with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

TRUST BOARD MEETING

PUBLIC SESSION

Thursday, 27 January 2022

10:00 – 13:00

To be held via Microsoft Teams

AGENDA

TIME	Agenda Item	Title	Purpose		Presenter
Opening Business					
10.00	01/0122	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/0122	Declarations of interest	Assurance	Verbal	Chair
10.05	03/0122	Service User Story Presentation	Assurance	Verbal	DoNTQ
10.25	04/0122	Draft Minutes of the meetings held on 25 November 2021	Approve	**Paper**	Chair
	05/0122	Matters arising and Action Log	Assurance	**Paper**	Chair
10.30	06/0122	Questions from the Public	Assurance	**Paper**	Chair
Covid and Winter Pressures					
10.35	07/0122	Covid Programme Report	Assurance	**Presentation**	DoNTQ/DoSP
10.50	08/0122	Covid BAF	Assurance	**Paper**	HoCG
Performance and Patient Experience					
10.55	09/0122	Performance Report	Assurance	**Paper**	DoF
11.15	10/0122	Quality Dashboard Report • Annual National Patient Survey Results	Assurance	**Paper**	DoNTQ
11.30 – BREAK – 10 Minutes					
11.40	11/0122	Finance Report	Assurance	**Paper**	DoF
11.50	12/0122	System Finance and Planning Update	Assurance	**Presentation**	DoF
Strategic Issues					
12.00	13/0122	Report from the Chair	Assurance	**Paper**	Chair
12.05	14/0122	Report from Chief Executive	Assurance	**Paper**	CEO
12.10	15/0122	Green Plan	Approve	**Paper**	DoSP
12.20	16/0122	Working Together Plan	Approve	**Paper**	DoSP
12.30	17/0122	Southgate Mooring Lease Update	Approve	**Paper**	DoF

NOTE: Items below this line will be reported by exception only.
Board Members are requested to raise any questions relating to these items, to the Assistant Trust Secretary in advance of the meeting.

Governance					
12.40	18/0122	Covid Governance Arrangements	Information	**Paper**	HoCG
12.45	19/0122	Great Place to Work Committee TOR	Approve	**Paper**	HoCG
Board Committee Summary Assurance Reports					
NOTE	20/0122	Charitable Funds Committee (8 Dec)	Information	**Paper**	CF Chair
NOTE	21/0122	Great Place to Work Committee (13 Dec)	Information	**Paper**	GPTW Chair
NOTE	22/0122	Resources Committee (23 Dec)	Information	**Paper**	Resource Chair
NOTE	23/0122	Quality Committee (6 Jan)	Information	**Paper**	Quality Chair
Closing Business					
12.50	24/0122	Any other business	Note	Verbal	Chair
13.00	25/0122	**Date of Next Meetings** **Board Meetings 2022** Thursday, 31 March Thursday, 26 May Thursday, 28 July Thursday, 29 September Thursday, 24 November	Note	Verbal	All

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AGENDA ITEM: 04/0122

MINUTES OF THE TRUST BOARD MEETING

Thursday, 25 November 2021

Via Microsoft Teams

PRESENT:
Ingrid Barker, Trust Chair
Steve Alvis, Non-Executive Director
Sandra Betney, Director of Finance
Steve Brittan, Non-Executive Director
Clive Chadhani, Non-Executive Director
Marcia Gallagher, Non-Executive Director
Helen Goodey, Director of Locality Development and Primary Care
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
John Trevains, Director of Nursing, Therapies and Quality
Amjad Uppal, Medical Director

IN ATTENDANCE:
Sarah Birmingham, Deputy Chief Operating Officer
Graham Hewitt, Trust Governor
Anna Hilditch, Assistant Trust Secretary
Bob Lloyd-Smith, Healthwatch Gloucestershire
Kate Nelmes, Head of Communications
Juanita Paris, Trust Governor
Sonia Pearcey, FTSU Guardian (Item 9)
Lavinia Rowsell, Head of Corporate Governance/Trust Secretary

1. WELCOME AND APOLOGIES

1.1 The Chair welcomed everyone to the meeting. Apologies had been received from Hilary Shand.

1.2 Ingrid Barker welcomed Clive Chadhani to his first Trust Board meeting. Clive had been appointed as a new Non-Executive Director from 1 October 2021.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. SERVICE USER STORY PRESENTATION

3.1 The Board welcomed colleagues from the Trust's School Nursing team and Young Minds Matter, who were in attendance to tell "Nathaniel's" story.

3.2 Sally Chapman, School Nursing Team Leader introduced this item by providing a presentation setting out the key role of the school nurses. The school nurses work in geographic teams where referrals are triaged, prioritised and allocated

according to need. Some of the services provided include School entry screening, parenting support at School Nursing Hubs, drop ins at every secondary school and continence clinics. In terms of multi-agency work, the Board noted that weekly triage meetings took place with Young Minds Matter, Teens in Crisis, CAMHS and Early Help.

3.3 Sally Chapman spoke to the Board about Nathaniel. Nathaniel was referred to the School Nursing Team following some concerns around his mood and mental health after being bullied. His mother had reported that Nathaniel was having suicidal thoughts, self-harming behaviours and some sensory challenges. The School Nurse referred Nathaniel to Young Minds Matter and Occupational therapy for additional support. Nathaniel received a follow up by the School Nurse at a drop in session after he had started seeing colleagues from Young Minds Matter, and he shared that the support he had received from them had been really positive and it was helping him to process what had happened to him. The Board were presented with testimonials from both Nathaniel and his mother who spoke about the services they had received and how valuable the support had been. In concluding, Nathaniel's mother said:

"The school nursing team have supported our son, Nathaniel, and us as a family, having provided transformative actions that have had such a meaningful and positive impact on our son's life and ours as a family, probably more than the staff themselves even realise!

Thank you all so very much, as we know it isn't just the people we see, as amazing as they are, but a whole team effort behind goes into such brilliant services.

Keep doing what you do! You cannot save the world, but you are most definitely making an incredible difference and improving the lives of children and families, for those that sometimes suffer greatly in it."

3.4 Paul Roberts thanked Sally Chapman, Nicola Watt, Beccy Brown and Emma Wright for providing this presentation, which truly demonstrated the values of the Trust in action.

3.5 Sarah Birmingham welcomed the integrated approach and the wrap around care package that had been put in place for Nathaniel and his family. She offered to speak to Sally and colleagues outside the meeting to look at developing personalised care plans and using these elsewhere, with this as an excellent example.

3.6 Graham Russell noted that the family in this story were very supportive of the care pathway recommended; however, this was not always the case and asked whether there were links in place with social services. Sally Chapman said that safeguarding was key and the team had access to the safeguarding response line and could seek multi-agency guidance. Beccy Brown added that building relationships with families was vital, and the team sought to offer parental support if it was felt that this could be having an impact on the child.

3.7 Amjad Uppal thanked colleagues for their presentation. He said that bullying appeared to be a key factor in Nathaniel's story. He said that as a psychiatrist, he rarely saw patients who hadn't suffered from bullying in their early years and

there was more that needed to be done. He asked the Team whether they felt that the school had dealt with the situation as well as they could have. Beccy Brown said that Nathaniel had been bullied by his peers but also by an adult working at the school. This had had a huge impact on him, and it was not thought that the concerns were addressed as they should have been at the time. She said that Young Minds Matter did offer teacher training on bullying and mental health as it was a real concern.

3.8 Clive Chadhani asked whether the Teams had adequate resources to deliver the services. Sally Chapman said that there were waiting lists, specifically for CAMHS services with most young people requiring emotional support. Emma Wright added that the service would triage patients within 4 weeks; however, the waiting list for treatment was currently 14 months.

3.9 The Board thanked colleagues for attending and presenting this story which really did demonstrate some excellent joined up working between physical and mental health services.

4. MINUTES OF THE PREVIOUS BOARD MEETING

4.1 The Board received the minutes from the previous Board meeting held on 30 September 2021. 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 progressing to plan. 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. No further questions were raised at the meeting.

7. PERFORMANCE DASHBOARD

7.1 Sandra Betney presented the Performance Dashboard to the Board for the period October 2021 (Month 7 2021/22). This report provided a high-level view of key performance indicators (KPIs) in exception across the organisation.

7.2 The movement of RAG (Red Amber Green) recovery statuses were noted. Diabetes Nursing, Cardiac Rehabilitation, Complex Psychological Intervention (CPI) service, Mental Health Individual Care Management Service (MHICMS), Accommodation services, Assertive Outreach Team and Mental Health Schools Team have improved their RAG rating in the period. New services requiring increased support include Respiratory Specialty Service and Post-Covid Service. Sandra Betney informed the Board that the recovery information within the report was an extract and provided assurance that the full report was considered in detail at the Business Intelligence Monitoring Group and the Executive Team meetings.

7.3 Jan Marriott noted that the Post-Covid service had changed from a green to a red rating. Sandra Betney informed the Board that there were concerns for the service function with a time lag for recruitment and changeable purpose and

function of the service. Funding was due to end in the next financial year and no longer terms plans were in place. The Board was asked to note that the service provided by GHC was an assessment service only, not a treatment service.

7.4 At the end of October, there were 9 mental health key performance thresholds and 9 physical health key performance thresholds that were not met. It was noted that all of these indicators had been in exception previously within the last 12 months. The Eating Disorder Services accounted for five indicators, with the service continuing to face major performance challenges due to a high number of referrals and high vacancy rate. Of the Physical health indicators within exception, six were within children's services.

7.5 In relation to the Trust wide indicators, the Board was asked to note that there were 3 Workforce indicators in exception this month. Positively, Mandatory Training was now at 88%. Excluding bank staff, compliance was at 93% which is above the 90% threshold. Neil Savage advised however that there continued to be huge operational challenges in releasing staff to carry out their training.

7.6 Neil Savage informed the Board that sickness absence had slowly increased over the past few months, and this was a similar picture nationally. This would have an impact on the Trust's recovery and interventions were therefore being considered.

7.7 Graham Russell noted the six children's services indicators in exception and asked how the Trust was looking to improve this performance, noting that every case was an actual person, reflecting on the earlier Patient Story presentation. Sarah Birmingham said that the continued demand on services had limited the traction of the recovery plan. The Trust was working with commissioners and a model for the service had been developed and recruitment to new posts within the teams was underway. There would also be more investment in senior clinical posts.

7.8 A high-level timetable developed from the recent Measuring What Matters Board Seminar in June 2021 had now been integrated into the Performance Dashboard. This would allow for periodic business intelligence development monitoring. Marcia Gallagher congratulated Sandra Betney and the BI Team for the progress made in developing and integrating the measuring what matters plan.

7.9 Sandra Betney informed the Board that there was a Covid related backlog in the Memory Assessment Service; however, the time to diagnosis wait was reducing. It was noted that this service was not included in the Mental Health Investment Standard so therefore no funding had been allocated from that to support the service.

7.10 Sumita Hutchison asked about the key themes being reported that had been impacting on performance. Sandra Betney said that much of this detail was included as the performance and recovery sections of the report mirrored each other. Many services were still moving along the recovery pathway. Staffing was a key challenge with vacancies and sickness absence. More non-recurrent funding for posts would not necessarily help as it was not possible to recruit into

vacancies quickly enough. Sarah Birmingham informed the Board that the demand for services, but also the presentation of patients had changed. The Trust had received surges for referrals, in children's services particularly during the school closures, with referral rates increasing for eating disorder services, Speech and Language and CAMHS. The Trust's workforce was modelled on the demand for services pre-Covid, which needed to be taken into account.

8. QUALITY DASHBOARD

8.1 This report provided an overview of the Trust's quality activities for October 2021. It was noted that key data was reported under the relevant CQC Domains – caring, safe, effective, responsive and well-led.

8.2 John Trevains informed the Board that overall, the report demonstrated that some fantastic and dynamic work was being carried out and high-quality services were being delivered. The October dashboard included the detail of the proactive Non-Executive Director Quality Visits in addition to the most recent reporting for the Trust 2021/22 quality priorities. It was encouraging to note that all were progressing well with targets being met within the agreed timeframes, with additional input being provided to support those plans that require further development to achieve the in-year targets. The Board noted that this month's dashboard included the Quarter 2 Guardian of Safe Working Report, and it was pleasing to report that no exceptions had been reported. The Quarter 2 Non-Executive Director Audit of Complaints report was also included in this Dashboard and the audit provided good assurance that overall, the Trust is investigating and responding to complaints appropriately.

8.3 The report highlighted those Quality issues for priority development to the Board:

- Ongoing Trust recovery continues to address waiting times and backlogs. Good assurance work has been undertaken to assure the quality of a range of smaller yet vital physical health nursing/therapy services, such as Diabetes and Lymphoedema and the output of this work will be reported to the next Trust Quality Committee.
- Recruitment and retention within key service critical areas remains a significant challenge. The Code 3 & 4 safe staffing exceptions in mental health services reported this month were as a result of unexpected additional clinical need requirements unable to be filled by bank or agency. All immediate patient needs were met in order to maintain safe care. Senior colleagues continue to support recruitment and retention recovery work. Additional support work has also commenced for Integrated Community Teams regarding increasing demand and staffing pressures.
- Work on the development of appropriate alternatives to support capacity within adult mental health inpatients continues. Improvements can be noted as reflected in the continued reduction in out of area bed usage this month.
- CPA compliance recovery remains an area of priority and will continue to be supported by NTQ colleagues with associated scrutiny and reporting via the Quality Assurance Group. Workforce issues and acuity and dependency of the Recovery Team caseloads continue to impact the improvement plan overseen by the Operations Directorate.

8.4 The Quality issues showing positive improvement

- It is encouraging to see the progress made within the complaint's planned recovery work. The number of complaints received in October reduced to 5 which is the lowest number recorded in an individual month this year. The recovery plan aims to have no 6+ months outstanding complaints by the end of December 2021. At time of reporting the Trust had a further improved position regarding open complaints of 66.
- For the fifth successive month there has been a reduction in the number of pressure ulcers that have worsened or developed under our care.
- NED quality visits have fully recommenced following the 'pause' during Covid-19 with visits being planned for the remainder of the financial year.

8.5 Jan Marriott said that it was very encouraging to note that the occupied bed days for "inappropriate" out of area Mental Health placements in October had decreased to 31 days which related to 1 patient. Given the current challenges this was really good news.

8.6 In light of a recent national news story, Jan Marriott said that it would be helpful for the Board to receive an update on Berkeley House Assessment and Treatment service, specifically in relation to length of stay, admissions and discharges. It was agreed that more of a focus on learning disability services at the Board would be welcomed by way of providing assurance. John Trevains agreed to organise a briefing for the Board. **ACTION**

8.7 Marcia Gallagher asked about the current percentage of staff who had received an annual appraisal and what the likely trajectory for this would be. John Trevains advised that the Trust was currently performing at 76%. He said that the position would continue to be monitored but it was hoped that a gradual improvement would be seen. However, the winter months would be a challenge given the huge operational pressures. The Board was asked to note that appraisal performance would never reach 100% due to exceptions such as long-term sickness and maternity. Sarah Birmingham informed the Board that the recent Operational Meeting had focussed on appraisals and the importance of these, as it was felt that they were integral to organisational recovery. She advised that all directorates would receive a list of those appraisals outstanding and would be asked to ensure that meetings were booked within 6 weeks to carry these out, with very clear reasons for non-compliance being set out.

8.8 In relation to Safe Staffing, John Trevains assured the Board that the Trust never had staffing below safe levels. The Trust worked very hard to maintain this position. Work was being carried out with operational colleagues to review safe staffing levels in inpatient units, utilising the best practice survey tools for physical health and mental health services.

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

9. FREEDOM TO SPEAK UP REPORT

9.1 Sonia Pearcey, Freedom to Speak Up Guardian was in attendance to present her six-monthly update report to the Board. This report for Q1 & Q2 2021/22 provided an overview of the cases, national and regional updates and the proactive work undertaken by the Freedom to Speak Up Guardian.

9.2 18 cases were raised in Q1 and 15 in Q2, with a total of 33 cases for the first six months of 2021-22. It was noted that in 2020-21, a total of 120 cases were raised through the Freedom to Speak Up route, an increase of 74% on 2019-20. In 2020-21 Nurses accounted for the biggest portion (32%) of speaking up cases raised through the Freedom to Speak Up route. For Q1 & Q2 Nurses accounted for 18% followed by Doctors/Dentists at 12%, with anonymous reporting through the Work in Confidence portal at 24%. It was noted that the anonymous reporting figure remains higher than the national figure of 11.7% however, Sonia Pearcey advised that GHC was one of the few Trusts to have an anonymous reporting portal which accounted for the higher number of cases.

9.3 A positive speaking up culture is reflected nationally in the People Plan and People Promise, and locally in our strategic commitments to High Quality Care and Great Place to Work. It is a core component in our health and wellbeing offer to colleagues and in our “Strong Voice” commitment to colleagues within our new People Strategy. Since the last reporting period the Quality Strategy has been launched within the organisation to “Develop a just culture which promotes safety through supporting people to speak up”.

9.4 The Board noted that 12% of all colleagues who spoke up declared a protected characteristic, disability 6% and BAME 6%. Those colleagues that indicated that they have suffered detriment from Speaking Up who shared a protected characteristic is 50%. Further work was being carried out to review the FTSU process as feedback via the People Pulse survey had indicated that colleagues didn’t always feel confident that concerns raised via this route remained confidential.

9.5 The Board noted that progress continued to further improve the speaking up culture within the organisation and information was included within the report highlighting recent FTSU events, development programmes and network meetings attended by the FTSU Guardian.

9.6 Sonia Pearcey informed the Board that the National Guardian’s Office had recently published their Strategic Framework. The strategic direction of the National Guardian’s Office is to build on those improvements and to ensure that speaking up arrangements work consistently well. There is now a network of over 700 Freedom to Speak Up Guardians supporting nearly 500 organisations. Universal principles for creating a speak up, listen up, follow up culture, and implementing the Freedom to Speak Up Guardian role, will promote consistency and support the development of a more integrated healthcare system. The Strategic Framework also sets out the intention of the National Guardian’s Office to obtain greater assurance about speaking up cultures and the quality and consistency of how the Freedom to Speak Up Guardian role is implemented.

9.7 The National Guardian’s Office commissioned research looking at people’s experiences of accessing their Freedom to Speak Up Guardian. On reviewing

the highlights from the anonymous survey conducted at GHC, Sandra Betney made reference to "73.9% of all respondents strongly agreed or agreed that the Freedom to Speak Up Guardian understood their issue". It was queried whether that meant that 26.1% had felt that the Guardian had not understood their concerns. Sonia Pearcey advised that the survey was open for all Trust colleagues to complete, not just those who had used the Speak Up process but she offered to seek further clarity on this point. **ACTION**

9.8 The Board noted this report and the assurances provided that speaking up processes are in place and remain open for colleagues to speak up, and that speaking up processes are in line with national requirements. It was noted that this report would also be received at the next Great Place to Work Committee.

10. PATIENT SAFETY REPORT – QUARTER 2 2021/22

10.1 The Board received the Quarter 2 Patient Safety Report which provided high level information with regard to patient safety incidents reported through the Trust's Datix Incident Reporting System.

10.2 The report provided a summary of all Patient Safety incidents reported in the last rolling four quarter period which had seen a quarter-by-quarter reduction in the total number of incidents, with the reductions being consistent across the harm categories. The patient safety team aim to review at least 10% of the *no and low harm* incidents and this had been achieved for the third consecutive quarter.

10.3 There were 6 serious incidents (SIRIs) reported in Q2 – 3 in Physical Health and 3 in Mental Health services.

10.4 The patient safety team had supported the progression of an investigation into an incident that was reported to the Information Commissioners Office (ICO). This has now been closed by the ICO with no further action required.

10.5 The Board noted that the MIIUs had seen a number of incidents reported regarding events associated with missed fractures. A deep dive had been carried out and a peer review is to take place, which would be reported through governance channels as the approach and review take place. Angela Potter asked whether this related to links/communication with GHT or the ability of staff to read x-rays. Amjad Uppal advised that this would be known following the peer review and agreed to keep the Board informed of when the outcome was expected.

10.6 Marcia Gallagher noted the number of Falls reported at the Dilke Hospital and suggested that this looked high given the number of beds at the hospital. Amjad Uppal agreed to seek additional information for Marcia Gallagher to provide assurance. **ACTION**

10.7 The Board noted that the patient safety team were working with colleagues from Business Intelligence to understand the metrics that are available and to triangulate data in order to develop reporting processes. The Board welcomed

the additional information included in the report, namely the inclusion of bed numbers which provided context for the data presented.

11. LEARNING FROM DEATHS REPORT – QUARTER 2 2021/22

11.1 The Board received the Learning from Deaths report which provided information about the mortality review process and outcomes found during Quarter 2 2021/22.

11.2 During the quarter there were 135 patients who died whilst receiving care from Gloucestershire Health and Care NHS Foundation Trust (GHC) whilst either a physical health inpatient or in the care of our mental health or learning disabilities services. The Board was asked to note that none of these deaths were judged likely to have been due to problems in the care provided by the Trust.

11.3 The report provided the Board with an analysis and breakdown of patient deaths by location (physical health, mental health or learning disability) and cause of death. The report had been received at the Quality Committee and further analysis had been requested focusing on the deprivation index as an additional comparator.

11.4 The Board noted the Learning from Deaths Report, including the feedback from the Medical Examiner and was assured by the work taking place.

12. FINANCE REPORT

12.1 The Board received the month 7 Finance Report for the period ending October 2021.

12.2 The Gloucestershire ICS has been given a funding envelope for the second half of the financial year (H2) which is being spilt between the partners. The Trust has a H2 plan of break even and the Trust's position at month 7 was a deficit of £33k. The Trust is forecasting a H2 position of break even.

12.3 The cash balance at month 7 was £56.0m, a decrease of £3.4m on last month.

12.4 Capital expenditure was £3.208m at month 7 against a full year 2021/22 Capital plan of £15.493m. Sandra Betney advised that the capital plan had been updated to take account of some of the mitigations discussed in relation to the FoD Business Case, for example early ground works.

12.5 The Trust had spent £1.212m on Covid related revenue costs between April and October.

12.6 The Board noted that the Trust was owed £38,916.30 by Misco (UK) Ltd which went into liquidation in 2017. The Trust has received a final dividend from the administrator of the firm and will not receive any further payments. In accordance with SFIs the Board was asked to approve the write-off of the outstanding balance. There would be no impact on the I & E position as the Trust has a provision to cover this loss. This write-off was approved.

12.7 Better Payment Practice performance for 2021/22 has improved through the year. The dip in achieving the 95% target will continue whilst the Trust focuses on a continued effort to pay older and problematic invoices. During the financial year the Trust has paid 73% of invoices by value within 7 days and 87% within 30 days.

12.8 The Board was asked to note that the risks to achieving the 2021/22 financial position had significantly reduced, and the huge achievement by Trust colleagues in identifying CIPs, given the challenging year was recognised.

12.9 The Board noted the Finance Report for month 7 and once again thanked Sandra Betney and the Finance Team for steering the Trust through these challenging and uncertain times.

13. CHAIR'S REPORT

13.1 The Board received the Chair's Report which highlighted the activity of the Trust Chair and Non-Executive Directors since the previous meeting of the Board in September. 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 the Trust is heard locally and nationally to ensure the needs of our community are understood and inform policy and practice.

13.2 Ingrid Barker informed the Board that the Council of Governors at their November meeting had approved the reappointment of Sumita Hutchison as a Non-Executive Director for a second term from 14 January 2022.

13.3 The Board noted that the interviews for the Gloucestershire ICS Chief Executive had now taken place and Mary Hutton had been appointed as CEO Designate. Five ICS NED positions were currently out to advert, and it was planned that the interviews would be taking place before Christmas. Steve Alvis asked about the timescales for the Executive appointments. Paul Roberts advised that a lot of discussion was still taking place around the shaping of these roles but no final decision on timescales for appointments had been made. The Board would be updated once this information was made available.

13.4 Ingrid Barker had chaired a systemwide Summit on Children's Services. A copy of the outcome report had been circulated to Board members and people were encouraged to read this.

13.5 The Trust would be holding its Better Care Together Awards on 1 December. The awards ceremony would be taking place via MS Teams at 6.30 – 8.00pm and everyone was invited to attend.

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

14. CHIEF EXECUTIVE'S REPORT

14.1 Paul Roberts presented this report which provided an update to the Board and members of the public on his activities and those of the Executive Team since the last meeting in September.

14.2 Covid had continued to be a key focus, however, a reduction in numbers had been seen following a peak in cases. One Covid patient had been identified within inpatient mental health services and colleagues were congratulated for managing the situation and preventing further infection. The pressure on services and system flow remained a challenge, namely getting patients through inpatient services out into Reablement services. Paul Roberts paid tribute to Trust colleagues who were working under huge pressure. Concerns were being raised at regular meetings with MPs as awareness of the pressures being faced by front line staff at government level was needed.

14.3 A system review by the CQC on Emergency and Urgent Care services was currently underway. Gloucestershire was one of the first ICSs in the country to receive an inspection of this nature.

14.4 Vaccination work continued, and the Trust was involved with the Covid vaccination programme for 12-15 year olds. It was noted that 68% of pupils in this age group had now been offered a vaccination, however, the take up rates were low with only 34%. The vaccination equity work continued, and this would be an intensive piece for work for the months to come.

14.5 Paul Roberts asked Board members to note that Hilary Shand, Acting Chief Operating Officer and Margaret Dalziel, Acting Deputy Chief Operating Officer would both be leaving the Trust in December and January respectively. Huge thanks were given to both colleagues who had joined the Trust to lead on operational work at such an intensively challenging time. Huge progress had been made in that time under their stewardship. David Noyes, Chief Operating Officer would be commencing in post early in January 2022.

14.6 Board members were also made aware that Alison Curson and Linda Gabaldoni would be retiring over the coming months. It was pleasing to note that some excellent new appointments had been made within the NTQ senior team, with Sarah Birmingham appointed as Chief AHP, Sally King as the Associate Director of Patient Safety and Grace Johnson who would replace Alison Curson. The Board wished Alison and Linda well for the future.

15. COMMUNITY MENTAL HEALTH TRANSFORMATION

15.1 The purpose of this report was to provide an update and overview to the Trust Board on the Community Mental Health Transformation Programme.

15.2 The Community Mental Health Framework for Adults and Older Adults was released in September 2019 and laid out the core building blocks to develop a more integrated approach for those people who experience a range of long-term severe mental illnesses. It aims to eradicate the historic thresholds for service access for example into eating disorders and services to support those with complex mental health difficulties particularly associated with a diagnosis of personality disorder.

15.3 The One Gloucestershire system developed its Community Mental Health Transformation (CMHT) plan in July 2021 which has enabled the opportunity for a fundamentally different approach to developing new integrated services. This is a system wide change programme and includes not just GHC as a statutory provider of mental health services, but all partners and stakeholders

including those services provided by voluntary and third sector providers and within primary care settings. The whole programme is developed with a clear commitment to co-production and full involvement of service users, carers, experts by experience and wider stakeholders.

15.4 A Programme Board has been established chaired by GHC's Chief Executive Paul Roberts, which reports into the Integrated Care System Executive. Sitting alongside the programme board is a People's Representative Action Board which is facilitated by our Voluntary Community Sector partners and Inclusion Gloucestershire and chaired by and attended by Experts by Experience and third sector representation.

15.5 The programme is designed around a number of workstreams and underpinning drivers. Fundamentally the focus is on health inequalities; physical health; prevention as well as access to care and treatment; accommodation; employment and social care; all of which are significant determinants of health and wellbeing.

15.6 The Board noted that there will be a replacement of the traditional Care Programme Approach to introduce new alternative assessment and care management frameworks creating more individualised programmes of support. There will be a universal 4 week wait target and activity targets will be increased and refreshed.

15.7 Graham Russell said that this was a fundamental agenda for GHC and there would be a real shift and a great opportunity to reshape services and to develop new relationships by way of alliances and collaboratives. Ingrid Barker advised that there was a real passion and energy from colleagues around this transformation work. Paul Roberts said that there was a supportive commissioning culture around mental health, and this was an opportunity to be dynamic and exciting.

15.8 A future Board session to focus on and explore the CMH Transformation programme in more detail would be scheduled in once work developed.

16. INTEGRATED CARE SYSTEM UPDATE

16.1 This paper provided an overview of a range of activity taking place across the Integrated Care System, including:

- Meetings with Health Overview and Scrutiny Committee on the 12th and 28th October
- Overview of the Health and Wellbeing Board meeting
- Gloucestershire's Safeguarding Adults Annual Report
- Race relations commission deep dive activities into workforce and diabetes
- Activity continuing across the six Integrated Locality Partnerships
- Update on various engagement activities that have taken place

16.2 Trust colleagues had been invited to join the newly configured Gloucestershire Criminal Justice Board. Chaired by Chris Nelson - Police and Crime Commissioner, this forum will focus on a wide range of cross organisational issues. The inaugural meeting considered which agencies should be involved and suggestions were made to reach out to the Gloucestershire Housing

Partnership Board. The meeting discussed the strong links with our community mental health transformation programme and the development of the community forensic services and also considered the domestic abuse needs assessment that had been completed. Board members welcomed this update, noting that it was great to see this work moving forward.

16.3 The Gloucestershire Safeguarding Adults Board (GSAB) have released their annual report for 2021. It outlines the work undertaken to deliver on the final year of the priorities that were set out in the 3-year strategic plan 2018-2021. In addition, it outlines the consultation work that was undertaken in 2021 to begin the work to develop the next three year plan which included engagement with other Boards and partners including the voluntary and community sector. The Trust's own work in this area has also been highlighted in the report demonstrating the Trust's ongoing commitment to this agenda.

16.4 The Board noted the content of this report, welcoming the breadth of coverage and the overview of a wide range of initiatives.

17. BOARD ASSURANCE FRAMEWORK

17.1 The purpose of this report was to provide assurance to the Board on the management of the Trust's strategic risks and provide further information on the risk controls, assurances and mitigating actions in place.

17.2 Risk 4: Recruitment and Retention – The Board noted that this risk had received particular focus during the recent round of governance committees given the challenging national picture and how highly workforce risks feature across the services. In response, this risk was the subject of a deep dive by the Executive Team on 16 November 2021 at which, detailed consideration was given to the current status of the risk and any additional controls or mitigating actions that could be put in place. The BAF has been updated to reflect these discussions and additional mitigating actions agreed, including an end-to-end review of the recruitment process which will be supported by the Quality Improvement Team and report in Q4.

17.3 Sumita Hutchison referred to the definition of the risk, and a conversation took place as to whether this was a risk or an issue. Many of the challenges and pressures identified were already happening and Sumita therefore questioned whether the likelihood of the risk should be increased to a 5, rather than a 4. The Executive had given detailed consideration to the current risk rating (16) and whether this remained appropriate in light of forthcoming winter pressures. Current and proposed mitigations were discussed including progress with filling vacancies and the additionally resourced new roles within the recruitment team, the introduction of the TRAC recruitment system by Easter 2022, and the proposed recruitment process review. In addition, it was agreed that there was enough mitigation in the system as part of the recovery and surge planning processes to ensure that services were not interrupted. It was recommended that the risk rating should not be increased at the current time but should continue to be closely monitored.

17.4 The Board noted this report and agreed the risk rating applied to Risk 4: Recruitment and Retention, noting that this would continue to be reviewed, with

the oversight of all workforce related risks now moving to the new Great Place to Work Committee.

18. USE OF THE TRUST SEAL – QUARTER 1 & 2 2021/22

18.1 This item was deferred to the next meeting.

19. MINUTES FROM THE COUNCIL OF GOVERNORS MEETING – SEPT 2021

19.1 The Board received and noted the minutes from the Council of Governors meeting held on 8 September 2021.

20. BOARD COMMITTEE SUMMARY REPORTS

20.1 Mental Health Legislation Scrutiny Committee

The Board received the summary report from the MHLS Committee meeting held on 20 October 2021.

Following a series of performance reviews, the Board noted that four MHA Managers had been recommended for reappointment for a period of 3 years from 1 November 2021. The managers reappointed were Barbara Nurse, Gill Pyatt, Anthea Foden and Libhin Bromley. In addition, a new MHAM application had been received from Maria Bond, former Non-Executive Director. The Board fully endorsed the 4 reappointments and the new appointment of Maria Bond.

The Committee received a verbal update on the consultation on the reforms to the MHA White Paper. A Task and Finish Group (Mental Health Operational Group) had been established in which discussions on the implications of the changes to the MHA were being discussed. There will be specific information on what additional staff is needed to meet the requirements and the risks arising from the reforms.

The Committee received an update on AMHP activity and agreed the importance of the MH triage car, noting the reduction in its operational time as compared to pre-pandemic levels. An increase in operational time could have a positive impact on the number of S136 detentions.

20.2 Great Place to Work Committee

The Board received and noted the summary report from the first meeting of the Trust's newly established Great Place to Work Committee held on 21 October 2021.

The Committee had welcomed colleagues to the meeting to talk about the Trust's Apprenticeship programme and had shared the fantastic news that at the recent Gloucestershire Apprenticeships Awards; the Trust had won five awards, including overall apprentice of the year and Employer of the Year.

20.3 Forest of Dean Assurance Committee

The Board received and noted the summary report from the FoD Assurance Committee meeting held on 26 October 2021.

A verbal report from this meeting had been presented to the Board at its extraordinary meeting on 3 November. The Board noted that planning permission was still awaited from the Council.

20.4 Resources Committee

The Board received and noted the summary report from the Resources Committee meeting held on 2 November 2021.

The Committee had received a presentation on the Trust's Green Plan which would be presented for approval at the January Board meeting. The Resources Committee had also received the Southgate Moorings Lease Negotiations, which sought the support of the Committee in negotiating the extension of the lease at Southgate Moorings; ahead of seeking approval of the Trust Board. The Committee supported an extension to the existing Southgate Mooring lease being negotiated in line with the recommendations detailed within the paper.

20.5 Quality Committee

The Board received and noted the summary report from the Quality Committee meeting held on 4 November 2021.

The Committee welcomed Steve Holmes and Victoria McCuaig to the Committee who shared a presentation on Home First, reablement. The strategy was to get people out of hospital and also offering alternative care to avoid admittance into hospital. The Committee recognised the great and inspiring work taking place.

20.6 Appointments and Terms of Service Committee

The Board received and noted the summary report from the ATOS Committee meeting held on 9 November 2021.

20.7 Audit & Assurance Committee

The Board received and noted the summary report from the Audit & Assurance Committee meeting held on 11 November 2021.

A Board Seminar on Counter Fraud would be held on 12 January 2021 with input from Professor Mark Button, Director of the Centre for Counter Fraud Studies at Portsmouth University. The Board noted that this may be a joint session with Gloucestershire Hospital's Trust Board.

21. ANY OTHER BUSINESS

21.1 There was no other business.

22. DATE OF NEXT MEETING

22.1 The next meeting would take place on Thursday 27 January 2022.

Signed: ……..….. Dated: ……

Ingrid Barker (Chair)
Gloucestershire Health and Care NHS Foundation Trust

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AGENDA ITEM: 05/0122

TRUST BOARD PUBLIC SESSION: Matters Arising Action Log – 27 January 2022

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 No.	Action Description	Assigned to	Target Completion Date	Progress Update	Status
25 Nov 2021	8.6	An update on Berkeley House Assessment and Treatment service, specifically in relation to length of stay, admissions and discharges was requested. It was agreed that more of a focus on learning disability services at the Board would be welcomed by way of providing assurance. John Trevains agreed to organise a briefing for the Board.	John Trevains	March 2022 TBC	Due to current operational pressures consideration will be given to scheduling a session for Board members in due course via the 2022/23 Board Seminar schedule.	
	9.7	On reviewing the highlights from the anonymous survey conducted at GHC, Sandra Betney made reference to "73.9% of all respondents strongly agreed or agreed that the Freedom to Speak Up Guardian understood their issue". It was queried whether that meant that 26.1% had felt that the Guardian had not understood their concerns. Sonia Pearcey offered to seek further clarity on this point.	Sonia Pearcey	January 2022	Survey results reviewed and breakdown as follows: • Agree or strongly agreed = 73.9% • Neither agree or disagree = 17.4% • Disagree = 4.3% • Strongly disagree = 4.3%. No further data on reasons given or narrative available.	
	10.6	Marcia Gallagher noted the number of Falls reported at the Dilke Hospital and suggested that this looked high given the number of beds at the hospital. Dr Amjad Uppal agreed to seek additional information for Marcia Gallagher to provide assurance.	Amjad Uppal	January 2022	Sally King provided a response as follows: Patient safety data shows an increase in the number of falls where the consequence was moderate harm at the Dilke Hospital. Each of these incidents has been through usual patient safety team process where the incident was reviewed and	

Meeting Date	Item No.	Action Description	Assigned to	Target Completion Date	Progress Update	Status
					if further information was required, an initial investigation and meeting were requested and held. The outcome of each incident meeting was that no further action was required. However, given the data and a request from the care teams at the Dilke to consider anything additional that may prevent falls and/or harm the patient safety team will, alongside the care teams and managers, carry out a review that focusses on the delivery of care at the Dilke to those at risk of falls. The scope of this review will now be defined further updates will be provided to QAG through the Patient Safety and Operational Governance reporting processes.	

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AGENDA ITEM: 08/0122

REPORT TO:	**TRUST BOARD PUBLIC SESSION – 27 January 2022**
PRESENTED BY:	Lavinia Rowsell, Head of Governance and Trust Secretary John Trevains, Director of Nursing, Therapies and Quality
AUTHOR:	Lavinia Rowsell, Head of Governance and Trust Secretary
SUBJECT:	**COVID BOARD ASSURANCE FRAMEWORK**

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☑ Information ☑

The purpose of this report is to:

To provide assurance on the management of strategic risk in relation to Covid.

Recommendations and decisions required

The Board is asked to:

- **Discuss** and **confirm** that an additional strategic risk relating to Covid should be included on the Board Assurance Framework (BAF).
- **Confirm** the proposed risk score
- **Note** that if agreed these risks will be reviewed in line with the Risk Management Framework processes.

Executive summary

The Board Assurance Framework (BAF) for 2021/22 was developed to ensure it reflected the Trust's updated Strategic Aims and Objectives and identified areas of strategic risk so that appropriate controls and mitigations could be put in place.

The BAF sets out the Trust's strategic risks that if realised, could fundamentally affect the way in which the Trust exists or operates, and that could have a detrimental effect upon the Trust's achievement of its strategic objectives.

The strategic risk relating to Covid was removed from the BAF in March 2021 following the second wave of the pandemic as activities relating to the Trust's response to Covid were move to a 'business as usual' basis with associated risks included on the corporate risk register. However, given the ever-changing nature of the pandemic and emerging new variants, and the potentially impact on service and patient care, it is recommended to the Board by the Executive Team that a Covid related risk be added to the BAF. This will help to ensure that the Governance Committees and Board are regularly reflecting on the impact of Covid on the organisation.

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

Where has this issue been discussed before?
Executive Team Meeting – 18 January 2022

Report authorised by:	The Executive Team

<table>
<tr><td colspan="3">Strategic Aim:</td><td>ALL STRATEGIC OBJECTIVES</td><td>Board Lead:</td><td>Dir NTQ / COO</td><td>Date of review:</td><td>Jan 22</td></tr>
<tr><td>Risk ID:</td><td>00</td><td>Description:</td><td rowspan="7">Impact of Covid

There is a risk that the impact of Covid-19, placed the Trust's services under increased and unsustainable clinical and operational pressure negatively influences patient care in terms of patient safety, wellbeing and mortality outcomes and limited access to services exacerbated by lower staffing levels.</td><td>Lead Committee</td><td>Board</td><td>Date of next review:</td><td>Feb 22</td></tr>
<tr><td colspan="3">Risk Rating:
(Consequence x Likelihood):</td><td colspan="4" rowspan="2">Relevant Key Performance Indicators: (taken from the Performance Report/ Quality Dashboard)
• Staff vaccination levels
• Community vaccination levels
• Staff sickness
• Turnover
• Pulse survey data
• Staff wellbeing metrics
• Friends and Family Test
• Safe Staffing Levels
• In-patient covid numbers</td></tr>
<tr><td colspan="2">Date Risk Identified/confirmed</td><td>Feb 2020</td></tr>
<tr><td colspan="2"></td><td>Likelihood</td><td>Impact</td><td>Overall</td></tr>
<tr><td colspan="2">Inherent Risk Score:</td><td>4</td><td>5</td><td>20</td></tr>
<tr><td colspan="2">Current Risk Score:</td><td>3</td><td>4</td><td>12</td></tr>
<tr><td colspan="2">Tolerable Risk:</td><td>3</td><td>3</td><td>9</td></tr>
<tr><td colspan="2">Target Date to Achieve Tolerable Score</td><td colspan="3">1 June 2022</td></tr>
<tr><td colspan="3">Potential or actual origin of the risk:</td><td colspan="5">This Risk was on 2019/20 BAF until March 2021 where the risk was reduced at the end of Wave 2 of the pandemic and activities embedded in BAU.</td></tr>
<tr><td colspan="8">Rationale for current score:
(What is the justification for the current risk score)</td></tr>
<tr><td colspan="8">The current risk score reflects the national picture and increase in covid rates within the local community and Trust estate due to the increased transmissibility of the omicron variant. The full impact of the new variant on hospital admissions is not yet known but it appears to have a less severe acuity. Experience gained from previous waves has been beneficial and reflected in business continuity plans. Surge planning and preparedness is underway with clear service prioritisation and redeployment plans is place if required. Impact of the variant on staff sickness being monitored and additional Health and Wellbeing support available. Enhanced IPC and covid secure measures in place.</td></tr>
</table>

Controls: (What do we currently have in place to control the risk?)		Last Review Date:	Next Review Date:	Reviewed by:	Gaps in Controls: (What additional controls should we seek?)
1.	Business continuity plans	Jan 2022	Ongoing	COO	
2.	Service reprioritisation/redeployment plans	Jan 2022	Ongoing	COO	
3.	Quality dashboard	Jan 2022	Ongoing	QAG	
4.	IPC protocols and covid secure arrangements	Jan 2022	Monthly	QAG/ Quality Comm	
5.	Maintenance of safe staffing levels	Jan 2022	Monthly	Quality Comm/ Ethics Group	Potential Impact of VCOD to be ascertained
6.	Patient Experience Controls			DoNTQ	
7.	Workforce controls (policies/procedures)			Exec	Ongoing monitoring required to ensure urgent issues such as Covid do not restrict workforce capacity and necessary focus on improvement

Sources of Assurance: (How do we know if the things we are doing are having an impact?)		Lines of assurance: L1 - Operational L2 - Board oversight L3 – Independent	Last Received	Received by	Assurance Rating	Gaps in Assurance: (What additional assurances should we seek?)
1	IPC Board Assurance Framework	L1	Rec'd each Mtg	QAG	Satisfactory	
2	Staff Survey	L3	March 2021	Board	Satisfactory	
3	Retention/Turnover/Sickness Data	L2	Ongoing	GPTW	Satisfactory	
4	Performance report	L2	Monthly	Resources/ Board	Satisfactory	
5	FTSU reports	L2	6 Monthly reports	Board	Satisfactory	
6	Daily Sit-Reps/ IPC, Staffing and Incidents	L1	Daily	DoNTQ	Satisfactory	

Mitigating actions: (What more should we do to address the gaps in Controls and Assurances?)		Update since last reviewed (this should be high level actions – the detail of the actions part of regular committee discussions:	Action Owner:	Deadline [revised deadline] Complete / In Progress / Delayed / Not Started
1	Vaccination status of colleagues covered by VCOD being finalised.			Mid-Jan
2	Further work to triangulate of feedback from FTSU – Work in Confidence, Paul's Open Door		DNTQ	In progress and ongoing
3				
4				
5				

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AGENDA ITEM: 09/1121

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 January 2022**

PRESENTED BY: Sandra Betney, Director of Finance & Deputy Chief Exec

AUTHOR: Chris Woon, Deputy Director of Business Intelligence

SUBJECT: **PERFORMANCE DASHBOARD DECEMBER 2021 (MONTH 9)**

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

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

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

Performance covers the period to the end of December (Month 9 of 2021/22). It is of note that the performance period remains aligned to our operational priority to respond and recover services from the pandemic waves (within the Operational Recovery Programme) and support forthcoming operational planning and transformation developments.

Where performance is not achieving the desired threshold, operational service leads are prioritising appropriately to address issues. Where appropriate, Service led Performance Exception Action Plans (PEAP) are presented to BIMG and more widely account for performance indicators in exception. Recovery briefings are also provided to the Business Intelligence Management Group (BIMG).

Recommendations and decisions required

The Board are asked to:

- **Note** the aligned Performance Dashboard Report for December 2021/22.
- **Acknowledge** the ongoing impact of the pandemic and service recovery on operational performance.
- **Note** the report as a **significant level of assurance** that our contract and regulatory performance measures are being met or that appropriate service action plans are being developed to address areas requiring improvement

Executive summary

Business Intelligence Update

A high-level timetable developed from the recent Measuring What Matters Board Seminar in June 2021 has been integrated into the Performance Dashboard on page 2. This allows for periodic business intelligence development monitoring. There are four items delayed due to competing priorities but these are not unduly impactful or of immediate concern and there is an intention to recover these milestones within Quarter 4.
As planned, the legacy SystmOne data source processes have been replaced with new methodology. The recent pressures of the pandemic surge have impacted the speed of the current data quality validation phase which will have an impact on the Trust's community (PH) reporting within Quarter 4. This strategic work was essential to resolve inherent data quality issues directly within the clinical system and ensure that the new dataset is robust and reliable for the Trust and stakeholders. This will deliver the downstream objectives of delivering CSDS, UCR, PLICS and system reporting integration.

Recovery Update
The recovery programme was paused for January to support the surge response. There is therefore no update within the performance dashboard this month.

Performance Update
The performance dashboard is presented from page 3. As shown within the spark charts, it is of note that all the indicators within this report have been in exception within the last 12 months.

- **Mental Health & Learning Disability Service (National & Local) Performance**
  Attention is requested to review the 10 key performance thresholds in exception within the dashboard (with associated narrative) that were not met for the period. Eating Disorder (ED) Services account for five indicators, with Care Programme Approach (CPA) two.

  A patient cohorting tool is being developed with an external partner 33N to enhance the use of data and analytics within the eating disorder services. Complimenting this, focused work is being undertaken internally on demand and capacity modelling to establish a robust recovery plan. Collectively, this will inform pathway improvements and accelerate service recovery. A specific update on Eating Disorder Services will be provided within the closed session of the Board.

- **Physical Community Health Service (National & Local) Performance**
  In addition, attention is drawn to a further 11 key performance thresholds in exception within the dashboard (with associated narrative) that were not met for the period. Within these, six were within children services and three are referral to treatment wait measures. Positively, it is of note that '*52: Paediatric Speech & Language Therapy - % treated within 8 weeks'* is back to performing above threshold after five consecutive months of non-compliance.

- **Trust Wide Service Performance**
  There are currently four Workforce indicators in exception this month. *'77: Mandatory Training',* although under threshold is positively above the upper SPC control limits based on 2018/19 and 2019/20 baseline.

The three new headline performance indicators for 12-month rolling Turnover (WF2) and Vacancy (WF5) are not in exception. Annual Leave consumption is currently a quarterly monitor.

Non-exception reporting

It is further noted that there are additional indicators outside of threshold but are either within normal, expected variation, have a legacy 'proxy' threshold, are formally suspended or have a confirmed data quality issue that is administrative only and resolution is assured. These have not been highlighted for exception but are routinely available for operational monitoring within the online Tableau reporting server.

It was agreed by Board in July that 8 proxy indicators will be re-introduced into the performance dashboard) as *internal* KPIs using Statistical Process Control (SPC) limits as thresholds. These proposed thresholds are still ratified by our NQT directorate due to redeployment and operational prioritisation. These are however planned to be available within quarter 4.

Risks associated with meeting the Trust's values

Where appropriate and in response to significant, ongoing and wide-reaching performance issues; an operational Performance Exception Action Plan (PEAP) or (service) Development and Improvement Plan (DIP) which outlines any quality impact, risk(s) and mitigation(s) will be monitored through BIMG.

Corporate considerations	
Quality Implications	The information provided in this report can be an indicator into the quality-of-care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service/ care provided.
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 been discussed before?

Appendices:	

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

Gloucestershire Health and Care NHS Foundation Trust

Snapshot Month
December

Performance Dashboard Report & BI Update

Aligned for the period to the end December 2021 (month 9)

Business Intelligence Summary Update

Althought high demands continue, Business Intelligence (BI) services continue to prioritise key infrastructure development tasks and has ensured the continuity of business critical items during the period. Some development projects outside of original 2021/22 business planning -continue to delay some planned, but lower profile team objectives. Although a temporary fix has been deployed to ensure that our Emergency Care Data Set (ECDS) can once again be submitted, we have been awaiting our clinical system supplier TPP to enact some changes to resolve issues and automate completely. Unfortunately, our initial Community Services Data Set (CSDS) submission tests (from our new datasource) continue to fail due to a need for further configuration and data quality work which is being picked up with operational colleagues through SystmOne Simplicity Surgeries. Positively, all our system databases have finally been migrated onto a new integrated server however there have been some performance delays on the new architecture that IT are investigating before legacy servers are decomissioned or repurposed. This may delay the completion of the project.

Page 2 highlights high level progress against the recently established **Measuring What Matters** plan. The Performance Management Framework document has now been completed and will be ratified by BIMG in February 2022, for an intended publication in April 2022. An agreement on proxy indicator thresholds has been delayed, alongside any initialisation on an NQT data quality audit schedule due to operational priorities. There is also a slight delay in completing the review of the physical health side of the KPI portfolio with commissioners however this is expected to be resolved in February.

Operational Recovery Programme Update

The Recovery programme was paused for January due to the pandemic surge response and refocused operational priorities. The December governance meetings were also stood down. An update on operational recovery will be presented to the Business Intelligence Management Group (BIMG) in Febraury 2022.

Performance Dashboard Summary *(from page 3)*

The dashboard provides a high level view of Key Performance Indicators (KPIs) in exception across the organisation for the period. Indicators within this report are underperforming against their threshold or are showing special cause variation (as defined by Statistical Process Control SPC rules) and therefore warrant escalation and wider oversight. To note, confirmed data quality or administrative issues that are being imminently resolved will inform any escalation decision unless there has been consecutive, unresolved issues across periods. A full list of all indicators (in exception or otherwise) are available to all staff within the dynamic, online server version of this Tableau report. Services are using this tool to monitor wider performance.

Where performance is not achieving the desired results, operational service leads are prioritising appropriately to address issues. Additionally, where appropriate, and in response to significant, ongoing and wide-reaching performance issues; an operational Performance Exception Action Plan (PEAP) which outlines appropriate risk, mitigation and actions will be monitored through BIMG. For example, specific updates have been provided by operational services across 2021/22 for areas with consistent performance challenges such as Children and Young People's Services (CYPS including CAMHS), Eating Disorder Services and Wheelchair Services. Where PEAPs are in place this is noted within the commentary.

Measuring What Matters Key Milestones

Theme	(Provisional) Milestone	Target date	Progress Tracker
Data Quality matters	Tableau subscriptions and alert functionality promoted across services	Dec-21	Complete
	NQT Data quality audit schedule for 2022/23 to be agreed	Jan 2022 for Apr '22 start	Stakeholder engagement outstanding due to pandemic priorities. Deferred to Mar 22
	SystmOne Simplicity project (to improve accuracy, consistency, and service quality) to be delivered	by Oct 2022	Potential delay into Q4
	Revised data quality reporting portfolio deployed within Tableau servers for physical health services	by Oct 2022	On target
Integration matters	Server migration to allow for reconfiguration and resolve licensing concerns	by Dec 2021	Complete
	Develop additional Board performance dashboard workforce indicators to include:		Complete
	o Deployment of monthly Vacancy Rate	by Sept 2021	Complete
	o Development of monthly (Cumulative) Annual Leave Consumption	by Oct 2021	Complete
	o Development of monthly Turnover/ Stability Rate	by Nov 2021	Complete
	Deploy first Datix Report(s) by April 2022	by April 2022	Potential delay into Q2
	Deliver Totara (Care to Learn) extraction by April 2022 & first report deployment by Oct 2022	by Oct 2022	On target
	Deliver Allocate (e-Rostering) extraction by April 2022 & first report deployment by Oct 2022	by Oct 2022	On target
Patients matter	Heads of Profession to liaise with Service leaders and wider stakeholders to develop the organisation's first plan for Value Based Healthcare in 2022/23	By Dec 2022	Stakeholder engagement required
	Deploy trial of first tranche of new outcome measures	by April 2023	On target
Culture matters	Decommissioning of regular Excel physical health reporting use	by July 2022	On target
Audience matters	Review Key Performance Indicator portfolio to inform 2022/23 contract schedule and operational/ strategic needs	by Jan 2022	First MH draft prepared, awaiting PH feedback. Expected Feb 2022
	Publish proposal to restructure the current performance dashboard to support various audience level perspectives	by April 2022	On target
Format matters	Deliver immediate performance dashboard interrogation pilot for Resources Committee members	by Sept 2022	On target
Timeliness matters	Evaluate (almost) real-time transactional log shipping processing within all new system procurements and extensions, particularly when RiO and SystmOne contracts	by April 2023	On target
Analysis matters	Realising holistic business partnering across all corporate partners by January 2022	by Jan 2022	Complete
People matter	Through business partnering, Tableau user training and support will be offered from November 2021 to users from the BI service ahead of utilising the system and then ongoing whilst using it within their day-to-day	from Nov 2021	Complete
	BI support guidance to support users will be made available through the intranet	from Oct 2021	Complete
	Learning & Development Service to inform Digital Competency timetable for 22/23	by April 2022	On target
Governance matters	Cleanse proxy indicators	Oct Data (for Nov 2021 reporting)	Deferred by NQT to Feb 2022 due to pandemic priorities
	Publish Performance Management Framework	in Dec 2021	Final draft written and shared. Expecting ratification in Feb for publication in April 2022
	Remove superseded National and Local Performance Indicators	by April 2022	On target
	Introduce ranked waiting times (over 52weeks) summary into the performance dashboard report – provisional outline	for March 2022 for April 2022 Resources Committee	Potential delay into Q2 due to SystmOne Simplicity delays
	Introducing new internal performance indicators into performance dashboard	by July 2022	On target

Performance Dashboard: *Mental Health & Learning Disability - National Requirements (NHSI & DOH)*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Mental Health - National Requirements Gloucestershire

		DECEMBER		21/22		
1.04	Care Programme Approach - formal review within12 months	88.1%	95.0%	91.1%	95.0%	

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

1.04: CPA (Care Programme Approach) – Formal review within 12 months [Community MH Services]
Performance for December is 88.1% (113 cases) against a performance threshold of 95% and is below the lower Statistical Process Control (SPC) limit. Most of the cases are within the Recovery Service (73 cases).

Since the end of December, a further 12 overdue CPA reviews have been completed and the current average number of days between the due date and the end of December is 64 days and the median, 51 days.

The services' BI (Business Intelligence) business partner has set up a report to look at when CPA reviews are due to assist teams with planning ahead, however, teams continue to face workforce challenges and the need to prioritise urgent clinical activity. With additional seasonal pressures it is anticipated that performance will fall further during Quarter 4

The Mental Health Commissioner has acknowledged the updated guidance from NHSE/I regarding the proposed changes to the CPA metrics. As an interim measure we will continue to report on the 12-month CPA review as a safety net until revised metrics are developed through the Integrated Community Mental Health Transformation project. There is a Development Improvement Plan (DIP) for Recovery services in development.

Performance Dashboard: *Mental Health & Learning Disability - Local Contract (Including Social Care)*

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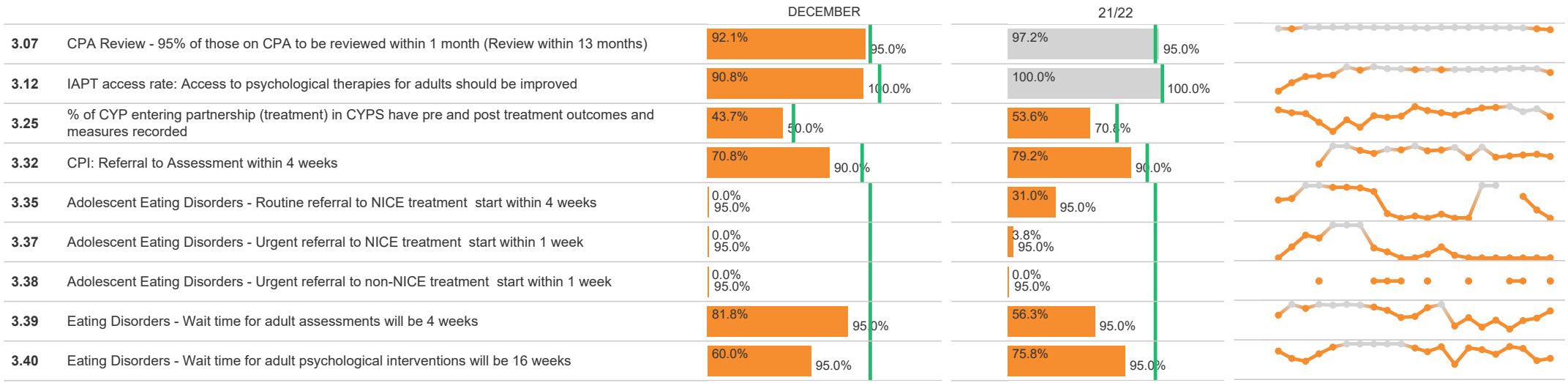
KPI Breakdown

Mental Health & Learning Disabilty - Local Contract



Social Care - Local Contract

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

3.07: CPA (Care Programme Approach) – Formal review within 13 months [Community MH Services]
Performance for December is 92.1% against a performance threshold of 95% and is below the lower SPC (Statistical Process Control) limit. This indicator is a subset of 1.04 and of those non-compliant records there were 74 cases where the CPA review is not recorded as having taken place within 13 months. Of these, 49 are within the Recovery Service.

The services' BI (Business Intelligence) business partner has set up a report to look at when CPA reviews are due to assist teams with planning ahead, however, teams continue to face workforce challenges and the need to prioritise urgent clinical activity. With additional seasonal pressures it is anticipated that performance will fall further during Quarter 4

The Mental Health Commissioner has acknowledged the updated guidance from NHSE/I regarding the proposed changes to the CPA metrics. As an interim measure we will continue to report on the 12-month CPA review as a safety net until revised metrics are developed through the Integrated Community Mental Health Transformation project. There is a Development Improvement Plan (DIP) for Recovery Services in development.

3.12: IAPT access rate: Access to psychological therapies for adults should be improved [Community MH Services]
During December the individual access rate was 984 with a target of 1083.

There is a reduced demand expected over the Christmas and New Year period and to compensate for this, the service average out access across the quarter and so anticipate missing the December target but achieving higher rates in October and November. Although access rates were exceeded in October and November the quarterly target fell short by 31 cases. As well as the lower than planned number of referrals in December (300), there has been significant decrease in workforce capacity due to a high level of attrition in Quarter 3.

3.25: % of CYP entering partnership (treatment) in CYPS have pre and post treatment outcomes recorded [CYPS MH]
December performance is reported at 43.7% against a performance threshold of 50%

Several new pathways and ways of working have been implemented in recent months and this has resulted in a less systematic gathering of ROMs (recorded outcome measures) data particularly at the initial contact stage. The service is looking to address this and are reviewing recording processes with teams that would usually have high compliance as well as ensuring that collecting ROMS becomes a more active part of medication reviews. Core CAMHS has a Performance Exception Action Plan (PEAP) and (service) Development Improvement Plan in place and is on the Performance Governance Tracker.

3.32: CPI (Complex Psychological Intervention): Referral to assessment within 4 weeks [Community MH Services]
December performance is reported at 70.8% against a performance threshold of 90% and is below the SPC (Statistical Process Control) lower limit.

There were 7 non-compliant cases in December of which 3 were complex cases and required co-ordination with staff from other teams and resulted in an extended wait. One patient was attending for Art Therapy which does not involve assessment however the current methodology assumes the 1st contact is an assessment and therefore will measure this patient's 1st contact as an assessment wait. One patient did not attend for 2 offered appointments and the remaining 2 patients were seen within 5 weeks.

Considerable challenges remain with staffing due to vacancies, sickness and retirement, however, while waiting for CPI assessment and treatment, the clients care is held by either the Recovery or AOT services. This indicator has a Performance Exception Action Plan (PEAP) in development.

3.35: Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks [Community MH Services]
December performance is reported at 0.0% against a performance threshold of 95%. There was 1 non-compliant case in December. Current predictions estimate a stable waiting list recovery for under 18s accessing routine treatment within 4 weeks by October 2023.

3.37: Adolescent Eating Disorders: Urgent referral to NICE treatment within 1 week [Community MH Services]
December performance is reported at 0% against a performance threshold of 95%. There were 13 non-compliant cases in December. An urgent treatment trajectory forecast for adolescents has been modelled with the currently known assumptions. This predicts a waiting list recovery of 95% for under 18s accessing urgent treatment within 1 week by April 2022.

3.38: Adolescent Eating Disorders: Urgent referral to non-NICE treatment within 1 week [Community MH Services]
December performance is reported at 0% against a performance threshold of 95%. There was 1 non-compliant case in December.

3.39: Adult Eating Disorders: Referral to Assessment within 4 weeks [Community MH Services]
December performance is reported at 81.8% against a 95% performance threshold. There were 4 non-compliant cases reported in December.

3.40: Adult Eating Disorders: Assessment to Treatment within 16 weeks [Community MH Services]
November performance is reported at 60.0% against a 95% performance threshold. There were 2 non-compliant cases reported in December.

Additional Commentary for 3.35, 3.37 & 3.38 to 3.40 (Eating Disorders)
The service is in the process of recruiting 2 Partnership and Development Inclusion roles to enable work to start with wider system partners and implementation of a new service model.

Two Eating Disorder Clinicians/ Nurse prescribers have been recruited and will be starting within the next 2 months. Establishment and skill mix have been reviewed to increase recruitment into hard to fill posts.

Capacity mapping for the service has indicated that the team is significantly under established to meet business as usual demands. This has been discussed and highlighted with commissioners and further investment has been secured as part of the CMHT submission and baseline investment for 2022/23. The current wait profile for the service at the end of December indicates that 92% (595) of all patients waiting for assessment, are waiting over 4 weeks, and waiting times will continue to increase until team establishment is increased or a new model of working embedded and the service able to see routine referrals.

Demand remains high overall with a 24% increase in referrals during 2020/21 compared to 2019/20 and a significant increase in urgent referrals for under 18s (28% in 2020/21 compared to 17% in 2019/20) and this is continuing with 53% of referrals received in December being flagged as urgent. The main impact of this referral increase appears to be the detrimental effect that the pandemic, lockdown and school closures have had on Children and Young Peoples' wellbeing and mental health. This is validated by the replication in demand across other teams treating CYP.

The service is accepting routine referrals, which are being triaged and placed on a waiting list, however, assessment and treatment will continue to be paused throughout January 2022 which will impact on future reported waiting times and has led to several referrals being expedited due to the patients deteriorating condition. The service is working on reducing the urgent assessment waiting lists and bringing the Urgent KPI's back in line.

Day treatment has re-opened to support the RHED (Risk High Eating Disorders) patients and to reduce pressures in other areas such as specialist out of county in-patient beds and local acute medical beds. The re-opening of day treatment is proving to be highly beneficial to the highest risk patients who remain within the community. This indicator has a (service) Development Improvement Plan and is on the Performance Governance Tracker.

4.12: Ensure review of new short or long-term care packages take place within 12 weeks [Community MH Services]
December performance is reported at 50.0% against an 80% performance threshold. There were 7 non-compliant cases reported in December.

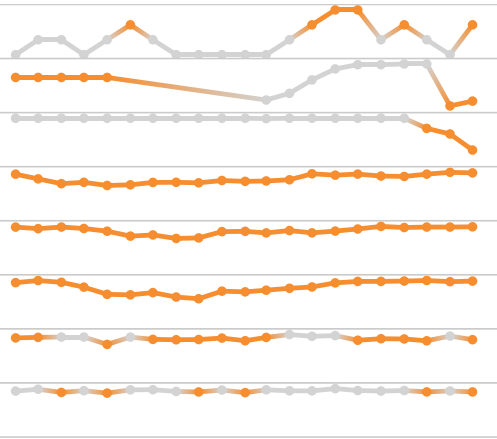
One case is due to the Social Worker being unwell. Two cases are currently being investigated by the service for reasons for non-compliance. The remaining 4 cases have been identified as cases where a review does not need to take place but are flagged as such due to the way providers of the packages of care are captured on the clinical system. The clinical systems team have logged this issue with our system provider and are still awaiting a response. In the meantime, members of the Service, Business Intelligence and Clinical Systems Team will be meeting to look at more robust ways of recording the data.

Performance Dashboard: *Physical Health - National Requirements*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Physical Health - National Requirements

		DECEMBER		21/22		
14	Number of post 48 hour Clostridium Difficile Infections	200.0%	100.0%	166.6%	100.0%	
31c	Percentage of children in Reception Year with height and weight recorded	19.5%	30.0%	67.9%	56.7%	
72	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	35.4%	99.0%	82.2%	99.0%	
86	% of children who received a 9-12 month review by the time they turned 12 months	86.2%	95.0%	82.5%	95.0%	
87	% of children who received a 12 month review by the time they turned 15 months	90.7%	95.0%	87.4%	95.0%	
88	% of children who received a 2-2.5 year review by 2.5 years	84.5%	95.0%	81.3%	95.0%	
91	% of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)	54.9%	58.0%	57.0%	58.0%	
92	% of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks	79.6%	80.0%	81.5%	80.0%	

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

14. Number of post 48 hour Clostridium Difficile Infections [Hospitals]
There were 2 C. diff cases reported in December compared to a threshold of 1. The cases were in Lydney and North Cotswolds community hospitals respectively.

The Lydney patient was admitted in December and initial sample was sent a day after admission and was not processed by labs as this sample was within 5 days of the last test as per the lab protocol. A subsequent sample was sent and test tested positive for C. diff Toxin which meant it was classified as a Hospital Onset Hospital Acquired (HOHA) result as the C. diff infection was detected 48 hours after admission. Unfortunately, the patient deteriorated and had to be admitted to Gloucestershire hospital where patient currently remains.

The second patient was admitted to North Cotswold hospital also in December and tested positive for C.diff. The patient has received a significant number of antibiotic courses whilst in GHFT due to skin infections Patient had been isolated in a side room since their admission and currently remains an inpatient.

31c. Percentage of children in Reception Year with height and weight recorded [Children and Young People Service]
In December, 19.6% of Reception year estimated cohort were measured against the December monthly trajectory target of 30%. The programme resumed in November for the 2021/22 academic year. Current performance is based on updated school census data from Gloucestershire County Council (GCC). The cohort may vary during the remainder of the academic year as updated data from GCC is received.

The numbers of absents in school has been especially high this year meaning that there are less children available when the team visit the reception class. The team will be booking return visits to hopefully measure these children later in the year.

72. Percentage of patients waiting less than 6 weeks from referral for a diagnostic test [Urgent care]
At the end of December 2021, 160 patients (out of 248 patients waiting for an echocardiogram) were still waiting for their echo more than 6 weeks after their referral. Compliance in December was 35.5%. Performance is below SPC Chart control limits based on 2018/19 and 2019/20 data.

Non-compliance is due to operational issues at Gloucestershire Hospitals NHS Foundation Trust (GHFT) who are the provider of the Echocardiograms (echo). The issue is related to the backlog of referrals due to the Covid-19 pandemic. Latest communication that went out to GPs from the Heart Failure service states that "the Echocardiography service at GHFT is under unprecedented demand. As a result, echos requested via Community Heart Failure service, post inpatient stay and for Outpatients may not be carried out within optimum timescales for patients. GHFT are continuing to look at alternative options for provision for this interim period." Consequently, GHFT are no longer able to offer the 2-week pathway for urgent requests, or the 6-week pathway for routine echo requests.

86: Percentage of children who received a 9–12-month review by the time they turned 12 months. [Children and Young People Service]
86.2% of eligible children received the 9-12 month visit from a Health Visitor in December, compared to a target of 95%. 61 out of 445 did not receive the review within this timeframe. This is within SPC Chart control limits based on 2018/19 and 2019/20 data but presented in exception as it is a national indicator.

Thematic analysis of exceptions
- *47% declined or delayed by parent. Second appointments and telephone contacts made to first DNAs to offer 2nd appointment which best suits parent. These appointments are being offered by 13 months of age If appointment declined, public health advice offered- awaiting clinical systems to be able to update template to capture this data*
- *16% parental choice to have appointment out of timeframe*
- *14% movements into county close to 12 months of age (all booked within 1 year, 1 month of age)*
- *14% cancelled by service and rebooked but not in timeframe (by 13 months of age)*
- *2% completed out of county, prior to moving into county*
- *3.5% completed out of county*
- *3.5% missing children (policy followed)*

87: Percentage of children who received a 12-month review by the time they turned 15 months. [Children and Young People Service]
90.5% of eligible children received the 12-month review by the time they were 15 months old by the health visiting team in December, compared to a target of 95%. 45 out of 485 reviews were not completed within the target timeframe. Performance is within SPC Chart control limits based on 2018/19 and 2019/20 data but presented in exception as it is a national indicator.

Thematic analysis of exceptions
- *90% declined or child was not bought*
- *2% movements in*
- *4% movement out*
- *4% parental choice to have appointment out of timeframe*

88: Percentage of children who received a 2-2.5-year review by 2.5 years. [Children and Young People Service]
84.5% of eligible children received the 2-2.5-year mandated contact by a Health Visitor in December, compared to a target of 95%. This is within SPC Chart control limits based on 2018/19 and 2019/20 data but presented in exception as it is a national indicator. 79 out of 511 reviews completed in December were outside the target timeframe of 2-2.5 years.

Thematic analysis of exceptions
- *85% declined or child was not bought*
- *6% movements into county (children seen at movement in visit apart from one where parents declined contact)*
- *4% delayed by parents*
- *4% cancelled by service- appointments booked for when children are 25 months old*
- *1% ASQ completed out of county*

Additional Commentary for 86, 87 & 88
Assurance regarding Safeguarding Line of Sight for all developmental reviews
- *All Universal Partnership (UP) and Universal Partnership Plus (UPP) children that did not have their ASQ within the 12 month timeframes have had this assessment within 1 year and 1 month of age*
- *All UP/UPP assessments performed by named Health Visitor as part of holistic ongoing family health needs assessment process. Universal activity is performed virtually or in a nursery nurse led community clinic*
- *Children who have not received either a 9-12 month or 2 year assessment are added to a waiting list for a further follow up offer.*

Influencing factors:
- *Reduced Community Nursery Nurse capacity (due to new starters and long covid) reduces the ability to re-book second appointments in timeframe*

Action Plan:
- *Undertake ASQ developmental review during 'movement in' contact to improve timeliness of delivery*
- *Explore further reasons as to why parents decline review (no concerns with child's development, access issues?), Consider analysis to inform service development.*
- *Review the geography of the DNAs and look at potential of 'pop up' clinics/work with other agencies/ groups to offer appointments in specific localities*
- *Follow up again with clinical systems in relation to be able to record and report on where the ASQ is declined but where the parent has had a conversation about key public health messages.*

91: Percentage of infants being totally or partially breastfed at 6-8wks (breastfeeding prevalence). [Children and Young People Service]
December performance was 54.9% compared to a threshold of 58%. This is within SPC upper and lower control limits based on 2018/19 and 2019/20 data but presented in exception as it is a national indicator. This is a reduction of 4.5% this month compared to last month and 3.1% below target of 58%; Reduced breastfeeding initiation prior in the first 2 weeks is influential so Joint collaborative work with other stakeholders in identified localities has continued in November as well as going forward into Dec/Jan with plans to support an increased initiation.

92: Percentage of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks. [Children and Young People Service]
December performance was 79.7% compared to a threshold of 80%. This is within SPC upper and lower control limits based on 2018/19 and 2019/20 data but presented in exception as it is a national indicator. The maintenance rate of breastfeeding at 8 weeks that were at breastfeeding at 2 weeks has reduced below 80% target with a very small drop at of 0.3% at 79.7%, however this will be influenced by breastfeeding difficulties/ slow weight gain prior to 2 weeks in the Midwifery Service who have had reduced capacity of staff support in hospital.

Additional Commentary for 91 & 92
Influencing factors:
- *Reduce breastfeeding difficulties/slow weight gain prior to 2 weeks*
- *A rise in breastfeeding difficulties/slow weight gain prior to 2 weeks*
- *Midwifery Service who have had reduced capacity of staff support in hospital.*

Action Plan:
- *Joint collaborative work with other stakeholders in identified localities has continued in November as well as going forward into Dec/Jan with plans to support an increased initiation.*

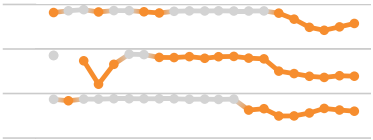
Performance Dashboard: *Physical Health - Local Requirements*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Physical Health - Local Requirements

		DECEMBER	21/22
41	Podiatry - % treated within 8 Weeks	65.6% (95.0%)	76.5% (95.0%)
42	MSKAPS - % treated within 8 Weeks	45.0% (95.0%)	63.3% (95.0%)
43	MSK Physiotherapy - % treated within 8 Weeks	68.9% (95.0%)	69.6% (95.0%)



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

41. Podiatry - % treated within 8 Weeks
December compliance was 65.6% compared to a threshold of 95%. 177 out of 515 patients seen in December 2021 were seen outside the 8-week target of timeframe of referral to first contact. Performance is below SPC lower control limit based on 2018/19 and 2019/20 data.

Performance has begun to make a steady improvement. Progress is being made with BI colleagues to review these figures to ensure all clinically meaningful 1st contacts are reflected in the RTT calculation which is not currently the case. Other validation work within the service is also underway to address data quality issues. There are capacity issues with appropriately trained colleagues for some areas of service delivery and this has been addressed with some additional recruitment. The service is, however, struggling to attract applicants to roles advertised which further impacts on capacity. This indicator has a Performance Exception Action Plan (PEAP) and is on the Performance Governance Tracker.

42. MSKAPS - % treated within 8 Weeks [Adult Community Services]
December performance was 45.0% compared to a threshold of 95%. 166 out of 302 patients seen in December were seen outside the 8-week target timeframe of referral to first contact. This is below SPC lower control limit based on 2018/19 and 2019/20 data.

Overall activity this month has reduced. 345 New patients seen. The impact of Christmas annual leave, sickness absence, secondment and isolation have reduced capacity within this small team significantly. Recruitment to a development post started in November,21 with another due in March,22. It is anticipated that these post holders will be independently working in March and August respectively which should see capacity rise. The Business Intelligence team is currently validating new data structures to align to a new operating model which will capture valid clinical telephone contacts within the referral to treatment (RTT) pathway. All patients continue to have the choice to wait to book their appointment via the electronic referral service (eRS) which is outside of the control of the service. A reminder is sent by the service, around 3 weeks after the initial communication to increase timely bookings but this remains an issue with waiting time compliance.
Progress is being made through SystmOne Simplicity to review these figures to ensure all clinically meaningful 1st contacts are reflected in the RTT calculation which is not currently the case. This could be impacting indicator compliance. This indicator has a Performance Exception Action Plan (PEAP) and (service) Development Improvement Plan and is on the Performance Governance Tracker.

43. MSK Physiotherapy - % treated within 8 Weeks [Adult Community Services]
December performance was 68.9% compared to a threshold of 95%. 334 out of 1,077 patients seen in December were seen outside the 8-week target of timeframe of referral to first contact. This is below SPC chart upper and lower control limits based on 2018/19 and 2019/20 data.

Even though performance is below threshold of 95% since May 2021, it appears to decline in the past two months consecutively since the initial improvement in October 2021 (75.8%).

Overall Activity for December has reduced with 400 less New Patients being seen compared to November. This is predominantly due to Christmas Annual Leave, maternity, covid sickness and isolating and vacancy within the Service. Recruitment is ongoing but challenging as all “fishing in the same pool”.

Recovery plans and waiting list initiatives in place to address with ongoing emphasis on reducing waiting lists and times for patient.

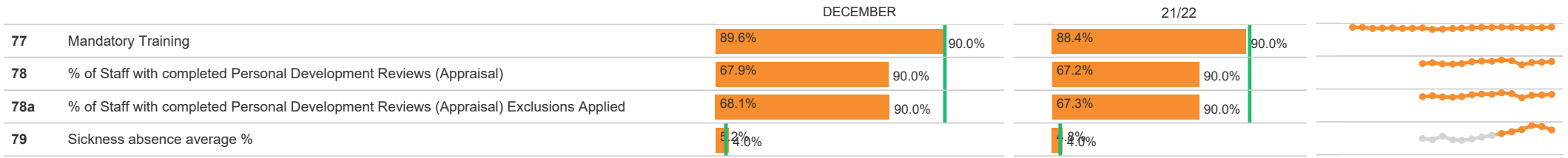
Progress is being made with SystmOne Simplicity programme to review and cleanse data to ensure all meaningful contacts are reflected in the RTT. This indicator has a (service) Development Improvement Plan and is on the Performance Governance Tracker.

Performance Dashboard: *Trust Wide Requirements*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Trust Wide Requirements



77: Mandatory Training [Workforce]
Training compliance figure increased slightly this month to 89.6% (approximately 90%) compared to the target of 90%. Excluding Bank Staff, compliance increases to 94.3%. December performance is just above the SPC chart upper control limit based on 2018/19 and 2019/20 data.

Improved compliance in December may be due to work which has been taking place to mark as 'inactive' people who are registered with the Staff Bank but who have not worked for a specified period of time. The headline figure does hide some variance between teams. More specifically, the Executive Directorate has a slightly increased position from last month at 94%, and similarly Finance has also seen a 1% increase to 95%. Within the Finance directorate the Business Intelligence, and Contracts and Planning Teams both remain at 100%.
The HR Directorate has seen a 4% increase in compliance, but as this is where the Staff Bank figures are held it is likely to be a result of the work described above. Staff Bank training compliance figures have increased from 62.6% to 74%.

The Medical Directorate has also increased its compliance slightly to 86% and the Nursing Directorate has increased its compliance from 88.5% to 91%,
Overall Operations Directorate training compliance is currently at 94.5% which is maintenance of the previous figure: the Operational Management team having a slightly lowered compliance level at 87.6% whilst all other teams within the Directorate running at over 90%.

78: % of Staff with completed Personal Development Reviews (Appraisal) - [Workforce]
Performance in December was 67.9% compared to a threshold of 90%. This is below SPC chart normal variation based on 2018/19 and 2019/20 data. December performance is a slight increase on November which was at 66.3%. The appraisal performance figure includes Bank Staff. Excluding Bank staff, Trust compliance figure is 77% (with exclusions applied). Work is ongoing to reach the Trust's 90% target.

Of the 7 Directorate areas, HR has the highest recorded completion level at 82% which a slight increase from last month. The Medical and Operations Directorates are both running at 78%. The Executive has increased this compliance level from 68% to 75% (although as this is a relatively small Directorate small numbers will have a larger impact on percentage figures). The Finance Directorate figures have gone down slightly to 72%; the Nursing and Quality Directorate has gone up from 54% to 60% and Strategy and Partnerships has dropped to 48% from 57% (although again a very small Directorate).

Although based partly on anecdotal information, it is thought the overall rate is still probably due to a number of factors including annual leave, managerial capacity and appraisals not being correctly recording on ESR. Work will be carried out to communicate this at the same time as information about the new appraisal paperwork is cascaded, although the current pressure on service is likely to mean that figures will not improve in the short term – due both to appraisal data not being entered onto ESR and because in some cases appraisals will be postponed due to the current difficulties.

Work is ongoing to remind managers of the need to complete appraisals. The work with Staff side colleagues on reviewing and revising the Trust's Appraisal paperwork (including a 1-1 template) is now complete and has been loaded onto the Trust's intranet. This will be accompanied by supporting communications to cascade the messages, although this has been slightly delayed. The new paperwork should result in more effective and meaningful appraisal and development conversations between line managers and their staff.

78a: % of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only. [Workforce]
Performance in December was 68.1% compared to a threshold of 90%. This is below SPC chart normal variation based on 2018/19 and 2019/20 data. The appraisal performance figure includes Bank Staff. Excluding Bank staff, Trust compliance figure is 77% (with exclusions applied). Work is ongoing to reach the Trust's 90% target.

Of the 7 Directorate areas, HR has the highest recorded completion level at 82% which a slight increase from last month. The Medical and Operations Directorates are both running at 78%. The Executive has increased this compliance level from 68% to 75% (although as this is a relatively small Directorate small numbers will have a larger impact on percentage figures). The Finance Directorate figures have gone down slightly to 72%; the Nursing and Quality Directorate has gone up from 54% to 60% and Strategy and Partnerships has dropped to 48% from 57% (although again a very small Directorate).

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79: Sickness absence average % rolling rate - 12 months
Sickness absence rate in December 2021 was 5.2% compared to 6.1% in November 2021. The figure indicates in-month sickness absence, excluding Bank Staff, which has been on an increasing trajectory from April to November 2021. Threshold is 4%. Performance is above SPC chart control limits based on 2018/19 and 2019/20 data.
December 2021 performance of 5.2% does not yet include data from the e-rostering system (Allocate) because it is not available at the time of reporting. However, fill data (incorporating Allocate) from November 2021 compared with October suggests:

- Operations Directorate sickness absence was 6.3% in November. The sub-directorates within Operations where sickness absence has decreased in November compared to October are Hospitals (7.1%); CYPS (4.8%) and Urgent Care & Speciality Services (5.9%). Adult Community MH & LD (6.3%) and Adult Community Services PH (6.9%) have continued an upward trend of sickness absence over the last 8 months
- Nursing, Therapy & Quality Directorate sickness absence was 2.9% in November as a Directorate. However, within the Quality Assurance sub directorate, sickness absence was 12.5% in November, which was an increase from 11.5% in October. The sub directorate has remained above threshold since May 2021 (ranging from 11.1% - 14.9%).
- Finance Directorate sickness absence in November was 6.1%. Estates and Facilities sub-directorate decreased to 8.2% in November compared to 9.1% in October. Estates has the highest sickn..

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AGENDA ITEM: 10/1121

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 January 2022**

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

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

SUBJECT: **QUALITY DASHBOARD REPORT– DECEMBER 2021 DATA**

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

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

The purpose of this report is to

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

Recommendations and decisions required
Committee members are asked to:

- Receive, note and discuss the December 2021 Quality Dashboard

Executive summary
This report provides an overview of the Trust's quality activities for December 2021. This report is produced monthly for Board, Quality Committee and Operational Delivery and Governance Forums for assurance.

Quality issues for priority development

- Continued focus is required in relation to CPA compliance. A further reduction in compliance is reported this month due to significant workforce pressures.
- Further additional attention is being focused into eating disorder services due to significant wait list challenges. This work will be reported monthly via the Quality dashboard will be supported by NTQ colleagues with associated scrutiny and reporting via Quality Assurance Group.

- The dashboard includes areas where service recovery in term of access targets waiting list recovery is taking additional time to recover in light of further Covid impacts on services in December.
- Recruitment and retention within key service critical areas remains a significant challenge. Enhanced NTQ led support is being provided to colleagues within workforce, recognising that consistent staffing is a well-established marker of quality care.

Quality issues showing positive improvement

- Sustained improvement within the Trusts management of complaints enabling patients and families concerns to be resolved at the point of triage or through local resolution.
- The number of compliments received by the Trust has increased to 192 in month which is the highest number recorded this financial year.
- Enhanced programme of FFP3 fit testing and ventilation assessment led by the Director of Infection Prevention and Control implemented in line with national health and safety guidance to maximise staff safety and further reduce nosocomial infection within inpatient environments.
- Access times in Podiatry, ICT Physiotherapy, ICT Occupational Therapy, Paediatric Speech and Language Therapy plus Paediatric Physiotherapy continue to improve in line with planned recovery trajectories.
- Rapid clinical development and repurposing of estates to enable a countywide treatment unit for Neutralising Monoclonal Antibodies (nMABs) was delivered in December.
- The annual 2021 CQC survey of adults who use community mental health services has been published. The Trust is categorised as performing 'better' than most of the other mental health trusts in 5 of the 12 domains. Although this is a decrease from the previous year, the Trust remains in the top 20% performing Trusts in the majority of domains (9 out of 12).

Are Our Services Caring?

Good assurance is available demonstrating continued improvements within PCET. The number of new complaints received in December has reduced to 3, this is the lowest number recorded in year. There are 0 complaints exceeding 12 months, open cases continued to be prioritised in terms of response and it is assuring to note 100% of complaints received in December 2021 were acknowledged within the 3-day target timeframe. In December the achievement against the 95% target FFT was reached for the second successive month in year. The number of compliments received has increased to 192 in month which is the highest number recorded this year.

Are Our Services Safe?

The total number of patient safety incidents reported a small increase from 1055 in November to 1075 in December with skin Integrity, restrictive Interventions, self – harm and falls being the most frequently reported, however it is noted that they remain within previous reported ranges. It is pleasing to report that there were zero C-19 deaths

reported in December within our inpatient units. Significant focus and attention continue to be paid to the staff vaccination programme. As of 18/01/22, 94% of patient facing GHC staff have received their first dose and 86% received their second. Supporting data gives good assurance that 84% of colleagues of black and minority ethnic heritage have received their first dose and 76% have received their second. To enhance the Booster program, walk in and roving staff vaccination sessions continue to be delivered led by colleagues within NTQ. Good assurance is available demonstrating that the rolling inpatient vaccination program continues to deliver effectively. To support staff safety and reduce nosocomial infection an enhanced programme of FFP3 fit testing led by ventilation assessments has been implemented in line with national health and safety guidance.

Are Our Services Effective?

It is encouraging to note that despite current Covid related absences and service disruption, recovery can be seen in seen Podiatry, ICT Physiotherapy, ICT Occupational Therapy, Paediatric Speech and Language Therapy and Paediatric Physiotherapy. Collaboration with operational colleagues to design quality metrics for a cohort of our smaller services continues but has been disrupted by colleagues prioritising the Trusts response to the latest wave of Covid. Future metrics will be representative of; Friends and Family Test, Patient and Carer Experience, Workforce and Access to services. GHC continues to maintain its vital role in system-wide patient flow/admission avoidance across all of our services offering a dynamic response to system need including GHC colleagues providing in- reach support to the Emergency Department at GHNHSFT.

Are Our Services Responsive?

Despite operating within an environment of increasing demand for all services good assurance is available that demonstrates the Trust continues to prioritise active recovery work with monthly reporting and assurance provided through QAG with service specific improvement plans being developed where required. Rapid clinical development and repurposing of estates has enabled GHC to provide a countywide treatment unit for Neutralising Monoclonal Antibodies (nMABs). nMABs is a new treatment for patients who are Covid positive and are at highest risk of getting seriously ill, made available in the UK since 16 December and is a national service delivery priority. CPA compliance has reduced this month compared to the previous month's figure to 88.1% and this is due to workforce pressures with the majority of outstanding cases being within recovery. Every effort is being made to recover this position through the delivery of a Service Recovery Action Plan which includes the review of non-compliant cases with regard to scheduling reviews and ensuring the clinical system is updated with reviews that have taken place. External CPA reporting to the CCG has been suspended pending the development of the new National CPA approach. Further additional attention is being focused into eating disorder services due to significant wait list challenges. This work will be reported monthly via the Quality dashboard will be supported by NTQ colleagues with associated scrutiny and reporting via Quality Assurance Group.

Are Our Services Well – Led

Good assurance is available demonstrating sustained improvement within Physical Intervention and the Positive Behaviour Management Training and are above the Trust's 90% compliance target. Statutory and mandatory training compliance has shown an increase over the year from last year's outturn figure to reach 89.7%. International

Nurse recruitment continues with 28 colleagues in post and a further 13 offered posts. Safe staffing for inpatient areas is reported, noting staffing challenges due to Covid, despite these challenges,' services have worked well to maintain staffing levels and support patient safety. Sickness absence levels have risen above the 4% target to 6.7% however Staff health and wellbeing remains a significant priority particularly within the current global context. This month's dashboard contains an appendix that details summary reporting on the Trust 2021/22 quality priorities (Q3) providing good assurance that achievement against the priorities is progressing positively despite well documented challenges.

Risks associated with meeting the Trust's values
Specific initiatives or targets 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?
Quality Assurance Group, updates to the Trust Executive Committee and bi-monthly reports to Quality Committee.

Appendices:	Quality Dashboard Report

Report authorised by:	**Title:**
John Trevains	Director of Nursing, Therapies and Quality

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Quality Dashboard 2021/22

Physical Health, Mental Health and Learning Disability Services

Data covering December 2021

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

Executive Summary

NHS
Gloucestershire Health and Care
NHS Foundation Trust

This Quality Dashboard reports quality-focussed performance, activity, and developments regarding key quality measures and priorities for 2021/22 and highlights data and performance. This data includes national and local contractual requirements. Certain data sets contained within this report are also reported via the Trust Resources Committee; they are included in this report where it has been identified as having an impact on quality matters. Feedback on the content of this report is most welcome and should be directed to John Trevains, Director of Nursing, Therapies and Quality (NTQ).

Are our services CARING?

As a result of the diligent work undertaken by the team to engage early on complaint issues and to resolve matters as concerns, the number of new complaints received in December has reduced to 3, this is the lowest number recorded this year. There are 0 complaints exceeding 12 months, open cases continued to be prioritised in terms of response and it is assuring to note 100% of complaints received in December 2021 were acknowledged within the 3-day target timeframe. In December the achievement against the 95% target FFT was reached for the second successive month in year. The number of compliments received has increased to 192 in month which is the highest number recorded this year. The PCET team continues to recover the backlog working towards zero complaints working more than 6 months noting that the team was impacted by Covid disruption as PCET colleagues have supported service delivery . The current number of open complaints at 68. Information is also included on the results of the annual 2021 CQC survey of adults who use community mental health services. The Trust is categorised as performing 'better' than most of the other mental health trusts in 5 of the 12 domains (42%) (2020 survey results showed : 8 out of 11,73%). Although this is a decrease from the previous year, the Trust remains in the top 20% performing Trusts in most of the domains (9 out of 12).

Are our services SAFE?

The total number of patient safety incidents reported a small increase from 1055 in November to 1075 in December with skin Integrity, restrictive Interventions, self – harm and falls being the most frequently reported. They remains within previous reported ranges however. Activity and trends continue to be closely monitored by the Quality Assurance Group. The percentage of patient safety incidents resulting in moderate or severe harm and death increased from November (6.44%) to December (8.19%). We are pleased to report that there were zero C-19 deaths reported for December. Significant focus and attention has been paid to the staff vaccination programme and as of 18/01/22 we are pleased to report that 94% of patient facing GHC staff have received their first dose and 86% received their second. Supporting data gives good assurance that 84% of BAME colleagues have received their first dose and 76% have received their second. To support the COVID – 19 Booster program walk in and roving staff vaccination sessions continue to be delivered. 63% of GHC colleagues have received their seasonal flu vaccination with the average figure for the South West being 55%, work is continuing to delivering the flu program in January. The mass vaccination team continue to deliver outreach sessions in communities with low uptake of vaccination. 20 bespoke pop up sessions have been completed with 516 people vaccinated. GHC led the engagement with military support units to enable joint working increasing our reach. Good assurance is available that the rolling inpatient vaccination program continues to deliver effectively. To support staff safety and reduce nosocomial infection an enhanced programme of FFP3 fit testing led by ventilation assessments has been implemented in line with national health and safety guidance.

Are our services EFFECTIVE?

Collaboration with operational colleagues to design quality metrics for a cohort of our smaller services continues but has been disrupted by colleagues prioritising the Trusts response to the latest wave of Covid. Future metrics will be representative of; Friends and Family Test, Patient and Carer Experience, Workforce and Access to services. The occupied bed days for "inappropriate" out of area Mental Health placements in December shows 55 days which relates to 3 patients. A task and finish group to improve Adult Mental Health admission and discharge pathways led by the Director of NTQ continues to demonstrate progress in improving bed access which is dynamic response to demand. Vacancies and Covid related absences continue to have an impact on service delivery and recovery however improvements can be seen in seen Podiatry, ICT Physiotherapy, ICT Occupational Therapy, Paediatric Speech and Language Therapy and Paediatric Physiotherapy**.** GHC continues to maintain its vital role in system-wide patient flow/admission avoidance across all of our services offering a dynamic response to system need including GHC colleagues providing in- reach support to the Emergency Department at GHNHSFT. This months dashboard contains an appendix that details summary reporting on the Trust 2021/22 quality priorities (Q3) which are on target and are progressing well with H1 targets achieved where applicable, these will report again at the end of H2 (Q4).

Are our services RESPONSIVE?

The Dilke MIIU remains closed and Stroud MiiU is open to booked appointments due to planned refurbishment which now has a revised completion date of May 2022. Tewkesbury MIIU is temporarily closed. The unit has been repurposed to provide the counties treatment unit for Neutralising Monoclonal Antibodies (nMABs). nMABs is a new treatment for patients who are Covid positive and are at highest risk of getting seriously ill, made available in the UK since 16 December. Recovery of Trust services impacted by Covid -19 disruption continues with monthly reporting and assurance provided through QAG, service specific improvement plans are being developed where required, CPA compliance has reduced this month compared to the previous month's figure to 88.1% and this is due to workforce pressures with the majority of outstanding cases being within recovery. There is a Service Recovery Action Plan (SRAP) in place. External CPA reporting to the CCG has been suspended pending the development of CPA within the ICS, with the exception of monitoring those on CPA with a 12 month review. This allows teams to focus time and resources to developing the Integrated Community Mental Health Team. Further additional attention is being focused into eating disorder services due to significant wait list challenges that are now being focused upon in this dashboard going forward.

Are our services WELL LED?

Good assurance is available demonstrating sustained improvement within Physical Intervention and the Positive Behaviour Management Training and are the Trust's 90% compliance target. Statutory and mandatory training compliance has shown an increase over the year from last years out turn figure to reach 89.7%, just short of target (90%), this month we continue to detail the variances seen between Directorates. Sickness absence levels have risen above the 4% target to 6.7% however Staff health and wellbeing remains a significant priority. "The Wellbeing Line" which launched on the 4th October and is now taking contacts from both internal referrals and across the ICS with a full launch in January 2022. International Nurse recruitment continues with 28 colleagues in post and a further 13 offered posts. Safe staffing for inpatient areas is reported, noting staffing challenges due to Covid, despite these challenges services have worked well to maintain staffing levels and support patient safety. Additional data is supplied on challenges with the NHSE healthcare support worker vacancy reduction target.

Quality Dashboard

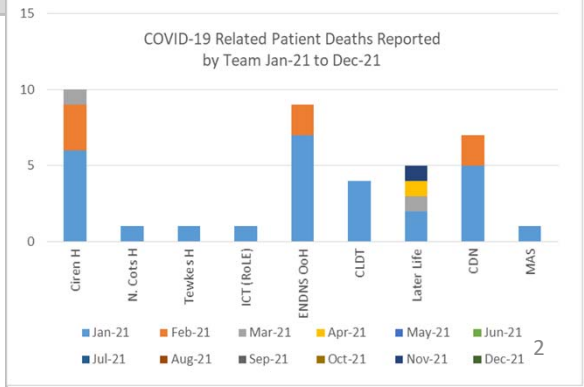
Gloucestershire Health and Care NHS Foundation Trust

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

No	Reporting Level	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	R A	Exception Report?
No of C-19 Inpatient Deaths reported to CPNS	N-R	66	0	0	0	0	0	0	0	0	0				0		
Total number of deaths reported as C-19 related.	L-R	161	0	0	0	0	0	0	0	1	0				1		
No of Patients tested at least once PH	N-R	2004	281	298	306	322	262	278	279	247	221				1507		* YTD Adj
No of Patients tested at least once MH	N-R	775	157	129	169	176	167	159	153	164	172				611		*YTD Adj
No of Patients tested C-19 positive or were admitted already positive PH (Inc. False positives)	N-R	322	0	2	2	4	3	3	2	7	7				24		*Adj to Inc. false positives
No of Patients tested C-19 positive or were admitted already positive MH (Inc. False positives)	N-R	33	0	0	1	1	2	1	2	4	6				15		*Adj to Inc. false positives
No of Patients discharged from hospital post C-19 PH	N-R	271	9	0	1	2	1	2	2	4	4				25		
No of Patients discharged from hospital post C-19 MH	N-R	28	1	0	0	1	1	0	2	1	3				9		
Community onset (positive specimen <2 days after admission to the Trust)	N-R	30	0	0	2	3	1	0	0	1	2				8		
Hospital onset (nosocomial) indeterminate healthcare associated -HOIHA (Positive specimen date 3-7 days after admission to the Trust)	N-R	6	0	0	0	0	0	0	0	0	2				2		
Hospital onset (nosocomial) probable healthcare associated -HOPHA (Positive specimen 8-14 days after admission to the Trust)	N-R	10	0	0	0	0	0	0	0	0	0				0		
Hospital onset (nosocomial) Definite healthcare associated - HODHA (Positive specimen date 15 or more days after admission to the Trust	N-R	27	0	0	0	0	1	0	1	2	5				9		
No of staff and household contacts tested	N-R	3123	65	76	342	221	211	287	617	568	825				3212		
No of staff/household contacts with confirmed C-19	L-R	323	0	0	28	25	29	32	168	64	210				556		
No of staff self-isolating: new episodes in month	L-R		34	40	153	223	199	146	255	212	327						
No of staff returning to work during month	L-R		29	30	100	210	169	145	207	205	326						
No staff GHC who received Covid-19 vaccine first dose		4046	17	8	8	7	3	0	0	3					46		

Additional Information

- As part of our ongoing commitment to support the One Gloucestershire NHS partners in declaring a countywide serious incident for HOPHA and HODHA Covid-19 cases in our hospitals, all investigative work has been completed and the draft learning report was updated in December following feedback from the Core Project Team. Meetings with Matrons took place in the first week of January to discuss individual ward learning. The findings from this work will inform both internal and system wide learning and the Action Plan will be forwarded to the CCG. There have been new HOPHA and HODHA Covid-19 cases in December and the level of harm template developed as part of the SI investigation is now incorporated into business as usual. The intention is to publish the final report in early 2022 after final sign-off.
- There were no mental health patient community patient or inpatient Covid-19 related deaths reported in December.
- 5 cases of HODHA identified in December, 2 at Wotton Lawn, 2 at Stroud and 1 at Tewkesbury, staff and patients were swabbed with no further positive cases identified. There were 2 cases of HOIHA , 1 following a transfer from GHT to the Dilke, the patient was in a bay and unable to isolate and 1 where the patient had been exposed prior to admission .There were 2 cases of community onset identified at Wotton Lawn. Good assurance is available that all mandated IPC practices were followed across all inpatient areas.



KEEPING PEOPLE SAFE – VACCINATION PROGRAMMES

Flu - Data from NHSE/I indicate that 63% of GHC staff have received a flu vaccination against a South West benchmark of 55%. This is an improved figure to the data tabled below which comes from NIVS, (there are a number of other systems which also record flu jabs which we do not have access to, Pinnacle etc) which accounts for the variation .

COVID 19 - 94 % "frontline" GHC workforce have received their first dose; with 86% having received their second dose. 84% of colleagues from black and ethnic origins received first dose and 76% received their second with 39% having received boosters as at 18/01/2022 (noting data quality issues due to multiple data recording systems.)

Workforce - We have pop up/walk in staff sessions and roving staff vaccination sessions , we are offering staff vaccinations during weekly inpatient vaccination and sign posting to other provider vaccination sessions.

SAI (School aged Immunisations) - The planning for this term's school based sessions for 1st and 2nd doses is underway and being led by the SAI team following the planned transfer of activity from the Mass vaccination team. The Mass Vaccination team continue to deliver and develop their outreach activity, this includes supporting Primary care colleagues with those who are housebound or who have significant disabilities. The team were recognised by NHSE in month following the development of a new e-consent process which will be published it as an example of best practice on the NHS Futures Platform .

Outreach Programme

We have delivered 20 bespoke pop up sessions at various locations where 516 people were vaccinated, of these 25% (127) were people receiving their first dose. GHC led the engagement with military support units to enable joint working increasing our reach.

FLU VACCINATIONS ROLE	BASE NUMBERS Dec 2021	FLU JABS TO W/E 6th Jan	%
All doctors/dentists	127	76	60
All qualified nurses, including students	1444	831	58
All other professional qualified staff	780	501	64
Support to clinical staff	1870	1161	62
TOTAL CHC CLINICAL STAFF	4221	2569	61
NHS infrastructure staff	350	217	62
TOTAL GHC WORKFORCE	4571	2786	61

COVID-19 VACCINATIONS ROLE	BASE NUMBERS Jan 2022	1ST VACCINE 18th Jan	%	2nd VACCINE 18th Jan	%	Boosters 18th Jan	%
All doctors/dentists	122	116	95	110	90	60	49
All qualified nurses, including students	1370	1317	96	1185	86	530	39
All other professional qualified staff	739	712	96	662	90	337	46
Support to clinical staff	2099	1939	92	1774	85	905	43
TOTAL GHC CLINICAL STAFF	**4330**	4084	94	3731	86	1832	42
NHS infrastructure staff	329	300	91	267	81	210	64
TOTAL GHC WORKFORCE	4659	4384	94	3998	86	2042	44

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

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

No		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
	Number of Friends and Family Test Responses Received	N - T	15%	8763	1786	1490	1562	1552	1118	1283	1378	1538	1224				12931			
	% of respondents indicating a positive experience of our services	N - R	95%	94%	92%	94%	94%	95%	94%	93%	93%	96%	95%				94%			
	Number of compliments received in month	L - R		2,938	149	123	129	131	118	147	140	153	192				1282			
	Number of concerns received in month	L - R		390	41	34	37	37	34	44	46	46	31				350			
	Number of complaints received in month	N - R		83	11	11	11	9	11	9	5	14	3				84			
	Number of open complaints (not all opened within month)				76	79	82	86	88	87	80	74	68							
	Percentage of complaints acknowledged within 3 working days			96%	73%	91%	100%	100%	82%	100%	100%	93%	100%				93%			
	Number of complaints closed in month				7	9	8	7	8	11	12	22	9				93			
	Number of re-opened complaints (not all opened within month)				5	6	6	6	7	5	6	7	6							
	Number of LRMs in month				2	0	1	2	2	1	0	0	0							
	Number of external reviews (not all opened within month)				4	4	4	3	3	3	2	2	2							

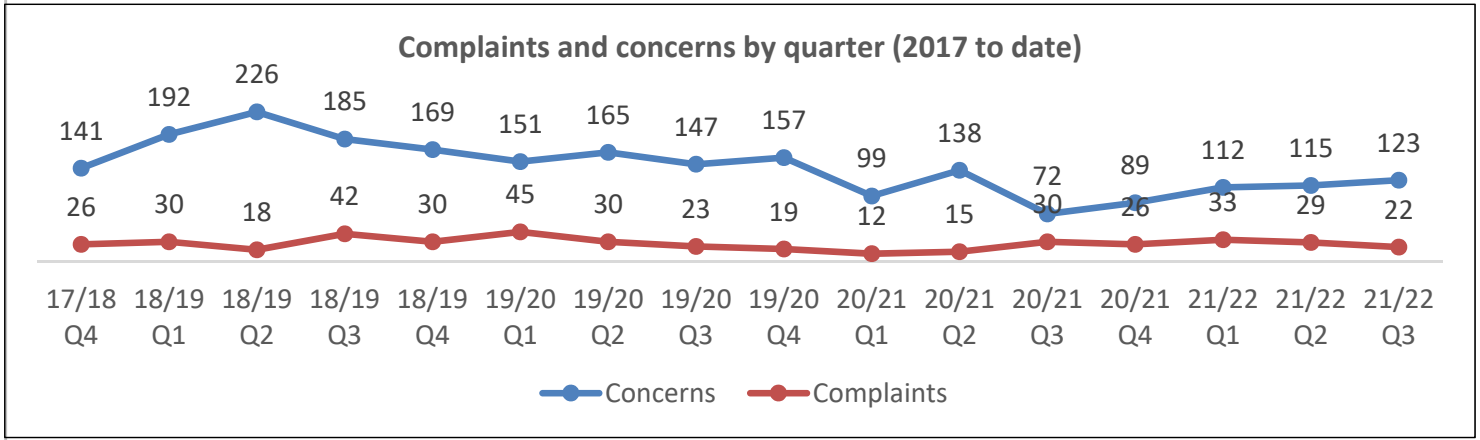
N - T	National measure/standard with target	L – I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L – R	Locally reported (no target/threshold) agreed
L – C	Locally contracted measure (target/threshold agreed with GCCG)	N – R/L – C	Measure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

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

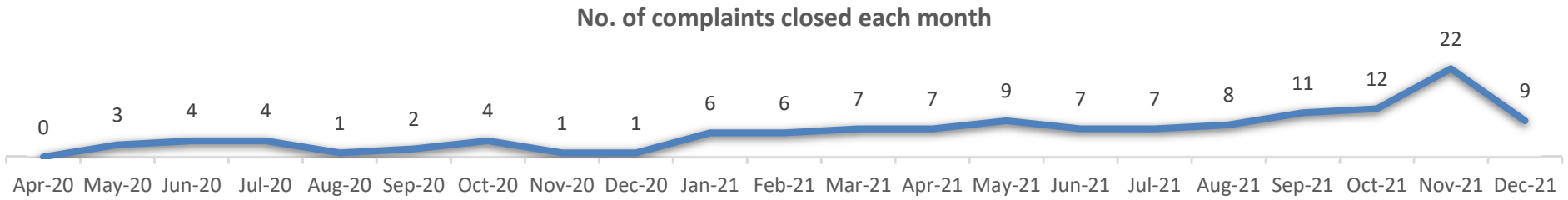
CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

Closed complaints:

- **9** complaints were closed this month and of these **6** were either partly or fully upheld.



This chart summarises the number of complaints and concerns received by quarter since 2017/18. This offers assurance that services are not receiving a significant increase in complaints in 2021/22. There is also evidence that we are recovering our position in spite of ongoing Covid-19 pressures (national pause, redeployment, services in recovery, vaccination drive) and PCET staffing.



Assurance regarding complaint management

- Each complaint is triaged to check for any immediate actions required. Triage facilitates the identification of themes and hotspots.
- In line with NHS Trusts across England, the largest proportion of our complaints relate to care and treatment and communication/staff attitude.
- Price Waterhouse Cooper are concluding their audit of complaints closed between 1st April 2021 and 31st July 2021 – results will be reported when available.

Satisfaction with complaints/concern processes

- **6** active re-opened complaints
- **39** concerns were closed this month – none were escalated to a complaint

External review

- There are currently **2** complaints undergoing external review.

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

Timeframes

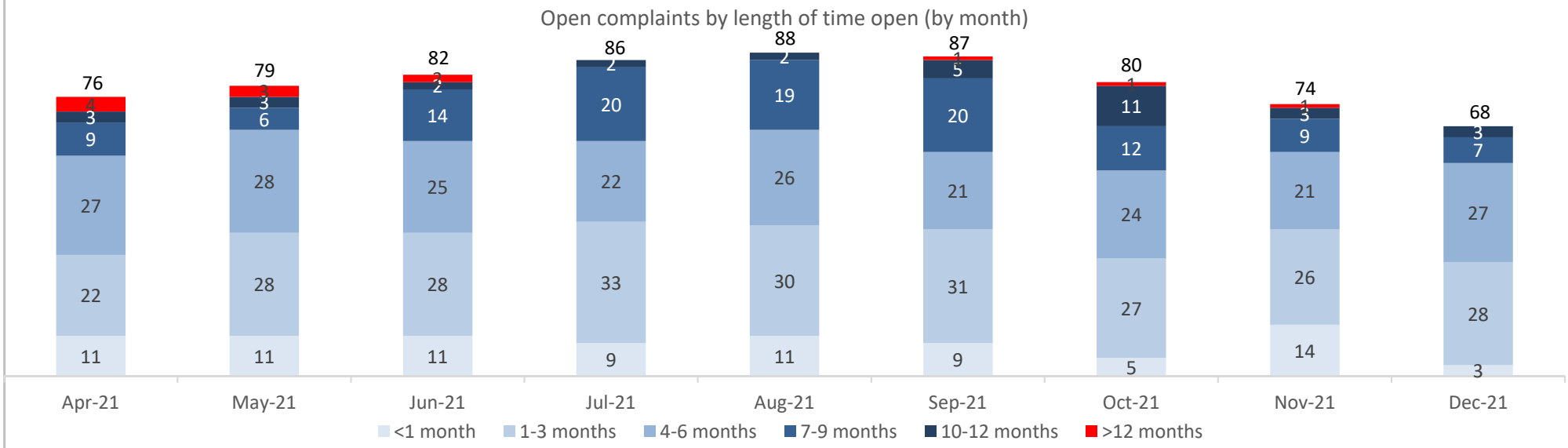
- PCET remains in active recovery and work remains on track to meet our recovery milestones.
- All three of the complaints received this month were acknowledged within the 3-day target timeframe.

- Of the **68** open complaints, **10** do not have agreed response times. Of these:
  - **6** are in the very early stages of the complaint process and issues have not been agreed and so timeframes have not yet been set.
  - **3** are complaints that we are attempting to resolve via resolution meetings.
  - **1** complaint is on hold while the Patient Safety Team conduct a review.

- Of the **58** complaints with agreed response dates:
  - **14** are within the agreed timeframe
  - **44** have exceeded the initially agreed timeframes, and there are a range of reasons for these delays including:
    - Agreeing issues for investigation with complainants
    - Delays in the investigation process (e.g. allocating investigators, timeliness of investigation report, and availability of staff for interviews)
    - Delays in the drafting and review of final responses (e.g. capacity, quality of investigation, availability of staff to review draft responses)

- **DRAFT PCET DEVELOPMENT PLAN: Paused due to team members supporting the Trust in its response to the latest Covid surge**

The chart below shows the length of time complaints have been open (please note that it can take a significant amount of time to agree issues with complainants depending on complexity and availability). PCET are focusing efforts on completing responses for those open for the longest period. A weekly meeting provides high-level oversight of the complaints tracker. Weekly updates to the Director of NTQ are in place and regular briefings to the Board and Quality Committee provide assurance of recovery. Please note that a recent quality review of the 2021/22 data identified a small reporting error of Q1 data in a previous slide set, despite the data being reported correctly elsewhere. Our PCET is committed to continuous improvement and transparency and has now put additional data/QA checks in place.



Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

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

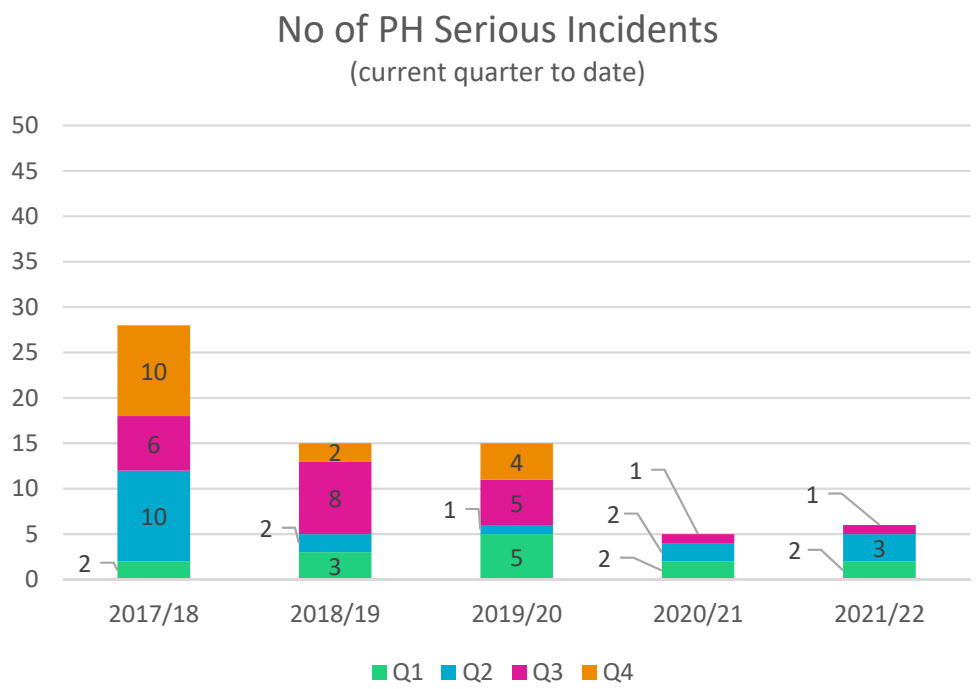
		Reporting Level	Threshold	20-21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021-22 YTD	R / A / G	Exception Report?	Benchmarking Report
	Number of Never Events	N - T	0	0	0	0	0	0	0	0	0	0	0				0			N/A
	Number of Serious Incidents Requiring Investigation (SIRI)	N - R		39	4	3	1	2	1	3	2	3	3				22			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		1	1	1	0	0	0	0	0	0	0				2			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding falls leading to fractures	N - R		3	0	1	0	0	0	0	0	0	0				1			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding pressure ulcers	N - R		2	0	0	0	0	0	0	0	0	0				0			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding suspected suicides	N - R		15	3	1	1	1	0	0	2	2	1				11			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding self harm or attempted suicide	N - R		10	0	0	0	0	0	0	0	0	1				1			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding mental health homicides	N - R		0	0	0	0	0	0	0	0	0	1				1			N/A
	Total number of Patient Safety Incidents reported	L - R		12474	985	1185	1069	1025	919	858	941	1055	1075				9112			N/A
	% incidents resulting in low or no harm	L - R		93.41%	92.99%	91.05%	92.42%	93.37%	94.23%	92.19%	92.56%	93.36%	91.81%				92.63%			N/A
	% incidents resulting in moderate harm, severe harm or death	L - R		6.59%	7.01%	8.95%	7.58%	6.63%	5.77%	7.81%	7.44%	6.64%	8.19%				7.37%			N/A
	% falls incidents resulting in moderate, severe harm or death	L - R		2.75%	1.10%	2.17%	2.78%	0.00%	1.75%	1.96%	1.00%	2.90%	2.11%				1.74%			N/A
	% medication errors resulting in moderate, severe harm or death	L - R		0.83%	0.00%	1.64%	0.00%	0.00%	1.61%	2.86%	1.85%	0.00%	0.00%				0.78%			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	1	0	0	1	0	0	4	0	0	0	0	0	6			N/A

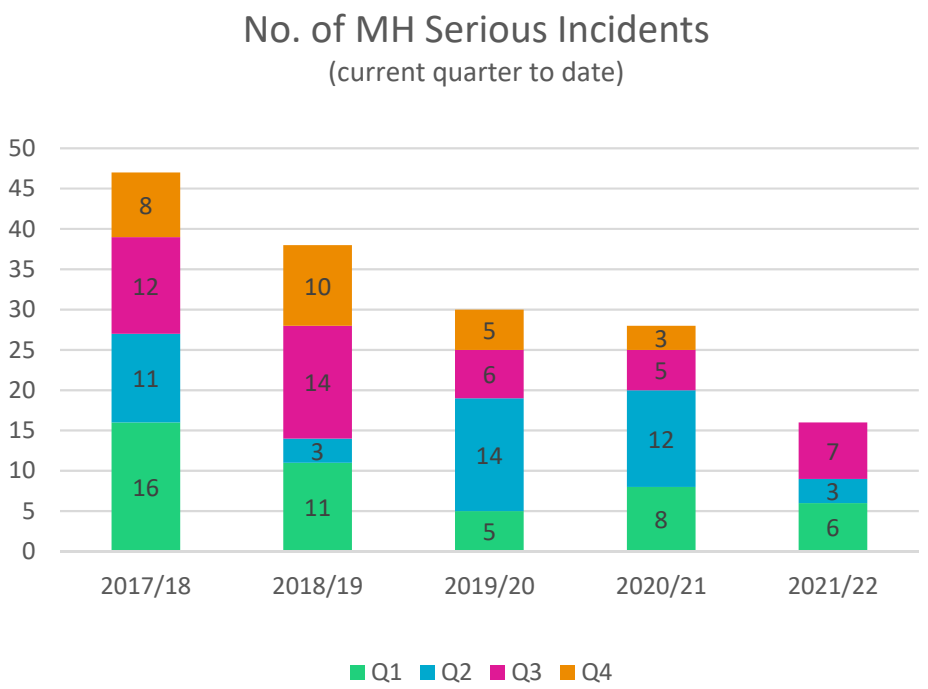
N-T	National measure/standard with target	L-I	Locally agreed measure for the Trust (internal target)
N-R	Nationally reported measure but without a formal target	L-R	Locally reported (no target/threshold) agreed
L-C	Locally contracted measure (target/threshold agreed with GCCG)	N-RL-C	Measure that is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

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

CQC DOMAIN - ARE SERVICES SAFE? – Additional Information

Three SIRI's were declared in December 2021, 1 mental health suspected suicide, a mental health inpatient attempted suicide, and a mental health CYPS incident related to a homicide. All incidents were reported in line with SIRI reporting requirements. The Patient Safety Team continue to monitor regional and national trends in terms of suicide rates and work towards our Trust's zero suicide ambitions. The tables below represent SIRI reporting over the past 5 years. These reports are stimulating good clinical discussions across operational governance forums and the Trust's Quality Assurance Group. Particular attention was paid at these meetings to thematic analysis of issues.





There are 12 active SIRIs, 3 of which have an agreed extension with the CCG in order for GHC to fully explore the complexity of issues and recognising the challenges faced to colleagues who are supporting the Trust with its response to the latest wave of Covid.

Regarding all patient safety incidents:

- The total number of patient safety incidents reported increased from 1055 in November to 1075 in December with skin Integrity, restrictive Interventions, falls, self–harm and medication errors being the most frequently reported categories of incident.
- The percentage of patient safety incidents resulting in moderate or severe harm and death increased from November (6.64%) to December (8.19%). This increase was primarily due to an increase in moderate harm pressure ulcers (19 in November and 30 in December).
- 3 patient falls (2.11% of patient falls) were reported as moderate harm in December, this was a decrease from 4 moderate harm falls (2.90% of falls) in November.
- No medication incidents resulted in moderate and above levels of harm in November.
- To note, there have been some minor adjustments to total numbers of patient safety incidents for previous months due to reclassification of some incidents. These adjustments did not substantially change the percentages reported against different levels of harm.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

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

		Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	R A G	Exception Report?	Benchmarking Report
	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	97.0%	97.2%	98. 7%	98.7%	100%	98.4%	98.6%	100%	97.8%	95.9%				98. 3%	G		
	Number of post 48 hour Clostridium Difficile Infections (C Diff)	N	1		1	2	4	2	1	3	1	0	2				16	R		
	Number of C Diff cases (days of admission plus 2 days = 72 hrs) - avoidable	N	0			0	0	0	0	0	0	0	0				0	N/A		
	Number of MRSA Bacteraemia	N	0			0	0	0	0	0	0	0	0				0	N/A		
	Total number of developed or worsened pressure ulcers	L - R	61	797	84	64	70	61	56	58	56	64	63				576	R		
	Total number of Category 1 & 2 Acquired pressure ulcers	L - R	56	698	75	60	59	57	53	49	46	53	56				508	R		
	Number of Category 3 Acquired pressure ulcers	L - R	0	70	8	1	9	4	3	6	7	10	3				51	R		
	Number of Category 4 Acquired pressure ulcers	L - R	0	29	1	3	2	0	0	3	3	1	4				17	R		

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

HCAI

- There were 2 post 48-hr Clostridium Difficile (C. Diff) cases recorded in December. 1 case at Lydney where the patient had diarrhoea on admission, a sample was taken on 19.12.21 but not processed by the lab as was within 5 days of positive result, sample resent on 22.12. 21 which was C.Diff toxin positive The second patient was admitted to North Cotswold hospital with symptoms and has been isolated in a side room since admission .

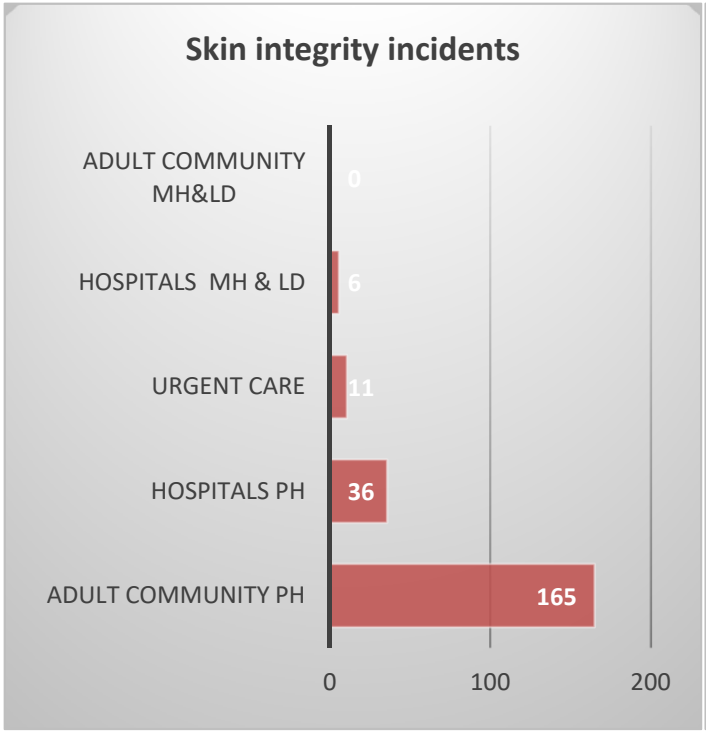
Pressure Ulcers

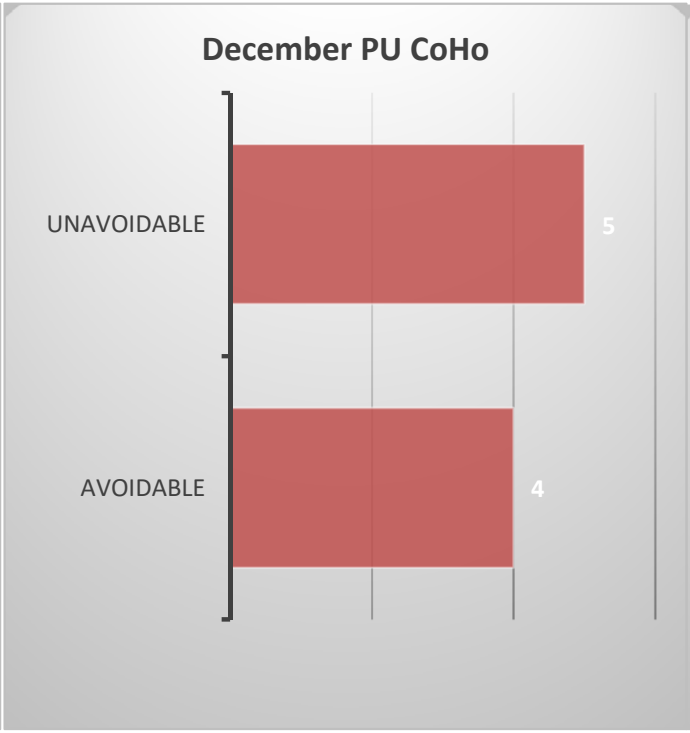
- The context of the following commentary in relation reported pressure ulcer incidents should take into account the continued impact from the Covid -19 pandemic. There are three key factors that are driving an increase in number and severity of pressure ulcers; Circulatory changes following covid infection, deconditioning of patients who live at home and have become more socially isolated and physical immobility during and following Covid infection.
- The clinical pathways lead (CPL) continues to work with colleagues across the trust to highlight pressure ulcers as being “everybody’s business” using signposting to educational resources, evidence from data and quality improvement methodology.
- There appears to be a slight increase in the reporting of “total numbers of pressure ulcers that developed or worsened under GHC care this month”. This is likely due to the additional clinical scrutiny being applied to the categorisation of the most severe pressure ulcer damage, in essence scrutiny has ensured correct classification which has resulted in a reduction of category 3 but an increase in category 4 and accurate classification of unclassified.
- Work is underway to analyse 94 ICT pressure ulcer questionnaire (PUQ) responses. The review of ‘Learning from the agreed PUQs’ aims to identify and evidence whether a PU was likely to have been preventable under GHC care. It is hoped that clear themes will emerge to provide an evidence base for local, targeted interventions to reduce harms . This work will also give insight into the numbers and reasons why some PUs reported at an earlier category deteriorate.
- The active work with teams continues in terms of improving practice and monitoring and oversight of PU’s developed in their own localities. Localities and inpatient units have met significant rising demand in pressure area care referrals from primary care, care homes and acute hospital transfers.
- Following the success of the Gloucester Quality Improvement (QI) Pressure Ulcer (PU) plan the Forest & Tewkesbury, Newent & Staunton (TNS) QI PU approaches are currently used in all our ICT localities. The Datix team have provided historical data from these areas that can support the development of a baseline for improvement focusing on category 2 damage.
- Development work will contribute to plans to develop new threshold markers for next years monitoring measures.

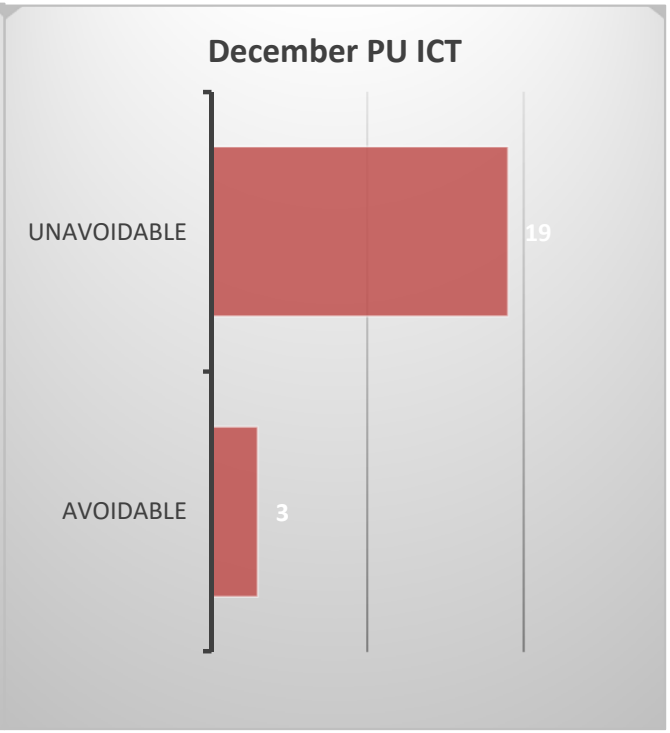
N - T	National measure/standard with target	L – I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L – R	Locally reported (no target/threshold) agreed
L – C	Locally contracted measure (target/threshold agreed with GCCG)	N – R/L – C	Measure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

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

CQC DOMAIN - ARE SERVICES SAFE?
Pressure Ulcers – December 2021 Additional Information Trust Wide







Bar chart showing skin integrity incident reports per service.

- Adult community PH: 165
- Hospitals PH: 36
- Urgent care & specialist services: 11
- Hospitals MH & LD: 6
- Adult comm. Mental Health & LD 0
- CYPS Physical Health 0

Bar chart showing PU's developed or worsened under GHC care (acquired) in our Community Hospitals in December 2021

- Community PH hospitals pressure ulcers that have developed or worsened under our care (acquired under our care). ***Reviewed*** as being unavoidable or avoidable because of co morbidities, patient choice (for example patients may decline to use equipment or clinical advice.)
- 5 unavoidable
- 4 avoidable

Bar chart showing data reported in community PH in December 2021

- Snapshot of Community PH pressure ulcers that have developed or worsened under our care (acquired under our care). ***Reviewed by handlers*** as being unavoidable or avoidable. These decisions may have been made because of co morbidities, patient choice (for example patients may decline to use equipment or clinical advice.)
- 19 unavoidable
- 3 avoidable

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	R A	Exception Report?	Benchmarking Report
Referral to Treatment physical health																				
	Podiatry - % treated within 8 Weeks	L - C	95%	96.00%	96.60%	96.60%	96.80%	91.3%	76.3%	56%	48.6%	57.10%	65.6				76.10%	A		
	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	89.80%	97.00%	95.50%	93.90%	90.9%	91.40%	81.5%	74. 6%	81.6%	87.4				88.20%	A		
	ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	93%	96.30%	96.70%	96.90%	93.1%	93.8%	87.6%	88. 4%	81.6%	84.0				90.90%	A		
	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	95,4%	97. 2%	95.60%	96.50%	71.3%	58.9%	86.9%	86.2%	91.8%	95.8%				87.00%	R		
	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	96.50%	99.20%	99.60%	98.90%	98.2%	97.3%	96.9%	97.7%	98.6%	99.4				98.50%	G		
	Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	98.10%	95.70%	98.90%	97.70%	99.5%	99.4%	98.1%	99.3%	96.3%	93.4%				97.80%	G		
	Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R	3,279	28960	3101	2920	1339	1305	1190	1257	1338	1344	1296				15090	R		
	Wheelchair Services Adults : New referrals assessed within 8 weeks	L - C	90%	TBC	83.30%	82.60%	66.00%	56.8%	75.0%	77.2%	68.1%	78.3	68.4				72.80%	R		
	Wheelchair Services : Under 18's new referrals assessed within 8 weeks	L - C	90%	TBC	62.50%	92.30%	80.00%	100%	93.3%	100%	92.8%	100%	100%				91.20%	G		
Mental Health Services (CPA and Eating Disorders)																				
	CPA Review within 12 Months	N - T	95%	91.80%	95. 0%	92.90%	92. 5%	89.9%	89.3%	91.2%	90.8%	90.2%	88.1%				91%	R		
	Adolescent Eating Disorder - routine referral to NICE treatment start within 4 weeks		95%	70%	12.5%	0.0%	0.0%	100%	100%		66.6%	25.0%	0.0%				31%	R		
	Adolescent Eating Disorder - Urgent referral to NICE treatment start within 1 week		95%	44%	33.3%	7.6%	0%	0%	0%	0%	0%	0%	0%				5%	R		
	Adolescent eating Disorder - Urgent referral to non NICE treatment start within 1 week		95%	0%			0%			0%	0%		0%				0%	R		
	Eating disorders - Wait time for adult assessments will be 4 weeks		95%	91%	100%	40%	63.1%	36.8%	56,2%	31.5%	55.0%	61.9%	81.8%				56%			
	Eating disorders - Wait time for adult psychological interventions will be 16 weeks	N – T	95%	84%	92.3%	43.7%	88.8%	84.2%	71.4%	92.8%	87.5%	53.8%	60%				75%	G		

Additional information

Podiatry, ICT Physiotherapy and ICT Occupational Therapy : Show service recovery and small % increases during December. **Paediatric SLT and PT** also show small % increases. **Paediatric OT:** Shows a 2.9% decrease which relates to 6 out of 91 cases not being seen within time frame likely due to service pressures due to Covid disruption.
Wheelchair Services: In December 12 out of 38 adults were seen outside of timeframe, the service has a backlog due to current vacancies and sickness compounded by the need to redeploy colleagues to support the Trusts response to Covid. Under 18's provision has maintained the 100% target achievement as have priority referrals for adults and children .

Mental Health – There are currently 113 overdue CPA reviews, 73 cases within recovery teams. Progress is monitored via governance meetings and a new report has been developed to assist teams with identification of reviews, operational colleagues continue to face workforce challenges and the need to prioritise urgent clinical activity as barrier to improving this KPI.
Eating Disorders- The service remains significantly challenged both in terms of an increase in referrals and vacancies. Recruitment is underway for 2 Partnership and Development roles to support system development of a new service model. In addition 2 Eating Disorder Clinicians have been recruited with existing establishment and skill mix reviewed to increase recruitment into hard to fill posts. Further investment from commissioners to address the under funder establishment has been secured. The wait profile indicates that 92% (595) of all patients waiting for assessment are currently waiting over 4 weeks . Demand remains high overall with a 24% increase in referrals during 2020/21 compared to 2019/20 and a significant increase in urgent referrals for under 18s (28% in 2020/21 compared to 17% in 2019/20) and this is continuing with 53% of referrals received in December being flagged as urgent. The increase is linked to the increase the detrimental effect that the pandemic, lockdown and school closures have had on Children and Young Peoples' wellbeing and mental health. The service is accepting routine referrals, which are being triaged and placed on a waiting list, however, assessment and treatment will continue to be paused throughout January 2022 The service is working on reducing the urgent assessment waiting lists and recovering KPI's Day treatment has re-opened to support high risk patients and to reduce pressures on specialist out of county in-patient beds and local acute medical beds. The re-opening of day treatment is proving to be highly beneficial to the highest risk patients who remain within the community.

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN - ARE SERVICES EFFECTIVE?

		Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	RAG	Exception Report?	Benchmarking Report
Community Hospitals																				
Bed Occupancy - Community Hospitals		L - C	92%*	89.5%	87.0%	89.9%	94.2%	95.%	91.2%	94.5%	94.9%	95.7%	95.9%				93.14%	G		90.4%
*** Indicates optimum occupancy to enable flow**																				
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%	85.7%	90%	90%	75%	72.7%	100%	83.3%	100%	100%	100%				90.11%	G		
Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered																				
Inpatient Wards		N - T	95%	80%																
GRiP		N - T	92%	85%																
Community		N - T	90%	78%																
Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database). Waiting time to begin treatment (from IAPT minimum dataset		N - T	50%	52.9%	54.2%	53.8%	52.2%	50.2%	51.4%	49.9%	50.9%	51.7%	56.6%				52.2%	G		
Admissions to adult facility of patient under 16yrs		N - R		1	0	0	1	0	0	0	0	0	0				1	N/A		
Inappropriate out of area placements for adult mental health services		N - R	Occupied bed days	1742	82	100	199	187	77	8	54	32	55				794	G		
Children's Services – Immunisations				2019/20 Academic Year	Academic Year 2020/21 - Target 90% of all 2 immunisations by end of academic year (July 2021) and new cohort 1st immunisations					Academic year 2021/22 – Target 90% of all 2 immunisations by end of academic year (July 2022) and new cohort 1st immunisations										
HPV Immunisation coverage for girls aged 12/13 years old (Target for all 2 immunisations to be completed) begins Jan 2022		N - T	90%*	73.1%	30.7%	42.9%	74.4%	86.9%	90.8%											
Childrens Services - National Childhood Measurement Programme				2019/20 Academic Year	Academic Year 2020/21 - Target 95% of children measured by end of academic year - Cumulative target (July 2021)					Academic Year 2021/22 – Target 95% of children measured by end of academic year – Cumulative target (July 2022) **Programme starts November 2021**										
Percentage of children in Reception Year with height and weight recorded		N - T	95%*	69.7%	36.0%	64.5%	87. 8%	96. 8%	98.4%			12.9%	19.6%				19.6%	R		
Percentage of children in Year 6 with height and weight recorded		N - T	95%*	73.9%	9.0%	76.3%	84.5%	96.1%	96.2%			25.7%	34.0%				34.0%	G		

Additional Information

Children's Services –In December 19.6% of reception year estimated cohort were measured against the December monthly trajectory target of 30% . The programme resumed in November 2021 and current performance is based on updated school census data from Gloucestershire County Council (GCC) . The cohort may vary during the remainder of the academic year as updated data is received. The numbers of children absent from schools remains higher than usual which has resulted in lower numbers of children available when the service visits, return visits and bespoke offers are in place

HPV –The programme commences in January 2022 and subsequent Dashboards will report progress .

EIP – The recommendation of the Mental Health Taskforce, NHS England outlines its commitment to ensuring that, by 2020/21, at least 60% of people experiencing first episode psychosis receive treatment. The standard has been carried forward to the next financial year. There have been updates to the data for late entries which shows an overall improvement.

Out of area bed days - The occupied bed days for inappropriate out of area Mental Health placements in December was 55 days which relates to 3 patients. Improvements within this area of work is as a result of the NTQ led admission and discharge pathway task & finish group.

Quality Dashboard

NHS
Gloucestershire Health and Care
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Additional KPIs - Physical Health

		Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	RAG	Exception Report?	Benchmarking Report
Proportion of eligible children who receive vision screens at or around school entry.(Cumulative target awaiting trajectory)			95%*	93.60%								13.10%	19.20%				19.20%	R	N	
Number of Antenatal visits carried out				614	47	51	51	54	30	70	46	60	58				467	R	Y	
Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor			95%	94.10%	93.40%	96.60%	93.30%	93.60%	95.00%	91.70%	92.30%	94.20%	95.90%				93.20%	A	Y	
Percentage of children who received a 6-8 weeks review.			95%	95.90%	98.30%	97.20%	97.60%	97.80%	94.60%	95.40%	96.60%	96.30%	96.60%				96.70%	G		
Percentage of children who received a 9-12 month review by the time they turned 12 months.			95%	72.60%	74.00%	84.70%	82.30%	84.20%	80.60%	80.00%	84.10%	87.20%	86. 30%				82.50%	A	Y	
Percentage of children who received a 12 month review by the time they turned 15 months.			95%	83. 7%	83.90%	79.60%	82.80%	86.80%	91.60%	89.50%	90.40%	90.40%	90.50%				87.50%	A	Y	
Percentage of children who received a 2-2.5 year review by 2.5 years.			95%	72.50%	72.00%	74.40%	81.50%	84%	84.10%	84.70%	85.70%	83.60%	84.50%				81.40%	A	Y	
Percentage of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence).			58%	56.0%	61.30%	59.20%	60.10%	54.20%	56.10%	55.90%	53.50%	59.40%	54.90%				57. 1%	A		
Breastfeeding- % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks			80%	81. 3%	81. 7%	81.50%	85.40%	82.20%	81.20%	82.20%	79. 8%	81.40%	79.70%				81. 6%	G		
Average Number of Community Hospital Beds Open reduced by 8 due to social distancing measures.			196	174,9	186	187	188	187	181	192	195	194	195				188	R		
Average Number of Community Hospital Beds Closed			0	21.1	2	1	0	1	7	0	0	2	1				1.4	R		

Additional Information

New Birth Visiting (NBV) – Shows a 1.7% improvement in December , being above target for the second time this year .

Percentage of children who received a 9-12-month review by the time they turned 12 months - In November 86.3% (384) eligible children received the 9-12 month visit from a Health Visitor, this is a 0.9% decrease in uptake from last month, although all parents in this cohort were offered the opportunity to receive the review. A blended offer remains for those families previously assessed as universal with low risk; face to face appointments are offered where estates allow and virtual appointments via Attend Anywhere are being offered for developmental reviews where availability of estates outweighs number of reviews needed. Some families still request a face to face contact, declining the virtual offer. 47% (11) of breeches declined or DNA'd the appointment.

Percentage of children who received a 12-month review by the time they turned 15 months - In December 90.5% of eligible children received the 12-month review by the time they were 15 months old by the health visiting team, compared to a target of 95%. (45 out of 485 reviews were not completed within the target timeframe). This is a similar percentage from last months figure and therefore the HV team continue to offer catch up developmental clinics and work with families who have reconsidered the offer for a review.

Percentage of children who received a 2-2.5-year review by 2.5 years - In December 84.5% of eligible children received the 2-2.5-year mandated contact by a Health Visitor, compared to a target of 95%. This is a 0.9% increase on last month.(79 out of 511 reviews were outside of the target time frame) . All universal partnership (UP) and universal partnership plus (UPP) are seen face to face in the home setting for a full family health needs assessment. An additional intervention called the Early Language Identification Measure (ELIM will be introduced within the 2-year developmental review from the beginning of 2022). 85% of breaches were due to declines or DNA. 6% were movements into county,4% delayed by parents, 4% cancelled by the service and 1% completed out of county.

Percentage of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks: The maintenance rate of breastfeeding mothers at 8 weeks that were at breastfeeding at 2 weeks has reduced below the 80% target. This is thought to be influenced by breastfeeding difficulties/slow infant weight gain prior to 2 weeks, the midwifery service have had reduced capacity to support in hospital .

Percentage of infants being totally or partially breastfed at 6-8wks (breastfeeding prevalence) : The December prevalence rate is at 54.9% this showing a reduction of 4.5% this month compared to last month and 3.1% below target of 58%; Reduced breastfeeding initiation prior in the first 2 weeks is influential so Joint collaborative work with other stakeholders in identified localities has continued in December as well as going forward into Jan with plans to support an increased initiation.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES WELL LED?

	Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	R A G	Exception Report?	Benchmarking Report
Mandatory Training	L - I	90%	85.80%	87.50%	88.70%	88.40%	88.90%	88.80%	87.40%	88%	88.10%	89.70%				88.30%	A		
% of Staff with completed Personal Development Reviews (Appraisal)	L - I	90%	70.40%	67.20%	68.80%	68.40%	71. 9%	69.90%	59.90%	**65.90%**	66.5	68.1				67.30%	R		
Sickness absence average % Rate	L - I	<4%	4.80%	4.30%	3.90%	3.8.%	3.9%.	4.10%	4.20%	4.90%	6%*	6.7%*				NC	G		

Additional information

Mandatory training - Is at 89.7% overall, rounded to 90% which is on target for the first time this year, however this figure contains variances within teams .

- The Executive Directorate is 94% and Finance is 95%. The HR Directorate is 70% which is a 4% improvement on last month. This is likely to be as a result of data cleansing. Staff Bank training compliance figures have increased from 62.6% to 74%
- The Medical Directorate is 86%.The Nursing Directorate has an overall compliance level of 91%. Overall Operations Directorate training compliance is at 94.5% with the smallest Directorate, Strategy and Partnerships, compliance at 98%.
- **Appraisal** - Is 68.1% rising to 77% if Bank Staff are excluded . There are variations within Directorates : Finance 72%,Operations 78%, Nursing and Quality 60%, Executives 75%,Strategy and Partnerships 48% and HR 82%.
- **Sickness absence** - At 6.7% in month indicates a rising trend, the data is now automatically received from tableau providing a robust single data source.

Resuscitation and Restrictive Physical Intervention training

- Overall compliance has
- In response to the significant progress it has been agreed that monthly reports to QAG will no longer be required and will be replaced with monitoring via Positive and Safe Group, reporting quarterly to QAG.

Dec 21	PBM Theory			PBM Full			PMVA Breakaway			PMVA Full		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Wotton Lawn Hospital							76%	75%	73%	78%	75%	78%
Charlton Lane Hospital	85%	81%	86%	92%	89%	89%						
Berkley House	69%	75%	75%	92%	94%	94%						

Health and Wellbeing Hub

A slight reduction in contacts has been seen in month, this is attributed seasonal variation and annual leave, an increase in January is expected. A short survey has been developed for team leaders/managers to complete indicating the type of staff support required, particular focus is being paid to primary Care and Independent sector colleagues. Targeted communication was increased ahead of the wider launch taking place on January 17th . 2 Project workers have been employed to develop support packages for health and social care staff with Long Covid and to co-ordinate our outreach and engagement work to “at risk” and “protected characteristic” groups.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Inpatient – November 2021

	Code 1		Code 2		Code 3		Code 4		Code 5	
Ward Name	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions
Gloucestershire										
Dean	0	0	160	18	0	0	15	2	0	0
Abbey	112.5	15	55	7	0	0	0	0	0	0
Priory	130	16	15	2	0	0	0	0	0	0
Kingsholm	30	4	0	0	0	0	0	0	0	0
Montpellier	22.5	3	57.5	7	0	0	0	0	0	0
Greyfriars	307.5	40	0	0	0	0	0	0	0	0
Willow	0	0	377.5	39	0	0	0	0	0	0
Chestnut	52.5	7	7.5	1	0	0	0	0	0	0
Mulberry	37.5	5	7.5	1	0	0	0	0	0	0
Laurel	0	0	30	3	0	0	0	0	0	0
Honeybourne	0	0	0	0	0	0	0	0	0	0
Berkeley House	67.5	7	380	36	0	0	0	0	0	0
Total In Hours/Exceptions	760	97	1090	114	0	0	15	2	0	0

	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

There were 2 code 4 exceptions this month due to Dean Ward having Covid patients resulting in bank/agency reluctant to place staff. To keep patients safe the wider hospital was used as a resource and there were patients on leave which reduced the safer staffing level requirement.

Mental Health & LD			
Ward	**Average Fill Rate %**	**Sickness %**	**Vacancy %**
Dean Ward	99.73	4.7	29.8
Abbey Ward	122.58	0.0	43.8
Priory Ward	125.32	4.6	25.0
Kingsholm Ward	128.39	11.6	28.5
Montpellier	121.94	8.9	24.9
PICU Greyfriars Ward	119.62	9.7	14.3
Willow Ward	101.27	6.4	12.1
Chestnut Ward	122.76	0.0	27.4
Mulberry Ward	104.89	0.0	14.5
Laurel House	101.08	0.9	12.8
Honeybourne Unit	100.00	15.9	35.4
Berkeley House	98.19	3.1	12.3
Totals (Dec 2021)	**112.15**	4.9	17.5
Previous Month Totals	100.92	8.3	17.1

Physical Health			
Ward	**Average Fill Rate**	**Sickness %**	**Vacancy %**
Coln (Cirencester)	120.99	2.3	0.9
Windrush (Cirencester)	107.81	5.1	3.5
The Dilke	111.62	6.4	7.8
Lydney	102.89	9.6	-8.9
North Cotswolds	115.10	2.2	-2.4
Cashes Green (Stroud)	101.29	0.2	10.1
Jubilee (Stroud)	97.9	12.0	1.2
Abbey View (Tewkesbury)	95.52	8.8	1.8
Peak View (Vale)	115.48	3.8	-6.5
Totals (Dec 2021)	**107.62**	4.9	**3.1**
Previous Month Totals	107.60	6.1	1.9

NHSE Zero HCSW Vacancy Commitment Inc. bank	
October	82.06
November	92.49
December	97.19

NHSE Zero HCSW Vacancy Commitment : Regular consistent staffing is an established marker of quality care and the latest 3 months WTE vacancy figures are detailed opposite.
International Recruitment. 28 nurses are now in the UK: 26 RGN inpatient nurses, 2 RGN community nurses and 2 RMN inpatient nurses. A further 13 offers of employment have been made, 7 of which are RMN. Good progress I being made with developing new routes for RMN recruitment from overseas.

CQC SURVEY OF ADULTS WHO USE COMMUNITY MENTAL HEALTH SERVICES - 2021 RESULTS AND NEXT STEPS

- Enabling people to have positive experiences of NHS services which meet their needs and expectations is a key national strategic goal and is an underpinning core value of Gloucestershire Health and Care NHS Foundation trust .
- A paper was presented to GHC Quality Committee on the 6th of January 2022 detailing the full results of the survey .The CQC makes comparison with 54 English NHS mental health care providers' results of the same survey and the results are published on the CQC website. The Care Quality Commission (CQC) requires that all providers of NHS mental health services in England undertake an annual survey of patients in their care.
- Some of the fieldwork took place during the Covid-19 pandemic winter lockdown period in early 2021. Whilst the Community Mental Health survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore during the time of the pandemic, the CQC's analysis has shown that the national lockdown likely impacted the way service users responded to the survey. When comparing with equivalent time periods from previous surveys, responses received after the lockdown was introduced differ significantly across most questions this year. **The 2021 Community Mental Health survey is therefore classed as not directly comparable with previous iterations**.

Survey Domain	Score	Rating	Top 20% of Trusts
Health and Care Workers	7.5	Better	Yes
Organising Care	8.8	Better	Yes
Planning Care	6.8	Same	
Reviewing Care	7.7	Better	Yes
Crisis Care	7.2	Same	Yes
Medicines	7.4	Same	Yes
NHS talking Therapies	7.8	Same	Yes
Support and wellbeing	5.6	Better	Yes
Feedback	2.2	Same	
Overall views of care services	7.4	Better	Yes
Overall experience	7.3	Same	Yes
Care during the COVID – 19 pandemic	6.7	Same	

The Trust is categorised as performing 'better' than most of the other mental health trusts in 5 of the 12 domains (42%) (2020 survey results showed : 8 out of 11,73%). Although this is a decrease from the previous year, the Trust remains in the top 20% performing Trusts in most of the domains (9 out of 12).

Areas where Service user experience is best :
Organising care, planning care, Reviewing care, Support and wellbeing.

Areas where Service User experience could improve:
Planning care, Medicines, Crisis care, Organising care, Support and well being

Next steps :

- An infographic is being finalised to share full results showing domains and questions contained within, in an accessible and easy to read format .
- Where other organisations have scored well in particular areas we will collaborate and seek ideas to further develop local practice, particularly in relation to seeking feedback .
- An action plan will be co-developed with senior operational and clinical leaders and will be monitored via the appropriate governance meetings .
- The 2021 results will be provided for all colleagues and will celebrate our successes .

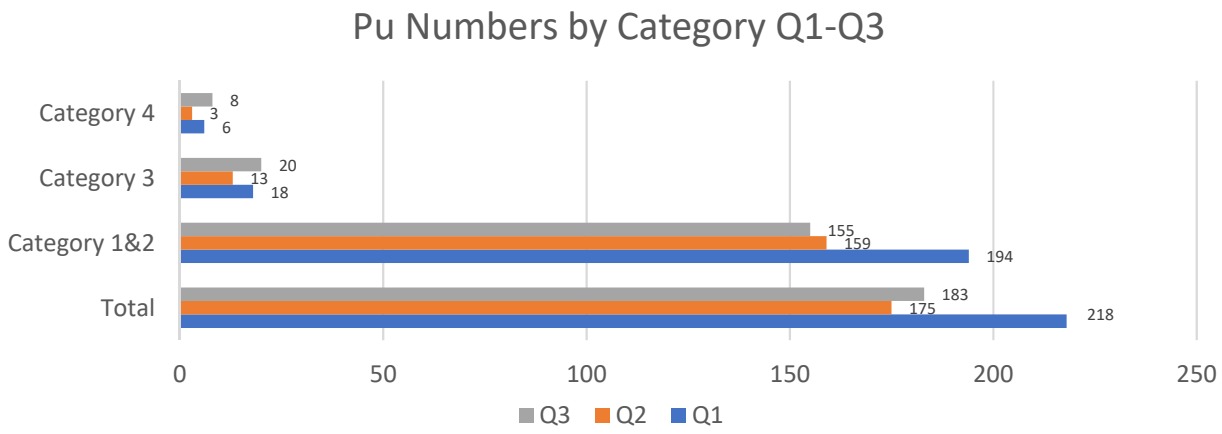
Despite no national or local commissioning requirements for formal Trust quality priorities being set within the Trust quality schedule for this year (due to national Covid-19 disruption impacts) we have agreed with our Trust Board to set the following 9 GHC Quality Priorities. This is to facilitate an ongoing focus on quality for the organisation to improve care for the people we seek to serve in Gloucestershire. This dashboard now includes reporting on the Trust 2021/22 quality priorities and it is encouraging to note that all are progressing well with H1 (Half 1) targets achieved or plans in place to rectify this where deemed necessary. Progress is reported to cover Q3 picking up any actions required to meet H2 targets going into Q4.

SUMMARY QUALITY PRIORITIES 2021-2022 AS AT END OF Q3

Priority	Description	Status
1	Pressure Ulcers (PU's) - with a focus on reducing incidence and severity through improvement in the recognition, reporting, and clinical management of PU's , developing a PU collaborative within the One Gloucestershire Integrated Care System.	H1 - Achieved Q3 - No issues H2 - On Track
2	Falls prevention – with a focus on reduction in medium to high harm falls based on 2020/21 data . Developing a falls collaborative within the One Gloucestershire Integrated Care System	HI - Achieved Q3 - No Issues H2 - On Track
3	End of Life Care (EoLC) - with a focus on refreshing the collaborative One Gloucestershire approach to improving EoLC across the county . This will support the 6 ambitions for Palliative and End of Life Care including improving systems to identify those eligible using the Supportive and Palliative Care Indicators Tool (SPICT), improving the access to advanced care planning and the ReSPECTV3 form, and increasing symptom management training for staff to support non - cancer patients.	H1 - Achieved Q3 - No Issues H2 - On Track
4	Patient and Carer Experience - with a focus on incrementally reducing the time taken to provide a final response letter to people who have raised a formal complaint about Trust services improvement in completion times will be achieved quarter on quarter .	H1 - Achieved Q3 – No issues H2 - On Track
5	Friends and Family Test (FFT) - with a question to ask people for their views on the quality of their care, as highlighted in our 2020 CQC Audit Community Mental Health Survey action plan .	H1 - NA H2 - On Track
6	Reducing suicides - with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. We will work to the aspirations of the Zero suicide Alliance to support the aim for zero suicides within our mental health inpatient units by 2022.	H1 - NA H2 - On Track
7	Learning disabilities - a focus on the Hospital /personal Passport utilisation, and roll out of the Oliver McGowan Tier 1 and tier 2 training programme .The trust aims to train 90% of our workforce .	H1 - NA H2 - On Track
8	Children's Services - transition to adult services with a focus on ensuring a safe and prompt transfer between services, developing pathways, standardising practice, and reducing delays in care . Fidelity to the care pathways will be evaluated through participation in the NCEPOD study .	H1 - NA H2 - Data issues
9	Embedding learning following patient safety Incidents - with a focus on sharing and learning from experience and investigations to develop and improve standards of care . This will be measured through the numbers of post investigation embedding learning workshops delivered and the number of lessons bulletins issued. alongside implementation of the Civility Saves Lives initiative, with assurance measured against the project implementation goals and evaluation over the reporting period .	H1 - Achieved H2 - On Track

SAFE : QUALITY PRIORITIES 2021-2022

Standard	**1 Pressure Ulcers (PU's) - with a focus on reducing incidence and severity through improvement in the recognition, reporting, and clinical management of PU's , developing a PU collaborative within the One Gloucestershire Integrated Care System.**
Performance	**Target** – the reduction quarter on quarter in the amount and severity of pressure ulcers within GHC : During Q1 there were 218 developed or worsened pressure ulcers , during Q2 there were 175 developed or worsened pressure ulcers with a slight increase in Q3 on Q2 to 183 .
Commentary	• The context of the following commentary in relation reported pressure ulcer incidents should take into account the continued impact from the covid -19 pandemic. There are three key factors that are driving an increase in number and severity of pressure ulcers; Circulatory changes following covid infection, deconditioning of patients who live at home and have become more socially isolated and physical immobility during and following covid infection. • The Trust has reported an overarching total of 393 skin integrity incidents in the first half of this year (H1) and this includes pressure ulcers. • Work is underway to analyse 94 ICT pressure ulcer questionnaire incident (PUQ) responses. The review of 'Learning from the agreed PUQs' aims to identify and evidence whether a PU was likely to have been preventable with GHC input, or not. It is hoped that clear themes will emerge to provide an evidence base for local, targeted interventions to reduce harms . This work will also give insight into the numbers and reasons why some PUs reported at an earlier category deteriorate. • Additional clinical support continues enabling us to review the most severe pressure ulcer damage: Category 3,4, suspected deep tissue injury and unstageable pressure ulcer Datix reports. • The active work with teams continues in terms of improving practice and monitoring and oversight of PU's developed in their own localities. Localities and inpatient units have met significant rising demand in pressure area care referrals from primary care , care homes and acute hospital transfers • Further to the success of the 'Datix dashboard oversight' these are now available to all community ICT managers and their senior teams. This has resulted in timely review of Datix incidents and thematic review for teams as well as assurance and governance oversight for the trust. • Educational webinars highlighting PU categorisation continue and these have been uploaded onto Care 2 Learn . The Tissue viability page has been relaunched on the trust's intranet and includes pressure ulcer resources. Tissue viability and District Nursing leads from neighbouring trusts are scoping a community benchmarking collaborative with initial data sharing.
Lead	BH



Target Achieved H1 Y

Target Achieved H2

Next steps : Evaluation of data and the maturity and success of the PU collaborative to be reported end Q4.

SAFE : QUALITY PRIORITIES 2021-2022

Standard	**2 Falls prevention with a focus on reduction in medium to high harm falls based on 2020/21 data . Developing a falls collaborative within the One Gloucestershire Integrated Care System**
Performance	**Target** – the % reduction quarter on quarter in the number of medium and high harm falls within inpatient units.
Commentary	• The number of falls resulting in medium to high harm in Quarter 1 20-21 and Quarter 1 21-22 are unchanged at 6 . • There is a reduction seen in Q2 of 21-22 against the previous years figure of 5 incidents which is a 55.5 % reduction year on year in the comparable time frame and this trend continues in Q3 where a reduction of 6 incidents occurs showing a 42.8% year on year reduction . • So far this year there has been an increase in the number of incidents overall in Q3 compared to quarters 1 and 2 however the total number of falls year on year has reduced , 29 to 18. • Incidents are monitored on a monthly basis and early indicators relating to the downwards trajectory could indicate that this target will be achieved at year end . • The Countywide Falls Group is well established and fully functional, there has been a collaborative input to the falls and bed rails policy and input to the proof of concept for the development of the clinical reasoning tool .
Lead	RK

Year	No	Year	No
Q1 20-21	6	Q1 21-22	6
Q2 20-21	9	Q2 21-22	4
Q3 20-21	14	Q3 21-22	8
Q4 20-21	6	Q4 21-22	

Target Achieved H1 Y

Target Achieved H2

Next steps : Evaluation of the maturity and success of the Falls Collaborative within the one Gloucestershire ICS collaborative to be reported end Q4.

SAFE : QUALITY PRIORITIES 2021-2022

Standard	**3 End of Life Care (EoLC) - with a focus on refreshing the collaborative One Gloucestershire approach to improving EoLC across the county . This will support the 6 ambitions for Palliative and End of Life Care including improving systems to identify those eligible using the Supportive and Palliative Care Indicators Tool (SPICT), improving the access to advanced care planning and the ReSPECTV3 form, and increasing symptom management training for staff to support non - cancer patients.**
Performance	**Target** – Our aim is to enable all our staff to be compassionate, confident and competent in delivering EoLc in our hospitals and in the community

Commentary

Quality Priority Plan	Q1	Q2	Q3	Q4
GHC EoLc priorities align with the One Gloucestershire approach to improving EoLc across the county and support the Six Ambitions for Palliative and EoLc. Our aim is to enable all our staff to be compassionate, confident and competent in delivering EoLc in our hospitals and in the community.		Develop and agree metrics from baseline assessments	Compassionate: • Early involvement in EoL concerns and complaints to recognise sensitivities and achieve early resolution. Confident: • Pre/post education and training confidence surveys Competent: • Number of people attending education and training • ReSPECT audit . • ReSPECT training • 2055 staff required L2 training 89.7% trained • 1028 staff required L3 training 81% trained.	Compassionate: • Reduction in number of EoLc complaints • Celebration event of good practice/ compliments Confident: • Pre/post education and training confidence surveys Competent: • Number of people attending education and training

Lead	DW

• Plan - Early involvement in EoL concerns and complaints to recognise sensitivities and achieve early resolution. Thus leading to an overall reduction in complaints .	Progress - The EoL lead is now involved in any complaints or concerns at an early stage to enable the families concerns to be addressed in a compassionate and timely manner and at a point where a real difference can be made to the care path for the patient.
• Plan - Pre/post education and training confidence surveys	Progress - The education programme (Masterclass in End of life Care) commenced on 2nd September and consists of 14 bookable 1 hour sessions . The next course has a planned start date of 6th January 2022 . The classes were collaboratively developed following discussions with Community Hospital staff and District Nurse teams. As at Q3: 142 people have attended and of those 95% said the course was either very beneficial, or beneficial to their present role.
• Plan - Number of people attending education and training	Progress – As at end of Q3 142 people had attended the End of Life Masterclass .There are 30 spaces available on each course.
• Plan - ReSPECT audit	Progress - Inpatients: 96% (220/228) of people had a ReSPECT form completed at the time of the audit. Further analysis of results to be completed to identify areas for improvement. Community patient ReSPECT Audit tool planned for Q4 but not ready for share yet due to Covid pressures so may be delayed.

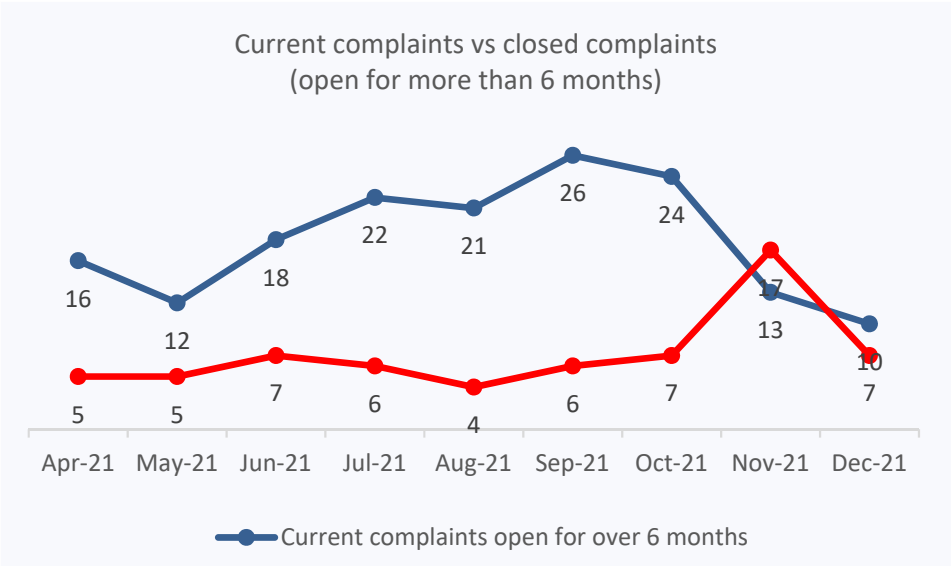
Target Achieved H1 Y

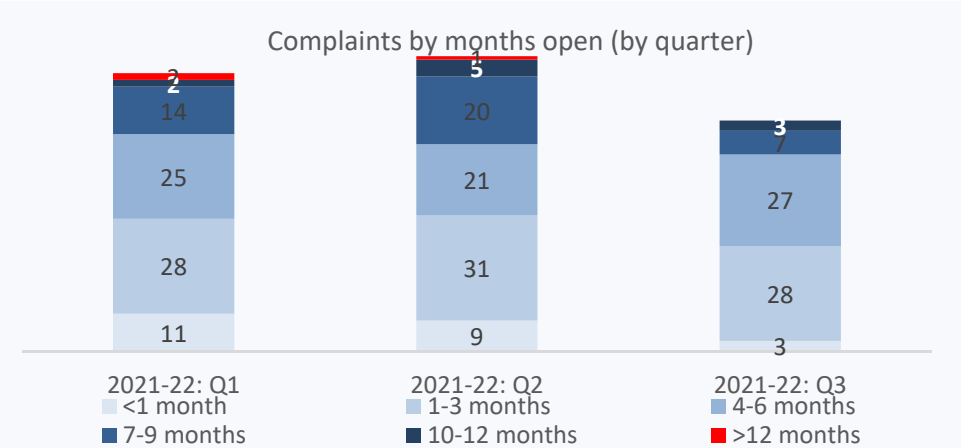
Target Achieved H2

Next steps : Statistical analysis to be undertaken in relation to reduction in complaints, numbers of class attendees and results of the respect audit , to be reported end Q4.

RESPONSIVE : QUALITY PRIORITIES 2021-2022

Standard	**4 Patient and Carer Experience - with a focus on incrementally reducing the time taken to provide a final response letter to people who have raised a formal complaint about Trust services improvement in completion times will be achieved quarter on quarter .**
Performance	**Target** – Our aim is to achieve a % reduction in PCET response rates and resolution times.
Commentary	• At the beginning of the financial year (April 2021) there were **76** open complaints, **4** of which had been open for more than twelve months (**5%**), and **12** of which had been open for more than six months (**16%**). • At the end of quarter three (December 2021) there are **68** open complaints, **none** of which have been open for more than twelve months (**0%**), and **10** of which have been open for more than six months (**15%**). • Between April and December 2021, PCET received 88 complaints, and closed 92.
Lead	HW





Target Achieved H1 Y

Target achieved H2

Next steps : Statistical analysis to be undertaken in relation to reduction in complaints . To be completed by end Q4.

RESPONSIVE : QUALITY PRIORITIES 2021-2022

Standard	**5 Friends and Family Test (FFT) - with a question to ask people for their views on the quality of their care, as highlighted in our 2020 CQC Audit Community Mental Health Survey action plan .**
Performance	**Target** – To establish a new question in the survey with a focus on "What really matters" to the patient .
Commentary Asking people for their views on the quality of their care	**Scoping exercise on Quality of Care** • A scoping exercise will take place as part of the wider Community MH Transformation work to identify what is important and meaningful to service users and carers and What Matters to Me… **Friends and Family Test** • Rollout of the new Friends and Family Test (FFT) to ensure regular feedback about care. • Copies of the FFT to be made available across all services. • Patients providing for feedback on discharge via SMS and email. • Patient providing feedback via link on Attend Anywhere • Launch of a carers FFT to seek feedback on the experience of carers who are in contact with our services – to be launched during Carers week in June 2021 • FFT, Carers FFT, and Carers survey all available on Trust website • Communications campaign to raise awareness of our feedback mechanisms **Leaflets and comment cards** • New complaints leaflets, posters and comment cards to be made available throughout all Trust service.
Lead	HW

Action	**Update Q2**
Scoping Exercise	Not yet started and been identified as aspirational as there has been no resource available to take this forward as a separate project, potential to align with other workstreams . This is now being considered as part of the 2022 National Survey action plan.
FFT	• We have achieved the implementation of the patient FFT and the carer FFT, but there is a new project now in place to look at the processes in order to streamline these and make them less labour intensive. This work is ongoing in collaboration with Snap Surveys, and the BI and IT teams. We are looking at implementing this over the next 6-9 months as there has not been resource available within the team to take this work forward, although plans are in place to address this. It is not possible to add additional questions to the current FFT, therefore a new question regarding quality of care can only be implemented when the process change takes place . New Task and Finish Group commences January 2022. • The current FFT question does encompass quality of care, although is broader: • <u>The question currently asked is:</u> *Overall, how was your experience of our service* (this is the National FFT question) Answer options: very good -good – neither good nor poor – poor – very poor – don't' know
Leaflets and Comment Cards	• New complaints leaflets, posters and comment cards are now available and are being distributed across the Trust

Target Achieved H1 NA

Target Achieved H2

Next steps : All workstreams to be progressed.

SAFE : QUALITY PRIORITIES 2021-2022

Standard	**6 Reducing suicides - with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. We will work to the aspirations of the Zero suicide Alliance to support the aim for zero suicides within our mental health inpatient units by 2022.**
Performance	**Target** – To establish an outcome of zero suicides within our mental health inpatient units by 2022
Commentary	There will be a staged implementation of NHSE/I mandated zero Suicide Plan for inpatient MH services.
Plan 1 - The Positive & Safe Group will develop and deliver a work plan with a clear focus on suicide prevention, ligature reduction programmes, use of assistive technologies, and proactive and collaborative clinical risk management.	**Progress** • Positive & Safe Group has met monthly and has oversight of suicide prevention activity including routine review of themes and trends concerning self-harm and ligature incidents. A Clinical Protocol for Ligature and Near Hanging Incidents is in the final stages of development. • Gap analysis re ligature reduction activity completed and used to inform Reduction of Ligature Risk Policy review. • Reduction of Ligature Risk Policy revised and approved July 2021. • Inpatient ligature audit 2021/22 is now complete with action plans in development. Additional governance of progress via quarterly Ligature Audit Action Planning Meetings chaired by Hospitals Directorate Service Director, with further oversight via quarterly Executive Led Ligature Management meetings. • Installation of new anti-ligature windows and door alarms at WLH as part of the Capital Programme began April 21 however works were suspended until September 21 due to patient flow challenges. Priory & Abbey Wards works complete, Kingsholm awaiting 1 x ensuite window, Dean Ward door alarms are outstanding and all works to Greyfriars begins January 2022. Works to Family Room and Multi-faith room have also been added to project and will complete by April 2022. Regarding CLC, funding has been agreed to replace 48 ensuite bathroom doors, and door top and bottom alarms to 6 patient bedroom doors (2 on each ward). Work is planned to commence in February 2022. • Digital Patient Safety Project Group established with the case being finalised. It is anticipated that the introduction of this technology will lead to a reduction in reported ligature incidents. • Ward based suicide prevention champions have been identified at WLH.
Plan 2 – To develop a comprehensive and robust training programme focussed on suicide reduction, suicidal thinking, assessment and conversation. This will be provided for all grades of staff, across all fields, beginning with those working in inpatient settings.	• GHC now offers 2 online courses via Care to Learn 1) 'Suicidal Thoughts and Assessment' – Having the Conversation, 2) 'We need to talk about suicide' – Health Education England. • In addition, the Positive & Safe Group identified 3 other freely available online course which are indicated in the 'Its safe to talk about suicide' leaflet' these are – Zero suicide alliance -www.zerosuicidealliance.com,'Real talk' – Grassroots, 'Suicide Prevention Awareness' – The learning pool • Statutory & Mandatory training for inpatient staff also includes assessing and managing clinical risks, searching of patients and observations and therapeutic engagement • During Q4 an online training resource for undertaking inpatient ligature audits and resetting the Intastop door alarms will be developed and launched.
Plan 3– To fully integrate, where possible, experts by experience, carers and families in the action plan to improve overall outcomes and service delivery in keeping with trust values. To further promote existing good practice such as the Letter of Hope, Little Red Book and the Stay Alive app and also to develop and implement the Its safe to talk about suicide leaflet.	• Letter of Hope relaunched and circulated via the Gloucestershire Suicide Prevention Partnership Forum. A further 1000 copies were printed. • An 'Its safe to talk about suicide' leaflet was developed based on the work at Exeter University Medical School with the Alliance of Suicide Prevention Charities originally produced in Devon. The GHC version was launched on World Suicide Prevention Day. During Q3, 1000 copies were printed and distributed to Emergency Departments at GRH & CGH and also the MHLT for use across al sites from which they operate. A further 4000 copies were ordered and received in December 2021 ready for distribution throughout Trust and voluntary sector services during Q4. There are plans to develop a version of this leaflet for use within CYPS.
Plan 4– To develop specialist practitioner roles. The focus of the Advanced Nurse Practitioners will be working with complex patients at risk of harm, supporting ward teams and medical staff in assessing, managing and reducing risk inclusive of serious self-harm.	• Appointment of 3 x Advanced Nurse Practitioners (ANPs) to work with complex patients at risk of harm in MH & LD inpatient units completed. • The 3 ANPs are currently undertaking training and development
Plan 5 – For the Inpatient teams to continues to assist in the provision of good follow-up and transition across teams to reduce risks and ensure safe discharges.	• 48hr follow up post discharge remains a KPI for the Trust and is monitored monthly via the Performance Dashboard. • There is further good practice amongst Crisis, Recovery & Early Intervention Teams with monthly completion of the community Suicide Prevention Toolkit, implementation of which is monitored via the Positive & Safe Group.
Plan 6 – To fully engage with the Gloucestershire Suicide Prevention Partnership Forum (GSPPF), neighbouring trusts and those further in the South to work together to share thoughts, ideas and experiences.	• GHC remains an active member of the Forum and inputs actively into the multiagency twice monthly 'real time' suicide surveillance group within the county. • The Trust's Quality Lead attended the Regional Suicide Prevention Virtual Summit 3 & 10.9.21 to participate in sharing of ideas and experiences. • During Q3, the Trust played an active role in the GSPPF tendering process for developing a Suicide Bereavement Support Service for the County. A successful bidder has been identified and the service is projected to go live during Q4.

Target achieved H1 NA

Target achieved H2

SAFE : QUALITY PRIORITIES 2021-2022

Standard	**7 Learning Disabilities - a focus on the Hospital /personal Passport utilisation, and roll out of the Oliver McGowan Tier 1 and tier 2 training programme. The trust aims to train 90% of our workforce.**
Performance	**Target** – To achieve a target of circa 50% of the workforce to be trained at L1 by Q3 and 90% of the workforce to be trained at L1 by the end of Q4. To provide an update and focus on the utilisation of patient passports .
Commentary	• Oliver McGowan - Level 1 training: The Compliance level for all staff is currently at 45.3% however this figure rises to 51.7% of the target audience if Staff Bank figures are removed. The training compliance figure for Level 1 is at target position for the end of Q3. To be noted that there has been a pause in availability of the webinars so there will be a number of people currently not showing as complete for the training who have completed the e-learning, but are awaiting the new webinar dates. • There has been enormous amounts of positive feedback received in relation to the training , some of the quotes which come from social media (e.g. Facebook and Twitter) are shown below . • We actively promote and share the My Health Passports and work is being scoped to liaise with other organisations such as the Hospitals Steering Group and Inclusion Gloucestershire to evaluate usage .
Lead	HW

"The best training I've been on for a long time and I learned so much (really truly – I'm not just being kind). I though I knew stuff but realised I was working with a lot of unconscious bias. Go on the training and see for yourself"

"Completed the online training and joined one of the experts by experience team members who was incredibly informative and made the session very engaging. Most definitely worth attending both training sessions to create an understanding and awareness"

"The Oliver McGowan Training is an insightful, informative and emotive training package. The training is predominately delivered by those with lived experience who truly understand the impact of conditions, diagnosis and the important discussions required in relation to their health and social care needs. I feel this training is extremely important for all health professionals in highlighting the individual behind the documentation and their desires to be seen, heard and to lead a fulfilled life. It will change my approach to communications ensuring I adhere to Ask, Listen, Do in order to achieve the most positive outcomes for the individuals themselves."

"Some of my staff did Tier 2 this week and it was brilliant… really brilliant, a must for ALL who work in the care sector. Very powerful stories. Excellent training!"

"Tier 1 of the excellent Oliver McGowan training completed today. Tears flowing at his story and missed opportunities to listen. Highly recommend staff do this training and we learn from his sadly entirely avoidable death. Ask. Listen. Do."

"Brilliant training, so powerful, highly recommended"

Target Achieved H1 NA

Target Achieved H2

Recovery plan/Next steps : Staff, and their managers, will continue to receive automated notifications from the Care to Learn training system about this (and any other training) which is out of date. Communication notices to encourage uptake continue to be issued by way of the intranet, newsletters and Indie-to-Go. Further work planned to explore usage of patient Passports is being scoped .

SAFE : QUALITY PRIORITIES 2021-2022

Standard	**8 Children's Services - transition to adult services with a focus on ensuring a safe and prompt transfer between services, developing pathways, standardising practice, and reducing delays in care . Fidelity to the care pathways will be evaluated through participation in the NCEPOD study .**
Performance	**Target** – To engage and report in line with the NCEPOD Study.
Commentary	• As a Trust we have been asked to support a NCEPOD submission around CYP with specific conditions transitioning to adult services. • The spreadsheets were circulated but we are not in a position to complete due to data quality issues that are being addressed with the survey
Lead	JR

Target Achieved H1 NA

Target Achieved H2

Next steps : The audit will take place once the cohort concerned has been established. This is not within the gift of GHC to control.

Gloucestershire Health and Care NHS Foundation Trust

SAFE : QUALITY PRIORITIES 2021-2022

Standard	**9-Embedding learning following patient safety Incidents - with a focus on sharing and learning from experience and investigations to develop and improve standards of care . This will be measured through the numbers of post investigation embedding learning workshops delivered and the number of lessons bulletins issued. alongside implementation of the Civility Saves Lives initiative, with assurance measured against the project implementation goals and evaluation over the reporting period .**
Performance Commentary	
Lead	NM

SI Reference	Datix	TeamGHC	Session Date	Comment
Historical		The Vale Hospital	29/04/2021	Session Completed
SI-36-21	GHC12830	ICT TWNS DN	19/07/2021	Session Completed
SI-03-22	GHC17086	AOT West	05/10/2021	Session Completed
SI-06-22	GHC17783	North Cots Hospital	19/10/2021	Session Completed
Si-02-22	GHC16698	Greyfriars PICU	21/10/2021	Session Completed
SI-39-21	GHC16443	Kingsholm Ward/Glos Recovery	27/10/2021	Session Completed

Narrative	Number
SI Incidents on a page included in Patient Safety Team (PST) monthly reports since April 2021	15
Clinical Incidents on a page included in PST monthly reports since April 2021	4

Target Achieved H1 NA

Target Achieved H2

Next steps : Further teams who have recently been involved in SI's have been contacted to arrange embedded learning sessions.

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 11/0122

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 January 2022**

PRESENTED BY: Sandra Betney, Director of Finance

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: **FINANCE REPORT FOR PERIOD ENDING 31st December 2021**

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

This report is provided for:

Decision ☑ Endorsement ☐ Assurance ☑ Information ☐

The purpose of this report is to

Provide an update of the financial position of the Trust.

Recommendations and decisions required

The Board is asked to **note** the month 9 position.

Executive summary

- The Gloucestershire ICS has been given a funding envelope for the second half of the financial year (H2) which is being spilt between the partners
- The Trust has a H2 plan of break even
- The Trust's position at month 9 is a surplus of £8k
- The Trust is forecasting a H2 position of break even
- The cash balance at month 9 is £56.5m
- Capital expenditure is £4.907m at month 9
- The Trust has spent £1.594m on Covid related revenue costs between April and December

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 and Deputy CEO

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NHS
Gloucestershire Health and Care
NHS Foundation Trust

Finance Report
Month 9

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Overview

Gloucestershire Health and Care
NHS Foundation Trust

- Gloucestershire ICS has been given an overall funding envelope for the second six months of 21/22
- The Trust has a H2 financial plan of break even
- At month 9 the Trust has a small surplus of £8k and a full year forecast position of break even
- The Trust has recorded Covid related expenditure of £1.594m for April to December
- 21/22 Capital plan is £15.493m, spend to month 9 is £4.907m which is £6.1m less than the ytd NHSI plan but only 0.06m below the revised plan
- The Better Payment Policy information is cumulatively 88% of invoices by value were paid within 30 days (87% upto November), the national target is 95%. Just for December 99% of invoices were paid (by value) within 30 days.
- Cash at the end of month 9 is £56.5m, an increase of £0.5m from last month

Gloucestershire Health and Care
NHS Foundation Trust

GHC Income and Expenditure

Statement of comprehensive income £000	2021/22 Original Plan	2021/22 NHSI H1 & H2 plan	2021/22 NHSI H1 & H2 plan ytd	2021/22 Actual ytd	Variance	2021/22 Full Year Forecast
Operating income from patient care activities	220,598	232,842	172,761	176,424	3,663	234,999
Other operating income	6,700	9,503	7,569	6,084	(1,485)	8,102
Employee expenses	(170,274)	(176,371)	(130,801)	(134,955)	(4,154)	(179,781)
Operating expenses excluding employee expenses	(53,533)	(63,357)	(47,556)	(45,645)	1,911	(60,720)
PDC dividends payable/refundable	(2,701)	(2,697)	(2,025)	(1,990)	35	(2,711)
Other gains / losses	0	8	4	12	8	12
Surplus/(deficit) before impairments & transfers	**790**	**(72)**	**(48)**	**(70)**	**(22)**	**(99)**
Remove capital donations/grants I&E impact	100	72	48	78	30	99
Surplus/(deficit)	**890**	**0**	**0**	**8**	**8**	**0**
Adjust (gains)/losses on transfers by absorption/impairments	0	0	0	**0**	0	0
Revised Surplus/(deficit)	**890**	**0**	**0**	**8**	**8**	**0**

The Operating income and Employee expenses variances are due to the pay award being larger than predicted in the H1 plan

GHC Balance Sheet

Gloucestershire Health and Care
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000) Nov-21		2020/21	2021/22	2021/22			2021/22
		Actual	Original Plan	H1 & H2 plan ytd	Actual	Variance	Full Year Forecast
Non-current assets	Intangible assets	488	488	488	376	(112)	326
	Property, plant and equipment: other	109,796	119,881	117,508	109,819	(7,688)	119,076
	NHS receivables	276	0	0	0	0	0
	Non-NHS receivables	316	0	0	242	242	242
	Total non-current assets	**110,876**	**120,369**	**117,996**	**110,437**	**(7,559)**	**119,643**
Current assets	Inventories	718	418	493	718	225	718
	NHS receivables	6,077	5,877	5,927	7,094	1,167	5,594
	Non-NHS receivables	5,928	5,928	5,928	5,748	(180)	6,548
	Cash and cash equivalents:	52,333	38,340	41,048	56,495	15,447	47,131
	Property held for sale	0	0	0	0	0	0
	Total current assets	**65,056**	**50,563**	**53,396**	**70,055**	**16,659**	**59,991**
Current liabilities	Trade and other payables: capital	(5,108)	(3,108)	(3,608)	(1,596)	2,012	(5,596)
	Trade and other payables: non-capital	(23,762)	(20,262)	(21,137)	(30,979)	(9,842)	(26,979)
	Borrowings	(107)	(107)	(107)	(109)	(2)	(109)
	Provisions	(3,526)	(1,526)	(2,026)	(3,758)	(1,732)	(3,758)
	Other liabilities: deferred income including contract liabilities	(2,273)	(773)	(1,148)	(3,060)	(1,912)	(2,260)
	Total current liabilities	**(34,776)**	**(25,776)**	**(28,026)**	**(39,501)**	**(11,475)**	**(38,701)**
Non-current liabilities	Borrowings	(1,363)	(1,363)	(1,363)	(1,280)	83	(1,222)
	Provisions	(1,423)	(1,423)	(1,423)	(1,423)	0	(1,423)
	Total net assets employed	**138,370**	**142,370**	**140,580**	**138,288**	**(2,292)**	**138,288**
Taxpayers Equity	Public dividend capital	126,578	126,578	126,578	126,578	(0)	126,578
	Revaluation reserve	6,826	6,826	6,826	6,826	0	6,826
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	0	(1,241)
	Income and expenditure reserve	6,207	10,207	8,417	6,125	(2,292)	6,125
	Total taxpayers' and others' equity	**138,370**	**142,370**	**140,580**	**138,288**	**(2,292)**	**138,288**

Cash Flow Summary

Gloucestershire Health and Care
NHS Foundation Trust

Statement of Cash Flow £000	YEAR END 20/21		ORIGINAL PLAN 21/22		ACTUAL YTD 21/22		YEAR END FORECAST 21/22	
Cash and cash equivalents at start of period		**37,720**		**52,333**		**52,333**		**52,333**
Cash flows from operating activities								
Operating surplus/(deficit)	(203)		**2,800**		1,899		1,959	
Add back: Depreciation on donated assets	127		0		78		128	
Adjusted Operating surplus/(deficit) per I&E	**(76)**		**2,800**		**1,977**		**2,087**	
Add back: Depreciation on owned assets	8,734		6,500		5,588		6,918	
Add back: Impairment	5,006		0					
(Increase)/Decrease in inventories	0		300		(0)		0	
(Increase)/Decrease in trade & other receivables	5,722		200		(486)		(137)	
Increase/(Decrease) in provisions	492		(1,500)		232		232	
Increase/(Decrease) in trade and other payables	7,758		(1,500)		1,770		(762)	
Increase/(Decrease) in other liabilities	(1,409)		0		787		(13)	
Net cash generated from / (used in) operations		**26,227**		**6,800**		**9,867**		**8,325**
Cash flows from investing activities								
Interest received	9		0		10		17	
Purchase of property, plant and equipment	(10,769)		(17,993)		(4,907)		(11,493)	
Sale of Property	0		0		0		0	
Net cash generated used in investing activities		**(10,760)**		**(17,993)**		**(4,897)**		**(11,476)**
Cash flows from financing activities								
PDC Dividend Received	679		**0**		0		0	
PDC Dividend (Paid)	(1,170)		**(2,800)**		(726)		(1,958)	
Finance Lease Rental Payments	(363)		**0**		(83)		(94)	
		(854)		**(2,800)**		**(809)**		**(2,052)**
Cash and cash equivalents at end of period		**52,333**		**38,340**		**56,495**		**47,130**

Covid 1

Gloucestershire Health and Care
NHS Foundation Trust

- The Trust has spent £1.594m up to 31st December 2021
- The Trust has received system COVID funding for the in envelope expenditure
- Out of envelope income has been included at £299.6k

For periods up to and including 31/12/2021 (M9)	Original Plan 21/22 (£)	Expenditure (£)	Actual ytd Income (£)	YTD Net (£)	Full Year Net Forecast (£)
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	507,832	**301,134**		**301,134**	**349,187**
Remote management of patients	186,000	**121,500**		**121,500**	**162,000**
Existing workforce additional shifts	223,440	**34,058**		**34,058**	**41,276**
Decontamination	82,510	**31,363**		**31,363**	**39,295**
Backfill for higher sickness absence	223,440	**139,113**		**139,113**	**171,584**
Remote working for non patient activites	186,000	**121,500**		**121,500**	**162,000**
National Procurement areas	72,000	**0**		**0**	**0**
Other	174,000	**0**		**0**	**0**
COVID-19 virus testing (NHS laboratories)		**546,053**	**(546,053)**	**0**	**0**
TOTAL IN ENVELOPE	**1,655,222**	**1,294,721**	**(546,053)**	**748,668**	**925,342**
Vaccine Program - Local Vaccination Service	0	**125,237**	**(125,237)**	**0**	**0**
Vaccine Program - Lead Employer	0	**76,457**	**(76,457)**	**0**	**0**
Vaccine Program - 12-15s	0	**97,937**	**(97,937)**	**0**	**0**
TOTAL OUT OF ENVELOPE	**0**	**299,631**	**-299,631**	**0**	**0**
Net Expenditure over Income	**1,655,222**	**1,594,352**	**(845,684)**	**748,668**	**925,342**

Capital – Five year Plan

Gloucestershire Health and Care
NHS Foundation Trust

Capital 5 year Plan	Revised Plan	Plan to Date	Actuals to date	Forecast Outturn	Plan	Plan	Plan	Plan	
£000s	2021/22	2021/22	2021/22	2021/22	2022/23	2023/24	2024/25	2025/26	Total
Land and Buildings									
Buildings	4,639	3,247	1,729	4,639	2,000	2,500	1,000	1,000	11,139
Backlog Maintenance	3,468	3,177	1,137	3,468	0	2,525	1,250	1,393	8,636
Urgent Care	750	750	94	750					750
Buildings - Finance Leases							1,500		1,500
LD Assessment & Treatment Unit						2,000			2,000
Cirencester Scheme						5,000			5,000
Medical Equipment	2,306	1,136	490	2,306	0	130	1,030	1,030	4,496
IT									
IT Device and software upgrade	800	200	111	800	0	600	600	600	2,600
IT Infrastructure	1,366	626	437	1,366	996	1,300	1,300	1,300	6,262
Clinical Systems						1,000			1,000
Unallocated				0			2,300	2,300	4,600
Sub Total	**13,329**	**9,136**	**3,999**	**13,329**	**2,996**	**15,055**	**8,980**	**7,623**	**47,983**
Forest of Dean	2,164	1,865	908	2,164	11,500	8,851	0	0	22,515
Total of Original Programme	**15,493**	**11,001**	**4,907**	**15,493**	**14,496**	**23,906**	**8,980**	**7,623**	**70,498**
Disposals					(1,349)	(2,454)	(2,000)	0	(5,803)
Donation - Cirencester Scheme					0	(5,000)	0	**0**	(5,000)
Net CDEL	**15,493**	**11,001**	**4,907**	**15,493**	**13,147**	**16,452**	**6,980**	**7,623**	**59,695**
Anticipated CDEL	**15,493**				**11,493**	**10,993**	**10,993**	**10,993**	**59,965**
CDEL Shortfall (under commitment)	**0**	**11,001**	**4,907**	**15,493**	**1,654**	**5,459**	**(4,013)**	**(3,370)**	**(270)**

Planned capital spend in January £ , in February £ , in March

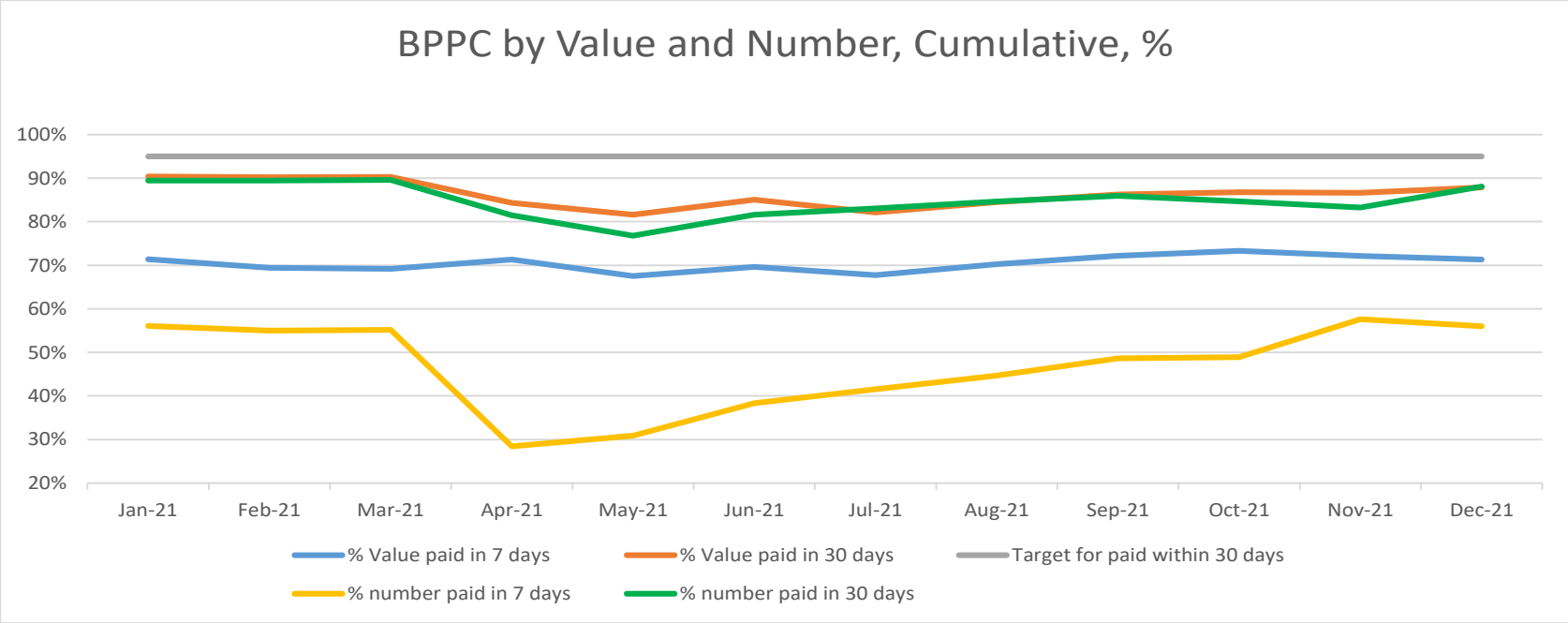
Forest of Dean scheme includes prior year spend of £1.4m giving total scheme cost of £23.9m

This programme does not include any mitigations except bringing forward £1.5m of FoD spend, removing £1m from unallocated and deferring £0.5m of buildings schemes into 22/23

Gloucestershire Health and Care
NHS Foundation Trust

Prompt Payment of Suppliers within 30 and 7 days

Better payment practice performance for 2021-22 has improved through the year
The dip in achieving the 95% target will continue whilst the Trust focuses on a continued effort to pay older and problematic invoices.
The Trust is liaising with specific budget holders to ensure the prompt paying of invoices is embedded, and meets with FSS monthly to understand any issues with the flow of invoices through the system.



Mitigated Risk Scores

Gloucestershire Health and Care
NHS Foundation Trust

Risks to delivery of the Trust's financial position are as set out below:

Risks 21/22	21/22 Risks	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
Risks 22/23	**22/23 Risks**	**Made up of: Recurring**	**Made up of: Non Recurring**	**Likelihood**	**Impact**	**RISK SCORE**
IFRS 16 revenue impact not fully funded	500	500	0	4	2	8
20/21 efficiency reinstated	1,896	1,896	0	4	3	12
Total of all risks	**2,396**	**2,396**	**0**			

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AGENDA ITEM: 13/0122

REPORT TO:	**TRUST BOARD PUBLIC SESSION – 27 January 2022**
PRESENTED BY:	Graham Russell, Vice 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

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☑ Information ☑

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 – including updates on Non-Executive Directors
- Governor activities – including updates on Governors
- Working with our system partners
- Working with our colleagues
- National and regional meetings attended and any significant issues highlighted

Risks associated with meeting the Trust's values

None.

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

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

Appendices:	**Appendix 1** Non-Executive Director – Summary of Activity – November and December 2021

Report authorised by:	Title:
Ingrid Barker	Chair

REPORT FROM THE CHAIR

1. 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. BOARD UPDATES

2.1 Non-Executive Director (NED) Update:

- The Non-Executive Directors and I continue to meet regularly, and meetings were held on 21st December and 18th January. NED meetings have been helpful check in sessions as well as enabling us to consider future plans and reflect on any changes we need to put in place to support the Executive as the Trust continues to juggles pandemic issues, winter pressures and routine business while still striving to continuously improve the way we operate.

- I continue to have regular meetings with the **Vice-Chair and Senior Independent Director**, along with individual 1:1s with all Non-Executive Directors.

2.2 Trust Board Meetings:

Board Seminar:
A seminar on Sustainability took place on 9th December which focussed on what sustainability means to the Trust; understanding the national and NHS drivers for the green plan and setting out Trust objectives and priorities for the green plan. The action plan which will be the next stage of this process is later on the agenda.

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 high quality care and colleagues' wellbeing. The following sessions have taken place:

12th January 2022 – Counter-Fraud. Professor Mark Button, Director of the Centre for Counter Fraud Studies at the Institute of Criminal Justice Studies from the University of Portsmouth delivered a bespoke training session. Professor Button provided a presentation on why staff commit fraud and the impact COVID-19 has had on fraud risks and levels.

The Gloucestershire NHS Counter Fraud service also presented on emerging risks facing South West organisations and how these compare against the national picture.

Due to the roll out of the mass vaccination programme and winter pressures, Health and Safety, which was also scheduled to take place on the 12th January, will be rescheduled to the spring to enable full board attendance. This enabled the Board to dedicate time for a full update on system pressures over the holiday period and into the new year.

3. GOVERNOR UPDATES

- Chris Witham has been reappointed as Lead Governor. I look forward to a continued good working relationship with Chris.

- I continue to meet on a regular basis with the **Lead Governor Chris Witham,** and we met on 8th December along with Trust Secretary / Head of Corporate Governance Lavinia Rowsell, and Assistant Trust Secretary, Anna Hilditch, to discuss agenda planning for the Council meeting on 13th January 2022.

- A Staff Governor Session was held on 30th November. The group reviewed the actions from its previous meeting to reflect on and clarify the staff governor role and we considered what might be helpful going forward and have an impact in terms of promoting the role of the Staff Governor.

- There was a Briefing session of the **Council of Governors** on 13th January which focused on updating the Council in relation to COVID-19 pressures. There was also a governor pre-meet so that the Council had an opportunity to discuss views and comments.

4. NATIONAL AND REGIONAL MEETINGS

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

- **NHS Providers Chairs and Chief Executive Network – 2nd December 2021** We received an update from Amanda Pritchard, Chief Executive, NHS England, on her perspective on the current NHS state of play and key priorities going forward and a Strategic policy update from Chris Hopson, Chief Executive, NHS Providers and Saffron Cordery, Deputy Chief Executive, NHS Providers

- **Lord David Prior's NHSE/I Chairs' Advisory Group** – I attended a further meeting of this group on the 14th December to contribute to national thinking on strategic priorities.

- **Confederation NHS Reset Webinars** continue to take place on a regular basis and are 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 past months.

- **NHS Confederation Mental Health Network** – meetings take place weekly and I attend when my diary permits.

5. 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 Deputy Chief Executive and Director of Strategy and Partnerships I attended meetings of the County Council's **Health Overview and Scrutiny Committee on 30th November 2021 and 11th January 2022**.

  The meeting on **30th November** received a briefing from Trust colleagues Andy Telford (Deputy Service Director (Op Management) Adult Community) and Dr Martin Ansell (Clinical Director (Operations)) on the delivery of the Trust's Mental Health Services across the county. The meeting also received updates on the performance of the Gloucestershire Clinical Commissioning Group (GCCG) against NHS constitutional and other agreed standards and also an update from the One Gloucestershire Integrated Care System (ICS).

  The meeting on **11th January** primarily focussed on NHS Gloucestershire GCCG Primary Care, One Gloucestershire Integrated Care System Update and the temporary service change to the Hyper Acute Stroke Services Unit. The next meeting on the 8th March is a joint meeting with the Adult Social Care and Communities Scrutiny Committee.

- On 2nd December I attended a **Gloucestershire Anchor Institutions Programme** virtual event which was facilitated by Breaking Barriers Innovations (bbi.uk.com). This is an independent research programme championing the radical improvement of public services using locality-driven, joined-up approaches. This work has led to the development of a 'Playbook' for taking forward place-based solutions to address the causes of poor population health that often transcend the NHS. This programme will aim to develop consensus on a blueprint for action by anchor organisations to prevent further widening of health inequalities and towards improving local population health and supporting economic recovery and sustainability. On 9th December an outline vision paper was presented setting out the gaps currently in the system and present a coordinating route map for organisations to move forward on priority areas.

- I attended a regular meeting of the **ICS Health Chairs/GCC Social Care Cabinet Lead** on 7th December.

- **Meetings of the ICS Board** were held on 16th December 2021 and 20th January 2022, where a number of important operational and strategic issues

were discussed. Partnership work is a key aspect of the County's response during the pandemic and this group helps ensure effective working is supported and ensures that we are thinking jointly about the "new normal". The January meeting focussed on mental health with a presentation from our Trust.

- 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, Dame Gill Morgan.**

6. WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

- Annual meetings with the **County's MPs** continue and the Chief Executive and I will meet virtually with Sir Geoffrey Clifton Brown MP on 3rd February. We met with Alex Chalk MP on 14th January.

- I was pleased to be invited to attend the **Forest of Dean District Council Carol Concert** held at The Church of St. Mary, St. Peter and St Paul in Westbury on Severn on 8th December.

7. ENGAGING WITH OUR TRUST COLLEAGUES

- This year's annual awards event, the "**Better Care Together Awards**", took place on the evening of 1st December and was again virtual live streamed from Edward Jenner Court. It was a fantastic celebration of our teams, colleagues and services who work tirelessly for the people of Gloucestershire. **Congratulations** to all the winners, the nominees and everyone who received special recognition. **Congratulations** also to colleagues who have achieved 20, 30 and 40 years' service within the NHS, who also received deserved appreciation. My grateful thanks to the Trust's Head of Communications, Kate Nelmes, and all those who helped put together such a successful event.

- I carried out a **quality visit** on 7th December with **Katie Stokes from the Health Visiting Team.** I accompanied Katie on a very interesting visit in Gloucester. My grateful thanks to Katie and the family for agreeing to me observing this visit.

- I attended the Trust's **Women's Leadership Forum** on 7th December where we heard from **Alison James** who talked about the menopause and how the trust is responding.

- I continue to attend the Trust's Committees on a rotational basis and attended the **Charitable Funds Committee** on 8th December.

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

Whilst drop in chats with services and colleagues continue to be mainly virtual, I continue to try to make myself available to support colleagues and recognise their endeavours. I have an active presence on social media to fly the GHC flag and highlight great work across the county.

8. NED ACTIVITY

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 November and December 2021.

9. CONCLUSION AND RECOMMENDATIONS

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

Appendix 1

Non-Executive Director – Summary of Activity – 1st November - 31st December 2021

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Dr Stephen Alvis	Meeting with Cotswold Governor AAC Panel Consultant interview NED & Lay Member Network NED Meeting Council of Governors Catch up with Neil Savage Mental Health Act & Mental Capacity Act Training Post Covid Syndrome Webinar GHFT hosted Better Care Together Event – Mental Illness and Inequalities Q3 Quality Visit 1:1 with Chair Dental Investigation Catch up with HR Director AAC Interview Panel NED Meeting	GGI NED Development Webinar NHS Providers Annual Conference GGI Breakfast Webinar	Resources Committee Extraordinary Board Meeting Board Seminar Board Development ICS ATOS Committee Quality Committee Public Board Meeting Private Board Meeting Board Seminar: Sustainability Resources Committee
Clive Chadhani	NED & Lay Member Network NED Meeting Council of Governors Audit Committee ICS Ned & Lay Members NED Meeting Ingrid Barker and Lavinia Rowsell Catch up Marcia Gallagher Catch up Better Care Together Programme Event - Mental Illness and Inequalities	NED Finance Training External Presentation preparation for Future Healthcare Leaders Event	Resources Committee Extraordinary Board Meeting Board Seminar Board Development ICS ATOS Committee Public Board Meeting Private Board Meeting Charitable Funds Committee Board Seminar: Sustainability

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Steve Brittan	Meeting with Lead Governor NED & Lay Member Network NED Meeting Pairing meeting with Paul Roberts Council of Governors Q3 Quality Visit Meeting with Margaret Dalziel Ingrid Barker 1:1 Better Care Together Programme Event - Mental Illness and Inequalities Informal NED discussion – Dame Gill Morgan ICS NED & Lay Members Chair Informal Q&A session Gloucester City Council Housing Feedback meeting Ingrid Barker 1:1 NED Meeting	University of Gloucestershire Digitisation Partnership Workshop NHS Reset Chairs Meeting NHSP Audit and Finance Forum NED Interviews: System Resources	Resources Committee Extraordinary Board Meeting Board Seminar Board Development ICS ATOS Committee Audit and Assurance Committee Trust Board Public Trust Board Private Board Seminar: Sustainability Great Place to Work Committee Resources - Green Plan Meeting
Marcia Gallagher	NED Meeting Council of Governors NED & Lay Member Network NHSE/I Audit and Finance Forum Day 1 NHSE/I Audit and Finance Forum Day 2 Police and Crime Commissioner and Deputy virtual visit to SARC Senior Leadership Network GGI National NHS NED Development Programme ICS NED & Lay Members Chair Informal Q&A session Leadership Framework – Health Inequalities Improvement Programme Meeting with Clive Chadhani Discussion on Well Led Review - 'Next Steps' Meeting Director of Finance/Deputy CEO NED Meeting	NHS Reset Chairs Meeting Better Care Awards Evening Farewell and greeting meeting with Jenny Goode and Jane Russell	Extraordinary Board meeting Board Seminar Board Development ICS ATOS Committee Quality Committee Pre-meet with External/Internal Audit Audit and Assurance Committee Trust Board Public Trust Board Private Charitable Funds Committee Board Seminar: Sustainability

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	GGI National NHS NED Development Programme		
Sumita Hutchison	Extraordinary Forest of Dean Board Meeting Council of Governors Meeting with Nic Matthews Meeting with Lavinia Rowsell Meeting with Angela Potter NED Meeting Quarterly Meeting with Ingrid Barker Meeting with Angela Potter ICS NED & Lay Members Chair Informal Q&A session Meeting with Angela Potter Workforce race equality standard and workforce disability equality standard action plan data deep dive with Neil Savage Speaking Up catch up meeting with Jan Marriott and Nic Matthews Staff Governor Session Meeting with Paul Roberts Mental Health and Equalities final preparation Staff Governor catch up Catch up with Amjad Uppal regarding Mental Health Legislation Scrutiny Committee Exit interview with GHC colleague Better Care Together Programme Event - Mental Illness and Inequalities Better Care Together Conference debrief and next steps	NHS Providers Conference Preparations for conference, fear stigma and discrimination nation breakout group discussion	Trust Board Public Trust Board Private Charitable Funds Committee Board Seminar: Sustainability Great Place to Work Committee Ethics Committee

Jan Marriott	1:1 with Director of Nursing, Therapies & Quality Ageing Well Partnership Planning Meeting 1:1 A.D., Quality Assurance re CPA Audit NED & Lay Member Network NED Meeting Council of Governors Housing & Care Workshop Follow Up Chief AHP Interviews Meeting with new Carer's Lead Meeting with Governor and NED re FTSU Better Care Event Workshop Planning Lecture for Advanced Practice Masters Students Quality Visit: Cheltenham District Nurses ICS NED & Lay Members Chair Informal Q&A session Better Care Together Event – Mental Illness and Inequalities 1:1 Deputy Director Strategy and Partnerships re Working Together Advisory Group Follow up meeting re Better Care Together Event ICS NED Interviews	Quality Assurance Group Meeting ICS Clinical Council SCIE Webinar: ICS and Quality Care	Resources Committee Extraordinary Board Meeting Board Development ICS ATOS Committee Ageing Well Partnership Planning Meeting Quality Committee Trust Board Public Trust Board Private Board Seminar: Sustainability Great Place to Work Committee
Graham Russell	Well Led Board Seminar Mental Health Priorities workshop Neil Savage 1:1 GHC Housing and Care workshop NHS Providers Conference Ingrid 1:1 Better Care Together Event – Mental Illness and Inequalities ICS Board NED Meeting	Mental Health and Wellbeing Partnership Board NHS Providers event on Provider Collaboratives	Board meeting (FOD) ICS Constitution meeting Quality Committee ICS NED and Lay Member Network ATOS NEDs Council of Governors Audit Committee ICS Board Board meeting Board Seminar: Sustainability Great Place to Work Committee ICS Pre Meeting

AGENDA ITEM: 14/0122

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 January 2022**

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

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☒ Information ☒

The purpose of this report is to

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

Recommendations and decisions required

The Board is asked to **Note** the report.

Executive Summary

The report summarises the work led by or participated in by the Chief Executive (CEO) since the last Board meeting. It thereby paints a picture of the wide-ranging involvement and activity of the Trust. As an Executive Team by necessity we remain focused on the continuing pandemic, service recovery, and on managing the impact of continuing service pressures. Despite the operational pressures, we prioritise meeting the needs of our service users, supporting colleagues and achieving the aims set out in our Trust Strategy.

The report focuses on the work led by the CEO and highlights ongoing joint working, within Gloucestershire, the South-West region and more widely, to ensure we work closely with others to join-up care, share resources and learn from each other.

As well as updates on the activity and focus of the CEO, this report provides an update on the amended diversity and inclusion policy as well as the new Chief Operating Officer.

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:	**Title:**
Paul Roberts	Chief Executive Officer

CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

1.0 CHIEF EXECUTIVE CONTEXT AND ENGAGEMENT

1.1 Covid-19 update

At the time of writing this report, the Covid data (as of 18 January) outlines that Gloucestershire currently has a rate of 944.8 cases per 100,000 population and whilst the South West "R" rate is estimated at 1.2-1.4 there seems to be an emergent downward trajectory in Gloucestershire. GHC currently has 12 patients in our care who have tested positive. The vaccination programme continues to run efficiently and colleagues have worked extremely hard over the past few months to ensure that the community of Gloucestershire has access to first, second and booster doses as well as flu vaccinations.

We continue to respond to changing national guidance to ensure we as a Trust maintain safe and proactive working practises for all. I am grateful for the continued dedicated and innovative efforts of Trust colleagues in responding to the increased demands and relentlessness of the ongoing pressures presented by the pandemic.

Vaccination Programme

On 12th December the Prime Minister announced a target of offering booster vaccinations to the entire population by the end of December 2021. Gloucestershire achieved the target within that timeframe.

Current weekly vaccination data (to 18th January) shared by NHS England shows that the county had the highest uptake for COVID-19 booster vaccinations in England. More than 409,000 people have now been boosted in Gloucestershire, over 87% of the eligible population. See below.

Total vaccination events recorded against 18/01/2022 – 428
1,097,661 - LVS PCN Site (+130)
196,529 - LVS Pharmacy (+237)
86,780* - Hospital Hub (including SAIS) (+61) *figure under review

Booster Vaccinations
Total Booster events recorded against 18/01/2022 – 283
Total Booster Vaccination Events – 410,051

Counting the number of PATIENTS (without double count)				
JCVI Priority Group	JCVI Priority Group Description	Booster Dose	Booster Eligible	Booster Uptake
1	Care Home Residents & Residential Care Workers	2,559	791	76.4%
2	80+ & Health and Social Care Workers	47,965	3,785	92.7%
3	75-79	27,300	1,018	96.4%
4	70-74 & CEV	47,144	1,992	95.9%
5	65-69	31,143	1,115	96.5%
6	At Risk	61,396	8,263	88.1%
7	60-64	21,666	1,210	94.7%
8	55-59	26,639	1,930	93.2%
9	50-54	26,999	2,491	91.6%
10	40-49	43,806	7,403	85.5%
11	30-39	37,896	12,150	75.7%
12	18-29	34,918	17,848	66.2%
13	12-15 At Risk	11	32	25.6%
14	12-17 Household contacts of immunosuppressed	56	71	44.1%
15	16-17	447	594	42.9%
JCVI Priority Groups 1-9 Total		292,811	22,595	92.8%
JCVI Priority Groups 1-12 Total		409,431	59,996	87.2%
JCVI Priority Groups 13-15 Total		514	697	42.4%
JCVI Priority Groups 1-15 Total		409,945	60,693	87.1%

Booster vaccinations can only be given after a minimum of 91 days since completion of the initial vaccination course (i.e. second dose), and therefore the booster eligible population size will change over time.

The Booster Eligible population refers to all patients who have had their second dose 3 months or longer ago and have NOT yet had their booster vaccination. The uptake is calculated by dividing the number of people who have received their booster by the total current booster cohort size (i.e. the number who have had their booster plus the number who are eligible).

First and Second Doses
Total first and second dose vaccination events recorded against latest data 18/01/2022 – 145

Counting the number of PATIENTS (without double count)							
JCVI Priority Group	JCVI Priority Group Description	First Dose Only	First and Second Dose	Total Group Size	Unvaccinated	Uptake	% 2nd dose uptake of vaccinated population
1-12 Total	Groups 1-12	14,005	480,860	547,532	52,667	90.4%	97.2%
13	12-15 At Risk	587	489	1,540	464	69.9%	45.4%
14	12-17 Household contacts of immunosuppressed	773	604	2,016	639	68.3%	43.9%
15	16-17¾	2,441	7,682	12,894	2,771	78.5%	75.9%
16	12-15	14,887	2,166	27,825	10,772	61.3%	12.7%
JCVI Priority Groups 1-12 Total		14,005	480,860	547,532	52,667	90.4%	97.2%
JCVI Priority Groups 13-15 Total		3,801	8,775	16,450	3,874	76.4%	69.8%
JCVI Priority Groups 1-15 Total		17,806	489,635	563,982	56,541	90.0%	96.5%
JCVI Priority Groups 1-16 Total		32,693	491,801	591,807	67,313	88.6%	93.8%

'First and Second Dose' includes everyone who has had *at least* a first and second dose – these people may have subsequently had a booster or third dose.

This has been a collaborative effort, with teams across One Gloucestershire health and care, working together and providing vaccinations through GP-led PCN vaccination sites, pharmacies, hospital hubs, schools, care homes and various mobile 'pop-up' sites. There has also been outstanding support from the voluntary and community sector.

The Vaccination Equity Group, chaired by the CEO, has continued to work to promote vaccine awareness with clear and inclusive comms for the community regarding where and when people can receive their Covid-19 vaccinations and to make accessing the vaccination easier.

Vaccination equity and outreach work

The GHC outreach team has done some intensive work in supporting those who may be hesitant or concerned about vaccinations, including offering longer 1:1's and initial conversations supported by information and resources available in different languages and formats. We have opened the offer to anyone with no address, no GP and NHS number and residency status in UK, for 1st and 2nd doses.

Our engagement approach is to continue to increase confidence and trust within the targeted communities and areas of lower uptake by identifying appropriate ways of engagement, appropriate venues for delivery, co-designing messages with local stakeholders and communities, and raising awareness of the outreach offer.

Since 18 December 2021 (and up to the time of writing this report), a total of 20 pop-up sessions have taken place which have vaccinated 516 people. Of these, 20% were 1st doses.

Vaccinations for NHS colleagues

The Government has introduced legislation meaning that health and social care workers, including volunteers and contractors who have face-to-face contact with service users, will need to provide evidence they have been fully vaccinated against COVID-19 in order to be deployed. The legal requirement for vaccination also includes colleagues working in non-clinical ancillary roles who enter patient areas as part of their role and who may have social contact with patients, but not directly involved in patient care (e.g. receptionists, ward clerks, porters, and housekeepers), regardless of contracted hours/working arrangements. In reality this means that the vast majority of colleagues will come under the scope of this legislation.

The legislation comes into effect from 1 April 2022 and, unless medically exempt, colleagues who have not received their first dose of the Covid-19 vaccine by 03 February 2022 and their second dose by 31 March 2022 will be non-compliant with the law. While the Trust will strive to redeploy colleagues, who are non-compliant into suitable vacancies, the Trust may need to issue notices of dismissal to those who have not received their first vaccination by 03

February 2022 and to those who do not receive their second dose by 31 March 2022 in order to comply with the law.

The Trust has written to colleagues who it is believed have not yet been vaccinated to set out the next steps in implementing the legislation and the impact this may have on their role and employment status.

We will ensure that we work collaboratively with colleagues to provide support and guidance throughout this process.

Whilst complete accuracy of data remains a challenge we are confident that over 96% of colleagues have had at least two vaccination doses and we will continue to work to ensure that this as close to 100% as possible.

NMABs

Tewkesbury Minor Injury and Illness Unit has been temporarily closed. The unit is being used to deliver Neutralising Monoclonal Antibodies (nMABs), which is a new treatment to be given intravenously to people who have Covid-19 and are at risk of becoming seriously unwell.

The nMABs treatment will only be for people who have a particular health condition, which could include cancer, and liver and kidney disorders. Referrals will be by health professionals only.

1.2 **Wider system pressures**

Whilst under already unrelenting pressures, in recent weeks the NHS has been asked to 'step up' again to impact and adapt to the increasing number of Covid-19 patients and service demands. Whilst the Omicron Variant, which is now dominant, appears to cause less acute illness, it is a great deal more transmissible than previous variants.

We have been asked to make significant service changes to accommodate the demands not only from the pandemic but also those that naturally come with the colder and wetter weather in the winter months and the impact of extended bank holidays over the festive holiday period. As with Waves 1 and 2 of the pandemic, we have had to reduce a number of services in order to redeploy colleagues to respond to these pressures. We have tried to do so with the aim of minimising the disruption to patient services and colleagues, nevertheless there has inevitably been disruption.

Discharge and onward transfer of care for patients (physical and mental health) who no longer meet the "criteria to reside" in NHS hospitals or are ready to be discharged with support remain both a priority and challenge. I am hugely grateful to colleagues who have worked so exceptionally hard to provide care to patients while responding to these demands.

I will update the Board at the meeting on the current operational situation across our services. I again would like to put on record my sincere gratitude to colleagues across the Trust and the wider system who are currently under unsustainable pressure and who have worked so admirably over the festive holiday season and beyond for everything that they have done and continue to do for our patients and communities.

Over the past few months a number of extraordinary meetings were scheduled which I attended to discuss and address system pressures, these included:

- 14 December - **Winter Plan and Discharge Review Meeting** with Deborah Lee (CEO of Gloucestershire Hospitals NHS Foundation Trust (GHFT) Mary Hutton (Accountable Officer for Gloucestershire Clinical Commissioning Group (GCCG) and Professor Sarah Scott (Executive Director of Adult Social Care & Public Health)
- 17 December to 31 December – **Daily Executive Team Meetings** to discuss Covid-19, vaccinations and operational matters
- 21 December - **Southwest (Regional) CEO Leadership Meeting**
- 22 December – **Senior Leadership Network** briefing – Covid-19 update and preparing for a January surge
- 23 December – **Gloucester System Support Meeting – Non-Elective Pressures**, hosted by NHS England and Improvement
- 06 January – **Senior Leadership Network** briefing - Update on surge planning and mandatory Covid-19 vaccinations for healthcare workers
- 12 January – **Board Briefing** on system pressures

1.3 Internal engagement and developments

A virtual **Senior Leadership Network** (SLN) meeting was held on 25 January. This provided an excellent opportunity to update participants on Trust and national developments. The January session featured an informative update on Covid-19, the VCOD process (see above), colleague welfare and support and operational pressures.

The Trust has continued to hold its **Covid-19 briefing calls** for senior and on call managers. The frequency of these meetings is dictated by the level of activity in the Trust and system, and are currently being held twice weekly. These calls provide daily national, regional and local updates and data on the number of Covid-19 positive patients in Gloucestershire hospitals. They also provide an update on the GHC testing team, the 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 regular basis and put in place any actions required.

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. These sessions typically cover an update on the latest Covid-19 and workforce news,

amongst other recent items of interest. The Team Talk sessions help to ensure effective communication across the Trust and provide an opportunity for the staff voice to be heard directly by the Executive Team. Key discussion topics include: covid-19 updates, senior operational team changes, selling leave and working on the bank while on leave, training updates, the wellbeing line, staff surveys, and good news regarding a digital coconut shy contest organised at Tewkesbury Hospital that has won staff a bronze medal for group activities in a national scheme.

Corporate Induction is back to being held fortnightly. Corporate Inductions continue to provide an excellent opportunity for myself and/or the Executive Team to welcome new colleagues into the Trust, introduce our core values, and ensure that everyone feels included. I was pleased to be able to welcome new starters to the first session of 2022 on 04 January.

I attended the **Executive Team Development** session which took place on 07 December. This session explored supporting each other over the next 6 months, working as part of the ICS, and pursuing the strategic organisational development plans within the challenges of the pandemic.

On 09 December a **Board Seminar** was held to discuss *Sustainability: Our Green Plan* with the aims of understanding what sustainability means to the Trust, to understand the national and NHS drivers for the green plan, and to set out Trust objectives and priorities for our Green Plan.

I attended the **Counter Fraud Awareness session to Board members** on 12 January. This useful session was led by Lee Sheridan (Head of Gloucestershire NHS Counter Fraud Service, Gloucestershire Shared Service for NHS) and featured bespoke training on why staff commit fraud and the impact Covid-19 has had on fraud risks and levels, as well as a presentation on emerging risks facing South West organisations and how these compare against the national picture.

Weekly **Executive Director Meetings** continue, where collectively the Executive Team oversee the day-to-day, and longer-term executive management of the Trust.

I provided the Chief Executive's update at the **Non-Executive Directors meetings** on 21 December and 18 January.

I attended the **Council of Governors** meeting on 13 January and provided Governors with an update on the Covid-19 situation.

I provided an update at the virtual **Medical Education Away Day** on 26 November. The theme of the day was *Our New Trust within Gloucestershire.* I provided an update on what being a part of the ICS means for our Trust.

The Chair and I hosted the virtual **Better Care Together Awards** on 01 December. It was a fantastic celebration of our teams, colleagues and services

who work tirelessly for the people of Gloucestershire. Congratulations to all the winners, the nominees and everyone who received special recognition. Congratulations also to colleagues who have achieved 20, 30 and 40 years' service within the NHS, who also received deserved appreciation.

1.4 **Mental Health Focus**

My own focus on mental health is local, regional and national to progress the mental health agenda as the wider impacts of the pandemic manifest themselves and as Mental Health Services consider how to continue through the service recovery process. Throughout these conversations and meetings, it is evident that all colleagues and partners believe in the importance of Mental Health Services and are working tirelessly to ensure the best possible service is given across the Trust. As well as the implications for individual citizens these pressures have an impact on all public services. The aim at the establishment of the Trust to provide joined up services, which consider a service users physical and mental health concerns, continues to be an important strand of this work.

I chaired the **South West Regional Mental Health Programme Board** on 13 January. The Mental Health Programme Board looks to develop, implement and support the long-term plan, ambitions, and South West-wide mental health priorities. The January meeting discussed the proposal for a regional perinatal mental health review, the regional mental health summit, SW regional mental health performance, national guidance for underspends, and the drafted risk register.

I chaired the monthly **South West (Regional) Mental Health CEO's** meeting on 17 December and 21 January. This group acts as the overarching governance summit for the regional South West NHS Provider Collaborative and provides an opportunity for CEO colleagues to raise key issues about mental health services across the region and to offer mutual support.

The national NHS England **Mental Health Trusts CEO meeting**, chaired by Claire Murdoch continues to take place. Over the last two months these sessions provided updates on mental health, learning disabilities and autism, IAPT, urgent and emergency care mental health pressures, and ADASS (Association of Directors of Adult Social Services) Mental Health Network, and more. Given the current situation these meetings were taking place weekly throughout the beginning of January, however moving forward they will return to being held bi-monthly.

In Gloucestershire, I now chair the **Community Mental Health Transformation (CMHT) Programme Board**. The CMHT meeting held virtually on 14 December discussed the People's Participation Board, the VCS partnership, updates from NHSE, BML Mental Health event feedback, the Mental Health pharmacist post, as well as CMHT programme priorities and the CMHT finance report.

Additionally, **Programme Director for New Care Models, Anne Forbes** and I have set up fortnightly meetings to discuss mental health initiatives across the South West.

On 12 January I met **with Elizabeth O'Mahony (Regional Director, NHS England and NHS Improvement – South West)** to discuss discharge and mental health.

1.5 **Tackling Inequalities**

I have continued to develop my work as **lead CEO for tackling inequality,** for the Gloucestershire ICS (Integrated Care System). I regularly convene and attend meetings that seek to respond to and in the longer term prevent the systematic inequalities brought to light by the pandemic, as well as the long-standing inequalities which were already recognised.

I am part of the **Health Inequalities Panel** established by Gloucestershire County Council and the ICS. This is designed to provide oversight of the wider inequality agenda and in particular to provide co-ordination of the Health and Wellbeing Programme and the ICS Programme. The meeting held on 29 November discussed the terms of reference for Gloucestershire's Health Inequalities Joint Working Group, scoping the system, ICS priorities relating to health inequalities, place-based working and anchor institutions. The next meeting is scheduled for 31 January.

Following on from the Health Inequalities Panel meeting I have met with Joanna Underwood (Transformation Programme Director, CCG) and Sue Weaver (Head of Commissioning - Health Improvement, Gloucestershire County Council) to discuss ICB priorities for health inequalities. We will be presenting to the ICS Board on this matter in February.

I am a member of the **South West Inequalities Leadership Forum** which is designed to share good practice and monitor progress across the South West NHS Region. I attended the meeting which took place on 20 January.

I chair the **Gloucestershire Covid-19 Vaccination Equity Group**. Given the current situation we have increased the frequency of these meetings to ensure equitable access to the vaccine, especially the booster vaccines, within the national guidance timelines. This group continues to meet fortnightly for check-in meetings where colleagues across Gloucestershire services can work collaboratively together.

I am a member of the **SW Equality Diversity and Inclusion Board** and attend monthly meetings that discuss various initiatives focusing on improving the experience of NHS colleagues.

I continue to take part in the **Reciprocal Mentoring for Inclusion in GHC programme.** I have had sessions with both my mentor/mentees since the last Board meeting and on am scheduled to meet with them in the coming months

to continue our next set of sessions. These sessions continue to be invaluable to help broaden perspectives and build mutual understanding.

I continue to meet with new **International Nurses** who join the Trust each month. We are very privileged as an organisation to have such a diverse workforce and greatly benefit from the knowledge and experiences that international team members bring to the Trust.

I had an introductory meeting with **Christina Button, Head of Transformation, NHS England and Improvement** on 13 December to discuss health inequalities.

On 09 December I took part in the **Better Care Together Programme** – **Mental Illness and Inequalities Event.** Prior to Covid-19, the Trust ran a successful programme of 'Better Together' events which focussed on priorities arising from the Trust merger and which were also aligned to system priorities. The events are hosted by the Trust, are multi-agency, and involve people with lived experience. The programme of events is an important part of the Trust's commitment to collaboration and co-production. **Dr Bola Owolabi, (Director – Health Inequalities, NHS England & Improvement**) gave the exceptional keynote speech at this event.

The **Gloucester Race Commission Stakeholder** meeting took place on 16 December which I attended. The Gloucester City Commission to Review Race Relations was established in response to the deeply disturbing and unlawful killing of George Floyd in the spring of 2020. In response to this, Gloucester City Council passed a motion in July 2020 in support of 'Black Lives Matter' and resolved to set up a commission to review race relations within Gloucester. This particular meeting presented and discussed the final report from the commission. The report can be found here: https://www.gloucester.gov.uk/media/5723/gloucester-city-commission-to-review-race-relations-final-report-30-december-2021.pdf. We will be reflecting on the report outputs and its calls to action as we take forward our Trust Strategy.

Equality, Diversity and Inclusion continues to be at the core of how we operate as a Trust and my involvement in the wider agenda helps us achieve our aims in this regard.

1.6 **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)** – Deborah Lee and the **Accountable Officer for Gloucestershire Clinical Commissioning Group (GCCG)** - Mary Hutton to keep abreast of any issues facing our partner organisations.

Professor Sarah Scott, Executive Director of Adult Social Care & Public Health and I met on 05 December to discuss a range of operational and strategic challenges common to our organisations and the system.

Dame Gill Morgan, Chair, Gloucestershire ICS, and I met virtually on 15 December. We hold regular meetings every 6 weeks to discuss matters arising across Gloucestershire.

The **ICS Board**, **ICS Executive** and **ICS CEO Meetings** continue to take place monthly focusing on system-wide planning and resilience, and provide updates on organisational matters and projects. 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. Given the current situation some of these meetings have reduced agendas to allow for prioritisation of operational pressures.

On 15 December I attended a meeting to discuss **ICS Transition** products and outputs with Angela Potter (Director of Strategy and Partnerships), Ellen Rule (Director of Transformation and Service Redesign, CCG) and Emily Beardshall (Deputy ICS Programme Director).

The **Health Overview and Scrutiny (HOSC)** meeting took place on 30 November (rescheduled from 16 November). This session discussed public representations, and focused primarily on Mental Health Services. There was also a HOSC meeting on 11 January which discussed Primary Care, the One Gloucestershire ICS, and a temporary service change to the hyper acute stroke service unit.

On 13 December I attended the **Local Medical Committee** (LMC) meeting, which is a helpful way of hearing the views and concerns of GPs.

The system Gold Health System Strategic Command, known as the **Gold Executive Review Group**, is now taking place twice weekly on Wednesdays and Fridays due to an increase in system pressures and Covid-19 cases, and as part of the wider **Gloucestershire ICS Covid-19 Response Programme.** This forum has proved essential in overseeing the system response to the Covid-19 pandemic (and continues to do so throughout the winter season) and in providing a regular liaison point between senior leaders in the NHS and social care system. Throughout December a few extraordinary Gold calls were set to address additional system and operational pressures.

I continue to attend the **Gloucestershire MP briefings**, led by CEOs of the Gloucestershire NHS organisations and senior County Council officers and Leaders.

The Chair and I are continuing to hold our **annual meetings with MPs** to discuss Trust updates, address any concerns and ensure effective cross communication. On 14 January we met with Alex Chalk MP.

I chair the **West of England Patient Safety Collaborative Board** meetings. The meeting scheduled on 08 December was stood down due to operational pressures. The regular meetings are scheduled to resume in March.

I chaired the **Diagnostics Programme Board** on 08 December. This programme board is working on progressing the work of the developed proposals for local Community Diagnostics Hubs (CDH). These proposals focus on the development and coordination of networked diagnostic services which are equitable and consistent; aiming to get the right patient to the right test, in the right location, in the fewest number of visits (and referrals) and in the shortest amount of time. The aim is to maximise the limited diagnostic capacity through triage, stratification and prioritisation which is personalised and sustainable across Gloucestershire whilst seeking to invest / innovate and expand existing services so that they meet current and future demands.

I attended the **SW Regional Chief Executives** meetings on 02 December, 23 December, 04 January and 20 January. The frequency of these meetings has increased to provide an opportunity for the group to discuss current challenges presented by Covid-19 within the region including operational performance, Covid-19 positions, surge planning, discharge, vaccinations and testing.

On 02 December I attended the **Gloucestershire Anchor Institutions Programme Virtual Event.** The virtual event launched **Professor Sarah Scott's (Executive Director of Public Health and Adult Social Care)** annual report on Anchor Institutions (https://www.gloucestershire.gov.uk/media/2111500/dph-report-2021-sources-of-strength.pdf) and explored the role of the ICS as an Anchor Institution (The report defines anchor organisations as "large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use") with a presentation from **Mary Hutton (Chief Executive designate, Gloucestershire Integrated Care Board)**.

I attended the **ICS Place Based Partnership Group** meeting on 29 November. The Place Based Partnership is a planned Workstream of the ICS Transition Programme. Its purpose is to ensure our system can continue to meet current system operating arrangements and requirements alongside the transition between current and future state.

On 14 December I attended **the NHS Providers In Conversation with Amanda Pritchard** (NHS Chief Executive) session. This roundtable session was chaired by Chris Hopson, Chief Executive, NHS Providers, and was attended by Chairs and Chief Executives from other NHS Trusts.

Additionally, I attended the **South West Regional Roadshow** with Amanda Pritchard (NHS Chief Executive) on 16 December where Amanda Pritchard and NHSE/I provided CEOs, CCG Accountable Officers and ICS leads with national

and regional updates followed by a discussion on priorities and a question and answer session.

The **Adult Social Care Partnership Working Programme with Gloucestershire County Council** continues. We held a GHC re-engagement session on 21 January and have a joint all-day workshop session with GCC scheduled for 28 January. Within this programme we aim to establish true partnership working through engagement and cooperation and develop a joint organisational development programme for adult social care.

1.7 Service Visits

I continue to do **service visits** (in person – where this can be done safely). Each day spent in these locations has been a very valuable experience providing substantial insight into colleagues' experiences with their working environment and how they address the challenges presented by the ever-changing circumstances. I value the opportunity to be able to continue to meet with colleagues and patients, and to be on hand to discuss any topics or issues they would like to raise. On 12 January I was based at **Charlton Lane Hospital.** On 19 January I spent some of the day working from **Wotton Lawn Hospital**.

I aim to continue regular service visits (following Covid-19 secure guidance). I greatly see the benefit in having these conversations with colleagues to listen, learn, and work together to help make our Trust a great place to work for all.

2.0 DIVERSITY AND INCLUSION POLICY UPDATE

Following the merger, the Trust adopted a legacy "Managing Diversity Policy" in agreement with Staff Side through the Joint Negotiating and Consultative Committee (JNCF). In 2021, JNCF agreed to further extend the Managing Diversity Policy with minor amendments to incorporate the Trust Values. The agreed extension was until March 2022, pending the completion of this wider partnership review. This policy has been updated in line with, and is compliant with the Equality Act 2010 and reflects the Trust's position in embedding diversity and inclusion into everything we do.

Following conversations with the South West EDI Group and the consultation undertaken by the NHS Race Observatory, the new Policy commits the Trust to removing unnecessary acronyms to describe groups of people by their ethnicity. This is because there is no specific term to describe the majority of non-white groups and does not drive inclusion. An example being the term "BAME" to describe black, Asian and minority ethnic groups will be avoided unless in exceptional cases such as on graphs and charts. Instead, where it is needed, the relevant words in full will be used.

The staff Networks ("Disability Awareness Network", "Race and Cultural Awareness Network", "LGBQI+ Network", "Women in Leadership Network" and the "Diversity Network") have been elevated within the Policy, and sit as integral as the Board in delivering diversity and inclusion.

The Policy emphasises “inclusion”, as “diversity” is already a fact of our Trust, whereas inclusion is a choice and one that the Trust is committed to.

The language aims to be generic and neutral with gender specific references removed where appropriate and definitions and terminology updated.

The Trust values are embedded and fully support the principles of diversity and inclusion.

The Policy underpins the Trust’s commitment to our legal duties to promote equality as required by the Equality Act 2010, and to address health inequalities, as required by the Health and Social Care Act 2012.

We recognise there is more work to do as we move forward, in particular linking with other policies and workstreams. The policy does not sit in isolation and we will link in with the work on Just Culture, Civility Saves Lives, Freedom to Speak Up and our approach to bullying and harassment.

3.0 CHIEF OPERATING OFFICER UPDATE

I am delighted to say that David Noyes started with the Trust as Chief Operating Officer on 10 January. Within this role David will be the Emergency Accountable Officer for GHC.

David was previously the Chief Operating Officer at Solent NHS Trust. Prior to that he was Director of Planning, Performance and Corporate Services at Wilshire CCG. David was also a Naval officer for 28 years specialising principally in logistics, including deployment as Chief Operating Officer for logistics with the Army’s Logistics Brigade in Afghanistan. We look forward to the insights his experience will bring to this role and the Executive and Board Teams.

I would like to formally thank Angela Potter, Director of Strategy and Partnerships, who has efficiently led the operations directorate since the beginning of December. I would also like to thank James Wright and Sarah Birmingham for their proactive efforts in the roles of Deputy COOs during this transition period.

I know you will all join me in welcoming David to the Trust and wish him all the best in this role.

4.0 CONCLUSION AND RECOMMENDATIONS

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

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 15/0122

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 January 2022**

PRESENTED BY: Angela Potter, Director of Strategies and Partnerships

AUTHOR: James Powell, Head of Sustainability

SUBJECT: **GLOUCESTERSHIRE HEALTH AND CARE GREEN PLAN**

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

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

The purpose of this report is to:

Present to the Trust Board the Green Plan for final comment and approval.

Recommendations and decisions required

The Trust Board is asked to:

- **Approve** the Green Plan subject to any final comments

Executive summary

The Green Plan is a statutory requirement for the Trust to demonstrate its strategy over the next three years to move towards net zero and to enable progress towards the national net zero ambitions.

The Plan has been co-produced in collaboration with colleagues, experts with lived experience and the Trust Board and sets out our aims to make our vision a reality.

A number of workshops and development sessions were held over recent months to facilitate engagement with a range of staff groups across the organisation to co-produce the plan.

Feedback and comments received from the the Board development session held on the 9/12/21 and Resources Committee on the 23/12/21 have been incorporated into the final plan.

The plan has four distinct areas of focus and each area includes a range of specific objectives and target measures.

The areas of focus in the plan are as follows:

Net Zero Carbon
- Estates
- Capital Projects
- Trust Travel and Transport
- Climate Adaption and Mitigation

Sustainable Models of Care
- Medicines
- Food and Nutrition
- Sustainable and Active Travel
- Digital Transformation
- Greenspace and Biodiversity

Equity and Procurement
- Social Value and Inclusion
- Single-use Plastics
- Circular Economy and Reuse
- Facilities

Workforce and Systems Leadership
- Sustainable Workforce
- Culture of Sustainability
- Knowledge and Competency

There are a range of national target requirements included in the Plan and considerable progress has been achieved in establishing where required our local baseline position against a number of national and locally set targets.

A detailed implementation plan is now in place to ensure effective monitoring and review of progress against the target milestones and objectives.

The Plan will be reviewed annually and will continue to evolve as sustainability and sustainable healthcare is an area that is consistently changing as new opportunities and technologies are likely to emerge over the lifecycle of the Plan.

The Trust Green Plan when approved will feed into the wider Gloucestershire ICS Green Plan which is due completion by 1st April 2022.

Risks associated with meeting the Trust's values

There are a number of associated risks from not implementing the Green Plan including regulatory, reputational and organisational performance.

The are risks to the implementation at pace required in the context of the Trust COVID planning and recovery of service delivery.

Corporate considerations	
Quality Implications	The Green Plan sets out how the trust will achieve its strategic aims and ambitions for sustainability. It presents a real opportunity for the Trust to improve the quality of our service provision, estates and experience of people working for and using our trust services.
Resource Implications	To deliver this Plan there are resource requirements which will need to be considered in order to achieve the targets set out in this plan. There will be opportunities to seek grant funding to support this, however capital investment will also need to be considered.
Equality Implications	The Green Plan presents a number of opportunities for the Trust to work in partnership across Gloucestershire to reduce the impact of health equalities and climate related health impacts. Co-production with people who deliver and use them is integral to the successful delivery of this plan.

Where has this issue been discussed before?
Resources Committee on 2nd November 2021 Executive Board Development Session on 9th December 2021

Appendices:	Gloucestershire Health and Care Green Plan

Report authorised by:	**Title:**
Eddie O'Neil	Deputy Director of Strategy and Partnerships

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Gloucestershire Health and Care Green Plan

Our sustainability strategy from 2022-2025

Contents

About us

Gloucestershire Health and Care NHS Foundation Trust was formed in October 2019. This followed the merger of 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust to provide joined-up physical health, mental health, learning disability and autism services that cover all age groups. Our trust employs more than 5,800 members of staff and work with system partners to ensure we provide care to over 600,000 people across Gloucestershire.

We operate from over 140 premises which includes 7 Community Hospitals, 4 Mental Health Inpatient Hospitals and 1 Learning Disability Inpatient Hospital and a varied portfolio of clinical and non-clinical buildings across the whole of Gloucestershire.

Introduction

This three-year Green Plan serves as the central document for the Trust's sustainability agenda and details how we intend to reduce our emissions, and thus support the delivery of our wider sustainability objectives between now and 2025; recognising the long-term net zero targets and working with other NHS providers to achieve our common goals

We have a legal and social responsibility to address climate change and to reduce our carbon emissions, as set out in the UK's Climate Change Act.

Climate Change and human health are inextricably linked, with rising global temperatures and air pollution contributing to the direct and immediate increase in rates of major diseases, including asthma, heart disease, and cancer, and wider health inequalities. Left unabated, climate change threatens to undermine the foundations of good health, with the potential for floods, storms, and heatwaves that will significantly disrupt healthcare services across the country.

In Gloucestershire, the effects of climate change are happening now – from increased summer temperatures and winter flooding. These events threaten the physical and mental health of our local population and exacerbate already existing pressures on healthcare services.

Delivering national net zero NHS targets

The NHS is a significant contributor to climate change and carbon (totalling around 4% of the UK's carbon emissions) and we use a significant quantity of resources to keep our healthcare services running 24 hours a day, 365 days a year.

To reduce the impact of climate change, NHS England has declared they want to be the world's first net zero carbon healthcare service, with two key targets emerging from this process:

1. **NHS Carbon Footprint** to reach net zero by 2040, with an ambition for an 80% reduction in emissions (compared with a 1990 baseline) between 2028 to 2032
2. **NHS Carbon Footprint Plus** to reach net zero by 2045, with an ambition for an 80% reduction in emissions (compared with a 1990 baseline) between 2036 to 2039

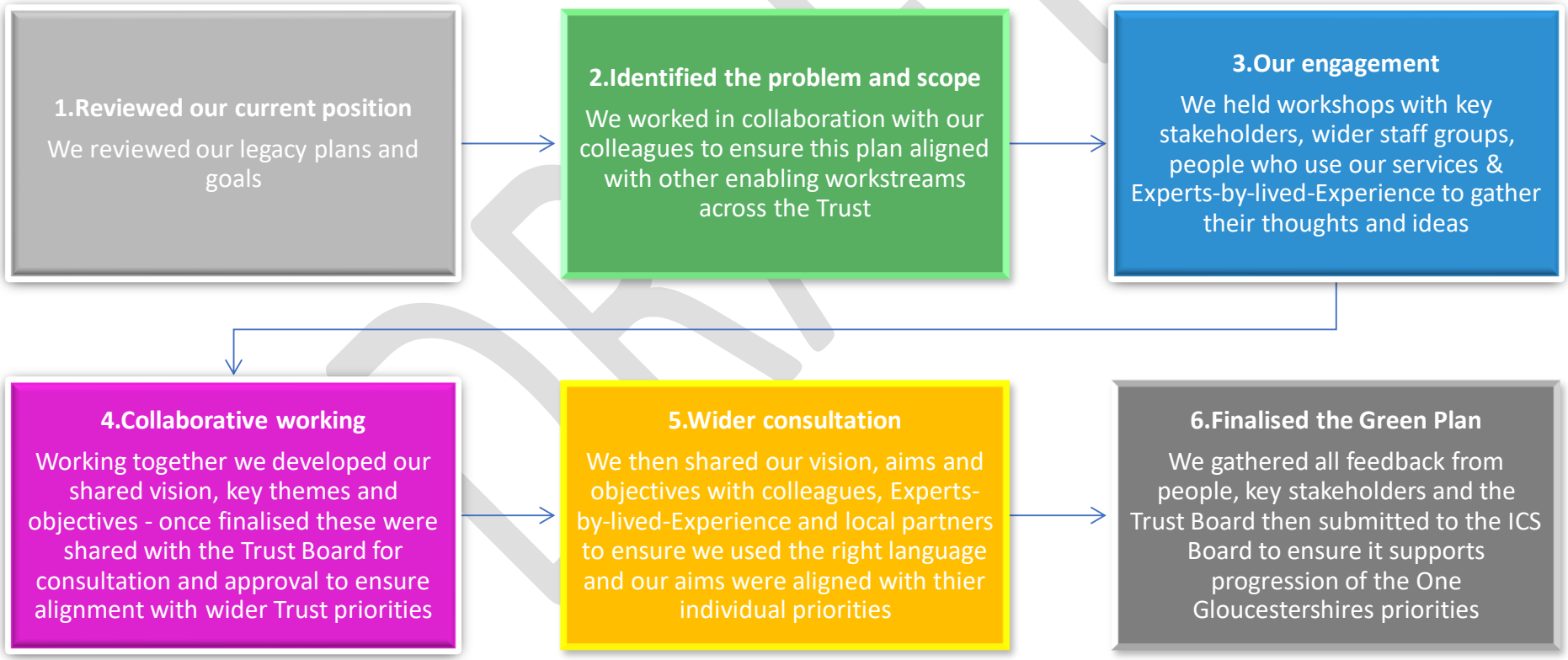
Meeting these trajectories is only possible if they are supported by collective action from all NHS Trusts, Primary Care, Integrated Care Boards (ICB's), NHS staff, and collaborative partnerships working across the healthcare system. As a healthcare organisation, we play an important role in this to contribute to a greener, healthier, and more prosperous Gloucestershire.

Wider Sustainability Impacts

Whilst this strategy focuses on our direct sustainability agenda, it is important to note that we also have wider sustainability ambitions. We consider ourselves an 'Anchor Institution' within the local system – as a large organisation with sizeable assets, we recognise that we can support our local community's health and wellbeing and help tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use. Our Green Plan will touch on many of these aspects and is a key enabler to supporting and influencing the health and wellbeing of communities.

Developing our Green Plan

We developed and aligned this strategy with the sustainable development objectives in the NHS Long Term Plan and the NHS commitment to NHS net zero carbon emissions. Sustainability is a very broad and multi-faceted agenda and we recognise the importance of wider public views and expectations. Our step-by-step process for developing this Green Plan enabled us to involve a wider audience and empower people to contribute their views on sustainable healthcare and develop key objectives.



Green Plan Vision

“Delivering sustainability through a whole system approach; going beyond net zero to prevent ill health and reduce dependencies on high carbon care ensuring better health for all.”

Our Green Plan vision, coupled with our passion for sustainability will enable us to demonstrate the Trust Values and turn the Trust Vision **“working together to provide outstanding care”** into reality.

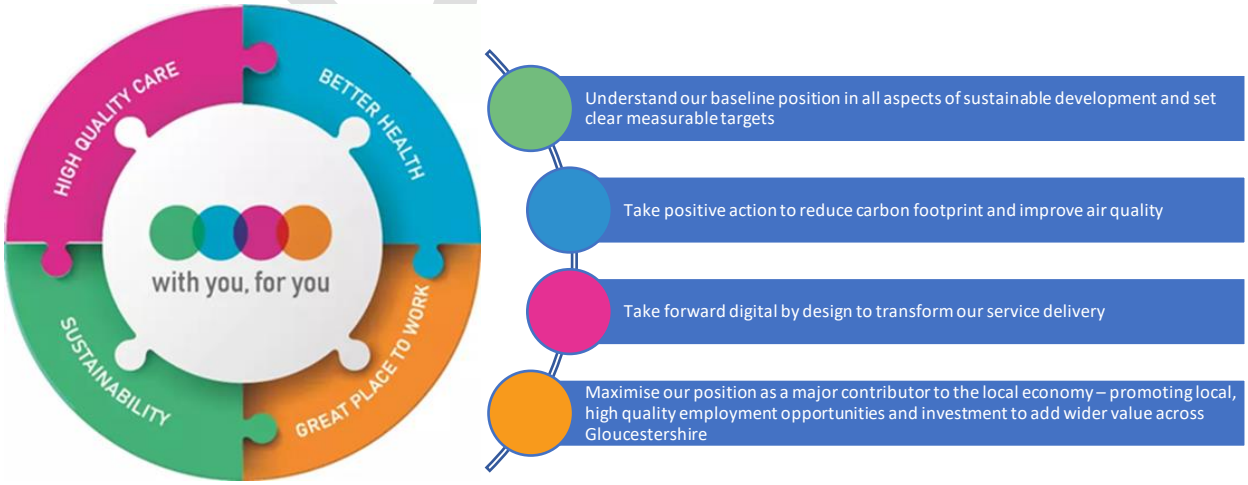
This vision for sustainability has been developed by working inclusively with colleagues, people who use our services and experts-by-lived-experience to deliver positive change and real lasting benefits.

As part of our Green Plan, we have aligned the Trust Values to drive culture change across the organisation by:

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

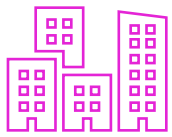
To accelerate this change, we have incorporated **Sustainability** within the organisations trust strategy as one of our four strategic aims **to demonstrate that we are reducing our total carbon footprint and increasing the social value we can offer as a major employer in Gloucestershire.**

This goal has been achieved by embedding the following sustainability objectives into all enabling strategies and work plans.



Our Sustainability Journey

Prior to the development of this three-year Green Plan, and as part of our ongoing approach towards sustainability, the following achievements were made across the Trust.

 Energy	**Saved over 1,300 tonnes CO2 from LED lighting projects** **Installed roof mounted Solar Energy at four hospitals that generate over 21% of renewable electricity** **100% of electricity purchased from green renewable sources**
 Travel	**Installed 18 7.2KWh Electric Vehicle Charging Points** **Provided 80 secure cycle spaces for active travellers** **Trust cycle-to-work scheme to incentivise active travel**
 Biodiversity	NHS Forest projects located at Cirencester and North Cotswolds Hospital **Set up 3 community gardening and vegetable allotments** 2 outdoor therapy gyms provided for colleagues and people who use our services **1 active bee hive to support production of honey and pollination of nearby crops**
 Digital	Supplied iPads to connect inpatients with family and friends **Hosted over 18,000 virtual staff meetings using Microsoft Teams** 55 of our services are using Attend Anywhere to support delivery of care **Provide over 1000 virtual appointments per week**
 Resources	Saved over 8 tonnes of waste using Warp-it **Converted over 22 tonnes of food waste to bio-gas** Sustainable paper switch in all Trust printers and copiers **Recycled over 1058 items of IT equipment** Continue to participate in county wide community equipment recycling
 Sustainable Care	Since 2020, we have delivered over 250 warm and well bags to vulnerable residents across Gloucestershire Introduced a COPD Greener Inhaler guide to inform clinical practice and raise awareness of lower carbon care

Sustainability in Practice

Below are two examples of sustainability work that have been carried out in our organisation.

Example 1

Charlton Lane Hospital Energy Saving Project

The purpose of the project was to reduce energy demand to enable our transition towards net zero building emissions at the hospital

What we did:

- Lighting was upgraded to low energy LED lighting.
- Installed roof mounted solar panels to create on site renewable energy.

Achieved carbon savings of 1,324 tonnes CO2e

Equivalent 6,294 trees planted

Equivalent to powering 100 homes

Supported 21 jobs during the project

Example 2

North Cotswold Hospital

The grounds have extensive ornamental gardens with some semi naturalised copses. The site is drained with a system of swales with a variety of bog plants.

Grounds designed with rehabilitation in mind:

- Raised benches
- Steps and sloping paths with handrails
- Different surfaces encompassing grass, gravel and brick

People are able to make full use of the grounds to help their recovery.

The grounds are maintained by a dedicated team of experienced volunteers with assistance from a wildlife volunteer project.

246 NHS Forest trees have been planted since 2012

The site was highly commended at the NHS Forest Conference Awards in 2014

NHS FOREST
growing forests for health

Our Carbon Impact

All of our activities have a carbon footprint which are arranged into three categories, or scopes. Scope 1 is for emissions produced as a direct result of our building operations and travel, scope 2 is the emissions from electricity purchased. Scope 3 is for indirect emissions from operational activities, such as waste production and water usage.

Although activities such as waste and water have a lesser impact on our carbon footprint they still account towards our Trusts resources footprint and are considered a key factor within this strategy.

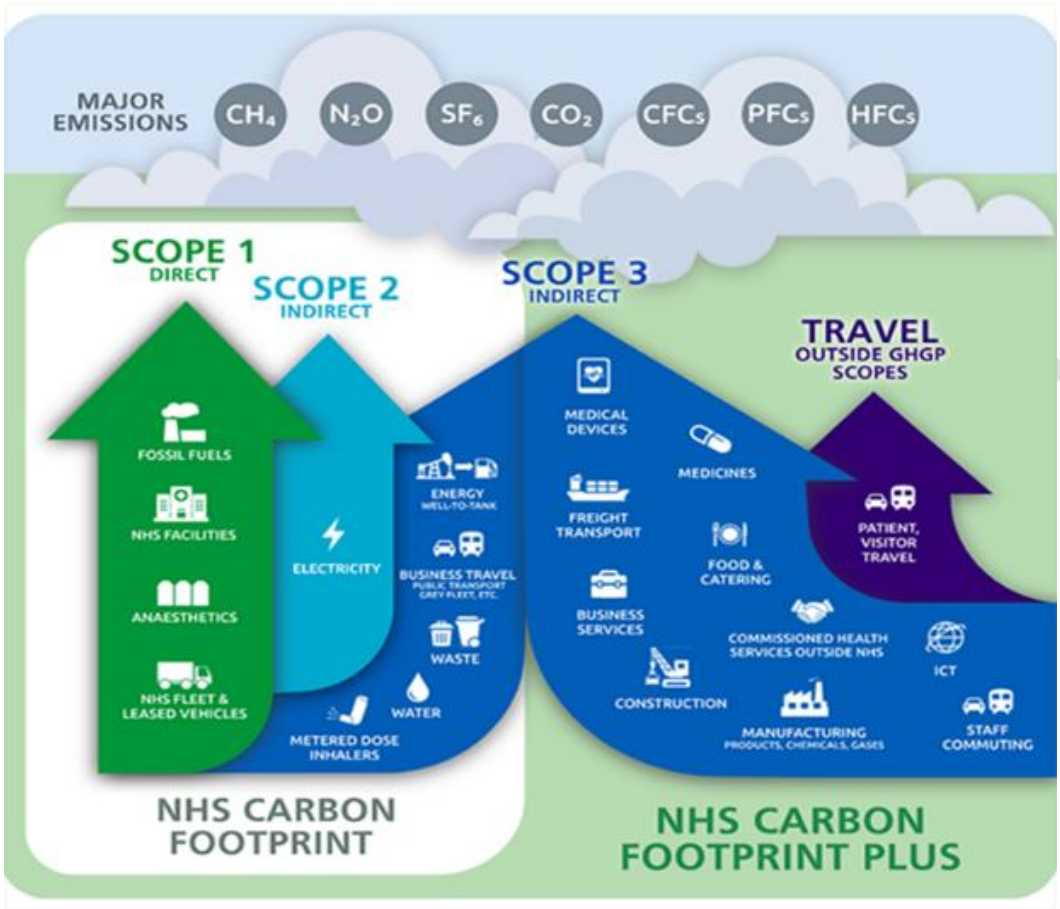


Figure 1: Delivering a net zero NHS

Our Baseline 2019-20 Carbon Footprint

We calculated our carbon footprint as a newly merged organisation from a combination of accurate and estimated data sources using the nationally recognised Sustainability Reporting Portal which is being superseded by the Greener NHS reporting in 2021-22.

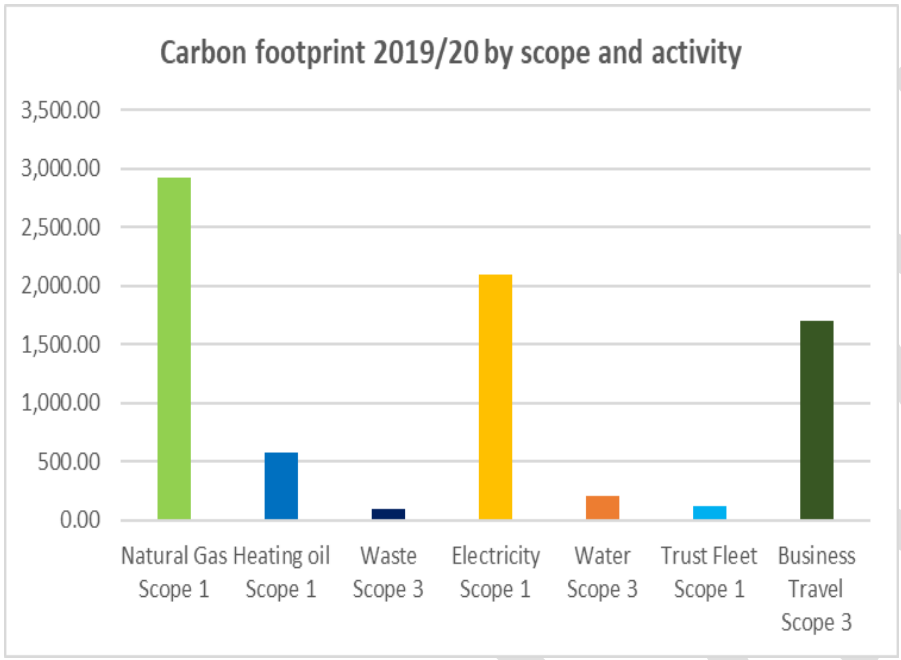


Figure 2

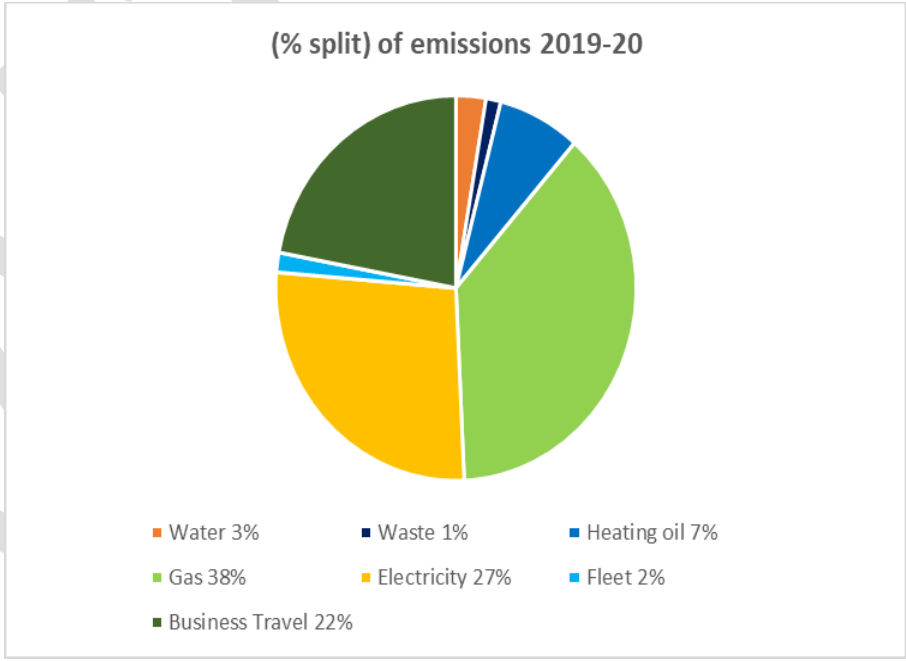


Figure 3

***Carbon footprint excludes emissions (tCO2e) for anaesthetic gases and meter dose inhalers (2019-20). These emissions will be included within future calculations when reporting our carbon footprint. Scope 3 procurement and staff commuting emissions will be calculated and reported separately under a new baseline defined as our carbon footprint (plus).**

Our Projections to Net Zero

Before the formation of GHC in 2019, the legacy organisations achieved a 25% reduction in their direct carbon footprints. We will reduce our scope 1, 2 and, 3 emissions by a further 55% to achieve the overall NHS target of an 80% reduction by 2031-32.

We will work proactively to achieve this goal by developing a delivery plan that enables us to achieve a minimum of a 6.8% year-on-year decrease, taking our carbon footprint for scope 1, 2 and 3 emissions from 7,730 tCO2e to 3,478 tCO2e by 2032[1]. Further information on how we are going to achieve this target can be found in our strategic themes and are further outlined by the specific objectives set.

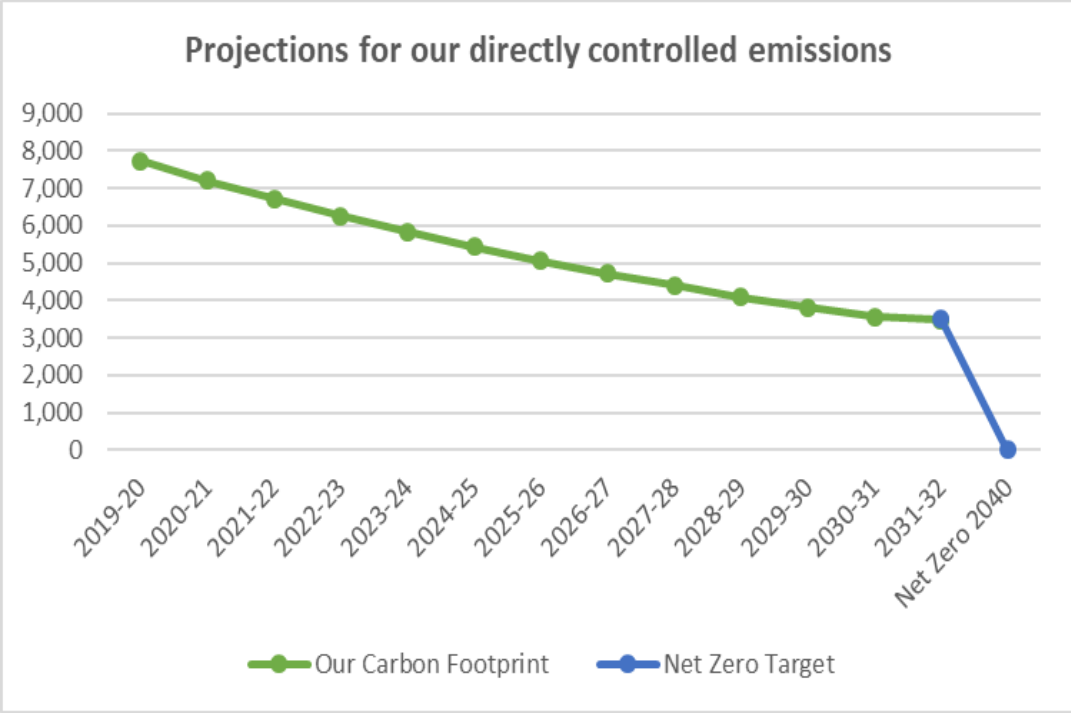
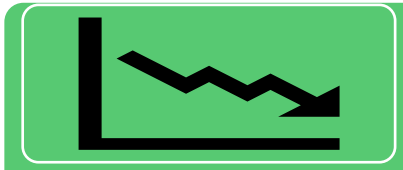


Figure 4

[1] **These measurements will also be benchmarked against Gross Internal Area m2 and patient contact**

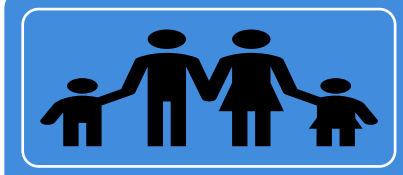
Sustainability Priorities

Our four sustainability priorities will ensure that we deliver our wider sustainability and carbon reduction commitments. These priorities are formed from the main drivers of change and sources of carbon emissions and will enable us to deliver our Green Plan.



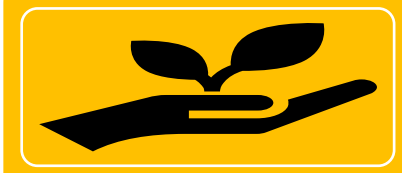
Net Zero

- Estates
- Capital Projects
- Trust Travel and Transport
- Climate Adaption and Mitigation



Sustainable Models of Care

- Medicines
- Food and Nutrition
- Sustainable and Active Travel
- Digital Transformation
- Greenspace and Biodiversity



Equity and Procurement

- Social Value and Inclusion
- Single-use Plastics
- Circular Economy and Reuse
- Facilities

Workforce and System Leadership

- Sustainable Workforce
- Culture of Sustainability
- Knowledge and Competency

Net Zero

Estates

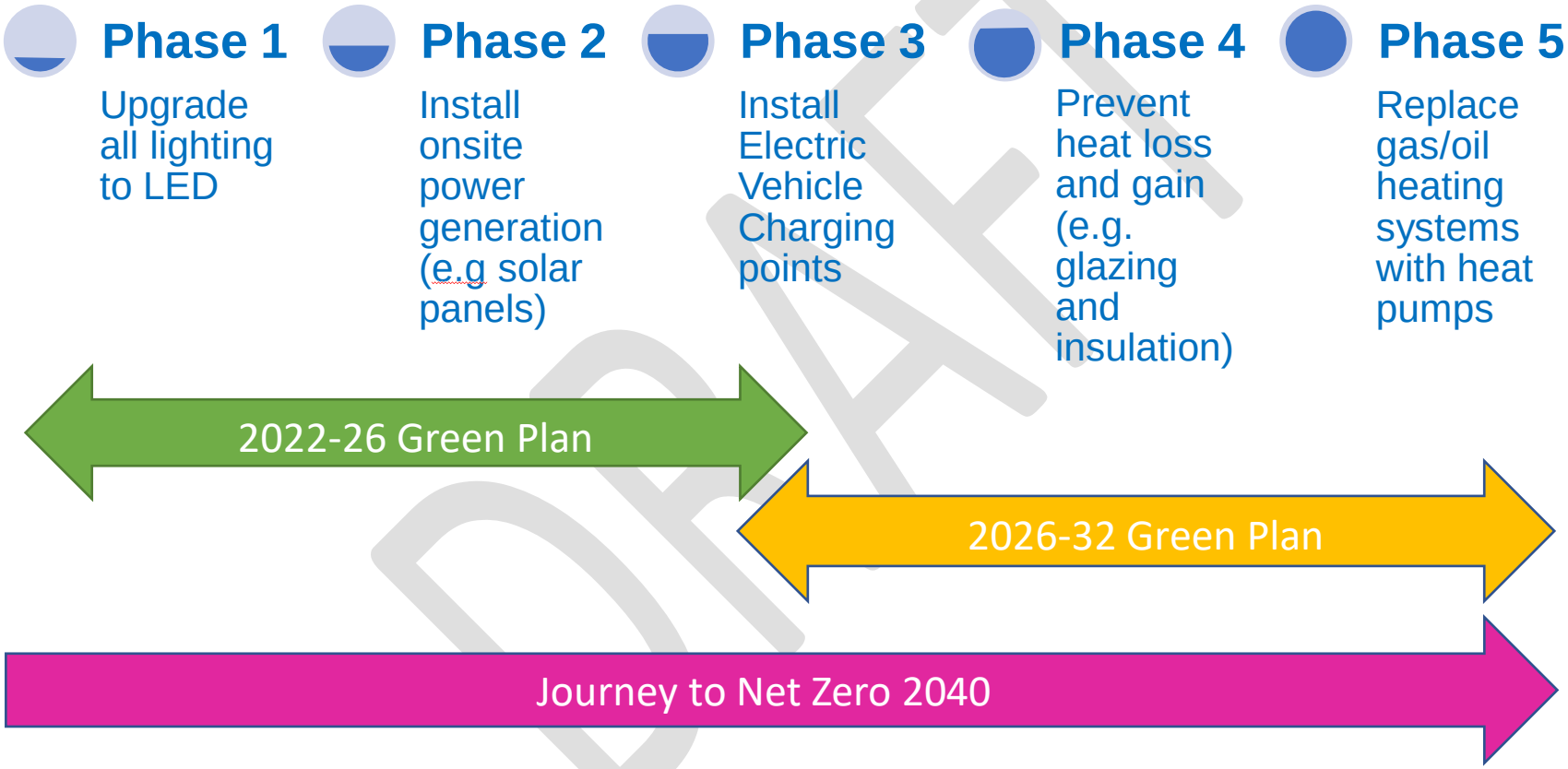
Our estates and associated activities are diverse, complex, and geographically dispersed across 140 sites in the county and are vital to the running of our healthcare services. These assets are a significant cost to the Trust and contribute a significant proportion of direct carbon emissions.

Goals	Objectives and Actions
To decarbonise our estate by reducing our emissions from building use by 25% by March 2026. Develop and construct our first net zero community hospital in the Forest of Dean by 2024/25.	• For each of our sites to have carbon reduction plans to identify hotspots and net zero opportunities across our estate. • Use real time consumption and analytics to inform water efficiency projects across the trust. • Reduce electricity demand by installing on-site renewable energy systems as appropriate (e.g. solar panels). • Low carbon heat and power will be used wherever possible within our estate. • Further decarbonise one of our inpatient mental health hospitals to enable it to become our first net zero mental health hospital. • Sustainability will be embedded in the delivery of rationalisation of our estates as set out in our Estates Strategy to lower carbon emissions.

Capital Projects Our estate is ever changing which allows us to seek opportunities to embed sustainability and low carbon technologies across our capital estates projects. This will ensure we future proof our buildings so that they are fit for purpose in a net zero future.	
Goals for next 3 years	**Objectives and actions**
To develop sustainability and net zero principles into all new, existing, and decommissioning projects by March 2023.	• Develop a sustainable design guide. • Define minimum sustainability standards for any new or existing leased buildings within our portfolio. • Embed net zero principles into all new, refurbished and decommissioned buildings. • Measure sustainability by incorporating social, financial and environmental criteria into all capital works contract specifications – 'triple bottom line' principle. • Appoint and work with contractors and consultants who take a value-based, whole-carbon and lifecycle approach to the design, construction, and delivery of our new, existing, and decommissioned buildings.

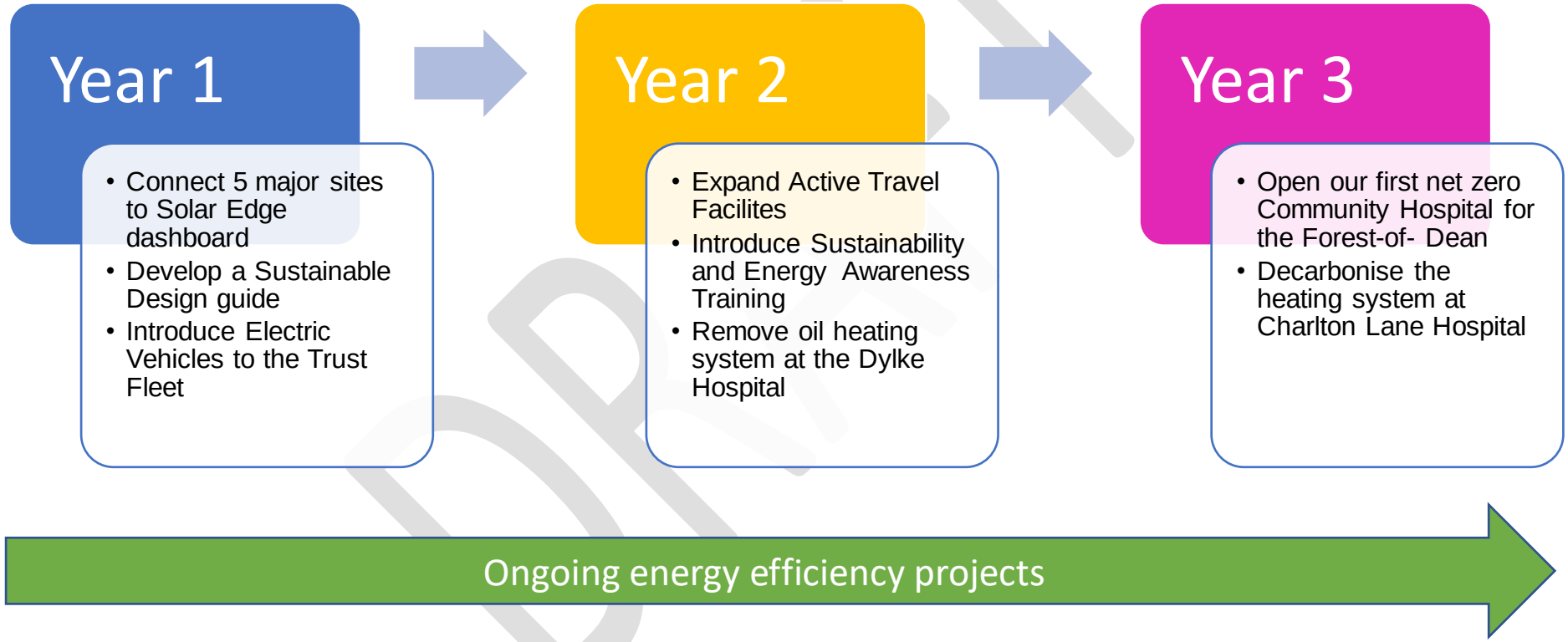
Transforming our Estate to Net Zero Emissions

Our journey to net zero will go beyond the lifetime of this strategy and is broken down into 5 phases, which can be viewed below.



How we will reduce our Carbon Footprint by 25% by 2025/26

We need to continually implement projects that reduce our overall carbon footprint if we are to achieve a 25% reduction by 2025/26. The diagram below sets out our high-level plans which will support this goal.



Trust Travel and Transport The way in which goods and services are transported across the Trust has a carbon impact and contributes towards poor air quality. As technology evolves, we will reduce all unnecessary travel and switch to lower carbon modes of travel where applicable.	
Goals for next 3 years	**Objectives and actions**
To achieve a net zero carbon Trust Fleet by March 2025. Reduce Trust business mileage by 20% by March 2025 (against a 2019 baseline).	• Work with the fleet team to phase out the use of diesel/petrol engines in the Trust. • Ensure new vehicles purchased and all new lease vehicles are ultra-low emission vehicles (ULEV's) or zero emission vehicles (ZEV's). • Establish an Electric Vehicle charging network ready for Trust fleet and staff vehicles. • Reduce business travel through the increased use of virtual platforms such as Microsoft Teams and Attend Anywhere. • Develop a sustainable business travel policy to encourage more sustainable modes of travel between sites.

Climate Adaption and Mitigation It is essential that we prepare our healthcare buildings, services, staff and people that use our services to be as resilient as possible, minimising potential disruptions in patient care.	
Goals for next 3 years	**Objectives and actions**
To increase our resilience against climate-related severe weather events by March 2026.	• Develop a Climate Adaptation Plan to outline the actions and interventions required to mitigate the risks. • Embed climate adaptation and mitigation as part of business continuity planning • Carry out a Risk Assessment and ensure climate change and adaption features on the Trust risk register.

Measures of success

The installation of a low carbon heating system at Charlton Lane by 2025/26
Development of Carbon Reduction Plans for all inpatient sites by 2022/23
25% reduction in direct carbon emissions
Development of Climate Adaption Plan
Introduction of a net zero fleet by March 2025

Sustainable Models of Care

Medicines Medicines are used by people that use our services. By addressing how medicines are used – optimising their use, reducing waste and seeking to use low carbon alternatives where possible will help reduce our carbon emissions as an organisation.	
Goals for next 3 years	**Objectives and actions**
Reduce Meter Dose Inhalers by 25% by 2025 Optimise and reduce the use of pharmaceuticals and harmful medical gases by 2025/26.	• Reduce unnecessary medicine where clinically appropriate and develop methodologies for quantifying the health, sustainability, and carbon benefits of these interventions • Increasing the number of low-carbon inhalers consumed where clinically appropriate, in line with NHS Targets. • Reduce harmful volatile medical gases (e.g. Desflurane and nitrous oxide) in exchange for lower-carbon alternatives where clinically appropriate, in line with NHS Targets.

Food and Nutrition The food we produce, purchase and serve across the Trust has an environmental and carbon impact. We can continue to meet the nutritional requirements of people while reducing our carbon emissions through sourcing local and in season produce and reducing food waste.	
Goals for next 3 years	**Objectives and actions**
Reduce our carbon emissions and wider environmental impacts from food made, served and processed by March 2026. Empower people across the organisation to make sustainable and nutritious food choices.	• Work with dieticians to develop healthy, low carbon and sustainable food options across all services. • Educate staff and people who use our services on the importance of a sustainable diet for health and wellbeing. • Increase the amount of seasonal, locally produced and plant-based options in all catering facilities. • Develop sustainability guidelines for all food and drink services across the Trust. • Support the growing of fruit and vegetables at our Trust garden spaces and consumption of the fresh produce.

Sustainable and Active Travel

The way in which people travel to and around our sites has an impact on our carbon emissions, local air quality and individual's health and wellbeing. It is possible to become healthier through engaging in more sustainable and active travel e.g. public transport, walking and cycling.

Goals for next 3 years	Objectives and actions
Increase the amount of sustainable and active travel facilities across the Trust by March 2023 to contribute towards improved air quality, health and wellbeing.	• Develop a healthy travel plan (in line with NHS Targets) to increase active and sustainable modes of travel to our sites and within local communities. • Develop site based sustainable and active travel plans for staff and people who use our services. • Work alongside internal and external partners to promote and incentivise more sustainable modes of travel to and from our hospital sites. • Understand current resources to support active travel within our estate • Measure how staff commute to and from key locations and understand how lower carbon alternatives can be incentivised • Work alongside local partners to measure and benchmark the air quality surrounding our sites and take proactive measures in highly populated urban areas.

Digital Transformation

We can harness new and existing digital technology and systems to streamline our services, improve patient experience whilst systematically reducing waste, resources and carbon emissions.

Goals for next 3 years	Objectives and actions
Quantify the environmental and social impacts of digitally enabled care through a 25% reduction in face-to-face outpatients appointments (against a 2019/20 baseline) Reduce food waste by 60% (against a 2020/21 baseline)	• Introduce digitalised meal ordering system to reduce hospital food waste • Develop a digitalised pathway to enable the Trust to become a paperless organisation where clinically possible • Embed digital technology into all clinical activities by 2022, in line with NHS Targets.

Greenspace and Biodiversity In Gloucestershire and across our estates we have access to the most beautiful locations for promoting Biodiversity and Greenspace. This will enable us to forge the link between the natural world, providing sustainable models of care. This will be achieved by creating areas of natural biodiversity or gaining access to local greenspaces with the aim to enable preventative healthcare.	
Goals for next 3 years	**Objectives and actions**
Understand opportunities that biodiversity and, greenspace offer in order to promote a more sustainable model of care. Increase the amount of accessible Greenspace across the Trust by March 2025.	• Development of a Greenspace and Biodiversity Plan to enable us to understand our existing Greenspaces & Biodiversity and make improvements • Explore other opportunities in the organisation to expand and further develop our green spaces. • Increase Biodiversity Net Gain across our estate to encourage and enhance local species of wildlife • Support people to get involved in greenspace and other outdoor activities by maintaining current green spaces. • Promote the use of green spaces for the health and well-being of staff and people who use our services. • Seek opportunities to collaborate and redesign inefficient care pathways and calculate the carbon or wider environmental impacts of these. • Work with system partners to increase uptake of green/social prescriptions through access to green space, biodiversity and other activities. • Work in partnership to ensure our estates and green spaces are as accessible as possible.

Measures of success

Development of Healthy Travel Strategy and associated site-based Travel Plan
Development of Biodiversity and Green Space Plan
Increase in sustainable travel facilities
25% reduction in business mileage against 2019/20 baseline

Equity and Procurement

Social Value and Inclusion As an organisation that is intrinsically tied to the long-term health and wellbeing of its communities we play an important role in improving the lives of people who use our services and deliver them.	
Goals for next 3 years	**Objectives and actions**
Increase local business spends by 10% where financially viable (against the 2022/23 baseline). Embed a 10% sustainability and social value into the weightings criteria of all procurement contracts by 2022/23.	• Partnership working and apprenticeships to provide learning experiences and development opportunities working within Sustainable Healthcare. • Promote employment opportunities • Seek to support local businesses through awarding of contracts. • Working with diversity networks to improve employment opportunities for people from underrepresented groups.

Single-use Plastics We use a large amount of single use plastics across the Trust, which is harmful to the environment and local ecosystems. These items can be avoided or replaced with plastic-free or reusable alternatives, where carbon appropriate.	
Goals for next 3 years	**Objectives and actions**
To reduce the use of single-use plastics by 10% where financially feasible (against 2018/19 baseline)	• Work with catering departments to reduce single-use plastic and packaging supplied in our catering outlets and vending machines. • Increase the number of freshwater sources available to reduce the amount of bottled water within our catering outlets by 10%. • Investigate alternatives for single-use plastics used in clinical services.

Circular Economy and Reuse Where we cannot reduce the amount of waste produced within the Trust, we need to seek and increase the amount of reused or recycled equipment by embedding a whole-lifecycle approach to our procurement decision making to decrease the amount of waste disposed.	
Goals for next 3 years	**Objectives and actions**
Deliver annual savings in cost and tonnage of waste produced by standardising what we purchase and use, repairing and sharing equipment. Achieve a 50% recycling rate (Against 2020/21 baseline).	• Explore innovative ways of reducing waste and deliver annual savings. • Embed a whole lifecycle and circular economy principles in the tendering of Trust equipment and prioritise suppliers who can fix, refurbish or remanufacture. • Work with clinicians to reduce the amount of unnecessary single-use or

	disposable items used and replace them with reusable or lower carbon alternatives that are medically appropriate. • Reduce overall volumes of non-clinical, clinical, and hazardous waste • Consideration of consolidated suppliers to improve efficiencies and enable innovation in their services

Facilities Our services produce a large amount of waste and water. Our facilities have an environmental impact from chemical use and single-use items, some of which can be replaced with reusable alternatives, enhanced methods of cleaning and increase transparency of reporting.	
Goals for next 3 years	**Objectives and actions**
To purchase goods and services ethically and sustainably to protect the environment. Reduce chemicals or use alternatives within cleaning systems (against the 2020/21 baseline).	• Increase the use of circular-economic and reusable equipment and materials within our facilities operations. • Segregate high-volume waste items at source to minimise Trust waste. • Increase the transparency of renewable energy and waste contracts through recognised, sustainable reporting frameworks (e.g. Renewable Energy Guarantee Origin). • To work with suppliers to develop a data dashboard to measure consumption and improve water efficiency across our sites.

Measures of success

Increased reuse of items within the Trust
Overall reduction of waste materials
Increased direct awards to local/SME contracts

Workforce and Systems Leadership

Knowledge and Competence Our workforce needs to understand the importance of sustainability in order to feel competent to embed sustainable practices within their day-to-day activities.	
Goals for next 3 years	**Objectives and actions**
Improve the awareness of Sustainability agenda across the organisation by 2023/24 (against a 2021/22 baseline)	• Develop a Sustainability and Communications Plan by 2022 • Develop and deliver sustainability training, communications, events and engagement campaigns to raise the profile of sustainability across the Trust • Work with our system partners to embed sustainability across the county. • Embed sustainability into wider Trust initiatives (e.g. health and wellbeing) • Provide opportunities to improve people's health and wellbeing through sustainability-based activities (e.g. Gardening, Cycle to Work Schemes) • Include Sustainability into Trust Awards and Staff Surveys • Provide people the opportunity to get involved in Sustainability related activities which enhance social value and contribute to staff retention

Culture of Sustainability People will need be empowered to advocate, embed and raise awareness of this agenda to create a culture of sustainability. This will help us underpin our Sustainability priorities, goals and objectives to ensure they align with wider Trust vision and strategies.	
Goals for next 3 years	**Objectives and actions**

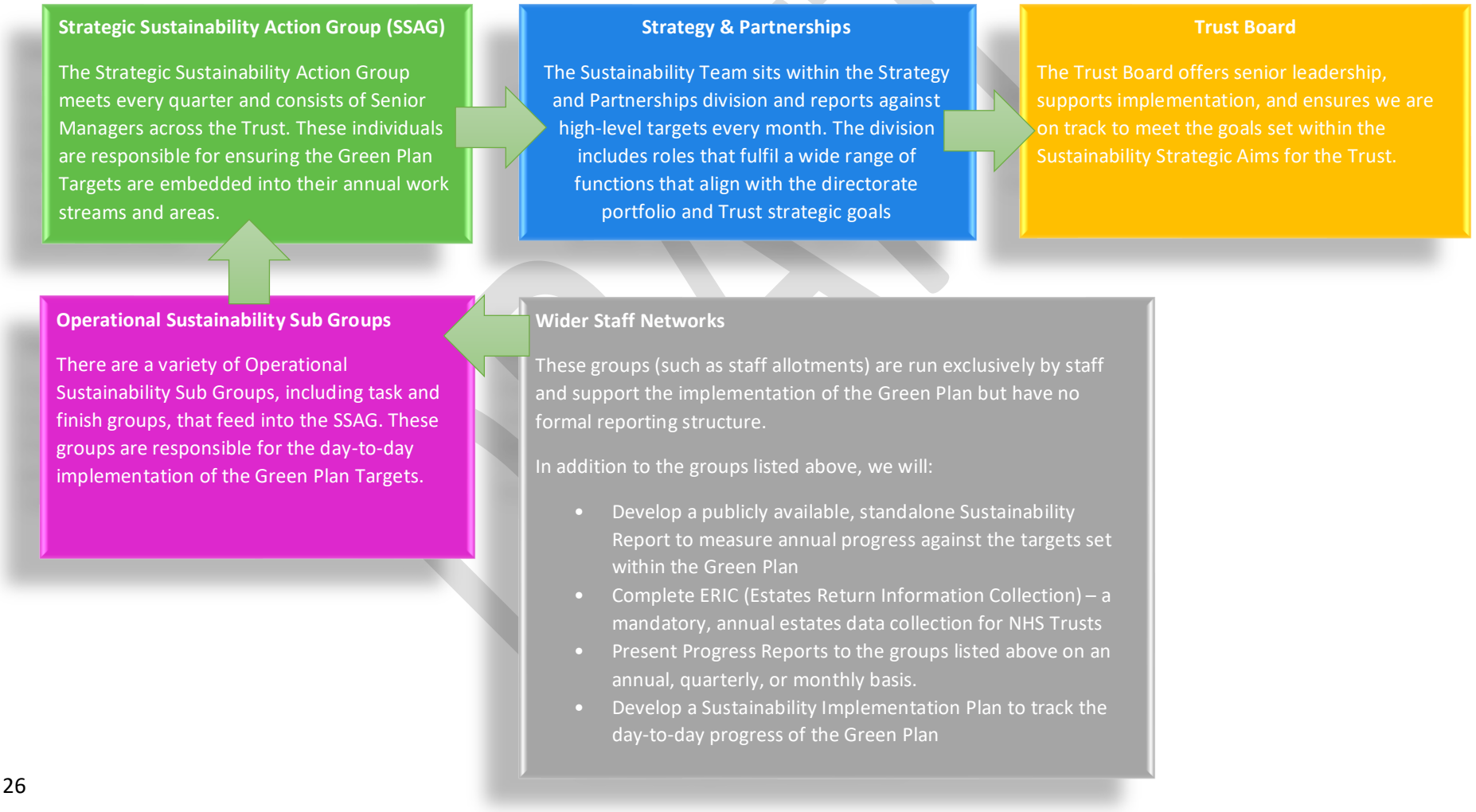
To create a culture of sustainability across the organisation by 2024/25 Embed sustainability into Trust transformational, learning & development and quality improvement programmes of work by March 2024.	• Embed sustainability into all learning and development opportunities • Develop a Sustainability Impact assessment into all strategic business cases over £250,000 • Embed sustainability principles into all service redesigns • Further develop the Trust's Strategic Sustainability Action Group. • Create an Operational Task and Finish Sustainability Action Group to implement deliverables within this Green Plan. • Hold regular Sustainability Sessions with the Trust Board • Identify a HR Lead for Sustainability and ensure sustainability is instilled in new/existing employee culture

Measures of success

Increased awareness of Sustainability among staff and people who use our services.
Quantity of sustainable health & wellbeing opportunities.
Development of Sustainability Impact Assessment.

Governance and Reporting

This Green Plan is broad and many of the targets set are out of the direct control of the Sustainability Team. We, therefore, need to have good governance and reporting structures in place to ensure we are on track to achieve the deliverables set within this Green Plan.



Risks

Some risks could undermine our effective delivery of this Green Plan. The risks outlined below will be monitored through the Trust's internal risk and governed teams through the lifetime of this strategy.

Risk	Reasons	Mitigation	Reporting
Non-compliance with climate change legislation	Size, scale, and complexity of our organisation	Creation of environmental risk register	Annual
Failure to meet carbon reduction goals and Trust's strategic aim 4: Sustainability	Carbon reduction measures neutralised by an increase in estates/clinical activity	Transparent reporting to include absolute carbon reduction as well as baselined against estate size and patient contact	Annual to the board; quarterly to SSAG and Resources Committee.
Financial	Unknown financial positioning will affect our ability to resource annual work plan The increasing cost of core contracts (utilities, waste) has the potential to mitigate cost savings.	The creation of a detailed annual financial plan for the lifetime of the strategy, signed off by Trust Board (summary provided in the section below)	Annual

Financial Resources

Interventions to achieve a net zero healthcare estate go hand-in-hand with financial savings. At the same time, wider estates costs (waste, energy, and raw materials) are rising. We will therefore not only need to ensure we have the financial backing to support this plan but to also make sure our utility supplies are competitively priced, educate staff on best practices, respond to leaks and overheating promptly, and invest in schemes (such as solar PV) to reduce our demand on the electricity grid.

Our financial plans are detailed below.

1. Over time we will need to consider the level of resources we have internally to respond to this wide agenda. Re-investment into both the Team and wider sustainability schemes from some of the financial gains achieved as a result of resource efficiency projects will be considered on a case by case basis. This will also enable us to invested into other projects which have limited financial savings but benefit the wider environment or social value (e.g. Greenspace and Biodiversity Projects)
2. We will seek funding from external partners for large-scale energy and water efficiency projects (e.g. Salix Funding), where internal funds are not available.

Summary

We know that our services face significant challenges and opportunities in the coming years over the life of this Green Plan, whether these are from how we provide services, the cost of services or who provides them.

Achieving our vision, will not be easy or straightforward. However, it is the ambitious goal we wish to achieve to maximise the benefits of sustainability and wider health, wealth and well-being of our community and workforce.

Our Green Plan vision is underpinned by key areas of focus and we know will help us to make a positive difference and achieve our wider Trust vision, aims, and objectives.

We will update this Green Plan annually, as sustainability and sustainable healthcare is a field that is consistently under review. This includes new issues, emerging opportunities and technologies that are likely to arise over the lifecycle of the Green Plan.

Thank you for taking the time to read our strategy.

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 16/0122

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 January 2022**

PRESENTED BY: Angela Potter, Director of Strategies and Partnership

AUTHOR: Dominika Lipska-Rosecka, Partnership and Inclusion Manager
Julie Mackie, Service Development Manager

SUBJECT: **WORKING TOGETHER PLAN**

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

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

The purpose of this report is to:

Present to the Trust Board the Working Together Plan for final comment and approval.

Recommendations and decisions required

The Trust Board is asked to:

- **Approve** the Working Together Plan subject to any final comments.

Executive summary

The Working Together Plan outlines what we want to do and the approach we will take to make sure that working with people using our services, carers, families and the communities we serve, becomes the normal way our Trust does business and provides quality care. It does not sit in isolation, but is a golden thread through the key enabling strategies delivering the vision and ambitions of the Gloucestershire Health and Care NHS Foundation Trust strategy: 'Better Care Together, With You , For You 2021-2026'.

The Partnership and Inclusion Team has spent a considerable amount of time engaging with colleagues, system partners and Experts by Experience to understand what is important for shaping the Working Together Plan moving forward for our Trust.

This Plan is the culmination of this engagement and co-production, and builds on feedback received from wider critical friends across the ICS and work completed by the GHC Working Together Steering Group.

It is our ambition to work with people and communities in everything we do to enable better health and care.

The specific aims set out in the plan are to:

- Inspire each other by working together to make improvements that matter and make a difference to everyone we serve
- Include everyone by making it easy for all people and communities to have their say, get feedback and be involved in ways that suit them

The plan set out our ambition to develop a culture where working together becomes the expected way we do all our work and is our approach to improving the services we provide.

The specific areas of focus are as follows:

- Develop and improve the quality of communication across GHC
- Create new ways for people to be involved
- Review and develop training and support available to people we serve in order to promote working together
- Develop, test and implement assessment tools to measure our working together maturity
- Develop, maintain and increase our network and relationships with community leaders, groups and organisations

The plan set out a new governance structure to oversee the implementation of the Working together Plan and will support learning to become part of the Trust culture to improve and work towards involving people and the communities we serve.

An Easy Read version and infographic co-designed by young people who use our services will be developed to provide a more accessible document.

Risks associated with meeting the Trust's values

There are associated risks should the Working Together Plan not be implemented effectively, these include reputational and performance related with the people and communities we service.

Corporate considerations	
Quality Implications	The Working Together Plan sets out how the Trust will achieve its strategic aims and ambitions for sustainability. It presents a real opportunity for the Trust to improve the quality of our services and experience of people and communities we serve.
Resource Implications	N/A
Equality Implications	The Working Together Plan sets how our Trust will play vital role in developing One Gloucestershire Integrated Care System to support collaboration and involvement, to address inequalities and health priorities by working with the people and local communities we serve.

Where has this issue been discussed before?
- Board Workshop Session 7th October 2021 - GHC People Participation Working Group 29th of November 2021 - Quality Committee 6th of January 2022

Appendices:	Working Together Plan

Report authorised by: Eddie O'Neil	**Title:** Deputy Director Strategy and Partnership

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NHS
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NHS Foundation Trust

Working Together

Our plan to improve how we listen to, involve and work with the people and communities we serve

2021-2026

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

Welcome

Welcome to Gloucestershire Health and Care NHS Foundation Trust's first **Working Together** plan. We believe that health and care is better when we **involve people who use our services, carers, families and the communities we serve - people of all ages, diverse-abilities, ethnic backgrounds, faiths, sexuality, and gender**. This plan aims to help everyone understand how we want working together to become a bigger part of our Trust culture and a better experience for everyone we serve.

Our ambition is **to have a Trust-wide culture of working together with the people and communities we serve**.

Our aims are to:

- **Inspire each other** by working together to make improvements that matter and make a difference to everyone we serve.

- **Include everyone** by making it easy for all people and communities to have their say, get feedback and be involved in ways that suit them.

To achieve our ambition and aims, this plan outlines:

- what we mean by working together;
- the values and principles we will use to guide our improvement plans;
- examples of what has worked well so that we can see what needs expanding, improving or creating so that people have a quality experience of being involved;
- the next steps we are taking to work towards our aims;
- methods we are developing that test and measure involvement so we can report on our progress.

Our shared journey to build our working together culture will include:

- Improving how we **listen, learn and provide clear communication.**
- Promoting **personalised care and involving carers and families** in all our services.
- Creating **opportunities for people of all ages, diverse-ability and especially those who are currently under-represented**, to be listened to and involved.
- Establishing **GHC committees and groups** so that **people representative of our communities** can advise, challenge and influence Trust-wide decisions and activity.
- Working together with **local communities and Integrated Care System partners** to address **health priorities and inequalities.**

Introduction

This plan outlines what we want to do and the approach we will take to make sure that working with **people using our services, Carers, families and communities we serve**, becomes the normal way our Trust does business and provides quality care. It does not sit in isolation, but is a **golden thread** through the **six enabling strategies** delivering the Gloucestershire Health and Care NHS Foundation Trust (GHC) strategy: **'Our Strategy for the Future 2021-2026'**.

GHC is built on the strong foundations of organisations that value involving people. We understand the benefits of involving people and communities we serve:

People using our services, carers and families have first-hand experience of the care and services that we offer.

We can learn from people's experiences and understand what really matters that can make a difference to people's health and the care they receive.

People we serve have a wide range of life experiences, professional and personal skills that we can learn from and improve services we provide.

We can improve health and care by working together and supporting the strengths of people and communities.

This plan was co-produced by colleagues and Experts by Experience during the **COVID-19** global health pandemic. The Covid-19 crisis put into sharp focus **health inequalities and exclusion in our communities.** We have learned, that to tackle health inequalities and improve health and care for everyone, we need to involve people more and do it better. We need to:

- Become better at showing how we are listening, learning and acting on feedback;
- Provide a range of opportunities to enable people to get involved and share ideas;
- Improve the way we involve people of all ages, abilities and communities.

The Partnership and Inclusion (P&I) team will be key enablers for the Working Together plan. Other GHC teams essential for progress are from patient experience, membership, quality, communications, digital, strategic, human resources and clinical services. This work will also include working in collaboration with our Carer and patient forums; community groups and organisations; and partners in our Integrated Care System.

What do we mean by working together?

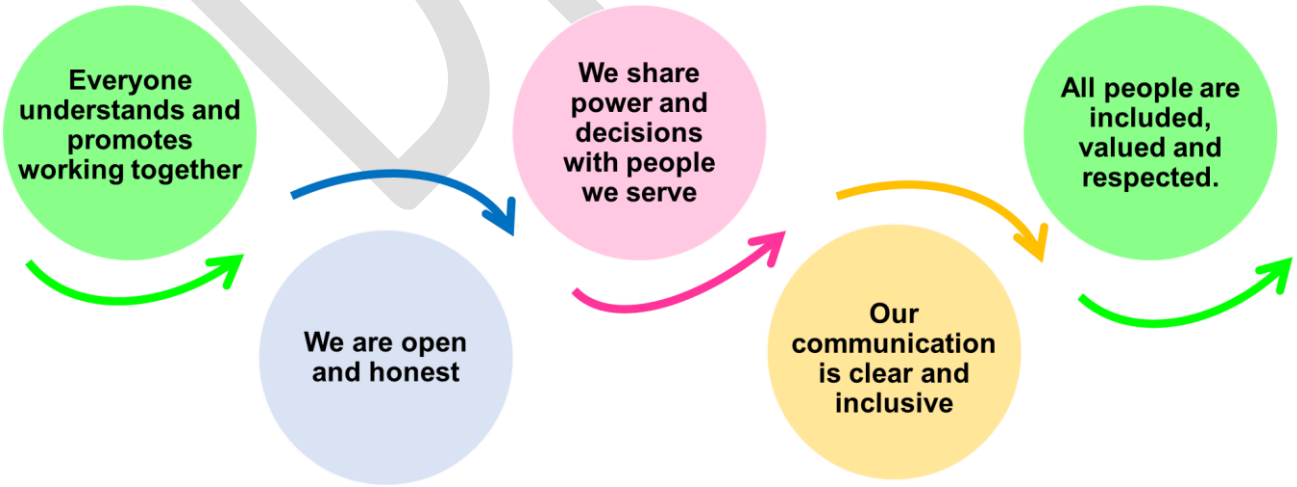
In the health and care sector, working together often means: making sure **people are involved, as much as they want or are able to, in decisions about their care and giving them choice and control over the NHS services they receive**[1]. We use lots of ways to involve people and we know we need to make improvement in all these ways.

Some of the ways we involve people and work together:

Informing	Listening	Discussing	Collaborating	Empowering
Friends and family test People access our website Annual General Meeting and reports	Surveys Comments, Complaints and Compliments Feedback	Workshops and focus groups Awareness campaigns Better Care Together events	Elected public governors Project groups Service improvement Experts by Experience	Citizens jury Personalised care planning Community projects

We want to take this further and develop a culture where working together becomes the expected way we do all our work and our approach to improving the services we provide. Working together is one of our Trust values. We will know when we have a good culture of working together when all the values and behaviours[2] are part of all the work we do.

Working together behaviours we want to see:



[1] Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England (2017)

[2] Adapted from 'A Co-production Model: Five values and seven steps to make this happen in reality' NHS England coalition for personalised care (2020) A Co-Production Model – Coalition for Personalised Care

Joining-up with our partners

A great deal of importance is now placed on involving people and communities at a national level. It is a key feature of the 2021 Care Quality Commission (CQC) strategy that will assess care quality standards; and also features in guidance for how health and care partnerships, called Integrated Care Systems (ICS), will function.

Our organisation is part of the **One Gloucestershire ICS**. This is a new partnership between NHS, local councils, voluntary, community and other public sector organisations. The aim is to work in a joined-up way towards shared goals:

- **To improve outcomes in population health and healthcare**
- **To tackle inequalities in outcomes, experience and access**
- **To enhance productivity and value for money**
- **To help support broader social and economic development**

GHC is adopting the ten principles that are recommended for how ICS's involve people and communities. This will make sure we use the same approach to guide our plans for improving how we can involve people and work together.

Ten ICS principles for working with people and communities[3]:

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.	7. Use community development approaches that empower people and communities, making connections to social action.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	8. Use co-production, insight and engagement to achieve accountable health and care services.
4. Build relationships with excluded groups, especially those affected by inequalities.	9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	10.Learn from what works and build on the assets of all ICS partners –networks, relationships, activity in local places

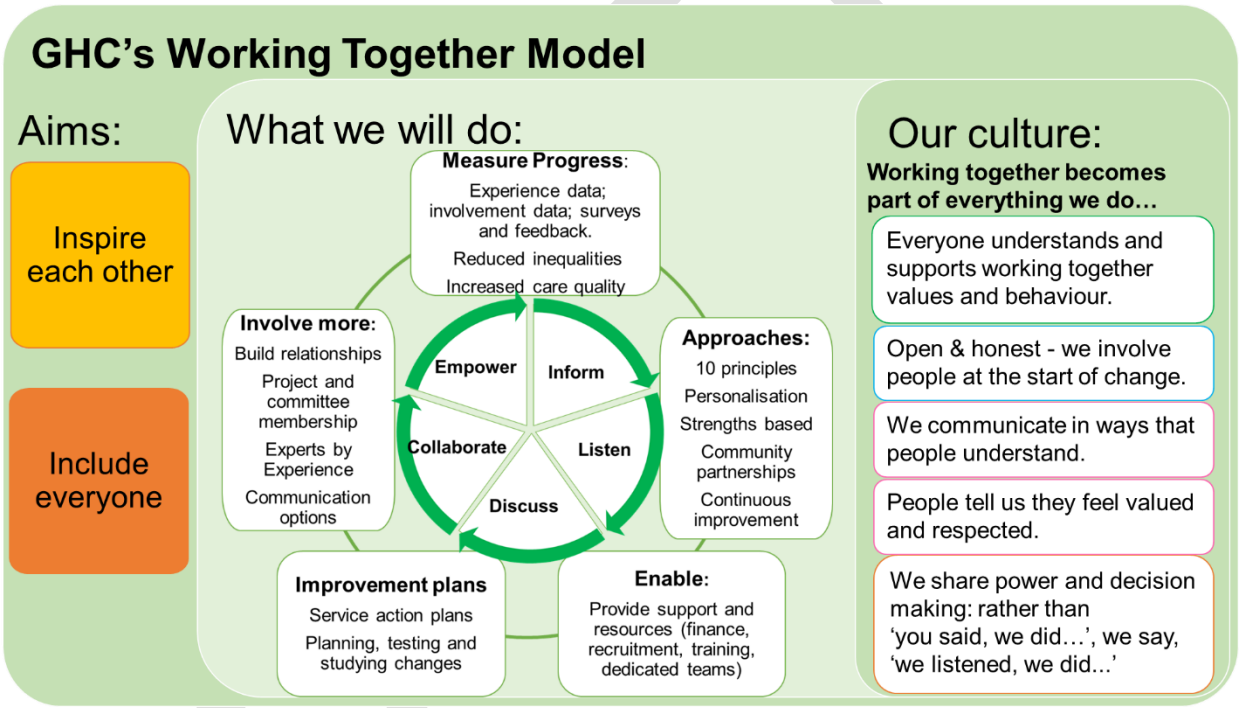
[3] Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities (Sept.2021)

How are we going to make sure we are working together?

We know that it will take time and commitment to achieve what we want: **a Trust-wide culture of working together with the people and communities we serve.**

Our Working Together Model shows how we can work towards this culture:

- We set aims and goals to define what we need to do. These adapt over time as we progress and learn.
- The NHS spectrum of involvement (inform, listen, discuss, collaborate and empower) and ICS ten principles identify standards for how we can involve people in the best way[4]. We will update what we do as NHS-England develop these models further.
- We see behaviours in all our staff that mean working together is part of our culture.



To help us do this we will:

- develop assessment tools that measure how people have been involved and where improvements can be made;
- provide training and support people to collaborate in the work we do;
- ensure we communicate in ways that people understand, such as: use clear plain language, provide easy read, digital, video description and preferred language options.
- develop better community relationships to help us improve how we can meet the health needs of people who don't or can't access the services we provide.

[4] See Appendices A for more information on the Spectrum of Involvement in Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities (Sept.2021)

What we do that works well

Making sure we involve people during a global pandemic has been challenging and has meant changing what we do and using new ways of working together. We aim to involve people in lots of different ways so that as many people as possible can tell us about the quality of their care expereinces. Using feedback, such as from **the friends and family test, complaints**, **15 step challenges and workshops,** helps us understand and learn so that we can improve and develop better services.

The Expert by Experience, or EbE, programme is an important way GHC involves people and it is a resource we want to expand.

The term Expert by Experience refers to someone with recent experience of accessing GHC services or of caring for someone who has. People are recruited to the Expert by Experience programme through a clearly defined process in order to fulfil a formal advisory role requirement. Currently only people over the age of 18 are Experts by Experience, however we will develop a children and young people's programme.

Examples of how Experts by Experience get involved, include:

- ✓ Project work, co-producing the planning, delivery, and review of services
- ✓ Evaluating services e.g. 15 step challenge
- ✓ Staff training and co-delivering workshops
- ✓ Peer training in Recovery College
- ✓ Campaigns and events - information stalls
- ✓ Taking part in staff recruitment
- ✓ Taking part in research
- ✓ Blogs, personal stories, media interviews

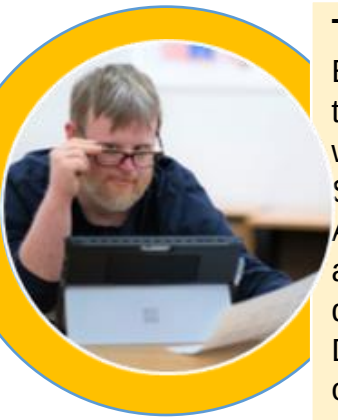
Each story below highlights examples of working together that has inspired us to do more, learn and improve. This has helped us develop this plan and our next steps. A few of our Experts by Experience shared their stories, telling us what they have gained personally and what the Trust has gained from their experiences.

Experts by Experience (EbE) stories:

When we work together we understand the benefits of seeing people as more than a condition: we learn from people, benefit from their strengths and improve what we do.

Jennifer's story: Becoming an Expert by Experience has given me an interest outside of family life. As a carer for my disabled adult son, as well as having some physical health issues myself, I am limited in what I can manage to do outside of taking care of the family home and helping with my son's chickens. I am doing a distance learning degree which means I don't meet with others from the university to practice and apply the skills I have learned. However, being an EbE has allowed me to put those skills to use, and see how they work in real life. This also means that GHC teams gets some extra insight that they might not otherwise have. It is one thing hiring a faceless consultant but working with a patient who has real lived experience of the services that GHC provide as well as academic experience allows for a richer experience for both myself and the trust."

Jo's story: "I have worked as an Expert by Experience for GHC, the Gloucestershire Clinical Commissioning Group and NHS England over the past few years. When I first started, I was anxious that no-one would want to hear my views or take me seriously. However, my experiences of attending meetings, giving talks and co-facilitating training to professionals were very positive. I often received feedback that hearing a first-hand account from a service user perspective brought the issues to life and highlighted things not thought of before. It was also good for me – my self-esteem increased and I even eventually felt confident enough to make a career change into mental health myself. I now work as a Lived Experience Practitioner for the Complex Emotional Needs service using my own experiences to help others on a daily basis, which I love."



Tim's story: I'm Co-Chair of the Gloucestershire Learning Disability Partnership Board. I do lots of things as an Expert by Experience at Inclusion Gloucestershire, in the Training and Development Team. I enjoy being an Expert by Experience at GHC with Simon Shorrick as well as at Inclusion Gloucestershire where I work. Simon is Strategic Health Facilitator at GHC. Working with Simon, I am involved in the Health Action Group. The Health Action Group is for people with a learning disability. The aim of the group is to work together to make health care better. I also took part in designing and delivering the Oliver McGowan Mandatory Training in Learning Disability and Autism. I am involved in the Big Health and Wellbeing Day that GHC organises every year.

We want to develop our Expert by Experience programme to include children and young people and to be more representative of communities we serve. We want to support GHC teams across the Trust to involve people with lived experience to help improve services.

The Oliver McGowan story:
When people are valued, included and respected, health and care is improved.

Collaboration is about more than ensuring people using services, carers and families being represented in an improvement project. It includes, **seeing beyond a person's condition, using their strengths and skills, and handing over power**.

The Oliver McGowan Mandatory Training in Learning Disabilities and Autism is a great example of collaboration in training design and facilitation that aims to improve care quality and enhance learning experiences. Everyone on the team brings a range of skills and experiences that inspire people to think and behave differently. We want to encourage more services to develop training using collaboration.

The Oliver McGowan Mandatory Training is named after **Oliver McGowan**. His death shone a light on the need for health and social care staff to have better training in learning disabilities and autism. It is part of a national commitment to develop a standardised training package. Our Trust is one of four national partners testing the Oliver McGowan Mandatory Training.

Launched on 1st April 2021, all of the training is fully co-designed and co-delivered with people with learning disabilities, autistic people with or without a learning disability, family carers and people working within learning disability and autism services. The trial aims to help shape the development of the final training package, which will become mandatory across England in 2022.

We want to improve care quality by increasing the number project and opportunities to involve people using services, such as in: staff training programmes; service improvement projects; and involving more Carers and families in care planning.

The COVID vaccination story:
When we build relationships with people and communities we can understand the challenges to accessing services and can work together to find solutions.

The Vaccine Equity Group formed in January 2021. It is a partnership between health care providers, voluntary sector organisations, public health and commissioning services. Its aim is **to ensure that all people have fair access to COVID vaccinations**.

During the COVID vaccination programme it became clear that some groups of people and local communities in Gloucestershire were not getting COVID vaccinations. Working together with local people was seen as the best way to understand what could make a difference.

Three main approaches were co-designed and delivered by working in partnership:

1. **Improving communication options.** This included: information translated and videos delivered in 9 of the main languages spoken in Gloucestershire; Easy Read and BSL.
2. **Working together with community and Faith leaders to listen and understand people's concerns.** This included: Virtual live question and answer sessions with community and support groups, religious groups and in languages spoken locally;
3. **Working with individuals, community leaders and services to co-design solutions to deliver COVID vaccinations.** This included providing **bespoke services** to people with various needs: homeless or living in Hostels; mental health conditions and learning disabilities; criminal justice custody suite and bail hostels; migrant workers; vulnerable women; and undocumented communities. Mobile teams provided **pop-up clinics** for example: Matson 'Jacket and Jab' clinic, #GrabaJab Friendship café outreach, Bengali community Mosque, engagement at Stow Horse Fair.

These approaches helped lots of people make an informed choice and get support from people they trust. Many people were able to get a COVID vaccination from pop-up clinics or at a place that suited them best and supported by people they trust.

We want to build on learning during COVID-19. By building relationships, involving communities and working in ways that can improve people's health we can improve care quality and tackle health inequalities.

The Complex and Emotional Needs Service story:

When we empower and collaborate with people and communities we make differences that matter to the people we serve.

The Complex Emotional Needs Service (**CEN)** is a new service within GHC that launched in October 2021. It is a fantastic example of how service users, carers and professionals both from GHC and the voluntary sector, have worked together to design and deliver services from the start.

Previously people with CEN may have been described as having personality disorders or complex post-traumatic stress disorder. Locally and nationally there are gaps in the support people need. We were tasked with creating better services in Gloucestershire.

The approach used to develop, design and deliver the CEN service pathway is an example of true collaboration – albeit mostly virtually due to COVID restrictions. This involved a commitment to shift power to the experts – people with lived experience – in order to create services that make a difference and meet people's needs. Experts by Experience have been vital in advising project managers and clinicians, this includes:

- identifying what services to provide to meet the needs of people;
- the type of language to use to support people;
- ensuring that the CEN service is trauma informed in all its approaches;
- recruitment of staff (helping to write job descriptions and interview questions, and candidate selection);
- provide awareness raising with partner agencies to improve responses for people with complex emotional needs.

Highlights: Four Experts by Experience will be undertaking national training alongside professionals, and will enable more training delivery.

The employment of lived experience practitioners as valued and equal members of the team continues to be a key element of how the CEN service sets out to make cultural changes and improve service experience.

We want more services to develop partnerships between Experts by Experience and Experts by Profession to improve services and ensure they really are meeting the needs of the people and communities we serve.

What we are planning to do.

Our ambition is to have a Trust-wide culture of working together with the people and communities we serve.

We have outlined for the two aims, the goals and next steps we will be taking. Over the next five years we will continually review and develop plans to help us towards our ambition.

Aim 1: Inspire each other by working together to make improvements that matter and make a difference to everyone we serve.

Our Goals are:

- To involve people and communities at the earliest stages of service design and improvement planning.
- To embed a culture of decision making where all people are included, valued and respected.
- To involve more people and community groups to reduce health inequalities and focus on local priorities.

Our next steps
Establish, test and develop forums involving the people we serve of all ages to oversee progress, advise, challenge, influence decisions and action plans. **This includes setting up:** o Quality forums (concerning care standards, safety and improvement activities) o Working Together Advisory Committee (Over-sight and board advisory group)
Develop and improve resources that enable staff to involve people at the earliest stages of service improvement design and planning. This includes: o Develop a Working Together champions programme. o Review the feedback services have received and identify areas of learning where working together principles can be applied to improve services. o Provide support to service leads to develop and embed personalisation models of care. o Improve methods of involving people to obtain feedback and review learning**.**
Support and promote working together quality improvement projects. Some of the projects that have recently started includes: Carers Project Group; Personalisation agenda; Quality improvement projects; Civility Saves Lives; Health equality programme.
Develop and launch skill sharing training, includes: o Involved more people with lived experience in designing and delivering staff training.
Promote and support working together principles and practice within a range of ICS projects and groups.

Aim 2: Include everyone by making it easy for all people and communities to have their say, get feedback and be involved in ways that suit them

Our Goals are:

- To enable more people to be involved by providing a range of options, support and training.
- To ensure communication is consistently clear, open and honest, and provided in ways that people can understand.
- To ensure communities and people who are often marginalised or ignored are listened to and involved.

Our Next steps

Develop and improve the quality of communication used throughout GHC, including:

- Review and improve GHC communication approaches – clinical and general information (clear and plain language use; letters, website, video, auditory and easy read options)
- Develop opportunities for people to collaborate with services to improve communication quality.
- Develop, test and launch website for Working Together and ensure this links with ICS hub.

Create new ways for people to be involved, including:

- Expand our Expert by Experience programme to include more people with physical conditions, children and young people and representatives of the population and communities we serve.
- Create and promote opportunities via Trust membership and volunteering programme.
- Support ICS programmes to involve people and communities.

Review and develop training and support available to people we serve in order to promote working together, including:

- Increase the number of people we serve completing Quality Improvement and digital training.
- Increasing support and opportunities for people to be involved in GHC recruitment panels.

Develop, test and implement assessment tools that will:

- Measure our working together maturity,
- Provide guidance and measure how people have been involved and could be involved further.

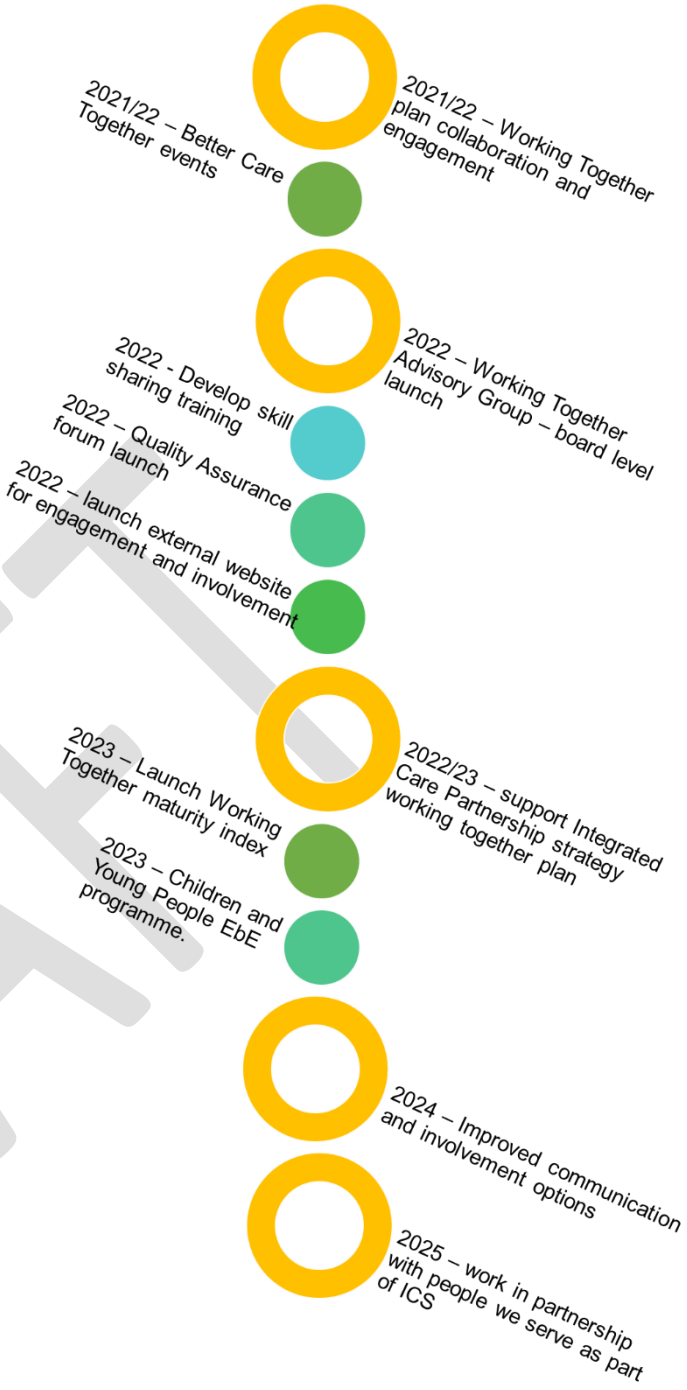
Develop, maintain and increase our network and relationships with community leaders, groups and organisations. This includes:

- Develop and support campaigns and events to increase awareness and involvement of marginalised groups, including: LGBTQIA+; Veterans; Roma, Gypsy and traveller communities; Homeless; Ethnic minority groups and faith communities.
- Collaborate with community and VCSE groups to increase understanding about how services can work in different ways to meet the needs of people.

How we will measure our progress

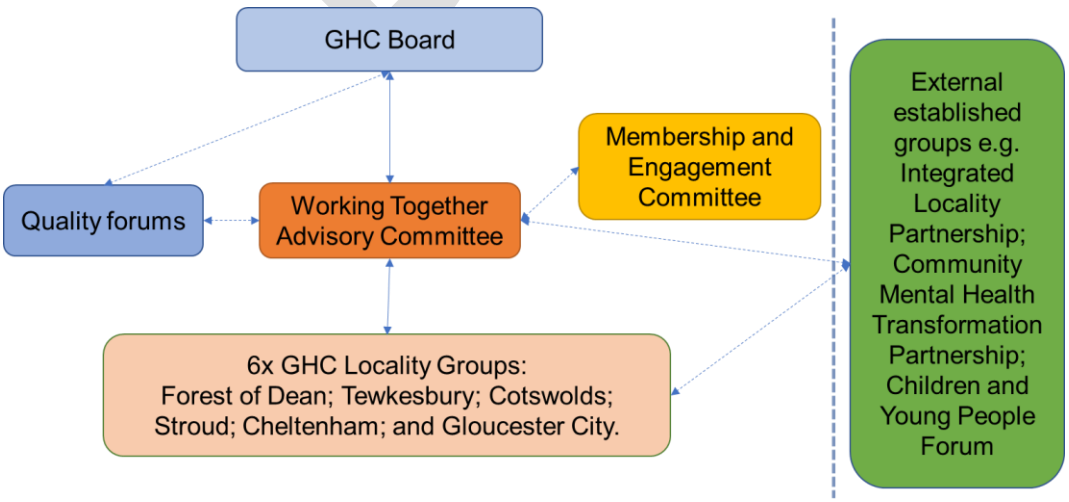
We will be using a number of different ways to measure our progress. This includes:

- ✓ External reviews by CQC, feedback from organisations such as Healthwatch;
- ✓ Internal peer and service user reviews;
- ✓ We will develop an assessment that will measure our working together maturity status against working together values and behaviours.
- ✓ We will collect personal stories and data about how people have been involved.
- ✓ We will use project planning to manage activities.
- ✓ We will establish a governance structure that monitors and holds us to account for our plans.
- ✓ GHC Quality teams and the Partnership and Inclusion team will provide annual update reports.



The proposed governance structure:

We will create and test a number of forums involving people and community groups we serve and GHC colleagues. These forums will connect with established GHC leadership and external groups to oversee progress, advise, challenge, influence decisions and action plans.



Conclusion

Our Working Together plan has set out Gloucestershire Health and Care NHS Foundation Trust's aims and goals for the next five years. We have an ambition to have a **culture of working together with the people and communities we serve right through our Trust.**

To achieve this, we have set aims and goals that focus our activity that will help us **inspire each other** and **include everyone**. Our approach is about involving people and communities in ways that empower and promote collaboration supported by good communication.

Our Working Together plan is not an isolated idea. It is part of our Trust's overall strategy to enable people to live the best life they can and provide outstanding care. It is also part of a wider commitment by the One Gloucestershire Integrated Care System, to address inequalities and health priorities by working with the local communities we serve.

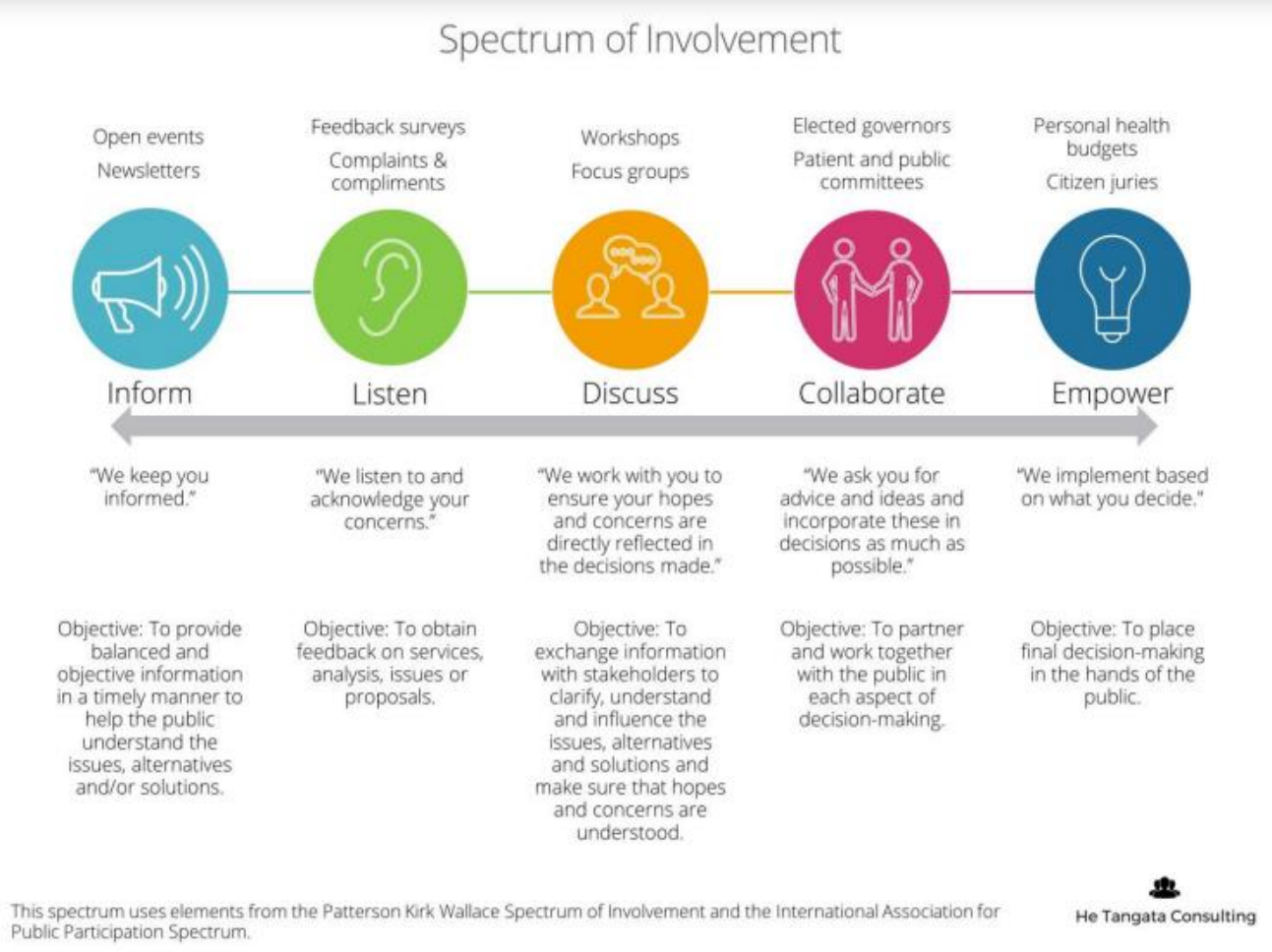
We know that working together is the best way to achieve **better care for everyone** and this is why we are excited about our **Working Together** plan.

We want to take this opportunity to say a big thank you to everyone who has contributed to shaping our first Working Together plan.
We could not, and would not, have done it without you.

THANK YOU!

APPENDICES A: Spectrum of Involvement

In *Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities (Sept.2021)*, NHS England and Improvement recommend the Spectrum of Involvement as a useful tool for understanding a range of approaches to working with people and communities. We have adopted the language and approach as part of developing our Working Together Model and assessment tools so that we can define different levels of involvement and measure progress.



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AGENDA ITEM: 17/0122

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 January 2022**

PRESENTED BY: Sandra Betney, Director of Finance

AUTHOR: Kevin Adams, Associate Director of Estates, Facilities & Medical Equipment

SUBJECT: **SOUTHGATE MOORINGS LEASE RENEWAL**

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

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

The purpose of this report is to:

Secure Board approval to the extension of the lease at Southgate Moorings.

Recommendations and decisions required

Board is asked to approve the lease extension as detailed in this paper.

Executive summary

GHC (and predecessor organisations) have occupied Southgate Moorings since the 1990s. We most recently extended our occupation to take on the entire premises in 2018 with a 15-year Full Repairing lease (undertaking refurbishment works of the First and Second floors at this time).

Southgate Moorings is well established as our key (Physical health) clinical site in Gloucester city. In the July Board meeting, alongside securing approval of the investment of £1.15m in the refurbishment of the Southgate Mooring Ground Floor dental wing, a commitment was made to consider the potential of extending the lease on the property, such that our investment could be depreciated over a longer period.

In November, Resources Committee supported the proposed negotiation priorities - cost avoidance and cost certainty – and this paper therefore presents a proposal to enter into an extended lease on this basis at a cost (NPV) of £3.648m, capturing a cost saving of £35k per annum against market rent for a period of 5 years.

Risks associated with meeting the Trust's values
This proposal increases our security of tenure and enables long term thinking at a key site in Gloucester city.

Corporate considerations	
Quality Implications	n/a
Resource Implications	This proposal offers a better spread of the cost implications of recent capital investments in the property
Equality Implications	n/a

Where has this issue been discussed before?
Trust Board 29th July 2021 Resources Committee 2nd November 2021

Appendices:	

Report authorised by: Sandra Betney	**Title:** Director of Finance

SOUTHGATE MOORINGS LEASE RENEWAL

1.0 BACKGROUND

GHC (and predecessor organisations) have occupied Southgate Moorings since the 1990s. We most recently extended our occupation to take on the entire premises in 2018 with a 15-year Full Repairing lease (undertaking refurbishment works of the First and Second floors at this time).

At the Board meeting of 29th July, an investment of £1.15m was approved to refurbish the Ground Floor of Southgate Moorings, and these works are currently ongoing.

The 2018 investment is currently being depreciated at £88,339 per annum with 7.5 years remaining.

In the July Board meeting a commitment was made to consider the potential of extending the lease on the property, such that our investment (both in 2018 and current) could be depreciated over a longer period if felt appropriate.

2.0 LANDLORD POSITION

As reported to Resources Committee in November we have a good working relationship with the landlord and their agents, which has enabled negotiations to progress smoothly and harmoniously.

As suspected, given we are already committed to the premises for a minimum of 6.5 years (currently there is a break in 2028) and the landlord is aware of the investments we have made in the property (his consent is required for works we undertake) there is not a huge incentive for the landlord to enter into a longer lease.

However, the NHS covenant strength does work in our favour and accordingly we have been able to secure landlord commitment to

a. Extending the lease from it's existing 11.5 years to a term of 25 years
b. Agreeing a fixed cost of £11 per square foot for the next 5 years

Given we have benefitted from significant discounts in the last 4 years (since renewal in 2018) we did not believe any additional savings or incentives would be forthcoming. We were therefore pleased to be able to secure both cost certainty and a discount (from a market rate of c£13psf, worth c£35k per annum) for a further 5 years.

3.0 LEASE EXTENSION – FINANCIAL EASING

As mentioned in the previous papers, extending the current lease out to 2047 (i.e. establishing a term of 25 years) offers the opportunity to spread the current depreciation costs over a longer period.

Looking at each of the capital investments (current and 2018) in turn.

The current £1.15m dental refurbishment scheme would have initial impact of £82k (down from £134k) reducing to £45k in year 25 (2046/47)

Spreading the 2018 remaining costs over the same period would reduce the 22/23 impact down to c£46k (from £88k), reducing to £25k in year 25 (2046/47)

Whilst the total cost increases (the £1.15m scheme "costs" £1.39m over 12 years, compared to £1.65m over 25 years), the cost in each financial year is significantly reduced (2023/24 would reduce from £242k to £128k for both schemes combined)

Whilst some maintenance work would undoubtedly be required during a 25-year term, a further capital investment in the building fabric would not be anticipated. Medical Equipment would of course be expected to be replaced and has not therefore been considered.

Whilst the above financials focus on the two major building projects (2018 and current), the building has also benefitted from two new lifts (one in 2020 and one being installed currently). These investments could also (and justifiably) be depreciated over a longer period if felt appropriate.

4.0 SITE IMPORTANCE AND SECURITY OF TENURE

As our primary Physical Health site in Gloucester City, in an enviable, central location, it is difficult to foresee a future whereby Southgate Moorings is not part of our portfolio

The existing lease is a full repairing lease, with tenant only breaks. We also currently benefit from protection under the Landlord and Tenant Act 1954 whereby we have the statutory right to renew our tenancy (provided the landlord doesn't intend to sell or convert to a different use (e.g. residential)). All these existing benefits will be maintained with the proposed extension.

5.0 LEASE EXTENSION – PROPOSAL SUMMARY

Resources Committee supported the primary objectives of cost avoidance and cost certainty. Given we have secured a modest further discount on market rent (£2psf, £35k per annum) and cost certainty for a further five years we feel negotiations have met expectation.

The new lease cost profile can be seen in the table overleaf and equates to a Net Present Value investment of £3.648m

Year		Non recurrent	Expenditure	Net Cash Outflow	***Cumulative Cash Outflow***	Discount Rate	Discounted Cash Outflow	***Cumulative Discounted Cash Outflow***
2022/23	**1**		189,856	189,856	***189,856***	0.966	183,435	***183,435***
2023/24	**2**		189,856	189,856	***379,711***	0.934	177,232	***360,668***
2024/25	**3**		189,856	189,856	***569,567***	0.902	171,239	***531,906***
2025/26	**4**		189,856	189,856	***759,422***	0.871	165,448	***697,355***
2026/27	**5**		189,856	189,856	***949,278***	0.842	159,853	***857,208***
2027/28	**6**		224,374.80	224,375	***1,173,653***	0.814	182,529	***1,039,737***
2028/29	**7**		224,375	224,375	***1,398,028***	0.786	176,357	***1,216,094***
2029/30	**8**		224,375	224,375	***1,622,402***	0.759	170,393	***1,386,486***
2030/31	**9**		224,375	224,375	***1,846,777***	0.734	164,631	***1,551,117***
2031/32	**10**		224,375	224,375	***2,071,152***	0.709	159,064	***1,710,181***
2032/33	**11**		224,375	224,375	***2,295,527***	0.685	153,685	***1,863,865***
2033/34	**12**		224,375	224,375	***2,519,902***	0.662	148,487	***2,012,353***
2034/35	**13**		224,375	224,375	***2,744,276***	0.639	143,466	***2,155,819***
2035/36	**14**		224,375	224,375	***2,968,651***	0.618	138,615	***2,294,434***
2036/37	**15**		224,374.80	224,375	***3,193,026***	0.597	133,927	***2,428,361***
2037/38	**16**		224,374.80	224,375	***3,417,401***	0.577	129,398	***2,557,759***
2038/39	**17**		224,374.80	224,375	***3,641,776***	0.557	125,022	***2,682,782***
2039/40	**18**		224,374.80	224,375	***3,866,150***	0.538	120,795	***2,803,576***
2040/41	**19**		224,374.80	224,375	***4,090,525***	0.520	116,710	***2,920,286***
2041/42	**20**		224,374.80	224,375	***4,314,900***	0.503	112,763	***3,033,049***
2042/43	**21**		224,374.80	224,375	***4,539,275***	0.486	108,950	***3,141,999***
2043/44	**22**		224,374.80	224,375	***4,763,650***	0.469	105,266	***3,247,265***
2044/45	**23**		224,374.80	224,375	***4,988,024***	0.453	101,706	***3,348,970***
2045/46	**24**		224,374.80	224,375	***5,212,399***	0.438	98,267	***3,447,237***
2046/47	**25**	250,000	224,374.80	474,375	***5,686,774***	0.423	200,730	***3,647,967***
Net Present Value		**3,647,967**						

6.0 LEASE EXTENSION – IFRS16

As Board will be aware, IFRS16 applies to the NHS from 1st April 2022. Existing (operating) leases like Southgate Moorings bought onto the balance sheet will not score to Capital Budgets but any future modifications or extensions after this date will.

Renewing this lease as proposed therefore will have the added benefit of delaying the point at which our Southgate Moorings occupation would score against Capital (from 11.5 years to 25 years' time).

7.0 SUMMARY

Southgate Moorings is a strategically important site to the Trust, operating as our primary Physical Health site for Gloucester City

Given this, the potential financial easing offered from a longer depreciation period, the cost saving and cost certainty captured and the IFRS implications, Trust Board is asked to support the extension of the lease.

AGENDA ITEM: 18/0122

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 January 2022**

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

AUTHOR: Lavinia Rowsell, Head of Governance / Trust Secretary

Anna Hilditch, Assistant Trust Secretary

SUBJECT: **BUSINESS CONTINUITY – GOVERNANCE ARRANGEMENTS**

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

The purpose of this report is to

To set out proposed changes to Trust Board and Committee Governance arrangements during the current wave of the Covid-19 Pandemic.

Recommendations and decisions required

The attached paper was considered by Board Members at the Executive Meeting held on 02 January 2022 and the meeting of the Non-Executive Directors held on 18 January 2022 at which Board Members endorsed the proposals to be implemented with immediate effect and will be reviewed on 31 January 2020 and then fortnightly thereafter.

Executive summary

It light of the situation with Covid-19, it has been necessary to review the Trust's current governance arrangements. The attached proposal looks to balance the need to ensure that resources are focused on necessary clinical and operational matters to enable safe and sustainable service delivery whilst maintaining the robustness of decision making in a fast-moving environment and providing the appropriate level of Board assurance.

The proposals set out below reflect the lessons learned from the changes to the governance arrangements implemented during the first and second wave of the pandemic and the findings of the internal audit on Covid governance undertaken in November 2020.

It should be noted that there has been further guidance from the centre *(Reducing the Burden of Reporting – Letter from Sir David Sloman (24 Dec 2021))*

regarding the relaxation of governance arrangements as received in the first and second wave of the pandemic. The proposals set out within the attached paper are in line with this guidance.

Risks associated with meeting the Trust's values

A strong system of governance, even in times of crisis is essential to ensure decision making continues to be undertaken within agreed frameworks. Having a strong business continuity plan for governance:

- will ensure that decisions continue to be made in the best interests of the patients
- will help colleagues to understand their responsibilities and accountabilities,
- is essential for patients and the public to be able to hold the organisation to account
- will enable a smooth transition back to 'business as usual'

Corporate considerations	
Quality Implications	None
Resource Implications	None
Equality Implications	None

Where has this issue been discussed before?

With Board Members through Executive and NED meeting discussions.

Report authorised by:	**Title:**
Lavinia Rowsell	Head of Governance/Trust Secretary

Business Continuity – December 2021

Board and Committee Governance Arrangements and Delegated Authorities

Review date: 31 January 2022 (fortnightly thereafter)

Board and Committees

1) The **Board** will continue to meet as per its usual cycle (bi-monthly) with agendas focussed primarily on urgent/exceptional business.

2) **Board Committees** will be considered on an individual basis, in discussion with the Committee Chair and Executive lead. Committees may continue to meet, however agendas will be streamlined. If a meeting is unable to take place for capacity reasons, to ensure continued oversight, Committee papers will continue to be circulated to Committee members who will be invited to share any comment or questions with the Executive Lead. If an item requires approval or decision, the process outlined later in this guidance will be followed. The quorum of Board Committees will be relaxed to 1 Executive and 2 Non-Executive Directors.

3) The **Council of Governors** will continue to meet, however colleagues will be made aware that Executive Director input and attendance at these meetings may be reduced.

4) Effort will be made to continue aspects of 'business as usual' activity, based upon the existing business cycles / forward agenda. The business cycles for the Board and Committees will be reviewed and updated within Corporate Governance in discussion with Committee Chairs and Executive Directors, to maintain an accurate record of items considered / approved or deferred (placed in parking lot).

5) It is likely that those responsible for preparing assurance papers for Committees and the Board will not be in a position to do so. Therefore, matters for information or assurance will be either:
   - Put on hold until further notice,
   - Circulated via email, or
   - Where it is possible for Board assurance/information reports to be provided, these will be included on the agenda to maintain transparency and public accountability but will be discussed by exception only. Board members will be asked to raise any questions relating to these items in advance of the meeting.

6) If required, and as determined by the Chair and Chief Executive, fortnightly Board briefings will be implemented. Briefings will be attended by Board members and senior members of the Operations, and Nursing, Therapies and Quality Directorates. Meetings will be chaired by the Board Chair.

Decision making

7) Decisions made during this period will continue to be made in line with the current Scheme of Delegation and Standing Financial Orders. Decisions usually made by Committees or the Board, and/or where speed is of the essence will be taken forward as set out below.

8) For ad hoc items agreed by the Executive Directors as requiring a decision by the Board/Committee:

- Circulated to Board / Committee members via email for approval, whilst allowing sufficient time for review / response or
- Discussed via telephone / digital technology with the decision recorded by Corporate Governance or
- Discussed between the Chief Executive or nominated Executive Director with the Board / Committee chair for Chairs Action

In these circumstances the quorum will be 1 Executive Director and 2 Non-Executive Directors.

In implementing these recommendations the health and wellbeing of colleagues will be a central consideration. Where feasible, meetings will be scheduled to take place during core business hours.

Version	Date	
1	*15.12.21*	*Updated Governance arrangements – CEO/Chair*
2	*04.01.22*	*Proposals reviewed of Executive Team*
	18.01.22	*Proposals reviewed by Non-Executive Directors*
	26.01.22	*Approved by Trust Board (TBC)*

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AGENDA ITEM: 19/1121

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 January 2022**

PRESENTED BY: Neil Savage, Director of HR & OD

AUTHOR: Anna Hilditch, Assistant Trust Secretary

SUBJECT: **GREAT PLACE TO WORK COMMITTEE TERMS OF REFERENCE**

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

The purpose of this report is to:

Present the Board with the Terms of Reference for the Great Place to Work Committee for approval.

Recommendations and decisions required

The Board is asked to **approve** the Committee's terms of reference.

Executive summary

The terms of reference for the GPTW Committee were reviewed and endorsed by the GPTW Committee at its meeting on 13 December 2021.

The Committee will review its TOR annually.

Risks associated with meeting the Trust's values

Corporate considerations	
Quality Implications	None other than those identified in the report
Resource Implications	None other than those identified in the report
Equality Implications	None other than those identified in the report

Where has this issue been discussed before?
Great Place to Work Committee

Appendices:	Great Place to Work Committee TOR

Report authorised by: Neil Savage	**Title:** Director of HR and OD

TERMS OF REFERENCE

Great Place to Work Committee

Version 3

1.	**Purpose and Ambition**
1.1	The purpose of the Great Place to Work Committee is to: • provide assurance to the Trust Board on all aspects of workforce and OD, supporting the provision of great colleague experience that enables safe, high quality, patient-centred care • ensure strategic priorities and Trust ambitions in relation to workforce and OD are delivered and any related corporate/strategic risks identified are managed • provide assurance to the Trust Board on the delivery of the Trust's People Strategy and its 6 core commitments
2.	**Membership**
2.1	Three Non-Executive Directors, one of whom will be appointed Chair (the Chair may not be the same person as the Chair of the Audit and Assurance Committee). The Board Health and Well-being Champion will be included as one of the three Non-Executive Directors. ▪ Director HR & OD (Executive Lead) ▪ Chief Operating Officer (or a nominated deputy) ▪ Director of Nursing Therapies and Quality (or a nominated deputy) **<u>In attendance:</u>** ▪ Associate Director - OD, Learning and Development ▪ Associate Director - Workforce Systems & Planning ▪ Chair of Staff Side or their deputy ▪ Deputy Director of HR and OD ▪ Diversity Network representative ▪ FTSU Guardian ▪ Head of Communications ▪ Head of Corporate Governance /Assistant Trust Secretary ▪ Head of Leadership and Organisational Development ▪ Health & Safety Advisor
2.2	Other Officers of the Trust may attend at the discretion of the Committee Chair e.g. EDI Lead, Service Director Working Well, Head of Operational HR, Finance representative. Any other Trust Board Member may attend the meetings.
3.	**Quorum**
3.1	Three members, at least one of whom should be a Non-Executive Director and one should be an Executive Director.
3.2	Where a member is unable to attend a meeting of the Committee, that member may, with the agreement of the Committee Chair, nominate a deputy who will count towards the quorum.

4.	**Reporting Arrangements**
4.1	The Great Place to Work Committee will update each routine Board meeting on its activity, highlighting decisions made, issues being progressed and issues requiring further consideration or decision by the Board.
4.2	The Committee will highlight any key issues or concerns to the Audit and Assurance Committee, Resources Committee or the Quality Committee which require consideration by one or all of these committees.
5.	**Powers**
5.1	The Trust's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation shall apply to the Great Place to Work Committee.
5.2	The Committee is authorised to establish sub-groups and task and finish 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 of reference of the sub-groups and receive written and verbal reports from them.
6	**Responsibilities**
6.1	<u>Strategy and Policy</u> To oversee progress with the implementation of the People Strategy and progress with the development and delivery of workforce, OD, cultural and quality improvement change strategies that support the Trust's strategic priorities in the context of the ICS, regional and national picture and against agreed objectives, milestones and KPIs. To take a strategic view of the Trust's workforce plans to ensure that they are robust and support the delivery of the Trust's financial and clinical objectives. To oversee HR and OD Policy Development within the Trust, reviewing and approving on behalf of the Trust Board policies and procedures that, under the Trust's Standing Orders, require Board approval and fall within the scope of the Committee's terms of reference, elsewise receive assurance from the appropriate management committee around the implementation of a robust process for the review and approval of relevant policies.
6.2	<u>Organisational capacity</u> Seek assurance that the processes and plans used by the Trust have integrity and are fit for purpose in the following areas: • strategic approach to developing the capacity of the Trust's workforce • analysis and use of sound workforce, employment and demographic intelligence • the planning of current and future workforce capacity • effective recruitment and retention, including where appropriate ICS and wider regional system partners • new innovative models of care and roles • flexible working

	• identification of urgent workforce capacity problems and their resolution • continuous development of personal and professional skills • talent management and succession planning for continuity and organisational resilience Consider the coherence and pace of strategic plans to secure: • transformational change, service redesign and pathways of care • new and innovative ways of working • use of tools and technology • opportunities for changing practices and skills across traditional professional boundaries • joint working with partners in professional associations, trades unions, health and social care, Higher Education Institutes, third sector and other stakeholders • Widening Access and the value of apprenticeships
6.3	<u>Culture and Values</u> Seek assurance on the effectiveness of the ways in which the Trust involves and engages with colleagues, including the annual staff survey. Take a leadership role on behalf of the Board of Directors on: • securing positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Trust • evaluating the impact of work to promote the values of the organisation and of the NHS Constitution • promoting staff engagement and partnership working • developing a working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
6.4	<u>Risk and Performance</u> Review and provide assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee seeking where necessary further action/assurance. Consider the control and mitigation of workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed Undertake high-level, exception-based monitoring of the delivery of workforce performance to ensure that the Trust is operating in line with its annual plan objectives. Provide assurance that the legal and regulatory requirements relating to workforce are met by the Trust.
6.5	<u>Compliance and Regulation</u>

	To seek assurance that the Trust's services are delivered in accordance with statutory and regulatory requirements. This will include; • Standards of professional conduct • Freedom to speak up • Care Quality Commission workforce standards (with main responsibility for overall standards oversight and assurance continuing to rest with the Quality Committee • Equality, Diversity and Inclusion (e.g. WRES, WDES and Gender Pay Gap) • Well-being
7.	**Frequency and Review of Meetings**
7.1	The Committee will usually meet 6 times a year. The Chair may agree further meetings if necessary. Virtual meetings, at the discretion of the Committee Chair, may take place using appropriate electronic methods.
7.2	These Terms of Reference will be reviewed annually, with any change recommended to the Trust Board for approval following approval by the Great Place to Work Committee. This review will include a self-assessment of the Committee's effectiveness in discharging its responsibilities as set out.
8.	**Administration**
8.1	The Trust Secretary will ensure appropriate support is provided to the Committee.
8.2	The Committee will agree an annual plan which will outline the business to be discussed at each meeting. This will include the content and frequency of reports from sub-groups.

Version:	**Date:**	**Approved/Reviewed by:**
Version 1 (Draft)	27/08/2021	Received at NEDs/Execs meeting
Version 2 (Draft)	21/10/2021	Presented to GPTW Committee
Version 2.1 (Final)	13/12/2021	Presented to GPTW Committee for sign off
Version 3	27/01/2022	Approved by Trust Board

AGENDA ITEM: 20/0122

CHARITABLE FUNDS COMMITTEE SUMMARY REPORT
DATE OF MEETING 08 DECEMBER 2022

COMMITTEE GOVERNANCE	• Committee Chair – Sumita Hutchison, Non-Executive Director • Attendance (membership) – 85% • Quorate – Yes/No

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE REPORT

The Committee received the Finance Report which provided an overview of the financial position of the Trust's charities as at 31 October 2021.
It was reported that the overall funds balance had increased by £84k from £405k to £489k.
The Committee was informed that the unrestricted funds total at 31st October 2021 was £143k, and noted that there was no change from 1st April 2021. The Restricted funds total at 31 October 2021 was £346k. The Committee noted that the increase was mainly due to the funds received from NHS Charities Together.
The Committee **noted** the report

CHARITABLE FUNDS APPROVALS

Two bids had been submitted since the previous meeting of the Charitable Funds Committee.

The Committee considered and **approved** the applications for the Dance and Dementia Music Therapy sessions at Charlton Lane at a value of £7,680 and the 14th Anniversary Learning Disability Big Health and Wellbeing Day event at a value of £4,500, and authorised the pre-approval for the Trust wide Christmas decorations application.

The Committee received the Volunteering Services Bid for 2022/23 which recognised that the service remained in covid recovery and **noted, debated** and **approved** the bid application.

BROKENBOROUGH UPDATE

The Director of Strategy and Partnerships provided the Committee with an update on the recent site remediation work and a report on the current planning status, recommended options and timing for a residential planning application and the disposal of the Brokenborough land.
The Committee was assured that the Trust was continuing to work actively with the planning agent; however, immediate submission was not recommended on a speculative basis.
Further conversations would be held with the Director of Finance in order to incorporate in to the capital plan; with the assumptions made previously, and to ensure clarity of the next steps of the process.
The Committee **noted** the progress, current status and anticipated conclusion of the site remediation works.
The Committee **endorsed** the continued approach in promoting the site through the planning system in line with the emerging Local Plan, monitoring closely the proposed timing of the consultation and adoption process.

CONSIDERATION OF A STRATEGIC CONSULTANT APPOINTMENT

The Committee received the Consideration of a Strategic Consultant Appointment paper, which provided the outcome from a procurement exercise which had taken place to seek bids from a range of consultants who may wish to support the Trust in terms of developing a future direction for our Charitable Funds activities.

The Committee was informed that three consultancies had submitted online applications, which were scored independently. The scores were then amalgamated to give the final scores. Following the scoring, the preferred constancy was Orchard Fundraising Limited.
The Committee was informed that Orchard Fundraising Limited were a local firm based in Charlton Abbotts. The proposal was based on a day rate with clear stages to enable to build in a range of review points and negotiate how the work would proceed with an estimated ceiling of £9,000.
The Committee **considered** the submissions received and supported the appointment of Orchard Fundraising to take a lead in developing and scoping the next phases of the Trust's strategic direction.
The Committee **noted** that this would require the ring-fencing of £9,000 from our general charitable funds.

INTERNAL AND EXTERNAL COMMUNICATION UPDATE ON ACTIONS

The Head of Communications provided a verbal update on the Internal and External Communications and actions, and confirmed that the pages on the Trust's intranet page had been updated to provide clear information about what Charitable Funds were, who could access them (and for what purpose) and also setting out the process of how people can donate to the Charitable Funds.

ANNUAL ACCOUNTS 20/21

The Committee received the Annual Accounts for the year ending 31st March 2021.
It was reported that funds had increased by £87k between 1st April 2020 and 31st March 2021, from £318k to £405k.
The restricted funds totalling £262k was mainly the Brokenborough fund of £152k and NHS Charities £102k. The unrestricted funds total at 31st March 2021 was £143k a reduction in the year of £13k.
The Committee **reviewed** and **approved** the Annual Accounts and Trustees Report subject to completion of an external audit.

OTHER ITEMS

The Committee received the NHS Charities Together update report and **noted** the ongoing activities against the investments made from NHS Charities Together donations.
The Committee received the League of Friends, Bids Supported report and noted the contents of the report.
The Committee **approved** the draft Annual Report 2021.
The Committee received the Charitable Funds Committee Effectiveness Assessment and **noted** the outcome of the self-assessment and considered how best to take forward the comments received, and suggested areas of focus for 2022/23.
The Committee **reviewed** and **considered** any proposed changes to the Committee's Terms of Reference for onward presentation and approval at the Trust Board.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	**09 March 2022**

AGENDA ITEM: 21/0122

GREAT PLACE TO WORK COMMITTEE SUMMARY REPORT

DATE OF MEETING: 13 DECEMBER 2021

COMMITTEE GOVERNANCE	• Committee Chair – Graham Russell, Non-Executive Director • Attendance (membership) – 83% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

COLLEAGUE STORIES - RECRUITMENT

The Committee welcomed Laura Harvey, Head of Facilities Operations and Victoria McCuaig, Home First and Reablement Lead to the meeting to speak about challenges encountered with recruitment and retention within their areas of the Trust.

Laura Harvey reported that challenges which had been encountered with recruitment related to communication and engagement between the recruitment team, management and candidates. Issues were reported with candidates often finding alternative placements due to the lengthy processes to begin roles. Promotion of vacancies via the social media platform Facebook had been successful, as NHS Jobs was not where candidates would likely check for certain positions. Issues had been experienced with retaining staff once they started their roles; with a recent issue which had arisen at Wotton Lawn involving two members of staff leaving their role on their first day due to the challenging working environment. Other issues included losing staff to other fields within healthcare.

There had been improvements seen, with a number of staff having recently started in their roles within 4 weeks of acceptance. A member of the recruitment team had also been allocated to facilities recruitment full time, which had been valuable. The Committee was informed of partnerships with the Job Centre and also Gloucestershire College and plans to run training sessions at the end of the SWAP (Sector Workplace Placement) work placements. Candidates would be invited to an interview after 2 weeks of the workshop.

Victoria McCuaig reported challenges in recruiting band 2s and band 3s in to the Home First and Reablement team. It was reported that the recruitment and retention challenges experienced related to the volume and capacity of applications to meet the demands of the service. The number of applications received did not yet met the desired demand. Other issues with recruitment, included the timeliness of the initial necessary checks to be completed. Primarily the time in which it had taken to retrieve references.

Victoria McCuaig shared her views on what would improve the service and suggested being given the opportunity to sell 'stories of difference' which would include what motivates staff to do their role and the difference that they feel that it makes in patients' homes and to their lives, hearing the voice of both service users and staff providing the care. The apprenticeship model was praised and Victoria McCuaig reported the service aspired to use the model more. Linking to local colleges through work experience was also suggested to enhance future recruitment.

The Committee Chair thanked Laura Harvey and Victoria McCuaig for their openness.

DEEP DIVE – RECRUITMENT AND RETENTION

The Committee welcomed Martin Batten, Senior HR Manager for Recruitment & Retention and Operations who shared a presentation on Recruitment and Retention with the Committee.

It was reported that the number of administrators within the recruitment and retention team had increased in order to manage the current workload pressures. The Committee heard that the increased workload had been detrimental to the mental health and well-being of staff members, but managing the position had now been achieved. It was reported that vacancies within the Trust had remained consistent over the previous 12 months at 12-13%, however, recruitment volumes had increased dramatically running at 170-180 vacancies per month, from 104 in January and 211 in November. The number of applicants being processed had also increased from 238 in April to 369 in October, equating to a 55% increase. 37 new international nurses had been recruited in the past year with 25 already in post and 12 outstanding appointments. It was reported that the 2021/22 project workstream looking at Community Nursing International Recruitment had been successful with funding received for 10 international Community Nurses.

A new NHS Cadet Scheme was due to go live in January 2022 in partnership with St John's Ambulance. The Committee was informed that this would introduce children to the NHS as a place to volunteer and pursue an NHS career.

The next steps were shared with the Committee which included, further engagement and involvement workshops on harnessing skills, vision and creativity to inform the new Trust Recruitment and Retention Strategy. An evaluation of the pilots in place would also be carried out and evaluation of the long-term approach to the pipeline options for international recruitment.

WORKFORCE KPIS AND PERFORMANCE REPORT

The Committee received the workforce KPIs and Performance Report for the month of October. It was highlighted that the quantitative data included in the report showed the growth of the Trust since 2020. The Committee was assured that all of the trends recorded in the report were going in the right direction and a hotspot indicator based on head room exceeding was being developed. Once developed, this would be brought to a future committee meeting.

CORPORATE RISK REGISTER

The Committee received the Corporate Risk Register and was informed that four strategic risks had been identified for ownership and oversight by the GPTW Committee. These were:

1) Risk ID 111 – Workforce – Recruitment (Operational)
2) Risk ID 30 – Retention of key clinical staff
3) Risk ID 74 – Workforce – Strategic
4) Risk ID 82 – Agency Management Control

The Committee **noted** the information and assurance provided.

PEOPLE POLICIES AND PROCEDURE UPDATE

The Committee was informed of updates to the following policies:

- Appraisal Policy
- Business Travel Policy
- Management of Leavers Policy
- Study Leave Policy

The Committee **noted** the briefing received.

OTHER ITEMS

The Committee **received** and **noted** the People Strategy update.
The Committee **received** and **noted** the Freedom to Speak Up, 6 monthly Report
The Committee **received** and **considered** the updated Board Assurance Framework, in particular those risks for which the GPTW Committee is the Lead Committee.
The Committee **endorsed** the GPTW Committee Terms of Reference for onward presentation to the Trust Board.
The Committee **received** and **noted** the HR Governance Structure Chart.

ACTIONS REQUIRED BY THE BOARD
The Board is asked to:

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

DATE OF NEXT MEETING	**02 February 2022**

AGENDA ITEM: 22/0122

RESOURCES COMMITTEE SUMMARY REPORT

DATE OF MEETING 23 DECEMBER 2021

COMMITTEE GOVERNANCE	• Committee Chair – Steve Brittan, Non-Executive Director

DUE TO CURRENT OPERATIONAL PRESSURES, THIS MEETING WAS HELD BY CORRESPONDENCE. THE ITEMS SUMMARISED BELOW HAD SOUGHT COMMITTEE ENDORSEMENT OR APPROVAL AND A RECORD OF APPROVALS RECEIVED HAS BEEN MAINTAINED BY THE TRUST SECRETARIAT FOR FUTURE RECORD.

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

GREEN PLAN

The Committee received the latest draft of the Green Plan and **endorsed** this for onward approval by the Trust Board at its meeting on 27 January 2022.

SPECIALIST COMMUNITY FORENSIC TEAM BID/ BUSINESS CASE

The Committee **approved** the submission of the Business Case as its application to the South West Provider Collaborative.

ASSET DISPOSAL: BID EVALUATION FOR HOLLY HOUSE AND HATHERLEY ROAD

Following receipt of this report, Committee members sought additional information. This additional information was re-submitted to the Committee who subsequently **endorsed** the evaluation criteria to be adopted in assessing bids received, in order to identify a preferred purchaser for each site.

OTHER ITEMS

The Committee **received** and **noted** the Finance Report, month 8 position.
The Committee **received** and **noted** the Performance Report for November.
The Committee **received** and **noted** the contents of the Business Development Report.
The Committee **received** the Budget and Business Plan, 22/23 Process.
The Committee **received** and **noted** the Summary Reports from the Digital Group, the Capital Management Group, and the Business Intelligence Management Group.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	**24 February 2022**

AGENDA ITEM: 23/0122

QUALITY COMMITTEE SUMMARY REPORT

DATE OF MEETING 06 JANUARY 2022

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

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

QUALITY DASHBOARD

The Committee received the Quality Dashboard Report, which provided a summary assurance update on the progress and achievement of quality priorities and indicators across the Trust's physical health, mental health and learning disability services.

The Committee was informed of the key areas of challenge and it was reported that recruitment and retention within key service critical areas remained a significant challenge.

Initiatives had been put in to place in order to help improve interest in Trust vacancies for facilities and HCA appointments; with a 'refer a friend' initiative being implemented.

The Committee was informed of an increase in pressure ulcers which had developed or worsened under the care of the Trust and noted that the data was being explored further by Clinical Pathways, as it was likely there had been data quality issues.

Assurance was received that the category 3 pressure ulcers were reducing to category 2 and that nurses were providing the correct care. It was reported that the increase in pressure ulcers was likely due to staffing challenges in other parts of the System and also as a result of reduced patient visiting.

The Committee was informed of the progress made within the complaint's recovery work, and that a lot of work had been done addressing concerns before they developed in to complaints. The Committee congratulated the complaints team on their achievement of closed complaints. The Committee discussed the change in law due to be enacted in April concerning it being mandatory for clinicians and front-line staff to be fully vaccinated. John Trevains assured that communications had been sent out in December to all non-vaccinated clinical colleagues and additional letters were due to follow. A huge amount of work was underway to prepare for the implementation.

The Committee requested the Eating Disorder Service feature in future Quality Dashboard Reports due to issues of access to the service.

The Committee **received**, **noted** and **discussed** the November 2021 Quality Dashboard.

HOW ARE WE KEEPING OUR SERVICES SAFE

John Trevains provided a verbal update on the current staffing pressures on the Trust and reported that the directorate had managed to maintain safe staffing levels during the Christmas period.

It was reported that many of the Trust's services had been heavily involved with supporting the challenges faced by the Acute Trust. This had impacted largely on the demand for district nurses with an increase in patients being transferred through the mental health services of the Trust.

The Committee was assured that there was enough PPE available and that emergency swab testing machines were available on community hospital sites; to allow a same day result to a covid test. This enabled staff to continue working safely.

CQC COMMUNITY MENTAL HEALTH SURVEY RESULTS & ACTION PLAN

The Committee received the CQC Community Mental Health Survey results and action plan, which provided a summary of the results of the 2021 CQC National Community Mental Health survey; along with assurance that the results of the national survey have been used to identify areas of focus for practice development activity over the next 12 months.
It was reported that the results received had been similar to those of previous years and that the Trust was categorised as performing 'better' than most of the other mental health trusts in 5 of the 12 domains; and that the Trust remained in the top 20% performing trusts in most of the domains 9 out of 12.

The Committee **noted** the contents of this report and **received** assurance of the ongoing delivery of high-quality adult community mental health services.

The Committee **received** assurance that the feedback had been used to identify areas for practice development.

OTHER ITEMS

The Committee **received** and **noted** the Quality Assurance Group Summary Report

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	**03 March 2022**