



Gloucestershire Health and Care
NHS Foundation Trust

Quality Account 2020/21

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Introduction

I am pleased to present this annual Quality Account on behalf of Gloucestershire Health and Care NHS Foundation Trust. To the best of my knowledge the information contained in this report is an accurate representation of the year's events.

The word 'challenging' has been used far too often to describe what the NHS has faced during the past year, but there is no denying the huge challenges the Covid-19 pandemic has brought to our Trust and to our communities more widely. The fact that we have risen to the challenge gives me an enormous sense of pride and what makes me more proud is that fact that, as a Trust, we have never been distracted from our commitment to quality.

Quality runs through everything we do at Gloucestershire Health and Care NHS Foundation Trust. It is the bedrock upon which all of our services and teams operate, supported by a swathe of checks and balances to ensure we are meeting our own commitments and the targets agreed by us with others.

During the year, because of Covid-19, many of our targets were halted. For example, the CQUINs we traditionally need to achieve to receive funding have been paused temporarily. The Care Quality Commission paused its inspection processes as well. However, within the Trust, we have not taken the focus away from our own stringent quality targets, even when we have not been required to report on them.

Our Trust Board has still received regular quality reports, we have still scrutinised patient experience reports and complaints, and our Director of Nursing, Quality and Therapies, John Trevains, and his team have still thoroughly reviewed and discussed all elements of patient safety and patient care.

We would, however, be naïve to think that Covid-19 hasn't prevented us from doing everything we hoped to do as a Trust in improving our services and teams. For example, many colleagues have been redeployed from their substantive roles into teams where there has been a more urgent need. Some non-essential services were temporarily suspended, and many of our clinical colleagues were involved in supporting the wider system – for example, through helping to deliver the mass vaccination programme or providing Covid-19 testing.

As we look back on the past year and ahead to the future, we need to take stock of what we learnt during the pandemic, how this will influence what we do in the future, and how we can get back on track with implementing all the things we set out to achieve when we formed the Trust in 2019. We are in the final stages of developing our new Quality Strategy and at its heart will be people – both the people within the Trust and the people we serve – and always at the forefront will be quality care and quality services.

I hope you enjoy reading about our quality achievements in what has been an extraordinary year.

Best wishes,



Paul Roberts
Chief Executive

Quality priorities for improvement 2021/22

Covid-19 has required NHS providers to refocus services to meet the demands and be responsive to the fast pace of a global pandemic. During the scaling up of operational and clinical services to meet this unpredicted demand, it was agreed with the Clinical Commissioning Group (CCG) that the quality indicators and priorities for improvement would be paused.

The Trust is currently working with NHS Gloucestershire CCG to agree the quality schedule for 2021/22 and it is anticipated that we will focus our efforts by building on the priorities that were paused in 2020. These will run alongside the recovery work arising from the changes in services that were required to support our local community.

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

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

In support of our overarching quality ambitions our physical, mental health, learning disability, children’s and specialist services will develop a number of quality improvement priorities which will likely extend into the 2022 Trust operating year, noting the delays in the CCG agreeing a framework for 2021/22:

- Pressure ulcers (PUs) - with a focus on reducing incidence and severity through improvement in the recognition, reporting, and clinical management of PUs. Developing a PU collaborative within the One Gloucestershire Integrated Care System.
- 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.
- Nutrition and hydration – with a focus on achieving 90% overall on the Trust Malnutrition Universal Screening Tool (MUST) audit by 2021/22.
- 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. This will include improving systems to identify those eligible using the Supportive and Palliative Care Indicators Tool (SPICT), improving the access to advance care planning and the ReSPECT V3 form, and increasing symptom management training for staff to support non-cancer patients.
- 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.
- 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 Adult Community Mental Health Survey action plan.

- Reducing suicides – with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. 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.
- Learning disabilities – with 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 (circa 5000 people).
- 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.
- Embedding learning following patient safety incidents – with a focus on sharing and learning from experiences 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 learned bulletins issued. Alongside Implementation of the Civility Saves Lives initiative, with assurance measured against the project implementation goals and evaluation over the reporting period.

The Trust will, in partnership with our stakeholders, agree a range of quality metrics to measure our performance on the quality improvement priorities over the remainder of the operating year. We are adopting a total quality management approach and focus on the contribution of people to develop changes in our culture, processes and practice – a philosophy applied to the way the whole organisation manages change and decision-making. It is based on the concept that continual improvement towards a quality aim provides better services, increases quality and reduces costs.

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

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

Review of services

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

Between April 2020 and March 2021, Gloucestershire Health and Care NHS Foundation Trust provided or sub-contracted the following NHS health services.

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

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

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

The income for patient care activities in 2020/21 represents 95% of the total income generated by Gloucestershire Health and Care NHS Foundation Trust for 2020/21.

Participation in clinical audits and National Confidential Enquiries

During 2020/21, there were 6 national clinical audits which related to mental health and physical health services provided by Gloucestershire Health and Care NHS Foundation Trust. There were no National Confidential Enquiries audit requirements during the reporting period.

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

The national clinical audits that Gloucestershire Health and Care NHS Foundation Trust was eligible and participated in during 2020/21 are as follows:

National Clinical Audits

Mental Health Services

Clinical audits	Participated Yes/No	Reason for no participation
National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis	Yes	N/A

Physical Health Services

Clinical audits	Participated Yes/No	Reason for no participation
Sentinel Stroke National Audit Programme (SSNAP)	Yes	N/A
National Audit of Inpatient Falls	Yes	N/A
National Asthma and COPD Audit Programme: Pulmonary Rehabilitation Audit	Yes	N/A
National Diabetes Footcare Audit	Yes	N/A
National Audit of Cardiac Rehabilitation	Yes	N/A

Participation

The national clinical audits and National Confidential Enquiries that Gloucestershire Health and Care NHS Foundation Trust participated in, and for which data collection was completed during 2020/21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Mental health services

Topic	Trust participation		National participation	
	Teams	% of cases submitted	Teams	Submissions
National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis	Early Intervention teams	100%	Information not available*	Information not available*

*This information has not been provided by the Royal College of Psychiatrists

Physical health services

Topic	Trust participation		National participation	
	Teams	% of cases submitted	Teams	Submissions
Sentinel Stroke National Audit Programme (SSNAP)	Vale Stroke Unit ESD Team	100%	Information not available*	Information not available*
National Audit of Inpatient Falls	Community Hospital Inpatients	100%	Information not available*	Information not available*
National Asthma and COPD Programme: Pulmonary Rehabilitation Audit	Pulmonary Respiratory Team	100%	Information not available*	Information not available*
National Diabetes Footcare Audit	Podiatry Service	100%	Information not available*	Information not available*
National Audit of Cardiac Rehabilitation	Cardiac Rehabilitation Team	100%	Information not available*	Information not available*

*The report of this national clinical audit is not yet available. Gloucestershire Health and Care NHS Foundation Trust intends to continue to take action to continuously to improve the quality of healthcare provided, based upon the information provided.

Participation in National Confidential Enquiries (NCE)

As a result of Covid-19, the Trust has been focused on delivering and maintaining safe and effective services and has not been involved in any work related to NCE.

Local clinical audit activity

Clinical audits	2019/20 Clinical Audit Programme	2020/21 Clinical Audit Programme
Total number of audits on the audit programme	325	171
Audits completed (at year end)	198	42
Audits that are progressing and will carry forward	66	31
Audits taken off the programme for specific reasons	61	98

The Covid-19 pandemic has had a significant impact on clinical audit activity this year with regards to the collection and return of data from clinical teams. The clinical audit programme was put on hold for six months of the year to support the Trust's response to the pandemic. Following the first wave, an extensive review of the clinical audit programme was undertaken in response to the pressures faced by clinical teams. All audits were reviewed and non-essential audits were removed from the programme, ensuring that teams were able to focus on the Trust's clinical audit priorities for the remainder of the year.

The reports of 42 local clinical audits were reviewed by the Trust in 2020/21 and Gloucestershire Health and Care NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided in the following areas:

- **Audit of NICE Clinical Guideline 89 When to suspect child maltreatment**

This re-audit was conducted as part of the Trust's rolling programme of Quality Assurance 2020/21 in order to assess how the organisation was performing against the NICE guidance CG89. The aims of the audit were to ascertain the level of compliance of the Children and Young People Service (CYPS) and Child and Adolescent Mental Health Service (CAMHS) staff with the NICE clinical guideline and ensure that staff are aware of and know how to improve the practice of suspecting child maltreatment, in accordance with the NICE guidance.

Overall this audit scored 89% compliance, which is a 6% decrease compared to the previous audit of 95%. Four of the audit criteria saw a good level of compliance, however the number of staff who had completed Safeguarding Children Level 2 training had decreased from 94% in the previous audit to 83% in this audit. This will have been impacted by the suspension of training during the Covid-19 pandemic.

An action plan to address the areas for improvement has been developed, including:

- Increasing awareness that Safeguarding Level 2 training is mandatory and should be completed by all CYPS and CAMHS staff.
- Reminders about reading the guidance will be given in Safeguarding Supervision, to ensure all staff are aware.

A re-audit will be completed in October 2021 to monitor for improvement.

- **Feverish Illness in children under 5 years of age**

The Minor Injury and Illness Units (MIUs) undertake a regular audit to ensure the safe assessment and management of children under 5 years of age presenting with feverish illness.

Documentation of a full set of observations is a minimum requirement in the assessment of any unwell child. The audit highlighted some areas for improvement, such as the recording of capillary refill time, the patient's colour, and their pain score.

As a result of the audit, the following actions were identified:

- All practitioners were reminded to document a full set of observations and explain how any abnormal parameters were managed and resolved.
- Practitioners were reminded of the need to document pain score and manage any pain.
- Peer audits will be completed monthly by the Matrons and Team Leads in order to review practice and provide feedback to practitioners where appropriate.

A full re-audit will be completed in October 2021 to monitor for improvement.

- **Missed dose medication**

Missed medication doses can pose a serious risk to patients. There can be an objective deterioration in physical and mental health, which can impact on patient recovery and result in an increased length of stay. There may also be an impact on other clients and members of staff. In the worst cases, missed doses of medication can be fatal. An annual audit is completed within the Trust's mental health inpatient units to monitor the percentage of regular doses of medication that are not administered (missed doses) as prescribed on inpatient charts.

Although overall compliance has improved since the previous audit, there are still some opportunities for improvement. Overall, 88% of inpatients received all of their prescribed doses of regular medication and 94% of inpatients received all of their prescribed doses of depot medication.

Actions implemented to improve areas highlighted in the audit include:

- Pharmacy team to work with wards that recorded higher numbers of missed doses due to medication not being available, to review current practice and Standard Operating Procedures.
- Ward managers on wards with higher numbers of blank administration records to implement local processes to address this.
- Ward managers on wards with higher numbers of patient refusal, to work with the Multi-Disciplinary Team to support patients to understand their medication and improve compliance.
- The Trust has been scoping and developing a system for electronic prescribing which is due to start in H1 2021.

Upon completion of the action plan, a re-audit will be completed in November 2021.

Participation in clinical research

Research activity in Gloucestershire Health and Care NHS Foundation Trust in 2020/21

The number of patients receiving relevant health services provided or subcontracted by Gloucestershire Health and Care NHS Foundation Trust in 2020/21 that were recruited during that period to participate in National Institute for Health Research Portfolio research approved by a research ethics committee was **897** against a target of **584**.

This participation was across **18** different studies. This level of recruitment is slightly lower than the previous year's total of **933** participants (from 35 studies). The Covid-19 pandemic led to the closure of a number of non Covid-19 related studies, which had an impact on our ability to recruit. However, one study that explored the psychological impacts of Covid-19 was a high recruiter and enabled us to exceed our target.

In 2020/21, the Trust registered and approved **23** studies. Of these studies, **12** were based in mental health services, **5** in physical health services and delivery research (including Covid-19 studies), **1** in dementia services, **1** in Pharmacy services, **1** in infectious diseases, **1** in medicines for children, **1** in renal and urogenital, and **1** in respiratory. Although there is still a focus on mental health studies, the variety in other studies reflects the benefits of the merger.

Of the total number of studies, **4** were academic/student projects, **8** were non-commercial portfolio studies, **1** was a commercially sponsored portfolio study, and **10** were non-commercial, non-portfolio studies, of which **7** were service evaluations.

The reduced number of new studies opening in 2020/21 was a direct reflection of national restrictions on research activity relating to the Covid-19 Pandemic.

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

GHC Research

The usual Key Performance Indicators (KPIs) used by the National Institute for Health Research to assess activity in NHS Trusts were suspended in 2020/21 due to the Covid-19 pandemic and the related impacts on recruitment to NIHR Portfolio Studies. As such there is no data to report on activity monitoring. However, GHC has continued to perform well and has achieved the recruitment target set for the year.

A reduced Annual Planning exercise is in place for 2021/22 and, as of 20th March 2021, the final template for the plan has not been provided so we do not currently know what Key Performance Indicators (KPI) (if any) will be used in the coming reporting year.

Despite the impacts of Covid-19, we have continued to grow our commercial portfolio and, at time of writing, we have **11** commercially-sponsored projects either open or in set-up. We hope to build on this in 2021/22 and truly develop the Fritchie Unit as a centre of research excellence.

We have introduced Research Champion roles in 2020/21 to support the engagement of clinical teams with research and, over the last 6 months, this has helped us to ensure that research forms part of core Trust business, as expected by the NHS Constitution.

Our partnership with Cobalt Health continues to support collaboration in research with people who experience Alzheimer's disease and dementia. Cobalt continues to fund two Research Nurse posts based at the Fritchie Centre, to support the development and opening of clinical trials for dementia. Further funding has been agreed to support the development of Principal Investigators and to secure time for clinicians to set-up commercially-sponsored research. The expansion of the local portfolio in this way will generate income for the Trust that can be reinvested in research that supports the aims of the Trust Research Strategy and the Cobalt charity vision.

Budgets for 2021/22 have been announced and all Partner Organisations in the Clinical Research Network (CRN) West of England will receive a 6.7% increase on the 2020/21 budget. Due to the disruption of research activity due to the pandemic and a lack of meaningful performance data, the budgets were expected to be flat, but some additional funding has been made available by the NIHR to account for inflation/incremental increases. The total budget for 2021/22 is **£238,107**.

GHC again received an additional £20k of Research Capability Funding, which can be used to support grant applications and the wider research endeavour. This year, as last year, it will be used to support the Clinical Director for Research posts.

Research Strategy

Our Research Strategy 2016–2020 is being rewritten but work was put on hold during the pandemic. A Research and Innovation Strategy is being considered, with a focus on developing the Fritchie Research Unit into a Centre of Excellence for Research.

Table 1 – Studies recruiting in Gloucestershire Health and Care NHS Foundation Trust – 2020/21

Short Name	Study Status	Managing Specialty	Recruitment
NCISH	Open	Mental Health	1
PPiP2	Open	Mental Health	5
Exploring the cause and prevalence of memory problems in mental health	Open	Mental Health	25
PrEP Impact Trial	Open	Infection	9
Integrating smoking cessation treatment into IAPT care	Open	Mental Health	5
BI 425809 with adjunctive CACT in schizophrenia	Open	Mental Health	1
Genetic Links to Anxiety and Depression (GLAD)	Open	Mental Health	20
STADIA Trial	Open	Mental Health	15
Tackling chronic depression (TACK) Phase II (v1.0)	Open	Mental Health	29
Enabling self-care in children with disabilities	Open	Children	8
Does being more satisfied with relationship status increase wellbeing?	Closed	Mental Health	9
Hearing nasty voices: Developing new ways to measure the experience	Open	Mental Health	7
Patient preferences for voice-hearing therapies (PREFER) V1 26.6.19	Open	Mental Health	2
University of Cambridge NHS health data consent survey	Open	Mental Health	39
Survey: Professionals' Education & Awareness of Continence care SPEAC	Open	Renal Disorders	10
Autism Diagnostic Services survey 2020	Closed	Children	1
Psychological Impact of COVID-19	Open	Mental Health	709
DA VINCI activity 1a (citizen science)	Closed	Health Services Research	2
			897

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

A proportion of Gloucestershire Health and Care NHS Foundation Trust's income in 2020/21 was conditional on achieving quality improvement and innovation goals agreed between Gloucestershire Health and Care NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. However due to the impact of Covid-19 the national CQUIN scheme was paused and payments made to providers as part of the block payment agreement. A schedule of the schemes that were identified are listed below for information.

2020/21 CQUIN Goals

Liaison Diversion

Goal name	Description
Suitable Service users offered Women's Pathway	Identified users offered identified pathway.
Suitable Service users offered Peer Support	Identified users offered peer support
Outcomes known for all referrals into External Services.	Outcomes identified

Low secure

Goal name	Description
Evidence of Collaboration	Evidence of attendance at meetings and collaborative planning.

Gloucestershire Health and Care National CQUINs

Goal name	Applicable To
Staff Flu Vaccinations	Community and Mental Health
Assessment Diagnosis and Treatment of Lower Leg Wounds	Community
Assessment and Documentation of Pressure Ulcer Risk	Community
Biopsychosocial Assessments by MH Liaison services	Mental Health
Use of Anxiety Disorder Specific measures in IAPT	Mental Health
Cirrhosis Tests for Alcohol Dependent Patients	Mental Health
Malnutrition Screening	Community
Outcome Measurement across Specified MH services.	Mental Health

2021/22 CQUIN goals

The CQUIN goals for 2021/22 are paused for Q1 and Q2 (H1) but could potentially be continued from Q3 (H2) and will reflect goals previously agreed in relation to the national schemes. They are intended to deliver clinical quality improvements and drive transformational change in line with the Five Year Forward View and NHS Mandate as above. This year, we aim to undertake all applicable initiatives as specified by NHS England as they come online through the Quality Contract. These will cover mental health and physical health initiatives, with some schemes being joint. The schemes likely to be available are as follows.

National CQUINs applicable

- Staff flu vaccinations;
- Assessment, diagnosis and treatment of lower leg wounds;
- Assessment and documentation of pressure ulcer risk;
- Biopsychosocial assessments by Mental Health Liaison Services;
- Use of Anxiety Disorder specific measures in IAPT: routine submission to IAPT dataset;
- Cirrhosis tests for alcohol dependent patients;
- Malnutrition screening; and
- Outcome measurement across specified mental health services.

Low Secure Services

- Evidence of collaboration.

Liaison and Diversion Services

- Suitable service users offered women's pathway;
- Suitable service users offered peer support; and
- Outcomes known for all referrals into external services.

Statements from the Care Quality Commission

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

Gloucestershire Health and Care NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "Good" and covers the following regulated activities:

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

Gloucestershire Health and Care NHS Foundation Trust has no conditions on its registration.

The CQC has not taken enforcement action against Gloucestershire Health and Care NHS Foundation Trust during 2020/21.

Gloucestershire Health and Care NHS Foundation has not participated in any special reviews or investigations by the CQC during the reporting period.

During the period 2020/21, GHC had two virtual Mental Health Act (MHA) visits; a large reduction in visits seen in previous years due to the impact of Covid-19. The first visit was 28th September 2020 to Abbey Ward at Wotton Lawn Hospital, and the second to Willow Ward at Charlton Lane Hospital on 18th November. In both cases, the CQC were pleased with how the wards facilitated and managed the restrictions caused by the pandemic, ensuring that carers continued to be involved, and patients were cared for safely.

Patients and relatives who spoke with the inspectors provided very positive feedback about the approach of the staff on the ward. The wards were complimented on their atmosphere, and cleanliness. Independent Mental Health Advocacy (IMHA) feedback was also positive and they felt well-informed about patients, despite providing advocacy remotely.

Three actions were raised for Abbey Ward. Firstly, that two patients had not been asked about their spiritual needs but liked to attend church. The ward responded by including the question around spiritual needs in the admission process and reminded the patients weekly of the chaplaincy support available to them. Secondly, patients said they were not familiar with the Independent Mental health Advocacy (IMHA) service. The ward had a good system in place to inform patients of the service but these were now to be included when providing patients with their MHA section rights. Thirdly, patients shared concerns about the quality of food. The ward responded by reiterating the importance they put on listening to patient feedback during a weekly meeting and that this is acted on where possible.

There were no actions from Willow Ward. The report highlighted many positive observations and comments. It is to be noted that patients, carers and staff all found the experience of being interviewed remotely favourable as enabled them to speak more freely.

Quality of Data

Business intelligence underpins the effective provision of health and care and is essential to enabling service improvements and creating reliable insight. However, using data to augment direct care requires that data is high quality, timely, complete and accurately captured.

Gloucestershire Health and Care NHS Foundation Trust submitted data during 2020/21 as reported below (based on national position as at month 8);

- The patient's valid NHS number was: **100%** for admitted patient care; **100%** for outpatient care; **99%** for emergency care in MIIU;
- The patient's valid General Practitioner Registration Code was: **99.7%** for admitted patient care; **100%** for outpatient care; **96.9%** for emergency care in MIIU.

Over the last year, Gloucestershire Health and Care NHS Foundation Trust has built on its clinical data quality arrangements and taken the following actions to progress data quality:

- An integrated, single infrastructure platform has been developed that brings multiple data sources together from various clinical and corporate systems into one place;
- A single user interface solution has been deployed to all inpatient and community teams across mental health, learning disability and physical health;
- Data quality oversight is provided through a robust governance structure which includes the Trust's Resources Committee and Business Intelligence Management Group (BIMG). These are supported through the operationally-led Operational Governance and Delivery Forums (ODGF) and Performance and Finance meetings (and pre-PandFs). Collectively, these raise the profile of performance and data quality amongst operational leaders and educates all colleagues on how to get the most from systems and the Business Intelligence visualisations available. Collectively this reinforces the value of high-quality data entry at source.
- Data quality is owned by operational service and system leads and supported through corporate services (e.g. Business Intelligence, Workforce, Finance, Quality) business partnering;
- The Trust's suite of automated data quality reporting tools is developing at pace to support daily monitoring and early warning notifications so operational managers can observe and are alerted to any identified data quality gaps;
- Patient Tracking Lists and waiting list comparison monitoring reports have been expanded to provide an overview of all clients within services, detailing waiting times from referral to treatment and between contacts;
- Service-level performance scrutiny and underlying data quality access will continue through item specific Performance Exception Action Plans (PEAP) and more broader Service Recovery Action Plans, which review all aspects of service performance and data quality, focusing on demand, capacity, learning, outcomes, risks and issues.

Information Governance

Gloucestershire Health and Care NHS Foundation Trust's (GHC) Data Security and Protection Toolkit (DSPT) overall score was Exceeding Standards for the 2019/20 submission and was graded as green. NHSX has, recognising the ongoing impact of Covid-19 on organisations, extended the DSPT submission date for the 20/21 submission to June 2021. In the interim period, the organisation's 2019/20 submission will remain extant. Gloucestershire Health and Care NHS Foundation Trust is fully expecting to submit a similar return in June 2021.

Clinical Coding

Gloucestershire Health and Care NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/2021 by the Audit Commission.

Learning from Deaths

During 2020-2021, 829 Gloucestershire Health and Care NHS Foundation Trust (GHC) patients died.

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

336 in the first quarter;
182 in the second quarter;
177 in the third quarter;
134 in the fourth quarter.

By 8 April 2021, 42 case record reviews and 14 investigations had been carried out in relation to the 829 deaths included above.

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

16 in the first quarter;
21 in the second quarter;
14 in the third quarter;
5 in the fourth quarter.

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

- Mental health patients; the Royal College of Psychiatrists (RCPsych) Mortality Review Tool 2019 is employed;
- Learning disability (LD) patients; a similar Trust-developed SJR tool is utilised which pre-dates the RCPsych tool. This approach has been maintained to allow consistency with the Learning Disability Mortality (death) Review (LeDeR) programme;
- Physical health patients; a range of questions based on SJR tools is being used to assess the standard of care provided to patients that die during an inpatient stay at a community hospital.

Case record reviews are discussed at Mortality Review Group (MRG) meetings chaired by a Clinical Director and Quality Lead (Mortality, Engagement and Development), and the community hospital MRG meetings also extend an invitation to the County Medical Examiner. For any deaths meeting Serious Incident or Clinical Incident criteria, a full Comprehensive Investigation is carried out, including Root Cause Analysis.

By 8 April 2021, 14 case record reviews and 5 investigations completed after 31st March 2020 related to deaths which took place before the start of the reporting period. These were deaths that occurred in the 2019/20 reporting period, however the reviews and investigations were concluded in the 2020/21 reporting period.

1, representing 5.3% of the patient deaths before the reporting period, is judged to be more likely than not to have been due to problems in the care provided to the patient.

The case record review and investigation figures given above do not include current ongoing reviews and investigations.

The Trust has identified the following learning points and themes in relation to investigations and reviews concluded in 2020/21:

Communication

Subsequent to mortality reviews of patients receiving End of Life Care (EoLC) in the Trust's seven community hospitals, quality of referral and transfers from the acute Trust has remained a theme throughout 2020-21. The need for improved communication between Gloucestershire Hospitals NHS Foundation Trust's (GHNHSFT) Onward Care Team and GHC's Demand and Capacity/SPA Teams has been identified as a contributory factor to poor quality discharges/transfers by NHSE/I's Emergency Care Improvement Support Team (ECIST). A new piece of work commenced in March 2021, which should improve the quality of transfers from GHNHSFT going forward. ECIST are working with GHNHSFT and GHC on a quality improvement project and are developing a 90-day improvement plan. Telephone reviews (between GHNHSFT and GHC) of all patients awaiting transfer have now been introduced twice daily. From a clinical perspective, this should ensure that GHC:

- Have up to date information about patients, irrespective of the length of time between referral and transfer;
- Have a more accurate reason for transfer, e.g. EoLC rather than rehabilitation.

As a result of the investigation into the death of a patient who suffered an unwitnessed fall at one of our inpatient facilities, and who passed away later the same day at the acute trust, difficulties in multi-agency communication between the mental health services and other providers were identified. Although it was not considered to be contributory to the outcome for the patient, the investigation felt there to be areas for learning and improvement. The Multi-Agency communication difficulties will be raised at the "One Gloucestershire Patient Safety Group". The case will also be shared with the Gloucestershire Safeguarding Adult Review sub group to consider the following:

- Multi agency working in relation to hospital discharge planning (sharing of information).
- Recognising when to undertake a mental capacity assessment, particularly with someone thought of as 'eccentric'.
- Highlighting the need to use the Safeguarding Escalation Process, for example when a professional has doubts about someone's capacity to make a specific decision.

A suspected suicide of a patient open to a mental health community team by sodium nitrate has highlighted challenges in obtaining information from system partners. It is acknowledged that each organisation which had supported the patient had its own information governance processes, which prevented partners from sharing relevant information in a manner to support the delivery or care and investigating incidents. GHC have undertaken to make arrangements with this organisation to agree a protocol for sharing relevant and appropriate information in a timely way.

Following an investigation into the death of a patient open to a mental health community team who had reduced their antipsychotic medication against medical advice, and after an alternative therapist had suggested that their symptoms could be treated without medication, it was recommended that staff are reminded to be proactive in asking for details of any private therapists. If appropriate and with consent, they should consider contacting the therapist to discuss the provision of safe and holistic care. Staff are also recommended to share with carers (with the patient's consent) decisions which are made against medical advice, so that carers can be alert to the associated risks.

Post investigation into the suspected suicide by asphyxiation of a patient open to a mental health community team, staff were reminded of the importance of carrying their mobile phone during lone visiting and having an appropriate voicemail message when out of hours. The mobile phone policy is currently under review, and where necessary, will be updated and recirculated.

After a mortality review into the death of a patient who was on the caseload of both our mental health service and physical health service, it was identified that clinicians working in the individual services were not fully aware of the interventions being provided by the discreet teams involved. Work is underway to improve the knowledge that teams have of the scope of services that the trust provides post-merger, and how information sharing between the services can be maximised.

Risk

As a result of an investigation into the suspected suicide of a Mental Health Intermediate Care Team (MHICT) patient, who was found deceased two weeks' after discharge, all individuals supervising colleagues have been reminded of the need to ensure that patients with a pattern of increasing risk should continue to be managed by the supervisee, whether trainee or non-training grade.

Following the investigation into the death by asphyxiation by helium gas of a patient open to a mental health community team, staff have been encouraged to make clear assessments of risk when a patient discloses the possession of a suicide kit, and to remain up to date with latest developments in methods of suicide and the associated potential lethality.

Subsequent to the death of a patient who ended their life on a family holiday whilst receiving extended support from MHICT, GHC will continue to review the Trust's risk assessment policy and practices, ensuring that complex and fluctuating risks are captured and considered when agreeing appropriate risk management plans.

During the investigation into the suspected suicide by asphyxiation of a patient open to a mental health community team, it was found that documentation from other statutory agencies and providers revealed that the patient's partner had a criminal history which was not known at the time to the clinical team. 5 days prior to the patient's death, the risks had changed significantly as the patient had been subject to assault from her partner. The Trust's Safeguarding Team will:

- Raise awareness and remind all staff across the Trust of the 'Gloucestershire Safeguarding Adult Board Escalation Protocol';
- Remind all staff across the Trust of the Domestic Abuse pathway and GHC Domestic Abuse Policy, including advice for completion of the DASH form;
- Advise staff on where training is available for working with Domestic Abuse and Sexual Violence (internal to GHC and externally in Gloucestershire).

As a resulting action following the death of an inpatient at one of our inpatient facilities via ligature (bed linen) tied to the bedroom door, GHC is continuing its work with regard to installing electronic countermeasures (door top sensors).

Following the investigation into the suspected suicide of a mental health inpatient by ingestion of sodium nitrate:

- Staff have been reminded that clinicians can still engage in conversation with family members to hear their concerns without breaching patient confidentiality, even if no consent to share information has been given.
- GHC has highlighted to staff how online pro-suicide resources can impact on the risk to vulnerable individuals, and also raised at the Gloucestershire Suicide Prevention Strategy group.

Post investigation into the suicide of a patient open to a community mental health team, where the patient had expressed concern regarding her menopausal state and its impact upon her mental

health, the investigation recommended that a focused learning project be undertaken to consider the impact of all stages of menopause, to include the impact of menopause on mental state and emotional deregulation when assessing risk.

Training

After the suspected suicide by asphyxiation of a patient open to a community mental health team , the Resuscitation and Training Team have now included guidance for mental health community team colleagues in training packages and enhanced clarity as to when resuscitation should be commenced in the community.

Following the suspected suicide of a patient who had been assessed by a Liaison Team and then referred to a Crisis Team, the overriding duty to attempt resuscitation for all patients who do not clearly demonstrate signs of life extinct was noted. The potential merits of including training on Recognition of Life Extinct during resuscitation training will be discussed with the Resuscitation and Training Team Lead.

Subsequent to the review of a death of a community mental health patient, which occurred at an acute hospital, it appeared to the Mental Health (MH) Mortality Review Group that the cause of death recorded on the death certificate was disputed. The highlighting of this disputed cause of death has facilitated the MH MRG to enquire with the Medical Examiner Service regarding training for mental health doctors that complete death certificates more frequently, i.e. those who treat patients at older adult inpatient sites.

Recording and Documenting

As a result of the investigation into the death of a patient who sustained an unwitnessed fall at one of our inpatient facilities and who passed away later the same day at the acute Trust, the system of recording on RiO (electronic record notes) when a patient makes an allegation of abuse or neglect against a member of staff should be reviewed to capture evidence that a patient's allegations are clearly recorded and responded to in terms of their Care Plan and to ensure a safeguarding chronology is available.

Following mortality review of patients on the End of Life Shared Care Pathway (EoL SCP) at one of our inpatient facilities, the MH MRG has recommended that once a patient has been placed onto the EoL SCP, then the EoL SCP booklet becomes the patient's primary document, taking over from RiO, as agreed across the Integrated Care System. If doctors have written an in-depth and detailed account of a discussion or assessment on RiO, they should also write a short couple of sentences in the EoL SCP booklet and can refer to the more detailed account on RiO, so that other clinicians know there is more detail to be found on RiO.

Post-investigation into the death of a Crisis Team patient who was found hanged at home, it was found that a telephone call that the patient made to the Crisis Team on the day of his death was not recorded, as the extension had not been added to the recording loop. A quarterly audit will be carried out to ensure that all Crisis Team extensions that should be recorded are added to the recording loop.

Following the death of a patient open to a community mental health team who died of their injuries following an unsuccessful suicide attempt, community mental health teams will provide detail in the medical record with respect to timings of contact with patients.

After an investigation into the suspected suicide by asphyxiation of a patient open to a community mental health team, it was recommended that consideration be given to usual protocol for recording notes following assessment and reviews by medical staff, specifically with regard to reliance on Medical Secretaries copying and pasting risk relevant updates from dictated clinic letters into the RiO record.

The investigation into the suspected suicide of a mental health inpatient by ingestion of sodium nitrate resulted in staff being reminded that risk assessment is a dynamic process and that:

- All risk incidents and events should be documented in the appropriate section of the risk assessment within a timeframe that is reasonably practicable;
- Factors increasing risk (aggravating factors) should all be clearly documented in the relevant section of the risk assessment. These should include actuarial factors, clinical factors, and protective factors, as per Trust policy. Factors decreasing risk (mitigating factors), including factors that protect against suicide, should also be thoroughly documented;
- All risk management plans should be clearly documented in the formal risk assessment document; and
- The Risk History tool should be used by all who have interventions with a patient, including in-patient unit staff.

Following the suicide of a patient open to a community mental health team, the investigation noted the lack of a formal telephone message system within the team for messages, but noted that there was no breakdown of communication. The investigation recommended a robust telephone messaging system be implemented within the team office, noting that this work has been completed and tested in another locality.

Service Development

Following the death of a patient open to a community mental health team who died of her injuries following a suicide attempt, the investigation supported the ongoing development of a Complex Needs Service currently commissioned and being piloted in county. The investigation recommended that when patients are supported by the Gloucestershire High Intensity Network (GHIN) programme and mental health services, regular meetings and the development of shared care plans with shared goals and shared priorities are recommended. Co-ordination of the GHIN contact with patients under the care of mental health services will sit within the Complex Needs Service.

An investigation relating to the death of a patient who ended their life on a family holiday whilst receiving extended support from the MHICT, recommended that reviews into the provision of advice for carers of a person with Emotional Unstable Personality be undertaken. This is forming part of the project plan for the Complex Needs Service, as described in the previous paragraph.

Following the suspected suicide of a MHICT patient who was found deceased two weeks after discharge, the investigation recommended that Service Leads clarify the overlap and interplay between primary care mental health services (IAPT and MHICT Nursing) and secondary care mental health services (often Recovery Teams) to address the perceived gap in service provision. The MHICT Nursing Group now meets monthly to review supervision. Future transformation is currently paused due to the pandemic. The investigation highlighted that where a patient is transferred between mental health teams, especially between the primary/secondary care divide, those teams must have active dialogue, preferably involving the patient, and each be involved in the plan to be followed by the receiving team in line with the host principle in place across the Trust. Teams have been reminded of this via team meetings and locality forums.

End of Life (EoL)

Subsequent to the mortality review of EoL patients by the MH Mortality Review Group and Physical Health (PH) MRGs:

- a) The MH MRG noted that recognising when to place a patient onto EoL SCP can be complex. The MH MRG has advised the use of various indicator tools, e.g. SPICT, for recognising the most appropriate time. The MH MRG also advises that should a patient's condition improve, it is perfectly acceptable to take the patient off the EoL SCP.

- b) MH MRG noted the excellent work by an HCA in preparing and maintaining the EoL facilities and the positive impact this has had upon patients and their loved ones. MH MRG has recommended that this approach is widened to all wards at Charlton Lane Hospital. The Charlton Lane Matron has identified a lead individual to take the work forward.
- c) PH MRG has recommended that staff ensure family members with dementia are engaged with as much as they are able to process, supporting inclusive and participative care. Mental Health MRG are currently considering how to best support Community Hospitals with this recommendation.
- d) PH MRG has made the following recommendations regarding ReSPECT forms:
 - ReSPECT forms should be reviewed as part of patient clerking and also ideally every time the patient's situation changes, including discharge.
 - ReSPECT forms document recommendations only, thus clinical decisions can override recommendations.
- e) Following concerns raised by Community Hospital ward staff regarding some out of hours GPs being reluctant to prescribe EoL medication, PH MRG was made aware that similar concerns had been raised amongst community colleagues delivering EoL care at home. PH MRG has fed back to the Deputy Clinical Chair of Gloucestershire CCG and to the Care UK Governance Lead. In response, Care UK has now facilitated training sessions for the out of hours GPs from the Palliative Care Consultant.
- f) MH MRG has recognised the need for a second EoL room at Charlton Lane Hospital and recommended the exploration of charities to support the renovation. This worked is currently delayed due to the pandemic.
- g) MH MRG has recommended a review of nurse handovers regarding palliative care patients to ensure that all the relevant information and plans are handed over. MH MRG will forward the recommendation to the newly formed EoL Quality Improvement Group for consideration.
- h) Due to some confusion regarding the dosing of glycopyrronium bromide for use during EoL SCP of patients suffering end stage dementia, MH MRG has sought clarification from Palliative Care Consultant for dissemination amongst ward staff.

Covid-19 pandemic related

Following the investigation into the death of a patient with a personality disorder who ended their life on a family holiday whilst receiving extended support from MHICT augmented by the a community mental health team, it was found that during the first wave of the pandemic, MHICT had a large and complex caseload which staff found challenging. After the first wave, the Trust reviewed future provision for primary mental health care in the event of further restrictions due to a second wave. When the second Covid-19 wave hit in late Autumn/Winter, learning was utilised from the first wave and the Trust did not step-down MHICT services or redeploy staff from MHICT teams.

In one case where a community mental health team patient took their own life 13 days after discharge from one of our inpatient facilities, the investigation found that it was clear that Covid19 had impacted upon the delivery and consistency of care from third party providers but did not significantly impact on the care delivered by Trust staff and services, with staff exercising due diligence in adhering to policy and best practice guidelines.

Following the investigation into the death of a patient who sustained an unwitnessed fall at one of our inpatient facilities and who passed away later the same day at the acute trust, the investigation recommended:

- A short introductory video about the hospital was prepared, which can be shared with families, carers and friends at times when access to the hospital is limited. Filming for this video has now been completed and is due to be circulated.
- Developments to improve communication pathways between inpatient wards and families/carers/friends will be continued in preparation for further restrictions or periods of lockdown due to Covid-19. This includes solutions involving the use of technology to extend visiting opportunities.

After a review of patients on the EoL SCP, the MH MRG noted the excellent decision that the Trust Ethics Committee made to allow families to visit their loved ones on the ward during the height of the first wave of the pandemic, which led to much enhanced patient and family satisfaction during very difficult circumstances. It was recommended that this be carried forward to further periods of restrictions and this was indeed implemented by the Trust during the second wave across all inpatient settings.

Following a mortality review of Covid-19 positive patients on EoL SCP PH MRG has:

- a) Recommended that review of the Advanced Care Plan should be undertaken upon patients receiving a Covid-19 positive result, and that anticipatory medication should be prescribed to provide as many options as possible to nursing staff out of hours;
- b) Recommended that Midazolam and Morphine can be used for symptomatic treatment and are not necessarily EoL treatments only; and
- c) Recognised the immense care and compassion displayed to two patients, a husband and wife, who were facilitated to spend the last few hours together in a 2 bedded bay before the wife's sad passing. PH MRG has reassured ward staff that where safety can be maintained, PH MRG would support clinical decisions made which display humanity and compassion to patients and their families as part of EoL care;
- d) Recognised and highlighted the importance of maintaining effective relationships with relatives and that when done well, it helps loved ones to, wherever possible, accept the prognosis and come to terms with the outcome.

Covid-19 related inpatient deaths following definite and probable nosocomial infections will be subject to further Gloucestershire system-wide review and investigation in line with guidance. Work is currently underway and due attention is being paid to communicating with relatives and duty of candour requirements.

Learning from Deaths

GHC is committed to the National Quality Board's (2017) Learning from Deaths guidance. The Trust ensures that it seeks to actively learn and implement changes in practice identified from reviews of death. The Trust is an active supporter of the LeDeR programme in Gloucestershire.

All GHC staff are required to notify, using the Datix system, the deaths of all mental health patients, both inpatient and community (which comprises any individual open to a GHC community mental health caseload at the time of their death together with those who die within 30 days of discharge), and also deaths of all physical health inpatients.

Deaths recorded on Datix are collated for discussion at the MRG meetings chaired by a Clinical Director and Quality Lead (Mortality, Engagement and Development). All deaths of patients with a learning disability are reported through the appropriate LeDeR process, and deaths of people under the age of 18 are reported through the current child death reporting methodology.

Learning from death continues to provide vital guidance. GHC is fully committed to recognising the need to improve services following learning from events, both nationally and locally, such as Gosport, Mid Staffordshire and the LeDeR programme, alongside our own local Serious Incident investigation process.

LeDeR has now caught up with the back-log of cases to review in Gloucestershire. Percentages below are correct as of 12 April 2021:

Year	CLOSED	Open	ON HOLD	Grand Total	% Completed
2017	46			46	100%
2018	49			49	100%
2019	46			46	100%
2020	49	3	5	57	86%
2021		8	4	12	0%
Grand Total	190	11	9	210	90%

The Trust awaits the end of the 2020-21 Q4 reporting period for the annual 2020/21 LeDeR report containing learning themes. Learning themes identified during the 2019/20 reporting period are:

- a) Focus on improved communications between professionals and with family/carers.
- b) Focus on early detection of deteriorating physical health, including sepsis. This will mean continued close partnership working with West of England Academic Health Science Network.
- c) Focus on referral to the eating and drinking pathway.
- d) Continued focus on improving uptake of the annual health checks and flu vaccinations.
- e) Focus on encouraging the ReSPECT form to be completed earlier on for people who are considered palliative, so there is a baseline in place to review frailty and advanced care planning with individuals, their family and carers.
- f) Greater inclusion of people with lived experience in the work programme, including attendance at steering groups, quality assurance panels, and other training events.
- g) Share the learning – plans to host an action from learning event during 2020/21.

LeDeR has made several recommendations for NHSE and DHSC in terms of policy making. The full LeDeR 2019/20 annual report can be accessed here:

<http://www.bristol.ac.uk/sps/leder/resources/annual-reports/>

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

Part 2.3: Mandated core indicators 2020-21

There are a number of mandated Quality Indicators which organisations providing mental health services are required to report on, and these are detailed below. The comparisons with the national average and both the lowest and highest performing trusts are benchmarked against other mental health service providers. With the exception of the staff survey and incident reporting rates, there were no identified indicators for our physical health services.

1. Percentage of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care and proportion of admissions to psychiatric inpatient care that were gate-kept by Crisis Teams

A consultation on the quarterly Mental Health Community Teams activity return opened on 24th January 2020. The outcome of the consultation was published on 15th April 21 announcing the decision to retire this collection. More information, including the outcome of this consultation is available at: [Quarterly Mental Health Community Teams Activity Return Statistics Consultation](#). In March 2020, the collection was suspended due to Covid-19 and the need to release capacity across the NHS to support the response, therefore data for Q3 2019/20 is the last release of this collection

% of patients on CPA followed up within 7 days of discharge	Quarter 3 2019-20
Gloucestershire Health & Care NHS Foundation	97.8%
National Average	95.5%
Lowest Trust	86.3%
Highest Trust	100%

Proportion of admissions to psychiatric inpatient care that were gate-kept by Crisis Teams	Quarter 3 2019-20
Gloucestershire Health & Care NHS Foundation	100%
National Average	97.1%
Lowest Trust	80%
Highest Trust	100%

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

	Quarter 1 2020-21	Quarter 2 2020-21	Quarter 3 2020-21	Quarter 4 2020-21
Gloucestershire Health and Care NHS Foundation Trust 0-15	0%	0%	0%	0%
Gloucestershire Health & Care NHS Foundation Trust 16 +	5.4%	6.1%	6.0%	7.0%

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

- The Trust does not have child and adolescent inpatient beds;

- Service users with serious mental illness are readmitted to hospital to maximise their safety and promote recovery;
- Service users on Community Treatment Orders (CTOs) can be recalled to hospital if there is deterioration in their presentation.

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

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

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

	NHS Staff Survey 2017	NHS Staff Survey 2018	NHS Staff Survey 2019	
Gloucestershire Health and Care NHS Foundation Mental Health Services previously provided by 2gether (2G)	74.5%	74.5%	73.4%	
National Average Score	61.3%	61.5%	62.3%	
Worst Trust Score	41.6%	37.8%	38.3%	
Best Trust Score	86.5%	81.1%	75.7%	
	NHS Staff Survey 2017	NHS Staff Survey 2018	NHS Staff Survey 2019	
Gloucestershire Health and Care NHS Foundation Physical Health Services previously provided by Gloucestershire Care Services (GCS)	73%	76%	82.1%	
National Average Score	73%	74.8%	78.3%	
Worst Trust Score	66.2%	36.6%	35.6%	
Best Trust Score	82.7%	82.9%	85.5%	
				NHS Staff Survey 2020
Gloucestershire Health and Care NHS Foundation Trust				79.5%
National Average Score				70.4%
Worst Trust Score				47.2%
Best Trust Score				84.2%

- The GHC Trust score is less than that for the former GCS however shows a significant increase on the former 2gether Foundation Trust ratings. GHC are keen to increase this rate in 2022.

4. Patient experience of community mental health services indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.

	NHS Community Mental Health Survey 2017	NHS Community Mental Health Survey 2018	NHS Community Mental Health Survey 2019	NHS Community Mental Health Survey 2020
Gloucestershire Health and Care	8.0	7.7	7.7	7.7
Lowest score in England	6.4	5.9	6.0	6.4
Highest score in England	8.1	7.7	7.7	8.0

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

- Our results were ‘better’ than most Trusts for 13 of the 28 questions (45%) and ‘about the same’ as other Trusts for the remaining 15 questions (54%). These results represent a further improvement when compared with our results from last year’s performance in the same survey (Better = 38%, about the same = 62%)
- The Trust obtained the **highest Trust scores in England** on 6 of the 28 (n=21%) evaluative questions and on 2 of the 11 domains.

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

- Giving people support to join a group or to take part in an activity
- Helping people to find support for financial advice and work
- Asking people for their views on the quality of their care

5. The number and rate* of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.

	1 April 2019 – 30 September 2020 ¹			
	Number	Rate*	Severe	Death
Gloucestershire Health and Care NHS Foundation Trust Mental Health Services provided by former 2gether (2G)	3813	105.6	3	12
National	208064		679	1256
Lowest Trust	13	17.2	0	0
Highest Trust	8568	130.8	97	71

	1 April 2019 – 30 September 2020 ²			
	Number	Rate ³	Severe	Death
Gloucestershire Health and Care NHS Foundation Trust Physical Health Services provided by former Gloucestershire Care Services (GCS)	1453		9	0
National	29835		110	53
Lowest Trust	608		0	0
Highest Trust	4236		37	24

	1 October 2019 - 31 March 2020 ⁴			
	Number	Rate*	Severe	Death
Gloucestershire Health and Care NHS Foundation Trust	4570	128.0	30	15
National	204307		770	1213
Lowest Trust ⁵	1107	18.1	0	0
Highest Trust	9509	145.5	110	85

* Rate is the number of incidents reported per 1000 bed days.

¹ Organisation patient safety incident reports - reporting dataset - incidents reported to the National Reporting and Learning System (NRLS) between 1 April 2019 and 30 September 2020 within the mental health cluster.

² Organisation patient safety incident reports - reporting dataset - incidents reported to the National Reporting and Learning System (NRLS) between 1 April 2019 and 30 September 2020 within the community cluster.

³ There is no national reporting rate metric for community physical health services.

⁴ Organisation patient safety incident reports - reporting dataset - incidents reported to the National Reporting and Learning System (NRLS) between 1 October 2019 and 31 March 2020 within the mental health cluster.

⁵ Excludes NHS Trusts reporting in fewer than 4 of 6 months.

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

- On 1 October 2019, ²GETHER NHS Foundation Trust (RTQ; mental health cluster) merged with Gloucestershire Care Services NHS Trust (R1J; community cluster). The newly merged organisation was named Gloucestershire Health and Care NHS Foundation Trust (RTQ). NHSE/I have currently placed Gloucestershire Health and Care NHS Foundation Trust in the mental health cluster within organisation patient safety incident reports, based on NRLS data. This designation may be revisited by NHSE/I in future publications.
- NRLS data is published yearly in September, to cover the most recent complete financial year (e.g. in September 2021 data for April 2020 - March 2021 will be published).
- As of April 2021, October 2019 – March 2020 is the most recent period for which NRLS data has been published.
- In previous years, NRLS data was published by NHSE/I every 6 months in arrears, so more recent published data could be provided in the Quality Report. This is no longer possible due to the change in NRLS report publication frequency.
- Data for severe harm and death will therefore not correspond with the serious incident information shown in the Quality Account.

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

- Developing a new DatixWeb incident reporting system which went live on 1 April 2020, this provides a single reporting system for the newly merged organisation providing both physical health and mental health services.
- Developing a suite of reports and dashboards to aid monitoring of incidents on wards and in community services to assist staff in identifying themes and trends and promote learning from incidents.

Part 3: Looking back: a review of quality during 2020/21

Introduction

A series of Quality Priorities were agreed in discussion with our clinicians and commissioners prior to the Covid-19 outbreak. In the current climate, with many services having been suspended or working differently, it was not appropriate to continue with the monitoring of all the priorities considering the pressures that our services were under. We have maintained our focus on quality throughout the year and detailed below are some of the highlighted workstreams and achievements.

Covid-19 response

At the beginning of the year when the pandemic first hit Gloucestershire, our Trust responded by making extra beds available to assist with the ever-growing demand. Examples of this were a new ward being created at Charlton Lane Hospital and other wards repurposed. As elsewhere, some non-essential services were closed, staff were redeployed, and managers looked to provide services in a different way using initiatives and technology such as Attend Anywhere to facilitate virtual appointments, IT infrastructure was rapidly expanded to support these developments and to support staff who were working from home.

Excellent work was delivered in rapidly establishing a community Covid-19 testing team that evolved to be the Pillar- 1 testing team that remains based at Edward Jenner Court. Significant work was done to ensure that all our Trust colleagues had good access to Personal Protective Equipment (PPE) in order to keep our patients safe.

Teams were established and formed a procurement and supply hub to ensure that PPE was sourced, evaluated where required and distributed. A team was also formed and trained to rapidly Fit Test colleagues on FFP3 respirator masks. This work proved invaluable in maintaining services safely at the frontline through both waves of the pandemic in 2020/21. The work was initially undertaken by redeployed colleagues from across the organisation. As the year progressed, colleagues were recruited into substantive roles in order to ensure that this workstream became business as usual. The organisation is able to flex this resource at short-notice in order to respond to any increased future demands.

GHC played a critical role in system-wide patient flow during the pandemic. The Demand and Capacity Team was strengthened to enable daily robust clinical challenge to ensure that 'Home First' was considered as the first option for patients moving across the system, and that Community Hospital beds were utilised to maximise a person's sub-acute or rehabilitation needs. Additional infection control support was put in place to reduce risks of nosocomial infection and facilitate safe transfers between services in line with national guidance

In order to best utilise the skills of our staff during the pandemic, a redeployment hub was created to best match skills to organisational demand and vacancies. The hub was involved in the national recruitment project set up to rapidly recruit NHS returners and the response from the public to this request was huge and appreciated. To enable us to better respond to the pandemic, many corporate functions and work streams were paused and have only recently come back on-line as we carefully adjust to new ways of working. This recovery has necessitated new Covid-19 secure methods of working to be developed and all work areas have undergone Covid-19 audits to ensure safe working practices.

Covid Mass Vaccination Project

In Gloucestershire there is a successful integrated approach to delivering the Mass Vaccination Project. As a registered Hospital Hub and receiving supplies of the Astra Zeneca Vaccine, Gloucestershire Health and care NHS Foundation Trust (GHC) has been actively involved in three core areas of delivery:

- Vaccination of housebound and care home residents, in collaboration with Primary Care Networks (PCN)
- GHC patient vaccinations: our inpatients and other priority groups, e.g. the homeless, people with a learning disability or a severe mental illness
- Staff vaccinations

There has been a tremendous response to the call to vaccinate, with a GHC roving team being established using a bank of 36 vaccinators. Staff have been redeployed and made available to support PCN clinic staff at short notice to prevent cancellations and wasted vaccines. Our Intensive Health Outreach Team (IHOT) have supported our learning disability teams by offering the vaccine in specialised areas, with the development of a bespoke clinic in a low stimulus environment for those with additional needs.

Quality Dashboard highlights

This year, due to the impact of Covid-19, as stated, there were no identified Quality Priorities set for the 2020-21 period. Despite this, new internal benchmarking systems and processes were developed and strengthened, including a Quality Dashboard that has grown and developed throughout 2020-21. Its purpose is to inform Commissioners, Board, and Senior Management of progress made and hot spots for improvement in relation to a large and varied set of key indicators that are in use throughout the Trust. These include indicators from both physical health and mental health data sets with patient and carer experience, incidents, pressure ulcers, VTE Risk Assessment, children's services, antenatal and screening, MIIU, and therapies being some of the varied areas that are reported upon each month. We are pleased to report that throughout the pandemic, this important report has been maintained and has provided assurance that services are consistently maintaining their focus on quality.

There are negative fluctuations in some compliance levels but recovery is now being seen in Mandatory Training and Appraisal figures. Compliance with CPA is one of the measures that has increased from the beginning of the year, which is a good achievement considering the teams have worked through two waves of the pandemic. Work is underway to ensure that these key measures continue to show improvement and provide assurance that the high standards of care we strive to achieve are being met.

During 2020/21, there has been increased focus on pressure ulcers (PU) care, with targeted development and quality improvement work. Our Clinical Pathway Lead (CPL) has developed a 10-point plan related to pressure ulcer management and has enhanced the training available to our clinical staff. We successfully launched the Datix dashboard oversight and there are plans to develop this tool further in order to further improve our quality surveillance regarding PU care across the county.

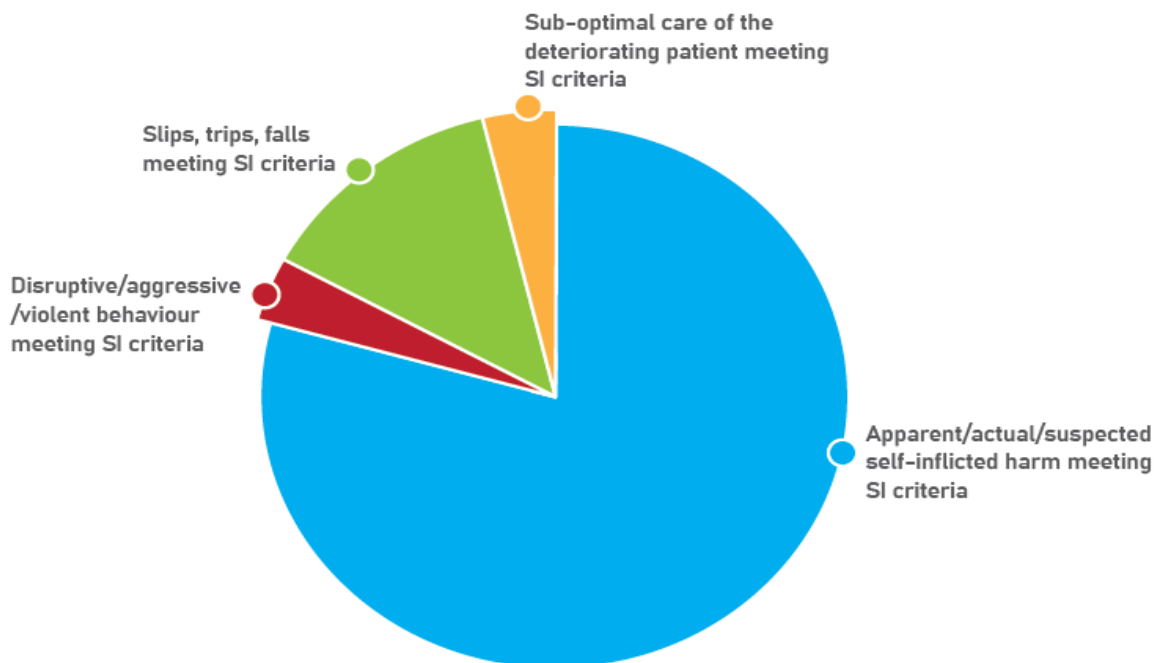
To support the ongoing quality priorities around PU, we are increasing the scope and scale of the quality improvement project in Gloucestershire, with further scoping work being undertaken in 2021/22.

Serious Incidents reported during 2020/21

Mental Health Services

By the end of 2020/21, 31 Serious Incidents Requiring Investigation (SIRI) were reported by the Trust. The classification of these incidents reported are shown below.

MH Serious Incidents by Type 2020/21



All serious incidents were investigated by a dedicated team of clinicians, all of whom have been trained in root cause analysis techniques.

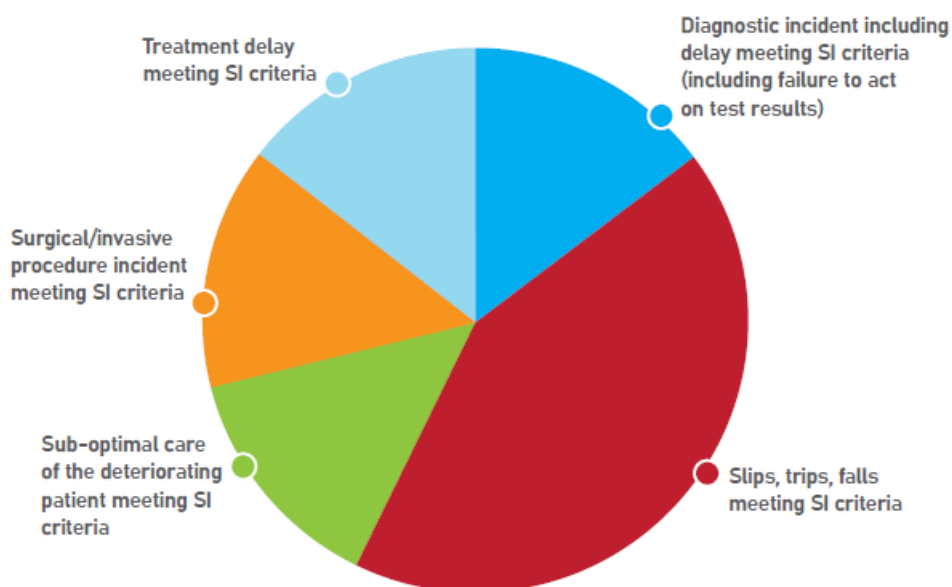
Wherever possible, service users and their families/carers are involved to ensure that their views remain central to the investigation. Feedback is provided to them on conclusion of the investigation, along with copies of our investigation reports where appropriate. During 2020/21, we identified a core of 11 clinical staff able to function as nominated Family Liaison Officers (FLO) and appointed a FLO Coordinator. The FLO Coordinator is tasked with improving the current FLO service by ensuring all volunteers and their managers have clarity as to how the FLO role fits within the current Serious Incident Process and to ensure that a FLO can engage at an early stage of the process. The Coordinator is providing more individual support to the FLOs during process and strengthening the function and quality of relative feedback meetings. The next steps for the FLO service development are to recruit more FLOs and to expand the service to a broader range of families and incidents.

The Trust shares copies of our investigation reports regarding suspected suicides with the Coroner in Gloucestershire to assist with the Coronial investigations.

Physical Health Services

For 2020/21, the Trust reported 7 Serious Incidents Requiring Investigation (SIRI). The classification of these incidents is seen below.

PH Serious Incidents by Type 2020/21



All the SIRIs declared were investigated by a dedicated team of clinicians, all have been trained in root cause analysis techniques.

There have been three slips, trips and falls incidents within our Community Hospitals which resulted in hip fractures, which met SIRI criteria. There was one incident of a missed diagnosis within a Minor Injuries and Illness Unit (MIU).

The Trust reported zero Never Events during 2020/21.

Duty of Candour

Following the Francis Inquiry in 2013, the statutory duty of candour was brought into law in 2014 for all NHS Trusts, and 2015 for all other providers of health and social care. The Care Quality Commission (CQC) oversee the statutory requirements for duty of candour through regulation 20 and the professional duty of candour is regulated by professional bodies including the General Medical Council (GMC), the General Dental Council (GDC) and the Nursing and Midwifery Council (NMC).

Duty of candour is the act of being open and honest with patients and their families when avoidable harm has happened in our care. It underpins a safety culture which exonerates blame and focuses on learning, leading to improved patient outcomes and patient experience.

The Associate Director of Patient Safety and Learning, and the Associate Director of Quality Assurance and Clinical Compliance, along with their teams, ensure that every aspect of duty of candour is applied to all notifiable safety incidents.

Patients and their families are involved and supported in the process from the outset, which begins with saying sorry and concludes with openly sharing the findings of the investigation and how we endeavour to put things right through improving our systems and processes. The views of patients and their families are paramount in the learning, which informs our quality improvement initiatives and results in positive outcomes for those receiving our care.

The Trust ensures regulatory compliance with the statutory and professional duty of candour through the Datix incident reporting system, incident review meetings, and the declaration of Serious Incidents Requiring Investigation (SIRIs). Furthermore, the Trust has commissioned a Duty of Candour Assurance Lead to undertake quarterly reviews of all clinical patient safety incidents to ensure that each component of regulation 20 (CQC, 2021) has been applied.

Any concerns regarding the application of duty of candour as a result of this review are escalated to an Associate Director and are resolved. The Trust is in the process of raising the profile of duty of candour throughout the organisation by working collaboratively with colleagues from the Learning and Development Team to enhance education and training in this area for clinicians, underpinned by up to date evidence and resources provided by the CQC, NHS England, and NHS Resolution.

In light of the Covid-19 pandemic, the Trust has responded to potential cases of nosocomial transmission of the virus and applied the principles of duty of candour.

A project has been established to provide assurance that the Trust reports and responds to both Healthcare Onset Probable Healthcare Associated Infections (HOPHA) and Healthcare Onset definite Healthcare Associated Infections (HODHA) Covid-19 infections and Covid-19 hospital deaths. This is in line with national statutory requirements and regional NHSE/I guidance, which was issued on 4th January 2021 with further written clarification on 11th March 2021.

The guidance sets out the minimum response expected from NHS Trusts, however Gloucestershire Health and Care NHS Foundation Trust may undertake a more robust response if appropriate.

One Gloucestershire NHS partners have agreed to declare a countywide Serious Incident for HOPHA and HODHA cases of Covid-19. Trusts will undertake their own organisation-specific investigations and produce individual investigation reports, with learning to be brought together in a countywide action plan. Duty of candour will be applied where appropriate. Gloucestershire Health and Care NHS Foundation Trust will review nosocomial cases from 1st July 2020, which is consistent with the publication of Public Health England's updated guidance which recommended routine swabbing for all hospital inpatients following admission.

Physical health care in mental health settings

We aim to improve the physical healthcare of patients with mental health and learning disabilities within Gloucestershire. Despite the challenges of the pandemic, we have had significant successes over the last year. There has been increased collaborative working between mental and physical healthcare teams, which has benefitted our service users.

An example of this is a patient with a long-standing mental health condition who also was suffering physically with lymphoedema in their leg. This was affecting their quality of life immensely but they had been reluctant to engage with the GP surgery to access treatment. Working collaboratively with the lymphoedema team and the GP surgery meant that they could access the treatment they needed at a time and place that suited them. Eight weeks later, their leg had reduced greatly in size, meaning they could mobilise again and visit friends, which in turn improved their mental health.

Intensive Health Outreach Team (IHOT) offer specialised physical health care to people with a learning disability who require a reasonable adjustment to access health care. The team has continued to build on the cervical cytology project, which involves joint working with a Trust site Place, where they may feel more comfortable and with staff they have become familiar with.

Within our inpatient units, there are registered general nurses working alongside our mental health colleagues in order to provide holistic care for our patients. These colleagues not only manage day to day physical health care needs, but also offer health promotion and screening for long term conditions.

Rapid Response Team

The Rapid Response Team is a countywide service which offers 24hour clinical assessment for patients who are acutely unwell and at risk of admission to hospital. The service has developed significantly over the past 7 years and now has 39 whole time equivalent specialist staff who have a varied multi-disciplinary background.

The team receives referrals from clinicians, including primary and secondary care as well as ambulance and community services. They have a direct referral process in place for nursing homes across the county, who are trained by the rapid practitioners in the recognition of a deteriorating patient.

Patients are assessed at home and treated (on average for 48hrs) in the community by the team, who are able to utilise point of care testing, home oxygen, non-medical prescribers, and IV therapy, amongst other treatment pathways.

During Covid-19, the Rapid Response Team developed processes to improve capacity as well as offer outbreak support to nursing homes. This included utilising video consultation and once-only IV antibiotic treatments.

Freedom to Speak Up

The Trust is committed to delivering high quality services and in conducting its business with honesty, openness, candour and integrity, promoting a culture of openness in which all colleagues are encouraged to speak up without fear of suffering detriment. *Speaking Up - We Will Listen*, is integral to our organisational culture and this was at the forefront of developing the values for our merged organisation.

The Trust has appointed and invested in the Ambassador for Cultural Change, a unique role which incorporates the Freedom to Speak Up Guardian (FTSU). The Guardian operates independently, impartially and objectively on all matters relating to speaking up in the workplace, taking a highly visible leadership role in promoting the culture of speaking up, including trust and confidence in the processes themselves and promoting learning and improvement. The wider remit is to play a key role in promoting a culture of transparency and service user safety.

The appointed **Freedom to Speak up Guardian** role is to help:

- protect patient safety and the quality of care
- improve the experience of workers
- promote learning and improvement

The role is part of a much bigger picture, supporting our organisational culture to make speaking up business as usual. As a new organisation, we have continued with some already embedded speaking up programmes and positively progressed these to further enable cultural spread. The Freedom to Speak Up Guardian is supported by Freedom to Speak Up Advocates, who play an important role in encouraging colleagues to speak up at the earliest reasonable opportunity. They will direct colleagues to the Freedom to Speak Up Guardian while championing the Freedom to Speak Up agenda and upholding the Trust values. The further development of the Advocate role ensures that there is diversity to ensure throughout the organisation.

Throughout this year, a number of cases were raised by colleagues through the Freedom to Speak Up Guardian. Colleagues speaking up in 2020-21 resulted in 120 cases compared to 69 in 2019-20, showing a marked increase of 74%.

Other options available to colleagues within the Trust include:

Dignity at Work Officers –provide support and guidance to anyone who feels that they are a victim of harassment or bullying in the workplace. They provide unbiased and confidential independent advice as to the options available and try to help staff gain an insight into what can be done about a situation.

They also support the Freedom to Speak Up Guardian and this role, alongside Freedom to Speak Up Advocates, will be reviewed moving forward. This is due to recent national guidance and following feedback from colleagues to have a consistent approach under the ‘Speaking Up’ agenda to;

- promote the Freedom to Speak Up agenda
- provide immediate support and signposting

Work in Confidence –is available as a safe, anonymous and confidential web-hosted system on our intranet pages or directly via a portal to enable colleagues to enter into a conversation to obtain further advice and support from various colleagues.

Within the FTSU Index report 2019, GCS was in the top 10 for most improved out of 220 Trusts nationally, while the pre-merged organisation fared favourably in the top third of the overall table.

Our Freedom to Speak Up Guardian is a national trainer for speaking up, the chair of the South West Guardian Network, and a respected leader locally and nationally, with a brilliant track record of promoting and encouraging the development of a ‘speaking truth to power’ culture. They challenge the system in a way that ensures that they are respected by colleagues far and wide, and were recognised for this work by being awarded the MBE in the 2020 Queen’s Birthday Honours.

The ability for people to have the ‘Freedom to Speak Up’ is essential to maintain safe standards of patient care and by extension improve quality. Our organisation is promoting the benefit of speaking up at every opportunity, through ensuring it is regularly included in communications, policy updates and is being woven into how we develop new clinical pathways to improve care.

Staffing in adult and older adult community mental health services

Adults and older adults

To deliver the trajectory for adult and older adults’ mental health, we intend to invest Mental Health Investment Standard funding and Service Development Funding in the following areas:

- **IAPT:** we continue to invest significantly in recruitment and retention of trained staff alongside the rolling IAPT Trainee programme, to ensure a sustainable and resilient workforce that can meet the increased access targets for 2021/22. Let’s Talk have had a rolling advert to recruit Psychological Wellbeing Practitioners (PWP) and High Intensity (HI) Therapists. The service is operating a blended model between remote and office-based working. We are working closely with Health Education England to agree expansion and replacement targets for trainee PWP and HI therapists, with the aim of recruiting an additional 21 trainees in the 2021/22 cohort. Let’s Talk is implementing a Step 3 Digital Waiting List initiative to support capacity whilst therapy posts are being recruited to.

- **Perinatal:** We continue to increase access to perinatal mental health services during Covid. Recruitment has taken place and the team have recruited to all vacant posts and will be at full establishment within the next few months. Plans have been developed to offer peer support, additional psychological therapies, assessments for partners, and psychological interventions for women who have suffered birth trauma. Further investment is being sought to bring forward the plans for Maternal Mental Health Trauma Clinics. This includes a new midwife role in the community team in collaboration with our acute partner.
- **Individual Placement Support:** building on the previous transformation work, we are increasing the Employment Support workers to improve access. Recruitment is underway and the team should reach full establishment this year. Face-to-face contacts continue to be a challenge for the service, but the use of digital solutions such as Attend Anywhere have been used successfully.
- **Community Mental Health (Gloucester City Intensive Support):** we are currently working with key stakeholders and Voluntary Groups to review the development of a Gloucester City initiative for high intensity service users, including provision for people with a personality disorder diagnosis. Taking a place-based approach and building on the learning from Covid-19, we are investing in targeted support to reduce health inequalities for people with mental health needs in Gloucester City. As part of this initiative, primary care and mental health services are working together to review new integrated roles, including supporting the role of a Mental Health Practitioner in the Gloucester City GP practices.
- **Out of Area Placements:** bed management capacity has been increased locally to focus on bed availability and patient flow in order to reduce out of area placements (OAP). Lessons have been learned from the schemes implemented as part of the winter pressures funding to support mental health discharges, and these are being considered for longer term development. The Trust has been submitting data in support of the Government's national ambition to eliminate inappropriate OAP. This has generated a quality improvement programme looking at alternatives to admission and developing additional discharge options. The pilot for these schemes will begin in Q2 2021.

NHSI indicators 2020/2021

The following table shows the NHSI mental health metrics that were monitored by the Trust during 2020/21. Lower scores have been attributed to service disruption on data quality support and additional assurance work due to Covid – 19 being paused through the pandemic. These areas are planned to be recovered during 2021/22.

		National Threshold	2018-2019 Actual	2019-2020 Actual	2020-2021 Actual
1	Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	72%	69%	86.4%
2	Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas: -inpatient wards -early intervention in psychosis services -community mental health services (people on CPA)		90% 92% 78%	80% 85% 78%	76% 83% 67%
3	Improving access to psychological therapies (IAPT): Proportion of people completing treatment who move to recovery (from IAPT database) Waiting time to begin treatment (from IAPT minimum dataset) - treated within 6 weeks of referral - treated within 18 weeks of referral	50% 75% 95%	52% 96% 96%	50.4% 99% 99%	52.9% 99% 99%
4	Admissions to adult facilities of patients under 16 years old.		0	2	1

The table below reports inappropriate out of area placements for adult mental health services

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year
Average Bed Days	30	42	68	53	76	139	43	32	66	15	38	19	621

CQC Adult Community Mental Health Survey 2020

The Care Quality Commission (CQC) requires that all providers of NHS mental health services in England undertake an annual survey of patient feedback. For the 2020 survey, Gloucestershire Health and Care NHS Foundation Trust was the named provider of these services. As has been the case for several years, the Trust commissioned Quality Health to undertake this work.

The 2020 survey of people who use community mental health services involved 55 providers in England, including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide NHS mental health services. The data collection was undertaken between February and June 2020 using a standard postal survey method. The sample was generated at random using the agreed national protocol for all clients on the CPA and Non-CPA Register seen between 1st September and 30th November 2019.

Full details of this survey questions and results can be found on the following website:
<https://nhssurveys.org/wp-content/surveys/05-community-mental-health/05-benchmarks-reports/2020/Gloucestershire%20Health%20and%20Care%20NHS%20Foundation%20Trust.pdf>

The CQC results for the 2020 survey of people who use community mental health services were published on the 24th November 2020¹. The Trust received 380 responses, which represented a 31% response rate (national average 26%). The Trust's overall results are summarised in Table 1 below. Our Trust results showed that we performed 'better than others' in 8 of the 11 domains, and 'about the same' as others in 3 domains; the Trust did not score 'worse than others' in any of the domains.

Score (out of 10)	Domain of questions	How the score relates to other trusts
7.7	Health and social care workers	Better than others
9.0	Organising Care	Better than others
7.1	Planning care	About the same as others
8.2	Reviewing care	Better than others
7.6	Crisis care	Better than others
7.6	Medicines	Better than others
7.6	NHS Therapies	About the same as others
5.8	Support and Wellbeing	Better than others
2.1	Feedback	About the same as others
8.0	Overall views of care and services	Better than others
7.5	Overall experience	Better than others

Our results were 'better' than most Trusts for 13 of the 28 questions (45%) and 'about the same' as other Trusts for the remaining 15 questions (54%). These results represent a further improvement when compared with our results from last year's performance in the same survey (Better = 38%, about the same = 62%), however direct comparisons should be made with caution due to the impact of Covid-19 (see below).

Adult community mental health services provided by Gloucestershire Health and Care NHS Foundation Trust (GHC) scored well this year overall. However, there continue to be areas where further development and continued effort would enhance the experience of people in contact with our services. For example, the results in the feedback domain suggest that further work is required in this area.

Impact of Covid-19

The peak of the Covid-19 pandemic in England and the subsequent national 'lockdown' on the 23 March 2020, occurred approximately midway through the fieldwork period for the survey. Whilst the Community Mental Health survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore prior to the pandemic, analysis has shown that the national lockdown probably impacted the way service users responded to the survey.

When compared with equivalent time periods from previous surveys, responses received after the lockdown was introduced differ significantly across the majority of questions this year. The 2020 Community Mental Health survey is classed as not directly comparable with previous iterations.

Next Steps

These results represent a further improvement when compared to our results from last years' service user feedback in the same survey. The results are a testament to the expert and dedicated effort that colleagues are making to understand need, involve and respond well to people who use our services and their carers.

¹ <https://www.cqc.org.uk/provider/RTQ/survey/6>

There is a need to sustain the effort made to develop practice in the areas identified in previous years. 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.

The following areas for further practice development have been identified:

- Giving people support to join a group or to take part in an activity
- Helping people to find support for financial advice and work
- Asking people for their views on the quality of their care

An action plan has been co-developed with senior operational and clinical leaders and will be monitored via the Mental Health and Learning Disability Governance Forum, with assurance provided to the Improving Care Group and Quality Assurance Group.

The 2020 results have been provided for all colleagues through a global email which celebrates our successes and thanks them for their dedication. The results have been cascaded to senior leaders for sharing with teams and for generating ideas for continued practice development. An infographic has been developed to allow sharing of the results in a more accessible format.

Annual NHS Staff Survey 2020

The Trust participates in the annual NHS Staff Survey. While staff also have a wide variety of other ways to feed back their views and experiences of work, the Staff Survey provides the most in-depth and comprehensive analysis of how staff view the Trust as an employer and as a provider of care.

The responses to each of the questions asked are now grouped into 10 themes, progress against which can be measured year on year. These themes and the questions within the survey are set nationally and cover the following areas:

- Equality, diversity and inclusion
- Health and wellbeing
- Immediate managers
- Morale
- Quality of care
- Safe environment – bullying and harassment
- Safe environment – violence
- Safety Culture
- Staff engagement
- Team Working

The **headlines from our 2020 Staff Survey** results are:

- A significantly **improved response rate – 2,023 colleagues (46.3%)**
- **80% of ratings improved or remained unchanged (56% improved, 24% remained unchanged)**
- **20% worsened**
- **Of the 10 themes, 7 improved, two are unchanged, one worsened**
- **10% improvement on colleagues agreeing the Trust takes positive action on health and well-being**
- **71% of colleagues would recommend the Trust as a place to work**
- **79.5% of colleagues would recommend the Trust to provide care**

Our results by theme are:



The table below demonstrates how we compare with previous combined totals (of the former 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust):

Theme	2019 score	2020 score
Equality, diversity and inclusion	9.1	9.3 ↑
Health and wellbeing	6.0	6.4 ↑
Immediate managers	7.2	7.2 =
Morale	6.3	6.5 ↑
Quality of care	7.4	7.4 =
Safe environment - Bullying & harassment	8.2	8.3 ↑
Safe environment - Violence	9.5	9.6 ↑
Safety culture	6.8	7.0 ↑
Staff engagement	7.1	7.2 ↑
Team working	6.9	6.7 ↓

This is the first NHS Staff Survey we have carried out as a newly formed Trust and it is pleasing that our results reflect that the Trust is actively working on and committed to improving our staff experiences of working within our organisation.

We are in the process of further analysing the results by service, teams and professional groups, which will help to continually improve our staff experience.

Key areas of focus for the Trust over the coming year will be further improving our response rate, leadership development to improve the support provided by immediate managers, further improving quality of care, and enhancing team working.

	NHS Staff Survey 2017	NHS Staff Survey 2018	NHS Staff Survey 2019	
Gloucestershire Health and Care NHS Foundation Mental Health Services previously provided by 2gether (2G)	74.5%	74.5%	73.4%	
National Average Score	61.3%	61.5%	62.3%	
Worst Trust Score	41.6%	37.8%	38.3%	
Best Trust Score	86.5%	81.1%	75.7%	
	NHS Staff Survey 2017	NHS Staff Survey 2018	NHS Staff Survey 2019	
Gloucestershire Health and Care NHS Foundation Physical Health Services previously provided by Gloucestershire Care Services (GCS)	73%	76%	82.1%	
National Average Score	73%	74.8%	78.3%	
Worst Trust Score	66.2%	36.6%	35.6%	
Best Trust Score	82.7%	82.9%	85.5%	
				NHS Staff Survey 2020
Gloucestershire Health and Care NHS Foundation Trust				79.5%
National Average Score				70.4%
Worst Trust Score				47.2%
Best Trust Score				84.2%

PLACE assessments







PLACE assessments were **last completed during September-November 2019**. As the assessments are an annual process, it became inevitable as the pandemic unfolded that the 2020 collection would not go ahead. NHS Digital confirmed this amendment to the process at the beginning of September 2020, with obvious reference to the risk it posed to the assessment team.

During the 2019 assessments, high standards were achieved in many areas, with 56% of the scores in mental health and learning disability units and 70% in physical health Community Hospitals. These scores were significantly higher than the national averages of 27% and 21% respectively, and were within the upper quartile. Cleanliness scores across all sites were above 99%.

Although no further update has been provided by NHS Digital on the 2021 position, a Trust action plan is proposed to work towards the assessments recommencing in September 2021. A collaborative approach was employed to review our current standards against the criteria, and to make continuous improvements wherever possible.









Key highlights from last scores mental health/learning disability units

- **Six out of seven sites scored 100% for cleanliness**
- A **third** of all site results were in the **upper quartile**
- Over **half** of all site scores were **above the national average**

	Cleanliness	Food Overall	Organisational Food	Ward Food	Privacy, Dignity & Wellbeing	Condition Appearance Maintenance	Dementia	Disability
Mental Health Sites (%)	99.9	90.6	84.8	98.0	94.9	98.9	91.7	83.2
Better/Worse than National Average								

Key highlights from last scores physical health

- Six out of seven sites scored **100% for cleanliness**
- The Trust was **above the national average** in **six of the eight domains**
- Over a **quarter** of site results were in the **upper quartile**

	Cleanliness	Food Overall	Organisational Food	Ward Food	Privacy, Dignity & Wellbeing	Condition Appearance Maintenance	Dementia	Disability
Physical Health Sites (%)	99.9	93.5	88.4	98.8	87.3	99.3	82.5	80.1
Better/Worse than National Average								

Guardian of safe working

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

A summary of exception reporting and rota gaps for the year 1st April 2020 to 31st March 2021 is shown below.

Date	No. of reports	Resolutions
April 2020	1	1 - Time in lieu agreed
May 2020 to July 2020	7	5 - Time in lieu agreed 2 - Overtime payment agreed
August 2020 to October 2020	4	1 – No further action 3 - Time off in lieu agreed
November 2020 to January 2021	4	1 - Time in lieu agreed 2 - No further action 1 – Unresolved (created in error)
February 2021 to March 2021	0	N/A

In the last 12 months, we have seen a reduction in the number of exception reports compared with previous years. Exception reports are being closed in a timely manner and supervisors and trainees are meeting to close the reports together. The Guardian of Safe Working Hours continues to support junior doctors and supervisors in resolving these issues. Our Guardian of Safe Working hours schedules meetings with our trainees to discuss any concerns or issues about their training and working hours. Trainees are encouraged to submit their reports and to raise any concerns.

There have been occasions where the closure of reports has been delayed due to trainees leaving the Trust and moving to the next placement, although a resolution was agreed with the supervisor and these reports have now been closed.

Reports have mainly related to inpatient posts. They are not related to night shifts but daytime workload, resulting in doctors staying beyond their contracted hours. Significant work has been done to address medical cover in Wotton Lawn Hospital.

The Trust joined Locum Nest on February 2020 to increase the number of doctors available to cover on-call gaps. The Trust also recruited doctors to join our Staff Bank to cover on-call gaps. These initiatives have helped to reduce the use of agency doctors and helped cover on-call gaps, as well as helping with the workload during the pandemic. During the time period of 1st April 2020 to 31st March 2021, the Trust has employed two Clinical Fellows; they supported with daytime cover but were also put on the junior doctor on-call rota as normal.



Healthwatch Gloucestershire's Response to Gloucestershire Health and Care NHS Foundation Trust's Quality Statement 2020/2021

Healthwatch Gloucestershire welcomes the opportunity to comment on Gloucestershire Health and Care NHS Foundation Trust's quality account for 2020/21. Healthwatch Gloucestershire exists to promote the voice of patients and the wider public with respect to health and social care services. Over the past year we have continued to work within the Health and Care system to ensure that patients and the wider community are appropriately involved in providing feedback and that this feedback is taken seriously.

After the hiatus at the start of the pandemic the Trust made it known how services would be configured during Covid. Feedback from the public commended the work of community teams in continuing to deliver services to patients in exceptionally difficult circumstances. The dedication and care of community nurses was particularly praised. The Trust has also played a key part in the rollout of the vaccination programme and the public expressed their appreciation of the team at The Vale.

We receive quality updates as part of the quality surveillance group and have the opportunity to challenge and question. This has provided us with detailed information about Trust performance, including hot-spots and plans to address areas that need improvement. We note that in the Care Quality Commission 2020 annual survey of patient feedback on the Trust's mental health services all but two areas scored better than other Trusts. One low scoring area (common with many other Trusts) was the need to seek more patient feedback. The Trust's Board has identified this as an area for further work and we hope that Healthwatch Gloucestershire may be able to help in this respect.

Healthwatch Gloucestershire has been made welcome as an attendee at the Trust's Board meetings and we will continue to build on our relationship with more formal links over the coming year to ensure that the experiences of patients, their families and unpaid carers are heard. We know that there will be post pandemic challenges, particularly in Mental Health provision, and look forward to being a key partner in helping people get the care and support that they need.

NHS Gloucestershire Clinical Commissioning Group's (GCCG) response to Gloucestershire Health and Care NHS Foundation Trust's Quality Accounts 2020/21.

NHS Gloucestershire CCG (GCCG) welcomes the opportunity to provide comments on the quality account prepared by Gloucestershire Health and Care NHS Foundation Trust (GHCNHSFT) for 2020/21. The COVID-19 pandemic during the past year has continued to pose major challenges to both health and social care in Gloucestershire and the CCG recognises the unwavering commitment to quality that has remained central to GHCNHSFT service provision during this difficult time. We recognise the important collaborative work that GHCNHSFT has undertaken with colleagues in partner organisations, including GCCG and Local Authority during 2020/21 to deliver a system wide approach to maintain, further develop and improve the quality of commissioned services and outcomes for service users and carers.

GCCG would like to thank the Trust for all the hard work and outstanding efforts made by staff to ensure high quality treatment and care delivery during the pandemic alongside great flexibility and innovation. We recognise the disruption and uncertainty caused by re-deployment and are grateful to those involved in supporting the wider system. The courage and kindness shown by staff, potentially risking their own health, must not be underestimated and GCCG intend to continue working with partners to monitor the effects of the COVID-19 pandemic on NHS staff.

The 2020/21 Quality Account provides clarity given that it must be considered by a range of stakeholders with varying levels of understanding. In addition, the CCG recognises that the quality account demonstrates how, following the merger of two health care Trusts, it remains committed to improving both the physical and mental health of the Gloucestershire population. The report is open and transparent and demonstrates the Trust's commitment to continuous quality improvement.

The report identifies how during the upscaling of operational and clinical services in response to the COVID-19 pandemic, it was agreed with the CCG that the quality indicators and priorities for improvement would be paused. Collaborative working by both the CCG and GHCNHSFT is currently in progress to agree the quality schedule for 2021/22, underpinned by the three pillars of quality and reflecting the priorities outlined in the new Trust Quality Strategy. The CCG endorses the quality priorities that have been selected and are particularly pleased to see quality improvement priorities across Physical Health, Mental Health, Learning Disability, Children's and Specialist Services with work to include improving patient experience and a focus on reducing the time taken to provide a final response letter to complaints and, embedding Learning following patient safety incidents. The CCG are aware of a number of serious incidents reported in the past year and will continue to work with the Trust in relation to the management of these incidents to ensure that all learning and improvement actions are embedded within clinical environments and wider system learning is shared.

The CCG acknowledges that despite the significant impact caused by the COVID-19 pandemic on clinical audit activity, GHNHSFT participated in 100% of national audits and 42 local clinical audits were undertaken. Action plans to address areas for improvement have been developed to improve the quality of healthcare with re-audit planned for later in

the current year. The CCG is pleased that the Trust achieved its recruitment target set for the year regarding clinical research activity.

The CCG is grateful for the critical role that GHCNHSFT has played in collaborating with system partners to support system wide patient flow over the past year. Demonstrating its ability to work in a responsive and innovative way and embracing new technology and initiatives. The CCG also thanks GHCNHSFT for the tremendous contribution made to the vaccination efforts within Gloucestershire to ensure that both staff and patients received their inoculations in a safe and timely manner and also the collaborative working with "One Gloucestershire" NHS partners in relation to the current system wide investigation into possible nosocomial transmission of the Covid-19 virus.

The CCG are pleased to note the further development and strengthening of the key indicators contained within the GHCNHSFT quality dashboard and welcome the transparency with which the Trust have described the areas that require further improvement. The CCG are confident that the Trust are adopting a robust and thorough approach to improvement and recovery of service provision following the Covid-19 pandemic and remain committed in supporting the Trust in the coming year.

The CCG welcomes the commitment to improving further the physical healthcare of mental health and learning disability patients and encourages the continued collaborative working between healthcare teams to improve health outcomes and reduce inequalities. The planned investment in recruitment to IAPT, perinatal and IPS services provides an exciting opportunity for expansion and development of enhanced future healthcare provision.

Notable is targeted development and quality improvement work undertaken by the Trust around pressure ulcers. The success of the "Datix Dashboard Oversight" and planned further developments will further improve quality surveillance and patient care around the county. The CCG acknowledges the significant work programme that has been undertaken by the Trust to achieve this.

The CCG are pleased to note the results of the 2020 staff survey - particularly given that this is the first survey carried out by the newly formed Trust. The CCG acknowledges the commitment to improve staff experience within the organisation and the commitment to further build on these results by identifying key areas of focus for the coming year. The CCG welcome the continued focus and commitment to enabling all staff to work within a transparent and welcoming culture that promotes both patient and staff safety and wellbeing.

The CCG acknowledges the content of the Trusts Quality Account and will continue to work with the Trust to deliver services that provide best value whilst having a clear focus on providing high quality, safe and effective care for the people of Gloucestershire

Gloucestershire CCG wishes to confirm that to the best of our knowledge we consider that the Quality Account contains accurate information in relation to the quality of services provided by Gloucestershire Health and Care Foundation NHS Trust during 2020/21.



Dr Marion Andrews-Evans
Executive Nurse and Quality Director, NHS Gloucestershire CCG

Annex 2: Statement of Directors' responsibilities in respect of the Quality Account

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

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

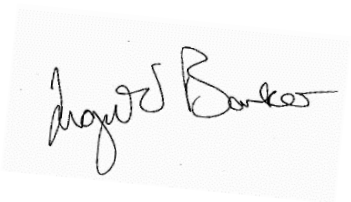
In preparing the quality account, Directors are required to take steps to satisfy themselves that:

- the content of the quality account meets the requirements set out in the *NHS foundation trust annual reporting manual 2020/21* and supporting guidance *Detailed requirements for quality reports 2019/20*
- the content of the quality account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2020 to March 2021
 - papers relating to quality reported to the Board over the period April 2020 - March 2021
 - feedback from Commissioners dated
 - feedback from local Healthwatch organisations dated May 2021
 - feedback from overview and scrutiny committees dated
 - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2021
 - the 2020 CQC national patient survey dated 24 November 2020
 - the 2020 national NHS staff survey dated 11 March 2020
 - the Head of Internal Audit's annual opinion of the trust's control environment dated May 2021
 - CQC inspection report dated 1 June 2018
- the Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

Chair
Ingrid Barker



Date: 29/6/2021

Chief Executive
Paul Roberts



Date: 29/6/2021

Annex 3: Glossary

BMI	Body Mass Index
CCG	Clinical Commissioning Group
CPA	Care Programme Approach: a system of delivering community service to those with mental illness
CQC	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care.
CQUIN	Commissioning for Quality & Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
CYPS	Children and Young Peoples Service
DATIX	This is the risk management software the Trust uses to report and analyse incidents, complaints and claims as well as documenting the risk register.
ECG	An electrocardiogram (ECG) is a test that is used to check the heart's rhythm and electrical activity.
GHC	Gloucestershire Health and Care NHS Foundation Trust
GRIIP	Gloucestershire Recovery in Psychosis (GriP) is 2gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis.
HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine Measure of clinical outcome used by English mental health services.
ICS	Integrated Care System. NHS Partnerships with local councils and others which take collective responsibility for managing resources,

		delivering NHS standards and improving the health of the population they serve.
IAPT		Improving Access to Psychological Therapies
Information Governance Toolkit	(IG)	The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against a list of 45 Department of Health Information Governance policies and standards.
LeDer		Learning Disabilities Mortality Review. It is a national programme aimed at making improvements to the lives of people with learning disabilities
MCA		Mental Capacity Act
MHMDS		The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every service user
NHSI		NHSI is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament.
MRSA		Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant
MUST		The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
NHS		The National Health Service refers to one or more of the four publicly funded healthcare systems within the United Kingdom. The systems are primarily funded through general taxation rather than requiring private insurance payments. The services provide a comprehensive range of health services, the vast majority of which are free at the point of use for residents of the United Kingdom.
NICE		The National Institute for Health and Care Excellence (previously National Institute for Health and Clinical Excellence) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NIHR		The National Institute for Health Research supports a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
NPSA		The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.
PAM		Patient Activation Measure: This is a tool to measure a patient's skill, knowledge and confidence to manage their long-term conditions.
PBM		Positive Behaviour Management

PHSO	Parliamentary Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
PLACE	Patient-Led Assessments of the Care Environment
PROM	Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective.
PMVA	Prevention and Management of Violence and Aggression
ReSPECT	This is a plan created through a conversation between a patient and a healthcare professional which includes their personal priorities for care, particularly for those people who are likely to be nearing the end of their lives.
RiO	This is the name of the electronic system for recording service user care notes and related information within the Trust's mental health services.
ROMs	Routine Outcome Monitoring (ROMs)
SIRI	Serious Incident Requiring Investigation, previously known as a "Serious Untoward Incident". A serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the trust or NHS. In the context of the Quality Account, we use the standard definition of a Serious Incident given by the NPSA
SMI	Serious mental illness
SJR	Structured judgement reviews. A process to effectively review the care received by patients who have died
SystemOne	This is the name of the electronic system for recording service user care notes and related information within the Trust's physical health services.
VTE	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis.

Annex 4: How to contact us

About this report

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

Paul Roberts
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Edward Jenner Court
1010 Pioneer Avenue
Gloucester Business Park
Brockworth
Gloucester
GL3 4AW

Telephone: 0300 421 8100

Email: GHCComms@ghc.nhs.uk

Other comments, concerns, complaints and compliments

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

You can give us feedback about our services by:

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

Alternative formats

If you would like a copy of this report in large print, Braille, audio cassette tape, or another language, please telephone us on 0300 421 7146.