the way health, social care and other local services worked together in 11 parts of the country. There were differences in the way they responded to the pandemic but there was evidence that the places with established working relationships and an understanding of need in their local areas were better able to care for the local population in a time of crisis.

The reviews have brought into focus the learning that needs to be used to help plan for a longer-term response to the virus. It is essential that the right support is available for all parts of a local health and social care system to drive improvements where they are needed, and to involve voluntary and community organisations in promoting health and wellbeing.

In social care, COVID-19 has not only exposed but exacerbated existing problems. The sector, already fragile, faced significant challenges around access to PPE, testing and staffing – and coordinated support was less readily available than for the NHS. The long-standing need for reform, investment and workforce planning in adult social care has been thrown into stark relief by the pandemic.

The report makes clear that these issues need to be urgently addressed – underpinned by a new deal for the care workforce, which develops clear career progression, secures the right skills for the sector, better recognises and values staff, invests in their training and supports appropriate professionalisation.

In the NHS, emergency departments now face the prospect of a winter which combines pre-existing pressures with the urgent demands of the pandemic. As other services restart, physical distancing will provide significant challenges, both logistically and in terms of managing capacity, alongside a backlog of people who were unable to access care during lockdown.

The impact of COVID-19 on the NHS in terms of elective, diagnostic and screening work has been enormous. Some life-changing operations have still not been rescheduled and there are people whose cancer has not been diagnosed or treated. As we enter a second wave, there must be learning to ensure that non-COVID-19 patients are not left behind. The NHS is already working hard to develop innovative solutions – collaborative partnerships between providers could help to protect services so people get the care they need.

It will also be particularly important that those services where improvement was already not quick enough – for example mental health and maternity – do not fall further behind. Concerns about these service areas have led to risk-based inspections during the pandemic with enforcement action taken as a result. With the recognition that COVID-19 has fundamentally changed so much, it is important to recognise what has not changed. Problems that existed before the pandemic have not gone away – and people are still more likely to receive poorer care from some types of services for reasons that pre-date COVID-19.

This recent report will be informing our thinking going forward. It highlighted the seismic shift achieved in response to the pandemic but also indicated clearly further work, particularly in relation to inequalities which needs to be taken forward.

4.2 Director of Public Health Annual Report 2019/20: Beyond Covid: Race, Health and Inequality in Gloucestershire

The **Director of Public Health Annual Report 2019/20: Beyond Covid: Race, Health and Inequality in Gloucestershire** has recently been published and you can read the full report here: <https://www.gloucestershire.gov.uk/gloucestershire-county-council-news/news-october-2020/public-health-report-calls-for-action-on-health-inequalities-faced-by-bame-residents/>. This year the report has been co-authored by **Sarah Scott, Director of Public Health** and **Gloucestershire County Council Black Worker Network**.

The report, which will be presented at this meeting, looks at the long-standing health inequalities faced by people of a BAME background in Gloucestershire and the impact of the COVID-19 pandemic.

The COVID-19 pandemic and lockdown has affected everyone in profound ways this year but a disproportionate share of the burden has fallen on those who already experienced health inequalities. Even after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity during the first wave. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10% and 50% higher risk of death when compared to White British.

These disparities are largely the result of long-standing structural racism which produces social and economic inequalities in the conditions in which BAME people are educated, work and live. The strength of feeling demonstrated in the wake of

George Floyd's death shows the hurt felt by many on our county that these inequalities are not meaningfully addressed.

The pandemic has also highlighted the strength and resilience within our diverse communities. People have come together to donate and deliver food, check in on neighbours and collect their prescriptions. Working together in partnership, listening, and using these strengths will be key to tackling the systemic and structural issues this report highlights.

5.0 EU EXIT UPDATE

The Trust continues to keep up to date with the latest Brexit updates as we move ever closer to the end of the Brexit transition period date of 31st December 2020. **John Campbell, Chief Operating Officer, will be the Senior Responsible Officer for the EU Exit for GHC** as it is crucial that this work is fully co-ordinated with the Covid response and winter planning.

The NHS held a National Webinar, chaired by Professor Keith Willetts, on 4th November 2020, the purpose was to update NHS Colleagues on the current position and future planning assumptions. The NHS have advised for all Trusts to prepare for a no-agreement situation, this is the default position whilst negotiations still continue. The NHS is to remain agile while planning for the default scenario, in case an agreement is reached.

Following on from the webinar the Trust EU Exit Oversight Group was convened on 12th November 2020, the purpose was to update members from all directorates with the current National picture and seek assurance on the Trust level of preparedness prior to the end of the transition period.

The key points for the Trust planning and Assurance are in line with the previous arrangements of 2019. These points are:

- Continuity of Supply
- Improved trader readiness
- Winter pressures
- Increased complexity for reciprocal and cost recovery
- Staffing Resilience
- Data
- Ongoing review of Government planning assumptions

The planning and assurance for the Trust will be managed in line with Covid-19, Winter and Surge, which is also following the National NHS arrangements. Such as:

- Escalation of issues through the EPRR routes as used presently for Covid-19 Response
- Local response should be system-wide working with partner agencies within STPs
- A single unified response structure
- SitRep reporting will be aligned to Covid and Winter
- There will be National Incident Co-ordination

- There will be a National Commercial and Procurement Cell
- Includes EPRR and Shortage response

Time line

- October – November: Time to make ready the NHS system to ensure a resilient operational response. Plans developed (reviewed) and tested.
- December – January: Finalise planning and test system robustness.
- January 2021 – Continuous response.

All members of the Trust EU Exit Oversight Group provided their updates as no issues to report, robust arrangements in place as all are linked to their respective NHS service reporting lines.

The EU Exit strategy remains vitally important to all NHS Trusts and GHC are working hard, led by the national guidance, to ensure we have all the necessary preparations in place by the beginning of next year.

6.0 CONCLUSION AND RECOMMENDATIONS

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

REPORT TO: TRUST BOARD – 25 NOVEMBER 2020

PRESENTED BY: Angela Potter, Director of Strategy & Partnerships

AUTHOR: Angela Potter, Director of Strategy & Partnerships

SUBJECT: INTEGRATED CARE SYSTEM UPDATE

<p>If this report cannot be discussed at a public Board meeting, please explain why.</p>	<p>N/A</p>
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<p>This report is provided for:</p>			
<p>Decision <input type="checkbox"/></p>	<p>Endorsement <input type="checkbox"/></p>	<p>Assurance <input type="checkbox"/></p>	<p>Information <input checked="" type="checkbox"/></p>

The purpose of this report is to
This paper provides an update on the activities that are taking place across the Gloucestershire Integrated Care System (ICS).

Recommendations and decisions required

- Trust Board is asked to **note** the contents of this report.

Executive Summary

Ongoing dialogue with the Health Overview and Scrutiny Committee took place on the 17th November 2020 and included updates on community phlebotomy and the system wide performance.

The Integrated Locality Partnerships have now also re-commenced their activities and started to revisit their priority actions moving forward, taking into account the impact of COVID.

Public Consultations - The public consultations on the Fit For the Future proposals and the development of the new hospital in the Forest of Dean have now commenced on the 22nd October following successful stage 2 assurance by NHSE/I and support by HOSC for both schemes. There is a mid-term review on the 18th November to assess progress to date, review the interactions that are occurring in the new socially distanced format and the impact of the national lockdown. We will be providing an update to the Council of Governors at its meeting on the 19th November and all Trust members have been contacted by post to ensure people have the opportunity to participate in the respective consultations.

Ongoing System response to COVID – the report provides an update on ongoing planning activities and the initiatives that are being taken forward to continue to operate safe and sustainable services and undertake planning towards the management of future surges of activity.

The **Director of Public Health has released their annual report** for 2020 which has a focus on the disproportionate impact of COVID19 across BME populations in Gloucestershire and helps build understanding of the impact the pandemic has had on our population.

Risks associated with meeting the Trust’s values

None

Corporate considerations

Quality Implications	There have been changes to previous programmes of work in light of COVID-19. This may impact on agreed timelines and delay some changes coming forward which may have an impact on the Trust’s programme of change and service delivery and this ultimately may impact on the quality of care to our population.
Resource Implications	None specific to the Trust
Equality Implications	COVID19 has highlighted that some sectors of our population are disproportionately impacted and the need for ongoing understanding and consideration is highlighted

Where has this issue been discussed before?

Regular report to Trust Board

Appendices:

The One Gloucestershire ICS Lead report is available in the reading room

Report authorised by:
Angela Potter

Title:
Director of Strategy & Partnerships

INTEGRATED CARE SYSTEM UPDATE REPORT

INTRODUCTION

This paper provides Board Members with an overview and update on the activities that have been taking place across the Gloucestershire Integrated Care System.

1. Health Overview and Scrutiny Committee Activities

GHC held its annual informal development session with HOSC members on the 11th November. This proved a good opportunity for councillors to explore areas of interest with Trust colleagues but also for a number of our services to give updates on the work that the Trust has been taking forward. The session was well received with updates provided on the Trust's recovery from COVID, Pillar 1 testing and service updates from MSK Physio, School Aged Immunisation and First Contact Physio teams.

The formal Health Overview and Scrutiny Committee took place on the 17th November 2020 and included updates on community phlebotomy and the system wide performance.

2. Public Consultations

The public consultations on the Fit for the Future proposals and the development of the new hospital in the Forest of Dean commenced on the 22nd October following successful stage 2 assurance by NHSE/I and support by HOSC for both schemes. There is a mid-term review on the 18th November to assess progress to date and review the impact of the new socially distanced format and the impact of the national lockdown.

Because of the current COVID-19 situation, we are reaching out to people in a number of ways and offering a wider range of consultation activities, including additional on-line and telephone options, to support a socially distanced consultation. The CCG have also launched a new online participation space called *Get Involved in Gloucestershire*, where you can share your views about the new hospital and many other health projects which can be accessed via the following link <https://getinvolved.glos.nhs.uk/>

It is important to us that we hear the views of as many people as possible and ensure that everyone has the opportunity to comment on the proposals. We will also be providing an update to the Council of Governors at its meeting on the 19th November and all Trust members have been contacted by post to ensure people have the opportunity to participate in the respective consultations.

Further detailed information about Fit for the Future are available at www.onegloucestershire.net/yoursay and at www.fodhealth.nhs.uk for the Forest of Dean Community Hospital consultation.

3. Population Health Management Steering Group

The Gloucestershire Population Health Management (PHM) Development Programme Closing Event, was held on the 9th October. This event drew to a conclusion the NHS England and Improvement (NHSE/I) Population Health Management Wave 2 Development Programme that our system has been taking forward with the three Primary Care Networks (PCNs) in Cheltenham.

The aim of the PHM Development Programme is to support systems to improve health outcomes for selected local population cohorts through the real-time application of advanced analytics and intelligence-led care design. The outcomes presented in the session demonstrated that this approach is proving beneficial with regards relationship development and greater cross system working and the PCNs have begun to implement interventions for the identified cohorts.

The PHM steering group are now considering how to take forward the spread of PHM as a way of working to support our wider ICS Place based approach and proactively support our populations.

4. Phase 3 Planning – COVID Recovery

The system continues to develop its plan to ensure that it can operate at the highest possible capacity whilst continuing to keep staff and patients safe. Scenario planning continues to be refined as we adjust our planning to take account of the latest national guidance and the anticipated impact of the national lockdown. The system has seen high levels of surge activity from the 11th November onwards and measures have been taken to safeguard essential service delivery and working to bring on board additional support where this is deemed appropriate.

System planning is anticipated to continue over the coming months with potentially further planning guidance anticipated before Christmas.

An important service development which was established in response to the learning from the initial phase of the pandemic is the provision of a COVID virtual ward. This service is a response to the cohort of patients who were managed at home, under the care of their GP, whose outcomes could be improved by earlier detection of any deterioration in their condition and particularly those who present with “silent” symptoms at the onset of their deterioration.

The service enables patients, to have their oxygen levels monitored whilst remaining at home and thus, in the absence of their deterioration manifesting through worsening visible symptoms, can be identified and admitted to hospital sooner than might otherwise be the case. This will not only improve overall outcomes but is expected to reduce the number of patients who require admission to critical care services.

5. Integrated Locality Partnerships

The ILP's continue to focus on the priorities previously reported and the Trust is continuing to input and support these developments. The Strategy & Partnership team are now starting to take a lead role in support the projects and our newly appointed service development managers have met with the CCG Locality leads on the 5th November to understand how we work together in our support of the 6 ILP's and ICS

projects and programmes and build on the partnership working ensuring consistency of approaches to support opportunities and known ILP priorities.

The focus for ILPs will continue to be assessing the impact of COVID on their populations and working with partners to support the reduction in health inequalities particularly in Gloucester City.

One area that has a focus in Gloucester City is the Stronger Safer Gloucester Partnership (SSGP) which is the strategic group of various agencies responsible for the wider wellbeing, health and community safety agenda. Together with the Gloucester City ILP, SSGP have co-sponsored a task and finish group with the aim to gather information and data on what we know, and what is currently being done, about health inequalities in the city of Gloucester. This will help the system and communities to identify further targeted interventions such as service design and development, better connectivity of existing support, or new initiatives, all with the aim of reducing the health inequalities gap in the city.

Care Homes Support - The Enhanced Health in Care Homes service in the Network Contract commenced on 1 October 2020. However, a significant amount of work has been conducted prior to this date by the Clinical Commissioning Group (CCG), Primary Care Network (PCNs) and Providers.

There is a multi-agency Enhanced Health in Care Homes working group who have been working through the requirements. GHC are working well with PCNs to develop new ways of working to support Care Homes to ensure there is aligned service delivery and avoid duplication.

6. Wider ICS and Partnership Updates

The **Health and Well-being Board (HWB)** was due to have a workshop session to look at health inequalities and priority action planning but this was unfortunately postponed due the national lockdown coming into effect.

Anchor Institutions - A task and finish group has now been established to work on behalf of the Gloucestershire HWB to:

- Establish a shared understanding of how a Gloucestershire anchor institution approach / framework could support efforts to reduce inequalities, particularly as they affect BAME groups
- Understand what is already happening in Gloucestershire (whether or not it is badged as anchor institution activity)
- Identify where further work could be undertaken, particularly where the leadership of the Health & Wellbeing Board could add value, and make recommendations to the Board on the next steps.

Representation for the Trust has been identified through the Strategy & Partnerships team and we will support how we can tie this into the development of our ongoing strategic priorities moving forward.

7. Director of Public Health Annual Report 2019/20: Beyond Covid: Race, Health and Inequality in Gloucestershire.

This report has been co-authored between the Director of Public Health at Gloucestershire County Council (GCC) with the GCC Black Worker Network. It looks at the long-standing health inequalities faced by people of a BAME background in Gloucestershire and the impact of the COVID-19 pandemic.

The report emphasises the proportionate share of the COVID19 burden during the first wave of the pandemic that has fallen on those who already experienced health inequalities. It goes onto identify that these disparities are largely the result of long-standing structural racism which produces social and economic inequalities in the conditions in which BAME people are educated, work and live.

The report highlights the strength of listening and working together in partnership to tackling the systemic and structural issues this report highlights. The report is available in the reading room and via the attached link

<https://www.gloucestershire.gov.uk/gloucestershire-county-council-news/news-october-2020/public-health-report-calls-for-action-on-health-inequalities-faced-by-bame-residents/>

8. Focus on Patient, carer and staff feedback and engagement

Healthwatch Gloucestershire and Evolving Communities have published their report on people's experiences of A&E mental health care in our two local hospitals, and have made a number of recommendations to ensure mental health care in the county is on a par with physical health care. The report is available from the following link <https://www.healthwatchgloucestershire.co.uk/wp-content/uploads/HWG-Mental-health-AE-report-Final-Oct20.pdf>

The Trust has welcomed the report and recognises the importance of ensuring that people receive parity of esteem for both their mental and physical health care needs and supports the recommendations made. The ongoing delivery of mental health awareness training with accident and emergency department staff is vital to ensuring the completion of person-centred assessments which include people's mental and physical health care needs.

Angela Potter

Director of Strategy & Partnerships

AGENDA ITEM: 11/1120

REPORT TO: TRUST BOARD – 25 NOVEMBER 2020

PRESENTED BY: Neil Savage, Director of HR & OD

AUTHORS: Ruth Thomas, Associate Director: OD, Learning & Development
Sonia Pearcey, Ambassador for Cultural Change & Freedom to Speak Up Guardian
Linda Gabaldoni, Head of OD
Neil Savage, Director of HR & OD

SUBJECT: DIVERSITY NETWORK UPDATE REPORT

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

Decision

Endorsement

Assurance

Information

The purpose of this report is to:

The purpose of this report is to provide an update to the Board of Directors on the recent creation of the Trust's first Diversity Network and related sub groups.

Recommendations and decisions required

The Board is asked to:

- **Note** the update report

Executive summary

This report provides an update on:

- progress with the recent creation of the Trust's Diversity Network
- the pre-existing Women's Leadership Network
- the BAME sub group
- the Colleagues with a Disability sub group
- the LGBTQ+ sub group

Risks associated with meeting the Trust’s values

A strong well-supported and ambitious Diversity Network, with its identified sub groups, is critical to deliver the Trust’s strategic aim of being a great place to work and core to our related values of:

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

Failure to succeed with our Network and sub groups risk negatively impacting staff engagement, recruitment, retention and reputation.

Corporate considerations

Quality Implications	This improves the workplace, workforce and service delivery quality within the Trust. The Diversity Network and its sub groups provide a voice, a safe space and also a place to influence Trust business and the experience of being an employee.
Resource Implications	The Network and sub groups are currently supported by existing resources within OD, HR and Communications but will be further supported by the recently approved EDI lead currently out to advert and funded from Transformation Funds
Equality Implications	This work stream helps the Trust to become a fairer, more equitable workplace, and to deliver on its statutory requirements, for example, WRES and WDES.

Where has this issue been discussed before?

July 2020 – “Update on Trust’s Diversity Work” report and slide deck.

Explanation of acronyms used:	ICS OD HR LGBTQ+ Plus BAME WRES WDES	Integrated Care System Organisation Development Human Resources Lesbian, Gay, Bi-sexual, Trans & Queer Black & Minority Ethnic Workforce Race Equality Standard Workforce Disability Equality Standard
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Appendices:	Nil
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Report authorised by: Neil Savage	Title: Director of HR & OD
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DIVERSITY NETWORK UPDATE REPORT

1. Diversity Network Background & Update

One of our four strategic aims is to be: “**a great place to work**”.

To fulfil this, we are committed to: supporting, recruiting & retaining a diverse workforce at all levels, with supportive, compassionate, inclusive and effective leaders.

To assist with this aim we have created a Diversity Network with four sub groups; for BAME, LGBTQ+ colleagues, for colleagues with a Disability, alongside one for Women’s Leadership.

The Network aims to help:

- us to ensure all colleagues have a **voice**, feel **equally valued and supported**
- all colleagues achieve their potential by **removing barriers** to development
- the Board & leaders to **manage and lead better, informed by lived experience**
- the organisation to develop the **WRES and WDES** action plans

Prior to creating the Network, we surveyed colleagues and held a series of focus group engagement sessions to talk about the issues & experiences of BAME, Disabled and LGBTQ+. The Women’s Leadership Network was already well established under the leadership of Sandra Betney.

The Network has met twice now in July & October 2020, with circa 30 colleagues joining each meeting. Its third meeting is being planned for early January 2021, alongside dates for the rest of the New Year.

It has been chaired by Sumita Hutchinson, EDI lead NED, supported by other NED colleagues and the HR & OD Directorate, pending the election of a chair from the Network.

The Trust is providing funding & administrative support for the Network and its sub groups.

The Network’s next steps are to appoint a Network Chair; create a shared space on the intranet; agree the Network’s Terms of Reference & agree a work and communications plan for 2021.

2. BAME Sub Group

The sub group has been initially chaired by Sonia Pearcey, Ambassador for Cultural Change & Freedom to Speak Up Guardian.



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The sub group has met twice since its inception, in September & November, with 11 colleagues joining the first meeting and over 20 joining the second most recent meeting.

Vinod Mani & Dominika Lipska-Rosecka have been nominated & voted in as **co-chairs** which is great news.

Following applications & interviews, these two sub group members have also been successful in getting on to the national **2021 Workforce Race Equality Scheme (WRES) Experts Programme**.

In terms of emerging themes, the sub group is beginning to provide a safe space for sharing experiences & challenges of being from diverse ethnic and cultural backgrounds. Discussions have focussed on inclusive culture and leadership, and how we can better support & develop that alongside the wider championing of diversity. Reciprocal mentoring and support for the planned ICS Stepping Up programme. Colleagues want to be involved supporting policy decisions and inputting their experiences at both a local and Trust level.

The sub group participated in an engagement session on the **WRES action plan** which will be coming to Resources Committee's next meeting.

A BAME colleague from the sub group has agreed to share her story about working in the organisation at a future Board, following speaking up with a positive outcome and learning.

The challenges for the group are increasing the attendance, how we feed into and contribute to wider ICS EDI work as some colleagues are involved in wider work/on development programmes that not everyone was aware of and how this can be tied together and better publicised.

The sub group's next steps and priorities include inducting and supporting the new joint chairs, creating shared space, increasing attendance and virtual contributions from those who can't attend, the development of the 2021 work plan and sub group communications, as well as supporting the WRES scheme.

3. Women's Leadership Network

The network is led and chaired by Sandra Betney, Director of Finance and Deputy Chief Executive.

This network has met three times in the last year, with a fourth meeting scheduled for 24th November, with good levels of attendance, with 34 colleagues signed up for the next meeting.

Only one meeting has been cancelled during COVID (June 2020). Guest speakers have included Vicci Livingstone-Thompson, Chief Executive Officer, Inclusion Gloucestershire in December 19, Louise Williams, Director, Campaign for the Protection of Rural England, in March 20, and then Jane Ginnever FRSA Founding Director, SHIFT in September 2020, who talked about her leadership approach as a female leader & her experience of leading in the armed forces.



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In terms of emerging themes, these have been inspiring & engaging speakers, sharing good examples of colleagues sharing their personal journeys and experiences as women leaders.

The main challenge is to get volunteers more involved in taking the network and its work forwards.

The next meeting in December 2020 has Jane Probert, Superintendent Learning & Development, Chair of Women's Initiative Network, Gloucestershire Constabulary as a guest speaker. Following that, we are planning to have GHC's Nancy Farr speak about Menopause for June 2021. The network is also considering the possibility of communications and events for World Menopause and Perimenopause Days on 11th and 18th of October 2021.

4. Colleagues with a Disability Sub Group

The sub group has initially been chaired by Ruth Thomas, Associate Director: OD, Learning and Development. It is aiming to agree a chair from the sub group this month.

The sub group has met twice, with a third meeting scheduled for 24th November, however, there have been lower levels of attendance than the other sub-groups (7 / 8) with lower representation for those with direct lived experience.

In terms of emerging themes from the sub group, as with the other groups, members want to be involved supporting policy decisions and inputting their experiences at both a local and Trust level, how to improve attendance and representation, whether to offer wider carer and service user input or attendance. Sub group members have also agreed to share stories via creation with Comms of two videos to help raise wider Trust awareness of working with a disability.

Importantly, the sub group members have participated in an engagement session on the **Workforce Disability Equality Scheme (WDES)** action plan which will be coming to Resources Committee's next meeting. This also contributed to the submission of an application for a £20,000 **Health Education England WDES Disability Innovation Fund** which is about developing the role of organisational Disability champions. This would build on a piece of work already in train & will focus initially on sensory disability and then be expanded to include a wider breadth of disabilities

Challenges identified include, stigma in society and workplaces, membership numbers and alternative ways of engaging and giving colleagues with a disability a voice, the wide range of disabilities experienced by colleagues and openness about who they are. Issues of language & assumptions with colleagues and patients/service users has also been an issue which needs further work.

The sub-group's next steps and priorities include developing messaging for International Day of Disabled Persons 2020, working with the Communications team to develop the two videos, public pages and resources for colleagues, wider communications and targeted invites to join the group. We will also be focussing on inducting and supporting a new chair, creating a confidential shared space intranet hub site for members, achieving



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better attendance, developing & agreeing the 2021 work plan and communications, while supporting the WDES scheme.

5. LGBTQ+ Sub Group

The sub group has initially been chaired by Linda Gabaldoni, Head of Organisational Development.

The sub group has met twice since its inception, with its third meeting scheduled for late November, with just under 20 colleagues attending each meeting.

It is hoping to finalise co-chairs this month. Three sub group members have volunteered to co-chair and met in early November to discuss & agree how they would take this forward. They will feedback and agree final arrangements at this month's meeting.

This is a well-represented and enthusiastic group, with open and honest discussions. Colleagues report feeling the group is a safe space to talk about their challenges. As with the BAME sub group, emerging themes include that colleagues want to be involved supporting policy decisions and inputting their experiences at both a local and a Trust level. Members are explicit about their passion for raising the awareness of wider diversity in the Trust. Stonewall have been contacted for information on support available through their "power of inclusive workplaces" programme

A colleague from the sub group has agreed to share their story about working in the organisation via a video for wider awareness spreading.

Challenges identified include that members feel the difficulties in raising LGBTQ+ awareness, and ensuring the Trust truly has safe spaces where colleagues and service users can be open and honest about who they are. Language and assumptions with colleagues & patients/service users has also been raised.

The sub group's next steps and priorities include inducting and supporting the new joint chairs, creating confidential shared space intranet hub site for members. There is also a need to work with Communications team to develop public pages and resources for colleagues, maintaining high levels of attendance, developing and agreeing the 2021 work plan and communications.

6. Recommendation

The Board is asked to note the update report.

AGENDA ITEM: 11/1120

REPORT TO: TRUST BOARD – 25 NOVEMBER 2020

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

AUTHOR: Lavinia Rowsell, Head of Governance and Trust Secretary

SUBJECT: BOARD ASSURANCE FRAMEWORK

This report is provided for:

Decision Endorsement Assurance Information

The purpose of this report is to:

To provide assurance to the Board on the management of risk. Along with the corporate risk register the BAF supports the creation of a culture which allows the organisation to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities. It helps to clarify what risks are likely to compromise the trust's strategic and operational objectives and assists the executive team in identifying where to make the most efficient use of their resources in order to improve the quality and safety of care.

Recommendations and decisions required

The Board is asked to:

- **receive** and **approve** the updated BAF noting key changes highlighted below

Executive summary

The BAF has been updated in consultation with members of the Executive. The corporate risks relating to each of the risk areas are highlighted in the paper and have been reviewed by the relevant governance oversight Committee. The following key changes to the BAF since Board consideration in July 2020 are highlighted as follows.

Amendments made: All risks have been reviewed and actions/additional controls added where appropriate. Changes are highlighted in red text.

Strategic risks added or removed this quarter: None

Movements in risk ratings since the last review:

The following changes have been reviewed by the Executive team and recommended by the Executive Lead:

- Risks 01: *There is a risk that we fail to support and progress effective working within the health and care system and cannot fully achieve the benefits of integration targeted within the Strategic Intent for the merged Trust and meet the NHS Long Term plan. Risk rating **reduced from 8 to 6** due to positive progress in Fit for the Future, and the Forest of Dean project having completed stage2 assurance and confirmation that consultation will commence shortly.*
- Risk 06: *There is a risk that we are unable to recruit and retain the workforce we need to meet our ambitions. Risk rating **reduced from 16 to 12** to reflect progress that has been made with the Trust's response to the People Plan, workforce systems projects and Fast Track recruitment options. It is noted that the target date for this risk is currently December 2020 however it is acknowledged that this may be impacted on by Covid.*

Risk updates

SR 00: *That the impact of Covid-19 places the Trust's services under increased clinical and operational pressure which negatively influences patient care in terms of patient safety, wellbeing and mortality outcomes and limited access to services exacerbated by lower staffing levels.* Risks relating to the Covid-19 are regularly reviewed via the Covid Programme Board. The strategic risk rating has been reviewed and **no increase in risk rating** is recommended at the current time. Local management expertise is in place, there are strong PPE supplies and Covid 19 secure controls have been established. An additional Board Assurance Framework for infection prevention control is being reviewed by the Nursing and Quality Directorate and compliance will be reported to the next meeting of the Board.

It should be noted that for SR 8 and SR9 relating to *Innovation and Research*, the target date for achieving target risk has been **revised to June 2021**. This is following agreement at the Board that the timeline for the enabling strategies be reviewed in the context of the pressures caused by the Covid-19 pandemic.

Further work to develop the Trust appetite will take place over the next month as the Board finalises the Trust's new strategic objectives. The BAF will be reviewed in light of the new objectives and a revised BAF presented to the Board meeting in January 2021.

Risks associated with meeting the Trust's values

As set out in the paper.

Corporate considerations

Quality Implications	The trust must have a robust approach to risk management in order to maintain the highest standards of quality care provided to patients. Identification and mitigation of risk is an important tool in being able to manage events that could have an impact
Resource Implications	There are no financial implications arising from this

	paper.
Equality Implications	There are no financial implications arising from this paper.

Where has this issue been discussed before?
With the Executive and at Board Committees.

Appendices:	Full BAF
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Report authorised by: Lavinia Rowsell	Title: Head of Corporate Governance and Trust Secretary
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BOARD ASSURANCE FRAMEWORK

The design of the Board Assurance Framework (BAF), adopts the NHS standard format and identifies risks to the delivery of the new Trust's objectives and also to capture the controls and assurance in relation to strategic risks. Strategic risks are defined as those risks that, if realised, could affect the way in which the Trust exists or operates.

Strategic risks will be identified by Directors, and will be aligned to the Trust's strategic objectives. The nominated lead for each strategic risk will be responsible for identifying controls and sources of assurance to ensure that these controls operate effectively. Sources of Assurance are classified into type – Management, Board and External, reflecting the three lines of defense to enable the Board to understand how fully its assurance basis. Any gaps will be identified and action plans put in place to strengthen controls. Risks will be assigned to Board or Board committees for consideration at each meeting to provide appropriate visibility, monitoring and assurance.

The BAF will be fully reviewed by the Board three times a year, and the Audit and Assurance Committee three times a year and it will support the Chief Executive Officer in completing the Annual Governance Statement at the end of each financial year.

Strategic risks are those risks which could fundamentally affect the way in which the Trust operates, and that could have a detrimental effect on the Trust's achievement of its strategic objectives.

Corporate risks which relate to the Strategic Risks (12 or more), are detailed with their scores. The Corporate risks which are over 12 are reviewed by the Board committee which covers the related area.

- 1.1 Risk Appetite** - The current risk appetite was agreed in July 2019 and is under revision following initial discussion at the Board Seminar in September 2020- risk appetite is a key element of its risk management process.
- 1.2 The Risk Management Policy** is in place and scheduled for review in 2021.
- 1.3 Strategic Objectives Development** - The new strategic aims and objectives are currently being finalised. The BAF will be reviewed and realigned in light of these new objectives for approval at the January 2020 meeting of the Board.



SUMMARY OF STRATEGIC RISKS

Trust strategic objectives	Strategic risks				Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
	Ref	Risk	RAG	Exec Lead				
All Strategic Objectives	SR00	That the impact of Covid-19 places the Trust's services under increased clinical and operational pressure which negatively influences patient care in terms of patient safety, wellbeing and mortality outcomes and limited access to services exacerbated by lower staffing levels.	H 	CEO/ DoNTQ	Quality	25 5x5	16 4x4	12 4x3
Strong System Leader and Partner	SR1	There is a risk that we fail to support and progress effective working within the health and care system and cannot fully achieve the benefits of integration targeted within the Strategic Intent for the merged Trust and meet the NHS Long Term plan.	M 	CEO/ DoSP	Board	12 3x4	6 2x3	4 1x4
Strong System Leader and Partner	SR2	There is a risk that services are not sustainable and do not continue to improve and develop to meet needs.	M 	CEO/ DoSP	Board	12 3x4	8 2x4	4 1x4
Outstanding Care	SR3	There is a risk that failure to: (i) meet consistent quality standards for care and support; (ii) address variability across quality standards; or (iii) reconcile conflicting quality standards or guidance, will result in poorer outcomes for patients/service user and carers and poorer patient safety and experience.	M 	DoNTQ	Quality Committee	12 3x4	8 2x4 On Target	8 2x4
Outstanding Care	SR4	There is a risk that the Trust does not maintain robust focus on either/or mental and physical health.	M 	CEO	Board	15 3x5	10 2x5	5 1x5
Personalised Experience	SR5	There is a risk that we fail to keep service users and carers at the heart of what we do and do not deliver genuine co-production.	M 	DoNTQ	Quality Committee	12 3x4	8 2x4	4 1x4

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
Engaged, Empowered and Skilled Workforce	SR6	There is a risk that we are unable to recruit and retain the workforce we need to meet our ambitions to: <ul style="list-style-type: none"> provide outstanding, joined up care maintain colleague well-being minimise use of agency and bank staff 	M ↑	Dir HR & OD	Resources Committee	16 4x4	12 3x4	8 2x4
Engaged, Empowered and Skilled Workforce	SR7	There is a risk that we fail to establish a culture which: <ul style="list-style-type: none"> engages and empowers colleagues engendering a sense of collective ownership supports discretionary innovation 	M ↔	Dir HR & OD	Resources Committee	16 4x4	12 3x4	4 1x4
Innovation and Research Driven	SR8	There is risk that we don't enable colleagues to support Innovation and Research through appropriate funding, time and focus and strategic drivers.	M ↔	MD & DoSP	Quality Committee	9 3x3	9 3x3	6 2x3
Innovation and Research Driven	SR9	There is a risk that we do not have in place structures and processes which enable colleagues to look beyond the organisation to identify leading edge practice to inform practice.	M ↔	MD	Quality Committee	9 3x3	9 3x3	6 2x3
Best Value	SR10	There is a risk that the One Gloucestershire transformation plans become frustrated and impact on our individual Trust aims and objectives and the whole system plans.	M ↔	CEO	Board	16 4x4	9 3x3	8 2x4
Best Value	SR11	There is a risk we do not maintain robust internal controls (Including financial) and governance systems; resulting in potential financial and organisational instability.	M ↔	Dir Finance	Resources Committee / Audit & Assurance Committee	12 3x4	8 2x4	4 1x4
Best Value	SR12	There is a risk we do not achieve our individual organisations financial sustainability and contribute to whole system sustainability.	M ↔	Dir Finance	Resources Committee	12 3x4	8 2x4	6 2x3

Strategic Objective:		ALL STRATEGIC OBJECTIVES					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR00		That the impact of Covid-19 places the Trust's services under increased clinical and operational pressure which negatively influences patient care in terms of patient safety, wellbeing and mortality outcomes and limited access to services exacerbated by lower staffing levels.					
Type		Quality			Executive Lead	Director of Nursing	
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Board
Inherent (without controls being applied) Risk Score		5	5	25	Date Identified		Feb 2020
Previous Meeting Risk Score		4	4	16	Date of Review		October 2020
Current Risk Score		4	4	16	Date Next Review		Ongoing and January 2021
Tolerable (Target) Score		4	3	12	Date to Achieve Target		March 2021
Key 2020 Deliverables					Relevant Key Performance Indicators		
Continued compliance with national guidance and requirements i.e. Covid secure environments, Public Health England personal protective equipment guidance, BAME guidance and high standards of infection control, all to maintain safety and wellbeing of patients, carers and staff. Ongoing staff support and wellbeing measures to care for staff and maintain effectiveness.							
Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Business continuity planning and emergency response plans in place	Executive briefings. Board Assurance Committee.	Management		Regular Exec/Board briefings/	Completed	COO	Programme management approach adapted to longer term incident management. Daily briefings stood back up. BCP training underway with all teams

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Covid programme established with Exec work-stream leads	Weekly executive briefings.	Management		Recovery programme structure in place.		COO	Programme Structure in place reporting to Exec. Recovery plans in place for all services. Future state programme plan developed with system partners.
Engagement in local/regional/national NHS emergency guidance and protocols	Feedback from ICS/discussion with system partners to Executive.	Management	Guidance from centre on specific issues.	Continued engagement with system and wider NHS partners.	Ongoing	Executive	Demand and capacity systems for essential services in place and monitored. Trust contributing to national work on PPE supply.
Plans in place for response to second surge	Executive review	Management	Finalised surge plans Workforce surge planning	Guidance of surge planning developed and rolled out	End Oct	COO	Practical guide for surge planning for managers in place. Surge workshops held with all services. SitRep tool redefined. BCP plans reviewed to include minimal safe staffing requirement

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Protocols for maintaining infection prevention and control in workplaces established for the protection of patients and staff	Executive/IPC group Quality Committee/QAG.	Management	Covid secure environments across trust.	Implementation of government guidelines. Infection prevention and control board assurance framework reviewed by QAG. Lateral flow testing for staff roll out	Ongoing	COO	Joint working with ICS partners. Regular review of PPE guidance. GHC stock management team established. Regular monitoring of stock levels – controlled ‘pull model’ in place. Additional PPE storage secured. Local upgrading of PPE IP&C assurance framework in place and under review. Covid secure environmental toolkit rolled out. Additional resourcing in place Additional resource for staff testing to meet increased demand.
Covid 19 vaccination of staff	Executive review	Executive	GHC working group	GHC working group to be established		DoNTQ	

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Maintenance of safe staffing levels	Progress reports to Executive.	Management			Ongoing	DoHR&OD/COO	Health and Wellbeing offer in place to support all staff. Daily monitoring reporting of staffing levels across teams.
Key workforce policies and HR guidance on remote working, sickness reporting	Weekly executive discussion. Communication through internal Comms structure.	Management		HR guidance/policies regularly updated in line with national policy developments	Ongoing	DoHR&OD	Sickness and isolation reporting in place. Home working assessment app launched. Home working policy agreed.
Risk assessments for all at risk staff	Management and Board.	Management and Board		Risk assessments for all at risk staff. Covid Secure environment project.		DoHR&OD	All at risk staff contacted. Additional support including OH and FTSU in place. Covid-secure environment toolkit developed. As of 11/09/20 – 99% of BAME colleagues have had a risk assessment. 67% of all other at-risk colleagues have been assessed inc. 100% of those shielding. Roll out of returning shielders toolkit risk assessment and guidance.

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Sufficient PPE to ensure Workforce remains safe and to reduce spread of the Virus	Monthly progress reports to business continuity team and Executive.	Management		Centralised stock management team Monitoring and standard operating procedure as per national guidance	Ongoing	COO	Regular monitoring of central guidance. Stock management team in place.
Links to Risk Register							
Risk 264 (Impact on GHC)/ Risk 282 (Staff Health and Wellbeing) / Risk 265 (Impact on Staff) / Risk 278/279 (Litigation)/ Risk 291 (Fraud)/ Risk X (MIU Workforce)							

Strategic Objective:		STRONG SYSTEM LEADER AND PARTNER					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR1		There is a risk that we fail to support and progress effective working within the health and care system and cannot fully achieve the benefits of integration targeted within the Strategic Intent for the merged Trust and meet the NHS Long Term plan.					
Type		Strategic		Executive Lead		Chief Executive	DoSP
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Board
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified		November 2019
Previous Meeting Risk Score		2	4	8	Date of Review		October 2020
Current Risk Score		2	3	6	Date Next Review		January 2021
Tolerable (Target) Score		1	4	4	Date to Achieve Target		March 2021
Key 2020 Deliverables					Relevant Key Performance Indicators		
Overall 5 Year Trust Strategy developed.							

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
CEO & Chair members of the Integrated Care System – engaged in all processes, regular meeting structure in place. Attendance levels and partner engagement strong	Reports to Board on ICS work, priorities & action plans. Two-way communication processes in place.	Board	ICS Governance requires further development.	ICS Memorandum of Understanding, including delegation & ways of working.	June 2020	ICS Chair	Strong engagement/ attendance at ICS meetings by Chair/Exec. Effective relationships with DDoS and Director of Transformation Effective partnerships working on both FFTF and FoD
Director of Locality and Primary Care Post – Joint post with Clinical Commissioning Group which has embedded ongoing partnership working with Primary Care, which is supporting	Reports to Board (attendance at Board by Director of Locality and Primary Care to ensure issues reviewed through this lens on ongoing basis.	Board		Active engagement with all system partners as ILPs recommence activities.	June 2020 Sept 2020	Director of Locality and PC/ Director of S&P	ILP's recommenced following COVID and the S&P directorate are making strong links Place' considered a key element for the delivery of strategy and will be considered

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
effective cross system working							further in the emerging priorities around health outcomes.
Executive membership & leadership of key ICS Groups, Local Medical Committee, Primary Care Networks. Attendance levels and partner engagement strong	Feedback from Groups to Executive.	Management			June 2020 January 2021	CEO	LMC regularly attended by MD and COO Completion of MoC for S&P directorate now means strong alignment into each of the ILPs at engagement and partnership levels.
Effective Engagement in the Primary Care Networks (PCN). Meetings with Clinical Directors	Reports to Board & Executive.	Board	Capacity to personalise support and take forward actions from PCN.	Development of roles below directors to enhance capacity. Development processes planned.	Sept 2020 Jan 2021	CEO	Development planning ongoing. CEO meetings and regional presentations to Clinical Directors.
Long Term Plan integrated into strategic planning work	Strategic Intent & approved Merger documentation.	External – NHSE/I		Executive to consider any short- and long-term implications.	March 2020 Sept 2020	CEO	Phase 3 COVID planning and winter planning underway. Trust actively involved in all submissions
Links to Risk Register							

Strategic Objective:		STRONG SYSTEM LEADER AND PARTNER						
Risk Ref:	Latest Rating and Direction of Travel	Risk Description						
SR2	↔	There is a risk that services are not sustainable and do not continue to improve and develop to meet needs.						
Type		Strategic			Executive Lead		Chief Executive	DoSP
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Board	
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified		Nov 2019	
Previous Meeting Risk Score		2	4	8	Date of Review		October 2020	
Current Risk Score		2	4	8	Date Next Review		January 2021	
Tolerable (Target) Score		1	4	4	Date to Achieve Target		March 2021	
Key 2020 Deliverables					Relevant Key Performance Indicators			
ICS Strategy Implemented taking forward One Gloucestershire proposals.								
Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update	
ICS Board ensures focus is on sustainability across the Gloucestershire health sector. GHC Chair and CEO fully engaged in ICS Board and ICS Development to ensure forward looking agenda	Reports to Board. Non-Executive Director Sessions. Executive meetings with counterparts.	Board and management.	Sustainable Development management plan to be developed for the Trust that joins up across the wider ICS system.	Head of Sustainability post being recruited to	Dec 2020	DoSP	Fit for the Future consultation process due to commence October 2020. FoD consultation process due to commence October 2020	
Fit for the Future Engagement – publication and engagement programme developed collectively with staff from across the Healthcare system delivering	Board involvement in Fit for the Future Engagement.	Board			Dec 2020	DoSP	Fit for the Future no longer impacting directly on Trust service provision. Pre-consultation paper to Sept 2020 Board	

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Co-production central to Trust's operation and this is being built into ways of working and ways of reviewing practice	Development work of Director of Strategy and Partnerships and Chief Operating Officer.	Management	Clear approach to co-production and people participation not in place.	People Participation Committee to be established.	April 2020 Dec 2020	DoSP	Discussions commenced on People Participation agenda.
Gloucestershire Health Finance Directors meet regularly to ensure up to date understanding of the financial position across the local Health economy	Reports to Executive and Board Management Accounts.	Management and Board				DoF	ICS Financial updates given as part of Board Reports.
Executive involvement in development of key pathways within ICS	Reports to Board.	Management & Board				DoSP	DoSP attending New Models of Care Board and Fit for the Future programme to ensure alignment with key work programmes.
Links to Risk Register							
Risk 1002 (Operational Resilience) / Risk 291 (Fraud) / Risk 293 (Software Replacement)							

Strategic Objective:		OUTSTANDING CARE					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR3		There is a risk that failure to: (i) meet consistent quality standards for care and support; (ii) address variability across quality standards; or (iii) reconcile conflicting quality standards or guidance, will result in poorer outcomes for patients/service user and carers and poorer patient safety and experience.					
Type		Quality			Executive Lead		Director of Nursing
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Quality Committee
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified		Nov 2019
Previous Meeting Risk Score		2	4	8	Date of Review		Oct 2020
Current Risk Score		2	4	8	Date Next Review		January 2021
Tolerable (Target) Score		2	4	8	Date to Achieve Target		Achieved/Ongoing
Key 2020 Deliverables				Relevant Key Performance Indicators			
Quality Strategy in place with Performance Measures.							
Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Patient Safety Controls: Clinical Risk Management Processes, Risk Management Strategy & Policy, Patient Safety Team processes. (for example – medication management – including Annual Report, Never Event and Serious Incidents Requiring Investigation & Never Event monitoring & learning, Mortality Review processes)	Reports to Quality Committee and sub Committees. Internal audit on Corporate and Quality Governance.	Management & Board External	Combined quality report not yet in place.	Committee work-plan in place focussing on key assurances	Ongoing	DoNTQ	Quality Committee arrangements established and functioning well. Monthly consideration of quality report at Board/Committee Positive outcome of internal audit on quality and corporate governance.

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Patient experience controls (including compliments, complaints and learnings identified, communicated, embedded and confirmed through audit and review)	Reports to Quality Committee Reports to Executive.	Management and Board	Experts by Experience not embedded within community services.	Experts by Experience actions to be embedded.	July 2020 Oct 2020 Jan 2021	DoNTQ	Progress delayed due to Covid. Expert by Experience on Quality Committee. New position in DTQ team to focus on triangulation of care and increasing co-production in Quality Directions
Co-production actions – Better care together engagement events & related clinical and operational review to reflect feedback	Reports to Quality Committee Reports to Executive.	Management and Board	Co-production to be further developed across the combined Trust.	Co-production further developed and embedded across Trust.	Oct 2020	DoSP	Activities have been suspended during COVID and need to be reconsidered in light of new ways of delivery via social distanced approaches.
Workforce Controls – safe staffing processes and ways of working – defined and reported on within Quality reporting processes	Reports to Resources Committee and Quality Committee. Reports to Executive.	Management and Board	Staff turnover and staff sickness which may lead to increased use of agency staff that have less knowledge of Trust processes and procedures.	Staff recruitment and Retention actions.	Ongoing	Dir HR & OD DoNTQ	Use of practices such as Safety huddles to update staff within working day. Use of GHC Bank and Master Vendor Contract to ensure greater consistency of staffing. Agency Management Group.
Freedom to Speak Up and Whistleblowing processes fully embedded across Trust	Reports to Board (covering processes, volumes, types of issues, resolution practices, benchmarking & good practice guidance and internal audit report.	Board		Internal Audit and action plan	March 2020	DoNTQ	New policy in place. Incorporated Guardian in senior team. Board development session in October. 6 monthly reports to the Board.

Links to Risk Register

Risk 562 (pressure ulcers)/ **Risk 609** (staff retention)/ **Risk 116** (Agency management)/ **Risk 173** (workforce)/ **Risk 258** (workforce)/ **Risk 5** (Ligatures)

Strategic Objective:		OUTSTANDING CARE					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR4	←→	There is a risk that the Trust does not maintain robust focus on either/or mental and physical health.					
Type	Quality			Executive Lead		Chief Executive	Director of Nursing
Risk Rating	Likelihood	Impact	Total	Assurance Committee		Quality Committee	
Inherent (without controls being applied) Risk Score	3	5	15	Date Identified		Nov 2019	
Previous Meeting Risk Score	2	5	10	Date of Review		Oct 2020	
Current Risk Score	2	5	10	Date Next Review		January 2021	
Tolerable (Target) Score	1	5	5	Date to Achieve Target		March 2021	
Key 2020 Deliverables				Relevant Key Performance Indicators			
Quality Strategy in place with Performance Measures.							

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Patient Safety Controls: Clinical Risk Management Processes, Risk Management Strategy & Policy, Patient Safety Team processes. (For example – medication management – includes Annual Report, Never Event and Serious Incidents Requiring Investigation & Never Event monitoring & learning, Mortality Review processes)	Reports to Quality Committee and sub Committees. Reports to Executive.	Management & Board			Ongoing	Director of Nursing, Therapies & Quality	Meetings embedded. Reporting process to Board defined. Agendas for Quality Committee and subgroups demonstrate good balance of mental/physical care. Positive outcome of internal audit on quality governance.
Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update

Management Structure developed through merger process ensures focus on mental and physical health, whilst not acting as a barrier to integration	Management Structure	Management	Clinical Framework	To develop Clinical framework	March 2021	Medical Director	Key appointments made in physical and mental health. Structure in place.
Co-production and engagement activities with carers, service users and staff reflect the need to ensure integration is not achieved at the expense of necessary specialism and that all relevant groupings are appropriately engaged	Co-production and engagement methodology.	Management	Quality Framework	To develop Quality Framework	Nov 2020 March 2021	DoNQT	Additional appointment in Quality Directorate to focus on embedding co-production. Quality strategy delayed due to Covid but on target.
Medical Committee and Staff Forum provide feedback mechanism from colleagues across the Trust, with different specialisms and foci, to ensure focus is maintained.	Reports to Executive Staff Engagement	Management	Membership for Trust may not currently reflect spectrum of service users.	Focus on Membership with aim balance of service users across the Trust's provision.	Sept 2020 Jan 2021	CEO	Governance mechanism in place - Senior Leadership Network, Team Talk and creation of bi-monthly Senior Leadership Team business meetings. Membership and engagement strategy being drafted.
Reporting frameworks from 2021 demonstrate equity of physical and mental health assurance	Governors, Resources Committee	Management Board	Central guidance issued w/c. 31/01		May 2020		Completed. New quality dashboard.

Links to Risk Register

Risk 112 (IAPT)/ Risk 31 (data quality)/ Risk 121 (Record Compliance)

Strategic Objective:		PERSONALISED EXPERIENCE				
Risk Ref:	Latest Rating and Direction of Travel	Risk Description				
SR5	↔	There is a risk that we fail to keep service users and carers at the heart of what we do and do not deliver genuine co-production.				
Type		Strategic			Executive Lead	
Risk Rating		Likelihood	Impact	Total	Assurance Committee	Director of Nursing DoSP Quality Committee
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified	November 2019
Previous Meeting Risk Score		2	4	8	Date of Review	Oct 2020
Current Risk Score		2	4	8	Date Next Review	Jan 2021
Tolerable (Target) Score		1	4	4	Date to Achieve Target	March 2021
Key 2020 Deliverables					Relevant Key Performance Indicators	
Co-production Methodology embedded across Trust.						

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Patient Safety Controls: Clinical Risk Management Processes, Risk Management Strategy & Policy, Patient Safety Team processes. (for example – medication management – including Annual Report, Never Event and Serious Incidents Requiring Investigation & Never Event monitoring & learning, Mortality Review processes)	Reports to Quality Committee and sub Committees.	Management & Board			Ongoing	DoNTQ	Meeting processes embedded and demonstrate good balance across breadth of service. Positive outcome of internal audit on quality governance. New Quality Dashboard in place
Co-production and engagement activities with carers, service users and staff reflect the need to ensure integration is not achieved at the expense of	Co-production and engagement methodology	Management	Quality Strategy	To develop Quality Strategy	Nov 2020 March 2020	DoSP	Strategy development delayed due to Covid. On target to develop quality framework by revised due date.

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
necessary specialism and that all relevant groupings are appropriately engaged							
Patient experience controls (including compliments, complaints and learnings identified)	Reports to Quality Committee.	Management	Experts by Experience not embedded within community services.	Experts by Experience actions to be embedded.	July 2020	DoNTQ	Patient experience report to the Quality Committee. DoSP focus on co-production and extension of Experts by Experience for physical health. New post within quality directorate focusing on co-production
Links to Risk Register							
RISK 559 (Mental Capacity Act)							

Strategic Objective:		ENGAGED, EMPOWERED AND SKILLED WORKFORCE					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR6		<p>There is a risk that we are unable to recruit and retain the workforce we need to meet our ambitions to:</p> <ul style="list-style-type: none"> • provide outstanding, joined up care • maintain colleague well-being • minimise use of agency and bank staff 					
Type		Workforce		Executive Lead		Director of HR	
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Resources Committee
Inherent (without controls being applied) Risk Score		4	4	16	Date Identified		Inherited risk from 2g and GCS
Previous Meeting Risk Score		4	4	16	Date of Review		October 2020
Current Risk Score		3	4	12	Date Next Review		January 2021
Tolerable (Target) Score		2	4	8	Date to Achieve Target		January 2021
Key 2020 Deliverables				Relevant Key Performance Indicators			
Workforce Plan in place.							

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Workforce planning processes. (Integrated within business planning process to ensure impact considered across the range of staffing types and levels)	Reports to Resources Committee and Executive and ICS LWAB.) Workforce planning and narrative submissions.	Board	National approach to NHS pension limits impacts on recruitment & retention.	Key staff being trained in workforce planning via HEE. Lobbying at national level with NHS Providers and NHS Employers.	Ongoing	Dir. HR & OD	Workforce planning presentation to be included in annual planning workshop for the 2021. 2 additional GHC staff have completed university workforce planning qualification. Phase 3 of ICS workforce plan & narrative submitted.
Implementation of the People Plan	Reports to Resources Committee.	Board	Lack of integrated workforce planning data.	Promotion of system approach to workforce planning, including	March 2021	Dir. HR & OD	People plan released July 2020. First ICS system People Plan submission developed

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
				shared career pathways.			and agreed. KPIs still awaited. Board, SLN, Execs, Staff Side and staff engagement sessions run on People Plan. Workforce systems projects continue. Legacy ESRs now integrated with further work related to Finance Ledger on-going for November 2020 launch.
Skills Mix Reviews	Reports to Chief Operating Officer & Executive.	Management			Ongoing	Dir. HR & OD	Skills mixes carried out. New reviews in NTQ, S&P Directorates, Podiatry, Vocational Service, Individual Placement & Support Service in Q2.
Monitoring of Agency Use & Vacancies	Reports to Executive, Agency and Bank Management & Resources Committee.	Management & Board		Refocused Agency and Bank Management Group with 3 additional workstream task and finish groups.	Ongoing	COO and Dir. HR & OD	End to end process review of recruitment re-commenced. Fast Track. Recruitment options in place for prioritised areas. Guaranteed Volume Contract reviewed and provision doubled.
Safe Staffing Reports	Reports to Quality Committee and Executive.	Board	Trust doesn't commission all training.	Completion of Staff workforce planning training and programme of workforce planning workshops with	July 2020	DNQ&T	Safe Staffing reporting in place. University of Gloucestershire RGN, RMN, & new LD nursing programmes well subscribed to for September and 2021 intakes. Blended

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
				support from HEE.			nursing programme being explored with UoG. HEE Nursing CPD funding provided for 2020/21 to upskills clinical skills.
Recruitment & Retention Plans and actions	Reports to Resources Committee.	Board	Limited Resources for promoting Trust jobs and enabling innovative approaches to recruitment & retention.	Recruitment Action Plan and New recruitment strategy & action plan – ensuring best use of funds available.	December 2019 March 2020	Dir. HR & OD	Future State Programme Dedicated Recruitment & Retention work stream commenced Q2. New retention lead post starts in October 2020. Prioritised Fast Track Recruitment processes in place. County careers event held. Virtual RCN and MH HCSW recruitment events scheduled Oct 2020. International recruitment plan for registered nurses and medics approved by Execs subject to final contract October 2020.
Career pathway developments	Reports to Executive.	Management	Legacy succession planning and talent management processes from former GCS and 2G.		March 2020 Oct/Sept 2020	Dir. HR & OD	HEE CPD monies and 2020/21 programme agreed in Sept 2020. ICS Apprenticeship Hub in development by GHC for ICS. ICS agreed NA, ACP & HEE career development, workforce transformation funding, programmes & reporting in place.

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
							Process for 2020/21 HEE funding & programme recommenced in June after COVID delay with review of existing programme through ICS in July to September 2020. ICS LWAB to consider 2020/21 bids October 2020.
Partnership arrangements with academic organisations	Reports to Resources Committee.	Board			Ongoing	Dir. HR & OD	Regular Glos Strategic Workforce Development Partnership Board p relaunched in Q2 and continues to progress existing and new RGN, RMN, LD, Physiotherapy, Paramedic degree programmes & new radiography and biomedical scientist programmes. Work continues with UoW on 3 Counties Medical School & scoping medical & post grad options with UoG).
Vacancy Monitoring	Reports to Resources Committee. Executive	Board			April 2020 Sept 2020	COO and Dir. HR & OD	New dashboard, monthly reported BI vacancy rates across all groups of staff. Staff Turnover reduced since April 2020. Detailed fortnightly bank and agency use

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
							reporting to Management Grp. Business case for Track (end-to-end recruitment software package) pending.
Agency and Bank Management	Reports to Executive.	Management	Workstreams have 6/9-month lead in time for many actions.				Review of Medacs Guaranteed Volume contract to ensure best supply for need – contract varied (Oct 2020)
Flexible working, retire and return options	Reports to Executive and JNCF.	Management	Related business intelligence harmonisation.	Review 2019 Staff Survey opportunities for flexible working patterns scores and feedback and develop response.	Ongoing	Dir. HR & OD	Revised homeworking, flexible retire and return expected sign off with Staff Side October/November. Flexible Working policy revision in line with People Plan - December.
Co-production of opportunities, working patterns etc. with staff	Staff Friends and Family Test and staff survey.	External		Review 2019 Staff Survey “Staff Engagement” and “Ability to contribute to improvements” scores and feedback, develop response.	March 2020	Dir. HR & OD	Staff Forum relaunched post phase 1 COVID. E-rostering project recommenced Q2 and will provide further co-production opportunities through 2020/21.
Links to Risk Register							
Risk 48 (workforce and culture)/ Risk 609 (staff retention)/ Risk 173 (workforce – recruitment)/ Risk 116 (Agency management)/ Risk 268 (vacancy levels/hospitals)							

Strategic Objective:		ENGAGED, EMPOWERED AND SKILLED WORKFORCE					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR7		<p>There is a risk that we fail to establish a culture which:</p> <ul style="list-style-type: none"> engages and empowers colleagues engendering a sense of collective ownership supports discretionary innovation 					
Type		Strategic			Executive Lead		Director of HR & OD
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Resources Committee
Inherent (without controls being applied) Risk Score		4	4	16	Date Identified		Nov 2019
Previous Meeting Risk Score		3	4	12	Date of Review		September 2020
Current Risk Score		3	4	12	Date Next Review		January 2021
Tolerable (Target) Score		1	4	4	Date to Achieve Target		March 2021
Key 2020 Deliverables					Relevant Key Performance Indicators		
<p>Implementation of the People Plan and new Trust Best People Strategy. Roll Out of Pulse Surveys and responses. Design, development and implementation of new Leadership Development programmes.</p>					<p>Staff Survey ratings, in particular, Staff Engagement score. Pulse Survey scores.</p>		

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Values developed through co-production	Reports to Board.	Board	Strategic Objectives to be fully developed	Strategic Objectives to be developed using co-production principles	November 2020	CEO	Integration of values into workforce policies processes e.g. recruitment, appraisal, performance, staff awards, resolutions and disciplinary policies. Values core element of new Induction sessions, plus leadership development programme and health and wellbeing – delivery partner

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
							appointed Q2. Co-design process in place and programme commencing late Q3/Q4.
People Plan	Reports to Resources Committee.	Board	Full implementation of Plan	Communication & implementation through future "Best People" Strategy. Respond to new national People Plan once releases	Sept 2020	Director of HR & OD	People Plan published July 2020. Series of presentations and engagement sessions in process to inform action plan and final Trust "Best People" strategy.
Better Care together engagement processes	Reports to Board.	Board	Implementation outcomes of Better Care together.	Outcomes to be built into strategies	Sept 2020	Director of Strategy & Partnerships	Ongoing Better Care Together Programme in place.
Heads of Professional Knowledge Network in place	Reports to Director of Nursing.	Management					AHP Council also now well established within the ICS.
Research Knowledge Partnership in place	Reports to Executive.	Management					
Freedom to Speak Up Guardian & supporting processes	Reports to Board (covering processes, volumes, types of issues, resolution practices, benchmarking & good practice guidance.)	Board				Director of Nursing, Quality and Therapies.	New FTSU Policy & published (Q1) Work in Confidence anonymous platform for raising issues & engaging relaunched. Civility Saves Lives programme commenced.
Colleague Communication & Engagement activities	Reports to Executive	Management				Director of HR & OD	Regular review of colleague communications. "You said, we did" comms approach with

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
							colleagues on Survey Surveys. Paul's Open Door continuing to run. Staff Hub on intranet. BAME, LGBTQ, Disabled & Women's Networks in place with new Staff Diversity Network Launched in Q2. Sub groups now meeting (end Q2/start Q2) Long service award and recognition day in November 2020.
Staff Surveys	Reports to Resources Committee and Board.	Board		2019 Staff Survey outcomes from former GCS and 2G due February 2020 – to be used to develop plan.	June 2020	Director of HR & OD	Your Voice monthly surveys and Staff FFTs paused due to COVID. Health and Well-being Pulse Survey in place instead. Additional surveys on health, charitable funds and BAME and series of other at-risk staff on-line risk assessments run.
Links to Risk Register							

Strategic Objective:		INNOVATION AND RESEARCH DRIVEN					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR8	↔	There is risk that we do not enable colleagues to support Innovation and Research through appropriate: funding, time and focus and strategic drivers					
Type	Quality			Executive Lead		Medical Director	DoSP
Risk Rating	Likelihood	Impact	Total	Assurance Committee		Quality Committee	
Inherent (without controls being applied) Risk Score	3	3	9	Date Identified		Nov 2019	
Previous Meeting Risk Score	3	3	9	Date of Review		October 2020	
Current Risk Score	3	3	9	Date Next Review		January 2021	
Tolerable (Target) Score	2	3	6	Date to Achieve Target		June 2021	
Key 2020 Deliverables				Relevant Key Performance Indicators			
Research Strategy in place with Performance Measures.							

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Research Actions & Activities	Reports to Quality Committee.	Board	Research and innovation strategy in development	Put in place Research Strat.	May 2021	Medical Director	Progress delayed due to Covid. Research strategy to include innovation. Strategy in draft.
Research team structure in place	Reports to Executive	Management	Medical Lead for Innovation and Lead for QI in place	Appointments confirmed	Dec 2020	Medical Director	Research team structure in place. Medical lead for innovation identified, in post in Nov.
Annual Research Conference	Reports to Executive.	Management	Conference proposal	To be developed	May 2021	MD	To be considered as part of research strategy. Need to reconsider impact of COVID and if socially distanced conference an option.

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Learnings from Incidents, Complaints and compliments	Reports to Quality Committee.	Board	Clinical Strategy	Develop clinical safety strategy	March 2021	MD	Assurance reports provided to the quality committee and Board (mortality review and SI reports). Quality strategy in development
Good Practice Identification & Follow Up process	CQC working group	Management	Quality Framework	Under development	March 2021	DoNQT	To be developed to align with new strategy
Training & Development Activities	Reports to Executive	Management	Training and development strategy	Under development	June 2021	MD	To be included in research strategy.
Quality Improvement Unit activities	Reports to Executive	Management	QI Strategic framework	Strategic framework under development	March 2021	DoSP	Associate Director of QI and Transformation appointed and team being recruited to
Better Care together activities	Reports to Board	Management	Plan for 2020/2021	To be developed	March 2021	DoSP	Activities have been suspended during COVID and need to be reconsidered in light of new ways of delivery via social distanced approaches
Links to Risk Register							

Strategic Objective:		INNOVATION & RESEARCH DRIVEN					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR9	↔	There is a risk that we do not have in place structures and processes which enable colleagues to look beyond the organisation to identify leading edge practice to inform practice.					
Type		Quality			Executive Lead		Medical Director
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Quality Committee
Inherent (without controls being applied) Risk Score		3	3	9	Date Identified		Nov 2019
Previous Meeting Risk Score		3	3	9	Date of Review		October 2020
Current Risk Score		3	3	9	Date Next Review		January 2021
Tolerable (Target) Score		2	3	6	Date to Achieve Target		June 2021
Key 2020 Deliverables					Relevant Key Performance Indicators		
Research Strategy in place with Performance Measures.							
Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Research Actions & Activities	Reports to Quality Committee	Board	Research and innovation Strategy in development	Put in place R&I Strategy	May 2021	Medical Director	Progress delayed due to Covid. Research strategy to include innovation. Strategy in draft.
Research team structure in place	Reports to Executive	Management	Medical Lead for Innovation and Lead for QI in place	Appointments confirmed	Dec 2020	Medical Director	Research team structure in place. Medical lead for innovation identified, in post in Nov.
Annual Research Conference	Reports to Executive	Management	Conference proposal	To be developed	May 2021	CEO	To be considered as part of research strategy. Need to reconsider impact of COVID and if socially distanced conference an option.

Learnings from Incidents, Complaints and compliments	Reports to Quality Committee	Board	Clinical Strategy	To be developed	March 2021	DoNTQ	Lessons learned reports within patient experience / safety team portfolios.
Good Practice Identification & Follow Up process	Improving care working group	Management	Quality Framework	To be developed	March 2021	DoNTQ	To be developed to align with new strategy
Training & Development Activities	Reports to Executive and Board Committees	Management and Board	Training and development strategy	Under development	June 2021	MD	To be included in research strategy.
Quality Improvement Unit activities	Reports to Executive	Management	QI Strategic framework	Under development	March 2021	DoSP	Associate Director of QI and Transformation appointed and team being recruited to.
Links to Risk Register							

Strategic Objective:		BEST VALUE					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR10	↔	There is a risk that the One Gloucestershire transformation plans become frustrated and impact on our individual Trust aims and objectives and the whole system plans.					
Type		Strategic		Executive Lead		CEO	DoSP
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Board
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified		Nov 2019
Previous Meeting Risk Score		3	3	9	Date of Review		October 2021
Current Risk Score		3	3	9	Date Next Review		March 2021
Tolerable (Target) Score		2	4	8	Date to Achieve Target		September 2021
Key 2020 Deliverables					Update		
One Gloucestershire Engagement complete and clear road map in place.							

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Fit for the Future Engagement Plan in place	Report to Board.	Board	.		June 2020 Oct 2020	Dir Strat & Partnerships	Confirmed that FFTF and FoD no longer aligned in terms of engagement. NHSE stage 2 assurance received for both schemes
Ongoing ICS Updates to ICS Board & Board	Reports to Board to support scrutiny, challenge & openness in working.	External & Board			June 2020	Dir Strat & Partnerships	System update standing item on Board agenda.
Development of Trust wide strategic priorities and transformation programmes needs to be completed	Board Development & clinical service delivery.	Board	Strategic transformation programme needs to be finalised as part of strategy develops.	Executive and Board input agreed	March 2021	Dir Strat & Partnerships	Key aims confirmed and work to develop ambition, objectives and risk appetite underway



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Gloucestershire Health and Care

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Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Clinical Programme Groups developing transformation proposals	Clinical and service leads engaged fully engaged in groups.	Management			Sept 2020	Chief Operating Officer	Focus on respiratory and cardiac pathways as a result of post COVID patient needs.
Links to Risk Register							

Strategic Objective:		BEST VALUE						
Risk Ref:	Latest Rating and Direction of Travel	Risk Description						
SR11		There is a risk we do not maintain robust internal controls (Including financial) and governance systems; resulting in potential financial and organisational instability.						
Type		Strategic			Executive Lead		CEO	Director of Finance
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Resources/ Audit and Assurance	
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified		Nov 2019	
Previous Meeting Risk Score		2	4	8	Date of Review		October 2020	
Current Risk Score		2	4	8	Date Next Review		January 2021	
Tolerable (Target) Score		1	4	4	Date to Achieve Target		January 2021	
Key 2020 Deliverables					Update			
Budget and CIP targets to be achieved.								

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Clinical and corporate governance arrangements enable controls to be effectively managed	The Board Committee structure provides assurance on all corresponding controls to the Trust Board. Management Groups report exceptions to Committees.	Management/ Board	Evaluation of year 1 of committee effectiveness	Committee evaluation for all governance committees	November 2020	Head of Corporate Governance	
Committee / reporting structures enable controls to be monitored and reviewed	Grant Thornton Reporting Accountant Opinion. GCS and GHC External Audit Opinion. Head of Internal Audit Opinion 2019/20.	External					GCS and GCS External Audit - clean opinion 2019/2020.

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Internal and external audit and plans provides additional scrutiny.	Combined Internal Audit Plan Agreed Reports by Internal & External Audit to Audit Committee. Internal Audit follow up actions report.	External					
The Trust's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation in place.	Based on best practice. Approved by Audit Committee. Regularly reviewed for omissions.	Management and Board	Assurance on compliance.	Internal Compliance Review to be undertaken.	March 2020 Sept 2020 Dec 2020		Compliance Review delayed by COVID, and further delayed by COVID financial regime additional work
Robust governance framework to ensure continual monitoring and reporting with clear escalation.	Reports to Board and Executive.	Management and Board	Full range of Strategies not yet in place.	Strategies to be developed & put in place.	Sept 2020 Dec 2020	Director of Strategies & Partnerships (with Board)	Strategies delayed by COVID.
Links to Risk Register							
Risk 116 (Agency usage), Risk 1002 (operational resilience)/ Risk 291 (Fraud)							

Strategic Objective:		BEST VALUE				
Risk Ref:	Latest Rating and Direction of Travel	Risk Description				
SR12	↔	There is a risk we do not achieve our individual organisation's financial sustainability and contribute to whole system sustainability				
Type	Financial			Executive Lead		Dir Finance
Risk Rating	Likelihood	Impact	Total	Assurance Committee		Resources
Inherent (without controls being applied) Risk Score	3	4	12	Date Identified		Nov 2019
Previous Meeting Risk Score	2	4	8	Date of Review		Sept 2020
Current Risk Score	2	4	8	Date Next Review		Jan 2021
Tolerable (Target) Score	2	3	6	Date to Achieve Target		Jan 2021
Key 2020 Deliverables				Update		
Budget and CIP targets to be achieved.						

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Financial Management	Board Reports and mid-Year Review. Budget Setting. CIP workshops completed. CIP targets 20/21 issued.	Board					Efficiency CIP delivered. Differential CIP identified and mostly delivered. CIP target revised due to COVID. Challenge schemes progressing but no longer required to deliver in 20/21
Financial reporting	Board Reports & Resources Committee Reports.	Board	Finance systems in integration.	Finance system integration processes to be completed.	April 2020 Sept 2020 October 20	Director of Finance	Integration process delayed due to COVID, on revised Plan. Ledger merger delayed due to User Acceptance Testing finding major issues



with you, for you



Gloucestershire Health and Care

NHS Foundation Trust

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Agency Management Group	Reports to Resources Committee. Sustainable staffing paper to Board.	Board	Comprehensive plan to reduce agency reliance.	Trajectory for improvement	June Oct 2020	Chief Operating Officer	COVID delayed trajectory, October plan for major improvements in HCA agency spend.
ICS Financial Plan Monitoring	Board Report.	Board					
Links to Risk Register							
Risk 116 (Agency usage)/ Risk 278/279 (Litigation – Covid)							



Definitions

The overall risk ratings below are calculated as the product of the Probability and the Severity

LEVEL	INJURY / HARM	SERVICE DELIVERY	FINANCIAL / LITIGATION	REPUTATION / PUBLICITY
5 CATASTROPHIC	Fatality, Multiple fatalities or large number injured or affected.	Complete breakdown of critical service/ 'Significant under-performance' against key targets.	Losses; claims/damages; criminal prosecution, over-spending; resourcing shortfall: >£1M.	National adverse publicity/reputation irreparably damaged.
4 Major (HIGH)	Fatality/multiple serious injuries/major permanent loss of function/increased length of stay or level of care >15 days.	Intermittent failures of a critical service/'under-performance against key targets'.	£501K - £1M	Adverse national publicity
3 Moderate (MEDIUM)	Semi-permanent harm (1 month-1 year). Increased length of stay / level of care 8-15 days, >1 month's absence from work.	Failure of support services/under-performance against other key targets'.	£51K - £500K	>3 days local media publicity
2 Minor (LOW)	Short-term injury (<1 month). Increased length of stay or level of care <7 days, 3 days-1 month absence for staff.	Service Disruption	£11K - £50K	<3 days local media publicity
1 (Insignificant)	No harm. Injury resulting in <3 days' absence from work for staff.	No service disruption	<£10K	

LIKELIHOOD SCORE		
Level		
5	Almost certain	Will occur frequently given existing controls
4	Likely	Will probably occur given existing controls
3	Possible	Could occur given existing controls
2	Unlikely	Not expected to occur given existing controls
1	Rare	Not expected to occur, except for in exceptional circumstances, given existing controls

RISK RATING MATRIX

Likelihood	IMPACT				
	1	2	3	4	5
5	5 (LOW)	10 (MEDIUM)	15 (HIGH)	20 (CATASTROPHIC)	25 (CATASTROPHIC)
4	4 (LOW)	8 (MEDIUM)	12 (MEDIUM)	16 (HIGH)	20 (CATASTROPHIC)
3	3 (LOW)	6 (MEDIUM)	9 (MEDIUM)	12 (MEDIUM)	15 (HIGH)
2	2 (LOW)	4 (LOW)	6 (MEDIUM)	8 (MEDIUM)	10 (MEDIUM)
1	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)

Impact Score x Likelihood Score = Risk Rating:

AGENDA ITEM: 14/1120

REPORT TO: TRUST BOARD – 25TH NOVEMBER 2020

PRESENTED BY: John Trevains, Director of Nursing, Therapies and Quality

AUTHOR: John Trevains, Director of Nursing, Therapies and Quality

SUBJECT: QUALITY DASHBOARD – October 2020 DATA

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

The purpose of this report is to

To provide the Trust Board with a summary assurance update on progress and achievement of quality priorities and indicators across physical health, mental health and learning disability services.

Recommendations and decisions required

The Board is asked to:

- Discuss, note and receive the October 2020 Quality Dashboard

Executive summary

This report provides an overview of the Trust’s quality activities for October 2020. This report is produced monthly for Board, Quality Committee and Operational Governance Forum for assurance.

Quality issues for priority development

- The prevention, identification and management of all pressure ulcers continues to be a Trust priority with agreed quality improvement activities in place. Focussed work in relation to grade 1 and 2 pressure ulcers has commenced in month as route cause analysis is beginning to highlight the additional impact from the first national lockdown with regard to those individuals who were shielding.
- Strengthening the reporting metrics and quality monitoring for those services which have joint commissioning arrangements.

Quality issues showing positive improvement

- Significant improvement noted within CPA Review. Performance is now 0.5% below the target for the first time this financial year.
- Length of Stay for Mental Health Out of Area Placements has reduced to the lowest average this financial year.
- Health visiting KPIs for new births and 6-8 weeks visits have increased to an amber level of compliance this month, the first time this year. This is due to the data now incorporating virtual methods of contact such as video and telephone.

Are Our Services Caring?

Good assurance is available to the Board that the Trust continues to undertake activity within a Covid-19 secure environment that supports the response rate to the FFT survey. In October 94% of respondents recommended Trust services. The Non-Executive Director audit of complaints for Q4 2019/20 provides significant assurance that the complaints process is managed effectively and robustly.

Are Our Services Safe?

For the first time this financial year the percentage of patient safety incidents meeting moderate, severe and death thresholds rose. There is good assurance that the Patient Safety Team monitor such activity routinely to establish if there are any emerging trends. Additional information is provided this month regarding the prevalence of pressure ulcers, to provide contextual information and the associated actions in place.

Are Our Services Effective?

Patient testing for Covid-19 continues to increase and whilst no Covid-19 deaths were reported during October, as the second wave progresses we anticipate that mortality rates associated with Covid-19 will rise in the coming months. There was one Hospital-Onset Definite Healthcare-Associated infection (HODHA) reported in October. A focus on mental health Out of Area placements provides context to the previously reported increasing rate. This was identified as an area that required further understanding in order to provide good assurance that this service was effective. It is reassuring to note that last month's Dashboard data shows the average length of stay recorded in October to be the lowest this financial year to date.

Are Our Services Responsive?

The rate of performance in relation to timely Care Programme Approach (CPA) reviews is now showing continued month on month improvement. In addition, changes in the way in which Health Visiting contacts are now reported (virtual and telephone) demonstrates that larger numbers of patients are being supported by the service in response to the increased needs of families Covid-19 post wave one.

Are our Services Well Led?

Board are asked to note that feedback from members of the Trust's Health and Wellbeing hub and our Health and Wellbeing pulse surveys are used to inform our priorities in relation to the ongoing support offer to colleagues. A detailed update and findings of the quarterly Duty of Candour audit are provided in this month's report and the associated action plan will be monitored by the Regulatory Compliance Group.

Dashboard Developments

- Future iterations of the Quality Dashboard will include compliance levels for Resuscitation, PMVA and PBM Training.
- Antenatal visiting from October 2020 onwards will include all methods of clinical contact (virtual and face to face).

Risks associated with meeting the Trust's values

Specific initiatives that are not being achieved are highlighted in the Dashboard

Corporate considerations

Quality Implications	By the setting and monitoring of quality targets, the quality of the service we provide will improve
Resource Implications	Improving and maintaining quality is core trust business.
Equality Implications	No issues identified within this report

Where has this issue been discussed before?

Trust Quality Committee & Quality Assurance Group

Appendices:

Report authorised by:
John Trevains

Title:
Director of Nursing, Therapies and Quality



Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 14/1120

Quality Dashboard 2020/21

Physical Health, Mental Health and Learning Disability Services

Data covering October 2020

This Quality Dashboard reports quality-focussed performance, activity, and developments regarding key quality measures and priorities for 2020/21 and highlights data and performance by exception. This data includes national and local contractual requirements. With regard to defined contractual or nationally-mandated quality related KPIs, the dashboard is only reporting on indicators not met. Certain data sets contained within this report are also reported via the Trust Resources Committee; they are included in this report where it has been identified as having an impact on quality matters. Feedback on the content of this report is most welcome and should be directed to John Trevains, Director of Nursing, Therapies and Quality.

Are Our Services Caring?

Numbers of complaints and concerns reduced significantly during October, the associated activity, however, remains consistent with previous months. A focus on Podiatry Services is provided this month which explores the experiences of patients in contact with this service throughout the pandemic period. The deep dive into patient experience shows that the main theme identified was regarding how the information about discharge was communicated to patients. The service has learnt from this and it taking steps to improve communication. For the purposes of assurance, details of the 2019/20 Quarter 4 NED audit of complaints is summarised, and significant assurance is provided that the governance arrangements for handling complaints are robust.

Are Our Services Safe?

Incident reporting rates increased marginally in October and are more consistent with the anticipated 'norm'. The percentage of patient safety incidents meeting moderate, severe and death thresholds rose for the first time this financial year, from September (4.71%) to October (6.53%). Of note is the work undertaken by the Patient Safety Team to complete and submit 14 SIRI final reports. Many of these were delayed initially due to Covid-19 so it is assuring that the associated backlog of SIRI reviews has been actively managed and addressed. A more detailed focus on Pressure Ulcers is provided this month, providing both contextual narrative and detail of the actions in place to promote good, responsive practice. reports are stimulating good clinical discussions across operational governance forums and the Trusts quality assurance group. Particular attention was paid at these recent meeting with regard to thematic analysis of issues to determine that Covid disruption was not noted as a theme in mental health SI's during the pandemic.

Are Our Services Effective?

System pressures are increasing demand for community hospital beds and we are also seeing delayed discharges further compounding this. No Covid-19 deaths were reported during October, but as the second wave progresses we anticipate that mortality rates associated with Covid-19 will rise in the coming months. Infection rates have risen for the first time since July. Refresh of the EIP data shows some variance in compliance rates, with August now showing as red. This is being explored by BI and operational teams to establish cause. IAPT data has been reinstated and shows consistent compliance against the KPI from June. A focus on mental health Out of Area placements is provided to provide context for the reported increasing rate for previous months this year. Encouragingly the rate has reduced this month to the shortest average length of stay recorded this financial year.

Are Our Services Responsive?

Integrated Care Team therapies activity has returned to pre Covid-19 levels. For the third consecutive month new referrals have exceeded new cases seen within the month but concerted efforts by the ICT therapists meant that the number of people waiting for an appointment was stable for Physiotherapy and fell for OT. This is the third consecutive month that the required thresholds for referral to treatment time have been exceeded. Whilst CPA compliance remains narrowly below threshold, there is month on month improvement noted. However, we remain focused on working to increase district nursing capacity as this remain an are of pressure on delivery with risk to quality of care in terms or response time.

Are our Services Well Led?

The Trust has continued to run the annual Staff Survey in 2020. Initial findings are anticipated to be available for sharing internally in late December 2020 whilst embargoed for wider sharing. The initial pause on statutory/mandatory training was lifted in July 2020 but has had to be reinstated with the second lockdown in October. A number of courses had already been converted into on-line delivery and the first virtual Corporate Induction session took place on 9th November. However some courses, including Resuscitation and Physical Intervention training, are continuing as face to face training due to their practical natures, with a range of measures to ensure they are Covid compliant.. A deep dive for each of these courses is provided as there will continue to be challenges in delivery because of the need for face to face interaction. Compliance rates for both these courses will be reported from December's dashboard onwards. Sickness/absence rates for October are not yet available.

The staff health and wellbeing hub continues to meet fortnightly and uses feedback from members of the hub and our Health and Wellbeing pulse surveys to inform our priorities.

Following the Duty of Candour (DoC) deep dive audit undertaken for 2019/20, quarterly reviews for DoC compliance are now undertaken on a routine basis to monitor compliance and provide assurance that DoC is being applied in line with regulatory requirements. Following each review detailed reports will be submitted to the Trust Quality Governance framework for review, assurance, escalation and onward dissemination across the Trust.

A focus on the Reablement Service is provided following feedback from Gloucestershire County Council which identified areas for improvement along with information and update regarding other jointly commissioned services.

COVID-19 (Whole Trust data, reporting nationally mandated Covid-19 focused safety and activity information)

No		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A	Exception Report?	Benchmarking Report
1	No of C-19 Patient Deaths reported to CPNS	N-R			30	7	1	0	0	0	0						38			N/A
2	Total number of deaths reported as C-19 related.	L-R			65	17	2	1	0	1	0						86			N/A
3	No of Patients tested at least once	N-R			202	234	259	289	304	305	332						1925			N/A
4	No of Patients tested C-19 positive or were admitted already positive	N-R			120	65	6	1	0	0	2						194			N/A
5	No of Patients discharged from hospital post C-19	N-R			27	52	18	3	1	0	0						101			N/A
6	Community onset (Positive specimen <2 days after admission to the Trust)	N-R					0	0	0	0	0						0			N/A
7	Hospital onset (nosocomial) indeterminate healthcare associated (Positive specimen date 3-7 days after admission to the Trust)	N-R					0	0	0	0	0						0			N/A
8	Hospital onset (nosocomial) probable healthcare associated (Positive specimen 8-14 days after admission to the Trust)	N-R					0	0	0	0	0						0			N/A
9	Hospital onset (nosocomial) Definite healthcare associated (Positive specimen date 15 or more days after admission to the Trust)	N-R					0	0	0	0	1						1			N/A
10	No of Staff and household contacts tested	N-R			276	521	104	57	204	342	215						1719			N/A
11	No of Staff and household contacts with confirmed C-19	L-R			85	38	0	0	0	7	12						142			N/A
12	No of Staff self-isolating new episodes in month	L-R			597	174	63	39	43	49	153									N/A
13	No Staff returning to work during month	L-R			333	118	25	10	28	30	54									N/A

Additional Information

Patient Reporting

The table above shows that the number of Covid-19 related patient deaths has reduced significantly since April 2020. No patient deaths were reported to be Covid-19 related in October 2020. The age range for inpatient deaths reported to CPNS was 70-98 years. The information is shown by hospital site/community team in the graph opposite.

Patient Testing

The numbers of patients tested in month is at its highest level since the testing regime was established. There were two positive results this month.

Staff and Household Contacts Testing

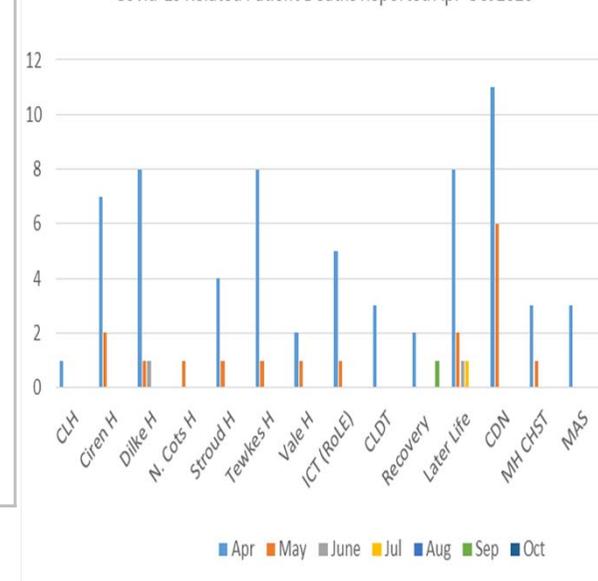
Numbers tested this month have reduced. The increase seen in September is thought to be due to schools returning for the first time since March 2020. The data for October is in line with that recorded in August, prior to this change in Covid-19 restrictions.

Infection Prevention and Control - Covid 19

The Trust is required to report any healthcare associated Covid-19 infections (nosocomial infections) attributable to our care. A root cause analysis is required for each infection which is coordinated by the Infection Prevention and Control Team, discussed at the Trust's Infection Prevention and Control Team meeting and the ICS Bronze System (IPC) Cell.

There was one definite hospital acquired nosocomial infection reported in October and a full investigation into this with remedial infection control learning applied has been conducted.

Covid-19 Related Patient Deaths Reported Apr-Oct 2020



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

COVID-19 - KEEPING STAFF SAFE (Are services well led?)

Personal Protective Equipment (PPE)

At the current time, there are no concerns regarding stock levels of any PPE items. The Trust is fully assured on future supply of all stock items via national supply routes.

The 'controlled pull' model for key PPE product lines to fulfil the Trust's weekly requirements continues to work well. The Team completes a 'pick list' each week and submit via the Covid-19 Logistics, Finance and Supplies Cell.

The Trust continues to maintain 14 days supply of all key PPE items.

The current focus for the PPE stock team is to continue to support the recently recruited team members to understand processes, build relationships and to be winter ready.

The expected local agreement to continue to use FFP3 masks for Aerosol Generating Procedure's in Green (Low risk areas) will not negatively impact on stock levels as this was the guidance that was used for the FFP3 stock modelling activity.

The Clear Masks that were provided in small numbers via the PPE Dedicated Channel have now been deployed to teams who had requested them. Some are not able to be used in the way that teams had hoped as they would as they are not Type II Fluid Resistant and so cannot be used in lieu of those. However, they are proving useful to some teams (especially talking therapies) when it has been agreed in conjunction with IPC colleagues that these masks are clinically appropriate. There are a small number of masks sitting with the stock team at present available for deployment as future availability and delivery schedules are unclear at present..



FFP3 fit-testing

Fit testing compliance data as at 12/11/2020 shows that a total of 825 colleagues have been successfully fit-tested, representing 74% of the target number who require testing.

This is an increase of 43 colleagues tested since last month's data. Fit-testing rates are seeing only modest increases as the majority of fit testers have been repatriated, leaving only 2 people (who are not full-time) in the fit test role.

A task and finish group was established in order to review and make recommendations on the data collection and management elements of the Fit Test Programme. These recommendations have been incorporated into the revised paper that is to return to the Covid-19 Programme Management Executive for its second presentation to the group on 19/11/20. This paper will set out options for the future of the Fit Test Programme to include workforce, quantitative testing and data management processes.

2 more respiratory hoods have been ordered through the Nursing, Therapies and Quality Directorate, bringing the Trust total to 46 hoods. This is to further mitigate risks within 2 services where colleagues have failed on the range of FFP3 mask options.

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

No	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R	Exception Report?	Benchmarking Report	
																	A			G
	Number of Friends and Family Test Responses Received	N - T		33836	Suspended			699	496	1179	1631						4005			
	% of respondents indicating a positive experience of our services	N - R	95%	88%	Suspended			93%	93%	93%	94%						93%			
	Number of Compliments	L - R		2,938	228	58	166	74	67	159	123						875			
	Number of Complaints Received	N - R		117	5	6	1	4	6	5	1						28			
	Number of Concerns	L - R		620	31	24	44	60	31	45	25						260			
	Number of Complaints Closed									2	4									
	Number of open complaints (not all opened within month)							28	33	36	33									
	Number of re-opened complaints (not all opened within month)							5	4	4	3									
	Percentage of complaints acknowledged within 3 working days							100%	86%	100%	100%									
	Number of complaints for which the team are agreeing investigation issues with complainant							7	10	13	11									
	Number of complaints awaiting investigation							2	1	0	1									
	Number of complaints under investigation							6	9	9	6									
	Number of investigations on hold							0	0	0	0									
	Number of Final Response Letters being drafted							12	12	11	9									
	Number of Final Response Letters awaiting Exec sign-off							0	0	2	0									
	Concerns escalated to a formal complaint							2	1	0	0									
	Current external reviews							4	4	3	2									

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

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

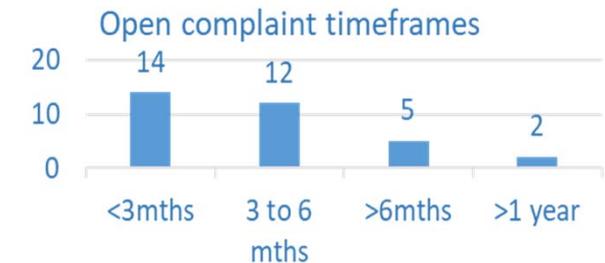
ARE SERVICES CARING? Additional information - Patient and Carer Experience (PCET)

Complaints, concerns and compliments

- In addition to the **33** open complaints, there are 6 complaints relating to Herefordshire mental health services made before 1st April 2020 (previously reported as 5).
- In October, **4** complaints were closed: 1 upheld; 2 partially upheld; 1 was not upheld. The learning from these complaints has been distributed.
- In October, PCET worked with **25** patients and carers to resolve their concerns. This is a decrease from September's total and lower than the monthly average of 52 concerns in 2019/20.
- **123** compliments were recorded in October, which remains lower than the monthly average of 245 during 2019/20.

Timeframes

- PCET remains in active recovery following the national pause in the complaint management process between April and June 2020.
- Of the 33 open complaints, **16** do not have agreed response times. Of these 16:
 - **8** were received either during or close to the pause period initiated by NHSE. As a result, completion dates were not set and complainants were advised that their concerns would be progressed as soon as possible.
 - **6** are in the very early stages of the complaint process and issues have not yet been agreed.
 - **2** complaints received in 2019 were on hold for 15 months due to availability of a member of staff who was key to the investigation. Both investigations have now commenced.
- Of the **17** complaints with agreed response dates:
 - **5** are within the agreed timeframes
 - **12** exceeded the initially agreed timeframes, and of these:
 - **2** responses were due before the pause
 - **3** responses were due during the pause
 - **7** responses were due following the end of the pause
 - The delays relate to preparing the complaint for investigation (n=3), the investigation process (n=7), and the national pause in the complaints process (n=2)
 - Complainants have been contacted regularly to advise of the delay, to apologise for this, and to provide updates.
- The chart opposite shows the timeframes for all open complaints, inclusive of the 3 month national pause



Satisfaction with complaints/concern processes

- No concerns were escalated to complaints this month, suggesting that people have been satisfied with our informal resolution process.
- 1 re-opened complaint was closed in October. 3 re-opened complaints remain active. None of these were reopened in-month, suggesting that people are currently broadly satisfied with the complaints process.

External review

- There are currently **3** complaints with the PHSO for external review.
 - PHSO are investigating **2** complaints; one is a complaint from 2017 and the other from 2019.
 - 1 complaint was originally closed by the PHSO in 2019, with no further action required. In July 2020, PHSO contacted to advise of their intention to conduct an internal review. We are awaiting notification of the outcome.

Surveys

- Friends and Family Test (FFT) email and SMS messages were reinstated on 1st July 2020. Paper copies of FFT remain suspended due to infection prevention and control measures. An increasing number of services are using the electronic method to seek feedback, resulting in a 38% increase compared to last month.
- In late September a number of services began piloting the use of the electronic FFT at the end of Attend Anywhere consultations. More services came on board in October 2020.

Reporting

- To support the effective cascade of learning, a combined PCET and Patient Safety monthly report was launched in November. Feedback is being actively sought to support the development of this key document.
- Work continues to develop local Experience Dashboards to allow services to access team-level information.

ARE SERVICES CARING? Focus on experience of Podiatry Services

WHAT HAPPENED

In response to Covid-19, the service was closed to non-urgent referrals, all non-urgent/priority cases were discharged, and it was agreed with the CCG that the service would no longer accept self-referrals. When undertaking recovery, the service took the opportunity to review and refresh access criteria. These criteria were unchanged but consistent adherence to them meant that some people who were previously seen by the service were advised that they did not require specialist podiatry input.

WHAT OUR PATIENTS SAID

Between 23/04/20 and 01/10/20, PCET received 14 concerns and 2 enquiries regarding our Podiatry Service.

Concern theme	Number of concerns raised	Comment
Not being able to self-refer into service when it re-opened	1	-
Unhappy about being unable to receive Podiatry input whilst service was closed due to COVID	5	These were mainly from relatives of patients
Discharged from the service	8	This was a mixture of patients who were unhappy about being discharged from the service due to COVID and a couple who did not meet the criteria when the service re-opened
Relative unsure how to contact Podiatry on behalf of patient	1	-
Experience with Podiatrist (F2F) pre-Covid	1	This has been addressed with the Podiatrist concerned.

WHAT WE DID AND WHAT WE LEARNT

- A detailed review was commissioned by the Deputy Director of Therapies and Quality and was undertaken by the Head of Profession for Podiatry and the operational lead
- The proposal not to re-open the self-referral portal was agreed through the appropriate routes in GHC and the CCG. The rationale was that not all staff had been repatriated and those returning required training in new triage processes, remote working etc. (this was an attempt to manage demand in line with the clinical criteria). In addition, applying the criteria more robustly with a medical gatekeeper aimed to reduce the high volume of inappropriate referrals (e.g. for nail cutting and simple callus management).
- The main theme identified was regarding how the information about discharge was communicated to patients. The team has acknowledged this and has undertaken work to improve their communication approach based on this feedback.
- The deep-dive confirmed that a prioritisation/risk matrix was followed for discharges. Learning from Wave 1 is that a mass discharge of patients will be avoided in a second wave.
- Feedback from GP colleagues was swiftly acted upon and the self-referral portal was reopened. A telephone referral clinic has been established for those who are less digitally-enabled.
- National Guidelines were published regarding provision of Podiatry services during the Coronavirus pandemic: diabetic foot and vascular pathways should remain open. Our Podiatry Service were delivered in line with these guidelines.

FEEDBACK

"I wanted to share my experience of your podiatry services both pre- and post- Covid.

Yesterday I had nail surgery and I have had fantastic treatment from start to finish- rapid triage telephone appointment, offered a date within days for op (which was so rapid I asked for a couple more weeks), appointment yesterday with two really kind and caring colleagues (whose names have left me), they were reassuring throughout, clearly explained everything, ensured I understood and knew what to expect in the next few days. Appointments exactly on time, and Covid secure working practices were evident.

Pre-Covid whilst I can't fault my treatment, I had an appointment before then being offered another at a somewhat later date- I really valued having a telephone appointment instead on this occasion saving time and fitting into my day without need to travel.

Whilst I hope not to need the service again- I really see the value of the shift in how this element of service has been adapted for Covid and hopefully beyond."

ARE SERVICES CARING? Non-Executive Director audit of complaints Q4 2019/20

INTRODUCTION

The agreed aim of the audit is to provide assurance that standards of complaint management are being met in relation to the following aspects:

- The timeliness of the complaint response process
- The quality of the investigation and whether it addresses the issues raised by the complainant
- The accessibility, style and tone of the response letter
- The learning and actions identified as a result

PROCESS

- Three complaint files closed in the quarter are randomly selected by the nominated Non-Executive Director
- The Patient and Carer Experience Team completes section 1 of the audit tool and provides the auditor with copies of the initial complaint letter, the investigation report and the final response letter.
- Having studied the files, the auditor completes sections 2-4
- The auditor compiles a report of their findings, to be presented at the Quality Committee and Trust Board

SUMMARY OF FINDINGS

- Audit findings are summarized within the table on the following slide
- The Q4 2019/20 audit provides **SIGNIFICANT** assurance that the Trust is managing complaints appropriately
- No actions have been identified to improve the quality of the Trust's management of complaints

FUTURE AUDITS

- The NED audit of complaints for Quarters 1 and 2 of 2020/21 are outstanding
- The Trust Secretary's office is working to allocate the above quarters to NED colleagues
- An ongoing programme for NED audit of complaints has been established
- Audit reports will continue to be presented as an appendix to the Quality Dashboard for the Quality Committee and for Trust Board

RECOMMENDATIONS

- To note the contents of the report
- To note the **SIGNIFICANT** assurances provided regarding the Trust's management of complaints
- To endorse the progression of the audit findings to Trust Board

	TIMELINESS OF RESPONSE PROCESS	QUALITY OF INVESTIGATION	ACCESSIBILITY, STYLE AND TONE OF LETTER	LEARNING AND ACTIONS IDENTIFIED	COMMENTS
COMPLAINT 1 <ul style="list-style-type: none"> • MIIU • Complaint regarding: possible missed fracture 	FULL ASSURANCE	FULL ASSURANCE <ul style="list-style-type: none"> • Thorough investigation 	FULL ASSURANCE <ul style="list-style-type: none"> • Empathetic • Apologetic • Clear about findings • Clear learning and actions to be taken 	FULL ASSURANCE <ul style="list-style-type: none"> • Clear organisational learning • Detailed action plan • Review of scaphoid assessment guidance to include pictures • Trauma and Orthopaedics surgeons from GHT to provide training to MIIU staff re: wrist injuries • Not possible to form conclusive opinion as to whether fracture missed 	<ul style="list-style-type: none"> • Followed GCS process
COMPLAINT 2 <ul style="list-style-type: none"> • Community physiotherapy service • Complaint regarding: attitude of physio; communication of physio; arrived late with no apology; request to refer to professional regulator 	PARTIAL ASSURANCE <ul style="list-style-type: none"> • Delay due to need to reinvestigate • Delay due to Christmas holiday period • Sincere apology for delay sent by Patient Experience lead, advising of revised response date 	FULL ASSURANCE <ul style="list-style-type: none"> • Consent to share obtained • Terms of reference logical and clear • Initial investigation deemed to not respond to all issues and so was reinvestigated • Areas of complaint ultimately thoroughly investigated 	FULL ASSURANCE	FULL ASSURANCE <ul style="list-style-type: none"> • Future communication by physiotherapist will take into account patients with hearing difficulties • Physio to speak more slowly to take account of accent 	<ul style="list-style-type: none"> • Good clinical record keeping aided investigation and demonstrated good practice • No evidence of poor clinical practice or concern re: professional conduct
COMPLAINT 3 <ul style="list-style-type: none"> • Later Life Community MH team • Complaint regarding: concerns that mother, living in a care home, visits family home frequently and alone without liaison with the family; lack of recent capacity assessment; fluctuating capacity not taken into account 	FULL ASSURANCE <ul style="list-style-type: none"> • Original timescale unable to be met due to an additional concern being raised by the complainant 	FULL ASSURANCE <ul style="list-style-type: none"> • Consent to share obtained • Thorough • Clear where responsibility and information was needed from partner organisations 	FULL ASSURANCE <ul style="list-style-type: none"> • Empathetic • Sincere apology • Clear that assessment had fallen below expected standards. No attempt to excuse the mistake • Made suggestions for complainant to meet with care home staff to discuss concerns 	FULL ASSURANCE <ul style="list-style-type: none"> • Risk assessment regarding 'risk of accidents' was based on patient being accompanied when in community • Local learning agreed with team Manager 	<ul style="list-style-type: none"> • Trust requested a response from Adult Social Care Team in GCC • A number of capacity assessments had been undertaken

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

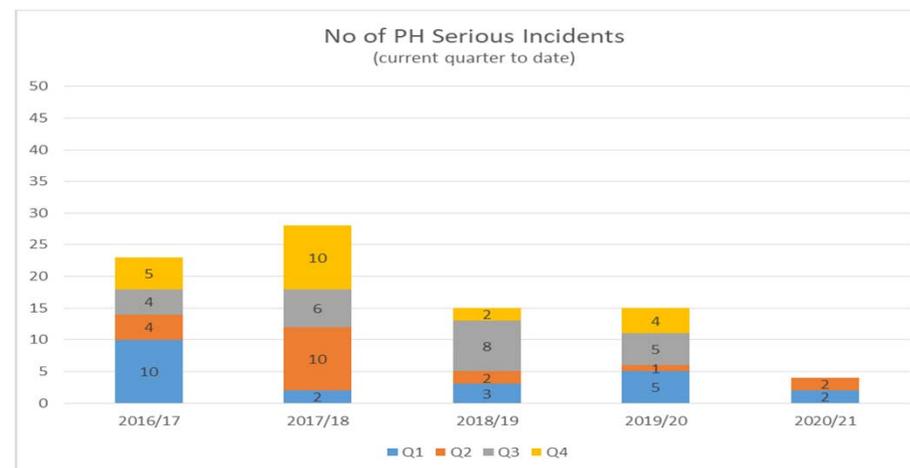
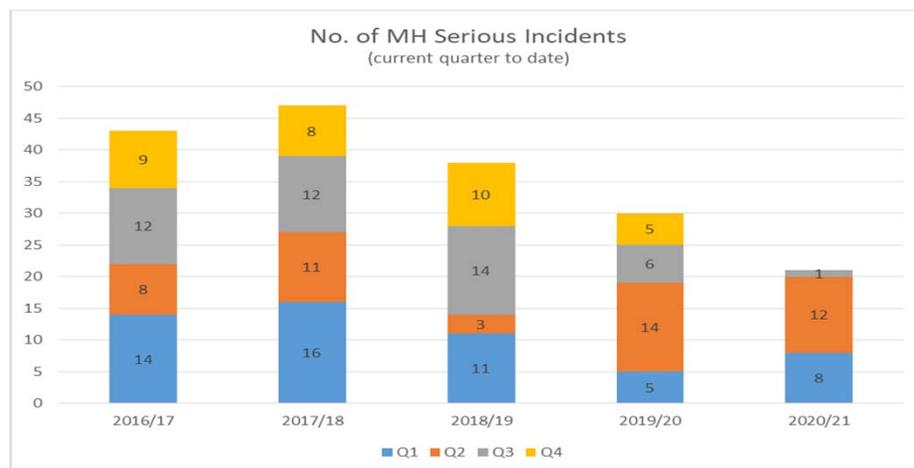
	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R	Exception Report?	Benchmarking Report
																	A		
																	G		
Number of Never Events	N - T	0	1	0	0	0	0	0	0	0						0			N/A
Number of Serious Incidents Requiring Investigation (SIRI)	N - R		49	4	3	3	7	2	5	1						25			N/A
Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		0	0	0	0	0	0	0	0						0			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding falls lead to fractures	N - R		6	0	1	0	1	0	0	1						3			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding pressure ulcers	N - R		5	0	0	1	0	0	0	0						1			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding suspected suicides	N - R		18	2	0	0	4	2	3	0						11			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding self harm or attempted suicide	N - R		6	3	1	1	0	0	2	0						7			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding mental health homicides	N - R		1	0	0	0	0	0	0	0						0			N/A
Total number of Patient Safety Incidents reported	L - R		12,109	689	866	1000	1047	1139	1082	1134						6957			N/A
% incidents resulting in low or no harm	L - R		94.71%	90.42%	92.49%	93.10%	94.56%	94.82%	95.29%	93.47%						93%			N/A
% incidents resulting in moderate harm, severe harm or death	L - R		5.29%	9.58%	7.51%	6.90%	5.44%	5.18%	4.71%	6.53%						7%			N/A
% falls incidents resulting in moderate, severe harm or death	L - R		2.24%	0.96%	3.13%	2.04%	3.16%	2.44%	4.88%	3.25%						3%			N/A
% medication errors resulting in moderate, severe harm or death	L - R		0.61%	6.06%	0.00%	0.00%	1.85%	1.82%	0%	1.96%						2%			N/A
Embedding Learning meetings taking place to review the outputs of completed SIRI reports and consider practice implications.* Covid Disruption	L - R		N/A	0	0	0	0	0	0	0						0			N/A

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

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

ARE SERVICES SAFE? – additional information

One SIRI was declared in October 2020, within mental health inpatient services. All incidents were escalated in line with SIRI reporting requirements. The Patient Safety Team continue to monitor both regional and national trends in terms of suicide rates and will analyse and report significant departures from benchmarking trends. The tables below represent SIRI reporting over the past 5 years. These reports are stimulating good clinical discussions across operational governance forums and the Trusts quality assurance group. Particular attention was paid at these recent meeting with regard to thematic analysis of issues to determine that Covid disruption was not noted as theme in mental health SI's during the pandemic.



1 SIRI was declared in October 2020, within the Mental Health inpatient service: a patient was found on the floor and sustained a fractured femur.

14 SIRI final reports, 7 mental health and 7 physical health, were completed during October 2020. 6 of the 7 physical health incidents pertain to SIs which occurred in 2019/20. This push to complete final reports has been a significant undertaking, completely clearing overdue incidents resulting from the Trust-wide Covid response. There are currently 6 of 7 "Incident on a Page" documents for mental health incidents completed. 1 is outstanding. These are disseminated and discussed throughout the services to promote learning. All Incident on a Page documents are uploaded to the Trust Intranet.

There are currently 9 active SIRIs. 2 further incidents will be complete on 3 and 4 November, with a 3rd completing on 16 November 2020. None of the remaining 6 SIs will have an extended deadline for submission.

Regarding all patient safety incidents:

- The total number of patient safety incidents rose from September (1082) to October (1134), returning to the levels seen in August (1139).
- The percentage of patient safety incidents meeting moderate, severe and death thresholds rose for the first time this financial year, from September (4.71%) to October (6.53%).
- The percentage of falls resulting in moderate and above levels of harm decreased from September (4.88%) to (3.25%). The actual number of moderate+ harm falls was unchanged from September, however there was an increase in the total number of falls reported from September (82) to October (123), indicating an increase in no or low harm falls reported.
- 1 medication error resulting in moderate or above harm occurred in October, representing 1.96% of medication errors reported in October.
- To note, there has been one minor adjustment to data provided prior to October 2020 due to ongoing incident review and approval processes, reducing the total number of incidents in September from 1083 to 1082. This adjustment did not substantially change the percentages reported against different levels of harm.

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

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	RAG	Exception Report?	Benchmarking Report
VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	97.3%	94.6%	93.4%	96.2%	100.0%	96.5%	98.7%	96.7%						97.0%	G		
Safety Thermometer - % Harm Free	N - R L - C	95%	93.2%														N/A		
Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	97.8%														N/A		
Total number of developed or worsened pressure ulcers	L - R	61	784	62	76	82	63	63	47	65						458	R		
Total number of Category 1 & 2 Acquired pressure ulcers	L - R	56	737	54	68	70	59	58	41	50						400	R		
Number of Category 3 Acquired pressure ulcers	L - R	0	46	4	6	8	3	4	6	12						43	R		
Number of Category 4 Acquired pressure ulcers	L - R	0	8	4	2	4	1	1	0	3						15	R		

Additional information

VTE Risk Assessment

The percentage of inpatients with VTE Risk Assessment completed in inpatient settings has continued to exceed the 95% target in November for the fifth consecutive month.

Safety Thermometer

Reporting remains suspended due to Covid-19 in agreement with commissioners.

Focus on Pressure Ulcers

Current Situation:

- The prevalence of pressure ulcers has increased during the year and Gloucestershire is experiencing increases in the occurrence of pressure ulcers across the care system.
- The complexity of patients discharged into our community hospitals and back home has been impacted by Covid both physiologically and psychologically with increases in anxiety and mental health issues impacting on treatment and outcomes. A DoH briefing released in July 2020 informed of the increased medical and nursing needs of patients who had contracted Covid 19; this included pressure ulcers and mental health concerns.
- We are working with the regional NHSE/I team as there is a region wide issue of increase in prevalence during the pandemic so this is not isolated to a Gloucestershire only issue
- Redeployment of specialist clinical colleagues, the clinical pathways lead, and the necessary suspension in corporate work to concentrate on addressing the pandemic in March resulted in a temporary halt in education and training.
- The patients we are caring for are increasingly frail and complex and some of the pressure ulcers reported are worsening under our care due to a range of factors including matter outside of our immediate control.

Current actions:

- Pressure ulcer quality improvement groups restarted in September with a focus on national **#StopThePressure** day on 19/11/20
- The Trust's Tissue Viability team have developed a virtual interactive awareness training package for all patient-facing clinicians. This launches in December 2020.
- Route cause analysis is beginning to highlight the additional impact from the first national lockdown in terms of changes in operational delivery pressures due to shielding (patients, carers and clinicians)
- Prevalence data continues to be collected and presented for Resources and Quality committee oversight.
- Clinical Pathways Lead reviews category 3,4 and unstageable ulcers monthly
- There is an integrated approach across operational and corporate teams to support assurance and learning from pressure ulcer incidents.
- Agreement with key system partners to develop a One Gloucestershire approach to the prevention and management of Pressure Ulcers – timescale delayed due to the system's response to the second wave of Covid 19
- Clinical Pathways Leads transferred to the Deputy Director of Nursing and Quality portfolio to provide more focus



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

CQC DOMAIN - ARE SERVICES EFFECTIVE? (Whole Trust data)

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
Community Hospitals																			
Bed Occupancy - Community Hospitals	L - C	92%	94.4%	76.1%	69.8%	83.3%	88.3%	86%	90.6%	94.2%						84.0%	R		90.4%
Mental Health Services																			
Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	N - T	60%	63.4%	50.0%	66.7%	50.0%	85.7%	53.3%	100%	83.3%						69.8%	G		
Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas:																			
Inpatient Wards	N - T	95%	80%																
GRiP	N - T	92%	85%																
Community	N - T	90%	78%																
Improving access to psychological therapies (IAPT): Proportion of people completing treatment who move to recovery (from IAPT database)Waiting time to begin treatment (from IAPT minimum dataset	N - T	50%	50.1%	37.5%	44.4%	54.5%	56.2%	55.8%	58.8%	54.1%						51.6%			
Admissions to adult facilities of patients under 16 years old.	N - R		0	0	0	0	0	0	0	0						0	N/A		
Inappropriate out-of area placements for adult mental health services	N - R	average bed days	19	30	14	11	17	15	17	9.6						16.2	N/A		
Children's Services - Immunisations			2019/20 Academic Year	Academic Year 2019/20					Academic Year 2020/21										
HPV Immunisation coverage for girls aged 12/13 years old (1st Immunisation)	N - T	90%*	73.1%	Focus on Immunisation Programme provided in July Dashboard												0.0%	R		
Children's Services - National Childhood Measurement Programme			2019/20 Academic Year	Academic Year 2019/20					Academic Year 2020/21										
Percentage of children in Reception Year with height and weight recorded	N - T	95%*	69.7%	66.4%	68.0%	67.9%	69.7%	69.7%	Programme commences in November 2020							0.0%	R		
Percentage of children in Year 6 with height and weight recorded	N - T	95%*	73.9%	66.1%	70.0%	69.8%	73.9%	73.9%	Programme commences in November 2020							0.0%	R		

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

CQC DOMAIN - ARE SERVICES EFFECTIVE?

Additional Information

Bed Occupancy

System pressures are increasing demand for community hospital beds and there is a lack of capacity on Discharge to Assess pathway, which is delaying the discharge of patients from the community hospital beds. These combined factors are contributing to increased bed occupancy levels.

Mental Health

The IAPT recovery rate indicator has been reinstated this month, and has continued to exceed the required threshold for five consecutive months.

Monthly and year to date data for the Early Intervention in Psychosis (EIP) service demonstrates that the service has met the target threshold for the second consecutive month and at a time when the service remains in active recovery. The figures for the Early Intervention in psychosis have changed in some previous months. This is currently being reviewed with the service as there may be data quality issues involved.

Length of stay - inappropriate out of county placements

The number of bed days for adult mental health inappropriate out of area placements reduced in October for the first time in six months. A data quality issue also caused September data to report an incorrect higher number, this has now been corrected. The following focus slides explores the detail for the length of stays recorded so far this year, identifying the context of the placements and the numbers of individual placements to which the average length of stay data applies.

CQC DOMAIN - ARE SERVICES EFFECTIVE? Focus on Length of Stay (LOS) of inappropriate Acute and PICU placements

The 2020/21 data for inappropriate Acute and PICU placements during this period suggests that the average LOS for Out of Area Placements (OAP) was initially high but reduced over the summer period, only to rise again in September 2020. However, the LOS data does not reflect the actual number of OAPs or reasoning for the decisions to place Gloucestershire patients in an out of county bed.

MONTH IN 2020	NUMBER PLACEMENTS IN MONTH	AVERAGE NUMBER OF BED DAYS	COMMENTS
APRIL	1	30.0	1 patient was placed out of county who required a gender specific PICU bed that was unable to be facilitated within county
MAY	3	14.0	Average LOS reduced to 14 days but began to rise, likely due to the impact of Covid-19. Inpatient cases began to rise and bed pressures hit a peak. The Bed Management Team were able to keep most patients in county however 2 further patients required OAP; 1 PICU and 1 acute due to lack of available beds within county.
JUNE	6	11.3	The lowest LOS over the summer period but mental health inpatient admissions increased dramatically. Average LOS was 11 days. 3 patients continued to require PICU beds and 4 patients required acute OAPs. The reduced average LOS reflects the pro-active work to repatriate patients back into county.
JULY	3	17.1	The average LOS related to 2 patients in OAP PICU beds (both requiring gender specific provision due to behaviours that could not be safely accommodated in county. The acute patients were transferred back into county following a 10 day OAP.
AUGUST	5	15.2	The average LOS reduced by 2 days, however 5 patients remained in OAP within PICU placements whilst Trust PICU was full. Of the 5 patients placed OAP, 3 required a gender specific ward.
SEPTEMBER	8	17.4	Due to 5 patients continuing to require OAPs, the LOS for September increased. A further 2 patients required acute OAPs. At the latter part of the month, 3 PICU patients were repatriated back into county.
OCTOBER	5	9.6	LOS reduced, however 2 patients remained in OAP PICU placements whilst Trust PICU was full. 3 patients in OAP Acute beds. By the middle of the month all patients were repatriated into county.
	TOTAL: 31	AVERAGE: 16.4	

Challenges within the system

Due to Covid-19 in the spring and summer of 2020, the usual monitoring routes for seasonal predictions with regard to admissions was unable to be followed. Discharges in late March and April were undertaken due to the expected surge in admissions. Initially, those detained under the Mental Health Act outnumbered those who were admitted informally. From June onwards admission rates were high and more patients admitted to hospital informally. This impacted on bed capacity and resulted in some patients requiring OAPs.

During spring the discharge rates began to slow and both WLH and CLH experienced daily bed capacity of between 96%-100%, including leave beds.

Possible to solutions to reduce OAP and LOS

The Integrated Discharge Hub (IDH) within mental health hospitals is a developing service that is seeking to support discharges across the entire inpatient system, including the inpatient recovery units. Included and aligned to the IDH are Bed Managers; a clinical lead, inpatient social workers, supported accommodation management and ELIM housing. As we move away from the increased activity of the summer, we will seek to reduce OAPs by supporting inpatient discharges and working with community teams to understand activity and to formulate discharge plans.

OAPs are a high priority within the Trust and numerous proposals to support inpatient discharge and reduce OAPs are evolving via Quality Improvement schemes driven by the IDH. These include:

- Interactive White Boards (board rounds)
- Daily Dashboard (board rounds)
- Recruitment of SWs to the Integrated Discharge Hub
- Paper to be submitted for the proposal of a Quality Hotel
- PICU bed base and service review (particular attention to gender specific OAPs)
- AHP reviews to support discharge pathway

Work continues to evolve contractual arrangements with Priory, Cygnet and Elysium private health care providers whilst the need for OAPs remains.

CQC DOMAIN - ARE SERVICES RESPONSIVE?

Minor Injury and Illness Units

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report Feb Figure
Time to initial assessment for patients arriving by ambulance (95th percentile)	N - T	<15 m	0:14	0:17	0:11	0:13	0:17	0:15	0:14	0:15						0:14	G		

Referral to Treatment physical health

Podiatry - % treated within 8 Weeks	L - C	95%	73.6%	92.9%	97.2	100%	94.2%	97.7%	97.5%	94.7						96.5%	G		
ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	79.8%	65.1%	57.9%	84.4%	93.6%	97.5%	99.1%	98.1%						88.1%	R		
ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	83.5%	79.4%	62.6%	93.6%	94.9%	98.4%	99.5%	99.1%						92.3%	R		
Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	88.5%	60.2%	83.1%	97.2%	99.3%	100%	100%	100%						91.0%	R		
Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	84.5%	72.2%	98.8%	95.2%	98.7%	98.6%	98.9%	100%						91.0%	R		
Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	95.4%	99.0%	97.2%	96.2%	99.00%	98.7%	99.1%	98.3%						98.4%	G		
Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R	3,279	35939	1787	1731	1774	1712	1702	1746	1835						12287	R		

Mental Health Services

CPA Review within 12 Months	N - T	95%	96.9%	88.9%	89.8%	89.2%	90.7%	92.2%	92.8%	94.5%						91.2%	R		
Admissions to hospital gate kept by CRHTT	N - T	95%	100.0%	96.8%	100.0%	100%	100%	100%	100.0%	100.0%						99.5%	G		

Additional information

MIUs

- The Dilke remains closed as part of the Covid-19 response.
- Tewkesbury MIU re-opened on 25/08/20 and remains open 8am-8pm 7 days per week
- The Vale is open from 10am-6pm as a full staffing model for this site cannot be assured.
- For patients who call ahead, the MIU team provide telephone advice to ensure the right clinical pathway is accessed as soon as possible. MIU are moving to Telephone Triage using the Manchester Triage Scoring in November
- System-wide work is progressing with the Think First 111 project via the ICS A&E delivery board.

ICTs

- For a third consecutive month, new referrals exceeded new cases seen in month but concerted efforts by the ICT therapists meant that the number of people waiting for an appointment was stable for Physiotherapy and fell for OT. Clinicians continue to prioritise referrals on the basis of clinical need. 77.0% of people seen by ICT Physiotherapy and 80.7% of people seen by ICT OT in October waited for 2 weeks or less.

Mental health

- Performance in relation to CPA reviews is narrowly below the required threshold, but a month on month improvement is noted and is now close to target. The impact of Covid-19 continues to be noted in relation to limited opportunities for face to face contact to support full CPA review.
- CRHTT has achieved 100% compliance with gatekeeping admissions to hospital for the sixth consecutive month this year.

N - T	National measure/standard with target	L - I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L - R	Locally reported (no target/threshold) agreed
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RAG Key: R – Red, A – Amber, G - Green

Additional KPIs - Physical Health

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report Feb Figure
Proportion of eligible children who receive vision screens at or around school entry.		95%*	N/A	61.5%	61.5%	61.5%	61.5%	61.5%	71.9%	86.6%	Program completes in Nov					71.9%	R		
Number of Antenatal visits carried out			944	46	42	35	24	24	40	65						276	R		
Percentage of live births that receive a face to face NBV (New Birth Visit) within 7-14 days by a Health Visitor		95%	91.5%	43.0%	30.6%	64.1%	75.7%	82.5%	86.4%	93.8%						68.1%	R		
Percentage of children who received a 6-8 weeks review.		95%	94.1%	29.7%	45.8%	71.8%	76.3%	86%	85.4%	94.7%						69.9%	R		
Percentage of children who received a 9-12 month review by the time they turned 12 months.		95%	84.8%	84.1%	75.2%	67.1%	70.8%	64.4%	65.1%	68.8%						70.7%	R		
Percentage of children who received a 12 month review by the time they turned 15 months.		95%	90.2%	89.8%	86.3%	90%	87.5%	82.2%	72.9%	69.3%						82.4%	A		
Percentage of children who received a 2-2.5 year review by 2.5 years.		95%	83.5%	82%	85.3%	81.7%	73.9%	61.1%	60.8%	64.2%						73.2%	R		
Percentage of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence).		58%	54.9%	57.1%	57.9%	58.2%	58.2%	49%	58.2%	55.3%						56.2%	A		
Chlamydia Screening of Gloucestershire residents aged 15-24 (minimum positivity rate)		3108	1929	895	709	895	1081	1250	1047	1064						992			
Number of Positive Screens		169	1329	53	42	53	64	74	62	63						411			
Average Number of Community Hospital Beds Open		196	195.4	173.3	168.8	155.8	162.5	177.7	177.6	177						170.4	R		
Average Number of Community Hospital Beds Closed		0	1.1	22.3	27.2	40.2	33.5	18.3	18.4	19						25.6	R		

Additional Information

Data shown from October 2020 onwards is now inclusive of virtual methods – video calls and clinical telephone contacts.

Vision Screening: Vision screening has recommenced and the recovery plan has seen a significant increase in screens.

Health Visiting: Antenatal sessions are delivered face to face for those who accept a targeted offer. Group universal contacts are now being offered jointly with the midwifery service as part of a pilot.

NBV 93.8%: these are being delivered predominately face to face but there is a virtual offer where families are reluctant. In addition, a small percentage of babies remain in NICU/hospital. All families who are not seen are tracked and reoffered a family health needs assessment

6-8 week review 94.7%: these are being delivered predominately face to face but there is a virtual offer where families are reluctant. All families who are not seen are tracked and reoffered a family health needs assessment

Antenatal Screening Questionnaire: families are choosing to delay appointments as they would prefer a face to face offer. The virtual offer has been reviewed to encourage uptake and ensure more are completed in timeframe. All outstanding face to face requests are being managed as part of the recovery process. There has been an increase in Covid-secure clinics to allow for an increase in the face to face offer.

Chlamydia screening: testing levels and positivity rates during October remain consistent with previous months.

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

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

CQC DOMAIN - ARE SERVICES WELL LED?																				
		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%																	
	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%																	
	Mandatory Training	L - I	90%	89.14%	88.8%	88.7%	85.5	86.2%	86%	85.4%	83%						86.2%	A		
	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	90%	80.38%	72.7%	69.9%	65.4%	60%	60%	69.7%	76%						67.7%	R		
	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.80%	4.77%	5.0%	5.2%	5.1%	5.1%	4.97	4.97%						5.01%	R		
	SUS+ (Secondary Uses Service) Data Quality Validity - Available in arrears	N-R	96.30%																	

Additional information

Staff Friends and Family Test (FFT)

The staff FFT has been paused nationally and the Trust has ceased internal activity inline with national guidance. As an alternative, the Trust take part in the Covid-19 People Pulse survey which seeks information and assurance regarding workforce health and wellbeing. The out-turn of this survey is reported to the Trust Board every 2 weeks.

Mandatory training, appraisal and absence

The initial pause on statutory/mandatory training was lifted in July 2020 but has had to be reinstated with the second lockdown in October. A number of courses had already been converted into on-line delivery and the first virtual Corporate Induction session took place on 9th November. However, some courses, including Resuscitation and Physical Intervention training, are continuing as face to face training due to their practical nature, with a range of measures to ensure they are Covid compliant.

Appraisal compliance has increase to 76% for October. Managers are reminded that staff appraisals must continue whenever this is possible. There is a continued emphasis on appraisal completion over the coming months, including the re-introduction of appraisal training.

Sickness absence levels have remained consistent since April 2020 but are above the Trust target of 4.00%.

Staff Health and Wellbeing

The staff Health and Wellbeing Hub (HWH) continues to meet fortnightly and uses feedback from members of the hub and our Health and Wellbeing pulse surveys to inform our priorities. In October, GHC launched a new staff financial benefit, *Salary Finance*, which offers loans repaid through salary, advanced earned pay, savings and money insights.

Recruitment has now been made to four new posts within Working Well funded by charitable monies. These will increase individual counselling capacity and support proactive psychological wellbeing and resilience building in teams across the organisation.

Working Well have are supporting the flu vaccination programme, risk assessments, and providing advice and guidance for colleagues.

October was National Speak Up month and our Freedom to Speak Up Guardian led a successful **#SpeakUpABC** campaign, promoting a healthy working environment and having a voice.

The HWH regularly links with ICS partners to ensure the sharing of best practice. There has been a recent ICS bid for around £120K to support the development of a system-wide mental health hub for colleagues.

CQC DOMAIN - ARE SERVICES WELL-LED?

Duty of Candour – Quarter 1 2020/21 review

Duty of Candour (DoC) under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was introduced in November 2014 for NHS Trusts in response to the Francis Report (March 2013) recommendation 181, following events at Mid-Staffordshire NHS Foundation Trust. Sir Robert Francis highlighted three principles for honesty within the National Health Service (NHS):

- **Openness** – Enabling concerns and complaints to be raised freely without fear, and questions asked to be answered.
- **Transparency** – Allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.
- **Candour** – Any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

Following the DoC deep dive audit undertaken for 2019/20, quarterly reviews for DoC compliance are now undertaken on a routine basis to monitor compliance and provide assurance that DoC is being applied in line with regulatory requirements. Following each review detailed reports will be submitted to the Trust Quality Governance framework for review, assurance, escalation and onward dissemination across the Trust.

Regulation 20 components reviewed each quarter against all incidents rated as moderate harm and above:

The notification must be given in person by representative(s) of the Trust

The notification in person must be given within 10 working days of the incident being reported.

The notification in person must provide an account of all the facts known about the incident at the point that the notification is given.

The notification in person must advise what further enquiries into the incident the Trust will undertake.

The notification in person must include an apology

The notification in person must be recorded in a written record

The Trust must provide reasonable support to the relevant person in relation to the incident,

Following the notification in person a written notification must be sent to include, details of any enquiries to be undertaken by the Trust

The written notification must include the results of any further enquiries into the incident to date by the Trust

The written notification must include an apology

If the relevant person cannot be contacted in person or declines to speak to the Trust a written record is to be kept of attempts to contact or to speak to the relevant person.

The Trust must keep a copy of all correspondence with the relevant person

The Trust must share the outcomes of enquiries and investigations in writing with the relevant person if they wish to receive them.

Key findings:

- 34 cases meeting the category of moderate harm and above were critically analysed to review Trust compliance with the required components of Regulation 20 DoC.
- The review noted that the Trust Datix form had been developed since the last review to allow the inclusion of the DoC field within the “Openness and Transparency” section of the incident reporting form
- **Full assurance** was obtained that **100%** of the reported incidents meeting review criteria (n=34) were appropriately reviewed for DoC and all graded as “DoC does not apply” The review analysed each case and agreed the grading was correct.
- **Improvement work** continued in line with the 2019/20 DoC review that there is a systematic process to record that a verbal apology has been given by Trust colleagues following an incident occurring, both Datix and clinical records were reviewed in relation to this component, however the review considered this to be an administration challenge as apologies were given but not always being recorded.
- **Full assurance** was obtained that all incidents reviewed that met SIRI criteria demonstrated that “the relevant person” had been offered support by a Trust Family Liaison Officer or a member of the Patient Safety Team.
- **Improvement work** continues so that outcomes of enquiries and investigations are shared in writing with the patient/‘relevant person’ if they wish to receive them, in a timely manner. Covid-19 has had a negative impact upon this area as there has been reduced capacity in the Patient Safety Team owing due to redeployment. As a result the Trust negotiated the submission date for some SIRI reports with the Gloucestershire Clinical Commissioning Group (GCCG). This has meant that there has been a delay in sharing the final reports with patients and their ‘relevant person’. This factor also has implications for the delay in drafting final DoC letters being sent. This is being addressed and is being monitored.

Next steps: assurance and embedding

- The addition of a field to add to the Datix form to capture when a verbal apology has been given will be reviewed with the Head of Patient Safety for onward progression.
- The DoC action plan will continue to be progressed and is monitored via the Regulatory Compliance Group, as a sub-committee of the Improving Care Group.
- Reviews will continue each Quarter to ascertain the Trust’s level of compliance with Regulation 20 DoC.

CQC DOMAIN - ARE SERVICES WELL-LED?

Focus on jointly commissioned services

Reablement Service The Reablement service is a Gloucestershire County Council (GCC) commissioned service which is managed by GHC. The service supports people at home helping them recover and regain function and independence following illness or injury, working through goal-based outcomes jointly agreed between the person and the service. It is managed within the Adult Community Care Directorate as part of the Integrated Community Teams. The teams comprise of GCC employed staff ranging from Coordinators to Reablement Workers. There is a close alignment to GHC Community therapy services and they frequently work together for therapy-led outcomes.

In mid-September 2020 following dialogue with commissioners issues were identified which required improvement. GHC commenced a rapid peer review process with swift appraisal and senior oversight. The peer review confirmed that in some service areas the following areas required improvement:

- Medicines administration and handling
- Record keeping and documentation deficits
- Staff competency and training records requiring improvement
- Shared Management responsibilities requiring improved clarity
- Staff supervision required improvement
- Information leaflets to be developed to include all regulatory required information
- Incident reporting procedures requiring improvement
- Eligibility criteria requiring improved clarity and local application

It is important to note that the peers review also identified good practice and safe working approaches to ensure care was deemed safe at point of delivery.

Trust Response

Priority areas from the above have been identified and a quality recovery plan developed. This is being managed by the Nursing, Quality and Therapies directorate. This aligns with a broader improvement plan which is part of the One Gloucestershire service development: the Enhanced Independence Offer (EIO), of which Reablement is a component.

Senior nurses and therapists are managing the improvement plan and leading Reablement service engagement events. The Director of Nursing, Therapies and Quality receives regular briefings with updated action plans. Assurance is provided to Commissioners at fortnightly meetings and there is monthly reporting to the One Gloucestershire EIO Programme board chaired by the Trust's CEO. Good progress has been made on delivering the improvement plan and its completion remains an organisational priority.

Gloucestershire Wheelchair Assessment Service The Gloucestershire Wheelchair Assessment Service (GWAS) is commissioned by the Gloucestershire Clinical Commissioning Group. GWAS provides assessment for patients (adults and children) with medium, high and specialist levels of need. The team prescribe and fit wheelchair, posture and pressure relieving equipment, with the aim of stabilising and supporting posture, maximising independence of activity, and promoting well-being and quality of life for patients. Significant improvement work has been undertaken by the service following patient and carer experience feedback in 2019. A comprehensive improvement plan was created to direct improvement and provide assurance of actions taken. This improvement work has been completed with future development actions identified to further improve and assure service quality

Telecare Services The Telecare Service aims to support people to maintain a level of independence in their usual place of residence preventing admission into long term care. The service is commissioned by GCC via the joint contracting arrangements with the CCG with patient-facing staff employed by GHC and administration staff employed by GCC.

GHC have committed to reviewing all services that are have complex commissioning arrangements where more than one commissioner is involved. This was a key recommendation from the GWAS improvement work, particularly in services where there is a mixed employment model from commissioners and providers. In line with the Trust Peer Review methodology an internal deep dive has been commissioned by the Director of Nursing, Therapies and Quality with initial findings made available later in the calendar year.

CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Mental Health Inpatient – October 2020

Ward Name	Code 1		Code 2		Code 3		Code 4		Code 5	
	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions
Dean	0	0	0	0	0	0	0	0	0	0
Abbey	122.5	16	15	2	0	0	0	0	0	0
Priory	177.5	23	7.5	1	0	0	0	0	0	0
Kingsholm	47.5	6	0	0	0	0	0	0	0	0
Montpellier	82.5	10	65	7	0	0	0	0	0	0
Greyfriars	220	24	0	0	0	0	0	0	0	0
Willow	22.5	3	37.5	4	0	0	0	0	0	0
Chestnut	15	2	0	0	0	0	0	0	0	0
Mulberry	30	4	0	0	0	0	0	0	0	0
Laurel	0	0	0	0	0	0	0	0	0	0
Honeybourne	0	0	0	0	0	0	0	0	0	0
Berkeley House	0	0	0	0	0	0	0	0	0	0
Total In Hours/Exceptions	717.5	88	125	14	0	0	0	0	0	0

Definitions of Exceptions:



- Code 1 = Min staff numbers met – skill mix non-compliant but met needs of patients
- Code 2 = Min staff numbers not complaint but met needs of patients e.g. low bed occupancy ,patients on leave
- Code 3 = Min staff numbers met – skill mix non-compliant and did not meet needs of patients
- Code 4 = Min staff numbers not compliant did not meet needs of patients
- Code 5= Other

MENTAL HEALTH & LD						
Ward	Average Fill Rate	In-Post	Bank	Agency	Vacancies	Sickness
Dean Ward	158.12%	Month end data not available for time of report submission – see previous months totals below .	Month end data not available for time of report submission – see previous months totals below .	However, having reviewed the usage it remains comparable to September 2020 data.	Month end data not available for time of report submission – see previous months totals below .	15.37%
Abbey Ward	127.69%					4.07%
Priory Ward	109.73%					10.03%
Kingsholm Ward	103.17%					14.04%
Montpellier	98.79%					6.92%
PICU Greyfriars Ward	111.42%					6.80%
Willow Ward	106.45%					4.15%
Chestnut Ward	100.18%					4.56%
Mulberry Ward	121.13%					3.50%
Laurel House	110.75%					0.52%
Honeybourne Unit	101.88%					3.39%
Berkeley House	105.78%					3.98%
Totals (Oct 2020)	112.92%					6.44%
Previous Month Totals	113.14%	90.55%	13.49%	9.11%	9.45%	5.53%

Mental Health & LD Inpatient

- There are currently 8 x 12wk agency contracts in place in Wotton Lawn.
- An agency Guaranteed Volume Contract (GVC) is in place in Wotton Lawn delivering 28 shifts per week. Work continues to increase this contract by 100% at Wotton Lawn to meet current demand. An equivalent GVC is being developed to include Charlton Lane and work is underway to establish demand. This contract promotes improved continuity care as these staff undertake RiO and clinical risk training so can undertake the full clinical roles.

CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Physical Health – October 2020

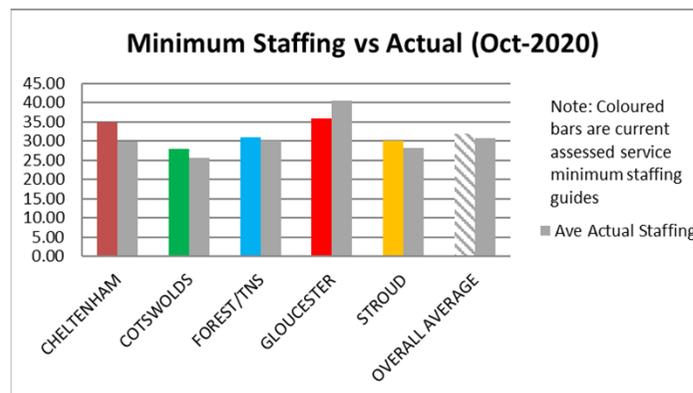
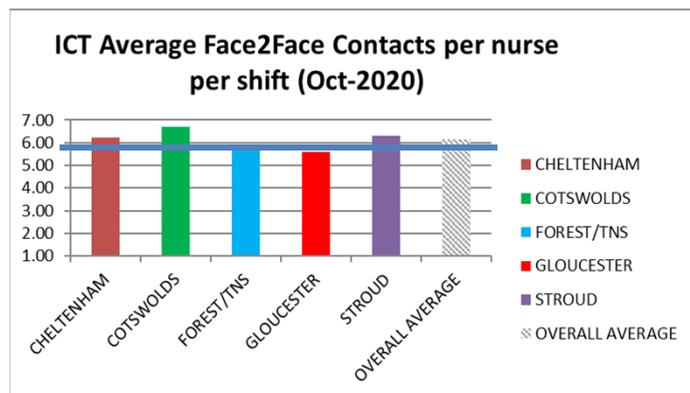
Physical Health

The Trust continues to work to align safe staffing reporting methods across the organisation. The Trust is able to report good levels of staffing in inpatient areas set against agreed safe staffing levels. A detailed piece of work is due to undertaken to enable the reporting of physical health exceptions in the same way as currently reported for MH and LD services (currently delayed due to Covid -19 disruption) .

PHYSICAL HEALTH						
Ward	Average Fill Rate	In-Post (RGN & HCA)	Bank	Agency	Vacancies	Sickness
Coln (Cirencester)	104.04%	Month end data not available for time of report submission – see previous months totals below .			Month end data not available for time of report submission – see previous months totals below .	4.74%
Windrush (Cirencester)	104.00%					4.03%
The Dilke	94.81%					7.03%
Lydney	95.94%					5.72%
North Cotswolds	100.73%					5.07%
Cashes Green (Stroud)	98.69%					4.86%
Jubilee (Stroud)	101.21%					2.92%
Abbey View (Tewkesbury)	123.46%					3.12%
Peak View (Vale)	97.83%					4.82%
Totals (Oct 2020)	102.30%					
Previous Month Totals	101.82%	89.81%	7.91%	5.31%	11.41%	5.11%

CQC DOMAIN - ARE SERVICES WELL LED?

Effective Staffing Review - Oct 2020 – Development data providing focus on ICT (District Nursing teams) activity and staffing levels



The average face to face contacts per nurse per shift is an average taken across the skill mix. The average number during Oct 2020 is 6.15 and has increased since Sept 2020 which saw an average of 4.43 face to face contacts. This increase reflects increase in individual activity to meet demand and cover vacancies/staff absences

AGENDA ITEM: 15/1120

REPORT TO: TRUST BOARD – 25TH NOVEMBER 2020

PRESENTED BY: Dr Amjad Uppal, Medical Director

AUTHOR: Ian Main, Head of Patient Safety

SUBJECT: QUARTER 2 2020/21 PATIENT SAFETY REPORT
(INCLUDING SIRIS)

This report is provided for:

Decision Endorsement Assurance Information

The purpose of this report is to:

This report provides the Trust Board with high level information with regard to patient safety incidents reported through the Trust's Datix Incident Reporting System. Analysis and comment is provided where appropriate.

Recommendations and decisions required

The Board is asked to:

- Receive, review and **note** information relating to quarterly patient safety incident reporting.

Executive summary

This report provides:

- A summary of mental health and physical health Patient Safety Incidents reported during Quarter 2 2020/21 (1 July to 30 September 2020).
- A summary of the prevalence of patient safety incidents by categories including level of investigation.
- Provision of examples of data by graph for Mental Health and Learning Disability hospitals, physical health Community Hospitals, plus MIUs and community teams for mental health and physical health.
- The data has been reviewed by the Quality Assurance Group. Feedback is positive and has guided discussion and potential internal benchmarking. Data labels are added where the charts permit.
- An overview of Serious Incidents Requiring Investigation (SIRIs) and Never Events declared in Q2 to Gloucestershire Clinical Commissioning Group (GCCG).



Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 14/1120



Q2 Patient Safety Report 2020/21



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



Gloucestershire Health and Care
NHS Foundation Trust

Report on the Trust's Patient Safety Incidents during Q2 2020/21

Presented to: – Trust Board 25th November 2020

Q2 PSR 2020/21



Gloucestershire Health and Care
NHS Foundation Trust

This report provides:

- A summary of mental health and physical health Patient Safety Incidents reported during Quarter 2 2020/21 (1 July to 30 September 2020).
- A summary of the prevalence of patient safety incidents by categories including level of investigation.
- Provision of examples of data by graph for Mental Health and Learning Disability hospitals, physical health Community Hospitals, plus MIIUs and community teams for mental health and physical health.
- The data has been reviewed by the Operational Governance Forum. Feedback is positive and has guided discussion and potential internal benchmarking. Data labels are added where the charts permit.
- An overview of Serious Incidents Requiring Investigation (SIRIs) and Never Events declared in Q2 to Gloucestershire Clinical Commissioning Group (GCCG).
- Progression of the developing governance arrangements for the management of mental and physical health patient safety incidents.

Summary of all Patient Safety Incidents reported in Q2 2020/21

Whole Trust	Total 3269 (%)
No harm	2140 (65.5)
Low harm	961 (29.4)
Moderate harm	130 (4.0)
Severe harm	23 (0.7)
Death	15 (0.5)

Categories of harm will be aligned in combined Datix Reporting System due for launch April 2020.
MH report deaths via Datix whilst PH report deaths via MIDAS.

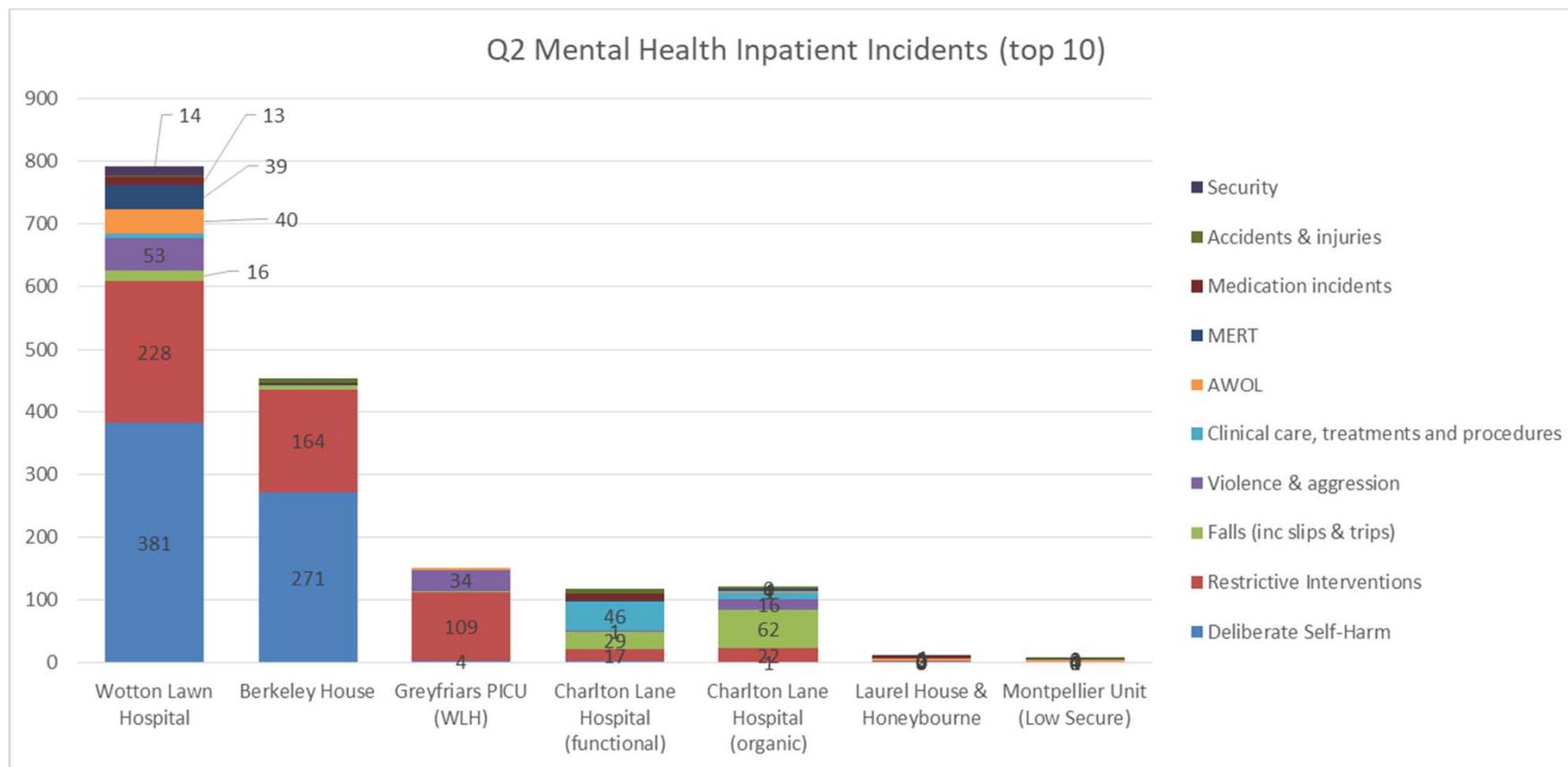
Q2 Sub 'Serious Incident' Incidents (moderate and above harm)

During Q2 the Patient Safety Team convened 10 initial investigation panel meetings (not including those incidents that have gone on to be declared as a SIRI which are featured on slides 12 and 13).

8 of these incidents have been from Physical Health and 2 from Mental Health.

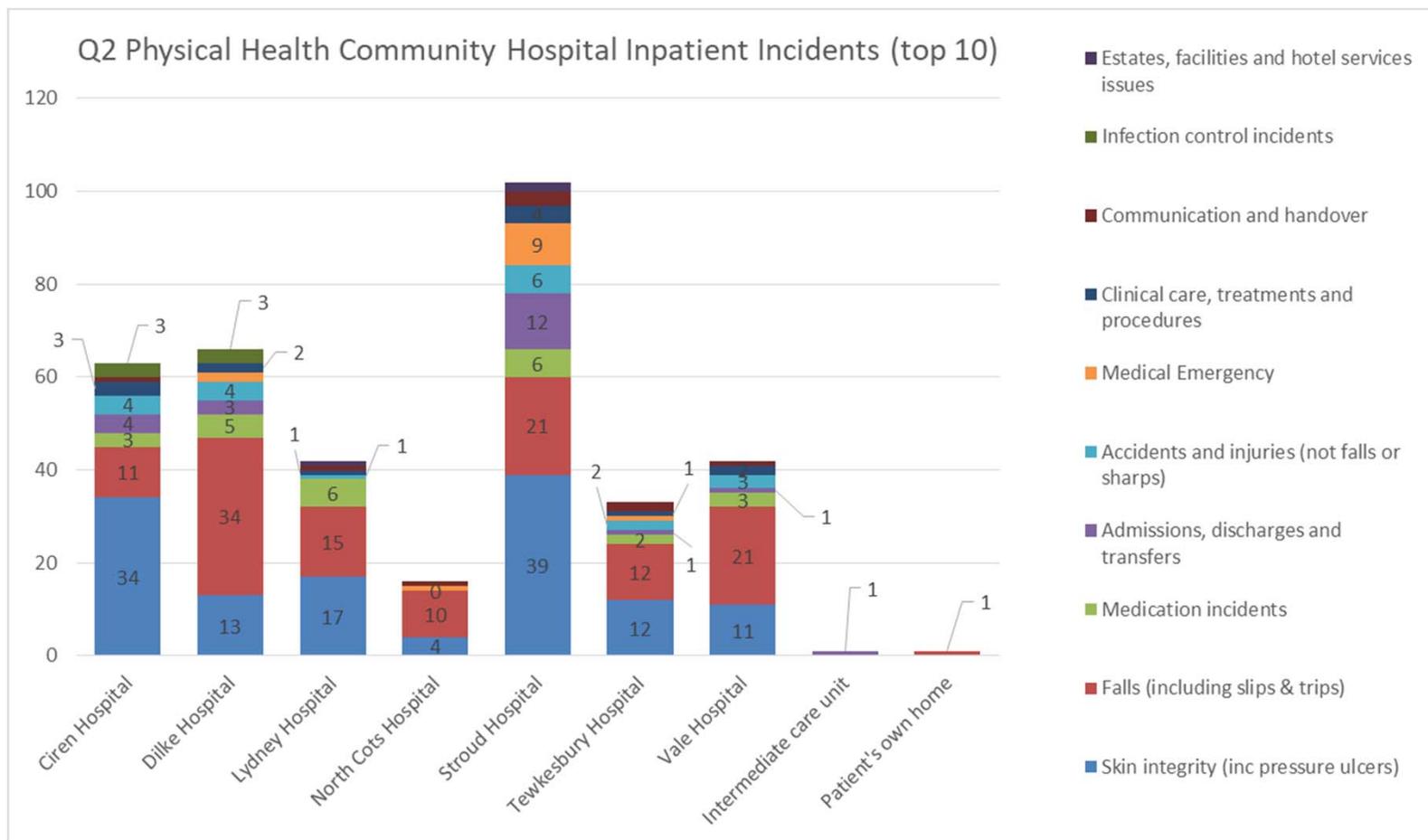
None have been managed as a clinical incident needing additional comprehensive investigation, however local learning including evidence of good practice, have been shared via Incidents on a Page following these panel meetings.

High Level Analysis of Mental Health Inpatient Incidents



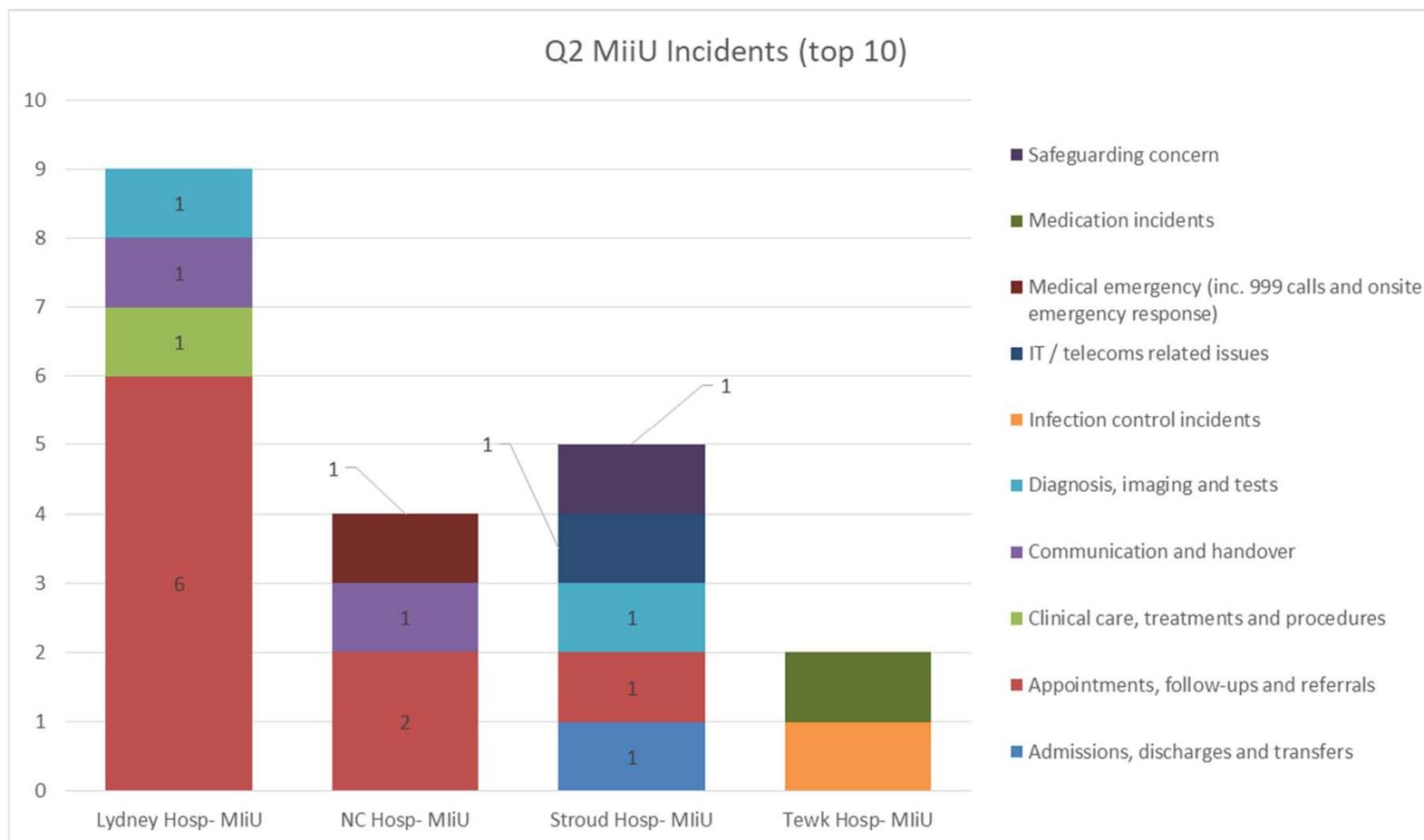
Total number of MH inpatient incidents = 1724

High Level Analysis of Physical Health Inpatient Incidents



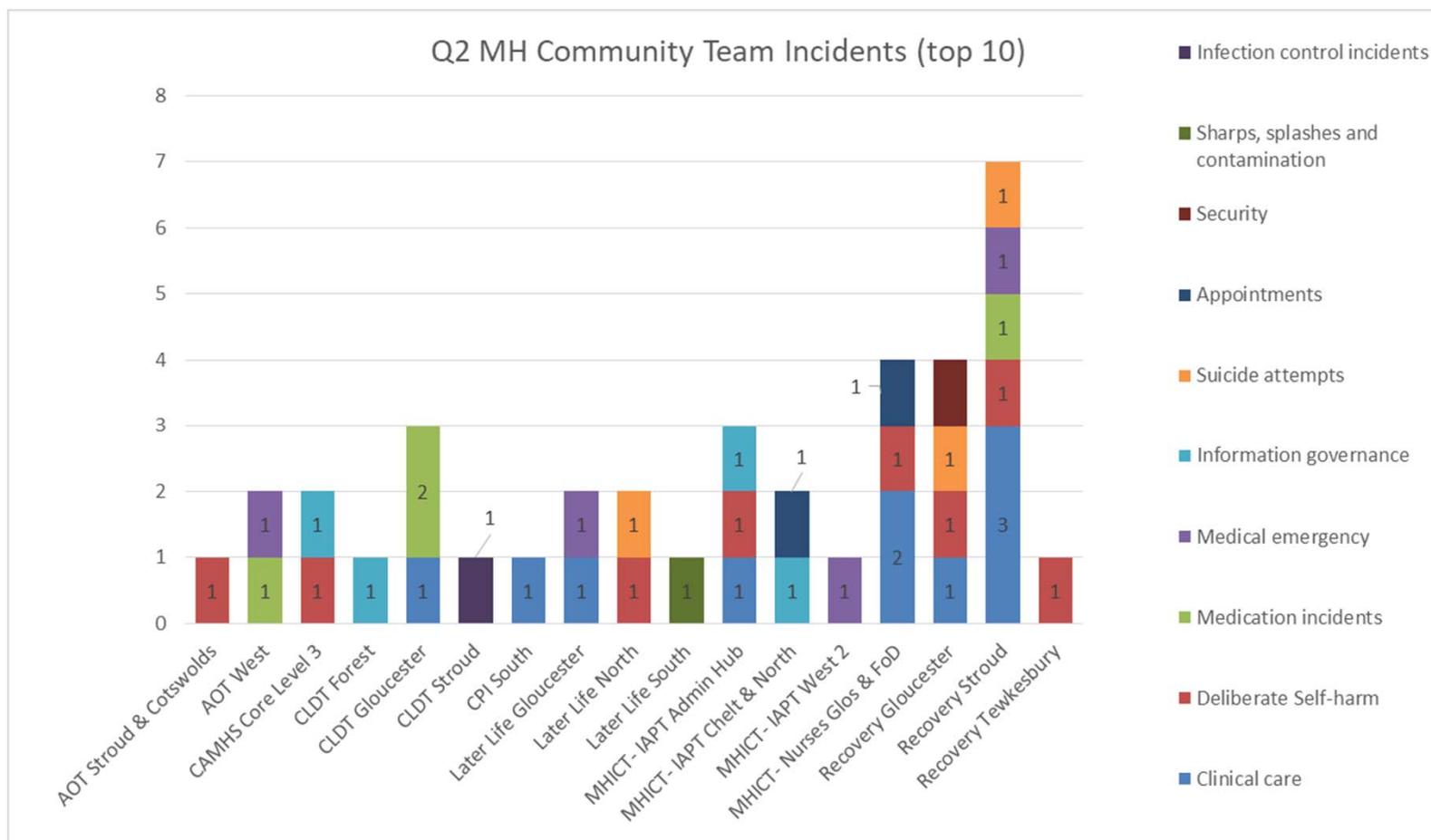
Total number of physical health inpatient incidents = 378

High Level Analysis of MiiU Incidents



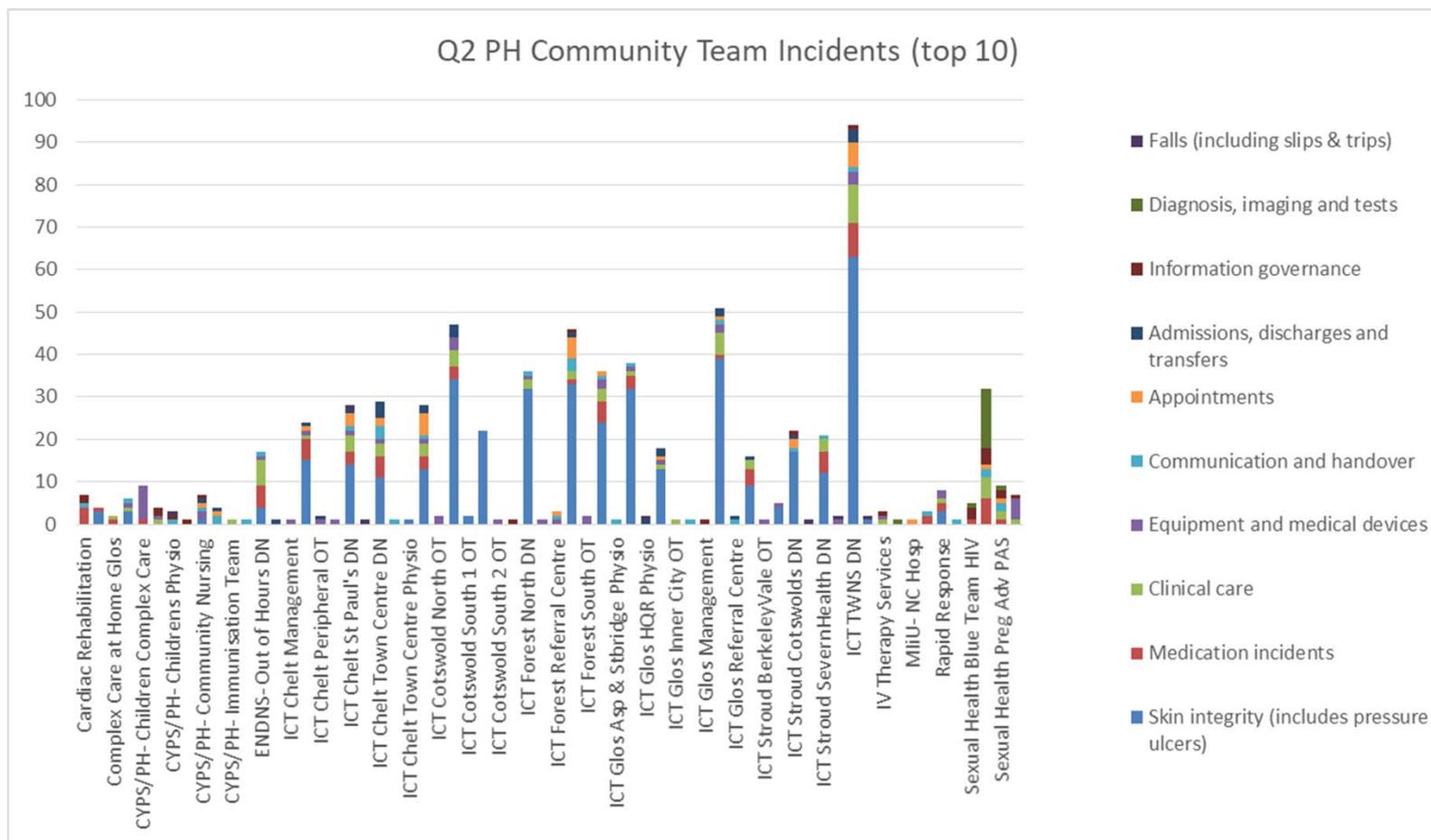
Total number of MiiU incidents = 20

High Level Analysis of MH Community Teams Incidents



Total number of MH Community Team incidents = 38

High Level Analysis of PH Community Teams Incidents



Total number of PH Community Teams incidents = 757

Detailed analysis of high frequency incidents

As services return towards normal function following the spring pandemic, Q2 does demonstrate a return to more established trends.

The high frequency incidents within Mental Health inpatient continue focus on deliberate self-harm, prevention and management of violence and aggression, and incidents relating to the violent conduct of distressed patients during the acute phase of their illness.

Physical Health hospitals, and older persons wards including Charlton Lane Hospital, report higher rates of falls and skin integrity incidents.

Similar divergence is also seen with the Community Teams: mental health community team incidents are more evenly spread across their Top 10 categories, whereas physical health community teams report large numbers of skin integrity incidents (53.5%).



Q2 Physical Health SIRIs reported

1. **10 August 2020 – Fall & fracture, Coln Ward, Cirencester Hospital** the 89 year old male patient was found lying on the floor on his right side. His bed rails were still up.

Q2 Mental Health SIRIs reported

1. **15 July 2020 – ingested sodium nitrite, suspected suicide** Stroud Recovery, after taking the substance the patient was taken to Gloucester Royal but sadly died.
2. **17 July 2020 – patient-patient assault** Psychiatric Intensive Care Unit, WLH Greyfriars.
3. **31 July 2020 – suspected suicide** Cheltenham Recovery, suspended ligature whilst on holiday; deceased.
4. **5 August 2020 – suspected suicide** Crisis Team, hanged at home; deceased.
5. **12 August 2020 – suspected suicide** WLH Abbey Ward, suspended ligature; deceased.
6. **15 September 2020 – suspected suicide** Gloucester Recovery, asphyxiation using helium; deceased.
7. **18 September 2020 – suspected suicide** Gloucester AOT, asphyxiation using a plastic bag.
8. **24 September 2020 – attempted suicide** Stroud Recovery, jumped from a car park, life-changing injuries including bilateral leg amputations.
9. **23 September 2020 – suspected suicide** Tewkesbury Recovery, hanged at home.
10. **30 September 2020 – attempted suicide** Gloucester Recovery, overdose, recovered.

Developments within the Patient Safety Team

- Clinical Governance and Compliance Team is being notified of all mental health and physical health patient safety incidents categorised as moderate and above. A process established to review a random sample of 10% no harm, low harm and near misses reported on the Datix system remains delayed.
- Work is ongoing to establish a single system from tracking and monitoring the progress of patient safety incidents, whether serious or clinical incidents. This is partially in place since 1 April 2020.
- The completion of investigations and final reports which incurred delays due to Patient Safety Team redeployments are progressing at considerable pace. There remains just 4 extended incidents which will each be completed by the end of October 2020.
- The Patient & Carer Experience Team Manager is now being notified of all mental health patient safety incidents in which Duty of Candour (DoC) applies, and ensures notification to the affected patients and/or their families/carers.
- The process for the cascade of learning from incidents continues to be developed by the Head of Patient Safety and the Operational Governance Lead.

AGENDA ITEM: 16/1120

REPORT TO: TRUST BOARD – 25TH NOVEMBER 2020

PRESENTED BY: Dr Amjad Uppal, Medical Director

AUTHOR: Dr Sally Morgan, Guardian of Safe Working Hours

SUBJECT: GUARDIAN OF SAFE WORKING HOURS Q2

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

Decision Endorsement Assurance Information

The purpose of this report is to:

It was agreed in the 2016 national negotiations that all NHS Trusts employing trainees (junior doctors) were required to appoint a 'Guardian of Safe Working Hours' in order to work with junior doctors to ensure safe working practices during their training.

As part of that agreement, the Guardian of Safe Working Hours is required to provide quarterly reports to the Trust Board for assurance and information. A national template is used for this purpose.

Further information about role and requirements can be seen under point 1 – Introduction/Context.

Recommendations and decisions required

The board is asked to note:

1. The report from the Guardian of Safe Working Hours.
2. Ongoing issues are being addressed.

Executive summary

- The exception reporting process is part of the new Juniors Doctors Contract to enable them to raise and resolve issues with their working hours and training.

- The Guardian's Quarterly report summarises all exception reports, work schedule reviews and rota gaps, to provide assurance on compliance with safe working hours by both the employer and doctors in approved training programs, and will be considered by CQC, GMC, and NHS employers as key data during reviews.
- The purpose of the report is to give assurance to the Quality Committee and Board that the doctors in training are safely rostered and their working hours are compliant with the TCS.

Risks associated with meeting the Trust's values

- Providing suitable and safe training placements for junior doctors is essential for the Trust in terms of reputation and developing workforce.
- This data is monitored by CQC and HEE.

Corporate considerations

Quality Implications	✓
Resource Implications	✓
Equality Implications	✓

Where has this issue been discussed before?

Trust Quality Committee on 2nd November 2020

Appendices:	Appendix 1 – Q2 Report for 2020/21
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Report authorised by: Dr Amjad Uppal	Title: Medical Director
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GUARDIAN OF SAFE WORKING

1.0 INTRODUCTION / CONTEXT

- 1.1** The safety of patients is of paramount importance for the NHS and staff fatigue is a hazard both to patients and the staff. The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours. It was agreed during negotiations with the BMA that a 'Guardian of Safe Working Hours' will be appointed in all NHS Trusts employing trainees (junior doctors) to ensure safe working practice.
- 1.2** The role of 'Guardian of Safe Working Hours' is independent of the Trust management structure, with the primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and/or employer, as appropriate; and will provide assurance to the Trust Quality Committee and Board or equivalent body that doctors' working hours are safe.
- 1.3** The work of the Guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.
- 1.4** The Trust has invested in relevant software to help monitor the 'Exception Reports' in line with national guidance and the system is relatively well established in the Trust now.
- 1.5** The Guardian's Quarterly Report, as required by the junior doctor's contract, is intended to provide the Trust's Quality Committee and Board with an evidence-based report on the working hours and practices of junior doctors within the Trust, confirming safe working practices and highlighting any areas of concern.

2.0 REPORTS

These reports are made using the nationally agreed template. Please refer to the appendix for details on the exception reports made and actions taken.

- 2.1** Q2 report for 20/21 – 6 exception reports made. 4 of these had the initial meeting to address concern within 7 days of report being raised.
- 2.2** 5 of the exception reports raised were due to hours worked, outcomes are now agreed and reports closed.

Quarterly Report on Safe Working Hours Data	
Reporting Time Period:	July 2020- September 2020
Trust Name:	Gloucestershire Health & Care NHS Foundation Trust
Guardian of Safe Working Hours Name:	Sally Morgan
GOSW Email Address:	sally.morgan@ghc.nhs.uk
No.of doctors/dentists in training (total)	28 (July) , 36 (August, September)
No.of doctors/dentists in training on the 2016 contract TCS (total)	28(July), 36 (August, September)
No. of lead employer trainees on the 2016 contract at your Trust	
Amount of time available in job plan for Guardian to do the role	1PA
Admin support provided to the Guardian (if any)	
Amount of job-planned time for educational supervisors	

Specialities/Site	Exception reports													Work Schedule Reviews										Fines by department				
	No. GP Trainees		No. Foundation Yesars		No.at CT Level		No.at ST3+ Level		No. given TOIL or payment			No. that are on-	No. GP Trainees		No. Foundation Yesars		No.at CT Level		No.at ST3+ Level		No. given TOIL or payment			No. that are on-	No.of fines levied	Values of fines levied		
	Raised	Closed	Raised	Closed	Raised	Closed	Raised	Closed	TOIL	TOIL	Payment	Please		Raised	Closed	Raised	Closed	Raised	Closed	Raised	Closed	TOIL	Payment	Please				
Gloucestershire	0	0	2	2	3	3	1	1	3	3	2	1 (no further	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

***If you have any additional comments, issues arising or concerns then please fully detail in the section below**

We had 6 exception reports during this quarter (July, August and September), 3 by core trainees, 2 by Foundation Year 1 trainees and 1 by an advance trainee. The exception reports were all submitted within 7 days the incident.

On 4 occasions the trainee who had raised the report managed to have their initial review meetings with their supervisor within 7 days. On one occasion the review meeting was held 18 days after the incident and on another, 28 days later.

5 of the exceptions that were raised were due to hours worked . Of these, TOIL was agreed for 3 of the reports and on 2 occasions payment was agreed. (The reason for payment and not TOIL being that the trainee involved had moved into a different post and had a new work schedule in place) . All 5 of the trainees agreed with the outcome and closed the reports.

1 exception report was relating to a missed educational opportunity. The trainee has had the initial meeting and outcome agreed was no further action required. The report wasn't closed by trainee after 37 days and no concerns were raised with the Guardian regarding outcome either. The report has been closed down by the guardian and the trainee has been contacted to inform them of this. In the last quarter several of the reports were delayed in being closed down by trainees as they were unaware they had to do so to complete the process.

The main reasons for filing exception reports included incidents happening towards the end of a shift requiring doctors to stay and handover and complete paperwork relating to this and a build up of routine work needing to be completed due to lower medical staffing levels on the wards when other medics were taking leave (annual and study).

During this period there were 47 on calls which required cover due to juniors not completing on calls as usual. 6 of these were covered by agency doctors and 41 on call shifts were covered by our own doctors as locums. also there are 6 trainees who are not able to complete their on-calls as normal.

AGENDA ITEM: 17/1120

REPORT TO: TRUST BOARD MEETING - 25 NOVEMBER 2020

PRESENTED BY: Dr Amjad Uppal, Medical Director

AUTHOR: Zoë Lewis, Mortality Review Officer

SUBJECT: LEARNING FROM DEATHS 2020/21 QUARTER 2

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

Decision <input type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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The purpose of this report is to:

<p>The purpose of this report is to inform the Board of the mortality review process and outcomes during 2020/21 Quarter 2.</p>

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

Recommendations and decisions required

<p>The Board is asked to:</p>

- | |
|------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Note the contents of this Learning from Deaths report which covers 2020/21 Quarter 2. |
|------------------------------------------------------------------------------------------------------------------------------------------------|

Executive summary

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• During 2020/21 Q2, there were 129 reported GHC patient deaths. At time of writing this report (15 Oct 2020), none of the 129 patient deaths are judged to be more likely than not to have been due to problems in the care provided by the Trust.<ul style="list-style-type: none">• Further investigation into an increased death rate amongst patients open to the Community Dementia Nurse Service during 2020/21 Q1 is also presented |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Risks associated with meeting the Trust's values

There are no identified risks associated with learning from deaths associated with the Trust's values.

Corporate considerations

Quality Implications	Required by National Guidance to support system learning
Resource Implications	Significant time commitment from clinical and administrative staff
Equality Implications	None

Where has this issue been discussed before?

Mortality review group meetings

Appendices:

None

Report authorised by:

Dr Amjad Uppal
Ian Main

Title:

Medical Director
Head of Patient Safety

LEARNING FROM DEATHS 2020/21 QUARTER 2

1.0 INTRODUCTION

- 1.1 The purpose of this report is to inform the Board of the mortality review process and outcomes during 2020/21 Quarter 2.
- 1.2 The Board is asked to note that from 1 April 2020, Gloucester Health and Care NHS Foundation Trust (GHC) reports both mental health and physical health mortality data in a combined manner; facilitated by the new joint Datix system.
- 1.3 During 2020/21 Q1, the Covid-19 pandemic impacted upon the reporting rate of both inpatient and community patient deaths, as previously reported in the 2020/21 Q1 Learning from Deaths paper. Further investigation into an increased death rate amongst patients open to the Community Dementia Nurse Service is presented in Section 5 of this paper.

2.0 OVERVIEW

- 2.1 During 2020/21 Q2, 129 GHC patients died. This comprised the following number of deaths which occurred in each month of that reporting period:

46 in July;
48 in August;
35 in September.
- 2.2 At time of writing, 15/10/2020, 6 case record reviews and investigations have been carried out in relation to the 129 deaths included in 2.1. The number of deaths in each month for which a case record review or an investigation was completed was:

2 in July;
3 in August;
1 in September.
- 2.3 Numbers in paragraph 2.2 do not include open investigations and case record reviews.
- 2.4 Zero representing 0.0% of the patient deaths during the reporting period are judged more likely than not to have been due to problems in the care provided to the patient. In relation to each month, this consisted of:

Zero representing 0.0% for July;
Zero representing 0.0% for August;
Zero representing 0.0% for September.

- 2.5 The numbers stated in paragraph 2.4 have been estimated using Structured Judgement Review (SJR). For deaths of:
- mental health patients, the RCPsych Mortality Review Tool 2019 is employed;
 - LD patients, a similar Trust-developed SJR tool is utilised which pre-dates the RCPsych tool. This approach has been maintained to allow consistency with the Learning Disabilities Premature Mortality Review (LeDeR) programme;
 - physical health patients, a SJR tool has been developed by the Trust to assess the standard of care provided to patients that die during an inpatient stay at a community hospital.
- 2.6 Case record reviews are discussed at Mortality Review Group (MRG) meetings chaired by Deputy Medical Directors / Clinical Directors and the community hospital MRG meetings are also attended by the County Medical Examiner.
- 2.7 For any deaths meeting Serious Incident or Clinical Incident criteria, a Comprehensive Investigation, including Root Cause Analysis, is carried out.
- 2.8 At time of writing this report, 17 case record reviews and investigations had been completed for deaths which took place prior to the start of 2020/21 Q2. The number of deaths in each reporting quarter, prior to 2020/21 Q2, for which a case record review or an investigation was completed was:
- 11 in 2020/21 Q1;
5 in 2019/20 Q4;
1 in 2019/20 Q3.
- 2.9 Zero representing 0.0% of the patient deaths included in paragraph 2.8 are judged to be more likely than not to have been due to problems in the care provided to the patient.
- 2.10 The numbers in paragraph 2.9 have been estimated using either SJR for case reviews or comprehensive investigations, including Root Cause Analysis, for any deaths meeting Serious Incident or Clinical Incident criteria.
- 2.11 There were zero GHC inpatient Covid-19 related deaths reported in 2020/21 Q2. There were 2 GHC mental health community patient Covid-19 related deaths reported in 2020/21 Q2.

3.0 LEARNING

- 3.1 Following the suspected suicide of Recovery Team patient:

- i. A focused learning project will be conducted to consider the impact of all stages of menopause, to include the impact of menopause on mental state and emotional deregulation when assessing risk.
 - ii. A robust telephone messaging system will be implemented within the Forest of Dean team office, noting that this work has been completed and tested in the Gloucester locality.
- 3.2 Following the suspected suicide of Recovery Team patient:
 - i. The review supports the ongoing development of a personality disorder service currently commissioned and soon to be piloted in the county.
 - ii. It is recommended that mental health teams provide detail in the medical record with respect to timings of contact with patients.
 - iii. When patients are supported by the Gloucestershire High Intensity Network programme and mental health services; the review recommended to ensure that regular meetings and the development of shared care plans with shared goals and shared priorities are in place.
- 3.3 Following the unexpected inpatient death at Charlton Lane Hospital:
 - i. Difficulties in multi-agency communication between the mental health services and other providers were identified, although it was not considered to be contributory to the outcome for the patient, the review felt there to be areas for learning and improvement. The Multi-Agency communication difficulties will be to be raised at the “One Gloucestershire Patient Safety Group”. The case will also be shared with the Gloucestershire Safeguarding Adult Review sub group to consider the following:
 - a. Multi agency working in relation to hospital discharge planning (sharing of information)
 - b. Recognising when to undertake a mental capacity assessment, particularly with someone thought of as ‘eccentric’
 - c. Highlighting the need to use the Safeguarding Escalation Process for example when a professional has doubts about someone’s capacity to make a specific decision.
 - ii. A short introductory video about the Charlton Lane Centre will be prepared, which can be shared with families, carers and friends at times when access to the hospital is limited.
 - iii. Developments to improve communication pathways between inpatient wards and families/carers/friends will to be continued in preparation for any further restrictions or periods of lockdown due to Covid-19. This should include solutions involving the use of technology to extend visiting opportunities.
 - iv. The system of recording on RiO when a patient makes an allegation of abuse or neglect against a member of staff should be reviewed, to capture the evidence that patient’s allegations are clearly recorded and responded

to in terms of their Care Plan and to ensure a safeguarding chronology is available.

- 3.4 Following the suspected suicide of a patient who had been assessed by MHLT and then referred to CHR TT, the overriding duty to attempt resuscitation for all patients who do not clearly demonstrate signs of life extinct was noted. The potential merits of including training on Recognition of Life Extinct during resuscitation training will be discussed with the Resuscitation and Training Team Lead.
- 3.5 Following the suspected suicide of an Early Intervention Team patient, notable practice with respect of the rapidity of response to the concerns raised by the patient's wife and discussion of the plan with the patient's wife after the patient had been assessed was highlighted. The review considered this is line with best practice as described in the Triangle of Care model.
- 3.6 With regards to the death of a GHC community mental health patient by homicide committed by a fellow GHC community mental health patient in 2019/20 Q1, the Coroner has made the decision not to proceed to inquest, as it was felt that there had been sufficient inquiry via the Crown Court case and the comprehensive investigation conducted by the GHC. The Coroner's Officer informed that the victim's family had been given time to reflect upon the decision and that the Coroner would further review at their request. A number of recommendations were made following the GHC comprehensive investigation. Following this incident, the Trust has updated and amended the Clozapine Policy to include Clozapine discontinuation, and global practice notices have been issued by the Medical Director stressing the importance of fully completing a contingency relapse plan, and the importance of requesting and reviewing historical notes. Further details of the full recommendations can be accessed by contacting the Head of Patient Safety.
- 3.7 Following review of patients on the End of Life Shared Care Pathway (EoL SCP) at Charlton Lane Hospital, the MH MRG recommends that once a patient has been put onto the EoL SCP, then the EoL SCP booklet becomes the patient's primary document, taking over from RiO notes, as agreed across the ICS. If doctors have written an in-depth and detailed account of a discussion or assessment on RiO, they should also write a short couple of sentences in the EoL SCP booklet too, and they can refer to the more detailed account on RiO, so that, if necessary, other clinicians know there is more detail to be found on RiO.
- 3.8 Following review of patients on the EoL SCP at Charlton Lane Hospital, the MH MRG notes the excellent decision that the Trust Ethics Committee made to allow families to visit their loved ones on the ward during the height of the pandemic, which led to much enhanced patient and family satisfaction during very difficult circumstances. The MH MRG would be keen for this policy to continue during a second wave.

- 3.9 Following the review of a death of a community mental health patient, which occurred at Gloucester Royal Hospital, it appeared to the MH MRG that the cause of death recorded on the death certificate was disputed. The highlighting of this disputed cause of death has facilitated the MH MRG to enquire with the Medical Examiner Service regarding training for mental health doctors that complete death certificates more frequently, i.e. those who treat patients at Charlton Lane Hospital.
- 3.10 The MH MRG is investigating why the GHC Trust Chaplain was not given permission to hold the funeral service for a patient who passed away at Charlton Lane Hospital, despite it being the wishes of the deceased patient and of the patient's family.
- 3.11 Following review of a terminally ill cancer patient death at North Cotswold Hospital after transfer from Gloucestershire Hospitals NHS Foundation Trust (GHFT) for palliative care, it was noted that the patient's husband and family were not aware of the patient's decision to decline any further treatment and request palliation only. The difference of expectation between the patient and the patient's family was not communicated either verbally or in the referral from the acute trust. The PH MRG noted the exceptional circumstances that were managed by the ward team who needed to facilitate very difficult and sensitive conversations in order to bring the expectations of the patient's family in line with those of the patient. The PH MRG will feed back to GHFT the need for full and open communication regarding referrals for palliation in sensitive cases such as this.
- 3.12 The PH MRG recommends that trust hospital staff employ the use of the GHC Legal Team in contacting next of kin where details are not known or incorrect / out of date and the patient is deceased or incapacitated.
- 3.13 The Gloucestershire specific LeDeR report for LD patient deaths occurring 1 April 2019 to 31 March 2020 has been signed off by the CCG Quality and Governance Committee, but is currently being graphically designed before it is published publicly. LeDeR have informed that the main learning points are as follows:
- i. Focus on improved communications between professionals and with family/carers
 - ii. Focus on early detection of deteriorating physical health including sepsis. This will mean continued close partnership working with West of England Academic Health Science Network
 - iii. Focus on eating and drinking pathway
 - iv. Continued focus on improving uptake of the annual health checks and flu vaccinations.
 - v. Focus on encouraging the ReSPECT form to be completed earlier on for people who are considered palliative so there is a base line in place to review frailty and advanced care planning with individuals, their family and carers.

- vi. Greater inclusion of people with lived experience in the work programme including attendance at steering groups, quality assurance panels and other training events.
- vii. Share the learning – plans to host an action from learning event during 2020-2021.

3.14 LeDeR have made no specific recommendations regarding the care and treatment provided by GHC during 2019/20.

4.0 UPDATES FROM MRG

4.1 LD MRG notes that LeDeR have almost caught up with the back-log of cases to review in Gloucestershire. The basis for the inception of LD MRG was to review deaths in a timelier manner than LeDeR were able to manage in order to ensure there were no significant gaps in care that had been contributory to a patient's death that required immediate action. Now that LeDeR have almost caught-up, there has been discussion as to whether the requirement for LD MRG to continue to review deaths persists. LD MRG noted that that as the LeDeR contract for reviewing deaths from April 2022 is currently in question, the decision was made to continue with the current process and to continue to review all GHC LD patient deaths for the time being.

4.2 The role of the Mortality Review Administrator's responsibilities has recently been amended to remove Patient Safety Team administration. Although the Mortality Review Administrator's working hours have decreased from 37.5 to 27 hours per week in order to facilitate attendance at a college course, the significant cut in responsibilities should allow for clearing of the mental health community patient reviews backlog and facilitate more timely screening of newly reported mental health community patient deaths on Datix, which forms the initial work stream of the MH MRG process.

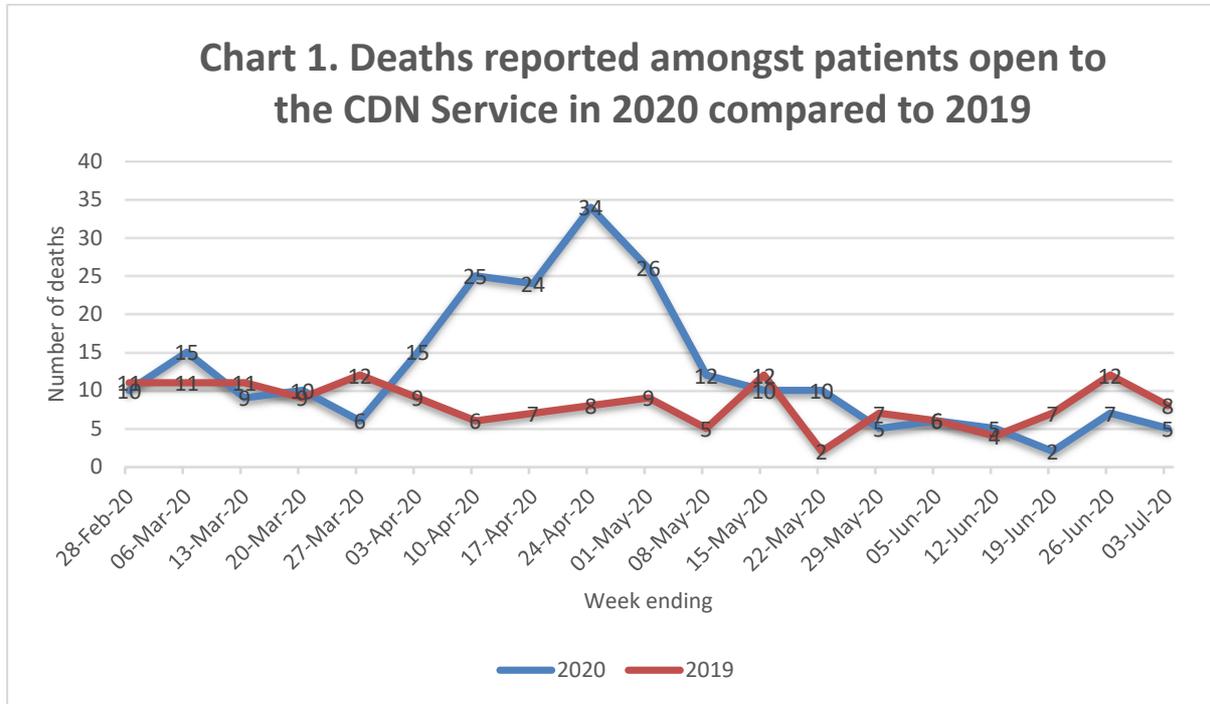
4.3 PH MRG has recently recommenced meetings following the pandemic with the new triggering process which automatically flags community hospital inpatient deaths for review by PH MRG. This process is in its infancy and will continue to be refined.

4.4 The PH MRG is planning a review of SJR questions in order to facilitate enhanced learning from community hospital inpatient deaths.

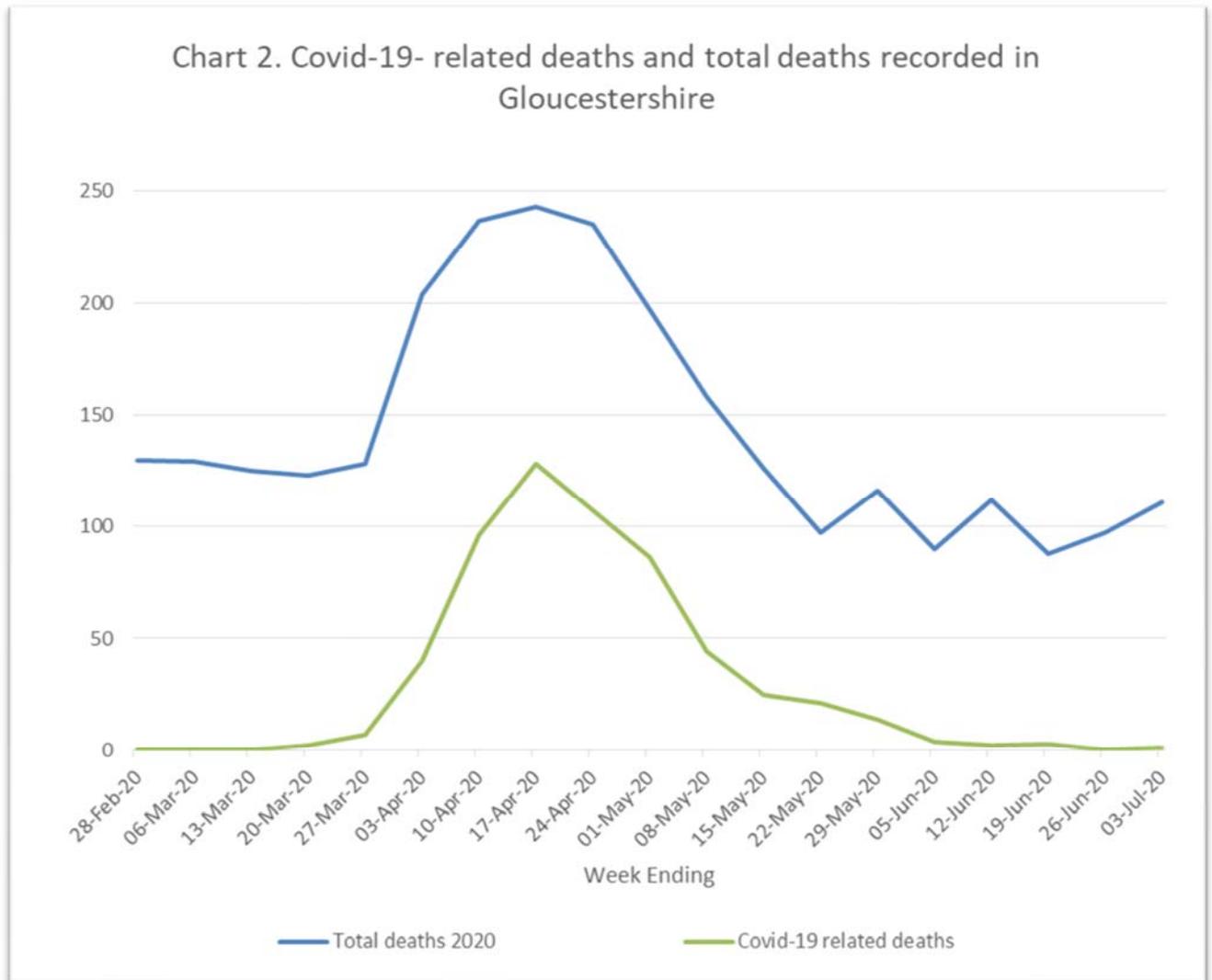
5.0 UPDATE ON THE IMPACT OF COVID-19 ON DEATHS REPORTED AMONGST PATIENTS OPEN TO THE COMMUNITY DEMENTIA NURSE SERVICE DURING 2020/21 Q1

5.1 The 2020/21 Q1 Learning From Deaths paper highlighted an unusually high number of deaths reported amongst patients open to the GHC Community Dementia Nurse (CDN) Service during that quarter, particularly in the month of

April. Chart 1 shows the increase in reported deaths from the end of March 2020 until the beginning of May 2020, when compared to data from the same time period in 2019.

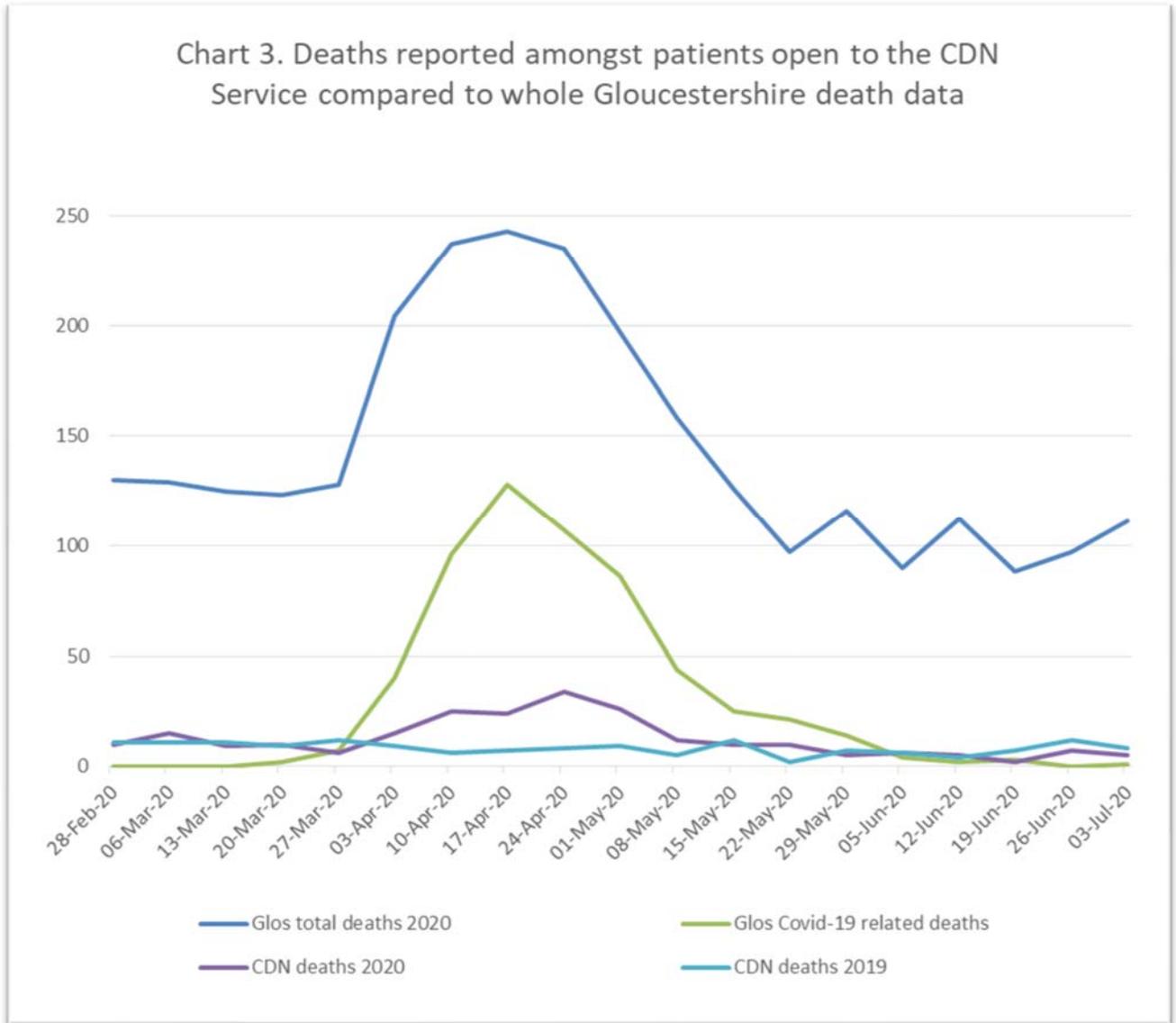


- 5.2 The 2020/21 Q1 Learning from Deaths paper also advised that further investigation would be carried out in order to establish whether the increase deaths during this period could be attributable to the Covid-19 pandemic.
- 5.3 Whole county death data has been obtained from publicly available ONS data to include the total number of deaths during this period and deaths recorded as Covid-19 related. This data is presented in Chart 2, which clearly shows an increase in overall deaths from the end of March until the beginning of May 2020 across the county.



- 5.4 The data presented in Chart 2 clearly shows an increase in overall deaths from the end of March until the beginning of May 2020. At the peak of the curve, week ending 17 Apr 2020, deaths reported as Covid-19 related accounted for 52.7% of all deaths reported across Gloucestershire.
- 5.5 Superimposing the CDN patient death data presented in Chart 1 onto Chart 2 shows that the increase in deaths reported amongst patients open to the CDN service follows the whole county trend of an increase in deaths from late March until early May 2020, shown in Chart 3. It can be concluded, therefore, with some degree of certainty, that the increase in deaths reported amongst patients open to the CDN Service correlates with the Covid-19 pandemic.

Chart 3. Deaths reported amongst patients open to the CDN Service compared to whole Gloucestershire death data



AGENDA ITEM: 18/1120

REPORT TO: TRUST BOARD – 25TH NOVEMBER 2020

PRESENTED BY: Sandra Betney, Director of Finance

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: FINANCE REPORT FOR PERIOD ENDING 31ST October 2020

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

Decision Endorsement Assurance Information

The purpose of this report is to

Provide an update of the financial position of the Trust.

Recommendations and decisions required

- The Board to **note** the month 7 position
- Approve the delegation of the review and approval of the Montpellier Ensuities Business Case to the Resources Committee in December

Executive summary

- There is an updated Covid interim financial framework for the NHS in place for October to March
- The Trust will receive increased block payments to cover Covid costs and some developments but will receive no further top ups
- The Trust has requested a retrospective top-up of £1.761m for April to September. £1.484m of this has been approved by NHSI for April to August
- The Trust has an interim plan of a deficit of £439k for October to March
- The Trust is introducing net spending limits to give directorates a clear understanding of their financial targets
- The Trust's position at month 7 is a deficit of £62k
- The Trust is forecasting a year end deficit of £233k
- The cash balance at month 7 is £67.0m
- Capital expenditure is £1.276m at month 7. The Trust has a capital plan for 20/21 of £10.182m.

- In order to progress the introduction of ensuite facilities into the Montpellier Ward a full business case is being completed in November
- In accordance with SFIs the Board are asked to delegate responsibility for the review of this business case to the Resources Committee to support the Trust in meeting its capital spend forecast
- The revised recurring Cost Improvement Plan (CIP) target for the merged Trust is £3.230m and the amount delivered to date is £3.419m.
- The Trust has spent £2.222m on Covid related revenue costs between April and October.

Risks associated with meeting the Trust's values

Risks identified within the paper.

Corporate considerations

Quality Implications

Resource Implications

Equality Implications

Where has this issue been discussed before?

Appendices:

Finance Report

Report authorised by:

Sandra Betney

Title:

Director of Finance



Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 18/1120



Finance Report Month 7



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

Overview



Gloucestershire Health and Care
NHS Foundation Trust

- From October block contract payments will continue and be increased to cover Covid costs and some developments but top-ups will cease
- Gloucestershire ICS has been given an overall funding envelope
- The Trust has been notified it will receive £1.484m of retrospective true up funding relating to April to August, and is waiting to hear if a further £277k for September has been approved
- This would bring the total retrospective true up payments to £1.761m
- The Trust has recorded Covid related expenditure of £2.222m for April to October
- The adjusted recurrent Cost Improvement Plan target for the Trust following the extension of the interim planning guidance is reduced to £3.230m
- The CIP removed so far is £3.419m which is above the revised target
- 20/21 Capital plan was approved at £9.945m, with an additional £100k for critical backlog maintenance and £137k for Covid capital. Spend to month 7 is £1.276m, Capital Management Group is monitoring forecast outturn and has informed NHSI/E that we will meet the capital plan
- A full business case for the Montpellier Ward ensuite capital scheme is being developed in November
- In accordance with the SFIs the Board are asked to approve the delegation of the consideration of this scheme to the Resources Committee to help support delivery of the capital programme
- Agency cost forecast is £5.06m which is £1.2m lower than 2019/20
- Cash at the end of month 7 is £67.0m due to the Trust receiving November's block contract payment early

Months 7-12

- As part of the revised financial framework for months 7-12 the Trust has submitted an interim plan of a deficit of £439k at year end
- The Trust has improved this position and anticipates a worst case scenario of a deficit of £233k
- To monitor financial performance against this revised plan we are introducing net spending limits for the last four months of the financial year
- Based on bottom up budget holder forecasts these limits will give directorates a clear understanding of their financial targets
- The interim financial plan commitment represents a more constrained financial plan than budgets
- Budgets remain the key financial tool for managing our finances, committing expenditure and providing the financial governance framework
- We anticipate that unless there are unforeseen circumstances/unforecasted additional covid expenditure in the last 4 months of the year then we are on course to deliver our latest submission to NHSI, a deficit of £233k

GHC Income and Expenditure

Statement of comprehensive income £000	GHC Month 7				GHC mths 1-12		
	2020/21				2020/21		
	Original Plan	Revised NHSI Interim plan	Actual	Variance	Original Plan	Revised NHSI Interim plan	Spending Limit
Operating income from patient care activities	122,639	126,638	126,341	(297)	211,417	222,533	224,052
Other operating income	5,292	3,762	3,758	(4)	9,068	6,699	6,753
True up income	0	1,761	1,761	0	0	1,761	1,761
	0	0	0	0	0	0	0
Employee expenses	(94,276)	(97,185)	(96,471)	714	(161,631)	(170,847)	(168,878)
Operating expenses excluding employee expenses	(31,290)	(33,205)	(33,631)	(426)	(53,635)	(57,264)	(60,599)
PDC dividends payable/refundable	(2,345)	(1,932)	(1,891)	41	(4,019)	(3,482)	(2,800)
Other gains / losses	7	18	10	(8)	21	48	46
Surplus/(deficit) before impairments & transfers	27	(143)	(123)	20	1,221	(552)	335
impairments	0	0	0	0	1	0	
Remove capital donations/grants I&E impact	0	69	61	(8)		113	102
Surplus/(deficit)	27	(74)	(62)	12	1,222	(439)	437
Risk allowance				0			(670)
Revised Surplus/(deficit)	27	(74)	(62)	12	1,222	(439)	(233)

Note. The variance compares 'Revised NHSI Interim plan' against 'Actual'

GHC Balance Sheet



Gloucestershire Health and Care
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		GHC	GHC Month 7				
		2019/20	2020/21 Year to Date				20/21
		Actual	Original Plan	Revised NHSI Interim plan	Actual	Variance	Forecast
Non-current assets	Intangible assets	2,023	2,283	1,242	1,177	(65)	847
	Property, plant and equipment: other	115,916	121,248	111,955	111,413	(542)	117,769
	Total non-current assets	117,939	123,531	113,197	112,590	(607)	118,617
Current assets	Inventories	288	245	283	283	(0)	283
	NHS receivables	11,017	8,456	3,072	3,050	(22)	13,895
	Non-NHS receivables	8,973	5,723	11,914	12,477	563	2,230
	Cash and cash equivalents:	26,619	28,469	67,853	67,017	(836)	35,025
	Property held for sale	0	500	0	0	0	0
	Total current assets	46,897	43,393	83,122	82,827	(295)	51,432
Current liabilities	Trade and other payables: capital	(2,143)	(1,784)	(509)	(366)	143	(2,366)
	Trade and other payables: non-capital	(5,580)	(10,551)	(46,867)	(8,748)	38,119	(9,949)
	Borrowings	(76)	(104)	(53)	(53)	(0)	(53)
	Provisions	(371)	(604)	(634)	(764)	(130)	(764)
	Other liabilities: deferred income including contract liabilities	(16,655)	(1,482)	0	(37,182)	(37,182)	(9,044)
	Total current liabilities	(24,825)	(14,525)	(48,063)	(47,114)	949	(22,177)
Non-current liabilities	Borrowings	(1,773)	(8,338)	(1,483)	(1,479)	4	(1,442)
	Provisions	(3,491)	(451)	(4,075)	(4,050)	25	(3,871)
	Total net assets employed	134,747	143,610	142,698	142,774	76	142,559

Taxpayers Equity	Public dividend capital	127,526	125,181	125,751	125,750	(1)	125,750
	Revaluation reserve	6,566	7,098	7,204	7,204	0	7,204
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	(0)	(1,241)
	Income and expenditure reserve	1,896	12,572	10,984	11,060	76	10,845
	Total taxpayers' and others' equity	134,747	143,610	142,698	142,774	76	142,559

Note. £22m deferred income. November income received in October
'Revised NHSI Interim plan' against 'Actual'

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Cash Flow Summary

Statement of Cash Flow £000	YEAR END 19/20		ACTUAL YTD 20/21	
Cash and cash equivalents at start of period		33,553		37,720
Cash flows from operating activities				
Operating surplus/(deficit)	1,308		1,764	
Add back: Depreciation on donated assets	0		61	
Adjusted Operating surplus/(deficit) per I&E	1,308		1,825	
Add back: Depreciation on owned assets	4,944		4,075	
Add back: Impairment	3,489		0	
(Increase)/Decrease in inventories	(38)		0	
(Increase)/Decrease in trade & other receivables	(3,516)		5,346	
Increase/(Decrease) in provisions	2,485		404	
Increase/(Decrease) in trade and other payables	2,580		11,615	
Increase/(Decrease) in other liabilities	(863)		6,889	
Net cash generated from / (used in) operations		10,389		30,153
Cash flows from investing activities				
Interest received	206		3	
Purchase of property, plant and equipment	(4,835)		(1,278)	
Sale of Property	560		0	
Net cash generated used in investing activities		(4,069)		(1,275)
Cash flows from financing activities				
PDC Dividend Received	570		545	
PDC Dividend (Paid)	(2,565)		0	
Finance Lease Rental Payments	(158)		(128)	
		(2,153)		417
Cash and cash equivalents at end of period		37,720		67,015



Covid 1



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- Urgent Covid related capital costs have been incurred in 20/21 and funding of £137k received which fully covers the expenditure.
- The Trust has submitted further capital proposals under phase 2 of the NHS recovery plan totalling £3.745m.
- Covid related revenue costs of £2.222m have been identified for April to October 2020.
- The Covid related revenue cost forecast is £3.453m for 20/21.
- Recurring costs are £1.068m in a full year.

	TOTAL costs £	Comments (M7)
<i>For periods up to and including 31/10/2020 (M1-7)</i>		
Internal and external communication costs	1,363	
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	375,843	
Sick pay at full pay (all staff types)	28,636	
COVID-19 virus testing (NHS laboratories)	120,701	
Remote management of patients	89,316	Includes £37.5k for data charges in M7.
Plans to release bed capacity	35,430	
Existing workforce additional shifts	150,186	
Decontamination	158,882	
Backfill for higher sickness absence	850,782	
Remote working for non patient activities	115,786	
National procurement areas	250,567	Includes £37.5k for data charges in M7.
Other	44,919	
TOTAL EXPENDITURE	£2,222,411	
Retrospective Top up paid	-1,484,000	
Retrospective Top up pending	-277,000	
Covid envelope system pot	-461,411	
TOTAL INCOME	-£2,222,411	
Net Expenditure over Income	£0	

Capital – Five year Plan

Capital 5 year Plan	Original Plan	Revised Plan	Actuals to date	Plan	Plan	Plan	Plan	
£000s	2020/21	2020/21	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Land and Buildings								
Buildings	4,259	3,383	356	3,202	4,500	2,500	1,000	14,585
Backlog Maintenance	1,393	1,700	218	1,371	1,050	1,050	250	5,421
Urgent Care	475	200	0	275		0		475
Covid	0	137	118	0				137
Cirencester Scheme						5,000		5,000
Medical Equipment	1,220	587	45	1,059	730	730	3,330	6,436
IT								
IT Device and software upgrade	600	1,270	274	0	600	600	600	3,070
IT Infrastructure	1,498	2,705	162	132	1,400	1,300	1,300	6,837
Sub Total	9,445	9,982	1,174	6,039	8,280	11,180	6,480	41,961
Forest of Dean	500	200	103	6,500	6,000	300	0	13,000
Total	9,945	10,182	1,276	12,539	14,280	11,480	6,480	54,961
Disposals				(3,260)		(1,500)		(4,760)
Donation - Cirencester Scheme						(5,000)		(5,000)
	9,945	10,182	1,276	9,279	14,280	4,980	6,480	45,201

Forest of Dean - £900k spent in 2018/19 and 19/20, total planned spend £13.9m.

Additional £100k added to plan in 20/21 for backlog maintenance from Critical Infrastructure Risk funding and £137k confirmed to fund Covid schemes.

The Capital Management Group have reviewed all schemes to assess the impact of a Covid related slow start to the year and concluded that the forecast outturn is still deliverable.

Risks



Gloucestershire Health and Care
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Risks to delivery of the 2020/21 position are as set out below:

Risks 20/21	20/21 Risks	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
Interim finance for new developments - Not able to redeploy staff if National funding not available	264	264	0	2	2	4
Retrospective Top up not fully funded	277		277	2	2	4
	541	264	277			
Risks 21/22	21/22 Risks	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
Delivering Efficiency CIP schemes (1.1%)	2,000	2,000	0	2	4	8
Delivering Differential CIP schemes	1,000	1,000	0	3	3	9
Delivering Value (Challenge) Scheme CIPs	900	900	0	4	3	12
Delivering non recurring savings	1,600	0	1,600	2	3	6
Efficiencies need to be higher than assumed (0.9% more)	1,636	1,636	0	3	3	9
Do not sell proposed capital disposals	3,260	0	3,260	3	5	15
Insufficient Covid funding to cover recurring costs	1,068	1,068	0	3	2	6
	11,464	6,604	4,860			



Single Operating Framework Ratings

Current FT Financial Risk Rating - Single Oversight Framework Use Of Resource

Finance and use of resources rating				
	2019/20 Actual	20/21 Plan	20/21 Actual YTD	20/21 Forecast
Metric				
Capital service cover rating	1	1	1	1
Liquidity rating	1	1	1	1
I&E margin rating	1	1	1	1
I&E margin: distance from financial plan	1	1	1	1
Agency rating*	4	1	1	1
Risk ratings after overrides	3	1	1	1

* Assuming no adjustment to existing agency ceiling



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AGENDA ITEM: 19/1120

REPORT TO: TRUST BOARD - 25TH NOVEMBER 2020

PRESENTED BY: Chris Woon, Associate Director of Business Intelligence

AUTHOR: Chris Woon, Associate Director of Business Intelligence

SUBJECT: COMBINED PERFORMANCE DASHBOARD OCT 2020 (MONTH 7)

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

The purpose of this report is to
This performance dashboard report provides a high-level view of key performance indicators (KPIs) in exception across the organisation.

To offer reader clarity, the visualisation is currently separated into the following sections;

- Mental Health & Learning Disabilities National Requirements (NHSI & DoH)
- Mental Health & Learning Disabilities Local Contract (including Social Care)
- Physical Health National Requirements
- Physical Health Local Requirements

Trust wide indicators will be separated in 2021.

Performance covers the period to the end of October (month 7 of 2020/21). It is of note that performance period remains aligned to our operational priority to recovery services and plan for winter/ a consecutive pandemic surge. Where possible, it has been highlighted within the indicator narrative where **Covid-19** may have contributed to in-period data quality, narrative and/ or performance.

Where performance is not compliant, operational service leads are prioritising appropriately to address issues. Service led Covid-19 recovery plans will schedule recovery trajectories, more fully account for 2020/21 performance indicators in exception and provide legacy Service Recovery Action Plans (SRAP) updates.

Recommendations and decisions required
The Board are asked to:

- Note the aligned Performance Dashboard Report for September 2020/21.

- Acknowledge the impact of **Covid-19** recovery on operational performance and data quality.
- Note the report as a **significant level of assurance** that our contract and regulatory performance measures are being met or that appropriate service recovery action plans are being developed to address areas requiring improvement - in line with the C19 Recovery Programme.

Executive summary

Mental Health & Learning Disability Services

The Board's attention is requested to review the 7 **mental health** key performance thresholds listed in the dashboard (with associated narrative) that were not met for Oct 2020. It is of note that all indicators have been in exception within the last 12 months.

The following indicators are highlighted outside of the October performance dashboard as they refer to previous periods when they were non-compliant;

- **3.20: Care Plan Audit to show dependent children living with adults known to Recovery, MHARS, Eating Disorders and Assertive Outreach Services.**
A Quarter 2 (Sept) performance report has now been made available and is 47% against an expected performance threshold of 75%. The audit criteria were interpreted quite broadly with compliance based on whether relevant information is recorded in the care plan. It has been advised that this does make the audit quite subjective. The numbers audited are small which may, in part, contribute to variable results. The audit is based on the correct form being completed and has shown that staff need to be reminded that there is a specific section for recording. This is one of four targeted areas for improvement which the Trust is taking forward. Trust Service Directors continue to be given trajectories for improvement which will be monitored through BIMG. Audit results will be shared with Service Directors to help inform this improvement work.
- **3.21: CYPS Transition to the Recovery Service within 4 weeks.**
CAMHS and Recovery Services have a meeting arranged in November to discuss further training needs of staff in relation to recording transitions in line with policy. The 3 non-compliant, data entry errors records for July have now been corrected on the clinical system. There was 1 case in October which is non-compliant however the service has provided reassurance that all criteria were met within 4 weeks but not recorded correctly on the clinical system – it is not therefore highlighted within the dashboard this month.

Physical Community Health Services

In addition, attention is drawn to the 15 **physical health** performance thresholds listed in the dashboard (with associated narrative) that were not met for October 2020. Within these, 7 are within CYPS and 4 within wheelchair services. In addition, there are 4 workforce indicators residing within the physical health section that now apply to all GHC services. It is of note that all of these indicators have been in exception within the last 12 months.

A number of services, such as Bone Health, Speech & Language Therapy (SaLT), Musculoskeletal (MSK) Physio, MSKAPS (Musculoskeletal Advanced Practitioner Service) and Podiatry are ensuring that clinically meaningful first contacts are accurately recorded and counted as telephone, video or face to face. This is to ensure data accuracy as well as supporting new service delivery models, understanding pathway flow, future demand/ capacity modelling and inform accurate performance monitoring.

Non-exception reporting

It is further noted that there are addition indicators outside of threshold but are either within normal, expected variation, have a proxy threshold, are formally suspended or have a confirmed data quality issue that is administrative only and is being resolved. These have not been highlighted for exception.

A high-level investigation is currently underway to ensure that all operational services have adequate quality and performance monitoring oversight. Immediate feedback suggests that all operational services are well managed with appropriate service level quality, performance or activity monitoring. As is known, a management by exception process ensures that all key performance indicators receive an audience at Committee level. Furthermore, the wider inclusion of *internal* performance monitoring within the corporate performance dashboard is being considered within a new Performance Management Framework for 2021/22.

Risks associated with meeting the Trust’s values

Where appropriate and in response to significant and wide-reaching performance issues (such as Eating Disorders, Podiatry, IAPT, Children’s or Wheelchair Services); operational services should have Service Recovery Action Plans (SRAP) in place which outlines appropriate risk and mitigation.

Corporate considerations	
Quality Implications	The information provided in this report can be an indicator into the quality of care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service/ care provided.
Resource Implications	The Business Intelligence Service provides the support to operational services to ensure the robust review of performance data and co-ordination of the combined performance dashboard and its narrative.
Equality Implications	Equality information is monitored within BI reporting.

Where has this issue been discussed before?	BIMG 19/11/2020
Appendices:	<i>None</i>
Report authorised by: Sandra Betney	Title: Director of Finance

Performance Dashboard Report & BI Update

Aligned for the period to the end October 2020 (month 7)

This performance dashboard provides a high level view of Key Performance Indicators (KPIs) in exception across the organisation for the period. Highlighted indicators are underperforming against their threshold or are outside normal variation control limits that warrant senior oversight. Additionally, confirmed data quality issues that are being imminently resolved will inform any escalation decision. A full list of all indicators (in exception or otherwise) are available within the dynamic version of this Tableau report.

Where performance is not compliant, operational service leads are prioritising appropriately to address issues. Additionally, a Covid-19 Recovery Programme will schedule service specific recovery trajectories, more fully account for 2020/21 performance indicators in exception and where appropriate, provide legacy Service Recovery Action Plans (SRAP) updates.

In spite of unplanned Covid-19 BI demands and increasing recovery activity, Business Intelligence services have continued to deliver key infrastructure development tasks to date and ensured the continuity of business critical reports during the pandemic. The following tasks have been completed since the last update;

- The development of business critical operational performance reports within Tableau
- Availability of Centros data sources for visualisation and report production
- Final system hierarchy alignment (for integrated reporting)
- Continuing data validation processing of Incident (Datix), Workforce (ESR) and Finance (Centros) data
- Service level recovery engagement, analysis and trajectory forecasting
- Covid-19 reporting review and second surge planning

The following tasks continue to be 'in the development pipeline';

- Key financial reporting to support the new General Ledger (GL) (TBC).
- Dashboard visualisation capability further developed to include; threshold figures in place of variances, benchmarking observation, SRAP alerts and data quality alerts (Q4 2020/21).
- Final legacy GCS reports migrated to Tableau (Q3 2020/21)
- Supplementary system sources brought into BI reporting (Datix, Service Experience, Q4 2020/21)
- Existing data source adjustments (to support data quality monitoring and historic activity) in new environment (Q4 2020/21).
- Internal service specification review, considering Commissioner led contractual KPI review (Q4 2020/21 but responsive to operational capacity)
- Data source replication (prioritisation for ESR, Integra and Datix) (Q4 2020, dependant on GL and ESR progress)
- Integrated Business Intelligence Performance Dashboard (Q4 2020/21) for Board/ Resources Committee (incorporating full BI stack).
- Birtie decommissioning (Q3 2020/21)

PLEASE NOTE THAT THE DELIVERY OF THIS BI DEVELOPMENT TIMETABLE CONTINUES TO BE RESPONSIVE TO THE DEMANDS ON CURRENT CORPORATE/ OPERATIONAL BAU & ADHOC (e.g. C19) REPORTING

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KPI Breakdown

Mental Health - National Requirements Gloucestershire



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

1.04: CPA Approach – Formal review within 12 months

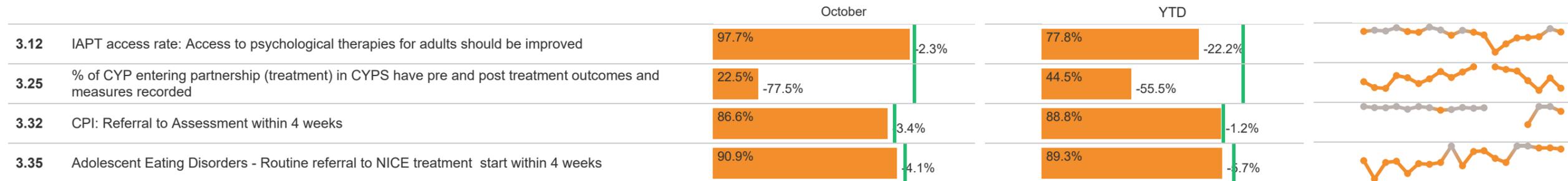
There has been an improvement in this indicator from the 88.8% that was reported in September (110 non-compliant records) to 94.0% in October (59 non-compliant records). The majority of cases are within the Recovery Service (32) and EI service (8). These efforts have also raised up previously reported performance levels.

The Adult community teams are currently working through the CPA reviews, which is reflected in the overall improvement in compliance this month. Team managers are working with the teams to address outstanding current and historical CPA reviews as capacity allows.

In the EI service 5 patients did not attend for their appointment during October. These have been rebooked and the service are ensuring moving forward that CPA reviews are booked earlier to avoid missing the 12-month threshold.

KPI Breakdown

Mental Health & Learning Disability - Local Contract



Mental Health & Learning Disability - Social Care



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

3.12 IAPT Access rate

October is reported at 97.7% of the expected number of people accessing treatment during the month.

The service is managing capacity based on workforce availability whilst working on a recruitment strategy to employ the required workforce to deliver increased access targets. Workforce variations were anticipated due to timings around when trainees become clinically active. The service remains on track to achieve the agreed access of 19% across Quarter 3 (and 20.56% in Quarter 4 assuming variables such as workforce are managed as planned).

3.25: CYPs entering partnership have pre and post treatment outcomes and measures recorded

October is reported at 22.5% against a local performance threshold of 100%.

Compliance continues to be affected by the **COVID-19** pandemic and the need to deliver the majority of services via video and telephone, therefore the recording of ROMS (Reported Outcome Measures) is via a paper-based system. CAMHS is currently reliant on families returning the forms rather than being able to collect whilst in clinic. This is causing both a reduction in number returned and delays in receiving and entering the data. The service is monitoring this closely and sending reminders. CAMHS are also exploring other virtual collection solutions.

In addition, Goal-based ROMs have recently been added to RiO and are being used by clinicians and inclusion of these in the KPI calculation is still in development.

3.32: CPI Referral to Assessment within 4 weeks

October performance is reported at 86.6% against a 90% performance threshold. There were 6 non-compliant cases in October.

Due to the service being closed during the **COVID-19** pandemic between March and July, 2 clients with urgent referrals were assessed jointly with the Recovery Service, therefore their first appointment solely with the CPI service has fallen outside of the 4 weeks.

One client cancelled an appointment which was offered within 4 weeks and was seen within 5 weeks.

The remaining 3 non-compliant cases are due to staff availability. The service has an on-going vacancy and are reviewing staffing skill mix before re-advertising the post.

3.35 Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks

October performance is reported at 90.9% against a performance threshold of 95%

There was 1 non-compliant case in October. The client was seen within 8 days of referral for assessment. The parent's preference was to wait for CBT (Cognitive Behavioural Therapy) treatment rather than FBT (Family based therapy) which can begin at the first appointment. The first available appointment for CBT was just outside the required 4 weeks on day 29.

4.05: % of WA & OP service users on the caseload who have a carer who have not been offered a carer's assessment

Performance is reported at 87.6% for October (214 cases), The majority of cases are within the Older People services (Managing Memory Together: 80, OP Community Services: 54) and Recovery Service (38).

Teams have been working hard to ensure that data is captured and entered in the clinical system to show clients have been asked if they have a carer and Indicator 4.04 (% of WA & OP service users on the caseload asked if they have a carer) is now compliant for the first time since April. Work is ongoing to ensure that the clinical system is updated consistently to show that the carer has been offered an assessment and Team managers are currently addressing recording issues with staff.

4.12: Ensure that reviews of short or long-term packages take place within 12 weeks of commencement

There are 4 non-compliant cases in October.

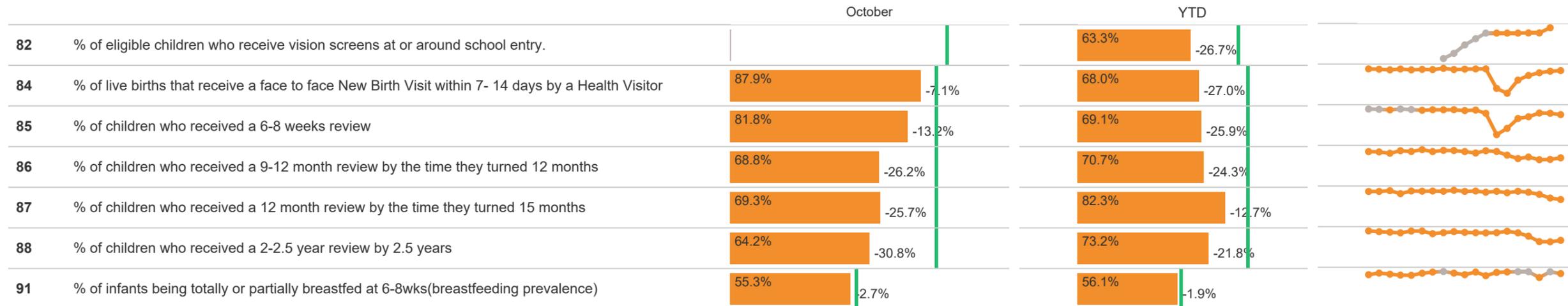
One case is due to the current methodology which needs a small adjustment and another case is still being investigated as it not yet clear if an amendment is needed to the clinical record or the methodology. Once the updates have been made these cases will be shown as compliant.

The remaining case is due to a need to keep the funding in position so that a place is still available once the clients leaves hospital and there can be no review until the client is discharged.

One case is due to staffing capacity as there is a vacant post at present.

KPI Breakdown

Physical Health - National Requirements



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

82: Proportion of eligible children who receive vision screens at or around school entry

The cumulative performance up to *September* 2020 for the schools vision screening programme was 71.9% and remains behind the internal trajectory of 95%. Out of a cohort of 6,610, 4,751 children have been screened up to September 2020.

The service commenced a **catch up** programme for the Vision Screening programme in September 2020. These are Year 1 children (in September 2020), who were not screened in the academic year 2019-20 when they would have been in Reception year (the target cohort). We are currently investigating issues with the October catch-up data and aim to update this next month.

The 2019/20 Vision Screening Programme was suspended between March and August 2020 due to the **Covid-19** outbreak.

84: Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor

The target (95%) was not achieved in October 2020 (87.9%). 436 out of 496 visits were completed within the timeframe.

All babies eligible within this cohort, have either received an offer of a new birth visit (NBV) or had a visit on discharge from the Neonatal Intensive Care Unit (NICU), where the Health visitor was aware that the child was in NICU.

There has been a slight increase from September to October of children seen for a NBV in time frame. There are plans to reinforce with teams the requirement to book contacts in as early as possible following notification to ensure the increase continues and to reinforce need to record NICU as UPP (Universal Partnership Plus).

85: Percentage of children who received a 6-8 weeks review

The target (95%) was not achieved in October 2020 (81.9%). 406 out of 496 reviews were completed within the timeframe.

All babies within this cohort received an offer of a 6-8 week contact. Parental choice requesting a telephone contact has increased this month. There are plans to reinforce the use of Attend Anywhere, revisit record keeping Health Visiting forum in November, to support staff with benchmarks (visiting in timeframe) and data recording.

86: Percentage of children who received a 9-12 month review by the time they turned 12 months.

The target (95%) was missed in October 2020 (68.9%). 354 out of 514 reviews were completed within the timeframe.

The parents of all children within the cohort were offered the opportunity to receive a 9 -12mth / 2 year review. There has been a percentage increase from September to October of children seen face to face within timeframe. There are plans to promote the Attend Anywhere offer and ensure all staff have access and are competent in using the software.

87: Percentage of children who received a 12 month review by the time they turned 15 months.

The target (95%) was missed in October 2020 (69.4%). 376 out of 542 reviews were completed within the timeframe.

The parents of all children within the cohort were offered the opportunity to receive a 9 -12mth / 2 year review. There has been a percentage increase from September to October of children seen face to face within timeframe. There are plans to promote the Attend Anywhere offer and ensure all staff have access and are competent in using the software.

88: Percentage of children who received a 2-2.5 year review by 2.5 years.

The target (95%) was missed in October 2020 (60.8%). 338 out of 526 reviews were completed within the timeframe.

The parents of all children within the cohort were offered the opportunity to receive a 9 -12mth / 2 year review. There has been a percentage increase from September to October of children seen face to face within timeframe. There are plans to promote the Attend Anywhere offer and ensure all staff have access and are competent in using the software.

Additional Commentary for 86, 87 & 88

A Community Nursing focus group is booked in November to discuss ASQ (Ages and Stages Questionnaire) delivery, health promotion and resources. SMS text reminders are now being sent out to parents prior to ASQ. The recovery plan remains in place to ensure all parents requesting an ASQ have the opportunity to receive a contact.

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

Breastfeeding rates have decreased by 2.9% from September to October, standing at 55.3% against the target of 58%.

The Infant Feeding Lead Health Visitor will initiate an investigation on rates to compare between localities when information is available in order to identify any particular locality in need of support.

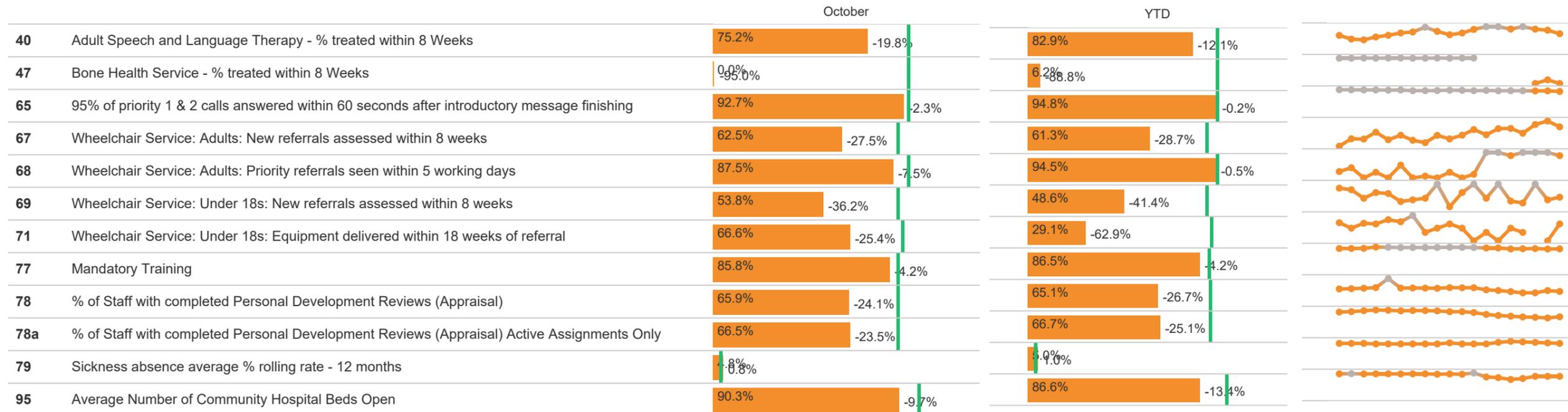
The Gloucestershire Breastfeeding Network (GBSN) have now re-opened face-to-face support groups and continue to offer video, phone and text support.

The Health Visiting Baby Friendly Initiative Newsletter reminds staff to correctly complete feeding status, and staff are also informed of new additions to breastfeeding support groups face-to-face via Keyworkers. The Health Visiting weekly bulletin gives reminder tips of how to support mums to achieve improved breastfeeding.

BFI (Baby Friendly Initiative) staff training updates continue via Teams video call and support recovery plan to ensure staff feel confident in supporting breastfeeding mums now staff have returned to work, and new staff are joining the service. Infant Feeding Lead Health Visitor has completed Staff BFI annual audits and is in the process of carrying out the annual BFI Mothers audits to help inform the BFI Health Visiting plan.

KPI Breakdown

Physical Health - Local Requirements



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

40: Adult Speech and Language Therapy - % treated within 8 Weeks

Performance was 75.3% in October 2020, this is below the threshold of the 95%. 24 out of 97 patients were seen outside the 8 week target.

These exceptions are due to current staff vacancies and therefore patients are experiencing longer waits for treatment. The waiting list profile at the end of October shows that 16.8% (48) of all patients were waiting longer than 8 weeks for a first contact from the service. Once the vacancies have been filled this KPI is set to improve. It was noted that one patient was awaiting a voice clinic which ceased in March due to Covid-19 and only recently recommenced.

47: Bone Health Service - % treated within 8 Weeks

In October, all of the patients (8) were seen but they were seen outside the 8 week target. The service reopened in August 2020 after being closed due to Covid-19 and have been seeing more patients by telephone (and video) which are currently not being captured in the data. The work to developed is underway. This is below SPC Chart control limits.

The service are clearing a backlog of referrals after reopening after the first wave, with 51% (200) of patients waiting over 8 weeks for treatment at the end of October. Delays in community hospital availability has slowed progress, however the service is making strides in reducing waiting times but a consequence of this work will be more breaches in the coming months.

The service has responded to the additional demand by changing their current working practices. Letters to patients are now giving them the option to attend a video/telephone appointment.

65: 95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing

1,205 out of 1,299 priority 1&2 calls (92.8%) were answered within 60 seconds compared to a target of 95%. This is below SPC Chart control limits.

SPCA currently has a reduced ratio of staff working on site due to Covid-19. This is compounded with a member of the team on long term sickness and a member of the team on redeployment. On site staff have to put incoming calls through to remote workers if they are already dealing with a call, which impacts on call waiting.

67. Wheelchair Service: Adults: New referrals assessed within 8 weeks

30 out of 48 (62.5%) of new referrals were assessed within 8 weeks, in October. This is below the target of 90%.

The Wheelchair Service has been working hard with the BI team to address data quality issues, and has in place a robust plan to establish further quality checks to verify and further improve this data. This work is reflected in the improved performance in historic (April to September) data.

October should be considered with caution as it has not yet been quality checked, specifically KPI exceptions, due to pressures in the service and annual leave so we expect these figures to improve once that work has been undertaken.

68: Wheelchair Service: Adults: Priority referrals seen within 5 working days

14 out of 16 (87.5%) priority referrals were seen within 5 working days in October. This is below the target of 95%

The Wheelchair Service has been working hard with the BI team to address data quality issues, and has in place a robust plan to establish further quality checks to verify and further improve this data. This work is reflected in the improved performance in historic (April to September) data.

October should be considered with caution as it has not yet been quality checked, specifically KPI exceptions, due to pressures in the service and annual leave so we expect these figures to improve once that work has been undertaken.

69: Wheelchair Service: Under 18s: New referrals assessed within 8 weeks

7 out of 13 (53.8%) assessments carried out in October did not meet the 8 weeks target.

The Wheelchair Service has been working hard with the BI team to address data quality issues, and has in place a robust plan to establish further quality checks to verify and further improve this data. This work is reflected in the improved performance in historic (April to September) data.

October should be considered with caution as it has not yet been quality checked, specifically KPI exceptions, due to pressures in the service and annual leave so we expect these figures to improve once that work has been undertaken.

71: Wheelchair Service: Under 18s: Equipment delivered within 18 weeks of referral

2 of the 3 (66.6%) equipment deliveries in October met the 18 week threshold (92%).

The Wheelchair Service has been working hard with the BI team to address data quality issues, and has in place a robust plan to establish further quality checks to verify and further improve this data. This work is reflected in the improved performance in historic (April to September) data.

October should be considered with caution as it has not yet been quality checked, specifically KPI exceptions, due to pressures in the service and annual leave so we expect these figures to improve once that work has been undertaken.

Additional Commentary for 67, 68, 69 & 71

The scorecard figures now show a higher number of first assessments which are now thought to be much more representative of service activity. There are further quality checks in place to verify and further improve this data.

100% performance for the adult and under 18 'urgent referral to assessment' KPI, with the exception of June and a steadily improving trajectory for adult 'routine referral to assessment' KPI.

A fluctuating trajectory for under 18 'routine referral to assessment' and 'referral to handover' KPI's which will be an area for focus in the next 2 months.

No first assessments for under 18 urgent referrals took place in April, May, July, August or October. No under 18 first equipment handovers took place in August.

77: Mandatory Training

Performance was 85.9% in October 2020, higher than the previous five months, but continues to be below the target of 92%. There is increasing focus to improve compliance rates across the Trust in the coming months. Performance is outside of SPC chart normal variation based on 2018/19 data.

78: % of Staff with completed Personal Development Reviews (Appraisal)

Performance in October was 66% compared to a target of 95%. There is increasing focus to improve compliance rates across the Trust in the coming months. Performance is outside of SPC chart normal variation based on 2018/19 data.

78a: % of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only. Performance in October was 66.5% compared to a target of 95%. There is increasing focus to improve compliance rates across the Trust in the coming months. Performance is outside of SPC chart normal variation based on 2018/19 data.

79: Sickness absence average % rolling rate - 12 months

Performance is 4.9% compared to a threshold of 4% for the rolling 12 months to October 2020. Performance is outside of SPC chart normal variation based on 2018/19 data.

Additional Commentary for 77, 78, 78a and 79:

These figures show GHC totals rather than split between former 2G and GCS Trusts.

95: Average Number of Community Hospital Beds Open

The average number of beds open in Community Hospitals was 178 in October (compared to a bed stock of 196 beds) and is below SPC Chart lower control limits. This is due to reduced bed base as a result of social distancing on the wards in the wake of the Covid-19 outbreak. According to the service, there will be an increase in bed base when other covid-19 controls are in place from the end of October to stop the spread of the infection. This includes Perspex screens that will enable beds to be put back in the system and reduce the current 2m distancing rules. See also KPI no. 28.

AGENDA ITEM: 20/1120

REPORT TO: TRUST BOARD – 25 NOVEMBER 2020

PRESENTED BY: Sonia Pearcey Freedom to Speak Up Guardian

AUTHOR: Sonia Pearcey Freedom to Speak Up Guardian

SUBJECT: FREEDOM TO SPEAK UP GUARDIAN UPDATE

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

<p>The purpose of this report is to</p> <p>Provide assurance to the Trust Board:</p> <ul style="list-style-type: none"> • That speaking up processes are in place and remain open for colleagues to speak up, especially in these unprecedented times of Covid-19 • That speaking up processes are in line with national requirements • That a positive speaking up culture is reflected in the health and wellbeing offer to colleagues.

<p>Recommendations and decisions required</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note that Freedom to Speak Up processes are in place and continuing to be utilised by colleagues at these unprecedented times • Agree to undertake a self-assessment to ensure compliance with the Guidance for Boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts” updated published guidance July 2019.

<p>Executive summary</p> <p>All organisations which regulate or provide NHS healthcare should implement the principles and actions set out in the report Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS.</p>

Within this paper, the results of the National Guardian Office publications, NHSE/I publications are presented alongside Trust information to provide national and regional comparisons.

42 concerns were raised in quarter 1 and 23 in quarter 2 with a concern raised by a health professional from another NHS Trust.

This paper also identifies planned actions and priorities for the Freedom to Speak Up agenda for the next six months.

Risks associated with meeting the Trust’s values

All risks are clearly identified within the paper.

Corporate considerations	
Quality Implications	A positive speaking up culture within our workforce will ensure that patient safety matters are heard and that colleagues are supported.
Resource Implications	Specifics that are not being achieved are highlighted in the report
Equality Implications	Nil

Where has this issue been discussed before?
N/A

Appendices:	N/A
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Report authorised by: Sonia Pearcey John Trevains	Title: Ambassador for Cultural Change/ Freedom to Speak Up Guardian Director of Nursing, Therapies and Quality
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FREEDOM TO SPEAK UP GUARDIAN UPDATE

1. INTRODUCTION

1.1 This bi-annual report is to give assurance to the Trust Board that speaking up processes are in place and remain open for colleagues to speak up, especially in these unprecedented times of Covid-19.

1.2 This paper is presented in a structured format to ensure compliance with the “Guidance for Boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts” updated published guidance July 2019 [here](#).

2. ASSESSMENT OF FTSU CASES

2.1 Speaking up for Quarters 1 & 2 are detailed in Table 1. Speaking up for these periods have been received via different routes including colleagues through their managers, with advocates, online via Work in Confidence and directly with the Freedom to Speak Up Guardian. Some colleagues may also have raised more than one concern.

Table 1

Quarter	Number of concerns raised	Number of cases raised anonymously	Detriment	Speak Up again
Q1: April -June 2020-21	42	15	3	Yes-24 No-0 Maybe-2 Don't Know-1
Q2: July – September 2020-21	23	6	1	Yes-10 No Maybe-1 Don't Know

Colleagues speaking up for data comparison so far for 2020-21 compared to 2019-20 shows a marked increase.

At least half of colleagues have feedback that they would speak up again and the challenge is obtaining feedback from colleagues whether they have had a positive experience or not.

Reporting is submitted quarterly to the National Guardian Office and there has been a delay on submission of Quarter 1 and 2 data. The consolidation of the data for the year 2019-20 by the National Guardian Office was also delayed due to the

pandemic, although this has been [published](#) since the previous FTSU update to the Trust board. Some of the headlines include:

- Between 1 April 2019 to 31 March 2020, 16,199 speaking up cases were raised with Freedom to Speak Up Guardians. This was a 32 per cent increase compared with the previous year in which 12,244 speaking up cases were raised with Freedom to Speak Up Guardians
- Among NHS trusts, Freedom to Speak Up Guardians in mental health, learning disability and community trusts and ambulance trusts, on average, dealt with more speaking up cases
- Nurses continued to account for the biggest portion (28%) of cases raised with Freedom to Speak Up Guardians with administrative and clerical workers accounted for the next biggest portion of cases raised (19 %)
- 23% of cases raised with Freedom to Speak Up Guardians included an element of patient safety/quality. 36% included an element of bullying and harassment.

2.2 Themes

The Tables 2,3 & 4 below are further mandated data that is submitted to the National Guardian Office. Updated Guidance for Freedom to Speak Up Guardians Recording Cases and Reporting Data was [published](#) in October 2020 and the tables below reflect this change. Extra data reporting has been added regarding other themes and colleagues who declare a protected characteristic.

Table 2

Quarter	Number with an element of patient safety/ quality	Number with an element of bullying or harassment	Number with an element of other behaviours	Number with an element of systems and/or processes	Other	Ideas for learning and improvement
Q1: 2020-21	7	10	5	8	10	2
Q2: 2020-21	6	7	5	1	3	1

Table 3

Quarter	Worker	Manager	Senior Leader	Not disclosed	Protected characteristic
Q1: 2020-21	17	10	0	15	Disability-1 BAME-1
Q2: 2020-21	12	5	0	6	BAME-2

Table 4

	Q1: 2020-21	Q2: 2020-21
Allied Health Professionals	5	2
Medical and Dental	2	0
Ambulance (operational)	0	0
Public Health	0	0
Commissioning	0	0
Registered Nurses and Midwives	12	9
Nursing Assistants or Healthcare Assistants	0	3
Social Care	0	1
Administration, Clerical & Maintenance/Ancillary	4	1
Corporate Services	4	1
Other	0	0
Not known	15	6

When the 'Not known' is considered, this can include an instance when an individual has not disclosed their professional group to you, or where you dealing with an anonymous case.

Work in Confidence

Work in Confidence is a secure, independent platform where colleagues can raise any concern or improvement idea, day or night, with senior colleagues which is overseen by the Freedom to Speak Up Guardian. Work is ongoing with the developers of the system to be able to manage and report on all data raised through the Freedom to Speak Up Guardian. From the September 2020 colleagues are invited to disclose a either their ethnicity or disability. Table 5 below shows speaking up through this portal:

Table 5

Quarter	Number of contacts	Category
Q1: 2020-21	15	Patient safety concerns-2 Bullying & Harassment-2 Ideas for learning and improvement-2 Other -9
Q2: 2020-21	6	Patient safety concerns-3 Ideas for learning and improvement-1 Other-2

Speaking Up related to COVID-19

The National Guardian's Office has undertaken three Pulse surveys with Guardians to measure the impact which COVID-19 is having on Freedom to Speak Up. The third survey results can be found [here](#) and headlines include:

- 79% cited safety and wellbeing as the type of issue raised but behavioural issues are being raised by 74%, up from 57% in the last pulse survey
- Social distancing has taken over from PPE as the top concern raised
- The impact of COVID-19 on Black, Asian and Minority Ethnic colleagues, Guardians say that more are speaking up about this (46%)
- Freedom to Speak Up in the recovery phase - 56% of Guardians reported that they were not involved in the recovery discussions

COVID-19 related themes raised within GHC include:

- Lack of social distancing
- Accessing health and wellbeing support
- Inappropriate use of Personal Protective Equipment
- Home working discouraged
- Payment of a member of bank staff
- Redeployment
- Feeling bullied when did speak up to a manager
- Lack of health and wellbeing support
- Poor social distancing
- Inappropriate behaviours and negative team culture

3. PATIENT SAFETY AND/OR WORKER EXPERIENCE FEEDBACK

Feedback is requested from all colleagues and as highlighted above the challenge is obtaining feedback from colleagues whether they have had a positive experience or not. Some feedback from colleagues is below.

- Just to say thank you for making time out to speak to me yesterday. I found our chat very helpful and I do appreciate your support. Yes, I think I will speak up. But hopefully there won't be a need to.
- On reflection, I'm still unclear what the learning outcomes were for frontline staff, however I feel confident given my conversation with that the concerns have been addressed. Thank you for your email and detailed response.
- Thank you so much for all your help. That's really good to hear. I worry that I have come into an environment that does not consider change lightly, I came to the NHS to enjoy my work and hopefully be successful. Thank you again for all your help, sorry about my waffling... hopefully it does seem as though things are improving and maybe it will just take time.
- I am of course glad to hear that some positive action has been taken to improve the culture at for staff and patients. I am not concerned to know what these actions are, as I believe my responsibility was just to let you at the Trust know what was happening.

4. ACTIONS TAKEN TO IMPROVE THE SPEAKING UP CULTURE

To create a positive speaking up culture, colleagues need to know how to speak up and to whom. Work continues to further improve the speaking up culture especially during these times where speaking up is more important than ever. The following builds upon previous significant work.

- **Continued and targeted communications** - Regular messaging through the communications to reinforce the message that speaking up is welcomed and colleagues will always have access to the support needed. Speaking Up is located within the Staff Health and Wellbeing section on the intranet. Learning from speaking up is feedback to the Health and Wellbeing hub and inform priorities.
- **Work in Confidence** - All colleagues can access Work in Confidence; a safe, independent, anonymous and confidential web-hosted system on our intranet page. As highlighted work is ongoing with the developers to support data recording in line with national guidance and a new case management system is available for use within our existing licence.
- **Board Development Session** – In October 2020 alongside Dr Habib Naqvi, Director of the newly launched NHS Race and Health Observatory, the Freedom to Speak Up Guardian led a session to update the Board of Directors on Freedom to Speak Up, Civility Saves Lives with a focus on how we can improve psychological safety for those speaking up.
- **Diversity Networks** - To continue to facilitate fruitful discussions and engagement. For those colleagues who attend the groups, to provide a safe space where they can share their experiences and challenges of being from different cultural backgrounds.
- **National Speak Up Month 2020** - In October we had a successful #SpeakUpABC campaign promoting a healthy working environment and having a voice. Colleagues from within the organisation shared 'What does Freedom to Speak Up mean to you?' Speaking Up has increased and there was lots of feedback from colleagues including how they would like to support speaking up and cultural change.
- **Senior Leadership Network** - Dr Henrietta Hughes the National Guardian for the NHS attended the Senior Leadership Network this month and discussed detriment in speak up and how as an organisation we take Freedom to Speak Up to the next level.
- **Freedom to Speak Up training for all workers** - October 27th was the national launch of the Freedom to Speak Up e-learning package for all healthcare workers. Speak Up (All), Listen Up (Managers), Follow Up (Senior Leaders) has been developed in association with Health Education England. There will be supported communications in the next week or so and will be available for anyone who works in healthcare, including volunteers and students.

5. LEARNING AND IMPROVEMENT

Since the last reporting period there has been a new case review [published](#) and the review identified areas of improvement regarding how the trust responded to speaking up cases raised by its workers. These included workers not being thanked for speaking

up, delays in responding to matters raised and the need to provide better support and information. From the review findings and actions in response following a gap analysis the following will be further developed:

- ICS Guardian network to be strengthened
- The eLearning platform for the new worker training to be hosted in Care to Learn. This includes a link to the National Guardian Office website on the intranet
- There is guidance from the NGO and NHS Improvement (NHSI) in relation to the Freedom to Speak Up function at all levels of our Trust. The NHSI board guidance sets out the role of the board and supplemental guidance sets out specific responsibilities of directors
- Review of exit interview process with the retention team to gain further assurance that the Freedom to Speak Up Guardian will be informed when the feedback references the role
- The Freedom to Speak Up Guardian will review the staff feedback questions to include the question 'Were you thanked for speaking up?'
- The development of a new service was reviewed and positive actions to improve the support to staff and their ability to fulfil the role and outcomes this is continuing from the last reporting period
- Further training to support the appropriate use of Personal Protective Equipment
- Review of social distancing within clinical sites and at multi-disciplinary team meetings
- Lessons from redeployment have been feedback through surveys
- Enhanced communications to enable colleagues to access health and wellbeing support
- The use of Police restraint with people with mental health problems during a psychiatric emergency
- Sharing '100 Voices' across the organisation so colleagues can describe their experiences of speaking up, the impact this has had and how it has led to positive change.

6. Recommendations

Within the next 6 months, dependant on the current health landscape, recommendations are made that the following work will be conducted to ensure further development of positive speaking up approaches in the organisation:

- Scope and progress the development of the [Board Self Review Tool](#) and an implementation plan of the Freedom to Speak Up strategy in line with the strategic aims of the Trust
- Civility Saves Lives - This is a grass roots campaign aimed at raising awareness of the impact of incivility on team and individual performance. Incivility and rudeness is surprisingly common and on the rise, thus patient safety outcomes are affected and there is a negative impact on clinical performance. The proposed programme promotes our Trust values, strategic ambitions and unify ongoing transition work as a new organisation

- Following the publication of the Staff Survey analyse the [Freedom to Speak Up Index data](#) to determine further priorities
- To lead on embedding serious incident learning to ensure compassionate leadership and just culture approaches are key
- Support and have a regular presence at the planned development of staff diversity networks and work collaboratively with the Equality, Diversity and Inclusion Lead. The NHS People Plan also emphasises the importance of a

compassionate and inclusive culture where every voice matters and counts. In relation to the Freedom to Speak Up agenda there are specific actions and references:

1. By March 2021, NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and Workforce Race Equality Experts
2. Recruitment of more Black, Asian and Minority Ethnic staff to Freedom to Speak Up Guardian roles, inline with the composition of the NHS Workforce.

AGENDA ITEM: 21/1120

Report to: TRUST BOARD – 25 NOVEMBER 2020

Author: Lavinia Rowsell, Head of Corporate/Trust Secretary

Presented by: Lavinia Rowsell, Head of Corporate/Trust Secretary

SUBJECT: PROPOSED CHANGES TO CONSTITUTION

Can this subject be discussed at a public Board meeting?	Yes
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This report is provided for:			
Decision <input checked="" type="checkbox"/>	Endorsement	Assurance	Information

The purpose of this report is to:

Take forward the required revisions to the Constitution to reflect the agreed change in composition of the Council of Governors following the Review and Refresh work.

Recommendations and Decisions Required:

The Board is asked to **APPROVE** the amendments to the Trust Constitution as presented as an appendix to this report.

Executive Summary

As part of the recent Review and Refresh work, the Council of Governors supported the proposals around changes to the composition of the Council, in particular with regard to the reduction in Staff Governor positions and an increase in Appointed Governor posts.

During the merger process in 2019 it was agreed to increase Staff Governor numbers to enable representation from the former Gloucestershire Care Services Staff. Following the reduction of public governors with the Herefordshire Constituency ceasing, the ratio of staff to public constituencies was now significantly out of proportion in comparison to other Trusts reviewed.

The Council, whilst recognising the valuable contribution of Staff Governors also recognised the need to ensure that Public Governors are in the majority, in line with Foundation Trust requirements, supported the proposal to reduce the number of Staff Governors to 7 from the existing 10.



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NHS Foundation Trust

The Council had discussed the current overall size of the Council (25 representatives), noting that this supported effective functioning, enabled governors to be able to discuss and debate effectively, supported meaningful participation and provided sufficient number and ability to complete the role, without the role becoming burdensome. On this basis it was agreed the current size of 25 should be maintained.

It was recognised that ensuring the Council of Governors reflected a breadth of voices was important, and that in the short term increasing the number of Appointed Governors to 5 should help ensure this. With the aim of maintaining the current size of the Council, the additional 3 Appointed Governors would be phased in as the Staff Governor constituency changes were enacted. Once determined, the additional Appointed Governors would be formalised through a further change to the Constitution.

To reflect the changes set out above, amendments are required to the Trust Constitution and these changes are set out in Appendix 1.

The approval of the revised Constitution is a two-stage process which requires

- (i) approval of the Council of Governors and
- (ii) the Board

(more than half the members of both bodies).

The revised Constitution will then be updated to the Trust’s website and to NHSI.

The equivalent paper to this one was considered by the Council of Governors at its meeting on 19 November 2020.

These changes do not preclude further changes following the work of the review and refresh strands of work.

Risks associated with meeting the Trust’s values

Corporate considerations

Quality Implications None

Resource Implications None

Equality Implications None

Where has this issue been discussed before?

Council of Governor meetings

Appendices:

Appendix 1 – Proposed amendments to the Constitution - Annex 2 & 3 – November 2020

Report authorised by:

Lavinia Rowsell

Title:

Head of Corporate Governance/Trust Secretary



APPENDIX 1

AGENDA ITEM 21/112020

ANNEX 2 – THE STAFF CONSTITUENCY

Name of Staff Class	Description	Minimum no. of members	Number of governors
the medical dental and nursing staff class	<p>Staff who are registered with the General Medical Council; or</p> <p>Staff who are registered with the General Dental Council; or</p> <p>Staff who are registered with the Nursing and Midwifery Council</p>	100	3
the health and social care professions staff class	<p>Staff who are either:</p> <p>allied health professionals and psychologists who are registered with the Health and Care Professions Council or any successor body; or</p> <p>social workers registered with the Health and Care Professions Council or Social Work England, or any successor body; or</p> <p>individuals who are employed wholly or mainly in direct clinical and care roles but not eligible for membership of those classes described above</p>	100	2
the management, administrative and other staff class.	individuals who are management or administrative staff or others entitled to be members of the staff constituency who do not come within those classes described above	100	2

ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

- 1.1 The Trust will have a Council of Governors consisting of public, staff and appointed governors.
- 1.2 The Council of Governors is to comprise:

Elected Governors:

Category of Governor

Number of Governors

Public governors:

• Cheltenham	2
• Cotswold	2
• Forest	2
• Gloucester	2
• Stroud	2
• Tewkesbury	2
• Greater England and Wales	1

Staff governors:

• Medical Dental and Nursing staff class	3
• Health and Social Care Professions staff class	2
• Management, administrative and other staff class	2

Appointed governors:

• Gloucestershire County Council	1
• Gloucestershire Clinical Commissioning Group	1
• Additional Appointed Governors*	Up to 3

Total	25
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** Additional appointed governors will be introduced in a phased approach in line with the changes to the staff governor numbers to ensure that the public governor cohort is the majority on the Council in line with the requirements of the constitution*

- 1.3 Subject to paragraph 1.4 below, of the three (3) Staff Governors in the Medical Dental and Nursing class:
- 1.3.1 one (1) seat shall be reserved for a nurse;
- 1.3.2 one (1) seat shall be reserved for a doctor; and
- 1.3.3 one (1) seat shall be reserved for either a doctor or a dental professional.
- 1.4 The electoral constraints set out herein will apply to all Staff Governor seats in the Medical Dental and Nursing staff class, regardless of the number of Staff Governors being elected from that staff class at any particular time.

**GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS MEETING**

Wednesday 16 September 2020

Held via Microsoft Teams

PRESENT:

Ingrid Barker (Chair)	Nic Matthews	Anneka Newman	Sarah Nicholson
Brian Robinson	Anne Roberts	Jo Smith	Mervyn Dawe
Faisal Khan	Katherine Stratton	Julie Clatworthy	Dan Brookes
Chris Witham	Graham Hewitt	Tracey Thomas	Dawn Rooke
Ruth McShane	June Hennell		

IN ATTENDANCE:

- Maria Bond, Non-Executive Director
- Marcia Gallagher, Non-Executive Director
- Anna Hilditch, Assistant Trust Secretary
- Sumita Hutchison, Non-Executive Director
- Jan Marriott, Non-Executive Director
- Angela Potter, Director of Strategy and Partnerships
- Paul Roberts, Chief Executive
- Lavinia Rowsell, Head of Corporate Governance
- Neil Savage, Director of Organisational Development
- Gillian Steels, Trust Secretary Advisor (Item 11)
- Wenna Tudor, Communications Manager

1. WELCOMES AND APOLOGIES

- 1.1 Apologies were received from Karen Bennett, Jenny Hincks, Said Hansdot, Katie Clark, Alison Feher and Juanita Paris.
- 1.2 Ingrid Barker welcomed everyone to the meeting, with a special welcome to the newly appointed Public Governors who had taken up post on 7 September.

2. DECLARATIONS OF INTEREST

- 2.1 Chris Witham informed the Council that he was the Chair of Cinderford Town Council, and as such would be involved with land transactions for the new Forest of Dean Hospital development.
- 2.2 Julie Clatworthy declared a professional interest in relation to her membership of the NICE QSAC 2 group.

3. MINUTES OF THE PREVIOUS MEETING

- 3.1 The minutes from the previous meeting held on 17 June 2020 were agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

- 4.1 The actions from the previous meeting were either complete, on-going or included on this meeting's Agenda.



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- 4.2 Mervyn Dawe made reference to the Staff Survey information session that had been held for Governors in August. He said that this had been a useful session; however, he expressed concern that more work wasn't being carried out to look at the result from the survey that a third of staff had stated that they wished to leave the Trust. Neil Savage advised that overall both organisations had done well, noting that the survey presented the results from both legacy organisations, 2gether and GCS. In terms of the Staff Friends and Family Test question of "whether or not you would recommend the place as somewhere good to work" - 70% of ex 2gether colleagues said 'yes' which was an improvement since 2015 of 6%, with 61.8% of former GCS colleagues recommending the Trust, an improvement of 10.7% over the GCS score in 2015. In relation to those thinking of leaving the organisation, it was important to note that the survey was conducted at the time of phased Management of Change processes and right in the middle of the merger in October. The results for 2gether colleagues was 30% which is in line with the average for mental health trusts. The results for GCS colleagues was also 30% which again was in line with the national community Trust average. Paul Roberts informed the Council that the Trust Board had identified staff engagement and morale as one of its top priorities going forward. A number of actions had been put in place already in response to the staff survey action plan, including the setting up of a health and well-being hub, a new Diversity Network (and 4 subgroups), and a new leadership development programme, all aiming to improve experience. Paul Roberts advised that this year's Staff Survey would be carried out in October, with the results published early in the new year. This would be the first survey carried out as one organisation so it would be interesting to see the results.

5. CHIEF EXECUTIVE'S REPORT

- 5.1 Paul Roberts, Chief Executive presented a verbal report to the Council.

Coronavirus update

- 5.2 The Council noted that the Covid Response Programme had been a dominant part of the Trust's work since February 2020. Paul Roberts advised that GHC had 400 beds in total, spread across community hospitals, and mental health and learning disability units. At the height of the pandemic, there were 100 Covid positive patients being cared for by the Trust. Trying to manage positive patients, those awaiting test results and negative patients in the same inpatient setting was very challenging; however, this was managed through identifying new ways of working and use of technology.
- 5.3 Paul Roberts informed the Council that between July to September, the Trust has been focussed on Recovery and the reestablishment of Trust services, noting that due to Covid some services had been scaled back or closed to new referrals. A key workstream has been the Covid Secure Environment which has been risk assessing the Trust estate and working environment to ensure that we can operate from Covid secure facilities, for the safety of both our staff and patients. It was noted that the impact of this had reduced capacity in a number of services due to more spaced out appointments and time for staff to prepare the necessary PPE.
- 5.4 It was noted that GHC provided staff testing facilities for local NHS and Social Care organisations, with an additional service being provided for elective patients.
- 5.5 The Trust's normal financial arrangements were suspended to the end of September due to Covid. New guidance has now been issued from NHSI/E for the latter 6 months of the year.
- 5.6 As part of the scaling back of services to manage Covid, the Trust closed 3 of its MIUs (Minor Injuries and Illness Units). Tewkesbury had now reopened, a review of the Vale was



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underway and the Dilke would remain closed for the current time. It was noted that these changes were likely to be in place until the end of March 2021.

- 5.7 Paul Roberts informed the Governors that focus has now moved to surge and wave 2 planning,
- 5.8 In response to an earlier question from Chris Witham, the Council noted that the Trust had issued very clear communications to staff to work from home, if they were not in a direct care role. There had been a huge amount of communication, guidance and support to enable this to happen, including risk assessments. It was expected that this guidance would be in place until the end of March 2021. With so many staff members now working from home, the use of technology has become even more important and a full review of the impact of new ways of working would be carried out.
- 5.9 Dawn Rooke asked whether visiting was now permitted for patients on inpatient wards. Paul Roberts advised that the Trust had used compassionate exceptions and had given the freedom to the hospital Matrons to make individual decisions. In July, more access was given for visiting but there were still some restrictions to this in place as it was vital that it could be done safely. He said that the Trust had tried to respond to issues around visiting in a compassionate and flexible way.
- 5.10 Graham Hewitt said that his charity had been providing more support to individuals for health care purposes that couldn't be given via online means. He therefore asked whether the Trust had a timeline for when services would be back up and operational. He also queried whether the thresholds for receiving certain health care services had changed. Paul Roberts advised that due to Covid, community staff and therapists were redeployed to inpatient posts. Staff are now returning to their substantive roles and hands on care was being provided with precaution. In mental health services, teams had been asked to carry out a review of caseloads. Paul said that he would welcome feedback on any areas of concern or potential gaps in the services available as this would assist with the Trust's recovery planning. Julie Clatworthy advised that a Gloucestershire wide Rehabilitation Steering Group had been set up, looking at the post-Covid cohort and the ongoing physical and mental health needs. As part of this, a scoping exercise was being carried out to see if there were any gaps in services.

People Plan

- 5.11 The Council noted that "We are the NHS: action for us all" was published at the end of July 2020 by NHS England/NHS Improvement & Health Education England. This sets out what NHS staff can expect from their leaders, their employers and each other. The Plan builds on previous interim NHS plans and the central themes of more staff, working differently and a compassionate & inclusive culture. It also includes a brand new "Our People Promise" which sets out national ambitions for what people working in the NHS will ideally say about it by 2024. Paul Roberts said that the plan chimed well with the Trust's priorities of looking after our staff and belonging.
- 5.12 Nic Matthews made reference to policy creation and culture, noting that the Trust needed to support staff with the same humanity as it did for service users. He suggested that any future policy reviews take this into account. In terms of developing staff, there were a number of clinical staff who wished to develop but to remain in clinical facing roles; however, national focus seemed to be on management and leadership roles. Paul Roberts supported these points, noting that the People Plan and Advancing Clinical Practice (ACP) plans would provide longer term options for a wider skill mix for clinical colleagues.



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- 5.13 In terms of moving forward, the Council noted that the Trust's Resources Committee would lead on the People Plan and its implementation. Chris Witham offered his assistance with the delivery of parts of the People Plan through his role at NHSE.

6. FOREST OF DEAN HOSPITAL DEVELOPMENT

- 6.1 Angela Potter, Director of Strategy and Partnerships gave the Council a presentation setting out the background and the progress to date with the Forest of Dean Hospital development. A copy of the presentation would be shared with all Governors after the meeting.
- 6.2 The programme originally commenced with engagement in 2015. The key drivers for change were safe staffing, the need to replace old and unsustainable estate and the bringing together of the services at Dilke and Lydney. The Case for Change was signed off in July 2017 and several previous consultation exercises were carried out and decisions made to move to a new hospital and the preferred site location. In January 2020, a programme of public and staff engagement was carried out and the outcomes shared at the Health Overview & Scrutiny Committee. Some of the key themes of engagement included inpatient services & bed numbers, access to consistent urgent advice and treatment, transport, access to GPs out of hours (OOH) to support urgent care OOH and ongoing provision of outpatients and diagnostics.
- 6.3 Mervyn Dawe noted that the proposed bed provision for the new hospital was 24 and queried what the current provision was across the 2 hospitals. Angela Potter said that the Trust was currently operating out of 30 beds due to Covid restrictions, however, the normal operating level was 47. Julie Clatworthy assured the Council that the remodelling had considered those people in the forest locality who would need the beds, looked at previous usage and ways of working to be able to treat people in their own homes rather than having to stay in hospital.
- 6.4 Mervyn Dawe noted the plans for single rooms in the new hospital, but this raised concerns around isolation and vulnerable people getting lonely. Angela Potter said that the Trust was very aware of the importance of this and consideration had been given to supplementing hospital stays with daily activities.
- 6.5 Dawn Rooke highlighted the concerns around transport to the hospital, something that always needed consideration in the forest.
- 6.6 A public consultation exercise would commence on 23 October and run until 17 December. Ingrid Barker encouraged all Governors to participate. Ruth McShane noted that she lived in Herefordshire but was registered with a Gloucestershire GP and asked therefore whether she and other people in the same position would miss out on being consulted. Angela Potter confirmed that cross border population had been taken into account and had been built in to the consultation programme.

7. REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE

- 7.1 Faisal Khan, Lead Governor presented this report to the Council, summarising the key business conducted at the meeting of the Nominations and Remuneration Committee held on 1 September and setting out 2 key recommendations for approval.
- 7.2 **Non-Executive Director Appointment** - Steve Brittan was appointed as an Associate Non-Executive Director of the Trust on 18 May 2020. Due to the Covid-19 pandemic and requirement for social distancing, initial interviews for the position took place remotely via Microsoft Teams. As it was not possible at the time to conclude the interview process the decision was taken to offer the role on an Associate Non-Executive basis with a view to

commuting it to a standard Non-Executive Director appointment once the process could be completed. Since his appointment, Steve has been actively engaging in his induction programme and been a regular attendee and contributor to Board, Committee and strategy development sessions. The final stage of the interview process took place on Wednesday 26 August 2020. This included three focus group discussions with experts by experience/service users, colleagues/staff, and governors. Written feedback was received from all groups and the feedback received from participants was highly positive about Steve's experience, skills and approach to their discussion sessions, noting that he would add value to the Board. Based on the outcome of the final stages of the interview process, the N&R Committee recommended to the Council of Governors the appointment of Steve Brittan as Non-executive Director of the Trust for an initial three year term from 16 September 2020. This recommendation was approved.

Ingrid Barker left the meeting at this point

- 7.3 **Reappointment of the Trust Chair** - It was noted that the performance of the Chair had been reviewed by the Committee at its meeting in June 2020 where an extremely positive appraisal report was received. Good progress was being made around the development and refresh of the Council of Governors and the Chair had been instrumental in pushing for this which was very much welcomed. From a strategic point of view, the Committee agreed that following on from the merger and Covid, continuity of leadership at Board level was critical. The N&R Committee therefore recommended the reappointment of Ingrid Barker as Trust Chair for a final three year term from 1 January 2021 to 31 December 2023. This recommendation was approved.

Ingrid Barker returned to the meeting at this point

- 7.4 The Committee received a table which set out the appointment, reappointment and retirement dates of all Non-Executive and Associate Directors. The information on appointments and understanding NED reappointment intentions is a crucial part of succession planning for the Board and its wider governance arrangements. As part of the merger discussions, it was agreed by the Nomination and Remuneration Committee to stagger the appointment dates of Directors to ensure a phased and manageable turnover at Board level and a progressive refreshing of the Board. Further discussion regarding NED appointments would take at the Committee's next meeting on 3 November, which would include an annual skills audit of the Board to feed into wider discussion on succession planning and to help identify any gaps.
- 7.5 Faisal Khan informed the Council that he had made the decision to stand down as a Staff Governor, and Lead Governor when his first term ended on 31 December. He said that being a Trust Governor had been a huge learning experience and he had valued having had the opportunity to represent the Trust in this way.

8. DEVELOPING OUR TRUST STRATEGY

- 8.1 Angela Potter provided the Governors with a presentation, updating on progress with developing the Trust's strategy. The presentation would be circulated to all Governors after the meeting.
- 8.2 The presentation set out the key timeline of consultation and engagement with stakeholders, and it was noted that sadly work had not progressed as quickly as had been planned due to Covid. However, work had now recommenced. Angela Potter advised that work would take place over the next 6 months to:
- Communicate what we have done so far and continue to test out and listen to our staff and stakeholders
 - Continue to refine our strategic aims



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- Develop our Strategic Objectives and Outcome measures
- Develop our risk appetite and ongoing refinement of our Board Assurance Framework
- Develop the Enabling and Underpinning Strategies and programmes of work
- Align to our Business Planning processes

8.3 The Council received an overview of the draft strategic aims and objectives. Brian Robinson noted that currently only one of the objectives was outcomes focussed and suggested that more needed to be included. Angela Potter agreed, adding that this was work in progress and the Trust was aware of the importance of having outcome based measures. It was noted that the Board had held a development session the previous day focussing on the development of the Trust's strategy and there was a lot of work still to do.

9. CHAIR'S REPORT

9.1 The Council received the Chair's Activity Report. It was noted that this report had been written and presented to the Trust Board at their 22 July meeting and was presented to the Council for information and reference. This report and its content was noted.

10. GOVERNOR MEMBERSHIP AND ELECTION UPDATE

10.1 Anna Hilditch presented this report which provided an update on the current membership of the Council of Governors, an overview of vacant Governor positions, and future election requirements. The Council received a summary of statements from the newly appointed Public Governors who had commenced in post on 7 September 2020. The report also made reference to 3 Public Governors who had left since the last Council meeting - Vic Godding, Stephen McDonnell and Bren McInerney. Ingrid Barker led the Council in expressing its warmest thanks to them for their work, support and expertise over the past years, and wishing them all well for the future. This report was noted.

11. GOVERNOR REVIEW AND REFRESH UPDATE

11.1 Work was ongoing to support the Council of Governors' development to reflect its revised remit as the Council of Governors for a Trust which now has a remit in physical health as well as mental health services and a Trust which is committed to transforming the way it meets the needs of its communities. As an integral part of the Trust's governance it is important that the Council of Governors is informed by best practice in its operation and best use is made of the Council and the time given by the governors to support continuing good governance.

11.2 Following agreement at the June Council meeting, a working group was set up, chaired by Ingrid Barker which met several times over the summer and included public, staff and appointed governors, as well as a number of Non-Executive Directors and individuals from the Trust Secretariat and Comms Team. The working group focussed on 2 key areas – the Constitution and Membership.

11.3 This report presented the output from the working group discussions and set out a range of proposals and recommendations including changes to the size and composition of the Council, Membership, supporting Governor engagement, ways of working and Governor development.

11.4 One of the key recommendations related to the change in Council composition. The Trust would look to maintain the size of the Council of Governors at 25 members, but reduce the

Staff Governors to 7 (from 10, in line with other Trusts) and increase the Appointed Members to 5 (from 2) to ensure a breadth of diversity of voices are heard whilst a comprehensive Membership and Engagement Strategy is developed and implemented. As part of this, a skills audit had been developed and would be sent out to all Governors for completion. It was hoped that the outcome of this would help inform us of those areas where additional expertise and knowledge would be required within the Appointed Governor category. Faisal Khan advised that this recommendation had been discussed at the Governor pre-meeting. He said that Governors had supported the change in composition, but further discussion was needed as to the best way to get there. The Council of Governors formally approved the proposed change in composition, and it was agreed that further discussion take place as to the process for enacting this. The Council was asked to note that this change would require a change to the Trust's Constitution, and as such an amended section of the Constitution would be presented back to the Council, and the Trust Board in November for final approval. Graham Hewitt suggested that the change around the Appointed Governors would need to be flexible to allow for short term appointments if the Trust was looking to refresh these roles over time. This was agreed and would be considered in the revision.

ACTION: Governor Skills Audit to be circulated for completion, to help identify any gaps in knowledge and expertise which could be helpfully filled by Appointed Governors

ACTION: Trust Constitution to be amended re: composition of the Council of Governors, with a report back at the November meeting for approval

- 11.5 Nic Matthews had participated in the working group and he thanked Gillian Steels for this report which was comprehensive and clear, adding that he felt this had been a helpful and inclusive process.
- 11.6 Ruth McShane noted that the Greater England and Wales constituency had the second highest membership and queried whether consideration should be given to an additional Governor representing this area. Wenna Tudor advised that the GE&W constituency now included the Herefordshire Public members. She suggested that it would be worth waiting for a further 6 months as membership of this constituency could potentially reduce in line with the transfer of Herefordshire services to Worcestershire at the end of March.
- 11.7 The Council welcomed this report and the work carried out and progress made to date. The other recommendations within the report were supported, including the development of a Membership and Engagement Strategy.

12. TRUST MEMBERSHIP REPORT

- 12.1 This report provided an update on Trust membership to the Council, and included recent membership engagement activity and membership data.
- 12.2 As of 9 September 2020, the Trust had 6,039 Public members. From 1 April 2020, all Herefordshire members were moved to the Greater England and Wales constituency, following the transfer of Herefordshire services out of the Trust.
- 12.3 Due to Covid, the Trust has not been able to hold any face-to-face membership or Governor events; however, we have continued to recruit new members. This has primarily been achieved through the use of Trust social media, with an increase in applications after posts are made. The Trust continued to communicate with members through email about issues that might be of interest to them, keeping them up-to-date with the Trust's work around Covid, and sharing information that could support their wellbeing. A membership newsletter was



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produced and sent out to all members, either by post or by email. As well as Trust updates, this also included details of the Trust's Covid response.

- 12.4 Mervyn Dawe asked whether the Trust still provided information to staff members who were leaving the Trust, about signing up to become a Public member on their departure. Wenna Tudor advised that staff did receive a letter and membership form; however, she agreed to speak to colleagues in the HR team to confirm that this still took place.

ACTION: Check to be carried out to ensure that leaving staff members received information about signing up as a Public member

13. TRUST ANNUAL MEETING 2020

- 13.1 The Council was reminded that the Trust's Annual Meeting would be taking place on Thursday 24 September. Due to Covid this would be taking place virtually at 5.00 – 6.00pm. All Governors were encouraged to attend. The invitation and link to register for the meeting would be recirculated.

ACTION: Invitation and link to join the Trust's AGM to be recirculated to all Governors

14. GOVERNOR ACTIVITY UPDATES

- 14.1 June Hennell reported back from the Quality Committee meeting that she had attended as an observer on 1 September. She advised that this had been a very interesting meeting and had been well chaired by Maria Bond.
- 14.2 Faisal Khan said that a discussion about the presentation of service updates to the Council meetings had taken place at the earlier pre-meeting. It had been agreed that it would be helpful to have a service focussed presentation at alternate meetings, and that these should be scheduled to take place at the end of the agenda. This suggestion would be built in to the Council of Governor annual work plan.

15. ANY OTHER BUSINESS

- 15.1 There was no other business.

16. DATE OF NEXT MEETING

- 16.1 The next meeting would take place on Thursday, 19 November at 2.30pm.

**COUNCIL OF GOVERNORS
ACTIONS**

Item	Action	Lead	Progress
17 June 2020			
3.2	Briefing for Governors on Out of County Placements to be prepared and presented at a future meeting	John Trevains	Due to current Covid workload commitments, this item will be scheduled for an early 2021 Council meeting.
16 September 2020			
11.4	Governor Skills Audit to be circulated for completion, to help identify any gaps in knowledge and expertise which could be helpfully filled by Appointed Governors	Anna Hilditch	Complete
11.4	Trust Constitution to be amended re: composition of the Council of Governors, with a report back at the November meeting for approval	Gillian Steels	Scheduled Report is scheduled for presentation at the November 2020 Council meeting
12.4	Check to be carried out to ensure that leaving staff members received information about signing up as a Public member	Comms Team	Complete Due to a change in HR system in early 2020, between 1 Feb and 21 Sept 2020, 348 people left the Trust who did not receive the public membership form. Letters have now been sent to those leavers, and the process of inviting people to become public members when leavers questionnaires are sent out has been reinstated.
13.1	Invitation and link to join the Trust's AGM to be recirculated to all Governors	Anna Hilditch	Complete

RESOURCES COMMITTEE SUMMARY REPORT

22 OCTOBER 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> • Committee Chair – Graham Russell, NED • Attendance (membership) – 7 of 9 members present • Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE REPORT

The Committee received the Finance Report for month 6 and noted that the Trust had achieved and exceeded its Cost Improvement Plan (CIP) target for the year. The Committee expressed its thanks and congratulations to colleagues and their teams for their efforts in contributing to the delivery of CIP.

The Trust's capital position remained challenging; however, the forecast outturn was being monitored closely by the Capital Management Group and NHSI/E had been informed that the Trust would meet the capital plan. The 20/21 Capital plan was approved at £9.945m, with an additional £100k for critical backlog maintenance and £137k for Covid capital. Spend to month 6 was £1.03m.

The Committee also received a verbal report on the updated Financial Regime and a briefing in relation the current system financial position.

PERFORMANCE REPORT – MONTH 6

The Committee received the Performance Report for month 6 and it was noted that there had been an improvement with fewer exceptions highlighted for the period, with 7 MH indicators and 17 PH indicators in exception. Services felt that they were now bringing things to a new normal position from a performance, engagement and narrative perspective. The Committee received assurance that the Trust was on track to achieve fully integrated reporting by the end of the financial year.

LOCAL SYSTEM BEST PEOPLE STRATEGY

The Committee noted the updates on the ICS People Plan response and regional and ICS governance and support arrangements. A significant amount of active partnership working had taken place with system colleagues to carry out an initial response to the NHS People Plan. Those areas for further development had been identified and would be taken forward within the System.

Sumita Hutchison, NED, was identified as the Board's Health and Well-being Guardian.

The Committee discussed the innovations and positive ways of working with the ICS, with increased collaboration and sharing between organisations. There had been a lot of positive feedback received on the Trust's Health and Wellbeing message to staff and there were some exciting opportunities around leadership development.

STAFF ENGAGEMENT UPDATE

The Committee received an update on Staff Engagement and the Staff Survey, noting that the response rate on the staff survey had exceeded previous years in both legacy Trusts and there still remained a further 5 weeks before closing.

It was acknowledged that colleagues with disabilities had reported that they did not feel that they could speak up as freely. This was being addressed with proactive and positive action being taken to update a range of attendance management and occupational health working well policies.

A Health and Well-Being Hub newsletter would be circulated to colleagues in the next week and this would focus on reminding staff to take their annual leave and providing guidance and tools to assist colleagues in maintaining their health and well-being.

BUSINESS DEVELOPMENT REPORT

The Committee received the Business Development report which highlighted the increase in activity happening post the first wave of Covid.

The Trust had received an invite to discuss with commissioners the tenders to provide the Sexual Offence Examiners (SOE) and the Sexual Assault Referral Centres (SARCs). This meeting would take place 12th November 2020.

The Committee received an update on the Reablement Service contract with the Local Authority, and discussed the Community Mental Health Transformation Funding.

EMERGENCY PLANNING ANNUAL REPORT AND CORE STANDARDS

The Committee received the Emergency Planning Annual Report and Annual Core Standards submission which provided an update on the Trust's progress and compliance with the Emergency Preparedness Resilience and Response arrangements for the 2020/21 reporting period.

It was reported that the Trust had received a 'substantial assurance' rating from the CCG, achieving 50 of the 54 standards that were applicable to the Trust under the core standards framework. A Confirm and Challenge review with the CCG had taken place on the 20/10/20.

The Committee noted that the main focus of the work moving forward would be refining the Trusts approach to incident management in terms of what can be dealt with at a local level as opposed to a Trust wide or system level; further embedding the business continuity planning, and further enhancing training (Covid permitting).

The Committee endorsed the content of this report, and approved the EPRR priorities for 2021/22 and the Annual Core Standards submission.

RISK REGISTER

The Committee received, discussed and noted the updates provided on Corporate Risks and the Board Assurance Framework.

A wider review of risk and risk appetite had begun in September, alongside the development of the Trust Strategy. The BAF would be re-mapped considering the strategic objectives which would align to the new strategic framework and this would be presented to the meeting of the Trust Board in January 2021.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING

17 December 2020

QUALITY COMMITTEE SUMMARY REPORT

3 NOVEMBER 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> • Committee Chair – Maria Bond, NED • Attendance (membership) – 4 out of 7 members present • Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRI) UPDATE

The Committee received the SIRI update providing the Committee with the Serious Incidents Requiring Investigation (SIRIs) declared and submitted to Gloucestershire CCG during the month of September 2020.

There were 5 SIRIs, all of which were reported within mental health services. Assurance was received that all SIRIs had been discussed with the CCG and investigations in order to establish events that had taken place were underway.

A review would be undertaken to look in more detail at medication errors. Five medication incidents had occurred in the previous 12 months and an investigation would take place internally in order to have a better understanding of medication errors in the future.

LEARNING ASSURANCE FRAMEWORK

The Committee received the Learning Assurance Framework (LAF) and an overview of the work that had been progressed within the LAF Group was highlighted. The Committee noted the progression and embedding of the Learning Assurance Group in the Trust Quality Governance System.

QUALITY DASHBOARD REPORT

The Committee received the Quality Dashboard, which now included the quarterly NED Audit of Complaints.

Quality issues for priority development:

- Further work is required to fully understand the performance relating to timely Care Programme Approach (CPA) reviews.
- The prevention, identification and management of all pressure ulcers remains a significant Trust priority
- The number of bed days for adult mental health inappropriate out of area placements has risen again in September. An analysis of this issue will be included in next month's dashboard.
- A number of quality concerns have been expressed concerning jointly commissioned services, e.g. Reablement and Telecare. Work is being undertaken to address these and will be presented in next month's dashboard. The Trust Board had been updated on the issues relating to Reablement Services and the work was felt to be progressing well.

Quality issues showing positive improvement:

- No healthcare associated Covid-19 infections attributable to the Trust's care for the fourth month in a row.
- The Trust's Level 3 Resuscitation Training program has been launched.



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- Early Intervention in Psychosis has exceeded the required threshold for the implementation of care packages within two weeks of referral for the third consecutive month. This indicator will now be removed from Quality Dashboard, with ongoing reporting and monitoring via the Trust’s Performance Dashboard.

The quarterly NED Audit of Complaints was presented within the Quality Dashboard for the first time. The Committee welcomed the format of the report and the assurance provided.

QUALITY ASSURANCE GROUP SUMMARY REPORT

The Committee received the Quality Assurance Group (QAG) summary report. The Quality Committee noted the contents of the summary report, acknowledging the huge amount of work undertaken at the QAG and the excellent level of attendance at the group – both in terms of numbers but also staff group and clinical representation. Significant assurance was provided via the QAG summary.

OTHER ITEMS RECEIVED AND DISCUSSED

The Committee also received the following reports for assurance and/or endorsement:

- The **Annual Infection Prevention and Control report 2019 – 2020** was endorsed and a good level assurance was received as to the systems and controls in place.
- The **Annual Resuscitation Report 2019 – 2020** was received and assurance provided regarding resuscitation, training, policies/procedures and audit.
- The **Research and Development Annual Report 2019 – 2020** was received and it was highlighted that that the Research and Development Team had consistently achieved targets and that funding had been increased due to this.
- James Willets, Theatre Manager and Severine Ryder, Theatre Endoscopy and Day Surgery Manager (Community Hospitals Tewkesbury and Stroud) were in attendance to provide a clinical presentation on Theatres.
- The Committee received the **Corporate Quality Risks** report, noting that there were 10 corporate risks meeting the criteria of a score of 12 or above. There was also 4 Covid related risks on the risk log specifically for Quality Committee oversight.
- The Committee received the **Quarterly Patient Safety Report Q2** and it was noted that the level of reporting was what was expected.
- The **Learning from Deaths Quarter 2 Report** was received and this would be received in full at Trust Board.
- The Committee received the **Guardian of Safe Working Hours Quarter 2 report** and this would also be received in full at the November Board meeting
- The Committee received and noted the **Medicines Optimisation Annual Report**

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING

7 January 2021

AUDIT & ASSURANCE COMMITTEE SUMMARY REPORT

5 NOVEMBER 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> • Committee Chair – Marcia Gallagher, NED • Attendance (membership) – 4 of 5 members present • Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

INTERNAL AUDIT

The Committee received the internal audit progress report. Three reviews had been completed since the last meeting. The Committee approved the use of the contingency days within the internal audit plan in order to deliver additional reviews within year. The Committee considered progress with the implementation of internal audit actions, noting that 23 actions had been implemented and closed during the year and 2 were overdue.

Cyber Security in the context of the Covid-19 pandemic: The Committee received the report noting that it was an advisory report, and therefore did not have an overall risk rating. Implementation of the recommendations arising from the report would be tracked alongside other internal audit recommendations and progress reported to future meetings of the Committee. The Committee received an update on the phased roll out of multifactorial authentication and action in place to manage phishing attacks in the Trust.

Finance Governance: Report Classification: Low risk. 1 medium finding. 1 low finding. Following a letter Simon Stevens (sent out to all NHS bodies) a review was conducted on the Financial Governance arrangements and recording mechanisms relating to Covid claims. One medium risk was identified around formalising the waivers process with a recommendation for a unified process to be documented.

Corporate and Quality Governance: Report Classification: Low risk. 1 Low finding. The low risk was in relation to the Board Assurance Committee (BAC) and the limited number of executive attendance required. The Committee noted the positive outcome of the report which would be reported to the Board.

EXTERNAL AUDIT

The Committee received the progress report and technical update, highlighting the revision to value for money reporting arrangements and providing an update on IFRS16 implementation timescales and new requirements of the Group Accounting Manual (GAM).

COUNTER FRAUD, BRIBERY AND CORRUPTION

Counter Fraud continued to participate in staff induction sessions and Fraud Awareness Presentations including a session at the University of Gloucestershire to new students on the nursing programme.

A proactive exercise to review data provided by the Association of the British Pharmaceutical Industries (ABPI) on payments made to Health Care Professionals (doctors/nurses) would be carried out and this would commence in the next month.



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The Committee received the final report on the Estates Appointment of Professional Consultants. The review had been conducted as part of the Counter Fraud Workplan for 2019/2020 and focussed on the arrangements in the appointment of professional consultants within the area of Estates.

The Committee congratulated Lee Sheridan, Local Counter Fraud Specialist on his nomination for Outstanding Investigator of the Year.

FINANCE COMPLIANCE REPORT

The Committee received the Finance Compliance report noting actions taken under delegated powers for the period 1 June 2020 – 30 September 2020. The report showed improved performance against the target of 'payments within 30 days' demonstrating performance close to or above the 95% target 7-day payments which had been set up as a result of Covid. In September 2020, the Trust paid 80% of invoices by value within 7 days for non-NHS Suppliers.

The Committee noted that there were no longer any outstanding invoices for Herefordshire. A review of the balance sheet overall was being carried out and this would include a review of debtors.

The Committee noted this report and expressed its thanks to the Trust finance team for the work undertaken.

CONFLICT OF INTEREST POLICY REVIEW

The Committee received the revised Conflict of Interest Policy for review, noting that the review had been undertaken in line with best practice and NHSI guidance. The areas which had been amended were highlighted within the report for the consideration of the Committee. Key stakeholders had been involved in the revision of the policy with input from Counter Fraud.

The Committee approved the policy on behalf of the Board subject to ratification at the JNCF on 11th November 2020.

CORPORATE RISK REPORT AND BOARD ASSURANCE FRAMEWORK

The Committee received the Corporate Risk Report and the Board Assurance Framework, noting the proposed changes in risk scores. It was noted that the Corporate Risks had all been considered by the relevant Governance Committee.

AUDIT COMMITTEE ANNUAL EFFECTIVENESS AND TERMS OF REFERENCE REVIEW

The Committee received the outcome of the Audit Committee Annual Effectiveness Review and the Terms of Reference Review. Responses received were largely positive and some actions had been agreed to strengthen the Committee's effectiveness.

There was one recommended change to the Committee's Terms of Reference to include the additional requirement of a member of the Committee having a *relevant financial qualification*. This recommended change would be presented to the Board for approval.

PROCESS FOR THE ANNUAL REVIEW OF THE EFFECTIVENESS OF INTERNAL AUDIT

The Committee received a paper setting out the process for the review of the effectiveness of the internal audit function. The paper proposed that the evaluation be based on feedback received from the Executive, Senior Managers and members of the Committee. The outcome of the evaluation would then be reported to the February meeting of the Committee. The Committee noted and endorsed the proposed approach.

EXTERNAL AUDITOR REAPPOINTMENT

The Committee considered the reappointment of the External Auditors, KPMG for a final year from 1 April 2021 until 31 March 2022. In considering the extension the Committee reviewed the outcome of the evaluation of performance of the external auditor and considered benchmarking data of external audit fees charged by other Trusts.



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Based on the outcome of the evaluation and the benchmarking information considered, the Committee agreed the extension of the current contract for a final one-year term. This would be reported to the Council of Governors at its next meeting.

The Committee noted that the Trust would need to commence the tender for future external audit services in 2021.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING

11 February 2021

AGENDA ITEM: 25/1120

REPORT TO: TRUST BOARD, 25TH NOVEMBER 2020

PRESENTED BY: Lavinia Rowsell, Head of Corporate Governance/Trust Secretary

AUTHOR: Lavinia Rowsell, Head of Corporate Governance/Trust Secretary

SUBJECT: **AUDIT AND ASSURANCE COMMITTEE TERMS OF REFERENCE REVIEW**

This report is provided for:

Decision Endorsement Assurance Information

The purpose of this report is to:

Provide the Board with a proposed revision to the Audit and Assurance Committee terms of reference for approval.

Recommendations and decisions required

The Board is asked to:

- **approve** the proposed change to the Committee's terms of reference.

Executive summary

The terms of reference for the Committee have been reviewed against best practice and in view of the outcome of the recent evaluation processes. One amendment is proposed relating to an amendment to strengthen the requirement for financial expertise on the Committee to include a relevant financial qualification.

Risks associated with meeting the Trust's values

None

Corporate considerations

Quality Implications	The Audit and Assurance Committee has a key role to play in driving quality improvements; particularly in terms of internal control and risk issues.
Resource Implications	None other than those identified in the report



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Equality Implications	None other than those identified in the report
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Where has this issue been discussed before?

Appendices:	Appendix 1: Terms of Reference
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Report authorised by: Marcia Gallagher	Title: Chair, Audit and Assurance Committee
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TERMS OF REFERENCE

AUDIT AND ASSURANCE COMMITTEE

1.	Purpose
1.1	The Audit and Assurance Committee will provide the Board of Gloucestershire Health and Care Service's NHS Foundation Trust with an independent and objective review of its governance and assurance processes; including internal control, risk management, financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.
2.	Membership
2.1	<p>Three Non-Executive Directors as core members, one of whom will be appointed Chair.</p> <p>Any other Non-Executive Trust Board Member, (except the Chair) may attend the meetings and would contribute to the quorum.</p> <p>At least one member of the Committee shall have recent, relevant financial experience and a relevant financial qualification.</p> <p>The Chair of the Board shall not be a member of the Committee but may attend by invitation. Executive Directors shall not be members of the Committee but may be invited to attend. The Chief Executive shall not be a member of the Committee but will be invited to attend to discuss the Annual Report, Quality Report, Annual Accounts and the assurance process for the Annual Governance Statement</p> <p><u>In attendance:</u></p> <p>Director of Finance or deputy Local Counter Fraud Specialist at least twice a year Head of Corporate Governance or Deputy</p> <p>Internal Auditors (every meeting) External Auditors (minimum twice a year)</p> <p>At least once a year the Committee will meet privately with the external and internal auditors and the Local Counter Fraud Specialist, all of whom additionally have a right to direct access to the Chair of the Committee. The Local Counter Fraud Specialist will be entitled to attend every meeting of the Committee.</p>
2.2	<p>Other Officers or Directors of the Trusts may attend at the discretion of the Chair.</p> <p>In addition, up to two nominated Governors may observe the proceedings of the Committee in order to provide assurance to the Council of Governors and to assist in holding the Non-Executive Directors to account for the performance of the Board.</p>
3.	Quorum
3.1	Three Members.
4.	Reporting Arrangements

4.1	The Audit and Assurance Committee will update each routine Board meeting on its activity, highlighting decisions made, issues being progressed and concerns requiring further consideration or decision by the Board.
4.2	The Committee will report to the Board annually on its work in support of the Annual Governance Statement.
4.3	The Committee will advise any key issues or concerns which require consideration by another of the Board's committees. The Chair will work with the Chairs of other Board Committees to ensure that where there are apparent overlaps in the work of the Committees, which will inevitably arise from time to time, every effort is made to ensure that duplication of work is avoided.
5.	Powers
5.1	The Trust's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation shall apply to the Audit and Assurance Committee.
5.2	The Committee is authorised to obtain any external legal or other independent professional advice it considers necessary.
5.3	The Committee is authorised to establish sub-groups, to which it can delegate specific tasks or functions, whose activities it will monitor through the groups minutes or reports depending on the tasks or functions undertaken. The Committee will approve the terms or reference of the sub groups.
6	Responsibilities
6.1	<p><u>Governance, Risk Management and Internal Control</u></p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.</p> <p>In particular, the Committee will review the adequacy of:</p> <ul style="list-style-type: none"> • all risk and control related disclosure statements (in particular the Annual Governance Statement and, the Annual Report and the Quality Report), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board • the underlying assurance processes, including the Board Assurance Framework, that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements • the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification • the effectiveness of the arrangements in place by which staff may, in confidence, raise concerns, particularly the Freedom to Speak Up procedures • the policies and procedures for all work related to fraud and corruption • the systems to secure value for money • information governance processes • the Trust's insurance arrangements • the operation of the Board's Committees to ensure that the Trust's governance responsibilities can be achieved <p>The Committee will maintain responsibility for the oversight of risk management across the Trust, oversee all risk management processes, including review of the Board Assurance Framework, the</p>

	<p>overarching Corporate Risk Register and other risks as determined by the risk stratification matrix to ensure their effectiveness.</p> <p>In carrying out this work the Committee will utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these functions. It will also seek reports and assurances from other committees, directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This work should provide assurance that Board Committees adequately assure the Board that risks are appropriately managed</p>
<p>6.2</p>	<p><u>Internal Audit</u></p> <p>The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.</p> <p>This will be achieved by:</p> <ul style="list-style-type: none"> • consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal, • review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework • consideration of the major findings of internal audit work (and management’s response), and ensuring co-ordination between the Internal and External Auditors to optimise audit resources • ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation • annual review of the effectiveness of internal audit, including independence and objectivity
<p>6.3</p>	<p><u>External Audit</u></p> <p>The Committee shall review the work and findings of the External Auditor and consider the implications and management’s responses to their work.</p> <p>This will be achieved by:</p> <ul style="list-style-type: none"> • consideration of the performance of the External Auditor, including consideration of independence and objectivity • discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring coordination, as appropriate, with other External Auditors in the local health economy • reviewing all External Audit reports, including agreement of the annual audit letter and any work carried outside the annual audit plan, together with the appropriateness of management responses. • Reviewing the External Auditor’s review of the Quality Report, prior to approval and submission of the Quality Report to NHS Improvement <p>The Committee will assist the Council of Governors to discharge its duties in respect of the appointment of the External Auditors.</p>
<p>6.4</p>	<p><u>Financial Reporting</u></p> <p>The Committee shall review the Annual Report and Financial Statements before submission to NHSI, focusing particularly on:</p>

	<ul style="list-style-type: none"> the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee changes in, and compliance with, accounting policies and practices unadjusted mis-statements in the financial statements major judgemental areas significant adjustments resulting from the audit <p>The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board. This will include:</p> <ul style="list-style-type: none"> recommending updates to the Trust's Standing Orders, Standing Financial Instructions, and Scheme of Delegation; monitoring compliance and approving any waivers approving any schedules of losses and non HR special payments. Review the schedule of debtor/creditor balances over 6 months old and over £5,000 or 2% of the aggregate amount, whichever is the greater.
6.5	Engagement Ensure effective on-going engagement and communication with all relevant internal and external stakeholders, including staff, service users, the public, Commissioners and other professional partners, as appropriate to the Committee's duties and remit.
7.	Frequency and Review of Meetings
7.1	The Committee will meet a minimum of five times per year
7.2	These Terms of Reference will be reviewed annually, with any change recommended to the Trust Board for approval following approval by the Audit & Risk Assurance Committee. This review will include a self-assessment of its effectiveness in discharging its responsibilities as set out.
8.	Administration
8.1	The Trust Secretary will ensure appropriate support is provided to the Committee.

Version:	Date Approved:	Approved by:
Version 1	6/11/19	Approved by Audit and Assurance Committee
Version 1	28/11/19	Approved by Trust Board
Version 2	05/11/20	Approved by Audit and Assurance Committee
Version 2	25/11/20	Approved by Trust Board (TBC)

APPOINTMENTS AND TERMS OF SERVICE COMMITTEE SUMMARY REPORT

12 NOVEMBER 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> • Committee Chair – Ingrid Barker, Trust Chair • Attendance (membership) – 7 of 8 members present • Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD’S ATTENTION

VOTING ARRANGEMENTS FOR EXECUTIVE DIRECTORS

The Committee fully supported the proposal that the Director of Strategy and Partnerships become a full voting member of the Board with immediate effect. Due to the need to maintain the correct balance of Executive and Non-Executive Directors on the Board, it had not be possible for the DoSP to have voting rights on appointment to the Board, but the recent changes in Board composition and NED appointments now allowed for this change which was in line with the Trust’s constitution.

VSM PAY

The Committee received new guidance that had been issued from the DHSC setting out details of the VSM annual pay increase for 2020/21. The Committee noted this guidance and it was agreed that further work would take place on developing a recommendation for the Committee to consider in more detail at a future meeting. In line with this, the Director of HR&OD would develop an “in principle” policy to guide the Committee’s thinking around VSM pay in future years.

CHIEF EXECUTIVE OBJECTIVES

The Committee received the final draft of the Chief Executive’s objectives for 2020/21 for review. These had already been discussed by the Committee at previous meetings and any comments/amendments that had been suggested had been fed back to the Chief Executive for action. The Committee agreed the objectives, subject to some minor points of clarity which the Trust Chair would feed back to the Chief Executive.

COMMITTEE ANNUAL AGENDA CYCLE

A draft annual agenda cycle was presented to the Committee. The purpose of this was to ensure that the routine business of the Committee was appropriately scheduled throughout the year. The proposed work plan was agreed, with further discussions to take place with the Head of Corporate Governance and the Director of HR&OD to confirm exact timings and scheduling.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	17 March 2021
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CHARITABLE FUNDS COMMITTEE SUMMARY REPORT

13 NOVEMBER 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> • Committee Chair – Sumita Hutchison, NED • Attendance (membership) – 5 of 6 members present • Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD’S ATTENTION

The Committee noted the financial position for both Gloucestershire Health and Care (GHC) NHS Foundation Trust Charities Funds (formerly Gloucestershire Care Services NHS Trust Charities) and the NHS 2Gether Charities Funds at 30 September 2020 as follows:

- GHC Fund: the current value of the fund was £292k. Expenditure commitments, if completed, would result in a net fund balance of £190k across restricted and unrestricted funds.
- NHS 2Gether Fund: the current value of the fund was approximately £26k. It was noted that Charitable Funds for Herefordshire Mental Health Services had been transferred to Worcestershire Health and Care NHS Trust Charitable Funds. In addition, in light of the proposed closure of the New Highway charity, £34,238 had been transferred to the fund.

Updates on bids received for charitable funds and progressing bids were received for both Charities. The Committee considered the bid for £5,000 to support volunteering in physical health services for the forthcoming financial year noting that this would result in an overspend in the fund. The Committee agreed expenditure of spend of £2,500 for 6 months with a review of 2021/2022 of funding for volunteer services.

The Committee received an update on expenditure against the NHS Charities Together allocations and the next phase of grant applications, along with a summary of proposals currently being considered for the next stage of grants. All bids had been reviewed to ensure they met the conditions for funding. The trust had been successful in securing an additional £50k from the NHS Charities. The Committee considered the bids relating to health and wellbeing and highlighted the need to ensure sustainable funding sources going forward.

The Committee noted that an application had been made to the Charity Commission to merge the two Charities.

The Committee considered the next steps in developing a charitable funds strategy and work programme noting work that had been undertaken to date to strengthen the governance and processes around charitable funds activity. Further resources to support future funding raising activities relating to Forest of Dean would be a priority area for the strategy and a separate business case would need to be developed to support this.

The Committee approved, subject to audit the Annual Report and Accounts for both charitable funds.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	9 June 2021
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MENTAL HEALTH LEGISLATION SCRUTINY COMMITTEE SUMMARY REPORT

23 SEPTEMBER 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> • Committee Chair – Jan Marriott, NED • Attendance (membership) – 100% • Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD’S ATTENTION

UPDATE FROM MENTAL HEALTH OPERATIONAL GROUP

The Committee received an update from the Mental Health Operational Group. Key issues highlighted which would continue to be taken forward by the Operational Group included:

- Section 136, the use of restraint and the ability of the police to remain present when patients are displaying low level challenging or low level behavioral disturbance.
- An update on Long Term Segregation in relation to Berkeley House
- Availability of statutory and mandatory training (due to Covid)

REPORTS OF ISSUES ARISING AT MHA TRIBUNALS AND HEARINGS

Issues arising at First Tier Tribunals

The Committee received a report providing assurance that the Trust was complying with the arrangements set out by the Tribunal Services. Tribunal panels were unable to meet due to Covid and social distancing measures, however, tribunals were being conducted via video conferencing calls with the Tribunal Service ensuring that a link to join the conference was sent out to all participants. The Committee was assured that if any issues were experienced with the video conference call, there was a fall back telephone service available for use.

Mental Health Act Managers’ Hearing Issues

The Committee received a report which provided assurance that a robust process was in place if any Mental Health Act managers encountered issues which could affect their ability to make an informed decision or that may raise wider concern. A summary of three issues that had recently been raised was presented, with the Committee receiving assurance that these matters had been investigated and mitigating actions put in place.

The Committee received a revised Mental Health Act Managers’ policy which had been amended to include guidance on the Coronavirus Pandemic. The changes were endorsed.

REVIEW OF LEGAL UPDATES

The Committee received a summary of the legal guidance received from NHS England for mental health services during the Coronavirus pandemic. The guidance had been shared with the Operational Group. The only changes to normal practice were how the hearings and tribunals were carried out, with them no longer being in person.

UPDATE ON AMHP COVER

Key points to note:

- AMHP Referrals for consideration of a Mental Health Act assessment in the 6 months between May and October have increased on average 45% compared to the same period in 2019
- 85% of these referrals were accepted for a MHA assessment (15% are diverted). No change compared to 2019.



- Assessments continue to be spread evenly between community assessments (patients home, supported accommodation, residential setting and custody suite), inpatients (WLH, CLC, GRH, CGH) and s136 assessments at the Maxwell Centre.
- Of the 854 MHA assessments completed between May and October only 42 were admitted informally immediately following MHA assessment (may later have been referred and detained). This accounts to only 4.9% of all admissions being informal during this period. Suggestion that this reflects the acuity of mental disorder seen during Covid/lockdown
- Increase in s136 activity - return to 2017 numbers when detentions were at their peak- theme of no contact by police prior to using powers of detention
- Increase in detentions following s136 assessment to 33% compared to 20% in 2019.

A paper had been presented at other forums asking for further support in order to maintain the on call system for AMHPs. There was an issue with there not being an operational policy in place to support how the on call AMHPs were paid. GHC's on call payment policy was only applicable to band 8s and above, whereas the AMHPs working within the hub were band 7s. It was noted that the issue had been raised with HR and suggested revisions to the on-call policy made.

COMPLEX CHILDREN AND YOUNG PEOPLE CASES AND USE OF MHA

This report provided an update to the Committee on the use of the Mental Health Act for Children and Young People under 18 within Gloucestershire from 1st September 2019 – 31st August 2020.

Issues had been identified regarding young people having been subjected to more than one assessment, with some patients being subjected to 9 separate assessments. In terms of outcomes; only a quarter had been detained under the Mental Health Act. This therefore demonstrates that the Mental Health Act was not necessarily applicable. There were no tier 4 beds available in Gloucestershire, and currently there were 7 young people in tier 4 beds out of county.

Work was underway in order to obtain an understanding of patients' journeys and experiences within the system.

WESSELY REPORT UPDATE

The Committee received a verbal update on the Wessley Report, noting that the work to address the recommendations had been delayed slightly due to Covid. However, a routine meeting was now in place with Trust and commissioning colleague to ensure focus, and a deep dive of BAME cases to understand service access and themes would be carried out. A focus on choice, and autonomy through the use of personalised care training and scoping/trial of peer workers roles in mental health teams would commence from Q4 onwards (subject to the impact of Covid).

MENTAL HEALTH ACT ACTIVITY 2012 - 2020

The Committee received the Mental Health Act Activity Report which highlighted trends and provided benchmarking data. There was an upwards trend in the use of some sections of the Mental Health Act, especially sections 2 and 3, although numbers had recently dipped. There had been an upwards trend of direct admissions on section, with a corresponding downwards trend of detentions after informal admission. It was also reported that there had been a disproportionately higher use of the Mental Health Act with people of BAME background and this also included CTOs. The numbers were, however, low and were spread across a number of different ethnic groups.

RE-APPOINTMENT OF MHA MANAGERS

The Committee noted the reappointment of two Mental Health Act Managers. Mental Health Act Managers were appointed for a term of 3 years, for a maximum period of 12 years. In the previous few months, 2 of the managers' appointments had ended. The managers had completed the required peer review process and it was noted that this was completed to a high standard. The Committee fully supported the reappointment of both managers for a further 3 years and would present this proposal for reappointment to the Board at its next meeting for endorsement.



with you, for you



ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of this summary.
- **Endorse** the reappointment of 2 MHAMs (*Note: The Board endorsed these reappointments via a verbal report at its September meeting*)

DATE OF NEXT MEETING

18 November 2020 (Verbal summary to be provided at the November Board)