Gloucestershire Health and Care
NHS Foundation Trust

TRUST BOARD MEETING
PUBLIC SESSION
Thursday, 31 March 2022
10:00 – 14:00
To be held via Microsoft Teams

AGENDA

TIME	Agenda Item	Title	Purpose		Presenter
Opening Business					
10.00	01/0322	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/0322	Declarations of interest	Assurance	**Paper**	Chair
10.05	03/0322	Service User Story Presentation	Assurance	Verbal	DoNTQ
10.25	04/0322	Draft Minutes of the meetings held on 27 January 2022	Approve	**Paper**	Chair
	05/0322	Matters arising and Action Log	Assurance	**Paper**	Chair
10.30	06/0322	Questions from the Public	Assurance	**Paper**	Chair
Performance and Patient Experience					
10.35	07/0322	Performance Report	Assurance	**Paper**	DoF
10.55	08/0322	Quality Dashboard Report	Assurance	**Paper**	DoNTQ
11.15	09/0322	Patient Safety Report – Q3	Assurance	**Paper**	MD
11.25	10/0322	Learning from Deaths – Q3	Assurance	**Paper**	MD
11.35	11/0322	Finance Report	Assurance	**Paper**	DoF
BREAK – 11.45 (20 minutes)					
12.05	12/0322	Business Planning 2022/23	Approve	**Paper**	DoF
12.20	13/0322	Budget Setting 2022/23	Approve	**Paper**	DoF
12.35	14/0322	Annual Staff Survey Results 2021	Assurance	**Paper**	DoHR&OD
12.45	15/0322	Gender Pay Gap Annual Report	Approve	**Paper**	DoHR&OD
Strategic Issues					
12.55	16/0322	Report from the Chair	Assurance	**Paper**	Chair
13.05	17/0322	Report from Chief Executive	Assurance	**Paper**	CEO
13.15	18/0322	Systemwide Update	Assurance	**Paper**	DoSP
13.25	19/0322	FoD Community Hospital Development	Approve	**Paper**	DoSP

Governance					
13.40	20/0322	Council of Governor Minutes – Nov 2021	Information	**Paper**	HoCG
Board Committee Summary Assurance Reports					
NOTE	21/0322	Great Place to Work Committee (2 Feb)	Information	**Paper**	GPTW Chair
NOTE	22/0322	Audit & Assurance Committee (10 Feb)	Information	**Paper**	Audit Chair
NOTE	23/0322	MHLS Committee (16 Feb)	Information	**Paper**	MHLS Chair
NOTE	24/0322	Resources Committee (24 Feb)	Information	**Paper**	Resources Chair
13.45	25/0322	ATOS Committee (1 March) and Revised Terms of Reference	Approve	**Paper**	ATOS Chair
NOTE	26/0322	Quality Committee (3 March)	Information	**Paper**	Quality Chair
NOTE	27/0322	FoD Assurance Committee (9 March)	Information	**Paper**	FoD Chair
Closing Business					
13.50	28/0322	Any other business	Note	Verbal	Chair
	29/0322	**Date of Next Meetings** **Board Meetings 2022** Thursday, 26 May Thursday, 28 July Thursday, 29 September Thursday, 24 November	Note	Verbal	All

DECLARATION OF INTERESTS REGISTER 2021/22

TRUST BOARD MEMBERS

NAME	POSITION	DECLARATION OF INTERESTS
Ingrid Barker	Chair	NHS Executive Search Advisory Board (Arden & GEM) (June 2021 - current)
		Trustee, Gloucestershire GP Education Trust (Oct 2019 - current)
		Council Member, University of Gloucestershire (March 2020 - current)
Graham Russell	NED/Vice Chair	Chair, Second Step Organisation (2014 - current)
		Chair, Corinium Education Trust (2018 - current)
Jan Marriott	NED	Co-Chair Glos Learning Disability Partnership Board (2010 - current)
		Independent Chair, Glos Mental Health & Wellbeing Partnership Board (2015 - current)
		Co-Chair, Glos Physical Disability and Sensory Impairment Partnership Board (2018 - current)
		Chair, Prime Foundation Charitable Trust (2015 - current)
		Committee Member, Community Hospitals Association (1990 - current)
		Trustee, Crossroads Gloucestershire (Dec 2020 - current)
Marcia Gallagher	NED/Senior Independent Director	Chair, Crossroads Gloucestershire (Dec 2018 - current)
Clive Chadhani	NED (1st October 2021 - 28 February 2022)	Nothing to Declare
Maria Bond	NED (until 30 Sept 21)	Appointed Lay Person to Council at University of Bath (Aug 2019 - current)
Steve Alvis	NED	Landlord of building leased to The Cam and Uley Family Practice - The Surgery, 42 The Street, Uley, Dursley, Gloucestershire GL11 5SY (2016 - current)
Steve Brittan	NED	Nothing to Declare
Sumita Hutchison	NED	NED, RUH Bath (Sept 2019 - current)
		Media Manager Conscious Planet (Volunteer Role December 2021 - current)
Paul Roberts	Chief Executive	Nothing to Declare
Sandra Betney	Director of Finance	Nothing to Declare
Neil Savage	Director of HR&OD	Nothing to Declare
Angela Potter	Director of Strategy and Partnerships	Nothing to Declare
Dr Amjad Uppal	Medical Director	Private Practice as Consultant Psychiatrist
David Noyes	Chief Operating Officer *(as at 10th January 2022)*	Nothing to Declare
John Trevains	Director of Nursing, Therapies and Quality	Nothing to Declare
Helen Goodey	Joint Director, Primary Care/Locality Development	Nothing to Declare
Hilary Shand	Interim Chief Operating Officer *(11 June 2021 - 03 December 2021)*	Nothing to Declare
John Campbell	Chief Operating Officer *(upto 11 June 2021)*	Nothing to Declare

MINUTES OF THE TRUST BOARD MEETING
Thursday, 27 January 2022
Via Microsoft Teams

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PRESENT: Graham Russell, Deputy Trust Chair
                  Steve Alvis, Non-Executive Director
                  Sandra Betney, Director of Finance
                  Steve Brittan, Non-Executive Director
                  Clive Chadhani, Non-Executive Director
                  Marcia Gallagher, Non-Executive Director
                  Sumita Hutchison, Non-Executive Director
                  Jan Marriott, Non-Executive Director
                  David Noyes, Chief Operating Officer
                  Angela Potter, Director of Strategy and Partnerships
                  Paul Roberts, Chief Executive
                  Neil Savage, Director of HR & Organisational Development
                  John Trevains, Director of Nursing, Therapies and Quality
                  Amjad Uppal, Medical Director

IN ATTENDANCE: Graham Hewitt, Trust Governor
                  Anna Hilditch, Assistant Trust Secretary
                  Katherine Holden, Member of the Public (Item 6)
                  Rachel Jones, Client Manager, Netcall
                  Ali Koeltgen, Deputy Director of HR & OD
                  Bob Lloyd-Smith, Healthwatch Gloucestershire
                  Louise Moss, Deputy Head of Corporate Governance
                  Kate Nelmes, Head of Communications
                  Jane Russell, Executive PA to Trust Chair and NEDs
                  Katy Thomas, Operational Governance and Performance Lead

1.   WELCOME AND APOLOGIES

1.1   The Chair welcomed everyone to the meeting. Apologies had been received from Ingrid Barker, Helen Goodey and Lavinia Rowsell.

1.2   Graham Russell welcomed David Noyes to his first Trust Board meeting. David had been appointed as the Trust's new Chief Operating Officer and had commenced in post on 10th January.

1.3   Graham Russell said that Board colleagues had been made aware of the sad news that a valued colleague, Mlondolozi Nkiwane (known as Scottie), had died after a battle with cancer. Scottie joined the Trust in September 2015 as a newly qualified nurse at Greyfriars Psychiatric Intensive Care Unit, in Gloucester. He had progressed to

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 04: Minutes of the Trust Board PUBLIC Session held 27 January 2022   Page 1 of 15
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become a Band 6 Senior Nurse Practitioner, acknowledging his fantastic nursing skills and ability to see good in all. Thoughts were with his family and colleagues at this time.

1.4 Graham Russell expressed the Board's continued thanks and gratitude to Trust colleagues and system partners who worked tirelessly to provide quality services at such a challenging time.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. SERVICE USER STORY PRESENTATION

3.1 The Board welcomed Kizzy Kukreja, Senior Dental Officer and Lisa Bradley, Clinical Nurse Manager from the Trust's Community Dental Service to the meeting.

3.2 Kizzy Kukreja provided the Board with an overview of the services provided. She said that it was recognised that service users have many different needs, and the Trust has developed its Dental service to meet these needs, with some service users having a learning disability, physical needs, be medically compromised or have a phobia of the dentist.

3.3 The Clinics are based all over the county and are equipped to support people with some or a combination of needs. Wheelchair Tippers are used for people who cannot transfer into the dental chairs and the Trust has these in its main clinics in Gloucester, Stroud and St Pauls, Cheltenham. This means that the service user does not have to move from their wheelchair and can be treated comfortably. The Community Dental Service also provides domiciliary care, providing home visits and simple treatments to patients who cannot leave their home.

3.4 The Board was presented with a case study of a 21-year-old patient with severe learning disability and haemophilia. The parents had contacted the service as they were concerned that their son appeared to be suffering with tooth pain. The Community Dental Team attended a home visit, accompanied by colleagues from the Trust's Intensive Health Outreach Team (IHOT) who assisted with clinical holding to be able to assess the patient. The patient was given oral sedation in advance of the visit. Following a brief examination, a piece of cloth was found stuck between his teeth which was subsequently removed.

Lisa Bradley informed the Board that working alongside the IHOT Team had meant that a proper examination of the patient's mouth was able to be carried out with minimal distress to the patient. Photos were also taken which were then used back in the clinic setting to diagnose caries. The IHOT Team nurse had also taken the opportunity at the visit to cut the patients' fingernails which was something that would often have caused distress. Working together had also meant that the patient was able to be assessed and treated in his home environment.

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3.5 Jan Marriott said that this story really demonstrated excellent planning and patient centred care. She noted that people with a learning disability often had poor oral health. Lisa Bradley advised that the Community Dental Service was not commissioned to provide a better oral health education service, however this would be most welcomed.

3.6 Clive Chadhani referred to the excellent addition of the wheelchair tippers at the main clinics and asked whether the Team felt that the service was adequately resourced and equipped to meet the demand. Lisa Bradley said that there had been significant investment in dental equipment this year.

3.7 Paul Roberts noted that inequalities in oral health was massively important. He said that there would be lots of opportunity as an ICS to oversee dental commissioning locally, with great potential for local prioritisation.

3.8 Paul Roberts took this opportunity to acknowledge the Community Dental Service response to Covid, which was above and beyond the call of duty. The service stood up and provided emergency treatment and repurposed itself to meet the needs of patients. He said that it really did need to be commended. Kizzy and Lisa agreed to convey the Board's thanks to team colleagues.

3.9 The Board thanked Kizzy and Lisa for attending and presenting this item. It once again recognised the huge benefits of joined up, multi-disciplinary team working.

4. MINUTES OF THE PREVIOUS BOARD MEETING

4.1 The Board received the minutes from the previous Board meeting held on 25 November 2021. These were accepted as a true and accurate record of the meeting.

5. MATTERS ARISING AND ACTION LOG

5.1 The Board reviewed the action log and noted that all actions were now complete or progressing to plan.

5.2 Marcia Gallagher thanked colleagues for responding to her previous question relating to falls at the Dilke Hospital. She said that she welcomed the review that would be undertaken.

6. QUESTIONS FROM THE PUBLIC

6.1 The Board had received one question from a member of the public in advance of the meeting. The question had been received from Katherine Holden, who was in attendance at the meeting, and focused on VCOD (Vaccination as a condition of deployment). The full question was read out, and a verbal response was provided by Neil Savage. A full written response would be sent to Katherine Holden following the meeting, and a copy of this would be included for the record as an appendix to the minutes from this meeting (see **Appendix A**).

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 04: Minutes of the Trust Board PUBLIC Session held 27 January 2022   Page 3 of 15

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6.2 No further questions were raised at the meeting.

7. COVID PROGRAMME REPORT

7.1 The Board received the Covid Programme update, which provided an overview of local and national developments in response to Covid, an overview of current Covid cases and vaccination performance. A change in the isolation period for those people testing positive for Covid was highlighted.

7.2 David Noyes presented colleagues with the current system position in relation to patient flow, highlighting the continued challenges being faced.

7.3 The Board noted that the Trust had carried out a further phase of targeted redeployment in December 2021 to ensure patient safety in priority 1 services. The Trust received an amazing response with 168 colleagues volunteering, and 127 colleagues being redeployed. David Noyes said that work would be carried out to reflect on the feedback from colleagues on their experiences. Planning, both short and long term would also commence, to ensure that the Trust had robust procedures in place to commence a redeployment process in the event of a further Covid surge or any incident requiring reprioritisation and redeployment.

7.4 Marcia Gallagher noted the hugely important role that the Home First/Reablement service played, and she asked for a progress update on the recruitment process currently underway into the service. David Noyes reported that the Trust had successfully recruited into 19 of the 31 roles within the service. Good progress was being made but there was still some way to go. The Trust was exploring different routes to advertising and recruitment, such as social media. Sandra Betney agreed that additional resources into the Team was important; however, she highlighted that 50% of the Team capacity was being used on people who should already have progressed into Social Care services, and this really did demonstrate the system flow challenges being faced.

7.5 Graham Russell asked how patient flow discussions were taking place at ICS level. Paul Roberts advised that the ICS Board had carried out detailed discussions about patient flow and social care services at its last meeting, and there was acknowledgement from colleagues at the Local Authority that the lack of clear guidance in social care was having a real impact on the whole system. The ICS was planning to commission an external review looking at this area.

8. COVID BOARD ASSURANCE FRAMEWORK

8.1 The purpose of this report was to provide assurance to the Board on the management of the strategic risk in relation to Covid.

8.2 The strategic risk relating to Covid was removed from the Board Assurance Framework (BAF) in March 2021 following the second wave of the pandemic as activities relating to the Trust's response to Covid were moved to a 'business as

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 04: Minutes of the Trust Board PUBLIC Session held 27 January 2022   Page 4 of 15

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usual' basis with associated risks included on the corporate risk register. However, given the ever-changing nature of the pandemic and emerging new variants, and the potential impact on service and patient care, it was recommended that a Covid related risk be added to the BAF. This would help to ensure that the Governance Committees and Board are regularly reflecting on the impact of Covid on the organisation.

8.3   The Board confirmed support for an additional strategic risk relating to Covid to be included on the Board Assurance Framework (BAF).

9.   PERFORMANCE DASHBOARD

9.1   Sandra Betney presented the Performance Dashboard to the Board for the period December 2021 (Month 9 2021/22). This report provided a high-level view of key performance indicators (KPIs) in exception across the organisation.

9.2   As planned, the legacy SystmOne data source processes have been replaced with new methodology. The recent pressures of the pandemic surge have impacted the speed of the current data quality validation phase which will have an impact on the Trust's community (PH) reporting within Quarter 4. This strategic work was essential to resolve inherent data quality issues directly within the clinical system and ensure that the new dataset is robust and reliable for the Trust and stakeholders.

9.3   The Board was asked to note that the recovery programme was paused for January to support the surge response. There was therefore no update within the performance dashboard this month.

9.4   At the end of December, there were 10 mental health key performance thresholds and 11 physical health key performance thresholds that were not met. It was noted that all of these indicators had been in exception previously within the last 12 months. The Eating Disorder Services accounted for five indicators, with Care Programme Approach (CPA) two. Of the Physical health indicators within exception, six were within children's services and three were referral to treatment wait measures. Positively, it was noted that '52: Paediatric Speech & Language Therapy - % treated within 8 weeks' was back to performing above threshold after five consecutive months of non-compliance.

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

9.6   It was noted that the IAPT access rate had dipped over the last two reporting periods. There was a planned reduction for December, however this was not planned for January. The Board noted that work was being undertaken to gain a better understanding of this position.

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9.7 Marcia Gallagher asked for additional information around the waiting times for eco-cardiograms and the impact that this was having on services. Sandra Betney advised that further information was being sought from GHT and an update would be provided. She assured the Board that clinical triage was taking place.

9.8 David Noyes advised that the performance dashboard presented at Board meetings included exception reporting only, so the Board were only getting updates on those areas not performing to target. He said that it was important for the Board to be aware of the really good work taking place across the Trust and those services performing well. Some examples included the wheelchair assessment service and health visiting performance.

10. QUALITY DASHBOARD

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

10.2 John Trevains informed the Board that overall, the report demonstrated that some fantastic and dynamic work was being carried out and high-quality services were being delivered.

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

- Continued focus is required in relation to CPA compliance. A further reduction in compliance is reported this month due to significant workforce pressures.
- Further additional attention is being focused into eating disorder services due to significant wait list challenges. This work will be reported monthly via the Quality dashboard will be supported by NTQ colleagues with associated scrutiny and reporting via Quality Assurance Group.
- The dashboard includes areas where service recovery in terms of access targets waiting list recovery is taking additional time to recover in light of further Covid impacts on services in December.
- Recruitment and retention within key service critical areas remains a significant challenge. Enhanced NTQ led support is being provided to colleagues within workforce, recognising that consistent staffing is a well-established marker of quality care.

10.4 Those Quality issues showing positive improvement:

- Sustained improvement within the Trusts management of complaints enabling patients and families concerns to be resolved at the point of triage or through local resolution.
- The number of compliments received by the Trust has increased to 192 in month which is the highest number recorded this financial year.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 04: Minutes of the Trust Board PUBLIC Session held 27 January 2022   Page 6 of 15

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- Access times in Podiatry, ICT Physiotherapy, ICT Occupational Therapy, Paediatric Speech and Language Therapy plus Paediatric Physiotherapy continue to improve in line with planned recovery trajectories.
- Rapid clinical development and repurposing of estates to enable a countywide treatment unit for Neutralising Monoclonal Antibodies (nMABs) was delivered in December.
- The annual 2021 CQC survey of adults who use community mental health services has been published. The Trust is categorised as performing 'better' than most of the other mental health trusts in 5 of the 12 domains. Although this is a decrease from the previous year, the Trust remains in the top 20% performing Trusts in the majority of domains (9 out of 12).

10.5 John Trevains expressed his thanks to colleagues, noting that the Trust had maintained safe staffing levels over what had been a very challenging period.

10.6 In December there had been a huge push on vaccinations for both staff and patients. An enhanced programme of FFP3 fit testing and ventilation assessment, led by the Director of Infection Prevention and Control in line with national health and safety guidance, was carried out to maximise staff safety and further reduce nosocomial infection within inpatient environments. John Trevains said that the Board could take good assurance on the safety work being carried out for staff around Covid.

10.7 Graham Russell asked for the headline news in relation to young people's mental health services. John Trevains advised that there had been a significant increase in demand for services, with an increase in diagnosis of anxiety in younger people and capacity within the service was a real challenge. Work continued to try and address the waiting list position. John Trevains noted that the quality of the services provided were very good.

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

11. FINANCE REPORT

11.1 The Board received the month 9 Finance Report for the period ending December 2021.

11.2 The Gloucestershire ICS has been given a funding envelope for the second half of the financial year (H2) which is being spilt between the partners. The Trust has a H2 plan of break even and the Trust's position at month 9 was a surplus of £8k. The Trust is forecasting a H2 position of break even.

11.3 The cash balance at month 9 was £56.5m.

11.4 Capital expenditure was £4.907m at month 9 against a full year 2021/22 Capital plan of £15.493m. Sandra Betney advised that the capital plan had been updated to take account of some of the mitigations discussed in relation to the FoD Business Case.

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Due to the delay in planning permission for the FoD hospital the capital programme was being reviewed to look at things that could be brought forward. It was noted that the Trust was likely to have a small underspend against CDEL at year end and NHSEI had been alerted to this.

11.5   The Trust had spent £1.594m on Covid related revenue costs between April and December.

11.6   Better Payment Practice performance for 2021/22 has improved through the year and the Board noted that performance in December was 99% which was excellent. Performance was reported cumulatively and the dip in achieving the 95% target would continue whilst the Trust focuses on a continued effort to pay older and problematic invoices.

11.7   In terms of risk, Sandra Betney advised that the biggest risk currently was that the Trust didn't meet its breakeven target and had a higher surplus than planned at year end.

11.8   The Board noted the Finance Report for month 9 and once again thanked Sandra Betney and the Finance Team for steering the Trust through these challenging and uncertain times.

12.   SYSTEM FINANCE AND PLANNING UPDATE

12.1   Sandra Betney provided the Board with an operational planning update. A presentation was received which set out the key timescales for the 2022/23 planning round, the key headlines and top 10 priorities from the national planning guidance 2022/23, and an update on financial planning.

12.2   Marcia Gallagher asked for further information about priority 9: productivity. Sandra Betney advised that this related to the weighted average cost of a unit of activity and related to the productivity of acute trusts only.

12.3   Graham Russell said that there were a lot of priorities and proposed activity for 2022/23 and given the current pressures on the system he queried how this would all fit together. Sandra Betney noted that this planning guidance was designed for a post-Covid world.

12.4   Paul Roberts said that there was a balance between maintaining strong foundations and developing innovative new services. He added that he very much welcomed the planned investment in staff.

12.5   The Board noted the update, noting that this would be discussed in more detail at the next meeting of the Resources Committee.

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13. CHAIR'S REPORT

13.1 The Board received the Chair's Report which highlighted the activity of the Trust Chair and Non-Executive Directors since the previous meeting of the Board in November. Key areas of focus remain ensuring effective system working, ensuring equality, diversity and inclusion are at the heart of how we work as a Trust and that the voice of the Trust is heard locally and nationally to ensure the needs of our community are understood and inform policy and practice.

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

13.3 Graham Russell took this opportunity to express his thanks to Ingrid Barker for her continued work, dedication and leadership of the Trust.

14. CHIEF EXECUTIVE'S REPORT

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

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

- The staff Networks have been elevated within the Policy and sit as integral as the Board in delivering diversity and inclusion.
- The Policy emphasises "inclusion", as "diversity" is already a fact of our Trust, whereas inclusion is a choice and one that the Trust is committed to.
- The language aims to be generic and neutral with gender specific references removed where appropriate and definitions and terminology updated.
- The Trust values are embedded and fully support the principles of diversity and inclusion.
- The Policy underpins the Trust's commitment to our legal duties to promote equality as required by the Equality Act 2010, and to address health inequalities, as required by the Health and Social Care Act 2012.

14.3 The Chief Executive attended the Gloucester Race Commission Stakeholder meeting that took place on 16 December. The Gloucester City Commission to Review Race Relations was established in response to the deeply disturbing and unlawful killing of George Floyd in the spring of 2020. In response to this, Gloucester City Council

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passed a motion in July 2020 in support of 'Black Lives Matter' and resolved to set up a commission to review race relations within Gloucester. This particular meeting received and discussed the final report from the commission. Equality, Diversity and Inclusion continues to be at the core of how we operate as a Trust and the Chief Executive's involvement in the wider agenda will help the Trust achieve its aims in this regard. The Trust will be reflecting on the report outputs and its calls to action as we take forward our Trust Strategy.

14.4   The Board noted the content of the Chief Executive's Report and recognised the huge amount of work that continued to take place by all members of the Executive Team.

15.   GREEN PLAN

15.1   The Board received the Trust's Green Plan for approval.

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

15.3   The Plan has been co-produced in collaboration with colleagues, experts with lived experience and the Trust Board and sets out our aims to make our vision a reality. A number of workshops and development sessions were held over recent months to facilitate engagement with a range of staff groups across the organisation to co-produce the plan and all feedback and comments received have been incorporated into the final plan.

15.4   There are a range of national target requirements included in the Plan and considerable progress has been achieved in establishing where required our local baseline position against a number of national and locally set targets. A detailed implementation plan is now in place to ensure effective monitoring and review of progress against the target milestones and objectives.

15.5   The Plan will be reviewed annually and will continue to evolve as sustainability and sustainable healthcare is an area that is consistently changing as new opportunities and technologies are likely to emerge over the lifecycle of the Plan. Steve Alvis made reference to outpatient services and the consideration of different and greener ways of working, for example the provision of more local appointments could reduce the travelling requirements for patients.

15.6   Steve Brittan said that he fully supported the plan, noting that this was a great step forward. Neil Savage agreed, adding that there had been good consultation with Trust colleagues. The plan would be a moving feast and would need to be dynamically reviewed on a regular basis to ensure it remained fit for purpose. The Plan would bring about a real cultural change and there was a real need to promote it and the key messages to colleagues across the Trust. A new sustainability intranet page had been developed with associated guidance for staff which would be signposted.

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15.7 The Board approved the Trust's Green Plan.

16. WORKING TOGETHER PLAN

16.1 The Board received the Trust's Working Together Plan for approval.

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

16.3 The Plan was the culmination of extensive engagement and co-production and builds on feedback received from wider critical friends across the ICS and work completed by the GHC Working Together Steering Group. Angela Potter informed the Board that progress with developing the plan had been hampered by Covid, so it was pleasing that a final plan had now been produced.

16.4 The plan set out a new governance structure to oversee the implementation of the Working Together Plan and ensure the Trust continues to embed a culture that involves people and the communities we serve. An Easy Read version and infographic co-designed by young people who use our services will be developed to provide a more accessible document.

16.5 Marcia Gallagher asked about relationships with excluded groups, specifically with traveller communities. John Trevains said that the Trust had worked closely with the community and had carried out webinars and attended the recent Stow Horse Fayre. He said that work had been carried out around vaccination equity and reported that the traveller community had high vaccination rates which was excellent to see. However, the contact that the Trust had made had been helpful by way of Making Every Contact Count and being able to offer other health checks. T

16.6 The Board agreed that this was a fantastic plan and welcomed the level of engagement and co-production in its development. The Board was happy to approve the Trust's Working Together Plan.

17. SOUTHGATE MOORINGS LEASE

17.1 The purpose of this report was to secure Board approval for the extension of the lease at Southgate Moorings.

17.2 GHC (and predecessor organisations) have occupied Southgate Moorings since the 1990s. We most recently extended our occupation to take on the entire premises in

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2018 with a 15-year Full Repairing lease (undertaking refurbishment works of the First and Second floors at this time).

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

17.4 At its meeting on 3 November, the Resources Committee supported the proposed negotiation priorities - cost avoidance and cost certainty – and this paper therefore presented a proposal to enter into an extended lease on this basis at a cost (NPV) of £3.648m, capturing a cost saving of £35k per annum against market rent for a period of 5 years.

17.5 The Board considered this report, noting the potential financial easing offered from a longer depreciation period, the cost saving and cost certainty captured and the IFRS16 implications, and was happy to approve the extension of the lease.

18. COVID GOVERNANCE ARRANGEMENTS

18.1 The purpose of this report was to set out the proposed changes to Trust Board and Committee Governance arrangements during the current wave of the Covid-19 Pandemic.

18.2 In light of the situation with Covid-19, it had been necessary to review the Trust's current governance arrangements. The proposal looks to balance the need to ensure that resources are focused on necessary clinical and operational matters to enable safe and sustainable service delivery whilst maintaining the robustness of decision making in a fast-moving environment and providing the appropriate level of Board assurance.

18.3 The Board noted that the proposals set out in the report had previously been considered at the Executive Meeting held on 2 January 2022 and the meeting of the Non-Executive Directors held on 18 January 2022 at which Board Members endorsed the proposals to be implemented with immediate effect, to be reviewed on 31 January 2022.

19. GREAT PLACE TO WORK COMMITTEE - TERMS OF REFERENCE

19.1 The Board received the terms of reference for the GPTW Committee. It was noted that these had been reviewed and endorsed by the GPTW Committee at its meeting on 13 December 2021.

19.2 The Board approved the terms of reference, noting that these would be reviewed annually by the GPTW Committee.

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20. BOARD COMMITTEE SUMMARY REPORTS

20.1 Charitable Funds Committee
The Board received and noted the summary report from the Charitable Funds Committee meeting held on 8 December 2021.

20.2 Great Place to Work Committee
The Board received and noted the summary report from the Great Place to Work Committee meeting held on 13 December 2021.

20.3 Resources Committee
The Board received and noted the summary report from the Resources Committee meeting. It was noted that this meeting, scheduled for 23 December 2021, was held via correspondence due to Covid related operational pressures. Those items requiring Committee approval or endorsement were clearly listed in the summary report, noting that a record of Committee approvals would be presented at the next meeting for future record.

20.4 Quality Committee
The Board received and noted the summary report from the Quality Committee meeting held on 6 January 2022.

20.5 Forest of Dean Assurance Committee
The Board noted that the FoD Assurance Committee had met on Monday 24 January 2022. Steve Brittan, Chair of the Committee informed the Board that this had been a positive meeting and expressed his thanks in particular to Kevin Adams, Associate Director of Estates, Facilities & Medical Equipment for his work in progressing the proposals for the new community hospital development. Steve Brittan advised that some risks did remain, and planning permission was still to be received, with the Planning Committee of the FoD District Council meeting on 8 March.

21. ANY OTHER BUSINESS

21.1 There was no other business.

22. DATE OF NEXT MEETING

22.1 The next meeting would take place on Thursday 31 March 2022.

Signed: …………………………..…... 	Dated: …………………………
Ingrid Barker (Chair)
Gloucestershire Health and Care NHS Foundation Trust

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 04: Minutes of the Trust Board PUBLIC Session held 27 January 2022   Page 13 of 15

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Questions for the Board
27 January 2022

Question - Vaccine Mandates (received 24 January 2022)

Have you coerced or forced any of your NHS staff to have a COVID vaccine in order to keep their job? If so, have you conducted a risk assessment for each individual affected and exercised your duty of care to your staff?

For example, have you assessed their risk based on age, weight/ level of obesity, extent of co-morbidities, gender, having natural immunity and vitamin D level? Have you compared these risks with their potential risks of serious injury or death from the vaccines, including their history of allergic reactions, autoimmune conditions, blood clots and prior infection?

If you have forced NHS staff to have the vaccine and some have refused, what proportion of your staff is that? Of those, what proportion will be redeployed and what proportion will lose their jobs?

If any of your staff, who you forced to get vaccinated, were injured by the vaccine or even killed, what liability would the Trust have and what liability would the board members have? Would those staff or their next of kin receive any compensation and/or payments for loss of income due to their injuries? If so, who would pay that compensation, the pharmaceutical company supplying the vaccine, yourselves personally, an insurance company or the government, i.e. ultimately the tax payer?

I look forward to receiving your response.

Yours faithfully,
Katherine Holden

Trust Response

Regulations were laid by the Department of Health and Social Care on 9th November 2021 to amend the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The amendments were to provide that registered providers of health care can only employ or otherwise engage a person in respect of a Care Quality Commission regulated activity, if the person provides evidence that they have been vaccinated with a complete course of an authorised vaccine against COVID19, or, if otherwise vaccinated against coronavirus, is also within a specified time period, vaccinated with a single dose of an authorised vaccine, subject to specific exemptions. The proposed amendments have subsequently been approved by Parliament on the 6th of January 2022 and are now a statutory requirement in England.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 04: Minutes of the Trust Board PUBLIC Session held 27 January 2022   Page 14 of 15

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The new regulations puts legal obligation on the NHS to only deploy health and social care workers in patient-facing roles if vaccinated or exempt, and, there is no discretion that can be applied by an employer for colleagues who remain unvaccinated (unless exempt) or who refuse to disclose their vaccination status to their employer.

The Trust values the contribution all our local NHS colleagues make to the delivery of high-quality patient care and work will continue to encourage as many people as possible to get vaccinated to keep themselves safe, alongside protecting patients and service users from the risks of COVID-19. We have worked closely in partnership with our local trades unions and Working Well Occupational Health service to ensure that, wherever possible, we provide a supportive environment for colleagues affected by the change in law for NHS providers in England. Currently and over the next three months we will be working with our colleagues to determine what the impact of the new regulations will be on individuals and services in terms of both deployment and redeployment. The Trust has no intent to coerce or force any colleague to do something they do not wish to do. However, NHS organisations are required to ensure that their organisation and staff meets the legal requirements set out, despite any difficult processes that follow as a consequence of this change to legislation. Your question would therefore be better directed to parliamentarians and government ministers than to NHS Chief Executive or Boards.

On the matter of potential vaccination injuries generally, the Trust has both comprehensive insurance and is a member of the Clinical Negligence Scheme for Trusts, providing for cover in the unlikely event that there is a vaccine related untoward incident.

I hope that this helps to clarify the position.

Kind regards

Neil Savage
Director of HR & OD
Gloucestershire Health and Care NHS Foundation Trust

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 04: Minutes of the Trust Board PUBLIC Session held 27 January 2022   Page 15 of 15
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Gloucestershire Health and Care
NHS Foundation Trust

TRUST BOARD PUBLIC SESSION: Matters Arising Action Log – 31 March 2022

Key to RAG rating:

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

Meeting Date	Item No.	Action Description	Assigned to	Target Completion Date	Progress Update	Status
25 Nov 2021	8.6	An update on Berkeley House Assessment and Treatment service, specifically in relation to length of stay, admissions and discharges was requested. It was agreed that more of a focus on learning disability services at the Board would be welcomed by way of providing assurance. John Trevains agreed to organise a briefing for the Board.	John Trevains	June 2022	Board Seminar programme for 2022/23 now confirmed and session focussing on Learning Disability services has been scheduled for 21 June seminar slot. *Action to be removed.*	
27 Jan 2022		No additional actions identified				

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Questions from the Public

None received

Gloucestershire Health and Care
NHS Foundation Trust

REPORT TO:	**TRUST BOARD PUBLIC SESSION – 31 March 2022**
PRESENTED BY:	Sandra Betney, Director of Finance & Deputy CEO
AUTHOR:	Chris Woon, Deputy Director of Business Intelligence
SUBJECT:	**PERFORMANCE DASHBOARD FEB 2022 (Month 11)**

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

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

The purpose of this report is to

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

Performance covers the period to the end of February (Month 11 of 2021/22). It is of note that the performance period remains aligned to the Trust's pandemic recovery and its efforts to support the operational planning round alongside progressive transformation developments.

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

Recommendations and decisions required

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

Executive summary

Business Intelligence Update
A high-level timetable developed from the recent Measuring What Matters Board Seminar in June 2021 has been integrated into the Performance Dashboard on page 2. This allows for periodic business intelligence development monitoring. There are currently four items delayed due to competing priorities, two of which should be resolved in April. The Measuring What Matters milestones will be reviewed for 2022/23 to ensure they fit the Trust's business planning priorities, specifically considering the importance of SystmOne Simplicity. The SystmOne Simplicity project has been essential to resolve inherent data quality issues within the PH clinical system and ensure that the Trust's dataset is robust and reliable for stakeholders. However, ongoing pressures across operational services and clinical system teams are impacting the speed of progress which is having an impact on some of the Trust's community (PH) reporting for the period. Wherever possible alternative evaluations have been undertaken to assure performance and indicators are expected to return in March. A revised, high-level project timeline for SystmOne Simplicity has been produced outlining key milestones.

Recovery Update
The recovery programme has transitioned into a 'business as usual function' with recovery leading to an integrated element of monthly Operational Governance rigour. A recovery overview is provided on Page 3.

Performance Update
The performance dashboard is presented from page 4. It is of note that all the indicators within this report have been in exception previously within the last 12 months.

- **Mental Health & Learning Disability Service (National & Local) Performance**
  Attention is requested to review the 12 key performance thresholds in exception within the dashboard (with associated narrative) that were not met for the period. Eating Disorder (ED) Services account for five indicators, with Care Programme Approach (CPA) two and Complex Psychological Interventions (CPI) two. IAPT Access remains in exception again this month. A range of demand and capacity factors are contributing to performance across these indicators. The 33n patient cohorting tool is being presented back to the organisation in March 2022. Complimenting this, focused work is being undertaken internally on demand and capacity modelling for IAPT and ED to establish multiple scenario recovery forecasts. Collectively, this will inform the pathway improvements required to recover performance.

- **Physical Community Health Service (National & Local) Performance**
  In addition, attention is drawn to a further 21 key performance thresholds in exception within the dashboard (with associated narrative) that were not met for the period. However, 15 of these are associated to a lack of data availability through delayed SystmOne Simplicity progress, as mentioned above. Recovery

of these lines is expected in April (for March data) however some data quality exercises may be required.

Although a proxy indicator and therefore not in exception, it is noted that (27) the average Length Of Stay (LOS) for inpatients within Community Hospitals increased again to 48.8 days in February 2022. This has been progressively increasing across the year from a pre-April 2021 average of 30 days. Based on 2018/19 and 2019/20 data this is beyond the SPC upper control limit of 34 days. This is due to system wide delays in sourcing onward care (care home beds/ packages of care and discharge to assess beds), community equipment delays which prevented timely discharge, closure to visiting which has resulted in prolonged conversations with families and carers regarding provision of equipment/ needs on discharge and staff absences which have all impeded usual processes of effective discharge. Community equipment availability has improved since January but remains an issue.

- **Trust Wide Service Performance**
  There are currently only 3 Workforce indicators in exception this month. Positively *'77: Mandatory Training' is* once again compliant at 92% against a 90% threshold. The two headline performance indicators for 12 month rolling Turnover 12.6% (WF2) and Vacancy 6.3% (WF5) are not in exception based on the *provisional* thresholds. The third new indicator; Annual Leave consumption (WF5); is currently a quarterly monitor with a cumulative 25% threshold raising to 100% by the end of the year. It was 72.6% at the end of Q3. A workplan will be developed to agree thresholds for these new items and also examine granular data below the global Trust position so that pressure areas can be exposed.

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

  It was agreed by Board during 2021 that 8 proxy indicators will be re-introduced into the performance dashboard as *internal* KPIs using Statistical Process Control (SPC) limits as thresholds. Progress was delayed due to redeployment and operational prioritisation however it is now expected to be resolved in April with a lead from NQT supporting. In light of the inpatient LOS position mentioned above, a wider review of the original proposal will also be undertaken.

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

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

Where has this been discussed before?
BIMG Meeting 17 March 2021

Appendices:	None

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

Performance Dashboard Report & BI Update

Aligned for the period to the end February 2022 (month 11)

As the financial year closes, information demands continue. This is predominantly in response to the SystmOne Simplicity programme but also the new year planning cycle. Business Intelligence (BI) services continue to prioritise key infrastructure development tasks wherever possible. The service has ensured the continuity of business-critical items during the period. Some development projects outside of original 2021/22 business planning continue to delay some planned, but lower profile objectives within the business plan. These will be reconfigured for 2022/23 and the 2022/23 BI business plan has been drafted.

Unfortunately, the testing of the new Community Services Data Set (CSDS) submission continues to fail due the outstanding configuration and data quality work required within the SystmOne Simplicity programme. This has led to an independent extract of Urgent Care Response (UCR) data which is now reguarly and directly shared to the National team outside of CSDS. The old CSDS load will be replaced with a new CSDS dataset in Quarter 1 2022/23, sourced from the newly developed warehouse. This will be a partial dataset adopting appropriately configured SystmOne Units such as UCR. Further modules will come online as they are ready the year. Although there has been positive progress in some areas, SystmOne Simplicity is behind its overall schedule to deliver its key community related components by April 2022, therefore options have been identified to recover pace and schedule a new timeline across 2022/23. From an information reporting perspective datasets have been switched over and core reporting such as Patient Tracking Lists (PTL) are available. This information is also informing Operational Planning for 2022/23.

33n, an external analytical firm will be sharing their Mental Health cohorting tool in March for GHC feedback and iteration. It is hoped this will lead to the further development of a Trust wide trajectory modelling tool in the year ahead. This is currently being piloted within Eating Disorders but the tool will be scalable across MH services initially in 2022/23, and then ultimately PH.

Page 2 highlights high level progress against the recently established **Measuring What Matters** plan. The Performance Management Framework document was shared with Business Intelligence Management Group members in January and February 2022 and will be ratified in March 2022, for an intended publication in April 2022. An proxy indicator threshold agreement is still not complete, nor they initialisation of an NQT data quality audit schedule. This is due to operational priorities and the redeployment of key NQT leaders. The first of these has however been picked back up with an intended completion data in April 2022. There hasn't been an agreement with Commissioners on introducing physical health indicators within the KPI portfolio therefore this will proceed as is, with any introductions to be agreed in year. The scale of the work within SystmOne Simplicity programme is now causing some competition on Measuring What Matters activities and therefore the new 2022/23 Business Intelligence business plan will consider current capacity, and an associated review of the Measuring What Matters milestones will be required for April 2022.

Operational Recovery Overview *(page 3)*

Although the Recovery Programme has transitioned into a business as usual function as part of the Governance agenda, an Operational Recovery Overview has been reintroduced into the Performance Dashboard. This outlines Service recovery positions, changes and progress.

Performance Dashboard Summary *(from page 4)*

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

Where performance is not achieving the desired results, operational service leads are prioritising appropriately to address issues. Additionally, where appropriate, and in response to significant, ongoing and wide-reaching performance issues; an operational Performance Exception Action Plan (PEAP) which outlines appropriate risk, mitigation and actions will be monitored through BIMG. For example, specific updates have been provided by operational services across 2021/22 for areas with consistent performance challenges such as Children and Young People's Services (CYPS including CAMHS), Eating Disorder (ED) Services and Wheelchair Services. ED, Improving Access to Psychological Therapies (IAPT), Autism Spectrum Condition/ Attention Deficit Disorder (ASC/ ADHD) and Perinatal MH Services are being reviewed in February 2022. Where PEAPs are in place this is noted within the commentary.

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Measuring What Matters - Key Milestones

Theme	(Provisional) Milestone	Target date	Progress Tracker
Data Quality matters	Tableau subscriptions and alert functionality promoted across services	Dec-21	Complete
	NQT Data quality audit schedule for 2022/23 to be agreed	Jan-22	Stakeholder engagement outstanding due to capacity challenges. To be programmed into 2022/23
	SystmOne Simplicity project (to improve accuracy, consistency, and service quality) to be delivered	by Oct 2022	Potential delay into Q4
	Revised data quality reporting portfolio deployed within Tableau servers for physical health services	by Oct 2022	On target
Integration matters	Server migration to allow for reconfiguration and resolve licensing concerns	by Dec 2021	Complete
	Develop additional Board performance dashboard workforce indicators to include:		Complete
	o Deployment of monthly Vacancy Rate	by Sept 2021	Complete
	o Development of monthly (Cumulative) Annual Leave Consumption	by Oct 2021	Complete
	o Development of monthly Turnover/ Stability Rate	by Nov 2021	Complete
	Deploy first Datix Report(s) by April 2022	by April 2022	Potential delay into Q1
	Deliver Totara (Care to Learn) extraction by April 2022 & first report deployment by Oct 2022	by Oct 2022	On target
	Deliver Allocate (e-Rostering) extraction by April 2022 & first report deployment by Oct 2022	by Oct 2022	On target
Patients matter	Heads of Profession to liaise with Service leaders and wider stakeholders to develop the organisation's first plan for Value Based Healthcare in 2022/23	By Dec 2022	Stakeholder engagement required
	Deploy trial of first tranche of new outcome measures	by April 2023	On target
Culture matters	Decommissioning of regular Excel physical health reporting use	by July 2022	On target
Audience matters	Review Key Performance Indicator portfolio to inform 2022/23 contract schedule and operational/ strategic needs	by Jan 2022	Draft prepared and finalising. Expected April 2022
	Publish proposal to restructure the current performance dashboard to support various audience level perspectives	by April 2022	Potential delay into Q1 due to capacity challenges through SystmOne Simplicity. To be programmed into 2022/23
Format matters	Deliver immediate performance dashboard interrogation pilot for Resources Committee members	by Sept 2022	On target
Timeliness matters	Evaluate (almost) real-time transactional log shipping processing within all new system procurements and extensions, particularly when RiO and SystmOne contracts	by April 2023	On target
Analysis matters	Realising holistic business partnering across all corporate partners by January 2022	by Jan 2022	Complete
People matter	Through business partnering, Tableau user training and support will be offered from November 2021 to users from the BI service ahead of utilising the system and then ongoing whilst using it within their day-to-	from Nov 2021	Complete
	BI support guidance to support users will be made available through the intranet	from Oct 2021	Complete
	Learning & Development Service to inform Digital Competency timetable for 22/23	by April 2022	On target, draft received.
Governance matters	Cleanse proxy indicators	Oct Data (for Nov 2021 reporting)	Deferred by NQT due to capacity challenges. Recovering for April 2022.
	Publish Performance Management Framework	in Dec 2021	Final draft written and shared. Expecting ratification in March for publication in April 2022
	Remove superseded National and Local Performance Indicators	by April 2022	Potential delay into Q1 due to capacity challenges through SystmOne Simplicity. To be programmed into 2022/23
	Introduce ranked waiting times (over 52weeks) summary into the performance dashboard report – provisional outline	for March 2022 for April 2022 Resources Committee	Potential delay into Q2 due to SystmOne Simplicity delays
	Introducing new internal performance indicators into performance dashboard	by July 2022	On target

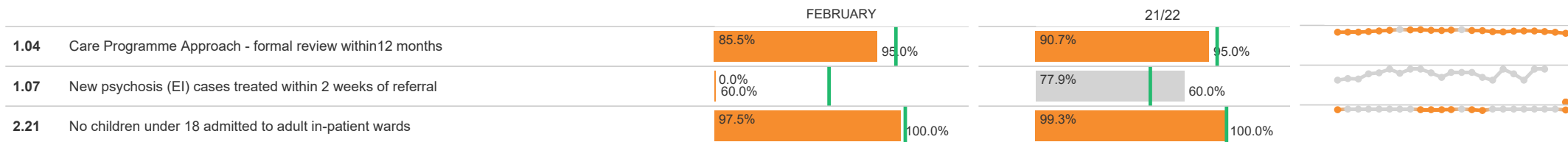# Operational Recovery Overview

February 2022

	Green	Amber	Red	Total
Adult Community Physical Health (ACPH)	11	5	5	21
Children & Young Persons Services (CYPS)	21	1	5	27
Mental Health & Learning Disabilities (MH&LD)	14	5	3	22
Urgent Care & Specialty Services (UCASS)	13	9	6	28
Hospitals	9	0	0	9
Totals	68	20	19	107

From this month exclusions (those without waiting lists) have been moved into RAG (Red, Amber, Green) ratings to reflect demand on services, workforce pressures and ongoing need to monitor and maintain/ obtain Key Performance Information (KPI) performance so that oversight and assurance of all services can be maintained.

Increasing risk levels are observed within Improving Access to Psychological Therapies (IAPT) and Diabetes Nursing. Decreasing risk levels are observed within Heart Failure, Cardiac Rehab and MacMillan services.

KPI Breakdown

Mental Health - National Requirements Gloucestershire

		FEBRUARY	21/22	
1.04	Care Programme Approach - formal review within 12 months	85.5% / 95.0%	90.7% / 95.0%	
1.07	New psychosis (EI) cases treated within 2 weeks of referral	0.0% 60.0%	77.9% / 60.0%	
2.21	No children under 18 admitted to adult in-patient wards	97.5% / 100.0%	99.3% / 100.0%	

Performance Thresholds not being achieved in Month - *Note all indicators have been in exception previously within the last twelve months. 1.07 has been in exception but only due to data recording issues which have since been corrected.*

1.04: CPA (Care Programme Approach) – Formal review within 12 months [Community MH Services]
Performance for February is 85.5% (140 cases) against a performance threshold of 95% and is below the lower SPC (Statistical Process Control) limit. Most of the cases are within the Recovery Service (75 cases).

Since the end of February, a further 15 overdue CPA reviews have been completed and the current average number of days between the due date and the end of February is 77 days and the median, 54 days.

Workforce challenges combined with higher demands are creating a balancing act between prioritising clinical demands, day to day documentation on RiO and staff morale. New staff are commencing over the coming months, and it is anticipated that the situation will improve from April 2022. From an assurance perspective, team managers are reviewing cases and clinical needs are being met outside of the CPA process so patient safety is not being compromised.

There is a DIP (Development Improvement Plan) for the Recovery Service in development.

The Mental Health Commissioner has acknowledged the updated guidance from NHSE/I regarding the proposed changes to the CPA metrics. As an interim measure we will continue to report on the 12-month CPA review as a safety net until revised metrics are developed through the Integrated Community Mental Health Transformation project.

1.07: New psychosis (EI: Early Intervention) cases treated within 2 weeks of referral [Community MH Services]
Performance for February is reported at 0% against a 60% threshold with 3 non-compliant cases recorded.

The service was unable to carry out assessments for 2 service users within the required 2 weeks as they were both in-patients, one was too unwell and the other in a unit with COVID restrictions in place. Assessments have now been completed.
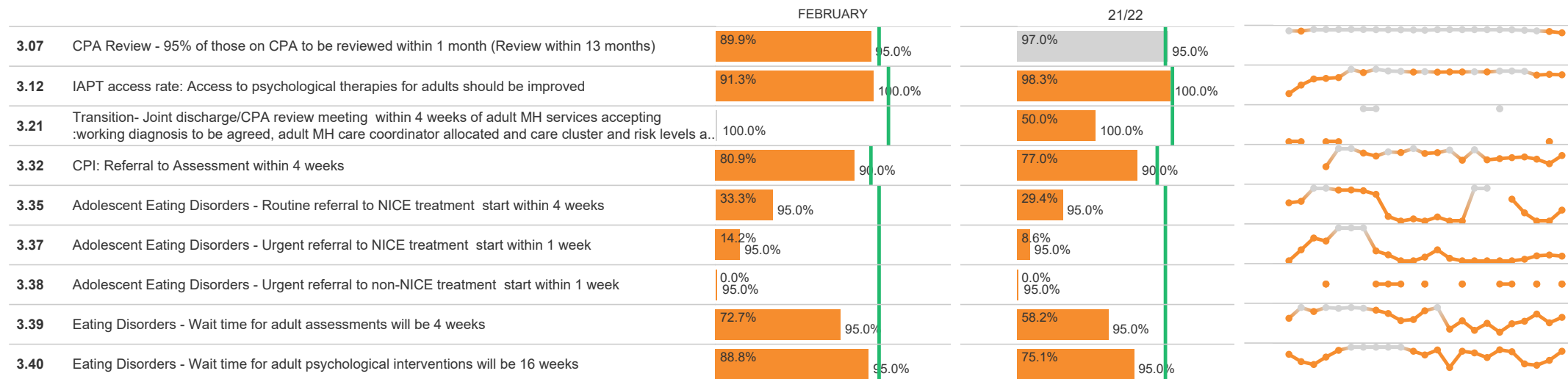
The remaining non-compliant case is due to erroneous recording and the service is working with the clinical systems team to update the clinical system. Once this has been carried out, performance for February will be reported at 33.3%.

2.21: No children under 18 admitted to adult in-patient wards [CYPS MH]
There was 1 admission of an under 18 to Wotton Lawn in February. This admission was for a high-risk young person placed in Gloucestershire. A suitable bed was sourced from the Southwest Provider Collaborative 2 days after admission.

KPI Breakdown

Mental Health & Learning Disabilty - Local Contract

		FEBRUARY		21/22	
3.07	CPA Review - 95% of those on CPA to be reviewed within 1 month (Review within 13 months)	89.9%	95.0%	97.0%	95.0%
3.12	IAPT access rate: Access to psychological therapies for adults should be improved	91.3%	100.0%	98.3%	100.0%
3.21	Transition- Joint discharge/CPA review meeting within 4 weeks of adult MH services accepting :working diagnosis to be agreed, adult MH care coordinator allocated and care cluster and risk levels a..	100.0%		50.0%	100.0%
3.32	CPI: Referral to Assessment within 4 weeks	80.9%	90.0%	77.0%	90.0%
3.35	Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks	33.3%	95.0%	29.4%	95.0%
3.37	Adolescent Eating Disorders - Urgent referral to NICE treatment start within 1 week	14.2%	95.0%	8.6%	95.0%
3.38	Adolescent Eating Disorders - Urgent referral to non-NICE treatment start within 1 week	0.0%	95.0%	0.0%	95.0%
3.39	Eating Disorders - Wait time for adult assessments will be 4 weeks	72.7%	95.0%	58.2%	95.0%
3.40	Eating Disorders - Wait time for adult psychological interventions will be 16 weeks	88.8%	95.0%	75.1%	95.0%

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

3.07: CPA (Care Programme Approach) – Formal review within 13 months [Community MH Services]
Performance for February is 89.9% against a performance threshold of 95% and is below the lower SPC (Statistical Process Control) limit. This indicator is a subset of 1.04 and of those non-compliant records there are 96 cases where the CPA review is not recorded as having taken place within 13 months. Of these, 52 are within the Recovery Service.

Workforce challenges combined with higher demands are creating a balancing act between prioritising clinical demands, day to day documentation on RiO and staff morale. New staff are commencing over the coming months, and it is anticipated that the situation will improve from April 2022. From an assurance perspective, team managers are reviewing cases and clinical needs are being met outside of the CPA process so patient safety is not being compromised.

There is a DIP (Development Improvement Plan) for the Recovery Service in development.

The Mental Health Commissioner has acknowledged the updated guidance from NHSE/I regarding the proposed changes to the CPA metrics. As an interim measure we will continue to report on the 12-month CPA review as a safety net until revised metrics are developed through the Integrated Community Mental Health Transformation project.

3.12: IAPT access rate: Access to psychological therapies for adults should be improved [Community MH Services]
During February, the individual access rate was 1047 against a target of 1146.

Nationally and across the southwest rates are lower than expected and it is believed that this is related to the reduced access to Primary Care South West commissioners, NHS England and NHS Improvement have stated that they are satisfied with a drop in access rates if IAPT services can look to reduce their waiting lists and are happy to look at a revised trajectory. Consequently, the service is completing a DIP (Development Improvement Plan) in relation to this.

Staffing levels remain a significant risk due to high attrition rates. There is competition from other NHS providers and private agency providers with some providers negating the need for face-to-face therapy which allows staff to work remotely from anywhere in the county. The service note that a model of fully remote working can affect staff wellbeing as well as patient recovery rates and clinical governance and offer a blended approach to remote working.
The service has a recruitment plan to increase the number of staff needed, however it will take time for the impact of this to be seen. The service are expecting staffing numbers to reach levels that

enable them to achieve higher access rates by November 2022.

A series of access trajectory options have now been modelled which factor in current and projected staffing levels and give a projection of the changes in the waiting list size. Discussions are to be held in March as to which model will be taken forward.

3.21: CAMHS Transition to Recovery Service within 4 weeks [CYPS MH]
<u>Note on January performance</u>
January performance was reported at 0% against a performance threshold of 100% due to 1 non-compliant case. The service provided assurance in February that the young person had been transitioned in line with policy and that non-data compliance was due to a data quality issue which would be resolved.

An update has been received from the service in March that the young person was transitioned within the timeframes for the care plan meetings, but there is no evidence that the risk review was completed. The policy and flowchart have been sent out as a reminder of the process to be followed. The service has provided reassurance that this did not impact upon the care of the client and a risk assessment has now recorded correctly.

3.32: CPI (Complex Psychological Intervention): Referral to assessment within 4 weeks [Community MH Services]
February performance is reported at 80.9% against a performance threshold of 90% and is below the SPC (Statistical Process Control) lower limit. There were 8 non-compliant cases in February, of which 7 are in the West and 1 in the North.

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

3.35: Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks [Community MH Services]
February performance is reported at 33.3% against a performance threshold of 95%. There were 2 non-compliant cases in February. Current predictions estimate a stable waiting list recovery for under 18s accessing routine treatment within 4 weeks by October 2023.

3.37: Adolescent Eating Disorders: Urgent referral to NICE treatment within 1 week [Community MH Services]
February performance is reported at 14.2% against a performance threshold of 95%. There were 12 non-compliant cases in February. An urgent treatment trajectory forecast for adolescents has been revisited with updated assumptions. This predicts a waiting list recovery of 95% for under 18s accessing urgent treatment within 1 week by October 2022; a revision from the previous model which indicated April 2022. Capacity remains a challenge and due to lack of treatment slots, it is highly likely that the next forecast model will show a further delay in recovery of this KPI.

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

3.39: Adult Eating Disorders: Referral to Assessment within 4 weeks [Community MH Services]
February performance is reported at 72.7% against a 95% performance threshold. There were 6 non-compliant cases reported in February.

3.40: Adult Eating Disorders: Assessment to Treatment within 16 weeks [Community MH Services]
February performance is reported at 88.8% against a 95% performance threshold. There was 1 non-compliant case reported in February.

Note on 3.35 & 3.37 to 3.40 – Eating Disorders waiting times
The service is developing a role to work alongside system wide partners to establish a VCS (voluntary care sector) offer moving forwards. They have also successfully recruited 2 Band 7 Clinicians/Nurse prescribers of which one is now in post and the other will be starting in April. Establishment and skill mix have been reviewed to increase recruitment into hard to fill posts. The team are also advertising registered professional roles at band 7, band 6 and band 5, whilst exploring a further 3 CAP (Clinical Associate Psychologist) training places starting in September 2022. The service will also host 2 "return to practice" nurses, starting in May and it is anticipated that they will then join the team fully in October 2022.

Capacity mapping for the service has indicated that the team is significantly under established to meet business as usual demands. This has been discussed and highlighted with commissioners and further investment has been secured as part of the CMHT submission and baseline investment for 2022/23.
The current wait profile for the service at the end of February indicates that 91% (597) of all patients waiting for assessment, are waiting over 4 weeks, and waiting times will continue to increase until team establishment is increased or a new model of working embedded and the service able to see routine referrals.

Demand remains high overall with a surge in urgent referrals. For adults, the number of urgent referrals April 2021 to February 2022 (197) has increased since the same pre-pandemic period in 2019/20 (54) by 265%. For under 18s, the growth has been significantly greater: 285 in 2021/22 compared to 43 in 2019/20, an increase of 563%.
The main impact of this referral increase in young people appears to be the detrimental effect that the pandemic, lockdown and school closures have had on Children and Young Peoples' wellbeing and mental health. This is validated by the replication in demand across other teams treating CYP.

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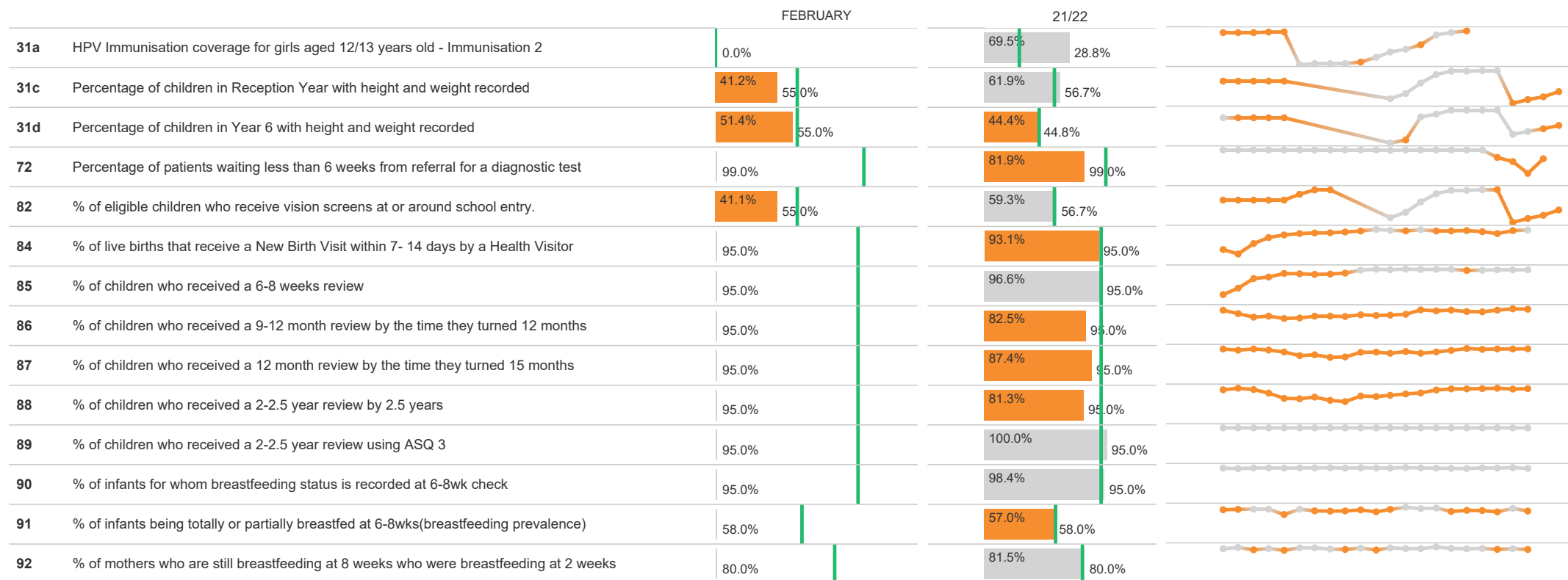
bringing the urgent RTT back in line.

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

The service has met with Commissioners and BEAT (an Eating Disorders Charity) to review further support options for those waiting for treatment. The CCG have indicated there is funding available for this and it is hoped to operationalise some of these offers over the coming months.
This set of indicators has a service DIP (Development Improvement Plan) and is on the Performance Governance Tracker.

KPI Breakdown

Physical Health - National Requirements

		FEBRUARY		21/22	
31a	HPV Immunisation coverage for girls aged 12/13 years old - Immunisation 2	0.0%		69.5%	28.8%
31c	Percentage of children in Reception Year with height and weight recorded	41.2%	55.0%	61.9%	56.7%
31d	Percentage of children in Year 6 with height and weight recorded	51.4%	55.0%	44.4%	44.8%
72	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	99.0%		81.9%	99.0%
82	% of eligible children who receive vision screens at or around school entry.	41.1%	55.0%	59.3%	56.7%
84	% of live births that receive a New Birth Visit within 7- 14 days by a Health Visitor	95.0%		93.1%	95.0%
85	% of children who received a 6-8 weeks review	95.0%		96.6%	95.0%
86	% of children who received a 9-12 month review by the time they turned 12 months	95.0%		82.5%	95.0%
87	% of children who received a 12 month review by the time they turned 15 months	95.0%		87.4%	95.0%
88	% of children who received a 2-2.5 year review by 2.5 years	95.0%		81.3%	95.0%
89	% of children who received a 2-2.5 year review using ASQ 3	95.0%		100.0%	95.0%
90	% of infants for whom breastfeeding status is recorded at 6-8wk check	95.0%		98.4%	95.0%
91	% of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)	58.0%		57.0%	58.0%
92	% of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks	80.0%		81.5%	80.0%

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

31a: HPV Immunisation coverage for girls aged 12/13 years old - Immunisation 1
18.9% of the estimated cohort of children eligible for HPV 1st dose in the 2021/22 academic year have been immunised compared to February target of 20.0%. This is cumulative performance up to the end of February 2022. Overall national target is 90%. The HPV delivery has been delayed due to the requirement to prioritise covid 12- 15 vaccinations. All schools have scheduled visited prior to the end of the academic year and the trajectory has been reviewed to reflect this.

31c. Percentage of children in Reception Year with height and weight recorded [Children and Young People Service]
In February, 41.0% of the estimated cohort of reception year children were measured against the February monthly trajectory target of 55%.

31d. Percentage of children in Year 6 with height and weight recorded [Children and Young People Service]
In February, 51.0% of the estimated cohort of reception year children were measured against the February monthly trajectory target of 55%.

Additional Commentary for 31c & d
The programme resumed in November for the 2021/22 academic year. Current performance is based on updated school census data from Gloucestershire County Council (GCC). The cohort may vary

during the remainder of the academic year as we receive updated data from GCC.

The numbers of absences in schools have been especially high this year meaning there are less children available to measure and screen. The team will be booking return visits to hopefully measure these children later in the year. In addition to this, staff have been supporting School Aged Immunisations during February and will continue to do so throughout March causing disruption to service. Despite this disruption the team have managed to increase coverage by 14% (Reception) and 10% (Year 6) during the 3 weeks that schools were open in February.

72: Percentage of patients waiting less than 6 weeks from referral for a diagnostic test [Urgent care]
97.6% of patients waiting for a diagnostic test (Echocardiogram) in February compared to a 99% threshold had waited less than 6 weeks from referral. 6 out of 246 patients had waited 6 weeks or more. This information was provided to GHC by GHNHSFT who submit the data.

There have been conversations with NHSE/ I and there is an agreement that as the supplier of the activity, GHNHSFT will continue to submit this data Nationally and there will be no expectation for GHC to collect or submit this data locally. From April, this data will be supplied by GHNHSFT to GHC and negotiations are underway to obtain this intelligence for our performance monitoring. GHNHSFT have agreed to provide the priority echo pathway for urgent referrals (within the 2 weeks' timeframe), with the hope of clearing the backlog of all referrals by the end of May 2022 and routine referrals by August 2022. GHC are now seeing more echos being done as part of GHNHSFT recovery plan. However, there are currently 27 patients on the priority Waiting List, 268 patients on the routine Waiting List.The booking office at GHNHSFT have capacity issues but 3 additional have been trained and confirmed in February 2022.

82. % of eligible children who receive vision screens at or around school entry. [Children and Young People Service]
In February, 41.2% of the estimated cohort of reception year children received a vision screen, compared to the February monthly trajectory target of 55.0%. The programme is delivered alongside the NCMP (see narrative within KPI 31c).

84. % of live births that receive a face-to-face New Birth Visit within 7- 14 days by a Health Visitor [Children and Young People Service]
Service data is temporarily unavailable for this indicator. Further narrative is provided below.

85. % of children who received a 6–8-week review [Children and Young People Service]
Service data is temporarily unavailable for this indicator. Further narrative is provided below.

86: Percentage of children who received a 9–12-month review by the time they turned 12 months. [Children and Young People Service]
Service data is temporarily unavailable for this indicator. Further narrative is provided below.

87: Percentage of children who received a 12-month review by the time they turned 15 months. [Children and Young People Service]
Service data is temporarily unavailable for this indicator. Further narrative is provided below.

88: Percentage of children who received a 2-2.5-year review by 2.5 years [Children and Young People Service]
Service data is temporarily unavailable for this indicator. Further narrative is provided below.

89. % of children who received a 2-2.5-year review using ASQ 3 [Children and Young People Service]
Service data is temporarily unavailable for this indicator. Further narrative is provided below.

90. % of infants for whom breastfeeding status is recorded at 6-8wk check [Children and Young People Service]
Service data is temporarily unavailable for this indicator. Further narrative is provided below.

91: Percentage of infants being totally or partially breastfed at 6-8wks (breastfeeding prevalence) [Children and Young People Service]
Service data is temporarily unavailable for this indicator. Further narrative is provided below.

92: Percentage of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks. [Children and Young People Service]
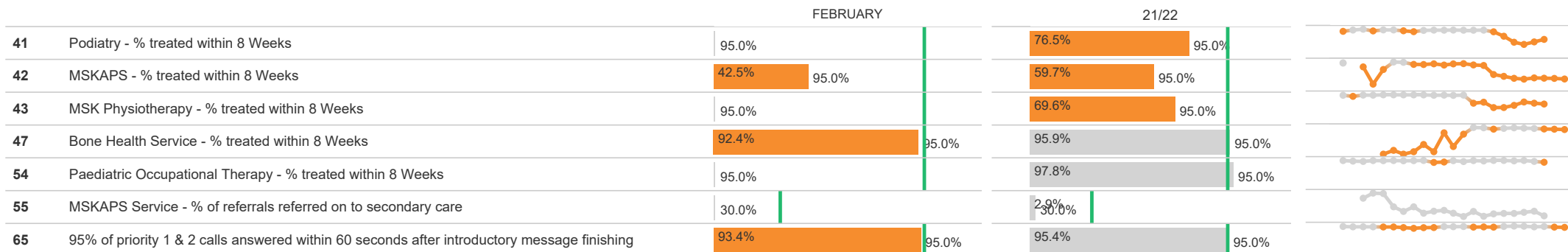*Service data is temporarily unavailable for this indicator. Further narrative is provided below.*

Additional Commentary for 84, 85, 86, 87, 88, 89, 90, 91 & 92
Due to the reconfiguration of the clinical system; SystmOne (in line with the SystmOne Simplicity Programme), services are currently adopting new recording processes to ensure that their activity can be accurately reflected. It is anticipated that in the next reporting period there will be sufficient data to validate their new processes and inform a meaningful performance position. The accurate presentation of these indicators will be reliant on the services adopting the new recording processes in a timely manner.

KPI Breakdown

Physical Health - Local Requirements

		FEBRUARY	21/22	
41	Podiatry - % treated within 8 Weeks	95.0%	76.5% 95.0%	
42	MSKAPS - % treated within 8 Weeks	42.5% 95.0%	59.7% 95.0%	
43	MSK Physiotherapy - % treated within 8 Weeks	95.0%	69.6% 95.0%	
47	Bone Health Service - % treated within 8 Weeks	92.4% 95.0%	95.9% 95.0%	
54	Paediatric Occupational Therapy - % treated within 8 Weeks	95.0%	97.8% 95.0%	
55	MSKAPS Service - % of referrals referred on to secondary care	30.0%	2.9% 30.0%	
65	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	93.4% 95.0%	95.4% 95.0%	

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

41. Podiatry - % treated within 8 Weeks [Adult Community Services]
Service data is temporarily unavailable for this indicator. Due to the reconfiguration of the clinical system; SystmOne (in line with the SystmOne Simplicity Programme), services are currently adopting new recording processes to ensure that their activity can be accurately reflected. It is anticipated that in the next reporting period there will be sufficient data to validate their new processes and inform a meaningful performance position. The accurate presentation of these indicators will be reliant on the services adopting the new recording processes in a timely manner.

42. MSKAPS - % treated within 8 Weeks [Adult Community Services]
February performance was 42.5% compared to a threshold of 95%. 173 out of 301 patients seen in February were seen outside the 8-week target timeframe of referral to first contact. This is below SPC lower control limit based on 2018/19 and 2019/20 data.

Waits are currently at 19 weeks. Continued impact of Covid absence, further isolation, secondment and outstanding end of year Annual leave means capacity remains a challenge. Recruitment to development post 1 has been positive and staff member has had independent sign off as of Feb 28th. Development post 2 has started, anticipated independently working in August. Seconded post due to return in July 2022.This will see capacity increase. Staff have also taken on additional Clinics through latter part of January and February in attempt to address waits. The Business Intelligence team is currently validating new data structures to align to a new operating model which will capture valid clinical telephone contacts within the referral to treatment (RTT) pathway. All patients continue to have the choice to wait to book their appointment via the electronic referral service (eRS) which is outside of the control of the service. This slot issue waiting list remains the highest as there is only availability to book as ledgers poll 6 weeks ahead. A reminder is sent by the service, around 3 weeks after the initial communication to increase timely bookings but this remains an issue with waiting time compliance.
Currently BI are unable to refresh the 'MSKAPS Activity Template' as it has been produced using data that has not been captured and reported in line with the SystmOne Simplicity process. This means we are not clear on number of Referrals into Specialist Triage which is a second function of the MSKAP Team and uses some of their capacity.
Progress is being made through SystmOne Simplicity to review these figures to ensure all clinically meaningful 1st contacts are reflected in the RTT calculation which is not currently the case. This could be impacting indicator compliance.

43. MSK Physiotherapy - % treated within 8 Weeks [Adult Community Services]
Service data is temporarily unavailable for this indicator. Due to the reconfiguration of the clinical system; SystmOne (in line with the SystmOne Simplicity Programme), services are currently adopting new recording processes to ensure that their activity can be accurately reflected. It is anticipated that in the next reporting period there will be sufficient data to validate their new processes and inform a meaningful performance position. The accurate presentation of these indicators will be reliant on the services adopting the new recording processes in a timely manner.

47. Bone Health Service - % treated within 8 Weeks [Urgent Care – Specialist Services]
February performance was 92.4% compared to a threshold of 95%. 7 out of 93 patients seen in January were seen outside of the 8 weeks target timeframe of referral to first contact. This is below SPC chart control limits based on 2018/19 and 2019/20 data. Performance was consistently compliant between Aug – Nov 2021.

Progress is being made through SystmOne Simplicity to review the RTT pathway and ensure all clinically meaningful 1st contacts are reflected in the RTT calculation. Delays are due to patients booking their appointments much later. Currently, with the ability to use varying platforms, patients are referred into the service and sent an offer to attend an appointment. The onus is on the patient to call in to

book an appointment. They are then moved from waiting to pending list. After four weeks they are sent a further letter reiterating the offer of an appointment and if no contact, patient is discharged after a further two weeks. When they do call in and request an appointment, they are sometimes 6 weeks from referral already, therefore unlikely to be seen within 8 weeks.

54. Paediatric Occupational Therapy - % treated within 8 weeks
Service data is temporarily unavailable for this indicator. Due to the reconfiguration of the clinical system; SystmOne (in line with the SystmOne Simplicity Programme), services are currently adopting new recording processes to ensure that their activity can be accurately reflected. It is anticipated that in the next reporting period there will be sufficient data to validate their new processes and inform a meaningful performance position. The accurate presentation of these indicators will be reliant on the services adopting the new recording processes in a timely manner.

55. MSKAPS Service - % of referrals referred on to secondary care
Service data is currently unavailable for this indicator due to the configuration and process changes within the SystmOne Simplicity programme. The value of this indicator is being reviewed for the 2022/23 financial year, before a decision is made regarding the development of any new monitoring methodology.

65. 95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing
54 out of 826 priority 1 and 2 calls were abandoned in February (93.5%) compared to a threshold of 95%. This is the second time this KPI has been non-compliant since July 2021 and the first time it has been non-compliant and outside SCP limits based on 2018/19 and 2019/20 data since January 2021.

SPCA had one member of staff off sick in February and SPCA is not up to full establishment at present due to staffing vacancies. These posts are being recruited to.

KPI Breakdown

Trust Wide Requirements
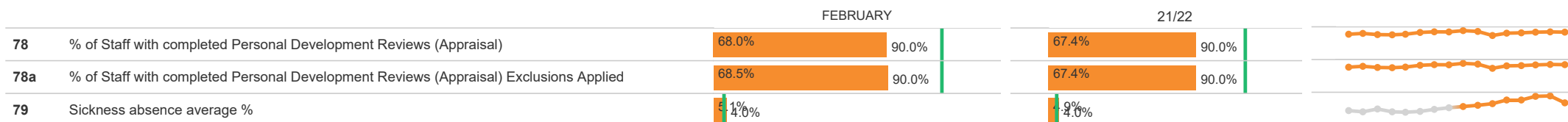
		FEBRUARY		21/22		
78	% of Staff with completed Personal Development Reviews (Appraisal)	68.0%	90.0%	67.4%	90.0%	
78a	% of Staff with completed Personal Development Reviews (Appraisal) Exclusions Applied	68.5%	90.0%	67.4%	90.0%	
79	Sickness absence average %	5.1% / 4.0%		4.9% / 4.0%		

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

78: % of Staff with completed Personal Development Reviews (Appraisal) - [Workforce]
Performance in February was 68.0% compared to a threshold of 90%. This is at the lower threshold for SPC chart normal variation based on 2018/19 and 2019/20 data. February performance is a slight decrease from January which was at 68.6%. The appraisal performance figure includes Bank Staff.

Excluding Bank staff, Trust compliance figure is 76% (with exclusions applied). Work is ongoing to reach the Trust's 90% target.

78a: % of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only. [Workforce]
Performance in February was 68.5% compared to a threshold of 90%. This is below SPC chart normal variation based on 2018/19 and 2019/20 data. The appraisal performance figure includes Bank Staff but looks at active assignments only.

Excluding Bank staff, Trust compliance figure is 76% (with exclusions applied). Work is ongoing to reach the Trust's 90% target.

Additional Commentary for 78 and 78a
This figure is for permanent and fixed term staff, with relevant exclusions applied. The figure including Bank Staff remains at 68% compared to last month. Work is ongoing to try and support the delivery of the Trust's 90% target. Ongoing current service pressures may account for the fact that the overall figures remain lower than the Trust target of 90%.

Of the 7 Directorate areas, HR and Operations continue to have the highest recorded completion levels at 79% and 77% respectively. The Medical Directorate figure has reduced over recent months to 71% whilst the Finance Directorate figure has increased slightly from 69% last month to 74%. The figures for the Nursing and Quality Directorate and the Executive Directorate remains static comparted to last month, at 59% and 64% respectively. The Strategy and Partnerships Directorate has increased from 52% to 59%.

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

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

79: Sickness absence average % rolling rate - 12 months
Sickness absence rate in February 2022 was 4.9% compared to 6.7% in January 2022. The figure indicates in-month sickness absence, excluding Bank Staff, which has been on an increasing trajectory from April 2021 to January 2022. Threshold is 4%.Performance is above SPC chart control limits based on 2018/19 and 2019/20 data.
February 2022 performance of 4.9% does not include data from the e-rostering system (Allocate) because it is not available at the time of reporting. However, fill data (incorporating Allocate) from January 2022 compared with December 2021 suggests:

Operations Directorate sickness absence was 7.3% in January.
The sub-directorates within Operations where sickness absence has decreased in January are Adult Community MH & LD (6.9% from 7.2%) and CYPS (5.9% from 6.3%). Adult Community Services

PH (7.0%), Hospitals (8.7%) and Urgent Care & Speciality Services (6.9%) have continued an upward trend of sickness absence over the last 10 months

Nursing, Therapy & Quality Directorate sickness absence was 3.3% in January as a Directorate. However, within the Quality Assurance sub directorate, sickness absence has increased to 14.2% in January.

Finance Directorate sickness absence in January was 6.1%. Estates and Facilities sub-directorate decreased to 7.9% in January compared to 8.9% in December. Estates & Facilities has the highest sickness absence rate within the Finance directorate during this period.

Working Well alongside the HR Managers assigned to the service areas are continuing to support line managers on all aspects of the operation of the Supporting Attendance Policy, helping to maintain consistency in its application. The Workforce tableau report enables HR Managers to understand the services with higher sickness absence levels to be able to provide additional support focused in those areas.

Gloucestershire Health and Care
NHS Foundation Trust

REPORT TO: **TRUST BOARD PUBLIC SESSION – 31 March 2022**

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

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

SUBJECT: **QUALITY DASHBOARD REPORT– FEBRUARY 2022 DATA**

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

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

The purpose of this report is to

To provide the Trust Board with a summary assurance update on progress and achievement of quality priorities and indicators across Trust Physical Health, Mental Health and Learning Disability services.

Recommendations and decisions required
Trust Board are asked to:

- **Receive, note** and **discuss** the February 2022 Quality Dashboard

Executive summary
This report provides an overview of the Trust's quality activities for February 2022. This report is produced monthly for Board, Quality Committee and Operational Delivery and Governance Forums for assurance.

Quality issues for priority development

- Challenges continue in Eating Disorder services and their recovery. This work is reported monthly via Quality Dashboard and discussed at the Quality Assurance Group.
- Continued focus is required in relation to CPA compliance. A further reduction in compliance is reported this month due to significant workforce challenges.
- Recruitment and retention within key service critical areas remains a significant challenge. Health Care Support Worker vacancies are higher than national expectations. Enhanced NTQ support is being provided to colleagues within workforce, recognising that consistent staffing is a well-established marker of quality care.

- NTQ are developing metrics for assuring safety, experience and outcomes in key areas of service pressure through staffing challenges or demand. This is being developed in the first instance for Charlton Lane Hospital. ICT's and Eating Disorder services will follow.

Quality issues showing positive improvement

- The Non-Executive Director (NED) Quality Visits undertaken demonstrate that despite the significant work pressures throughout the Trust, consistent examples of respectful, kind and compassionate care were observed.
- Reduction of complaints for the second consecutive month
- The rate of percentage of respondents who indicate a positive experience of our services has been maintained at 95% (target rate) or above, for the fourth consecutive month.
- 0 post 48-hour Clostridium Difficile (C. Diff) cases recorded in February.
- Wheelchair service target is showing sustained improvement
- Mandatory training has reached 94% which is above the organisational target of 90% for the second consecutive month this year.

Are Our Services Caring?
Good assurance is available that demonstrates our colleagues continue to deliver kind and compassionate care despite significant workforce challenges and increased demand. The number of new complaints received in February has reduced to 6 in month which is the second lowest number recorded this year. There are now 0 open complaints exceeding 12 months. In February the number of complaints which were acknowledged within the 3-day target timeframe returned to 100% and the achievement against the 95% target FFT was maintained for the fourth successive month in year. It is pleasing to note that PCET continues to recover the backlog working to achieve zero complaints being open in excess of 6 months; noting that the team were redeployed for a period of 6 weeks to support the Trusts response to Omicron. The number of open complaints in February was 73; at time of writing this report the total is 57. Inclusion of the Q3 Non-Executive Directors audit of complaints provides assurance that overall, the Trust is investigating and responding to complaints appropriately. This month's dashboard provides a summary of the Non-Executive Directors Quality Visits which took place prior to the workstream having to be paused due to the Covid surge.

Are Our Services Safe?
Skin Integrity, Restrictive Interventions, Self–harm and Falls remain the most frequently reported categories of incident. A slight reduction is noted in February noting that a number of incident review meetings are planned for the month of April due to omicron disruption. Activity and trends continue to be closely monitored by Quality Assurance Group with an additional focus at February Quality Committee. Sadly, there were 3 Covid -19 deaths reported and an increase in nosocomial infection rates due to Omicron variants and high rates of community transmission. 4 serious incidents in mental health were declared in February with decision making on 5 further incidents that occurred in February being declared or reported on in March (due to timing of meetings). Significant focus was paid to the staff vaccination programme and as of 10/03/22 we are pleased to report that 95% of patient facing

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GHC staff have received their first dose and 89% received their second. Supporting data gives good assurance that 87% of ethnic minority colleagues have received their first dose and 81% have received their second. 59% of GHC colleagues have received their seasonal flu vaccination with the average figure for the South West being 55%.

Are Our Services Effective?

Collaboration with operational colleagues to design quality metrics for a cohort of our smaller services continues but has continued to be disrupted by colleagues prioritising the Trusts response to the omicron surge. Future metrics will be representative of; Friends and Family Test, Patient and Carer Experience, recognised safety metrics and Workforce. The planned SystmOne development project means that Paediatric Therapies, Health Visiting and Podiatry metrics are unable to be reported this month. GHC continues to maintain its vital role in system-wide patient flow/admission avoidance across all of our services offering a dynamic response to system need including GHC colleagues providing in- reach support to the Emergency Department at GHNHSFT and Frailty Unit. Good assurance is available and detailed within this month's dashboard in relation to the Trust 2021/22 quality priorities (Q3) which are on target and progressing well. NTQ is currently developing the 2022/23 quality priorities, inclusive of nationally reintroduced CQUINs, that are being aligned to Trustwide business planning and cost improvement programmes to enable a more integrated approach to aid service recovery and improve patient care

Are Our Services Responsive?

Waiting times and access targets in services continue to be challenged. Recovery of Trust services impacted by Covid -19 disruption continues with monthly reporting and assurance provided through Operational Governance and QAG; service specific improvement plans are developed where required. CPA compliance has reduced further this month compared to the previous month's figure due to ongoing workforce pressures. Attention continues to focus on eating disorder services due to significant wait list challenges, we are reporting improvement in specific KPIs for this service but recovery work is ongoing. The impact of Covid school disruption on children's services is also descried in the dashboard.

Are Our Services Well – Led

Statutory and mandatory training compliance rates have increased to 94.2% resulting in the organisational target of 90% being exceeded for the second consecutive month this year. Sickness absence levels have risen above the 4% target to 6.6%, which is a slight decline on last month's figure of 6.8%. Appraisals remain under target, it is anticipated that levels will improve as winter pressures ease. Staff health and wellbeing remains a significant priority across the Trust with the newly launched Wellbeing Line utilised as anticipated. NTQ support with International Nurse recruitment is maintained, 31 colleagues are in post and a further 10 have been offered posts. Safe staffing for inpatient areas is reported, noting staffing challenges due to Covid, despite these challenges' services have worked well to maintain staffing levels and support patient safety. Additional data is supplied on challenges with the NHSE healthcare support worker vacancy reduction

target and this month we provide a summary report in relation to "Guardians of Safe Working" with 1 exception being reported. Nursing colleagues have recently led an initiative specifically designed for new recruits to the NHS as band 2 Health Care Support Workers. Additional information is presented this month that reflects quality development & improvement to services led by colleagues within Quality Improvement (QI), from April the dashboard will include a regular QI activity and progress report.

Risks associated with meeting the Trust's values

Specific initiatives or targets that are not being achieved are highlighted in the Dashboard.

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

Where has this issue been discussed before?
- Quality Assurance Group
- Updates to the Trust Executive Committee
- Bi-monthly reports to Quality Committee.

Appendices:	Quality Dashboard Report

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

Quality Dashboard 2021/22

Physical Health, Mental Health and Learning Disability Services

Data covering February 2022

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

Are our services CARING?
The number of new complaints received in February has reduced to 6 in month which is the second lowest number recorded this year. There are 0 open complaints exceeding 12 months, open cases continue to be prioritised in terms of response. In February the number of complaints which were acknowledged within the 3-day target timeframe returned to 100% and the achievement against the 95% target FFT was maintained for the fourth successive month in year. The number of compliments received has increased to 137 in month which is higher than last month however numbers could be negatively impacted by staff pressures not allowing time to record. The PCET team continues to recover the backlog working to achieve zero complaints being open in excess of 6 months, noting that the team was impacted by Covid disruption as PCET colleagues supporting service delivery caused the team to narrowly miss the their zero 6 months plus waiters target. The number of open complaints in February was 73 At time of writing this report the total is 57. Included is a summary of the Non Executive Directors audit of complaints which concluded that "The Q3 2021/22 audit provides assurance that overall, the Trust is investigating and responding to complaints appropriately". Information is also included in relation to the Non Executive Directors Quality Visits which took place prior to the workstream having to be paused due to the winter Covid surge. Observations were generally positive, 8 recommendations made were in relation mainly to staffing challenges and sharing of information, the full report is included at Appendix 1.

Are our services SAFE?
The number of patient safety incidents reported decreased from 1087 in January 2022 to 1051 in February 2022, with skin Integrity, restrictive Interventions, self–harm and falls being the most frequently reported categories of incident. Incidents remain within previous reported ranges, activity and trends continue to be closely monitored by the Quality Assurance Group. 4 Mental Health serious incidents were declared in February 2022, with decision making on 5 further incidents that occurred in February being declared or reported on in March (due to timing of review meetings); and one SIRI being added to a CAMHS case opened previously in year. The percentage of patient safety incidents resulting in moderate or severe harm and death decreased from January (7.91%) to February (6.66%). In February there were 3 Covid -19 deaths reported and an increase in nosocomial infection rates due to Omicron variants and high rates of community infection. Significant focus and attention has been paid to the staff vaccination programme and as of 10/03/22 95% of patient facing GHC staff have received their first dose and 89% received their second. Supporting data gives good assurance that 87% of ethnic minority colleagues have received their first dose and 81% have received their second. 58% of GHC colleagues have received their seasonal flu vaccination with the average figure for the South West being 55%. The mass vaccination team continue to deliver outreach sessions in communities with low uptake of vaccination. 59 bespoke pop up sessions have been completed with 945 people vaccinated. This term's school based sessions for 1st and 2nd doses is underway and being led by the School Aged Immunisation (SAI) team. Between 24th January and 15th March 2022, 53 (75%) of schools have been visited and 827 CYP have received their first dose and 2943 CYP have received their second dose. We are in the process of designing the templates to bring the Trust safeguarding report metrics into the quality dashboard for future reports and will have this in place for next months report.

Are our services EFFECTIVE?
Collaboration with operational colleagues to design quality metrics for a cohort of our smaller services continues but has continued to be disrupted by colleagues prioritising the Trusts response to the winter Covid surge. Future metrics will be representative of; Friends and Family Test, Patient and Carer Experience, Workforce and Access to services alongside patient safety data . The occupied bed days for "inappropriate" out of area Mental Health placements in February shows 43 days which relates to 3 individual patient placements . Vacancies and Covid related absences continue to have an impact on service delivery. This month we are again unable to report upon Paediatric Therapies, Health Visiting or Podiatry metrics due to the planned Systm One development project. GHC continues to maintain its vital role in system-wide patient flow/admission avoidance across all of our services offering a dynamic response to system need including GHC colleagues providing in- reach support to the Emergency Department at GHNHSFT. This months dashboard contains a summary report detailing the Trust 2021/22 quality priorities (Q3) which are on target and are progressing well with H1 targets achieved where applicable, these will report again fully at the end of H2 (Q4). NTQ is currently developing the 2022/23 quality priorities, inclusive of nationally reintroduced CQUINs, that are being aligned to Trustwide business planning and cost improvement programmes to enable a more integrated approach to aid service recovery and improve patient care.

Are our services RESPONSIVE?
Waiting times and access targets in services continue to be challenging. The Dilke MIIU remains closed and Stroud MiiU is open to booked appointments, due to planned refurbishment which now has a revised completion date of May 2022. Tewkesbury MIIU is temporarily closed. The unit has been repurposed to provide the counties treatment unit for Neutralising Monoclonal Antibodies (nMABs). nMABs is a new treatment for patients who are Covid positive and are at highest risk of getting seriously ill, made available in the UK since 16 December. Recovery of Trust services impacted by Covid -19 disruption continues with monthly reporting and assurance provided through Operational Governance and QAG, service specific improvement plans are developed where required. CPA compliance has reduced this month compared to the previous month's figure to 85.5% and this is due to workforce pressures which continue with the majority of outstanding cases being within recovery. Attention continues to focus on eating disorder services due to significant wait list challenges, we are reporting improvement in specific KPI's for this service but recovery work is ongoing. The impact of Covid school disruption on children's related activity targets is also descried in the dashboard. Pressure on wait times and capacity is also significant in children's mental health noting that all Trust services are experiencing high demand and workforce disruption.

Are our services WELL LED?
Statutory and mandatory training compliance rates have increased to 94.2%, the organisational target of 90% has been exceeded for the second consecutive month. Sickness absence levels have risen above the 4% target to 6.6%, a slight decline on last months figure of 6.8%. Appraisals remain under target. It is anticipated that levels will improve marginally as winter pressures ease however recovery could be adversely affected by any rise in more transmissible Covid – 19 variants, noting high rates of community infection present in Gloucestershire at time of writing. Staff health and wellbeing remains a significant priority and in February the Wellbeing Line continued to focus on marketing, communications and maximising social media presence. International Nurse recruitment continues with 31 colleagues in post and a further 10 offered posts. Safe staffing for inpatient areas is reported, noting staffing challenges due to Covid, despite these challenges services have worked well to maintain staffing levels and support patient safety. Additional data is supplied on challenges with the NHSE healthcare support worker vacancy reduction target and this month we provide a summary report in relation to "Guardians of Safe Working" with 1 exception being reported . Nursing colleagues have recently led an initiative to recruit band 2 care workers as an introductory role to NHS careers. We have introduced a slide to spotlight quality development & improvement to services. We are developing the slide deck from April 2022 to include a regular Quality Improvement team activity and progress report .

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

	Reporting Level	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	R A	Exception Report?
No of C-19 Inpatient Deaths reported to CPNS	N-R	66	0	0	0	0	0	0	0	0	0	0	2		2		
Total number of deaths reported as C-19 related.	L-R	161	0	0	0	0	0	0	0	1	0	0	3		4		
No of Patients discharged from hospital post C-19 PH	N-R	271	9	0	1	2	1	2	2	4	4	8	15		48		
No of Patients discharged from hospital post C-19 MH	N-R	28	1	0	0	1	1	0	2	1	3	2	5		16		
Community onset (positive specimen <2 days after admission to the Trust)	N-R	30	0	0	2	3	1	0	0	1	2	6	4		18		
Hospital onset (nosocomial) indeterminate healthcare associated -HOIHA (Positive specimen date 3-7 days after admission to the Trust)	N-R	6	0	0	0	0	0	0	0	0	2	7	6		15		
Hospital onset (nosocomial) probable healthcare associated -HOPHA (Positive specimen 8-14 days after admission to the Trust)	N-R	10	0	0	0	0	0	0	0	0	0	2	4		6		
Hospital onset (nosocomial) Definite healthcare associated - HODHA (Positive specimen date 15 or more days after admission to the Trust	N-R	27	0	0	0	0	1	0	1	2	5	23	32		64		
No of staff and household contacts tested	N-R	3123	65	76	342	221	211	287	617	568	825	732	450		4394		
No of staff/household contacts with confirmed C-19	L-R	323	0	0	28	25	29	32	168	64	210	140	76		772		
No of staff self-isolating: new episodes in month	L-R		34	40	153	223	199	146	255	212	327	389	188				
No of staff returning to work during month	L-R		29	30	100	210	169	145	207	205	326	405	197				
No staff GHC who received Covid-19 vaccine first dose		4046	17	8	8	7	3	0	0	3	21	7	0		74		

Additional Information

As part of our ongoing commitment with One Gloucestershire NHS partners in declaring a countywide serious incident for HOPHA and HODHA Covid-19 cases in our hospitals, all investigative work has been completed and the draft learning report is with the SRO's for final review. The process and templates developed during the project have now been embedded as business as usual for new HOPHA and HODHA COVID-19 cases .

- There was 1 mental health patient community patient death reported in February: A patient on the Mental Health Care Home Support Team caseload tested positive for Covid-19 and sadly passed away in a nursing home.
- There were 2 inpatient Covid-19 related deaths reported in February: Both patients were being treated as End of Life Covid-19 was thought to be non-contributary to the patients death.
- 4 cases of community onset were identified in February: 2 at Tewkesbury Hospital, I at North Cotswold Hospital (NCH) and 1 at The Vale.
- 6 cases of HOIHA were identified in February : 1 each at the Dilke, NCH and Lydney plus 3 at Cirencester Hospital.
- 4 cases of HOPHA were identified in February: 1 each at The Vale, Dilke Hospital, Stroud Hospital and Cirencester Hospital.
- 32 cases of HODHA were identified in February : There was an outbreak of 18 cases at Cirencester hospital, 6 at Charlton Lane, 6 at the Dilke and 1 each at Stroud and North Cotswold Hospitals (NCH). Despite enhanced IPC surveillance, patients transferred into our Community Hospitals had been subject to high exposure levels. Further national relaxation of rules within the community has increased the potential for transmission however good assurance is available that all mandated IPC practices continue to be followed across all inpatient areas.

COVID-19 Related Patient Deaths Reported by Team Mar 21 - Feb 22

Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21
Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22
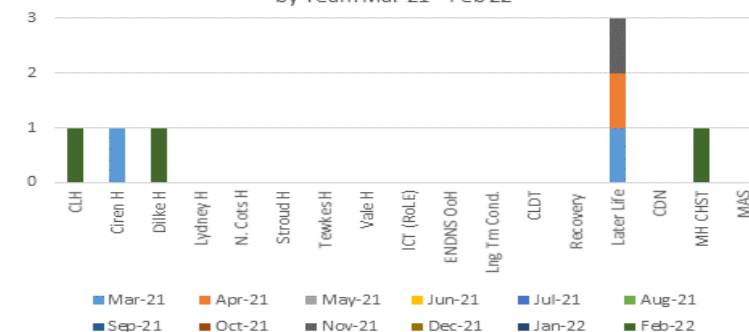
KEEPING PEOPLE SAFE – VACCINATION PROGRAMMES

- **Flu** - 59% of GHC staff have received a flu vaccination against a South West benchmark of 55%. (noting data quality issues due to multiple data recording systems)

- **Workforce -** Pop up/walk in and roving staff sessions continue. Staff are able to be vaccinated during weekly inpatient sessions.

- **SAI (School aged Immunisations)** - This term's school based sessions for 1st and 2nd doses is underway. Between the 24/1/22 and 14/3/22 53 (75%) schools have been visited and 827 CYP have received their first dose with 2943 CYP having received their second dose.

- **Outreach Programme**
  Since the start of the program we have delivered 59 bespoke pop up sessions at various locations with a total of 945 people being vaccinated at these sessions.

- **COVID 19** - 95 % "frontline" GHC workforce have received their first dose; with 89% having received their second dose. 87% of colleagues from a ethnic minority received a first dose and 81% received their second with 42% having received boosters as at 10/03/2022 (noting data quality issues due to multiple data recording systems.) Further breakdown is detailed below:

FLU VACCINATIONS ROLE	BASE NUMBERS March 2022	FLU JABS TO W/E 10th March	%
All doctors/dentists	117	73	62
All qualified nurses, including students	1360	816	60
All other professional qualified staff	732	476	65
Support to clinical staff	2108	1141	54
TOTAL GHC CLINICAL STAFF	4317	2506	58
NHS infrastructure staff	350	221	63
TOTAL GHC WORKFORCE	4667	2727	58

COVID-19 VACCINATIONS ROLE	BASE NUMBERS March 2022	1ST VACCINE 10th March	%	2nd VACCINE 10th March	%	BOOSTERS 10th March	%	Comment
All doctors/dentists	117	111	95	105	90	61	52	Flu to update 14th
All qualified nurses, including students	1360	1312	96	1220	90	561	41	
All other professional qualified staff	732	708	97	677	92	358	49	
Support to clinical staff	2108	1972	94	1842	87	963	46	
TOTAL GHC CLINICAL STAFF	4317	4103	95	3844	89	1943	45	
NHS infrastructure staff	325	298	92	267	82	214	66	
TOTAL GHC WORKFORCE	4642	4401	95	4111	89	2157	46	

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

No		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
	Number of Friends and Family Test Responses Received	N - T	15%	8763	1786	1490	1562	1552	1118	1283	1378	1538	1224	1280	1138		15349			
	% of respondents indicating a positive experience of our services	N - R	95%	94%	92%	94%	94%	95%	94%	93%	93%	96%	95%	95%	95%		94%			
	Number of compliments received in month	L - R		2,938	149	123	129	131	118	147	140	153	192	124	137		1543			
	Number of concerns received in month	L - R		390	41	34	37	37	34	44	46	46	31	35	27		412			
	Number of complaints received in month	N - R		83	11	11	11	9	11	9	5	14	3	16	6		106			
	Number of open complaints (not all opened within month)				76	79	82	86	88	87	80	74	68	82	73					
	Percentage of complaints acknowledged within 3 working days			96%	73%	91%	100%	100%	82%	100%	100%	93%	100%	94%	100%		94%			
	Number of complaints closed in month				7	9	8	7	8	11	12	22	9	2	15		110			
	Number of re-opened complaints (not all opened within month)				5	6	6	6	7	5	6	7	6	6	6					
	Number of LRMs in month				2	0	1	2	2	1	0	0	0	1	0					
	Number of external reviews (not all opened within month)				4	4	4	3	3	3	2	2	2	2	2					

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

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

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

Closed complaints:
- **15** complaints were closed this month and of these **6** were partly upheld.

Complaints and concerns by quarter (2018 to date)

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Concerns	192	226	185	169	151	165	147	157	99	138	72	89	112	115	123	62
Complaints	30	18	42	30	45	30	23	19	12	15	30	26	33	29	22	22

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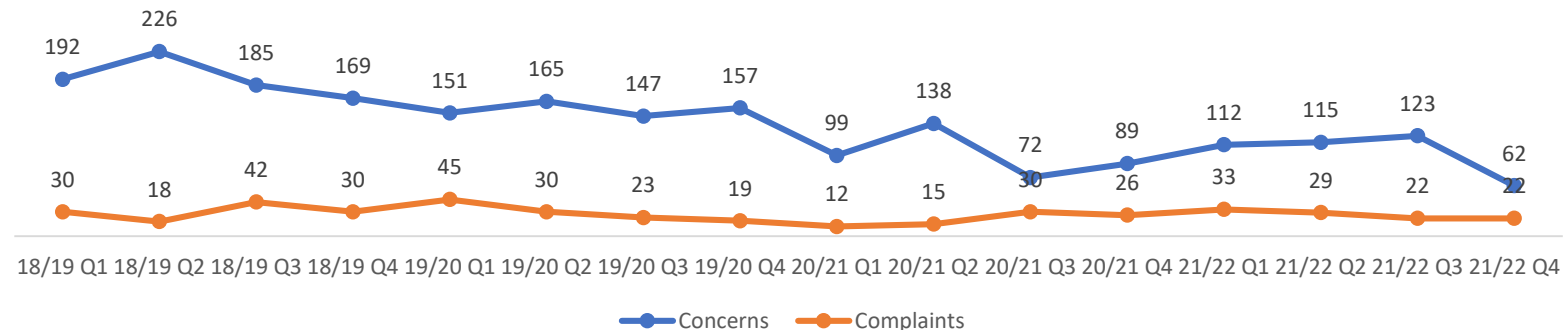
This chart summarises the number of complaints and concerns received by quarter since 2017/18. This offers assurance that services are not receiving a significant increase in complaints in 2021/22. There is also evidence that we are recovering our position in spite of ongoing Covid-19 pressures (national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

No. of complaints closed each month

Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
4	4	1	2	4	1	1	6	6	7	7	9	7	7	8	11	12	22	9	2	15
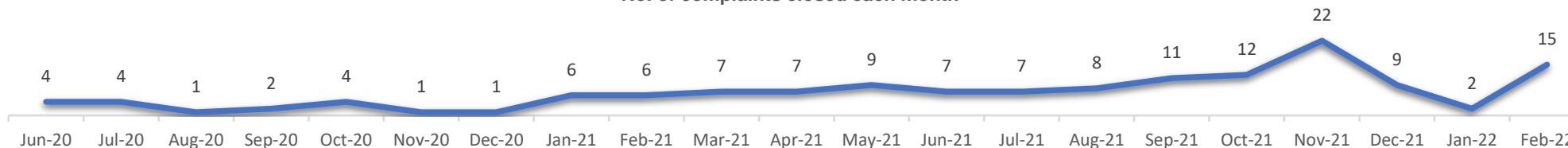
Assurance regarding complaint management
- All feedback is now triaged to check for immediate actions required. This process also identifies themes and hotspots.
- In line with NHS Trusts across England, the largest proportion of our complaints relate to care and treatment and communication/staff attitude.
- Price Waterhouse Cooper are concluding their audit of complaints closed between 1st April 2021 and 31st July 2021 – results will be reported when available.

Satisfaction with complaints/concern processes
- **6** active re-opened complaints
- **33** concerns were closed this month – **4** were escalated to a complaint

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

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

Timeframes
- PCET remains in active recovery and work is underway to improve response times.
- All **6** complaints received this month were acknowledged within the 3-day target timeframe.

- Of the **73** open complaints, **10** do not have agreed response times:
  - **7** are in the early stages of the complaint process – issues have not been agreed, therefore timeframes have not yet been set.
  - **2** are complaints that we are attempting to resolve via resolution meetings.
  - **1** complaint is on hold while the Patient Safety Team conduct a review.

- Of the **63** complaints with agreed response dates:
  - **20** are within the agreed timeframe
  - **43** have exceeded the initially agreed timeframes, and there are a range of reasons for these delays including:
    - Agreeing issues for investigation with complainants
    - Delays in the investigation process (e.g. allocating investigators, timeliness of investigation report, and availability of staff for interviews)
    - Delays in the drafting and review of final responses (e.g. capacity, quality of investigation, availability of staff to review draft responses)
    - Work is underway to address delays in the complaints process in order to minimise them where possible

The chart below shows the length of time complaints have been open (please note that it can take a significant amount of time to agree issues with complainants depending on complexity and availability). The PCET are focusing efforts on completing responses for those open for the longest period. A weekly meeting provides high-level oversight of the complaints tracker. Weekly updates to the Director of NTQ are in place and regular briefings to the Board and Quality Committee provide assurance of recovery.

Open complaints by length of time open (by month)
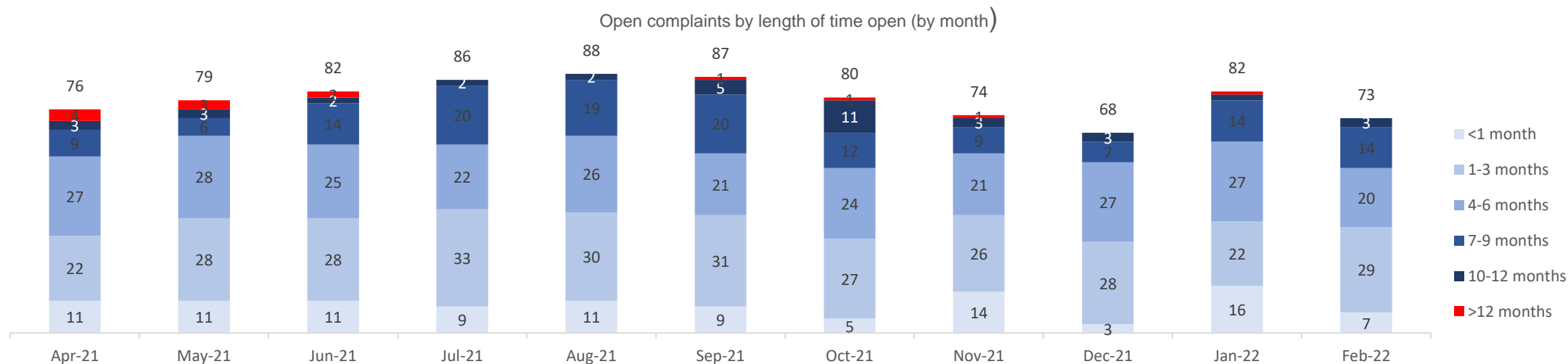
ARE SERVICES CARING? Non-Executive Director audit of complaints Q3 2021/22

INTRODUCTION
The agreed aim of the audit is to provide assurance that standards of complaint management are being met in relation to the following aspects:
* The timeliness of the complaint response process
* The quality of the investigation and whether it addresses the issues raised by the complainant
* The accessibility, style and tone of the response letter
* The learning and actions identified as a result

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

SUMMARY OF FINDINGS
* Audit findings are summarized within the table on the following slide
* The Q3 2021/22 provides assurance that overall, the Trust is investigating and responding to complaints appropriately.
* Delays in responses have been noted and work continues to address the backlog of complaints. Waiting times are monitored via the monthly Quality Dashboard. Embedding learning from complaints is an area that requires some additional focus and is being addressed by the PCET team.

FUTURE AUDITS
* The Trust Secretary's office will continue to allocate the audits to NED colleagues
* An ongoing programme for NED audit of complaints has been established
* Audit reports will continue to be presented within the Quality Dashboard for the Quality Committee and for Trust Board

RECOMMENDATIONS
* To note the contents of the report
* To note the assurances provided regarding the Trust's management of complaints

Quality Dashboard

ARE SERVICES SAFE? Non-Executive Director audit of complaints Q3 2021/22

	Time scale of response	Quality of investigation	Accessibility, style and tone of letter	Learning actions identified	Comments
Complaint 1 • Patient's relative complained that staff did not adequately explain the policies on photography on the ward in a calm and compassionate manner. • Patient's relative reported that family visits were subsequently stopped which was detrimental to the patient's needs for family support. • Patient's relative complained that essential equipment was not available when the patient was discharged.	**LIMITED ASSURANCE** • Delayed • Very apologetic regarding the long delay in responding to the complaint	**FULL ASSURANCE** • A difficult case to determine to the satisfaction of the complainant given the nature of the complaint. • Investigation appeared appropriately critical, open, honest and transparent	**FULL ASSURANCE** • Apologetic and sincere • Clear and succinct • Apologetic regarding the long delay • Compassionate	**LIMITED ASSURANCE** • Learning identified and shared • Not specific about timing and monitoring of actions taken	• One of the core values of the Trust is 'respectful and kind' and so very important that colleagues are supported in the key policies and protocols. • Not sighted on the support offered/accepted to GHC colleagues given the upset created by this case. • Not sighted on nature of training offered to colleagues re. managing violent and aggressive behaviour plus other challenging behaviours and how the training is valued by colleagues.
Complaint 2 • Mother of patient reported that the care provided was inappropriate, ineffective and did not follow the patient's care plan. • Complainant felt it inappropriate for the patient to be discharged.	**LIMITED ASSURANCE** • Delayed	**FULL ASSURANCE** • Investigation appeared appropriately critical, open, honest and transparent	**FULL ASSURANCE** • Apologetic and sincere • Appropriate response • Apologetic regarding the long delay	**LIMITED ASSURANCE** • Learning reads as quite summary with no timeline or sense of significance.	• Case illustrates the complexity of the relationship between community mental health services and the service user – plus a close relative in this case. • Consider using this complaint for a review of 'what we could learn from and improve upon'? Not as a critical exercise but to distil the learning particularly relating to service users who demonstrate low engagement with proposed support
Complaint 3 • Person reported that DNs refused to check his father's leg ulcers and advised the person to contact GP; the GP referred him back to the DNs.	**LIMITED ASSURANCE** • Delayed • Question around length of time to deal with complaint notwithstanding Covid and related pressures • Apology for delay in replying sent stating that letter of response was in progress.	**FULL ASSURANCE** • Investigation appeared appropriately critical, open, honest and transparent	**FULL ASSURANCE** • Apologetic regarding the long delay • Empathetic style • Accessible language	**LIMITED ASSURANCE** • The learning is described in summary terms only.	• Very comprehensive record of communication with the patient's son/complainant – proved useful in this case. • Clear decision making about the condition of the patient. And interventions needed/not needed. • Question about whether the issues in this complaint are worthy of other reflective leaning around ensuring carers are clear about decisions made and any guidance which they might need in their role as carer.

Quality Dashboard

NHS Gloucestershire Health and Care NHS Foundation Trust

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

	Reporting Level	Threshold	20-21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021-22 YTD	R / A / G	Exception Report?	Benchmarking Report
Number of Never Events	N - T	0	0	0	0	0	0	0	0	0	0	0	0	0		0			N/A
Number of Serious Incidents Requiring Investigation (SIRI)	N - R		39	4	3	1	2	1	3	2	3	3	1	3		26			N/A
Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		1	1	1	0	0	0	0	0	0	0	0	0		2			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding falls leading to fractures	N - R		3	0	1	0	0	0	0	0	0	0	0	0		1			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding pressure ulcers	N - R		2	0	0	0	0	0	0	0	0	0	0	0		0			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding suspected suicides	N - R		15	3	1	1	1	0	0	2	2	1	0	3		14			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding self harm or attempted suicide	N - R		10	0	0	0	0	0	0	0	0	1	0	0		1			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding mental health homicides	N - R		0	0	0	0	0	0	0	0	0	1	0	0		1			N/A
Total number of Patient Safety Incidents reported	L - R		12474	985	1185	1069	1025	919	858	941	1055	1075	1087	1051		11250			N/A
% incidents resulting in low or no harm	L - R		93.41%	92.99%	91.05%	92.42%	93.37%	94.23%	92.19%	92.56%	93.36%	91.91%	92.09%	93.34%		92.65%			N/A
% incidents resulting in moderate harm, severe harm or death	L - R		6.59%	7.01%	8.95%	7.58%	6.63%	5.77%	7.81%	7.44%	6.64%	8.09%	7.91%	6.66%		7.42%			N/A
% falls incidents resulting in moderate, severe harm or death	L - R		2.75%	1.10%	2.17%	2.78%	0.00%	1.75%	1.96%	1.00%	2.90%	2.11%	3.85%	1.67%		1.95%			N/A
% medication errors resulting in moderate, severe harm or death	L - R		0.83%	0.00%	1.64%	0.00%	0.00%	1.61%	2.86%	1.85%	0.00%	0.00%	0.00%	2.04%		0.82%			N/A
Embedding Learning meetings taking place to review the outputs of completed SIRI reports and consider practice implications.* **Covid Disruption**	L - R		N/A	1	0	0	1	0	0	4	0	0	0	0		6			N/A

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

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

CQC DOMAIN - ARE SERVICES SAFE? – Additional Information

4 Mental Health SIRIs were declared in February 2022, all 3 events are sadly fatalities. with decision making on 5 further incidents that occurred in February being declared or reported on in March (due to timing of review meetings); and one SIRI being added to a CAMHS case opened previously in year. All incidents were reported in line with SIRI reporting requirements. The Patient Safety Team continue to monitor regional and national trends. The tables below represent SIRI reporting over the past 5 years. These reports are stimulating clinical discussions across operational governance forums and the Trust's Quality Assurance Group. Particular attention is paid at these meetings to thematic analysis of issues and urgent actions required.

No of PH Serious Incidents
(current quarter to date)
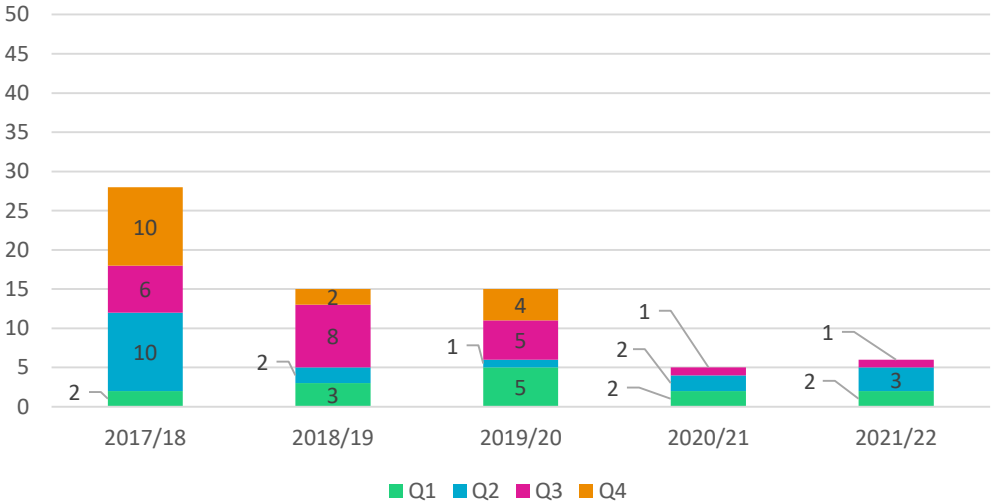
No. of MH Serious Incidents
(current quarter to date)
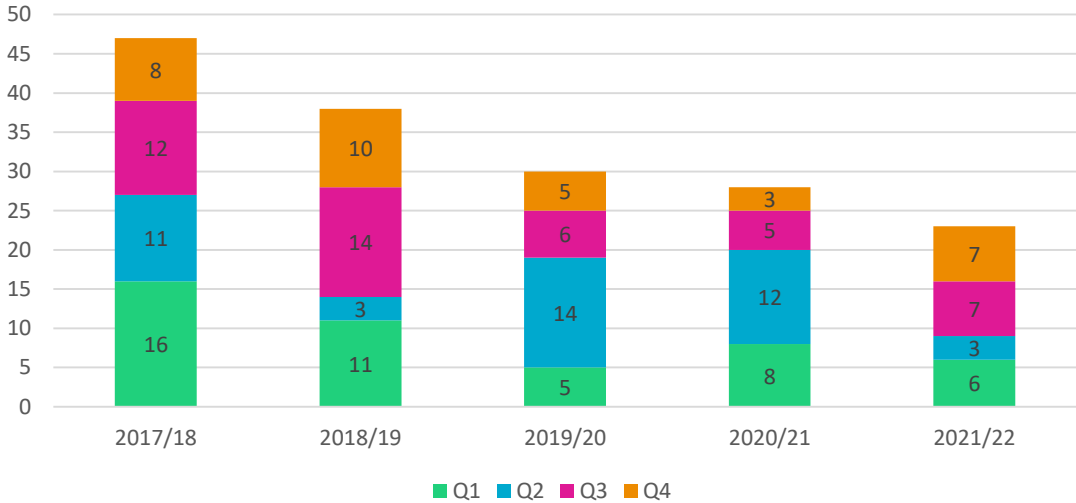
There are 11 active SIRIs, 9 of which are overdue, 8 of which have extensions agreed. A physical health SIRI remains formally paused with commissioners.

Regarding all patient safety incidents:

• The total number of patient safety incidents reported decreased from 1087 in January 2022 to 1051 in February 2022, with skin Integrity, self–harm, restrictive Interventions, falls and medication incidents being the most frequently reported categories of incident.
• The percentage of patient safety incidents resulting in moderate or severe harm and death decreased from January (7.91%) to February (6.66%).
• 2 patient falls (1.67% of patient falls) were reported as moderate harm in February, this was a decrease from 4 moderate harm falls (3.85% of falls) in January.
• 1 medication incident (2.04% of medication incidents) resulted in moderate harm in February.
• To note, there have been some minor adjustments to total numbers of patient safety incidents for previous months due to reclassification of some incidents. These adjustments did not substantially change the percentages reported against different levels of harm.

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

	Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	RAG	Exception Report?	Benchmarking Report
VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	97.0%	97.2%	98.7%	98.7%	100%	98.4%	98.6%	100%	97.8%	95.9%	100%	93.7%		98.3%	G		
Number of post 48 hour Clostridium Difficile Infections (C Diff)	N	1		1	2	4	2	1	3	1	0	2	4	0		20	R		
Number of C Diff cases (days of admission plus 2 days = 72 hrs) - avoidable	N	0			0	0	0	0	0	0	0	0	0	0		0	N/A		
Number of MRSA Bacteraemia	N	0			0	0	0	0	0	0	0	0	0	0		0	N/A		
Total number of developed or worsened pressure ulcers	L - R	61	797	84	64	70	61	56	58	56	64	63	71	68		715	R		
Total number of Category 1 & 2 Acquired pressure ulcers	L - R	56	698	75	60	59	57	53	49	46	53	56	66	65		638	R		
Number of Category. 3 Acquired pressure ulcers	L - R	0	70	8	1	9	4	3	6	7	10	3	4	2		57	R		
Number of Category 4 Acquired pressure ulcers	L - R	0	29	1	3	2	0	0	3	3	1	4	1	1		19	R		

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

HCAI

- There were 0 post 48-hour Clostridium Difficile (C. Diff) cases recorded in February which is a reduction on previous months figures, the IPC Team have implemented a new sporicidal wipe for Physical Health Hospitals to use on commodes, bed pans, pieces of equipment and any high touch areas used by patients with the aim of reducing the incidences of C. Diff transmission.

Pressure Ulcers

- The context of the following commentary in relation to reported pressure ulcer incidents should take into account the continued impact from the Covid -19 pandemic. There are three key factors that are driving an increase in number and severity of pressure ulcers; Circulatory changes following Covid infection, deconditioning of patients who live at home and have become more socially isolated and physical immobility during and following Covid infection.
- The clinical pathways lead (CPL) continues to work with colleagues across the trust to highlight pressure ulcers as being "everybody's business" using signposting to educational resources, evidence from data and quality improvement methodology.
- There has been a slight reduction in the "total numbers of pressure ulcers that developed or worsened under GHC care'' in February compared to January.
- Adult Community Physical Health service saw a 13% reduction in the total number of PUs reported and a 50% reduction in the number of acquired category 3 when compared to January.
- The review of learning from 94 ICT PUQ responses over a 6 month period is complete. The findings give a more detailed insight into the reasons why some PUs develop and/or deteriorate despite good quality care delivered by ICT teams. Work is ongoing using QI methodology to establish a process for localities to work with PST to understand monthly themes of learning and incorporate into established locality governance mechanisms.
- The active work with teams continues in terms of improving practice with monitoring and oversight of PU's developed in their own localities. Localities and inpatient units have met significant rising demand in pressure area care referrals from primary care, care homes and acute hospital transfers.
- Development of metrics for 22/23 are underway.

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

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

CQC DOMAIN - ARE SERVICES SAFE?
Pressure Ulcers – February 2022 Additional Information Trust Wide

Skin integrity incidents

February PU CoHo

February PU ICT
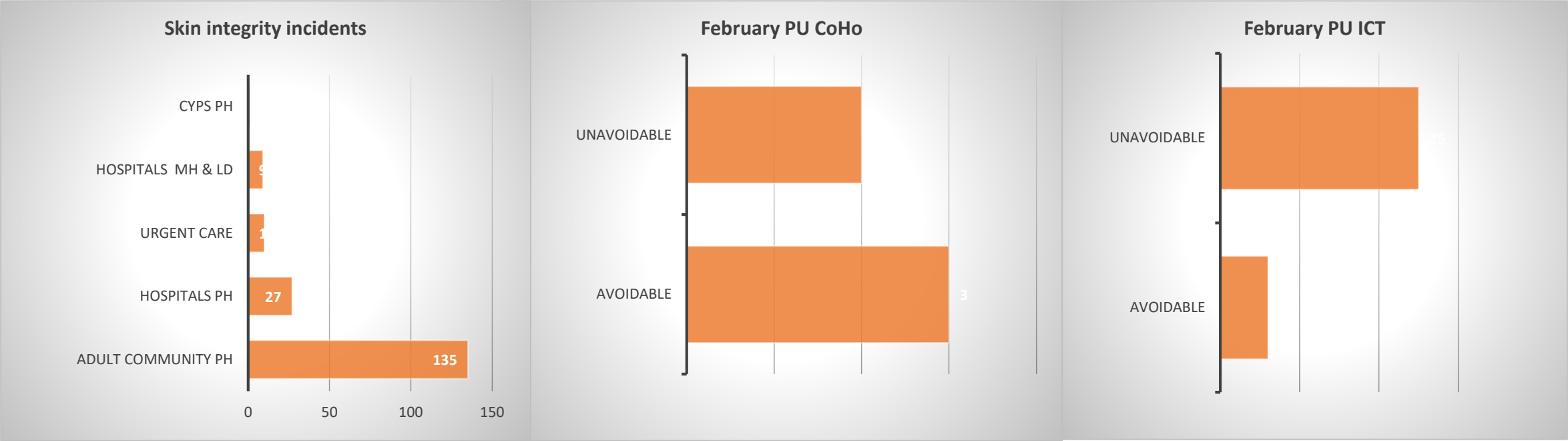
Bar chart showing skin integrity incident reports per service.
- Adult community PH: 135
- Hospitals PH: 27
- Urgent care & specialist services: 10
- Hospitals MH & LD: 9
- Adult comm. Mental Health & LD 0
- CYPS Physical Health 1

Bar chart showing PU's developed or worsened under GHC care (acquired) in our Community Hospitals in February 2022
- Community PH hospitals pressure ulcers that have developed or worsened under our care (acquired under our care). *Reviewed* as being unavoidable or avoidable because of co morbidities, patient choice (for example patients may decline to use equipment or clinical advice.)
- 2 unavoidable
- 3 avoidable

Bar chart showing data reported in community PH in February 2022

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

CQC DOMAIN - ARE SERVICES RESPONSIVE?

	Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	RAG	Exception Report?	Benchmarking Report
Referral to Treatment physical health																		
Podiatry - % treated within 8 Weeks	L - C	95%	96.00%	96.60%	96.60%	96.80%	91.3%	76.3%	56%	48.6%	57.10%	65.6	NA	NA		76.10%	A		
ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	89.80%	97.00%	95.50%	93.90%	90.9%	91.40%	81.5%	74. 6%	81.6%	87.0	74.3%	74.5%		86.16%	A		
ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	93%	96.30%	96.70%	96.90%	93.1%	93.8%	87.6%	88. 4%	81.6%	84.0	78.9%	80.00%		89.50%	A		
Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	95,4%	97. 2%	95.60%	96.50%	71.3%	58.9%	86.9%	86.2%	91.8%	95.8%	NA	NA		87.00%	R		
Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	96.50%	99.20%	99.60%	98.90%	98.2%	97.3%	96.9%	97.7%	98.6%	99.4 %	NA	NA		98.50%	G		
Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	98.10%	95.70%	98.90%	97.70%	99.5%	99.4%	98.1%	99.3%	96.3%	93.4%	NA	NA		97.80%	G		
Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R	3,279	28960	3101	2920	1339	1305	1190	1257	1338	1344	1296	1147	1176		17413	R		
Wheelchair Services Adults : New referrals assessed within 8 weeks	L - C	90%	TBC	83.30%	82.60%	66.60%	62.2%	76.9%	77. 7%	68. 8%	73.10%	68.62%	82.9%	86.8%		74. 89%	R		
Wheelchair Services : Under 18's new referrals assessed within 8 weeks	L - C	90%	TBC	62.50%	92.30%	80.00%	100%	93.3%	100%	92.8%	100%	100%	85.7%	100%		93.10%	G		
Mental Health Services (CPA and Eating Disorders)																		
CPA Review within 12 Months	N - T	95%	91.80%	95. 0%	92.90%	92. 5%	89.8%	89.2%	91.1%	91.7%	91.6%	90.1%	88.3%	85.5		91%	R		
Adolescent Eating Disorder - routine referral to NICE treatment start within 4 weeks		95%	70%	12.5%	0.0%	0.0%	100%	100%		66.6%	25.0%	0.0%	0.0%	33.3%		29.4%	R		
Adolescent Eating Disorder - Urgent referral to NICE treatment start within 1 week		95%	44%	33.3%	7.6%	0%	0%	0%	0%	0%	4.70%	15.0%	17.6%	14.2		8.6%	R		
Adolescent eating Disorder - Urgent referral to non NICE treatment start within 1 week		95%	0%			0%			0%	0%		0%		0%		0%	R		
Eating disorders - Wait time for adult assessments will be 4 weeks		95%	91%	100%	40%	63.1%	36.8%	56,2%	31.5%	55.0%	61.9%	81.8%	57.6%	72.7%		58.2%			
Eating disorders - Wait time for adult psychological interventions will be 16 weeks	N – T	95%	84%	92.3%	43.7%	88.8%	84.2%	71.4%	92.8%	87.5%	53.8%	60%	63.6%	88.8%		75%	G		

Additional information

Podiatry and Paediatric Therapies: : Due to the reconfiguration of SystmOne (in line with the SystmOne Simplicity programme) service data is temporarily unavailable for this indicator.

Wheelchair Services: In February 5 out of 38 adults but 0 under 18's were seen outside of timeframe. The service has a backlog due to current vacancies and sickness compounded by the need to redeploy colleagues to support the Trusts response to winter pressures, however performance is improving . Priority referrals for adults and children have maintained the 100% target achievement .

Mental Health : There are currently 140 overdue CPA reviews, the majority of cases (75) sit within recovery teams. Progress is monitored via governance meetings, operational colleagues continue to face workforce challenges with the need to prioritise urgent clinical activity as a barrier to improving this KPI further. NTQ have had redeployed colleagues return to the directorate who will be tasked with supporting this work.

Eating Disorders: Overall key markers are showing signs of improvement this month. The service remains significantly challenged both in terms of an increase in referrals and vacancies, a role to work alongside system partners to establish a VCS (voluntary care sector) offer is being developed. 2 Clinical /Nurse prescribers have been recruited with existing establishment and skill mix reviewed to increase recruitment into hard to fill posts. Further investment from commissioners to address the under funder establishment has been secured. The wait profile indicates that 91% (597) of all patients waiting for assessment are currently waiting over 4 weeks. Demand remains high overall with a surge in urgent referrals. For adults the number of referrals from April 2021 to February 2022 (197) has increased since the same pre – pandemic period (54) by 265%. For under 18s the growth has been greater: 285 in 2021/22 compared to 43 in 2019/20, an increase of 563%. The increase is linked to the detrimental effect that the pandemic, lockdown and school closures have had on Children and Young Peoples' wellbeing and mental health. The service is accepting routine referrals, which are being triaged and placed on a waiting list, however, assessment and treatment has continued to be paused throughout February 2022. The service is working on reducing the urgent assessment waiting lists and recovering KPI's. Day treatment has re-opened to support high risk patients and to reduce pressures on specialist out of county in-patient beds and local acute medical beds. The re-opening of day treatment is proving to be highly beneficial to the highest risk patients who remain within the community. The service has met with Commissioners and BEAT (an Eating Disorders Charity) to review further support options.

NHS Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES EFFECTIVE?

	Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	RAG	Exception Report?	Benchmarking Report
Community Hospitals																			
Bed Occupancy - Community Hospitals	L - C	92%*	89.5%	90.9%	91.3%	95.7%	96.5%	92.7%	96.0%	96.4%	97.2%	97.4%	95.1%	97.4		95.19%	G		
* Indicates optimum occupancy to enable flow																			
Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	N - T	60%	85.7%	90%	90%	75%	72.7%	100%	85.7%	66.7%	100%	100%	NA	N/A		78.0%	G		
Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered																			
Inpatient Wards	N - T	95%	80%																
GRiP	N - T	92%	85%																
Community	N - T	90%	78%																
Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database). Waiting time to begin treatment (from IAPT minimum dataset	N - T	50%	52.9%	54.2%	53.8%	52.2%	50.2%	51.4%	50.0%	51.1%	51.4%	56.0%	51.1%	50.5%		52.0%	G		
Admissions to adult facility of patient under 16yrs	N - R		1	0	0	1	0	0	0	0	0	0	0	0		1	N/A		
Inappropriate out of area placements for adult mental health services	N - R	Occupied bed days	1742	82	100	199	187	77	8	54	32	55	71	43		908	G		

Children's Services – Immunisations			2019/20 Academic Year	Academic Year 2020/21 - Target 90% of all 2 immunisations by end of academic year (July 2021) and new cohort 1st immunisations					Academic year 2021/22 – Target 90% of all 2 immunisations by end of academic year (July 2022) and new cohort 1st immunisations										
HPV Immunisation coverage for girls aged 12/13 years old (Target for all 2 immunisations to be completed) HPV 2 begins March 2022	N - T	90%*	73.1%	30.7%	42.9%	74.4%	86.9%	90.8%											

Childrens Services - National Childhood Measurement Programme			2019/20 Academic Year	Academic Year 2020/21 - Target 95% of children measured by end of academic year - Cumulative target (July 2021)					Academic Year 2021/22 – Target 95% of children measured by end of academic year – Cumulative target (July 2022) **Programme starts November 2021**										
Percentage of children in Reception Year with height and weight recorded	N - T	95%*	69.7%	36.0%	64.5%	87.8%	96.8%	98.4%			12.9%	19.6%	27.0%	41.0%		41.0%	R		
Percentage of children in Year 6 with height and weight recorded	N - T	95%*	73.9%	9.0%	76.3%	84.5%	96.1%	96.2%			25.7%	34.0%	41.9%	51.0%		51.0%	A		

Additional Information

Children's Services – In February 41.0% of reception year estimated cohort were measured against the February monthly trajectory target of 55% and 51% of year 6 children were measured against the February monthly trajectory target of 55%. The programme resumed in November 2021 and current performance is based on updated school census data from Gloucestershire County Council (GCC). The cohort may vary during the remainder of the academic year as updated data is received. The numbers of children absent from schools remains higher than usual which has resulted in lower numbers of children available when the service visits, return visits and bespoke offers are in place. Additionally staff were supporting School Aged Immunisations during February and will continue to do so throughout March. Despite challenges the team have managed to increase coverage by 14% (Reception) and 10% (Year 6) during the 3 weeks that schools were open in February.

HPV – The programme commenced in February 22 (HPV 1) and reports 21.5% compliance against a 20% target. HPV 2 will commence in March 22 and subsequent Dashboards will report progress commencing with the March data set.

EIP – There are data quality issues which being updated

Out of area bed days - The occupied bed days for inappropriate out of area Mental Health placements in February was 43 days which relates to patients. Overall improvements within this area of work is as a result of the NTQ led admission and discharge pathway task & finish group.

Note: Cardio metabolic /physical health measures for mental health are being reviewed for a new measure in 22/23 following pausing this measurement due to Covid disruption

Additional KPIs - Physical Health

	Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	R A G	Exception Report?	Benchmarking Report
Proportion of eligible children who receive vision screens at or around school entry.(Cumulative target awaiting trajectory)		95%*	93.60%								13.10%	19.20%	27.4%	41.2%		41.2%	R	N	
Number of Antenatal visits carried out			623	47	51	51	54	30	70	46	60	58	NA	NA		467	R	Y	
Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor		95%	94.10%	93.40%	96.60%	93.30%	93.60%	95.00%	91.70%	92.30%	94.20%	95.90%	NA	NA		93.20%	A	Y	
Percentage of children who received a 6-8 weeks review.		95%	95.90%	98.30%	97.20%	97.60%	97.80%	94.60%	95.40%	96.60%	96.30%	96.60%	NA	NA		96.70%	G		
Percentage of children who received a 9-12 month review by the time they turned 12 months.		95%	72.60%	74.00%	84.70%	82.30%	84.20%	80.60%	80.00%	84.10%	87.20%	86. 30%	NA	NA		82.50%	A	Y	
Percentage of children who received a 12 month review by the time they turned 15 months.		95%	83. 7%	83.90%	79.60%	82.80%	86.80%	91.60%	89.50%	90.40%	90.40%	90.50%	NA	NA		87.50%	A	Y	
Percentage of children who received a 2-2.5 year review by 2.5 years.		95%	72.50%	72.00%	74.40%	81.50%	84%	84.10%	84.70%	85.70%	83.60%	84.50%	NA	NA		81.40%	A	Y	
Percentage of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence).		58%	56.0%	61.30%	59.20%	60.10%	54.20%	56.10%	55.90%	53.50%	59.40%	54.90%	NA	NA		57. 1%	A		
Breastfeeding- % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks		80%	81. 3%	81. 7%	81.50%	85.40%	82.20%	81.20%	82.20%	79. 8%	81.40%	79.70%	NA	NA		81. 6%	G		
Average Number of Community Hospital Beds Open reduced by 8 due to social distancing measures.		196	174,9	186	187	188	187	181	192	195	194	195	199	197		191	R		
Average Number of Community Hospital Beds Closed		0	21.1	2	1	0	1	7	0	1	2	1	0	0		1.36	R		

Additional Information

- **Vision Screens** : In February 41.2% of the estimated cohort of reception year children received a vision screen, this was compared to the February target of 55%, the consistently high numbers of absent children impact upon this indicator and return visits are booked to screen these children later in the year. It is envisaged that as absences decrease the compliance rates will then reflect the position and respond positively.

- **Health visiting and AHP February reporting**: Due to the current SystmOne Simplicity project work, performance figures for Health Visiting and AHP for January and February are currently unavailable The SystmOne Simplicity pathway meetings taking place between services, BI and the Clinical Systems team have outlined the new national contact recording options available for these KPIs. The options are now in the process of being made live within the SystmOne units, and KPI reporting is in the process of being made live for March activity. Once the KPI data is available BI and service leads will review and validate allowing subsequent reporting to resume in this dashboard and backdated data to be made available.

CQC DOMAIN - ARE SERVICES WELL LED?

	Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	RAG	Exception Report?	Benchmarking Report
Mandatory Training	L - I	90%	85.80%	87.50%	88.70%	88.40%	88.90%	88.80%	87.40%	88%	88.10%	89.60%	92.0%	94.2%		90.33%	A		
% of Staff with completed Personal Development Reviews (Appraisal)	L - I	90%	70.40%	67.20%	68.80%	68. 50%	71. 7%	69.70%	59.80%	**65.50%**	66.3%	67.9%	69 .0%	68.6%		67.40%	R		
Sickness absence average % Rate	L - I	<4%	4.80%	4.30%	3.90%	3.8.%	3.9%.	4.10%	4.20%	4.90%	6%*	6.7%*	6.8%*	6.6%		NC	G		

Additional information

- **Mandatory training -** Is at 94.2% overall, which is above target for the second consecutive month this year.

- **Appraisal** - Is 69% rising to 76% if Bank Staff are excluded. Overall there has been a 1% reduction in compliance rates from the previous month, there are variations evident within the Directorates: Finance 69%, Operations 77%, Nursing and Quality 59%, Executives 64%, Strategy and Partnerships 52%, HR 77% and Medical Directorate is at 72%. Overall causes of the low appraisal rate are due to annual leave, data quality, managerial capacity and appraisals not being correctly recorded on ESR. Despite corrective action being taken in relation to the latter and dissemination of information relating to new appraisal paperwork it is unlikely that figures will improve in the short term. Historically February and March are often peak months for appraisal renewal dates, however the current service pressures may not allow for this catch up to occur and in some cases appraisals will be postponed due to current pressures .

- **Sickness absence** - At 6.6% in month indicates a slight decrease from the previous month of .2% however the trend is rising driven by Covid surge, the data is now automatically received from tableau providing a robust single data source.

Resuscitation and Restrictive Physical Intervention training

- With the exception of the full PBM course figures for February show a slight decline in compliance levels. The reasons for this are likely to be the cumulative, and downstream effect of lower attendance numbers on training over the last couple of months caused by service pressure and staffing issues. To ensure focus on booking staff training compliance information will continue to be circulated to team leads, However due to rota requirements, bookings are often made for several weeks prior thus the result of this action may not be evident immediately. The degree of physical interaction for staff undertaking training has been reduced over the past 18 months to support social distancing (with increased use of videos and demonstration) however this is under review to ensure improved opportunity for staff to practice the taught techniques.

Feb 22	PBM Theory			PBM Full			PMVA Breakaway			PMVA Full		
	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb
Wotton Lawn Hospital							73%	76%	73%	78%	76%	72%
Charlton Lane Hospital	86%	87%	84%	89%	88%	87%						
Berkley House	75%	73%	70%	94%	96%	96%						

Health and Wellbeing Hub

In February we have continued focus on marketing, communications and maximising our social media presence. We have seen an increase in requests for team support this month, particularly from the care home sector. A presentation was made at a care home providers networking event thus increasing our proactive outreach into that sector. We have attended meetings with various primary care network groups, including practice managers and GPs and have improved our advertising offerings within GP surgeries. The planned trauma support pathway for staff following work related incidents has commenced as have discussions with all of our spokes regarding the development of a network of health and wellbeing champions to span across the ICS. A further large networking event is in preparation for the summer (Covid restrictions permitting).

NHS Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Inpatient data – January 2022

Ward Name	Code 1 Hours	Code 1 Exceptions	Code 2 Hours	Code 2 Exceptions	Code 3 Hours	Code 3 Exceptions	Code 4 Hours	Code 4 Exceptions	Code 5 Hours	Code 5 Exceptions
Gloucestershire										
Dean	30	4	142.5	16	0	0	0	0	0	0
Abbey	0	0	227.5	30	0	0	0	0	0	0
Priory	117.5	15	0	0	0	0	0	0	0	0
Kingsholm	65	8	0	0	0	0	0	0	0	0
Montpellier	10	1	25	3	0	0	0	0	0	0
Greyfriars	145	19	15	1	0	0	0	0	0	0
Willow	0	0	315	38	0	0	0	0	0	0
Chestnut	22.5	3	67.5	9	0	0	0	0	0	0
Mulberry	52.5	7	22.5	9	0	0	0	0	0	0
Laurel	0	0	7.5	1	0	0	0	0	0	0
Honeybourne	0	0	0	0	0	0	0	0	0	0
Berkeley House	45	3	575	52	0	0	0	0	0	0
Total In Hours/Exceptions	487.50	60	1398	153	0	0	0	0	0	0

Code 1: Min staff numbers met – skill mix non-compliant but met needs of patient
Code 2: Min staff numbers not complaint but met needs of patients e.g. low bed occupancy , patients on leave

Code 3: Min staff numbers met – skill mix non-compliant and did not meet needs of patients
Code 4: Min staff numbers not compliant did not meet needs of patients
Code 5: Other

There were zero code 3 or 4 exceptions reported this month.

Mental Health & LD

Ward	Average Fill Rate %	Sickness %	Vacancy %
Dean Ward	101.11	8.6	36.9
Abbey Ward	122.86	0.4	34.0
Priory Ward	103.81	18.2	29.0
Kingsholm Ward	117.20	19.3	31.8
Montpellier	113.21	13.1	29.0
PICU Greyfriars Ward	115.33	2.4	27.6
Willow Ward	98.41	28.4	20.4
Chestnut Ward	106.15	6.9	19.3
Mulberry Ward	102.68	8.4	17.3
Laurel House	99.70	1.4	13.8
Honeybourne Unit	100.30	16.0	40.5
Berkeley House	94.50	8.8	21.2
Totals (Feb 2022)	**106.27**	**10.0**	**19.8**
Previous Month Totals	107.21	9.1	18.2

Physical Health

Ward	Average Fill Rate	Sickness %	Vacancy %
Coln (Cirencester)	114.75	6.3	-4.2
Windrush (Cirencester)	119.68	8.3	7.3
The Dilke	110.30	7.0	11.3
Lydney	102.75	10.1	-5.8
North Cotswolds	112.09	6.1	1.2
Cashes Green (Stroud)	100.63	7.1	-0.4
Jubilee (Stroud)	115.54	10.9	4.3
Abbey View (Tewkesbury)	107.01	6.8	-2.8
Peak View (Vale)	107.87	7.3	-4.2
Totals (Feb 2022)	**110.07**	**7.6**	**2.6**
Previous Month Totals	112.22	4.9	3.1

NHSE Zero HCSW Vacancy Commitment Inc. bank – 3 month report

December	97.19
January	92.56
February	91.75

NHSE Zero HCSW Vacancy Commitment : Regular consistent staffing is an established marker of quality care and the latest 3 months WTE vacancy figures are detailed opposite. Further work is ongoing to urgently address this noting a slowly improving position but high vacancies in the Winter period. Recent progress has ben made via the band 2 recruitment initiative's
International Recruitment. 31 nurses are now in the UK: 26 RGN inpatient nurses, 2 RGN community nurses and 3 RMN inpatient nurses. A further 10 offers of employment have been made, 7 of which are RMN. Good progress continues to be achieved with developing new routes for RMN recruitment from overseas and the Trust is part of anew South West NHS Mental Health nursing recruitment collaborative.

17

Quality Dashboard

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

SUMMARY QUALITY PRIORITIES 2021-2022 AS AT END OF Q3

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

Quality Dashboard

Gloucestershire Health and Care
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CQC DOMAIN – ARE SERVICES WELL LED? - Quarter 3 - Guardian of Safe Working Report 2021/22

PURPOSE

The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours. It was agreed with the BMA that a 'Guardian of Safe Working Hours' will be appointed in all NHS Trusts employing trainees (junior doctors) to ensure safe working practice. The role of 'Guardian of Safe Working Hours' is independent of the Trust management structure, with the primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and/or employer, as appropriate; and will provide assurance to the Trust Quality Committee and Board or equivalent body that doctors' working hours are safe. The Guardian's Quarterly Report, as required by the junior doctor's contract, is intended to provide the Trust's Quality Committee and Board with an evidence based report on the working hours and practices of junior doctors within the Trust, confirming safe working practices and highlighting any areas of concern.

Reporting time period October 2021 – December 2021	Guardian of Safe Working Hours: Dr Sally Morgan
Number of doctors in training (all on 2016 contract)	In Quarter 3 2021 (October-December)there were 41 doctors in training posts. • 12 Higher Trainees • 3 CT3s • 6 CT2s • 7 CT1s • 6 GP Trainees • 3 FY2s • 4 FY1s • FY doctors rotated posts in November 2021
Exceptions in this period	• 23 on call shifts had a junior doctor gap due to sickness. • 21/23 on call shifts were covered by our own junior staff acting as locums . • 1 shift required a consultant to act down, 1 shift not covered as no cover could be found , mitigating action in place. • 1 exception report in this time period : On call overnight doctor agreed to stay late until morning doctor arrived (travel delays). Additional payment agreed. There was a Junior Doctors forum held via Microsoft Teams on 10th December 2021.

QUALITY DEVELOPMENT & IMPROVEMENT Within the Trust new initiatives and workstreams are frequently trialled and implemented using QI methodology. The two workstreams chosen to highlight this month relate to: The improvements in District Nursing referral process and new approaches being trialled with deteriorating patient process being delivered by Therapy colleagues .

Need to refer to District Nursing? Do

- In response to feedback provided by nursing and medical colleagues practicing in inpatient settings, along side learning from incidents relating to delays in treatment, a new poster was colligatively designed to highlight the need for key information about the (ICT) community nursing service to be easily available to colleagues at the point of discharge.
- To facilitate this the poster below has been produced in conjunction with community nurses to promote and outline a clinician to clinician process for which initial feedback is awaited .

PRIOR to patient discharge, refer patient to District Nurse via relevant locality referral centre.

Cheltenham	CheltenhamICT_nursing_referrals@ghc.nhsuk	0300 421 6070
Cotswolds	CotswoldsICT_nursing_referrals@ghc.nhs.uk	0300 421 6072
Gloucester	GloucesterICT_nursing_referrals@ghc.nhs.uk	0300 421 6071
Forest TNS	ForestTNSICT_nursing_referrals@ghc.nhs.uk	0300 421 6074
Stroud	StroudICT_nursing_referrals@ghc.nhs.uk	0300 421 6073

District Nurse services work **08:00 – 20:00**, 7 days a week.
There is an Out of Hours District Nurse service **19:00 – 07:00** however, this is a small team which covers the entire county for urgent care needs only.

Patient to be discharged with necessary medication / TTOs / consumables and dressings.

- ► 7 days' supply of medication and/or consumables
- ► 7 days' supply of all dressings and detailed wound care plan
- ► Details of equipment in place/ordered
  If patient is for End of Life Care:
- ► ReSPECT form complete
- ► Community drug chart completed and signed
- ► Just in Case medication in sealed JIC box

Referral to District Nursing to be made by clinician and not patient or relative.

Full clinical handover is important. Please use SBAR approach (Situation, Background, Assessment and Recommendations) and be clear about your expectations of the Community Nurse service.

Referral must be made by the responsible clinician. Please do not ask the family or patient to make a referral.

Discharging ward/unit to inform patient of plan.

Please do not inform the patient of their ongoing care plan with the District Nursing teams until you have received confirmation that we are able to provide the care.

Tell us who else is involved in the care of your patient i.e. Palliative Care, Tissue Viability, Mental Health Team, Domiciliary Care, Oncology etc. Please provide us with as much notice as possible to enable us to plan and coordinate care in a timely way to ensure continuity.

New Deteriorating Patient Process

Project Aim: Is for Band 4 and above Forest ICT therapy staff working in Home First and Referral Centre to be competent in recognising a deteriorating patient and be able to communicate clinical observations for a prompt response from supporting services by end of Dec 2021. The project will then expand to include all localities within Gloucestershire throughout 2022.

- Permission has been given to proceed with the pilot scheme relating to the deteriorating patient using the preferred process which utilises "Rapid if NEWS2 score > 3."
- During development there were frequent multi colligative productive discussions with contributions received from Service Directors, Director of Nursing, Therapies and Quality and the Deputy Medical Director, Community Services.
- Requests have been received to share the Quality Improvement (QI) work at the Trusts Senior Team meeting and at Quality Assurance Group (QAG) thus evidencing that there is interest in the project throughout the Trust.
- It is acknowledged that two of the key factors that need to be borne in mind are the impact on capacity that could become evident within both Rapid Response and referral centres, hence assurances have been given to senior leaders that this impact will be closely monitored .

- **1st PDSA cycle:** took place (9th Dec 2021 – 23rd Jan 2022):

  Evaluation: Positive staff feedback in confidence with skill, support in place and enhanced MDT working with nursing colleagues. No adverse incidents.

- 2nd PDSA cycle: (24th Jan – current):
  Adjustment to escalation pathway – in line with national guidance re low, medium, high risk.
  Evaluation: project review 24.2.22. positive verbal feedback and no adverse outcomes known.

- 3rd PDSA cycle:
  Aim to expand project to include Gloucester and Tewkesbury from mid March 2022.

Appendix One

Non Executive Director Quality Visits

Q3 October to December 2021

Working together

Our Non-Executive Directors' quality visits seek to:

- Explore the experience of staff, patients, families and carers across our services

- Provide greater understanding and insight into the services provided by our Trust

- Gain assurance that our staff, patients, families and carers are given the high level of support and care expected by our Trust

- Reinforce a culture of listening, so that we can improve how we support and deliver our services

Working together

- Our NEDs were able to undertake four visits in Q3 to the below services before Winter/Covid operational challenges forced the Trust to pause this valuable workstream

Service and location	Date of visit
Complex Lower Limb Service Team Lydney	22nd November 2021
District Nursing Independent Living Centre, Cheltenham Community Resource Centre, Whaddon	3rd December 2021
Health Visiting Team Rikenel, Gloucester	7th December 2021
Community Diabetes Education Service Walls Club, Gloucester	14th December 2021

Making a difference

"The shared accommodation with Rapid Response, Home First, OTs, PTs and the Referral Management Centre has improved the integration of services…It felt like one big happy team and has vastly improved communications and team working." **District Nursing, Cheltenham**

"(A) very interesting visit…spanning physical and mental health, child development and broader family dynamics. What I saw was a skilled and committed clinician in action, strongly exhibiting the Trust values." **Health Visiting Team, Rikenel**

"(I) witnessed what I felt was a good team atmosphere amongst (the) small team, and a good rapport between team members…it was clear that patients are treated kindly and respectfully." **Complex Lower Leg Service**

"The team have a very respectful and helpful approach…All were greeted and checked appropriately and sensitively. Extra effort was made to simplify attendance at the second session for those few who had experienced difficulties." **Diabetes Team**

Always improving

"The new DN model has been welcomed and colleagues are testing out the best ways to implement it. They believe it will provide better care but also more job satisfaction and therefore recruitment and retention." **District Nursing, Cheltenham**

"(The patient suggested) there was not a joined up enough handover from her previous mental health team to the perinatal one…was clear that she would work in partnership with her colleague in the other team to make a plan." ***Health Visiting***

"Despite the challenges…is clearly committed and passionate about the service and has a number of good ideas as to how it may be improved." **Complex Lower Limb Service**

"The team is seeking…venues for (patients) further from Gloucester and Cheltenham (and improving access to) their excellent handbook. The team recently received a Highly Commended in a national award and were also nominated in the Trusts own awards." **Diabetes Team**

Key themes
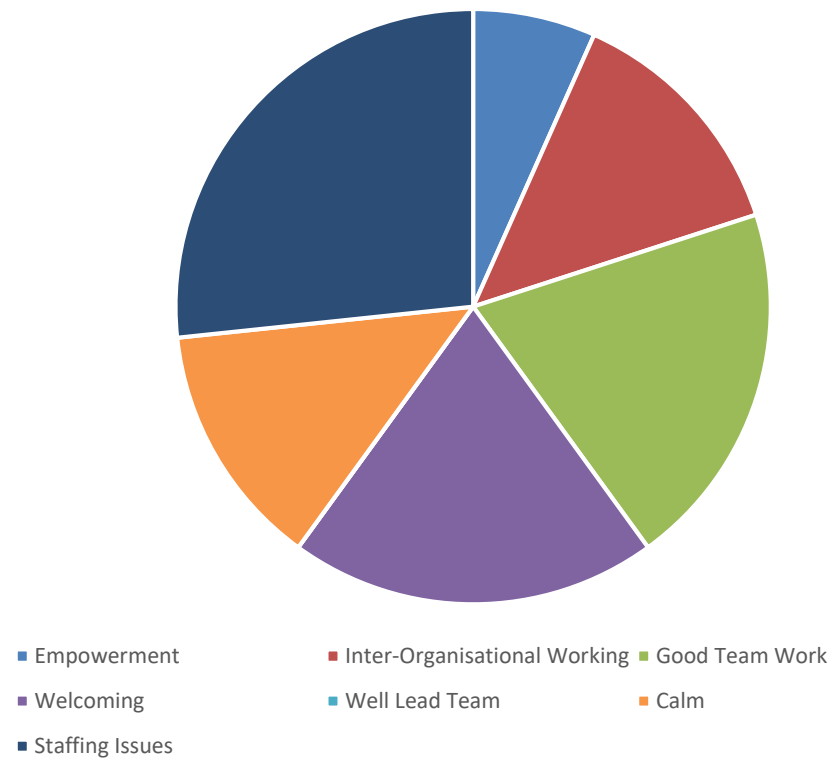
- Staffing issues, vacancies or worries about ongoing resilience were highlighted by all NEDs

- There was evidence of good inter-organisation working, however, some improvements (e.g. JUYI) are not widely shared/understood and there are wider information sharing issues across services

- There were no specific references to leadership within teams, although 75% recognised good team work

Legend:
- Empowerment
- Inter-Organisational Working
- Good Team Work
- Welcoming
- Well Lead Team
- Calm
- Staffing Issues

Outcomes and learning

SERVICE	RECOMMENDATION	ACTION
Diabetes Education Team	1. Review staffing (including new starter and resilience of team) 2. Explore opportunities to provide clinics outside town locations	1. To be developed
Complex Lower Limb Service	1. Review scope and KPIs for service against commissioned activity (including staffing and preventative care measures) 2. Review relationship with GHFT teams to optimise resource and streamline patient experience	1. To be developed

Outcomes and learning

SERVICE	RECOMMENDATION	ACTION
District Nursing	1. Explore staffing models to ensure safe/quality care 2. Share JUYI access opportunities 3. Develop more integrated working between PH and MH, district and practice nurses	1. To be developed
Health Visiting	1. Review handover process and information sharing across teams	1. To be developed

REPORT TO: **TRUST BOARD PUBLIC SESSION – 31 March 2022**

PRESENTED BY: Dr Amjad Uppal, Medical Director

AUTHORS: Paul Ryder, Patient Safety Manager
Nicola Mills, Clinical Incidents and Learning Manager

SUBJECT: **PATIENT SAFETY REPORT – Quarter 3**

If this report cannot be discussed at a public Board meeting, please explain why	NA

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

The purpose of this report is to:

This report provides the Trust Board with:

- A summary of mental health and physical health Patient Safety Incidents reported during Q3 (1st October to 31st December 2021)

- An overview of the Serious Incidents Requiring Investigations (SIRIs) declared in Q3

- An update on the developments that are underway or in the pipeline to further improve the governance arrangements associated with patient safety activity

Recommendations and decisions required

The Trust Board is asked to:

- **Note** the contents of the report

Executive summary

Of the reportable incidents, only Serious Incidents were reported (8). There were no never events or clause 4.26 events.

Eighteen 72 hour meetings were convened and there is a summary of those where it was agreed that they met the requirement to declare a SIRI. There is also a summary of the 3 incidents where a Clinical Incident was commissioned.

Work continues to improve patient safety reporting and in particular, to reduce duplication, focus on narrative to provide assurance and that the submitted reports are commensurate with the requirement of the receiving governance meeting.

Corporate considerations	
Quality Implications	Failing to provide the Patient Safety Team function would negatively impact the quality of services provided by the Trust.
Resource Implications	None
Equality Implications	None

Where has this been discussed before?

18 February 2022 - Quality Assurance Group
03 March 2022 - Quality Committee

Appendices:	None

Report authorised by:	**Title:**
Dr Amjad Uppal	Medical Director

Report on the
Trust's Patient Safety Incidents during Q3 2021/22

Presented to: GHC Board

Presented by: Dr Amjad Uppal

Q3 Patient Safety Report 2021/22

This report provides the Board with:

- A summary of all Patient Safety Incidents reported in the last rolling 4-quarter period
- Never Events, Serious Incidents and other reportable incidents
- Detailed analysis of high frequency incidents
- 'Sub Serious Incident' Incidents (moderate and above harm)
- Update on additional analysis of trending metrics

Board members have also been provided with an overview of Serious Incidents Requiring Investigation (SIRIs) and clinical incidents declared in Q3. Due to patient confidentiality, this detail is available to view via the Reading Room on Diligent.

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Summary of all Patient Safety Incidents reported in the last rolling 4-quarter period

	Q4 (%)	Q1 (%)	Q2 (%)	Q3 (%)
No Harm	2072 (63.0)	1967 (60.7)	1744 (62.2)	1955 (63.6)
Low Harm	990 (30.1)	1016 (31.4)	869 (31.0)	888 (28.9)
Moderate Harm	188 (5.7)	218 (6.7)	160 (5.7)	194 (6.3)
Severe Harm	30 (0.9)	23 (0.7)	17 (0.6)	20 (0.7)
Death	8 (0.24)	16 (0.5)	12 (0.4)	15 (0.5)
Total	3288	3240	2802	3072

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Q3 Patient Safety Report 2021/22

Never Events, Serious Incidents and other reportable incidents

	Q4	Q1	Q2	Q3	Rolling Total
Never Events	0	0	0	0	0
Failure to publish Declaration of Compliance or Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	0	0	0	0	0
Publishing a Declaration of Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	0	0	0	0	0
Serious Incidents	8	8	6	8	30

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Detailed analysis of high frequency incidents

Service provision has seen a return to more usual activity following earlier changes associated with the Covid-19 pandemic. Q3 continues to demonstrate more established incident reporting trends.

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

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

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

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Q3 'Sub Serious Incident' Incidents (moderate and above harm)

During Q3 the Patient Safety Team convened 18 72-hour Initial Investigation meetings (including incidents that have gone on to be declared as a SIRI)

Of the 18 initial stage meetings 7 mental health incidents and 1 physical health incident met the criteria for a Serious Incident Requiring Investigation (SIRI)

3 Clinical Incident Investigations were commissioned

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Additional analysis of trending metrics

A series of fortnightly meetings attended by colleagues from the Patient Safety Team and Business Intelligence are taking place to progress the use of Tableau to report on Datix activity. Good progress is being made to validate the data and develop a series of reports which will be shared with the relevant governance forums in due course.

It will then be possible to further refine this report in order to provide additional narrative and opportunities for development and embedding learning

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REPORT TO:	**TRUST BOARD PUBLIC SESSION – 31 March 2022**
PRESENTED BY:	Dr Amjad Uppal, Medical Director
AUTHOR:	Zoë Lewis, Mortality Review Officer Gordon Benson, Quality Lead (Mortality, Engagement & Development)
SUBJECT:	**LEARNING FROM DEATHS 2021/22 QUARTER 3 REPORT**

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

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

The purpose of this report is to:

The purpose of this report is to inform the Board of the learning from the mortality review processes during Quarter 3 2021/22.

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

Recommendations and decisions required

The Trust Board is asked to:
- **Note** the contents of this Learning from Deaths report which covers Quarter 3 2021/22.

Executive summary

- This report summarises Quarter 3 2021/22 activity regarding Learning from Deaths.

- No concerning trends or themes have been identified, however, slide 3 showing community mental health patients age vs. deprivation does show a correlation between reduced deprivation and living longer. A Task & Finish Group was

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD PUBLIC SESSION – 31 March 2022
AGENDA ITEM 10: Learning from Deaths 2021-22 – Q3 Report   Page **1** of 2
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commissioned by QAG to consider how best to promote health & well-being in vulnerable groups of the population. The inaugural meeting of this group in December 2021 was stood down due to preparations for the Covid surge but will be reinstated and an invitation extended to public health colleagues.

- The learning from individual mortality reviews is now presented as 'Learning on a Page', consistent with dissemination of learning from serious incidents, clinical incidents, and complaints. This information was reported in full to February QAG.

- A comprehensive version of this report containing detailed demographic and mortality data was reported to February 2022 QAG and the March 2022 Quality Committee.

- Feedback from the Medical Examiner service provides significant assurance that that the care provided to inpatients at the time of their death was of a good standard, that families were appreciative of the ME service input and were happy with the cause of death given, and gladly gave feedback about care when asked.

Risks associated with meeting the Trust's values

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

Corporate considerations

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

Where has this issue been discussed before?

Mortality Review Group meetings October - December 2021
Quality Assurance Group - 18 February 2022
Quality Committee - 3 March 2022

Report authorised by: Dr Amjad Uppal	Title: Medical Director

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD PUBLIC SESSION – 31 March 2022
AGENDA ITEM 10: Learning from Deaths 2021-22 – Q3 Report   Page 2 of 2
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Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 10.1/0322

Q3 2021/22 Learning from Deaths Report

Zoë Lewis, Mortality Review Officer
Gordon Benson, Quality Lead (Mortality, Engagement & Development)

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Overview

- During 2021/22 Q3, 141 Gloucestershire Health and Care NHS Foundation Trust (GHC) patients died:

No. of GHC patient deaths reported during 2021/22 Q2			
Oct	Nov	Dec	Total
57	42	42	141

- During 2021/22 Q3, 23 case record reviews and comprehensive investigations were completed:

No. of Investigations and care record reviews completed during 2021/22 Q3					
	2020/21 Q4	2021/21 Q1	2021/22 Q2	2021/22 Q3	Total
Comprehensive investigations	0	1	1	0	2
Care record reviews	1	3	7	10	21
Total	1	4	8	10	23

- The numbers above do not include open comprehensive investigations and care record reviews.
- 0, representing 0.0% of the patient deaths reviewed during 2021/22 Q3, are judged more likely than not to have been due to problems in the care provided to the patient.
- Learning from completed mortality reviews is now presented as Learning on a Page and these are disseminated to operational services through the Pan Operational Governance Group.
- Full demographic and mortality data is shared with QAG and the Quality Committee via a comprehensive version of this report.
- As requested by the Quality Committee, analysis of community mental health deaths as a measure of age vs deprivation is shown on the following slide.
- Feedback from the Medical Examiner services provides significant assurance that the care provided to inpatients at the time of their death was of a good standard.

Community Mental Health Patients
(Excluding those with a primary diagnosis of dementia and those on the MHICT caseload)
Age vs. Deprivation

Mean patient age at date of death vs. IMD national quintile of depreivation
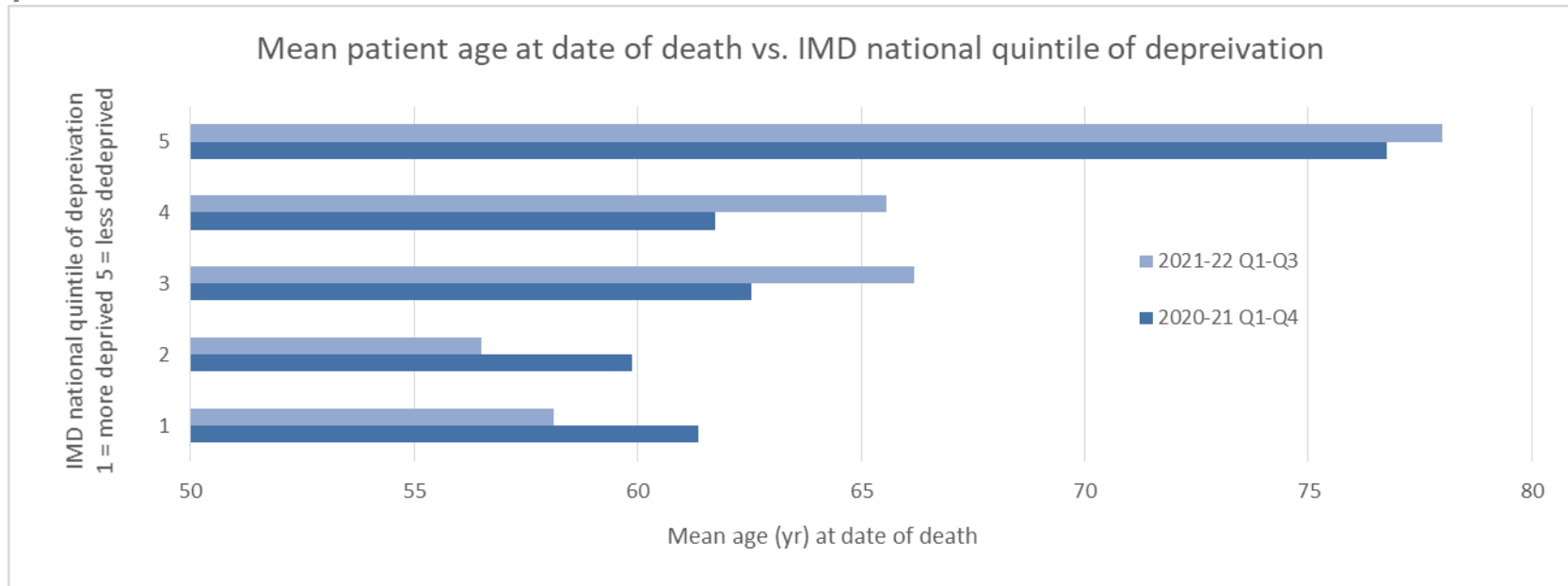
- Mean age at date of death by Index of Multiple Deprivation (IMD) 2019, national quintile of deprivation (1 most deprived, 5 least deprived), is shown in the chart above with comparison to 2020-21 Q1-Q4 data.
- The data from both years shows a correlation between reduced deprivation and living longer, most noticeably at quintile 5 (least deprived).

Community Hospitals & CLH Patient Demographics – Deprivation

The postcodes of the 265 patients who have died whilst inpatient at CLH & CHs since 01.04.2020 were compared against the Index of Multiple Deprivation (IMD) using information provided by Gloucestershire County Council. The IMD is a measure of relative deprivation for small areas (Lower Super Output Areas, LSOAs) and is a combined measure based on 37 separate indicators reflecting different aspects of deprivation experienced by individuals living in a LSOA. The LSOAs are ranked and split into quintiles, 1 most deprived to 5 least deprived.
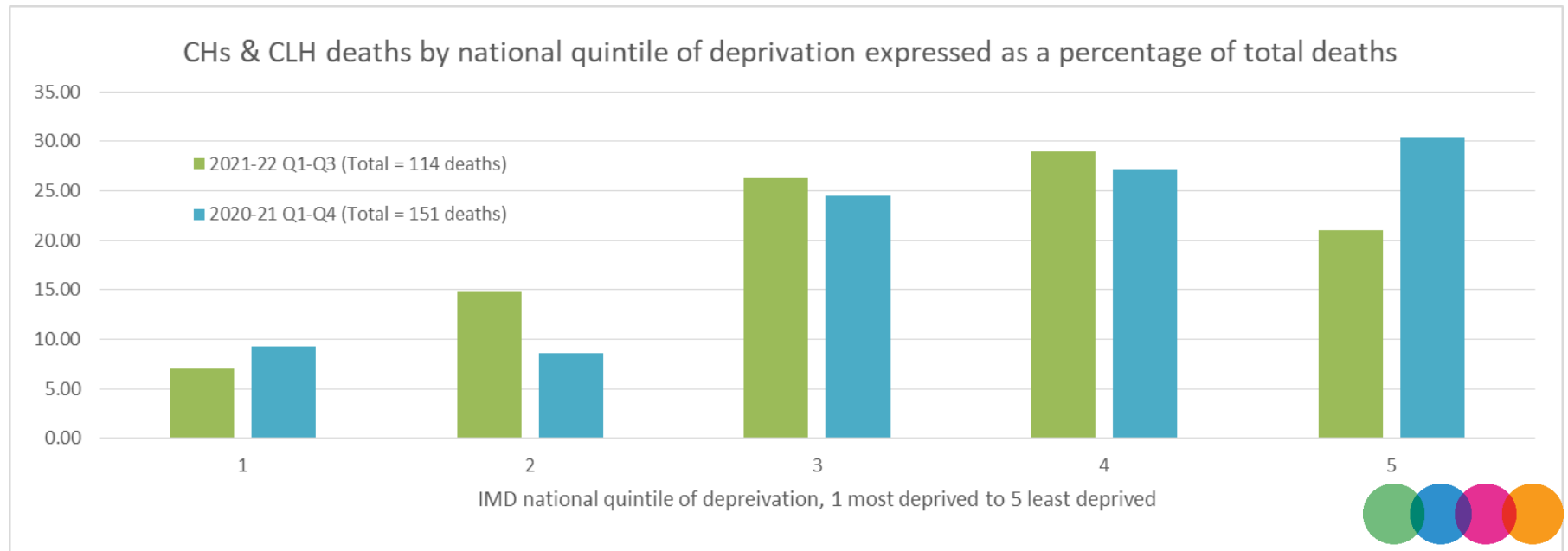
CHs & CLH deaths by national quintile of deprivation expressed as a percentage of total deaths

- 2021-22 Q1-Q3 (Total = 114 deaths)
- 2020-21 Q1-Q4 (Total = 151 deaths)

IMD national quintile of deprevation, 1 most deprived to 5 least deprived

Community Mental Health Patients
(Excluding those with a primary diagnosis of dementia and those on the MHICT caseload)
Patient Demographics - Deprivation

Deaths by national quintile of deprivation expressed as a percentage of total deaths

Legend:
- 2021-22 Q1-Q3 (Total = 58 deaths)
- 2020-2021 Q1-Q4 (Total = 71 deaths)

X-axis: IMD national quintile of deprivation (1, 2, 3, 4, 5)
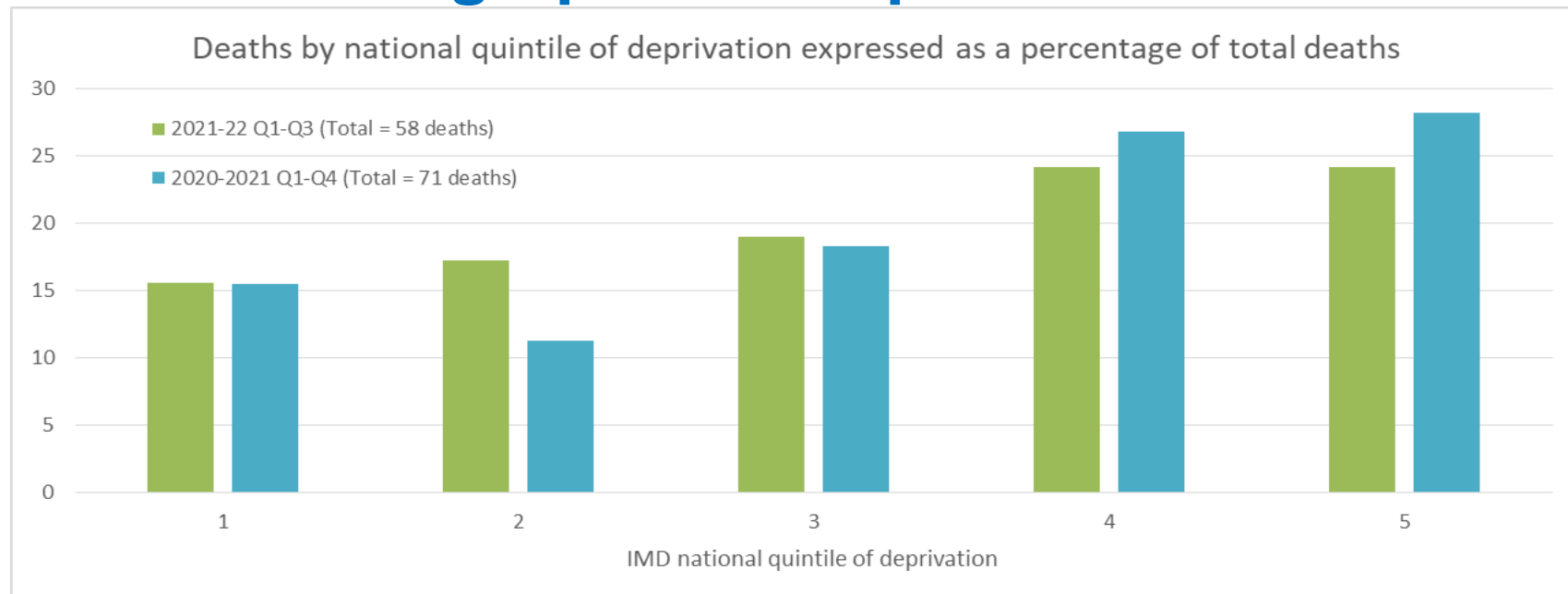
- The distribution of the 58 2021-22 Q1-Q3 community mental health deaths by Index of Multiple Deprivation (IMD) 2019, national quintile of deprivation (1 most deprived, 5 least deprived), is shown in the chart above with comparison to 2020-21 Q1-Q4 data.
- For both years, proportionally, more community mental health patients have died from areas of lesser relative deprivation.

Medical Examiner KPIs

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD
Percentage of deaths generating MCCD resolved with the input of the ME service													
Number		Pilot			46			25					71
Percentage		Pilot			100%			86%					93%
Number of times a MCCD is rejected by Registrar and reason this occurs		Pilot			0			0					0
Number of referrals to the Coronial Service													
Number		Pilot			9			5					14
Complaints made by bereaved relatives due to perceived delays to completion and release of MCCD (end to end timescales examined)		Pilot			0			0					0

From 1 December 2021, Medical Examiner input into reported deaths at Charlton Lane Hospital was rolled out successfully..

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Feedback & Learning from ME Input

Compliments - Examples received during the quarter. Full details are shared via the Mortality Review Groups on a monthly basis.

- *Dilke. Feedback from son: "The care was very good at the Dilke – no further issues to raise…'*

- *Lydney. Feedback from daughter: "Superb care at Lydney Hospital"*

- *Cirencester. Feedback from wife: 'The care was excellent and very good communication with staff. Happy with wording on MCCD and no concerns.'*

- *Stroud. Feedback from grand daughter: "Care was amazing. Staff were very attentive and she was grateful for everything staff did as well"*

- *North Cotswolds Hospital. Feedback from daughter: 'Very complimentary about the care given and agreed with the cause of death without concerns raised'*

- *Tewkesbury. Feedback from daughter: "No concerns with care at all. He was cared for very well at the end. Accepting and content with the cause of death given.'*

Complaints

- *None received*

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REPORT TO: **TRUST BOARD PUBLIC SESSION – 31 March 2022**

PRESENTED BY: Sandra Betney, Director of Finance and Deputy CEO

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: **FINANCE REPORT FOR PERIOD ENDING 28ᵀᴴ FEBRUARY 2022**

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

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

The purpose of this report is to
Provide an update of the financial position of the Trust.

Recommendations and decisions required

The Trust Board are asked to:
- **Note** the month 11 position

Executive summary
- The Trust is anticipating significant additional non-recurring income from Gloucestershire CCG
- The Trust's position at month 11 is a surplus of £3.24m
- The Trust is forecasting a year end position of a surplus of £4.677m
- The cash balance at month 11 is £61.244m
- Capital expenditure is £8.998m at month 11
- The Trust has spent £2.091m on Covid related revenue costs between April and February

Risks associated with meeting the Trust's values
Risks included within the budget setting paper this month

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD PUBLIC SESSION – 31 March 2022
AGENDA ITEM 11: Cover Report – Finance Report for Period Ending 28 February 2022   Page **1** of **2**
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Corporate considerations	
Quality Implications	
Resource Implications	
Equality Implications	

Where has this issue been discussed before?

Appendices:	Finance Report

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

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 11: Cover Report – Finance Report for Period Ending 28 February 2022   Page **2** of **2**
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Overview

NHS
Gloucestershire Health and Care
NHS Foundation Trust

- Gloucestershire ICS has been given an overall funding envelope for the second six months of 21/22

- At month 11 the Trust has a surplus of £3.24m and is working towards a full year forecast position of a surplus of £4.677m

- The Trust is anticipating significant additional non recurring income (£2.2m) from Gloucestershire CCG to cover a number of service developments and additional activity, and further income is expected to be received in March

- The ICS has informed NHSEI that it expects the year end surplus to be higher

- The Trust has recorded Covid related expenditure of £2.091m for April to February

- 21/22 Capital plan has increased to £17.04m including funded IT schemes, spend to date is £8.998m which is £1.5m below the revised plan

- The Better Payment Policy information is cumulatively 89% of invoices by value were paid within 30 days (95% just for February), the national target is 95%

- Cash at the end of month 11 is £61.244m

GHC Income and Expenditure

Statement of comprehensive income £000	2021/22 Original Plan	2021/22 NHSI H1 & H2 plan	2021/22 NHSI H1 & H2 plan ytd	2021/22 Actual ytd	Variance	2021/22 Full Year Forecast
Operating income from patient care activities	220,598	232,842	212,815	219,742	6,927	240,494
Other operating income	6,700	9,503	8,858	7,438	(1,420)	8,051
Employee expenses	(170,274)	(176,371)	(161,181)	(165,160)	(3,979)	(180,032)
Operating expenses excluding employee expenses	(53,533)	(63,357)	(58,090)	(56,458)	1,632	(61,246)
PDC dividends payable/refundable	(2,701)	(2,697)	(2,473)	(2,432)	41	(2,700)
Other gains / losses	0	8	7	20	13	10
Surplus/(deficit) before impairments & transfers	790	(72)	(64)	3,150	3,214	4,577
Remove capital donations/grants I&E impact	100	72	64	90	26	100
Surplus/(deficit)	890	0	(0)	3,240	3,240	4,677
Adjust (gains)/losses on transfers by absorption/impairments	0	0	0	0	0	0
Revised Surplus/(deficit)	890	0	(0)	3,240	3,240	4,677

Employee expenses variance is due to the pay award being larger than predicted in the H1 plan

The Operating income variance is due in part to the pay award being higher and partly due the additional CCG income received

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GHC Balance Sheet

Gloucestershire Health and Care
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		2020/21	2021/22	2021/22			2021/22
				H1 & H2 plan ytd			Full Year Forecast
Nov-21		Actual	Original Plan		Actual	Variance	
Non-current assets	Intangible assets	488	488	488	286	(202)	270
	Property, plant and equipment: other	109,796	119,881	119,090	112,355	(6,735)	119,914
	NHS receivables	276	0	0	0	0	0
	Non-NHS receivables	316	0	0	238	238	238
	Total non-current assets	**110,876**	**120,369**	**119,578**	**112,879**	**(6,699)**	**120,422**
Current assets	Inventories	718	418	443	718	275	718
	NHS receivables	6,077	5,877	5,894	6,676	782	5,500
	Non-NHS receivables	5,928	5,928	5,928	6,188	260	6,588
	Cash and cash equivalents:	52,333	38,340	38,716	61,244	22,528	52,733
	Property held for sale	0	0	0	0	0	0
	Total current assets	**65,056**	**50,563**	**50,981**	**74,827**	**23,846**	**65,540**
Current liabilities	Trade and other payables: capital	(5,108)	(3,108)	(3,275)	(4,020)	(745)	(7,020)
	Trade and other payables: non-capital	(23,762)	(20,262)	(20,554)	(32,248)	(11,694)	(22,902)
	Borrowings	(107)	(107)	(107)	(109)	(2)	(109)
	Provisions	(3,526)	(1,526)	(1,693)	(4,554)	(2,862)	(4,804)
	Other liabilities: deferred income including contract liabilities	(2,273)	(773)	(898)	(2,066)	(1,168)	(2,066)
	Total current liabilities	**(34,776)**	**(25,776)**	**(26,526)**	**(42,998)**	**(16,472)**	**(36,902)**
Non-current liabilities	Borrowings	(1,363)	(1,363)	(1,363)	(1,280)	83	(1,222)
	Provisions	(1,423)	(1,423)	(1,423)	(1,423)	0	(1,423)
	Total net assets employed	**138,370**	**142,370**	**141,247**	**142,005**	**759**	**146,414**
Taxpayers Equity	Public dividend capital	126,578	126,578	126,578	127,065	487	128,123
	Revaluation reserve	6,826	6,826	6,826	6,826	0	6,826
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	0	(1,241)
	Income and expenditure reserve	6,207	10,207	9,084	9,355	272	12,706
	Total taxpayers' and others' equity	**138,370**	**142,370**	**141,247**	**142,005**	**759**	**146,414**

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Cash Flow Summary

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Statement of Cash Flow £000	YEAR END 20/21		ORIGINAL PLAN 21/22		ACTUAL YTD 21/22		YEAR END FORECAST 21/22	
Cash and cash equivalents at start of period		37,720		52,333		52,333		52,333
Cash flows from operating activities								
Operating surplus/(deficit)	(203)		2,800		5,561		9,265	
Add back: Depreciation on donated assets	127		0		90		106	
Adjusted Operating surplus/(deficit) per I&E	(76)		2,800		5,651		9,371	
Add back: Depreciation on owned assets	8,734		6,500		6,551		7,035	
Add back: Impairment	5,006		0					
(Increase)/Decrease in inventories	0		300		(0)		0	
(Increase)/Decrease in trade & other receivables	5,722		200		(506)		(84)	
Increase/(Decrease) in provisions	492		(1,500)		1,028		1,278	
Increase/(Decrease) in trade and other payables	7,758		(1,500)		6,785		(2,744)	
Increase/(Decrease) in other liabilities	(1,409)		0		(207)		(207)	
Net cash generated from / (used in) operations		26,227		6,800		19,302		14,651
Cash flows from investing activities								
Interest received	9		0		25		27	
Purchase of property, plant and equipment	(10,769)		(17,993)		(10,086)		(13,581)	
Sale of Property	0		0		0		0	
Net cash generated used in investing activities		(10,760)		(17,993)		(10,061)		(13,554)
Cash flows from financing activities								
PDC Dividend Received	679		0		487		1,547	
PDC Dividend (Paid)	(1,170)		(2,800)		(726)		(2,135)	
Finance Lease Rental Payments					(81)		(94)	
Finance Lease Rental Interest	(363)		0		(11)		(15)	
		(854)		(2,800)		(331)		(697)
Cash and cash equivalents at end of period		52,333		38,340		61,244		52,733

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Covid 1

NHS

Gloucestershire Health and Care
NHS Foundation Trust

- The Trust has spent £2.091m up to 28th February 2022
- The Trust has received system COVID funding for the in envelope expenditure
- Out of envelope income has been included at £1.019m

For periods up to and including 28/02/2022 (M11)	Original Plan 21/22	Actual ytd Expenditure	Actual ytd Income (£)	YTD Net (£)	Full Year Net
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Othe	596,480	427,300		427,300	466,145
Remote management of patients	218,469	162,250		162,250	177,000
Existing workforce additional shifts	262,445	45,811		45,811	49,976
Decontamination	96,914	71,670		71,670	78,185
Backfill for higher sickness absence	262,445	202,662		202,662	221,086
Remote working for non patient activites	218,469	162,250		162,250	177,000
TOTAL IN ENVELOPE	**1,655,222**	**1,071,943**	**0**	**1,071,943**	**1,169,392**
COVID-19 virus testing (NHS laboratories)		697,069	(697,069)	0	0
Vaccine Program - Local Vaccination Service	0	140,601	(140,601)	0	0
Vaccine Program - Lead Employer	0	35,851	(35,851)	0	0
Vaccine Program - 12-15s	0	145,134	(145,134)	0	0
TOTAL OUT OF ENVELOPE	**0**	**1,018,656**	**(1,018,656)**	**0**	**0**
Net Expenditure over Income	**1,655,222**	**2,090,598**	**(1,018,656)**	**1,071,943**	**1,169,392**

Capital – Five year Plan

Gloucestershire Health and Care
NHS Foundation Trust

Capital 5 year Plan	Revised Plan	Plan to Date	Actuals to date	Forecast Outturn	Plan	Plan	Plan	Plan	
£000s	2021/22	2021/22	2021/22	2021/22	2022/23	2023/24	2024/25	2025/26	Total
Land and Buildings									
Buildings	4,639	3,430	3,025	4,639	2,100	2,400	1,000	1,000	11,139
Backlog Maintenance	3,468	4,877	2,376	3,468	1,480	1,045	1,250	1,393	8,636
Urgent Care	750	750	512	750					750
Buildings - Finance Leases								1,500	1,500
Net Zero Carbon					500	500	500	500	2,000
LD Assessment & Treatment Unit						2,000			2,000
Cirencester Scheme						0	5,000		5,000
Medical Equipment	2,306	1,428	730	2,306	1,000	500	1,030	1,030	5,866
IT									
IT Device and software upgrade	800	200	304	800	0	600	600	600	2,600
IT Infrastructure	1,366	1,086	858	1,366	1,036	1,300	1,300	1,300	6,302
Clinical Systems						350	500	250	1,100
Sub Total	**13,329**	**11,771**	**7,805**	**13,329**	**6,116**	**8,695**	**12,680**	**6,073**	**46,893**
Forest of Dean	2,164	2,500	1,193	2,164	11,500	8,851	0	0	22,515
Total of Original Programme	**15,493**	**14,271**	**8,998**	**15,493**	**17,616**	**17,546**	**12,680**	**6,073**	**69,408**
Disposals					0	(1,349)	(2,454)	(2,000)	(5,803)
Donation - Cirencester Scheme					0	0	(5,000)	0	(5,000)
Net CDEL	**15,493**	**14,271**	**8,998**	**15,493**	**17,616**	**16,197**	**5,226**	**4,073**	**58,605**
Anticipated CDEL *				15,493	17,116	11,116	11,116	11,116	65,957
Brokerage					500				500
CDEL Shortfall (under commitment	**15,493**	**14,271**	**8,998**	**(0)**	**0**	**5,081**	**(5,890)**	**(7,043)**	**(7,852)**
PDC									
RIO Virtual Assistant				237					237
Digital Dictation				250					250
Student Devices				120					120
Extended Disaster Recovery				250					250
Mobile Working RDS				440					440
Immutible Back-Ups				250					250
Total				**17,040**	**17,616**	**16,197**	**5,226**	**4,073**	**60,152**

- * Anticipated CDEL excludes surplus calculation for 23/24 to 25/26
- Planned capital spend in March £8.042m
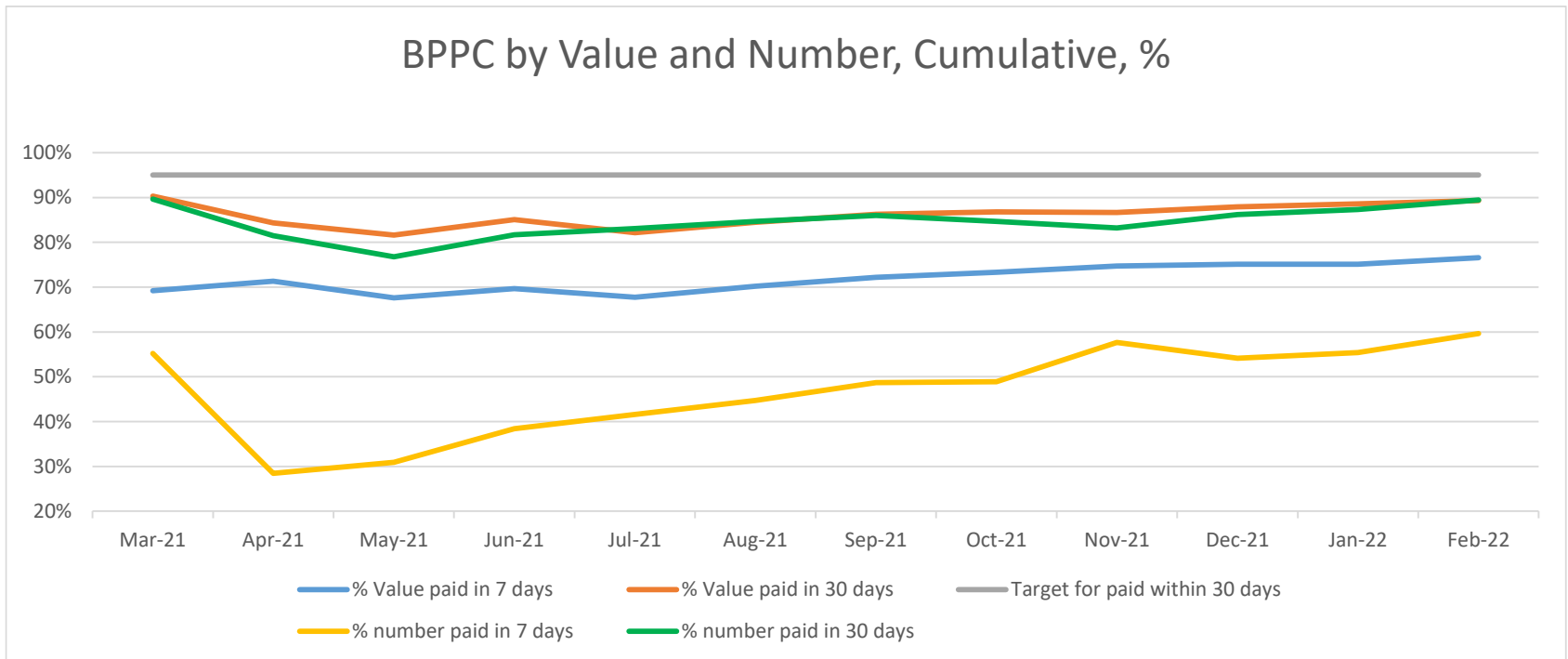
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Gloucestershire Health and Care
NHS Foundation Trust

REPORT TO:	**TRUST BOARD PUBLIC SESSION – 31 March 2022**
PRESENTED BY:	Sandra Betney, Director of Finance and Deputy CEO
AUTHOR:	Lisa Proctor, Associate Director of Contracts & Planning
SUBJECT:	**BUSINESS PLANNING OBJECTIVES FOR 2022/23**

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

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

The purpose of this report is to:

This report sets out the Trust Annual Business Planning process for 2022/23 and the proposed Business Planning Objectives for operational and corporate teams. There are a total of 222 objectives which are listed in Appendix 1 of this report.

Recommendations and decisions required

The Trust Board is asked to:
- **Approve** the business planning objectives
- **Note** the planned refresh during quarter 1 and the proposed move to a quarterly refresh of objectives thereafter.

Executive summary

The Business Plan has been developed in context with the Trust's main priorities and the known key deliverables identified in the National Planning guidance for 2022/23.

This report sets out the business planning process that was launched in December to support Directorates and Teams in developing their business planning objectives for 2022/23. The business plan is key to the delivery of the Trust Strategy and the business planning structure is underpinned by our four strategic aims.

This paper also sets out the known and emerging national and local priorities that have informed the business planning objectives. A business planning refresh will take place in quarter 1 to ensure the process for cross referencing objectives and alignment to resources is completed and business planning objectives and

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD PUBLIC SESSION – 31 March 2022
AGENDA ITEM 12: Cover Report – Business Planning Objectives for 2022-23   Page **1** of **2**
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milestones will be updated to reflect any new national requirements and local priority decisions. We will aim to introduce a refresh every quarter to ensure the business plan is updated and 'live' throughout the year.

Risks associated with meeting the Trust's values

The key risks to delivering the Business Plan for 2022/23 are identified as follows:

Continued Impact of Covid: The business planning objectives have been developed while we are still recovering from a major health pandemic and services are focussing on reducing waiting lists to pre-pandemic levels.

Impact of System Deficit: Progress towards achieving the business planning objectives will be impacted by the distraction on the organisation from the system financial deficit.

Impact of System Prioritisation on Investments: At the time of writing, not all service development funding has been agreed and key investment decisions regarding schemes that were developed in 2021/22 for short term, non-recurrent investments are awaiting the outcome of system prioritisation.

Corporate considerations	
Quality Implications	*Identified within the report*
Resource Implications	*Identified within the report*
Equality Implications	*No equality implications identified*

Where has this issue been discussed before?

The Business Planning process has been presented to the
- Resources Committee in December 2021
- Executive Team in January 2022
- Council of Governors in March 2022

Appendices:	Appendix 1 Table of Business Planning Objectives

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

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 12: Cover Report – Business Planning Objectives for 2022-23   Page **2** of **2**
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Annual Business Plan
2022-23

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Contents

1. Introduction

This business planning report sets out the planning process for 2022/23 including the approach to planning, risks to delivery and a short summary of key objectives. The full list of business planning objectives is included in Appendix 1. The report also includes an overview of the key achievements in 2021/22.

2. Background and context

2.1 The annual business planning process ensures the Trust meets the mandated forward planning requirements and is developed in conjunction with the System Operational Plan and the triangulation of finance, workforce and activity planning assumptions for the following year. As such the business planning process is closely aligned to budget setting to ensure the Trust objectives can be delivered within the budgetary framework.

2.2 The business plan is also key to the delivery of the Trust Strategy.

The planning structure was updated in 2021/22 and is underpinned by our strategic aims to ensure everything we do contributes to achieving our vision. Each business planning objective has a clear link to one of the four strategic aims.

This provides the framework for monitoring the balance of activity for each strategic aim and identifying any gaps in planning.

2.3 As part of the ongoing development of the milestones and metrics for the Trust Strategy, the business plan will be updated to align with the outcomes of this work once agreed by the Trust Board.

2.4 The business plan also has links to the six agreed integrated enabling strategies that support the long term delivery of the Trust Strategy. These are embedded across the business planning objectives ensuring the priorities are owned and connected across the operational and corporate boundaries. The business planning objectives will be updated to reflect the requirements for the remaining enabling strategies as they emerge.

2.5 Our business planning approach for 2022/23 was launched against the backdrop of recovery from the major health pandemic. As a result our business planning approach was slightly delayed but we have continued to develop our plans in alignment with our internal annual business planning cycle.

2.6 We have become more aware of the impact of Covid on our business plans and the associated increases in demand, waiting times and potential access problems. We will continue to monitor the impact of Covid and embed the learning throughout our 2022/23 milestones.

2.7 It is also important to acknowledge that a number of our current business planning milestones for 2021/22 have not yet been fully met and these have been carried forward into 2022/23 where appropriate.

3. Business Planning Approach 2022/23

3.1 The business planning approach for 2022/23 has been informed by the following key requirements:

- Trust Strategic Aims
- NHSE/I National Operational planning guidance
- Integrated Care System (ICS) Delivery Plans including NHS Long Term Plan ambitions
- Organisational requirements
- Quality Goals
- Quality Improvement
- Cost pressures, delivering value and budgetary framework

These requirements are a key part of the annual planning cycle which informs the Trust's internal planning approach aligned with budget setting, workforce planning and contract management processes .
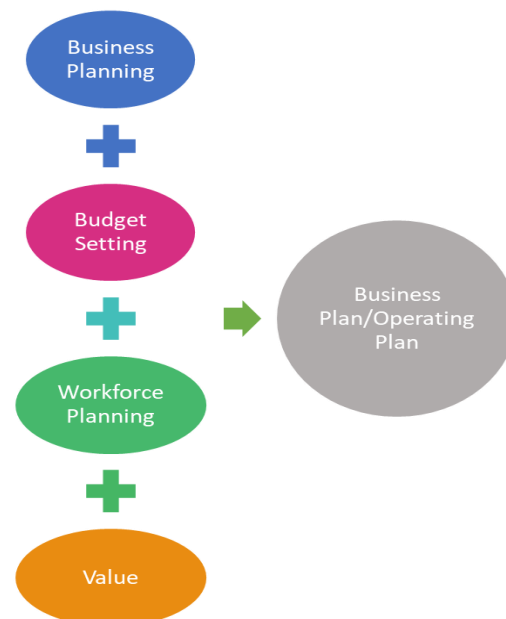
3.2 The business planning approach brings together our operational managers, HR and financial leads to ensure the capacity, capability and affordability is planned appropriately to deliver the objectives in the coming year. This coordinated engagement ensures the priorities for the organisation are owned and connected across operational and corporate boundaries. This planning approach is also aligned with the ICS planning stages which ensures the business plan is linked to the wider system prioritisation.

3.3 The business planning process for 2022/23 was launched in December 2021. The timetable for completion was as follows:

- December   Business planning approach presented at Resources Committee
                Executive Directors set their key priorities
- January   External planning guidance applied
                Alignment with coordinated internal planning including budget setting
- February   Plans drafted
- March   Executive review of plans
                Feedback from Council of Governors
                Board oversight

3.4 The planning timescale has been condensed to align with the capacity of Trust colleagues in developing their business plans. This has meant the time available for cross referencing our business planning objectives has been shortened. However, the business plans have been developed to achieve our original timescale of the end of March.

3.5 As a next step, a business planning refresh will take place during quarter 1 to ensure the process for cross referencing objectives and alignment to resources is completed fully and business planning objectives and milestones will be updated to reflect any new national requirements and local priority decisions.

3.6 System delivery plans remain under development and there are service development opportunities awaiting the outcome of system prioritisation and investment. To ensure the business plan is updated to account for these developments and remains 'live' throughout the year, we propose to introduce a business planning refresh every quarter.

4. Planning Priorities

4.1 As a result of the recent Board development session to explore a number of key elements of the business planning priorities, the following scenarios were discussed and we will ensure the outcomes are embedded within the business planning objectives as part of the initial refresh:

● working more effectively with the Voluntary Sector, Local Communities and Primary Care Networks to co-produce and deliver preventative integrated community services through developing our role in co-commissioning offering a range of support that could include:

* training, IT support and infrastructure
* joint or rotational roles
* champion different funding models and making the most of funds delegated to place

● using our patient level information alongside the population health management data in a joined up way to identify where we can have the greatest impact on tackling health inequalities in line with the national planning guidance across Gloucestershire. This could include:

* understanding and promoting the data and information already available
* raising awareness internally about the Core20PLUS5 framework and agree system priorities
* ensuring issues of race and health inequalities are embedded within our performance and governance approach.
* building on the success of targeted interventions and case finding from the Covid vaccination programme.
* focusing on equalities across all programmes in line with the Advancing Mental Health Equalities Strategy

● working differently to build on the learning from Covid and ensure we grow the workforce including the new roles we need to deliver the national and local priorities for the future by:

* continuing improvement plans for recruitment and retention
* supporting Staff wellbeing
* developing educational opportunities for learning and development
* working with partners to develop joint / hybrid roles
* exploring different workforce roles including VCS support in key services eg hospital settings

● working in an integrated way across the nationally agreed Ageing Well/Urgent Care pathway areas to support more people to live well at home by:

* targeting resources appropriately across the frailty spectrum
* focusing services to support moderate frailty to prevent tipping into more acute need.
* building community capacity around health and wellbeing and wrap services around primary care.
* building on the complex care @ home model and enhance the virtual ward capabilities to support more people to manage their long term conditions at home

4.2 Following further Board discussion we will align the business plan with the strategic milestones and measures when available.

4. Planning Priorities (contd)

4.3 We will also use the refresh opportunity to ensure the priorities set by our new Chief Operating Officer are embedded and supported:

* Our people – wellbeing offer; retention as a priority; recruit hard to fill vacancies (and strong focus to recruit from areas we usually miss out on); develop career pathways for all; develop leadership development training offer; invest in advanced practice; develop/ enhance staff led innovations.
* Community outreach and engagement – engage all our communities; ensure patient voice is heard; focus on health inequalities (and link to recruitment above).
* Safe services – for each service have a defined and agreed level of safe staffing; develop RAG demand/capacity toolkits.
* Working Practices – Pandemic lessons learned; retain flexible working; accelerate digital offer (both platform and system); retain remote/video consultation and telephone triage; web based advice and guidance; review Mental Health Length of Stay; adopt a home/ community deliver first ethos (ie deliver in patients home as first priority over treatment in health facilities).
* System collaboration – seek ways to integrate with ILP/PCN especially for FCP models; similar seek collaboration opportunities with GCC, GHFT and Voluntary Care Sector; balance our focus to engage in admission avoidance as much as back door flow.
* Structures – Deduce and agree/implement Operations Directorate structure; seek opportunities to integrate physical and mental health services across services (and especially align/co-locate community teams); review therapy offer in Community Hospitals.
* Infrastructure – review our estate in terms of both need and condition; continual review of ligature risks; proactive reviews of equipment (link with digital offers).

5. Planning Guidance 2022/23

5.1 In addition to our Trust planning priorities and organisational requirements. the business plan has been informed by our draft system operational plan in response to the National Planning Guidance for 2022/23 which was published in December 2022. Key National planning requirements are as follows:

Four key themes for Continued Covid Response and Recovery:

* **Accelerate plans to grow the substantive workforce** and **work differently** as we keep our focus on the health, wellbeing and safety of our staff

* Use what we have learnt through the pandemic to **rapidly and consistently adopt new models of care** that exploit the **full potential of digital** technologies

* **Work in partnership** as systems to make the most effective use of the resources available to us across acute, community, primary and social care settings, **to get above pre-pandemic levels of productivity** as the context allows

* **Use the additional funding government has made available to us to increase our capacity** and invest in our buildings and equipment to support staff to deliver safe, effective and efficient care

5. Planning Guidance 2022/23 (contd)

<u>Ten key National planning aims for 2022/23</u>:

A: Invest in our workforce – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

B: Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.

C: Deliver significantly more elective care to tackle the elective backlog including providing 10% more activity in 2022/23 than pre pandemic and reducing outpatient face to face follow-ups by at least 25% , reduce long waits including eliminating 104 week waits and improve performance against cancer waiting times standards.

D: Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models offering 40-50 beds per 100k population, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.

E: Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.

F: Improve mental health services and **services for people with a learning disability and/or autistic people** – maintaining continued growth in mental health investment to transform and expand community health services and improve access

G: Continue to **develop our approach to population health management**, prevent ill-health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities

H: Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems

I: Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this

J: Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places

5. Planning Guidance 2022/23 (contd)

5.2 Our Trust business planning process is aligned to the ICS planning process and system prioritisation and supports our partnership working. The following items are some of the local priorities considered as part of our business planning for 2022/23:

● **System Prioritisation:** services that have been funded non-recurrently or developed in response to Covid and will require further long term investment include:
  * Home First model of care has been expanded and informs the system wide flow planning work in partnership with the Emergency Care Integrated Support Team
  * Community Assessment and Treatment Unit test and learn to support patient flow
  * Covid Medicines Delivery Unit (CMDU) for the triage and delivery of Neutralising monoclonal antibodies (nMABS) and antivirals to vulnerable patients in the community
  * Post Covid investment in supporting local triage services and the impact on long term conditions pathways
  * Wellbeing Support Hub supporting staff with a range of needs including mental health

● **Additional funding opportunities:** the following includes some of the known central investment opportunities:

  * Mental Health Investment Standard investment in services to meet the long term plan ambitions and increased access trajectories eg Perinatal, Eating Disorders and Children's services.
  * Community Mental Health Community transformation funding – focusing on equalities across all programmes in line with Advancing Mental Health Equalities Strategy
  * Ageing Well System Development Funding to support urgent community response for crisis and reablement
  * Winter pressures funding linked to improvements in patient flow in and out of hospital care
  * Mental Health Discharge Funding Allocation (Non Recurrent) to support a range of discharge initiatives including with the Voluntary Sector
  * Virtual Ward development linking with Complex Care at Home and Rapid Response expansion using digital referral system to reduce A&E attendances
  * Service Development Funding to increase community capacity for learning disabilities and autism services

5.3 Further system prioritisation is required to identify all local service development investment opportunities in 2022/23. Once agreed these will be supported alongside our business planning objectives.

5.4 In addition, a series of ICS Delivery Plans have been produced across a range of health conditions and pathways. These are currently being reviewed as part of the system prioritisation process to ensure the plans are realistic and affordable or recognise where they are aspirational. The business planning objectives will be updated as the finalised delivery plan priorities emerge and funding is agreed.

6. Business Planning Objectives

6.1 Business planning objectives have been developed by each directorate team and some of the key highlights for delivery in 2022/23 are as follows: (the complete list of business planning objectives is included in Appendix 1)

Organisational Resilience
- Review & test existing Business Continuity Plans to ensure plans are effective
- Update the Adverse Weather Plan as a result of learning from Storm Eunice

Operational Governance
- To transition the operational recovery programme into the operational governance agenda and rigour as recovery becomes a business as usual function
- To ensure that learning from clinical incidents, SIRIs, deaths, complaints and concerns is shared through operational governance structures and that learning or recommendations are embedded and change reviewed as part of a continuous learning cycle

Adult Community Services:
- Develop Phase 2 Home First / Therapy Led Reablement model across the ICTs
- To address health inequalities in ethnic minority community through Complex Care at Home community outreach
- To undertake market research to inform recruitment campaigns for ICT nursing, OT and physiotherapy staff
- To ensure we have sufficient data and analysis to undertake clinical variation projects and to challenge any unwarranted clinical variation within Adult Community services

Hospitals:
- Establish multi-disciplinary staffing models on inpatient wards, to ensure sustainability and resilience (Medical, nursing and therapies)
- Review of LD Inpatient Services to determine best utilisation of estate in Gloucester
- Work with system partners to redesign the recovery/rehabilitation pathway for mental health that improves local services and avoids the need for out of county placements
- To ensure outpatient and theatre services are cost efficient and fit for the future

Childrens and Young Peoples Services:
- Work with BI to complete an Index of Multiple Deprivation (IMD) against both assessment and treatment waiting lists to understand those who are or are not accessing our care
- Apply HEAT (Health Equality Assessment Tool) to Health Visiting & School Nursing caseload and implement targeted interventions and new ways of working including maximising coproduction opportunities with schools and VCS partners
- Build and launch a Childrens Therapy Website page that covers OT, Physio & SALT and includes a comprehensive range of self help strategies, tool kits and advice to offer easier access to appropriate advice & support
- Run a 12 month pilot to explore joining up system-based CYP Mental Health services more effectively at point of Referral to improve patient, carer and professionals experience, across a range of service providers

Adult Mental Health and Learning Disability Services:
- Delivery of Year 2 of Community Mental Health Transformation Plan including Co Pilot of new CMHT model, including joint service delivery with Voluntary Care Sector in one locality
- Further implementation of Additional Roles Reimbursement roles in line with agreed PCN plans

6. Business Planning Objectives (contd)

Adult Mental Health and Learning Disability Services (contd):
- Scope learning from dementia pilots to inform new model of working for Memory Assessment and Dementia Services
- Establish system wide Programme Board to review Eating disorders provision and agree new service model

Urgent Care and Specialty Services:
- Review of the learning from the pilot on Complex Care at Home (CC@H) informing the implementation of the technology to support the development of a virtual ward model
- Implement the new SARC Model from October in partnership with First Light
- Extend Rapid Response (RR) & SWAST Service Model through the development of co-located service model between Rapid Response Practitioner and Specialist Paramedic jointly reviewing caseloads in support of the 2 hour urgent community response
- Continue the development of a falls service model based on joint working with Gloucester Fire Service as part of the Ageing Well agenda

7.2 In addition to our clinical and operational plans, our corporate services plans are aligned to support the programmes of work across the organisation including the following key highlights:

Communications
- Improve the accessibility of our main Trust website and improve our rating on the Silktide Index
- Improve engagement on social media channels for organic content and on advertisements

Corporate Governance
- Ensure that the preparations for the impact of the new Mental Health Act are considered and seamless transitions embedded
- To update and monitor the Data Security and Protection Toolkit (DSPT) progress for the Trust, reporting periodically to the IG Group (IGG) progress. To ensure GHC continues to achieve the appropriate Toolkit compliance level

Medical
- Explore the development of an innovation hub where colleagues can come together to champion change and new ways of working and ensure we work together towards better care outcomes
- To assess the impact of the new Mental Health Act on medical resources and develop plans for implementation

Nursing, Therapies & Quality
- Implementation of Civility Saves Lives Programme
- Deliver a high level implementation plan for trust quality strategy as presented to March 2022 quality committee

Strategy & Partnerships
- Work in partnership with system partners to support planning and development of ICS strategy, supporting new ICS structures
- To create a culture of sustainability, develop Strategic and Operational Sustainability Groups to set tasks and monitor progress, supported by a Sustainability Communications Plan

6. Business Planning Objectives (contd)

IT & Clinical Systems
● Provision of IT applications / systems / server to the 'cloud', and proving that the concepts and migration process to cloud technology is functional and fit for requirements. This will support the NHS 'Cloud First' approach.
● increase awareness of digital literacy and obtain a benchmark of digital literacy across the Trust through self-assessment, with offer of follow-up training and education

Estates, Facilities & Medical Equipment
● Oversee progress of the Forest of Dean (FOD) Hospital to time, quality and cost
● Develop a Space Utilisation Function that enables the maximisation of available Trust space

Finance
● To develop finance training for budget holders to be used in the Delivering Brilliant Basics programme
● Within the next financial year, streamline the reporting process so that the NHSI finance return can be finalised by working day 6 to 9 (exact target to be clarified by NHSI)

Business Intelligence
● To develop further equality monitoring tools and population health management capabilities
● To establish integrated intelligence reporting which triangulates multiple system sourced intelligence and adds value through analysis and benchmarking comparisons

Contracts and Planning
● Develop a relationship management approach as a lead provider within the voluntary care sector, facilitated by a set of principles, systems and processes for successful collaborative working
● Roll out the Engagement Value Outcome programme across a selection of services to support delivering value

HR & Organisational Development
● Undertake a review of current assurance mechanisms re Just and Learning Culture and employment relations. Develop an assurance report for the Great Place to Work Committee, JNCF and WOMAG that clearly shows activity and progress against key J&L themes
● Co-design Organisational Development and Workforce improvement priorities for the One Gloucestershire ICS with our people, partners, senior management teams and the Trust Board.
● Submit application for silver status in the Armed Forces recognition scheme
● Develop and embed Health Care Support Worker (HCSW) recruitment and retention programme. Utilising a shared decision making approach to listen, engage with and recognise the value HCSWs provide to the Trust and Service Users

Working Well
● To create a plan for implementation of the Health and Wellbeing Strategy
● Enable management referrals to OH to be made through an online portal, with all reporting also fully accessed via portal

7. Business Planning Outcomes 2022/23

7.1 The full business plan for 2022/23 includes 228 objectives which is an increase on previous years and demonstrates an ambitious level of delivery. To mitigate the risk of under resourcing our plan, objectives may be ranked in 'order of importance' to enable the support required to be phased across the year. The ranking will be completed by mid April 2022 as necessary.

7.2 One of the key aims for the business planning process is to demonstrate a preferred balance of objectives across our strategic aims. The bubble diagram below shows the balance of business planning objectives for each team/directorate for each of our four strategic aims. The operational teams are coloured red/orange and the corporate teams are coloured blue/green.

Better Health Objectives

Great Place to Work Objectives

High Quality Care Objectives

Sustainability Objectives
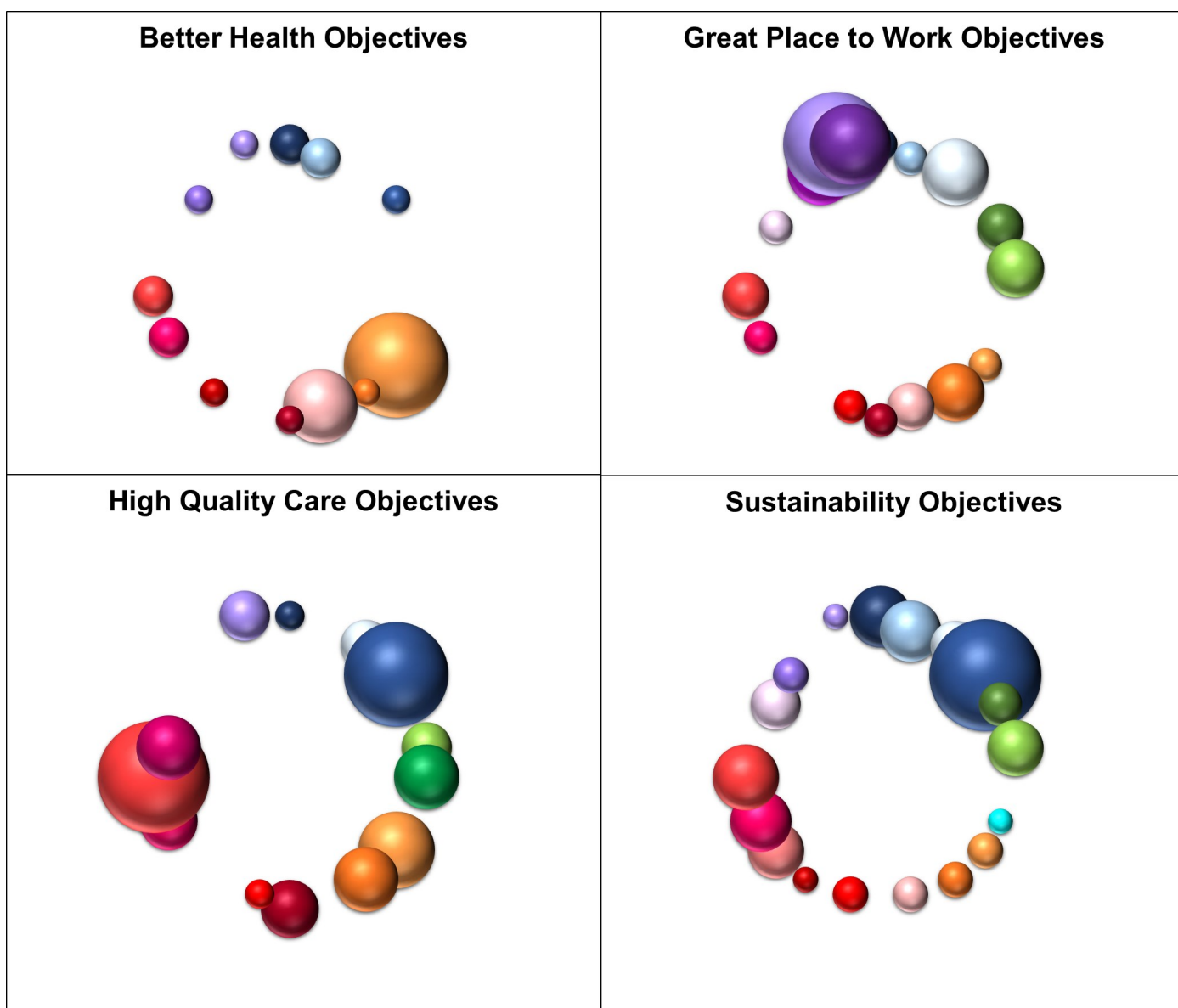
(see 7.4 for key to identify teams)

7.3 The diagram shows some teams focus more on one theme than another. Better Health continues to have the least objectives. This reflects the challenges we have faced throughout the pandemic and our need to focus activity on other priorities. We recognise this strategic aim is not something we can achieve alone and we will ask teams to consider how we can reappraise this theme with system partners as part of the business planning refresh.

7.4 The table below shows the key for identifying teams in the previous bubble diagram.

Key	SubDirectorate	Directorate
	Business Intelligence	Finance
	Contracts & Planning	Finance
	Estates, Facilities & Medical Equipment	Finance
	Information Technology & Clinical Systems	Finance
	Finance	Finance
	Corporate Governance	Corporate Governance
	Nursing, Therapies & Quality	NTQ
	Communications	Communications
	Adult Community Services	Operations
	Adult MH & LD Community	Operations
	Childrens & Young People's Service	Operations
	Hospitals - Mental Health	Operations
	Hospitals - Physical Health	Operations
	Medical Team	Operations
	Organisational Resilience	Operations
	Strategy & Partnerships	Strategy & Partnerships
	Urgent Care & Specialist Services	Operations
	Operational Governance	Operations
	Workforce Systems & Planning	HR
	Working Well	HR
	Recruitment & Retention	HR
	Organisation Development / Learning & Development	HR
	HR Operations	HR

7.5 The complete list of business planning objectives is included in Appendix 1. Please note this does not include the full details of each objective, for ease of reading.

8. Business Planning Forecast Delivery 2021/22

8.1 Teams were asked to provide a forecast for the delivery of their 2021/22 business planning objectives. There were 173 objectives at the beginning of 2021/22. Performance was monitored throughout the year by an online self assessment of progress via the business planning website.

8.2 The performance results below reflect the self assessment forecast for 2021/22. A small number of plans were not scored and these were removed from the results table. Where objectives were pending a score, these were included as Red.

Theme	Red	Amber	Green
Great Place to Work	11%	10%	78%
Sustainability	5%	15%	80%
High Quality Care	7%	19%	75%
Better Health	17%	15%	69%
Totals	**10%**	**15%**	**75%**

8.3 Our ability to deliver the business plan during a major pandemic was highlighted as a significant risk at the start of the year however the results show that just 10% of the business plan will not be achieved. This is a significant improvement in our performance from the previous year.

8.4 The results also show that despite the challenges this year, three quarters of business planning objectives are expected to be delivered by the end of March 2022.

9. Key achievements in 2021/22

The following highlights some of the key achievements in 2021/22:

- ✓ Successful submission of co-produced SARC tender following successful partnership working with First Light.
- ✓ Successful business case for the Specialist Forensic Community Team as part of the South West Provider Collaborative improvement programme.
- ✓ Successful implementation of additional School Aged Immunisation flu vaccinations
- ✓ Successful negotiation with NHSE public health commissioners to agree and introduce the new IV sedation dental treatment option
- ✓ Successful University of Gloucestershire academic accreditation for preceptorship
- ✓ Implementation off key network link upgrades to improve user experience for staff day to day working experiences for the new fit for purpose WAN
- ✓ Successful appointment of 3 new Mental Health Practitioners as part of the rollout of ARRs (Additional Roles Reimbursement) across the Primary Care Networks.
- ✓ Payroll system merger completed successfully
- ✓ MICAD implemented and operational for Estates and Facilities
- ✓ New CENTROS finance system operational
- ✓ Care to Learn online record configured to enable recording of clinical supervision
- ✓ First Reciprocal Mentoring Scheme refresh session taken place
- ✓ Hosted One Gloucestershire Clinical Placement Expansion Programme
- ✓ Complex Care at Home Virtual Hub expanded and operating in Cheltenham, Gloucester, and the Forest of Dean
- ✓ Collaborative working with social care to secure the implementation plan for Phase 1 of Home First/Reablement
- ✓ Activity to support the implementation of the Trusts Action Plans for its Workforce Disability Equality Scheme and Workforce Race Equality Scheme has commenced.
- ✓ Trust wide Estates Strategy developed and agreed by Board
- ✓ Oral health training for Care Home staff introduced
- ✓ Joint working with the voluntary sector commenced to provide a new range of options to support mental health discharge
- ✓ Successful delivery of next cohort of International Recruitment programme
- ✓ Roll out of Electronic Prescribing Medication Administration for mental health inpatients
- ✓ People Participation programme to increase co-production launched
- ✓ Stepping Up programmes specifically aimed at supporting the development needs of BAME and LGBTQ+ staff, and those with a disability have been commissioned and designed.

10. Business Planning Risks 2022/23

10.1 The key risks to delivering the Business Plan for 2022/23 are identified as follows:

Risk: L likelihood, I impact, R risk rating	L	I	R	R
Continued Impact of Covid: The business planning objectives have been developed while we are still recovering from a major health pandemic and services are focussing on reducing waiting lists to pre-pandemic levels. A business planning refresh of objectives will be introduced during quarter 1 which will include an assessment of the continued impact of Covid on our priorities and the resources required for delivery throughout the year. The objectives will then be refreshed quarterly throughout the year to ensure the business plan is 'live'.	3	4	12	🟡
Impact of System Deficit: Progress towards achieving the business planning objectives will be impacted by the distraction on the organisation from the system financial deficit. A clear financial strategy will be developed setting out how we will manage the in-year position and continue to prioritise and deliver appropriately.	4	3	12	🟡
Impact of System Prioritisation on Investments: At the time of writing, not all service development funding has been agreed and key investment decisions regarding schemes that were developed in 2021/22 for short term, non-recurrent investments are awaiting the outcome of system prioritisation. We will use the business planning refresh to rebalance the business plan and assess the affordability of our objectives. Any unfunded objectives will be removed or an alternative delivery method will be explored.	3	3	9	🟡
🟢 Low Risk 🟡 Moderate Risk 🟡 Significant Risk 🔴 High Risk				

10.2 The introduction of a business planning refresh at the end of quarter 1 is key to mitigating the identified risks. Feedback from the **Council of Governors** also endorsed the need for a refresh.

10.3 The Council of Governors requested clarity regarding the involvement of Heads of Profession in the development of the business planning objectives. We will request feedback from individual services regarding the engagement process undertaken and request the involvement of Heads of Profession during the quarter 1 refresh process where this has not already occurred.

11. Recommendations

The Board is asked to:
- approve the business planning objectives.
- note the planned refresh during quarter 1 and the proposed move to a quarterly refresh of objectives thereafter.

Team	Description of Objective		
		Better Health	
Adult Community Services	Adopt a health coaching approach and ethos across all services to improve health outcomes	Great Place to Work	
Adult Community Services	Develop Phase 2 Home First / Therapy Led Reablement model across the ICTs to improve patient discharge and flow	High Quality Care	
Adult Community Services	Undertake a comprehensive review of the Speech and Language Therapy Service with system partners to ensure appropriate resourcing	Sustainability	
Adult Community Services	To address health inequalities in ethnic minority community by improve access to community health services through Complex Care at Home community outreach		
Adult Community Services	To play a leading role in reviewing the Musculoskeletal (MSK) pathway across the ICS and reduce unnecessary admissions		
Adult Community Services	To implement a recovery plan for Complex Care at Home which enables the service to return to its pre pandemic preventative model of care		
Adult Community Services	To ensure there is closer partnership working with Adult Social Care (ASC) as part of the developing One Gloucestershire ICS		
Adult Community Services	To implement a pan directorate project to ensure there is close collaboration with mental health services as part of a holistic model of care		
Adult Community Services	To implement a pan directorate project to ensure there is close collaboration with long term conditions (LTC) teams with clear pathways between Adult Community Physical Health services and the LTC teams		
Adult Community Services	To implement a pan directorate project to ensure the therapy model is in line with the community hospitals' development plans		
Adult Community Services	To implement a pan directorate project to ensure people living with dementia receive good health outcomes for both their physical and mental health		
Adult Community Services	To participate in the CPG lead project to redesign the Complex Leg Wound Service pathway		
Adult Community Services	To participate in the CPG lead project to redesign Neurological Rehabilitation pathway		
Adult Community Services	To ensure we have sufficient data and analysis to undertake clinical variation projects and to challenge any unwarranted clinical variation within Adult Community services to achieve best practice and optimum outcomes		
Adult Community Services	To undertake market research to inform recruitment campaigns for ICT nursing, OT and physiotherapy staff		
Adult Community Services	Managers and staff in Adult Community Physical Health (ACPH) Directorate services connect with each other in order to reduce duplication and increase efficiency		
Adult Community Services	To Improve access to services and reduce duplication by developing an ICT public facing offer, supported by robust triage and health coaching approaches		
Adult Community Services	To ensure there is a clear Postural Care pathway described that is evidence based, easily accessed and easy to understand for all colleagues, improving parity of provision across services and smooth transition between pathways		
Adult Community Services	To trial the use of telehealth devices with Complex Care at Home, to support the development of the Virtual Ward		
Adult Community Services	To ensure a succession plan is in place and implemented for the Lymphedema Service		
Adult Community Services	To take a more proactive role in delivering End of Life care in line with national direction including scoping and Virtual Ward Model		
Adult Community Services	To review the ICTs' Model of Care as a key part of the ICS to ensure that high quality care is delivered within existing capacity		
Adult Community Services	Undertake a review and restructuring of the Integrated Community Teams (ICTs) leadership		
Adult Community Services	To take MDT approach to developing the leadership skills of senior clinical staff in the ICTs		
Adult MH & LD Community	To implement further Additional Roles Reimbursement (ARR) roles in line with agreed plans with PCNs		
Adult MH & LD Community	To agree hybrid working and service delivery model by team to improve effective operational delivery		
Adult MH & LD Community	To agree new operational structure to support Learning Disability (LD) Services		
Adult MH & LD Community	To consider move to full remote working for IAPT Workforce to improve resources and recruitment		
Adult MH & LD Community	To lead the delivery of Year 2 of Community Mental Health Transformation (CMHT) Plan		
Adult MH & LD Community	To co-pilot a new CMHT model, including joint service delivery with Voluntary Care Sector (VCS) in one locality to improve outcomes and reduce health inequalities		
Adult MH & LD Community	To expand perinatal service to deliver Access in line with Long Term Plan (LTP) ambitions.		
Adult MH & LD Community	To deliver Social Care Project outcomes as outlined in project plan, including new staffing structure and social care hub		
Adult MH & LD Community	To scope learning from dementia pilots to inform new model of working for Memory Assessment and Dementia Services		
Adult MH & LD Community	To agree methodology and parameters for RAG Rating of service delivery for each team and reporting structure.		
Adult MH & LD Community	To establish system wide Programme Board to review Eating disorders provision and agree new service model.		
Business Intelligence	To develop further equality monitoring tools and population health management capabilities		
Business Intelligence	To establish integrated intelligence reporting which triangulates multiple system sourced intelligence and adds value through analysis and benchmarking comparisons		
Business Intelligence	Fully support the BI development deliverables within the SystmOne Simplicity Project		
Business Intelligence	To continue to support and build service level demand and capacity forecasting models but also develop foundations for generic waiting list forecasting tool		

Business Intelligence	To effectively rebuild the data warehousing for IAPTus (IAPT), RiO (Mental Health), Lillie (Sexual Health) and Dentally (Dental Health)
Business Intelligence	To transition Physical Health (PH) Community from old to new data warehouse sources
Business Intelligence	To establish functional data flows, validate information and reporting from the following systems: Datix, Appraisal Data, Totara (Learning), Allocate (e-Rostering), SNAP (Service Experience), Bookwise/ Non-contracted Activity
Business Intelligence	To develop and establish new data flow transfers from new warehouses with system partners CHIS, GCC, GHFT and GCCG
Business Intelligence	To further develop Business Partnering across Operational and Corporate services
Business Intelligence	BI support for services including (but not limited to); Immunisation Team (RiO) Reporting, Long Term Condition Reporting, Non-Referral Activity Reporting, Home First Reablement Reporting, MIIU Reporting (Single S1 Module), ACM Caseload Reporting in RiO (CST), and CYPS Indirect Contact Reporting
Childrens & Young People's Service	Implement a 12 month pilot of "SilverCloud" digital platform as a clinically supportive measure to CYP as a waiting list & digital treatment offer initiative. Produce formal evaluation report at end of pilot
Childrens & Young People's Service	Build and launch a Childrens Therapy Website page that covers OT, Physio & SALT and includes a comprehensive range of self help strategies, tool kits and advice to offer easier access to appropriate advice & support
Childrens & Young People's Service	To reduce numbers of CYP on Core CAMHS Waiting List in line with current published Trajectory
Childrens & Young People's Service	CCG-commissioned programme will focus on Early Intervention, working with communities and schools. Including expansion of Mental Health Support Teams provision to all schools within Gloucester City, with full provision of MHST Core Offer.
Childrens & Young People's Service	Work with BI to complete an Index of Multiple Deprivation (IMD) against both assessment and treatment waiting lists to understand those CYP who are or are not accessing our care.
Childrens & Young People's Service	Apply HEAT (Health Equality Assessment Tool) to Health Visiting & School Nursing caseload and implement targeted interventions and new ways of working including maximising coproduction opportunities with schools and VCS partners
Childrens & Young People's Service	Evidence increased uptake of integrated offer and measurable outcomes including healthy diet, reduced avoidable accidents, school readiness. Identify future integrated offers to build community capacity within national priority areas
Childrens & Young People's Service	Develop a formal Career Development Framework for CAMHS, covering opportunities for apprenticeships, preceptorships & new roles such as Mental Health Navigators, Crisis Workers & Wellbeing practitioners akin to Dorset CAMHS
Childrens & Young People's Service	Develop a formal Career Development Framework for Health Visiting & School Nursing Teams that covers opportunities for apprenticeships, preceptorships & new roles
Childrens & Young People's Service	Expansion of Community Respiratory Physio Pilot (12 months) to manage respiratory needs in the community and support admission avoidance
Childrens & Young People's Service	Run a 12 month pilot to explore joining up system-based CYP Mental Health services more effectively at point of Referral to improve patient, carer and professionals experience, across a range of service providers
Communications	Improve the accessibility of our main Trust website and improve our rating on the Silktide Index by at least two points per quarter.
Communications	Make improvements every quarter in the appearance and content of our membership newsletter, ensuring it continues to appeal to a broad audience of readers.
Communications	Improve engagement on social media channels by two per cent per month on organic content and five per cent per month on advertisements
Contracts & Planning	Work with Integrated Care System (ICS) partners to lead and support the Patient Level Costing programme to overcome data sharing issues and move forward to better understand the drivers for clinical costs.
Contracts & Planning	Roll out Engagement Value Outcome (EVO) programme across a selection of services, prioritised by Ops engagement to support delivering value
Contracts & Planning	Update the contracts & planning intranet site to enable the team, service leads and other customers of the team to access important documents and guides more easily
Contracts & Planning	Fully scope automated Patient Level Costing (PLICS) feeds to be sourced from Business Intelligence team
Contracts & Planning	Work with system partners to scope the methodology for standardised overhead calculations for ease of system planning
Contracts & Planning	Work in partnership with Procurement Shared Service to deliver the ICS development program for procurement to realise the benefits of joint working
Contracts & Planning	Develop and finalise service specifications for overarching contracts to improve the contractual platform with system partners (GMS & GHFT)
Contracts & Planning	Establish a process for the formal sharing of the service development tracker and resources committee reporting, to ensure funding outcomes and priorities are embedded
Contracts & Planning	Develop a relationship management approach as a lead provider within the voluntary care sector, facilitated by a set of principles, systems and processes for successful collaborative working

Corporate Governance	Provide accredited training for managers to allow them to fulfil their Health and Safety responsibilities
Corporate Governance	Provide accredited training to all Board members to allow them to fulfil their obligations under Health and Safety Law
Corporate Governance	To review the Violence Prevention and Reduction Standards identifying clear roles and responsibilities for implementation
Corporate Governance	Ensure that the preparations for the impact of the new Mental Health Act are considered and seamless transitions embedded
Corporate Governance	Trust membership engagement plan developed including review and rationalisation of membership base
Corporate Governance	Scanning of all Mental Health records into the EDMS and commencing Physical Health records by year end
Corporate Governance	Risk Management Training framework developed and implemented
Corporate Governance	Roll out essential to role Risk Management training
Corporate Governance	To update and monitor the Data Security and Protection Toolkit (DSPT) progress for the Trust, reporting periodically to the IG Group (IGG) progress. To ensure GHC continues to achieve the appropriate Toolkit compliance level.
Corporate Governance	To represent GHC at the ICS Gloucestershire Information Governance Group, which includes JUYI, providing advice, expertise , guidance and a GHC perspective to the Information Governance agenda and practices in the ICS.
Corporate Governance	Ensure Trust Constitution and Standing Orders are fit for purpose and in line with best practice
Estates, Facilities & Medical Equipment	To assess and implement agreed lessons learnt from the Covid pandemic and provide appropriate support to staff "returning" to the physical environment
Estates, Facilities & Medical Equipment	To implement the Microfibre mopping system across all Trust sites
Estates, Facilities & Medical Equipment	Develop an Estates and Facilities survey that enables the collation of and response to end user feedback
Estates, Facilities & Medical Equipment	Oversee progress of the FoD Hospital to time, quality and cost
Estates, Facilities & Medical Equipment	To progress the Medical Devices service both in terms of visibility and in terms of value add, including development of a long term plan.
Estates, Facilities & Medical Equipment	Pilot undertaken at selected site during Q1. Solution identified and procured via competitive process by end of Q1. Phased rollout of meal ordering system across all inpatient sites top be completed by end of Q4
Estates, Facilities & Medical Equipment	Implementation of National Standards of Healthcare Cleanliness 2021 as mandated by NHE/I in line with required timescales
Estates, Facilities & Medical Equipment	To re-enforce and document appropriate controls and management of all 3rd party contractors entering Trust premises (permits to work, evidence of competence, auditing of work etc.)
Estates, Facilities & Medical Equipment	To rationalise and standardise the cleaning products used across the Trust estate
Estates, Facilities & Medical Equipment	By end of Q2 complete an analysis of the medical devices service delivered by GMS to inform and develop a long term plan
Estates, Facilities & Medical Equipment	Space utilisation function developed by end of Q1 that enables the maximisation of available Trust space
Finance	To develop finance training for budget holders to be used in the Delivering Brilliant Basics programme. To develop training materials for requisitoners and admin staff
Finance	Improve understanding of roles and develop team culture and ethos
Finance	Automate manual tasks to reduce the time taken to produce information
Finance	Within the next financial year, streamline the reporting process so that the NHSI finance return can be finalised by working day 6 to 9 (exact target to be clarified by NHSI)
Finance	To develop internal reports to support the requirements of ICB reporting
Hospitals - Mental Health	Strategic plan in enhancing patient safety outcomes.
Hospitals - Mental Health	Utilise the Workforce Steering Group to ensure a focus on recruitment and retention, wellbeing and staff safety, development of career progression and pathway for all grades and Leadership Development/coaching for matrons
Hospitals - Mental Health	To have a strategic plan in reducing out of area placements
Hospitals - Mental Health	Review of LD Inpatient Services to determine best utilisation of estate in Gloucester
Hospitals - Mental Health	To co-produce a service design and workforce plan to deliver a recovery/rehabilitation pathway for the people of Gloucestershire that avoids the need for out of county placements.
Hospitals - Mental Health	To identify a strategic plan in reducing temporary staffing use/spend
Hospitals - Physical Health	Establish multi-disciplinary staffing models on inpatient wards, to ensure sustainability and resilience (Medical, nursing and therapies)
Hospitals - Physical Health	To ensure Community Hospitals are positioned as pathway 2 in the ICS and the associated clinical needs are aligned to workforce development programmes
Hospitals - Physical Health	Improve patient flow to ensure sufficient bed capacity is available to meet the needs of the people of Gloucestershire
Hospitals - Physical Health	To ensure outpatient and theatre services (run by GHC) are cost efficient and fit for the future
HR Operations	Scope business case for the development of transformational HR capacity (HR Business Partnering and associated Workforce Planning/Analysis resource)

HR Operations	Develop and Launch an accessible Policy Manual for HR policies - in 'e-book' and physical book format. Focus on ensuring all policies are accessible, simple to navigate and in line with best practise and Just and Learning Principles.
HR Operations	Review how conflict at work/ bullying and harassment concerns are managed - providing increased opportunity for support, facilitated discussion and formal mediation.
HR Operations	Review and make improvements to the current Job Evaluation process, utilising standard Job Description and Person Specification template to minimise the need for job evaluation.
HR Operations	Undertake a review of current assurance mechanisms re Just and Learning Culture and employment relations. Develop assurance reports for the Great Place to Work Committee, JNCF and WOMAG showing activity and progress against key J&L themes.
HR Operations	Improve attendance for non C-19 sickness absence and supporting staff to return to work by review and relaunch of the supporting attendance policy
Information Technology & Clinical Systems	To Go Live with CITO Electronic Document Management System in our main EPR systems in 2022/2023 to reduce clinical risk & provide a range of benefits.
Information Technology & Clinical Systems	Deliver RiO Virtual Assistant technology to support Appointment Management, E-consent for School Age Imms(SAI) Service & CAMHS ROMS
Information Technology & Clinical Systems	Project to implement Dragon Medical One and speech recognition software with quarterly review of KPIs. The purpose of which is to provide an upgraded product with more access to reporting and cloud-based functionality; resulting in improved performance on GHC devices
Information Technology & Clinical Systems	Development of in-house applications for Services already identified on pipeline and signed off through Governance groups
Information Technology & Clinical Systems	Continuation of project to roll out Prism to Mental Health Services in order to reduce franking machine usage / costs across Mental Health Services, similar to the reduction seen in Physical Health Services
Information Technology & Clinical Systems	Project to purchase and implement Booking Live within Specialist Nursing to pilot the effectiveness of a patient-choice booking system and measure whether there has been a reduction in telephone calls within the Service and a decrease in the admin burden caused by appointment booking queries
Information Technology & Clinical Systems	Programme to investigate ways of communicating with patients digitally within CAMHS in order to maintain contact with those on waiting lists, including asking whether the client still wishes to wait and identifying those to undertake activities whilst waiting
Information Technology & Clinical Systems	Project to roll out devices and equipment to enable a virtual ward
Information Technology & Clinical Systems	Programme to bring together use of applications across GHC and published within ORCHA and work on wider digital strategy
Information Technology & Clinical Systems	Input into vision programme to investigate Clinical Systems opportunities and infrastructure required to support solution
Information Technology & Clinical Systems	Aligned to Vision programme; support ways to integrate information across GHC systems and wider into the JUYI replacement
Information Technology & Clinical Systems	Review current status of IT infrastructure from a cyber perspective and to realise good practices and potential vulnerabilities
Information Technology & Clinical Systems	Implementation of additional server infrastructure to support the inclusion of Business Intelligence Servers and to build a strong and robust failover environment
Information Technology & Clinical Systems	To asses the current Information technology Service Management tool (Cherwell) to determine if it meets the requirement of the IT Operations, Clinical Systems and Digital Transformation teams. Assess IT Asset Management tools and integration. Ensuring auditing applications are meeting licencing compliances
Information Technology & Clinical Systems	To successfully complete an NHSE approved full Green Book Business Case to progress the Clinical Systems Vision Programme
Information Technology & Clinical Systems	To deliver successfully major RiO upgrade to version 22.12 without causing issues to operational services. This upgrade will provide improved clinical & technical functionality & team will ensure that users can fully utilise this enhanced functionality.
Information Technology & Clinical Systems	Decommission SOELhealth and migrate to Dentally within 2022/2023 and deliver the benefits of a new improved system.
Information Technology & Clinical Systems	To reconfigure SystmOne to improve mandated data recording
Information Technology & Clinical Systems	To configure SystmOne for Reablement service and move GCC reablement staff on to SystmOne
Information Technology & Clinical Systems	Complete 3 month pilot with Crisis teams to inform the decision on continued use of Total Mobile
Information Technology & Clinical Systems	Review & Rebuild RiO Off-Line to ensure robust off-line system
Information Technology & Clinical Systems	As part of the Digital Dictation DMO rollout, the Crescendo contract renewal will also take place. The project team will undertake an options evaluation of other similar products, put forward an appraisal review of all possible solutions and make a recommendation based on the findings
Information Technology & Clinical Systems	Wholesale review of current in-house applications estate highlighting concerns on server space and whether the application requires an upgrade
Information Technology & Clinical Systems	Project to increase awareness of digital literacy and obtain a benchmark of digital literacy across the Trust through roll-out of self-assessment, with offer of follow-up training and education
Information Technology & Clinical Systems	Programme of work to identify variation in Audio-Visual equipment across the Trust and standardise it whilst also identifying new services to start using video consultation software

Information Technology & Clinical Systems	Project to analyse possible uses for PowerApps, identify teams to use it and provide training opportunities
Information Technology & Clinical Systems	Project to support expansion of Office 365 utilising video guides and 1:1 sessions for users for support. The aims are to analyse statistics to identify whether there has been a reduction in contact with the Service Desk, so that it is possible to measure the effectiveness of the Digital Instructors Team and identify areas to focus next for the team in terms of user education
Information Technology & Clinical Systems	Continuation of project to deploy LAN switches across all sites of the Trust. Ensuring equipment is under support and standardised
Information Technology & Clinical Systems	Provision of IT applications / systems / server to the 'cloud', and proving that the concepts and migration process to cloud technology is functional and fit for requirements. This will support the NHS 'Cloud First' approach.
Information Technology & Clinical Systems	Provision of a VDI solution to improve remote access to resources and applications, including access for students and colleagues using their own devices. Supports the clinical systems Vision project
Information Technology & Clinical Systems	To ensure GHC has a secure and Write Once, Read Only backup repository so backup sets cannot be amended and are protected from Cyber attacks.
Information Technology & Clinical Systems	Completion of the VOIP rationalisation project, ensuring the trust has a clear telephone setup across the estates
Information Technology & Clinical Systems	To fully deploy a supportable version of Windows 10, ensuring all endpoint devices use at least W10, 20H2 and to deploy new hardware to eradicated devices over 5 years if not fit for purpose
Information Technology & Clinical Systems	Ensure IT equipment ordering process functions as intended and provides necessary details for colleagues and procurement. Streamline processes for all stakeholders and improving user experience. Ensure equipment deployment and allocation supports New Ways of Working
Medical Team	Explore the development of an innovation hub where colleagues can come together to champion change and new ways of working and ensure we work together towards better care outcomes.
Medical Team	To assess the impact of the new Mental Health Act on medical resources and develop plans for implementation
Nursing, Therapies & Quality	Implementation of Civility Saves Lives Programme
Nursing, Therapies & Quality	Implementation of a patient safety incident response plan that aligns with national strategy
Nursing, Therapies & Quality	As described in quality strategy, progress the development of the GHC quality management system
Nursing, Therapies & Quality	Deliver a high level implementation plan for trust quality strategy as presented to March 2022 quality committee
Nursing, Therapies & Quality	Develop dashboards with embedded bespoke metrics that allow a broader view of patient safety and experience to inform improvements for patient care
Operational Governance	To develop and embed a mechanism by which performance exceptions can be recognised, understood, recovered and reviewed by individual services. To produce a single mechanism that can be used by all services by September 2022.
Operational Governance	To transition the operational recovery programme into the operational governance agenda and rigour as recovery becomes a business as usual function
Operational Governance	To ensure that learning from clinical incidents, SIRIs, deaths, complaints and concerns is shared through operational governance structures. Learning or recommendations embedded and change reviewed as part of a continuous learning cycle.
Operational Governance	A range of clinics to be made available to operational colleagues, with focus on different aspects of the governance agenda, including risk review clinics, quality clinics and recovery clinics.
Operational Governance	By Q4 to produce an operational governance handbook that supports all colleagues with the operational governance agenda, processes framework and reporting mechanisms.
Organisation Development / Learning & Development	Establish an annual plan and programme of activities that promotes access, inclusion and reduces inequity for and with staff and of GHC services.
Organisation Development / Learning & Development	To create a plan for implementation of the Health and Wellbeing Strategy
Organisation Development / Learning & Development	The Trust has a simple but effective process for capturing the training needs, and costs, of Trust staff
Organisation Development / Learning & Development	There are a range of systems in place which ensure that staff have regular access to timely information about staff training and development opportunities.
Organisation Development / Learning & Development	To optimise widening access to Trust employment through engagement with key partner organisations and internal colleagues.
Organisation Development / Learning & Development	To creatively maximise the use of the Trust's Apprenticeship Levy and pipeline to support and deliver our new Recruitment and Retention strategy,
Organisation Development / Learning & Development	Review and delivery of "Brilliant Essentials" and "Leading Better Care Together" leadership development programmes for existing and aspiring leaders

Organisation Development / Learning & Development	To provide a responsive and effective Organisational Development and Leadership offer that provides the essential development to enable an inclusive culture where people can thrive and deliver high quality care and services
Organisation Development / Learning & Development	To provide a comprehensive succession planning guidance and toolkit for the Trust to maximise the development, succession and retention of our talent
Organisation Development / Learning & Development	Co-design OD and Workforce improvement priorities for the One Gloucestershire ICS with our people, partners, senior management teams and the Trust Board.
Organisation Development / Learning & Development	A Staff Survey action plan is developed that summarises the main themes that will be progressed during 2022/23
Organisation Development / Learning & Development	A link exists between Care to Learn and Tableau which provides relevant training compliance data for manager access and dashboard reporting
Organisation Development / Learning & Development	The Trust has a well developed understanding of and delivery plan for Essential to Role training.
Organisation Development / Learning & Development	To deliver an improved and comprehensive suite of high quality learning solutions to improve care, staff development, recruitment and retention.
Organisation Development / Learning & Development	To maximise student placement capacity in a way that optimises quality of training, placement experience and clinical safety,
Organisational Resilience	Review & test existing Business Continuity Plans (BCPs), update to new format providing simplified & easy to use plans with simple flow charts. Perform exercise to ensure plan is effective.
Organisational Resilience	Ensure consistency of plans and policies to the titles outlined in the National EPRR standards. Plans should be modified so there is standardisation with National Titles.
Organisational Resilience	Update Trust response guide into a Major Incident (MI) Response Plan that reflects national requirements for an MI Response Plan. Action cards to be clearer and the cascade system to be refined and approved.
Organisational Resilience	Incident Control Centre (ICC) room to be re-established and current team located in room of choice to be relocated, in order to enable a quick response to incidents
Organisational Resilience	Update the Adverse Weather Plan as a result of learning from Storm Eunice
Recruitment & Retention	Roll out TRAC Recruitment system to ensure maximum efficiency in vacancy and candidate processing and visibility of Key Performance Indicators
Recruitment & Retention	Allocate dedicated pastoral support to International Nurses and Health Care Support Workers, optimising candidate on boarding experience and supporting retention through responsive intervention , support and on boarding 'check in' activity.
Recruitment & Retention	Develop a forecast and pipeline/ supply of International Nurses to meet the target of 78 international Nurse recruits for 2022/23 across both Physical and Mental Health Directorates.
Recruitment & Retention	Develop and embed Health Care Support Worker recruitment and retention programme. Utilising a shared decision making approach to listen, engage with and recognise the value HCSW's provide to the Trust and Service Users.
Strategy & Partnerships	Work in partnership with system partners to support planning and development of ICS strategy, supporting new ICS structures. Create mechanism for sharing Population Health Management (PHM) outputs to inform operational service development.
Strategy & Partnerships	Recruit to, develop and embed a new role over the next 3-12 months to oversee and support the implementation of Personalised Care models across all GHC services, which will champion the ongoing development of peer-support roles across the organisation
Strategy & Partnerships	Working Together plan - develop advisory group and forums and codesign and launch training and supporting resources
Strategy & Partnerships	Strengthen Benefits Definition, Measurement and Tracking in projects supported by the Transformation Hub through development of team skills and consistent application of process controls
Strategy & Partnerships	Establish collaboration processes and forums for sharing project pipeline information across Corporate Services teams (particularly, BI, IT, HR, Estates)
Strategy & Partnerships	Development of Gold QI Coaching Programme
Strategy & Partnerships	Confirm the position and alignment of the GHC QI hub in the context of the ICS improvement community, confirming collective approach to Joint QI work across ICS, training in system and at Trust level by September 2022
Strategy & Partnerships	Develop site based carbon reduction plans to net zero; plan and implement efficiency projects based on plan recommendations and seek internal and external funding where appropriate
Strategy & Partnerships	Review current sustainability impact assessment and weightings criteria and draft impact assessment. Select a set trial projects / contracts to apply and finalise assessment
Strategy & Partnerships	Review current transformation, Learning and Development and QI packages and add sustainability into criteria and send for comment

Strategy & Partnerships	To create a culture of sustainability, develop Strategic and Operational Sustainability Groups to set tasks and monitor progress, supported by a Sustainability Communications Plan
Strategy & Partnerships	Embed sustainability within all cross-partnership working by forming relationships and developing projects with local organisations (including universities). Share approach by providing project support and work experience
Strategy & Partnerships	Develop site-based travel plans. Undertake site audits of active and sustainable travel facilities and develop plans for improvement. Develop and launch Annual Sustainability Travel Survey and complete the Clean Air Hospital Framework
Urgent Care & Specialist Services	Review of the learning from the pilot on Complex Care at Home (CC@H) informing the implementation of the technology to support the development of a virtual ward model
Urgent Care & Specialist Services	SARC Model to be Implemented from October in liaison with voluntary sector support to deliver initial assessment of individual
Urgent Care & Specialist Services	Development of focused recruitment in all areas of the County and beyond using social media, job fairs and offers of apprenticeships through schools and colleges
Urgent Care & Specialist Services	Development of Rotational roles in Specialist services for B5/6 Therapists to support wider career development and improve retention in hard to recruit posts
Urgent Care & Specialist Services	Design, develop and Implement dashboards based on understood demand and capacity modelling including acuity/ staffing/ geography of service provision
Urgent Care & Specialist Services	Collaborative review of Homeward Assessment Team model (GHC/ GHFT/ CCG) to reconfirm joint working aims and objectives to improve service model.
Urgent Care & Specialist Services	Implement GHC designed Neutralising Monoclonal Antibodies (nMabs) model linking with Primary Care and GHFT to support delivery of infusions in patients own home.
Urgent Care & Specialist Services	Development of the Alexander Wellbeing House Service Offer - to link in with Community Hospitals and Adult Community Mental Health teams
Urgent Care & Specialist Services	Resubmit the business case for the continuation of the Telephone Triage service in MIIU as the service moves to restoration of pre-pandemic model to maintain the 'Talk before you Walk' approach.
Urgent Care & Specialist Services	Designing the development and implementation of modern Urgent Care provision within the Forest of Dean hospital in the proposed new build.
Urgent Care & Specialist Services	Joint Development with ICS partners to co-produce the Diabetes Integration Pathway
Urgent Care & Specialist Services	Homeless Healthcare: Develop an integrated approach with Mental Health leads to be able to develop a shared model of care
Urgent Care & Specialist Services	Rapid Response (RR) & SWAST Service Model: Development of co-located service model between Rapid Response Practitioner and Specialist Paramedic jointly reviewing caseload
Urgent Care & Specialist Services	Development of a falls service model based on joint working with Gloucester Fire Service
Urgent Care & Specialist Services	Development of pathways for Residential Care Home support, Delirium Pathways and other options identified through the ageing well models.
Urgent Care & Specialist Services	Formal review of crisis service to include multiple subsets of work - skill mixing, peer support, engagement and the option of collaboration with Physical Health services to create an integrated CAAS model
Urgent Care & Specialist Services	Work with CCG to review model and methods of delivery of Street Triage, with the potential to increase to 5-7 days, including a dedicated response vehicle with SWAST.
Urgent Care & Specialist Services	To continue to manage Recovery process as part of Directorate Business to ensure trajectories are delivered
Urgent Care & Specialist Services	Introduction of Conscious Sedation for Termination of pregnancy (TOP) by March 2023
Urgent Care & Specialist Services	Liaising with Recruitment to build on Wootton Lawn process for Crisis to reduce vacancy rate
Urgent Care & Specialist Services	Undertake review of overnight services (rapid response and overnight district nursing) to create a resilient model which is attractive for staff to work in and therefore improving recruitment for both teams.
Urgent Care & Specialist Services	Sexual health workforce development: specific and measurable number of clinicians trained to be able to deliver across various areas of sexual health services by March 2023
Urgent Care & Specialist Services	Long Term Conditions Integrated Hub: Develop collaborative offer designed with service users to combine models across pathways to provide digital solutions including online learning and groups alongside face to face options
Urgent Care & Specialist Services	Implementation of Core 24 staffing for the Mental Health Liaison Team
Urgent Care & Specialist Services	Formal review of service model for S136 Maxwell Suite, including oversight of the suite
Urgent Care & Specialist Services	Develop current dental services in line with future commissioning intentions, including Springbank (realignment or full tender). Understanding the proposed intention of ICS delivery
Workforce Systems & Planning	Submit application for silver status in the Armed Forces recognition scheme

Workforce Systems & Planning	To eliminate the use of off framework agencies for the filling of unregistered nursing / HCA shifts
Workforce Systems & Planning	Delivery of reporting requirements in order to attain level 4 for rostering, as measured by national standards
Workforce Systems & Planning	Build the establishment in ESR to reflect recurrent funded positions
Workforce Systems & Planning	Improve visibility of vacancy data in Tableau, broken down into staff groups at Trust and Cost Centre level
Working Well	To develop training package for Responsible Persons which will enable them to implement their own skin surveillance
Working Well	Work with GHC support functions to create a high quality tender response to continue provision of a high quality Occupational Health service to GHT
Working Well	Enable management referrals to OH to be made through an online portal, with all reporting also fully accessed via portal

REPORT TO: **TRUST BOARD PUBLIC SESSION – 31 March 2022**

PRESENTED BY: Sandra Betney, Director of Finance

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: **BUDGET SETTING REPORT 2022/23**

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

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

The purpose of this report is to

The Trust's Standing Financial Instructions state in section 2 'Business Planning, Budgets, Budgetary Control and Monitoring' that the Director of Finance will 'prepare and submit budgets for approval by the Board'.

This paper sets out the level of budgets proposed and how they have been prepared in order to meet this annual obligation under the Standing Financial Instructions.

This paper should be read in-conjunction with the System Financial Planning and Trust Business Planning papers.

Recommendations and decisions required

The Trust Board is asked to:

- **Note** the budget setting process and linkages within business planning and Cost Improvement Programme development processes
- **Approve** the revenue and capital budgets for 22/23 and approve in principle the five year capital plan
- **Note** the risks associated with the proposed budgets for 22/23

Executive summary

The paper sets out the budget setting process for 22/23. It highlights the links with the NHSEI planning, contracting and business planning processes and sets out risks and opportunities within the financial targets that have been set for each service and directorate.

Budget setting for 22/23 has been completed prior to the final agreement of the contract schedule and MHIS/SDF funding. The financial regime for 22/23 is underpinned by funding envelopes given to each Integrated Care System (ICS). This

is allocated between all partners in the system. The key financial aim is for the system to be in financial balance, although this is yet to be achieved for the Gloucestershire ICS.

The Trust has continued with its usual thorough process to develop a set of budgets that reflect the plans of the business and has also been mindful of the system's financial position and the resource constraints within the Gloucestershire system.

The system plan shows the system consuming c£29m resources above allocation, we have actively supported minimising the deficit and will continue to work with system partners to achieve system financial balance.

As well as the additional non-recurrent income received in 21/22, it is currently expected that the Trust will non-recurrently receive £4m less than the draft contract schedule in 22/23, resulting in a projected £5.5m deficit.

This budget proposal fully reconciles to the organisation and system NHSEI submission on the 17th March. It should be noted that a final submission is due on 26th April and therefore the system/organisation plan will continue to develop up to that point. Any further changes to the budgets set or the Trust's forecast financial position will be brought to the attention of the Resources Committee in April.

These budgets provide a clear financial framework in which all Trust staff can continue to operate and make financial decisions and form the basis of the plans on which the Trust will deliver its business planning objectives and strategic aims for the year ahead.

National planning guidance for 22/23 provides tariff uplift funding to the system envelope of 2.8% and a 1.1% efficiency target as well as a convergence target 0.5% for Gloucestershire. The level of covid funding within the system allocation is significantly reduced.

The proposed budgets will deliver a deficit of £5.506m, although we will continue to strive to identify system wide programme savings.

In order to deliver the proposed budgets, recurrent cost improvement schemes of £5.5m will be required. In addition, £1.45m of non-recurrent savings will need to be found to support non-recurrent expenditure and non-recurrent cost pressures. During budget setting 58% (£3.698m) of the recurrent savings target have already been delivered.

A capital expenditure budget of £18.838m is proposed for 22/23. There are no capital disposals planned for 22/23, and work continues regarding the three sites that are planned for disposal in 23/24. The Capital Management Group has met to discuss the priorities for next year and the main focus of the programme will be the building of the new hospital in the Forest of Dean and reducing backlog maintenance.

The capital programme as presented does not include additional International Financial Reporting Standard 16 (IFRS16) leases not yet entered into. IFRS16 is a

change in the accounting for leases which will bring leases onto the balance sheet. An assessment of the revenue impact of this change has been incorporated into the budgets (£200k). It is assumed that national funding will be made available.

Risks associated with meeting the Trust's values

Risks have been identified within the paper under section 8

The 4 highest scoring risks are as follows:

- There is a risk of insufficient CDEL to fund the capital programme in 23/24
- There is a risk that because CIP plans for the Delivering Value schemes are not yet worked up this may impact on delivery of the financial plan
- There is a risk that agency costs in Hospitals directorate cannot be reduced as assumed in budget setting
- Forest of Dean capital costs rise above budget due to market and inflation pressures

Corporate considerations	
Quality Implications	Accurate and sufficient budgets are required to deliver high quality services
Resource Implications	The Trust must get its financial budgets right to deliver services and successfully meet its statutory financial targets
Equality Implications	

Where has this issue been discussed before?

- Executive team meetings – 22 December 2021 and 18 January 2022
- Resources Committee - 24 February 2021
- Capital Management Group meetings

Appendices:	

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

BUDGET SETTING REPORT 2022/23

BUDGET SETTING REPORT 2022/23

1. INTRODUCTION AND PURPOSE

The purpose of this paper is to update the Trust Board on:

1. The progress made in setting budgets for 22/23.
2. Risks arising from the budgets proposed.
3. To give the Board sufficient information to approve budgets for 22/23.

National planning guidance was issued to the NHS for the 22/23 planning process in January 2022. These budgets provide the financial framework on which the Trust can provide services and deliver its objectives.

2. FINANCIAL CONTROL TOTALS FOR 22/23

To create a clear financial framework against which to measure budget proposals from directorates the Trust calculated Financial Control Totals (FCTs). These are indicative based on a number of assumptions.

The financial control totals for 22/23 were calculated through the following steps:

Recurrent 2021/22 month 9 budgets, adjusted for:

a) Pay and non-pay inflation

b) Cost pressures funded by the Trust

c) Efficiency 1.1% CIP target

d) Delivering Value 1.3% CIP targets

e) 21/22 Differential savings not delivered carried forward £124k

f) Programme savings CIP target

g) Non-recurrent income and expenditure for services

h) Agreed developments including Mental Health Investment Standards (MHIS) increase from 21/22

i) Requirement of ICS and system partners

These calculations resulted in a position of break even. These FCTs were approved by the Executive Team in January 2022. They were then notified to services and budget holders as FCTs (see table 1). Where there were difficulties in bringing the budgets within target, resolution meetings were held with the Director of Finance and the Service Directors to explore alternative options to reduce any gaps.

Table 1: Financial Control Totals

Directorate	Recurrent £000s	Non Recurrent £000s
Directorate FCTs		
Hospitals	38,015	420
Adult Comm PH / ICTs	27,960	0
Adult Comm MH & LD	34,268	15
Children & Young People	20,804	0
Urgent Care	28,065	0
Medical	12,202	0
Board	4,773	144
Finance	28,515	125
HR & OD	5,426	38
Nursing, Quality & Therapies	6,685	25
Strategies and Partnerships	1,720	0
Operations Mgt	1,202	0
Merger and Demographic growth	1,810	0
Unallocated Budgets	9,249	150
Depreciation & PDC	8,790	0
Programme Savings	-1,000	0
Non recurrent savings	0	-917
Contract Income	-226,490	-4,214
Covid	0	2,220
TOTAL	**1,994**	**-1,994**

3. BUDGET SETTING

Budget setting for 22/23 followed a similar format to previous years but the timescales were extended to accommodate the work pressures seen across the Trust.

The budget setting process was as follows:-

- Cost pressures were submitted, considered and, where approved, included within Financial Control Totals. These were discussed and agreed by the Executive Team in December 2021
- Financial Control Totals were calculated that gave an outline financial framework against which budget proposals could be measured. These were approved by the Executive Team in early January 2022
- Business partners met with budget holders during December and January to prepare draft 22/23 budgets
- As part of preparing the 22/23 budgets the Efficiency cost improvement of 1.1% was identified across all budgets
- Delivering Value cost improvements were identified in some budgets. Other directorates have identified plans and ideas for these savings that require a longer timescale over which to both plan and deliver

- Budget resolution meetings were held with a number of directorates that proposed budgets above their FCT
- Budgets were finalised with budget holders
- 22/23 contract discussions continue with Gloucestershire CCG. The Trust has submitted a draft finance schedule for 22/23 and in addition outlined the anticipated developments that may be taken forward in 22/23.
- System funding discussions have taken place and analysis of recurrent and non-recurrent positions shared with partners to enable the system to allocate its financial envelope.

The assumptions used for budget setting are;

- Net tariff inflator of 1.7% (inflation 2.8%, efficiency -1.1%) per NHSE planning guidance
- pay award of 2.8% per NHS Plan guidance

Budget holders have been involved in the budget-setting process, both in agreeing their recurrent M9 baseline and working through the considerations required to set their budgets for 22/23 within FCTs. Budget setting was completed alongside business planning and there is a strong degree of integration between the business planning objectives and the budgets set. Workforce establishments have also been completed during this process.

The operational finance team worked with budget holders and service leads to align expenditure budgets to service needs, using a mixture of actual, forecast and in some cases activity data to agree realistic budget proposals for 22/23.

The impact of covid on expenditure patterns was also a factor when calculating the required level of budget for 22/23.

The approach to dealing with costs pressures is similar to that used in previous years. A list of cost pressures was gathered from all services and submitted to the Deputy Director of Finance which totalled £6.316m. These were reviewed and discussed before a refined list of potential cost pressures was put forward to the Executive Team in December. These were then reviewed and either approved, or rejected because they were deemed avoidable or affordable within existing resources.

£1.502m of recurrent cost pressures and £0.767m of non-recurrent cost pressures were approved and added to the proposed financial control totals.

Budget setting has been completed against the backdrop of significant operational pressures and recognition should be given to operational staff and Operational Finance for the considerable effort in bringing all the different elements together.

4. BUDGET SETTING OUTCOMES

Cost Pressures

As budget setting progressed the cost pressures list was reviewed to ensure that they had been appropriately managed. A number of cost pressures not funded in Financial Control totals have been included in budgets as part of this review while others have been added to the risk table.

Table 2: Summary of Cost Pressures

Cost Pressures	Recurring £000s	Non recurring £000s	Comments £000s
Funded	1502	767	
Funded thru Budget Resolution	810	225	Utilities, fuel, waste
Affordable	882	70	
Avoidable	1480	380	
In risks	200		
Total	4874	1442	

Covid

Costs relating to covid were excluded from directorate budget proposals with the expectation that central income funding will be made available, as per 21/22, to cover these costs (c£2.9m). The Trust expects some of these costs to be recurrent and anticipates that funding will be made available to cover these costs across the NHS, from both the system envelope, £1.1m, and out of envelope funding of £1.8m. The Trust reviewed the spend for 21/22 and reflected a reduction in some costs for 22/23 e.g data lines but also an increase in other costs such as mass vaccination costs.

Out of envelope funding income to match the costs for mass vaccinations and testing has also been assumed in the budgets.

Covid Budget Summary 22/23	Pay £	Non Pay £	Total £
Mass Vaccinations	779,603	123,683	903,286
Covid Incident	509,796	250,284	760,080
Stock Management	190,693	58,511	249,204
Management	118,867	3,600	122,467
Testing Team	829,149	35,468	864,617
TOTAL	**2,428,108**	**471,546**	**2,899,654**

Budget Resolution Meetings

Budget resolution meetings were held with Hospitals, CYPs, Urgent Care, Finance, Chief Executive and Corporate Governance, Adult Community Care Mental Health & LD, and Adult Community Care Physical Health. These directorates all identified pressures in setting budgets within FCT and met with the

Director of Finance to agree ways forward to close the gap between the target and budget, where possible.

CYPS, Urgent Care, Finance, Adult Community Mental Health & LD, Adult Community Physical Health, and Chief Executive and Corporate Governance all had one meeting in which they were able to identify ways to set a budget in line with their FCT. A number of them have yet to fully identify their Delivering Value savings target but all demonstrated sufficient plans and ideas to allow them to set a budget within FCT, while they work up their detailed plans by June 2022.

The Finance Directorate identified considerable cost pressures, most notably in utilities, waste and fuel costs and proposed a budget £1.2m above FCT. After considerable challenge it was concluded that the majority of these cost pressures were unavoidable and that the overheads funding be used in order to avoid increasing the overall CIP target for the Trust. An additional non-recurrent savings target is also proposed to cover a c.£250k cost pressure in IT data line charges while the Trust evaluates the likely long-term cost of changed ways of working.

Hospitals Directorate had two meetings to help agree a proposed budget for 22/23. The final conclusions from these 2 meetings were as follows:

- Hospitals – the Directorate's budget proposal was £3.2m below the forecast outturn spend for 21/22 and so a detailed piece of work to understand the reasons behind this difference has been put in train. There are multiple factors behind why last year's spend is so significantly above the budget, many linked to the impact of covid on both the workforce, and the volume and acuity of patients. The impact of Infection Control procedures and the use of the Vale Hospital as a Stroke ward have also had a significant impact. Whilst this work is finalised it is proposed to consider non-recurrent budgets of up to £2.5m from demographic growth funding.

The risk of non-delivery of delivering value savings is identified in the risk table.

Agreement was reached with all directorates which either had their target adjusted or were asked to find ways to mitigate the pressure. A number of issues remain risks and these have been added to the risks listed in section 8 of this report.

The budget resolution meetings highlighted a number of issues. Lessons learnt from this year's exercise include the need to spend more time identifying and reviewing cost pressures, and ensure that they are revisited if assumptions change post submission. It is also noted that more work needs to be done to evaluate the inflationary impact of external contracts that have a significant pay component as often the national inflation uplift is insufficient, this will be mitigated by more extensive inflation modelling prior to FCTs being set.

No allowance has been made in budgets for the 6.3% increase to employer's pension contributions that was implemented in 2019/20 and continued since. National guidance has recently stated that the impact of this should continue to be excluded from operational plans and financial projections as the additional costs will be paid again by the Department of Health and Social Care in 22/23 and not affect Trust finances. In addition, no allowance has been made for a higher A4C pay rise, which is assumed to be nationally funded if agreed.

Non Operational budgets

Depreciation and Public Dividend Capital (PDC) budgets have been based on the current asset register. Work throughout 21/22 to review the asset register has helped the Trust to mitigate the effect of cost pressures on these budgets from the additional depreciation cost pressures of nationally funded Digital IT schemes. Further analysis will continue as additional centrally funded IT capital schemes continue to be approved without revenue funding. There remains a small risk that depreciation costs will exceed the budget as a result.

The Trust has retained central merger savings of £0.087m which may be required for any changes in the Operational directorate.

There is also a demographic growth allocation relating to 21/22 of £1.345m held centrally to be utilised for identified demographic growth issues. Non-recurrently the majority of this will be used to support the Hospitals directorate but needs based assessments will be considered from other directorates on a recurrent basis.

The budget setting process this year has been more complicated due to the impact of covid, and the need to reflect constant changes in the system position in these budgets. Safeguards and checks have been put in to ensure appropriate budgets have been set but there is a risk that adjustments may need to be made.

5. INCOME

The Gloucestershire ICS has been given a funding envelope which is to be shared between all the partners in the system. The Trust has been negotiating to ensure it receives an appropriate level of funding to deliver services but also support the system to achieve financial balance. The system plan shows the system consuming c£29m resources above allocation, we have actively supported minimising the deficit and will continue to work with system partners to achieve system financial balance.

As well as the additional non-recurrent income received in 21/22, it is currently expected that the Trust will non-recurrently receive £4m less than the draft contract schedule in 22/23, resulting in a projected £5.5m deficit. This will allow time for the system to identify long term recurrent savings to bring the system back into balance.

At the same time contract discussions have continued to ensure a detailed contract schedule is maintained that outlines the recurrent funding available and the developments that have been agreed. A number of schemes funded non-recurrently in past years are recurrently funded in 22/23, including £688k for CYPs Mental Health 4 week wait service and £1,587k for Children's Mental Health Support Teams (both formerly Trailblazer project).

As part of the contract negotiations with Gloucestershire CCG a level of investment is anticipated to be added to the contract to meet the Mental Health Investment Standard (MHIS) as this remains a key NHS commitment for 22/23. The agreed list of developments will be finalised as part of the contract

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 13.1: Budget Settings Report 2022-23   Page **9** of **19**
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negotiations but will not have an impact on the I&E proposed in these budgets as the final expenditure budgets created will match the income that is received. A full reconciliation of the contract to budgets will be completed once the contract is agreed.

As part of the discussions to agree the contract with Gloucestershire CCG it is anticipated that 0.7% demographic growth funding will be received for 22/23. This may be used to support the Hospitals Directorate non-recurrently while it reviews its staffing levels and use of bank and agency post covid.

6. COST IMPROVEMENT PLANS (CIPS)

The national savings requirement in the planning guidance for 22/23 is 1.1% of NHS income, as per previous years, circa £2.4m. The Trust's CIP is significantly higher than this, as illustrated in Table 3. CIPs were set at a level required to deliver the control target if all expenditure budgets are spent and the budgeted level of income is earned. However, the CIP requirement did not include the impact of unfunded inflation or the non recurrent income reduction

The CIP requirement is made up not only of the national savings requirement but also from a number of other factors e.g. the impact of cost pressures, both recurrent and non-recurrent. There also non-recurrent budgets that need establishing to cover costs such as pay protection, and excess travel. These are funded through the identification of non-recurrent savings during 22/23.

The Trust increased its cost improvement programme to pick up a shortfall of recurrent savings not delivered in 21/22 (£684K). In addition, as part of the covid financial framework the NHS was told it did not have to make the 1.1% recurrent efficiency saving in 20/21 c £1.9m. This will need to be found across the NHS in 22/23 and has been included in the CIP requirement.

The process and timescales the Trust follows in order to identify and deliver CIPs is shown in the flowchart below;

CIP Planning Timeline
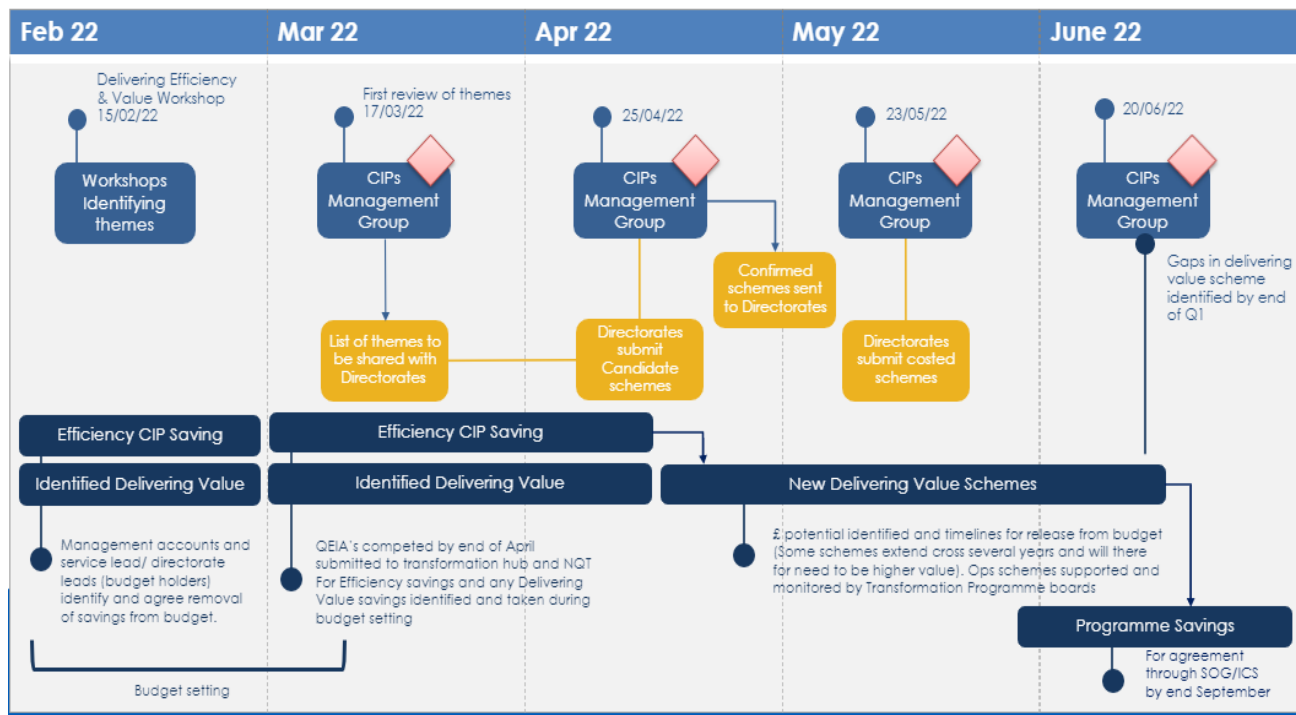
The Trust held a CIP workshop attended by senior operational managers. Over 70 delegates participated in sessions to identify potential schemes for 22/23, and included colleagues from across the health system to help generate system-wide ideas.

Table 3: Calculation of CIP requirement

22/23 Indicative CIP Requirements

	£m
Contract Efficiency (assumed 1.1%)	2.350
Cost Pressures (estimated)	1.500
Undelivered 21/22 Differential (estimated)	0.124
Undelivered 21/22 Delivering Value (estimated)	0.560
Contractual efficiencies reinstated	1.896
Recurrent total	**6.430**
Non Recurrent - budgets	0.250
Non Recurrent costs pressures (estimated)	1.200
Non Recurrent total	**1.450**
Total CIP required	**7.880**

CIP is expected to be recurrent, and result in reduction in budget, rather than just cost avoidance. In order to deliver the CIP requirement identified above the CIP is aligned to four main schemes:

a) Efficiency £2.4m. This targets efficiency in every budget at individual budget holder level, is expected to be delivered full year and removed at budget setting. Work continues to complete QEIAs to support efficiency savings identified in budget setting and will conclude in April.

b) Delivering Value, £3.0m. This is spread over all directorates and aims to deliver more transformational and longer term savings schemes. This target includes undelivered differential savings from 21/22.These schemes are more complex in nature and take longer to develop so directorates that have not yet been able to identify all these savings in budget setting have been given until the end of quarter one to finalise these plans and complete the QEIAs required. Any schemes that cannot deliver full year effect will need to be supported by either Non-recurrent savings or higher Delivering Value schemes to compensate.

c) Programme savings, £1.0m. The Trust will be working across the ICS to deliver system wide efficiencies and these schemes will support the delivery of our Delivering Value savings requirement. This brings greater opportunities to generate savings but it does also bring the risk that the schemes are reliant on partnership working and are no longer in the sole control of the Trust. In the position outlined it is assumed that none of these savings are delivered due to the fact that schemes have yet to be identified, the significant costs pressures already in the system and difficulties in delivering in the past.

d) Non-recurrent, £1.45m. Non-recurrent savings are required to cover non-recurrent costs identified such as excess mileage payment, pay protection and non-recurrent costs pressures such as out of area beds and the peripatetic nursing teams. These will be delivered from opportunistic schemes and it is anticipated they will be delivered in the early months of the financial year

All recurrent CIP schemes will require QEIAs to be completed to assess the impact on services, and will be reviewed by Executive Directors for Medical, and Nursing Qualities and Therapies. The overall savings programme of £7.9m equates to 3.4% of total Trust income in 22/23. This compares to 2.4% last year.

The table below shows the current progress towards delivery of the different CIP schemes anticipated delivery of CIP by quarter through the year. It shows that the 1.1% Efficiency schemes and some of the Delivering Value schemes have already been fully identified during budget setting. Delivery of these efficiency savings will only be confirmed once the QEIAs are signed off.

Table 4: CIP schemes and delivery to date

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CIP Summary Scheme	Target £000s	Delivered in budget Setting £000s	Planned not delivered £000s	Identified not planned £000s	Not Identified £000s	Total £000s	Delivered in budget Setting %
Efficiency	2,432	2,432	0	0	0	2,432	100%
Delivering Value	2,998	1,266	345	1,387	0	2,998	42%
Programme savings	1,000	0	0	0	0	0	0%
Recurring Total	6,430	3698	345	1387	0	5,430	58%
Non Recurring	1,450	0	0	0	1,450	1,450	0%

The £1.387m 'Identified not Planned' Delivering Value savings is the highest risk of non-delivery. The £1.45m non-recurring savings will be opportunistic e.g. through slippage rather than planned, and are expected to be achieved in the first few months of the financial year. CIP delivery is reported monthly as part of the Finance and Performance Reviews within Operations, at the Resources Committee and at CIP Management Group, where escalations are employed to expedite delivery. An update on the progress of identification of the Delivering Value savings will be given to the Board and Resources Committee during Q1.

7. SUMMARY POSITION

The summary Income and Expenditure position for the Trust from the proposed budgets is as follows;

Table 5: Trust Income and Expenditure budgets v FCT 22/23

Directorate FCTs Directorate	Recurrent £m	Non Recurrent £m	Total FCT £m	Proposed Budget £m	Variance £m	Comments
Hospitals	38,015	420	38,435	40,935	2,500	Non recurring covid/activty staffing pressures. Proposed budget not yet finalised
Adult Comm PH / ICTs	27,960	0	27,960	28,354	394	Devts eg Home First
Adult Comm MH & LD	34,268	5,015	39,283	42,076	2,793	Devts eg ARRs, dementia pilot, IPS, IAPT
Children & Young People	20,804	0	20,804	23,694	2,890	Devts eg crisis, MH support teams
Urgent Care	28,065	0	28,065	29,009	944	Devts eg falls, contact centre
Medical	12,202	0	12,202	12,202	0	
Board	4,773	144	4,917	4,917	0	
Finance	28,515	125	28,640	29,730	1,090	Inflation cost pressures on utilities, waste, fuel
HR & OD	5,426	38	5,464	5,464	0	
Nursing, Quality & Therapies	6,685	25	6,710	6,710	0	
Strategies and Partnerships	1,720	0	1,720	1,720	0	
Operations Mgt	1,202	0	1,202	1,202	0	
Merger and Demographic growth	1,810	0	1,810	560	-1,250	demo growth 21/22 used for Hospitals
Unallocated Budgets	8,791	150	8,941	0	-8,941	Finance cost pressures, Demo growth 22/23 for Hospitals, devts to directorates
Depreciation & PDC	8,790	0	8,790	8,790	0	
Programme Savings	-1,000	0	-1,000	0	1,000	System savings
Non recurrent savings	0	-917	-917	-917	0	
Contract Income	-226,032	-9,214	-235,246	-231,839	3,407	£4m reduced system income, IFRS16, contract inflation
Covid	0	2,220	2,220	2,899	679	Revised forecast, balanced by income
TOTAL	1,994	-1,994	0	5,506	5,506	

The proposed budgets give a deficit position for 22/23 of £5.506m.

The conclusions of budget discussions resulted in a small number of directorates, Finance and Hospitals, with a budget proposal above the Financial Control Total set, after adjustments for agreed developments.

Analysis of the underlying recurrent position of the Trust has also been conducted as part of the budget setting process (see table 4 below). This shows that if budgets are set in line with those planned, and cost improvement plans are delivered then the Trust will have a recurrent underlying deficit of £3.5m. This is due to recurrent projects funded non-recurrently, assumed non-delivery of programme savings and underfunded contract inflation.

Table 6: Recurrent v Non-recurrent budgets

Recurring and Non recurring I & E position 22/23			
Recurring position	**FCT**	**Proposed budgets**	**Variance**
	£000s	**£000s**	**£000s**
Income	-241,093	-241,007	86
Pay	186,982	188,762	1,780
Non Pay	53,515	53,155	-360
Non Operational	2,590	2,590	0
Recurring (Surplus)	**1,994**	**3,500**	**1,506**
Non Recurring position			
Income	-9,214	-5,214	4,000
Expenditure	8,136	8,136	0
Savings	-917	-917	0
Non Recurring (Surplus)	**-1,994**	**2,006**	**4,000**
Trust total (Surplus)	**0**	**5,506**	**5,506**

Analysis of the underlying recurrent position shown above has been undertaken to evaluate the target underlying position the Trust could reach. This is shown in the table below.

Table 7: Underlying Target Recurrent position

Revised Underlying Recurring Budgetary Position	
	£000s
Technical Recurring Budgetary Position deficit	**3,501**
Stroud & Berkeley Vale Pilot	(194)
SDF Crisis Contact Centre	(263)
Staff Support Wellbeing Hub	(353)
Post Covid Service funded non recurrently	(604)
LD patients funded non recurrently	(780)
Unfunded inflation	(307)
Programme savings	(1,000)
Target recurring budgetary position deficit / (surplus)	**(0)**

8. RISKS IN THE BUDGET

There are a number of potential risks in the proposed budget that should be noted.

Table 8: Risk analysis

Risk	Mitigations	Likelihood	Impact	Risk Score
There is a risk of insufficient CDEL to fund the capital programme in 23/24	Review programme. Identify flexibilities. Negotiate with system partners	3	5	15
There is a risk that because CIP plans for the Delivering Value Schemes are not yet worked up, this may impact on delivery of the financial plan.	Non recurrent savings. Close monitoring by the CIP management board	4	3	12
Agency costs in Hospitals directorate are not able to be reduced as assumed in budget setting	Detailed review of reasons behind agency usage. Clarity of establishment and policies on staffing levels. Discussions with CCG about acuity	3	4	12
Forest of Dean Capital costs rise above budget due to market and inflation pressures	Review costed proposal. Review specification. Careful monitoring of costs. Contingency.	4	3	12
Mental Health Act White Paper reforms may lead to increased workload and need for additional staffing	review implications of the reforms.	3	3	9
Capital cost inflation might lead to the size of the programme having to be reduced. This could lead to essential maintenance work being reduced and/or clinical services affected	Close monitoring of programme costs. Prioritisation of programme to ensure essential works completed. Thorough review of project costs	3	3	9
System balance discussions lead to greater than £4m reduction in Trust income	Continued negotiation with system partners. Review all costs. Identify additional savings	2	4	8
There is a risk that controls on agency staffing fail to significantly reduce expenditure on agency staff and the Trust continues to have to use agencies that are outside of national frameworks and/or above national price cap rates, particularly to fill needs in Nursing.	Sustainable Staffing Oversight Group continue to reduce agency costs. Explore master vendor contract. Strengthen recruitment pipeline. Non recurrent savings and establishment budgets	4	2	8
Hospitals Out of Area Budget is insufficient to cover all costs	Work underway within directorate to ensure lengths of stay are shortened, staffing establishment is filled with the aim of ensuring less need for out of county bed usage	4	2	8
Utility, fuel, waste costs may rise further due to inflationary pressures above the additional funding added to the budget	Continued monitoring and early warning of cost pressures. Dialogue with NHSE/I to highlight cost pressure	4	2	8
There is a risk that the Trust will not be able to reduce costs by as much as income if the Berkshire LD patients are transferred to a private community provider	A review of budgets will be undertaken to ensure the appropriate level of funding is provided on the ward	3	2	6
Additional fuel cost rises might lead to the need to pay additional mileage rates above budgets	Identify potential cost implications and options. Seek national guidance.	3	2	6
Cost pressures might lead to insufficient cash to fund capital	Close monitoring of programme costs. Prioritisation of programme to ensure essential works completed. Thorough review of project costs	2	3	6
Revenue implications of further capital funding esp. in IT	Update depreciation and PDC projections. Identify assets replaced to be removed from register. Identify efficiencies from new	3	2	6
Revenue implications of additional Forest of Dean costs	Update business case. Assess cost implications.	3	2	6
GHFT may put out to tender the Working Well contract that we currently deliver. There is a risk we may not win the contract	Review service provision. Consider Review mitigation	1	4	4
Scoping work under way to assess the transformational budget requirements for HR which may increase costs	Budget set to deliver transactional rather than transformational budget while scoping work undertaken	2	2	4
There is a risk that some recruitment which has been approved as substantive will not receive recurring income to match eg Specialist Community Forensic Team, CATU	Monitor all posts. Assess the risk of not being able to redeploy staff appointed. Agree risk share with. Process to capture and review all budgets approved without budget	2	2	4
Maintenance materials costs may rise due to inflationary pressures above budget	Continued monitoring and early warning of cost pressures. Dialogue with NHSE/I to highlight cost pressure	4	1	4
Out of envelope funding for Testing and Vaccination teams might cease	Monitor costs. Review alternative roles or identify non recurring funding to continue teams	2	2	4
Covid surge costs above non recurring budget	Continue monitoring covid costs through 22/23. Review and identify efficiencies	2	2	4
General inflation might have been underestimated in budgets	Monitor non pay. Prepare options to reduce costs	2	2	4
A vacancy abatement factor has been consistently applied across all budgets (apart for agreed exceptions such as Inpatient units). If services don't have a 2.5% vacancy level then this could lead to overspends.	Close monitoring by budget holders and business partners	1	3	3
Adult Comm PH have set budgets for Home First without an agreed contract	Section 76 arrangement to be agreed in the interim. Update underway to identify	2	1	2
There is a risk that the budgets will need to be adjusted due to the complex and condensed nature of this years budget setting process	Adjustments will be net neutral unless approved by the Board	2	1	2
Lack of a managed medical equipment programme might lead to equipment not being available for services	Complete work on full equipment list and replacement programme	1	2	2
There is a risk that final depreciation and PDC calculations will lead to cost pressures above the budgets set	Work will continue to calculate the final impact in March and April to ensure there is sufficient time to address any risks that arise.	2	1	2
Cost improvement budgets have been removed before all QEIAs and may lead to savings being rejected	All Efficiency and agreed Delivering Value QEIAs to be competed before 31st March. Remaining QEIAs to be promptly completed to allow time for alternative ideas to be identified. Careful monitoring by CIP Management Group.	2	1	2
Clinical excellence awards. Changes to the formula for calculating the awards may lead to additional costs for the Trust backdated to 2018/19.	Continued demonstration of the successful application of the current approach and representations to challenge the requirement to change the formula	2	1	2
A risk that unplanned legal costs might impact on the Corporate Governance budget	Review of usage and the process for purchasing to be undertaken. Monitoring of spend	1	1	1

9. OPPORTUNITIES

The Trust's review of its balance sheet in 21/22 may lead to the need for a reduced budget for depreciation and PDC in 22/23. Once the year end accounts are completed and audited the Finance department will review the level of budgets required for next year.

Working with its system partners the Trust may identify programme savings that will help contribute towards the £1m programme savings target that formed part of the budget setting framework.

The organisation has consistently delivered its financial control totals over a number of years. This has often been due to non-recurrent savings made during the year and it is anticipated that the Trust will continue to be able to generate these savings to support the financial position of the Trust. In addition, in 2021/22 the Trust has been able to review its balance sheet and resolve a number of financial issues that puts it in a strong financial position at the start of 22/23 giving further confidence that non-recurrent savings will be generated that can be utilised to support the Trust.

The Trust has set budgets to cover cost pressures through CIP delivery. If any of these cost pressures are later resolved through other means, this would be an opportunity to reduce the CIP burden for the year.

10. CAPITAL EXPENDITURE

The proposed five year capital programme has been developed by the Capital Management Group and has been discussed and considered by the Resources Committee in February 2022. During 22/23 the Trust intends to start work on the construction of a new hospital for the Forest of Dean as planning permission has recently been granted.

In addition, the Trust will invest in various Backlog Maintenance projects as well as in medical equipment and IT infrastructure.

The programme does not include the increased final cost estimation for the Forest of Dean scheme which will be considered in another Board paper on this agenda. The proposal if this estimation is agreed is to revise the 22/23 capital plan to bring it back in line with CDEL. Areas likely to be reduced include backlog maintenance, net zero carbon and buildings. This is not expected to cause any significant issues and the reductions will be discussed in detail at the Capital Management Group which includes Nursing Therapy and Quality as well as Operational representation.

Board are asked to approve inclusion within the above plan of an amount of £245k above and beyond that previously approved by the Board in 2020 for the completion of the Montpellier Refurbishment scheme for the following reasons:

a. Additional Brexit and Supply Chain related cost pressures - £90k

b. Time delays caused by resource unavailability (associated with the pandemic) - £80k
c. Compliance issues uncovered during the course of the works as prior inspection not possible in the clinical setting (fire compartmentation and detection, water safety) – £45k
d. Variations to address Health & Safety changing guidance - £30k

The overall Capital Plan for the Trust anticipates a spend of £18.838m in 22/23, which includes £11.5m on the Forest of Dean new hospital, and assumed national Digital funding of £1.222m. This programme includes approved Digital funding for 22/23 but the exact split of funding between the partners is yet to be agreed. Further work is being completed to finalise a five year Digital Plan for the system and it is anticipated the spend of Digital schemes will be increased. The breakdown by type of scheme is shown in the table below.

IFRS 16 is a change in the accounting for leases which will bring leases onto the balance sheet. £15m of existing leases will be added to the Trust's balance sheet on the 1st April 2022. New leases for 22/23 are proposed for a number of buildings and these have been included in the analysis to the Department of Health and Social Care which will ensure the Trust's CDEL is increased in 22/23 to reflect these additions. These are not reflected in the capital plan at present.

There are no capital disposals planned for 22/23. Three sites are planned for disposal in 23/24 in order to provide additional funding to support the capital programme forecast.

The capital envelope for Gloucestershire has been published for the next three 3 years. The capital envelope is £42.630m, £34.541m and £34.541m respectively for 22/23 to 24/25. The share of the envelope for 22/23 has been agreed between system partners so the Trust's 22/23 programme is covered by system CDEL. For 23/24 and 24/25 the aggregated system capital programmes are currently in excess of the system CDEL, before prior year surpluses allocation. The programme may need to be adjusted once the split of the system CDEL is agreed. The capital priorities for the whole of Gloucestershire will be assessed against the system CDEL and may result in adjustments to the programme.

There is a risk that the system CDEL may not be enough to fully fund the aggregated ICS 23/24 programmes. Additional funding for capital schemes, often IT Digital, aren't always supported with revenue funding to cover the capital charge or on-going revenue implications. There is a risk the Trust will need to identify savings to cover these costs. Increased capital cost of the Forest of Dean new hospital could also lead to the risk of additional revenue implications too.

Table 9: Capital Plan for 2022/23

Capital 5 year Plan	Forecast Outturn	Plan	Plan	Plan	Plan	Plan	
£000s	2021/22	2022/23	2023/24	2024/25	2025/26	2025/27	Total
Land and Buildings							
Buildings	4,639	2,100	2,400	1,000	1,000	1,000	7,500
Backlog Maintenance	3,468	1,480	1,045	1,250	1,393	1,393	6,561
Urgent Care	750						0
Buildings - Finance Leases				1,500			1,500
Net Zero Carbon		500	500	500	500	500	2,500
LD Assessment & Treatment Unit			2,000				2,000
Cirencester Scheme			0	5,000			5,000
Medical Equipment	2,306	1,000	500	1,030	1,030	1,030	4,590
IT							0
IT Device and software upgrade	800	0	600	600	600	600	2,400
IT Infrastructure	1,366	1,036	1,300	1,300	1,300	1,300	6,236
Clinical Systems			350	500	250	250	1,350
Sub Total	**13,329**	**6,116**	**8,695**	**12,680**	**6,073**	**6,073**	**39,637**
Forest of Dean	2,164	11,500	8,851	0	0	0	20,351
National Digital Programme							
Levelling up Digital		1,173					1,173
Cyber Security		49					49
Total of Programme	**15,493**	**18,838**	**17,546**	**12,680**	**6,073**	**6,073**	**61,210**
Disposals		0	(1,349)	(2,454)	(2,000)		(5,803)
Donation - Cirencester Scheme		0	0	(5,000)	0		(5,000)
Net CDEL requirement	**15,493**	**18,838**	**16,197**	**5,226**	**4,073**	**6,073**	**50,407**
Anticipated CDEL	15,493	17,116	11,116	11,116	11,116	11,116	61,580
Brokerage from 21/22		500					500
National Digital Funding		1,222					1,222
CDEL Shortfall / (under commitment)	**(0)**	**0**	**5,081**	**(5,890)**	**(7,043)**	**(5,043)**	**(12,895)**

11. NEXT STEPS

Once budgets are agreed by board, budget holder sign off will commence.
Development of plans for Delivering Value CIP are expected to be completed with associated QEIAs by the end of Q1.
Work will continue with system partners to identify ways to reduce the system gap.

Budgets will be uploaded to the finance system in preparation for Month reporting.

12. CONCLUSION AND RECOMMENDATIONS

It is recommended that the Trust Board:

a. Note the budget-setting process and linkages within business planning and CIP development processes

b. Approve the budget totals for revenue and capital

c. Note the risks within the proposed budgets

REPORT TO: **TRUST BOARD PUBLIC SESSION – 31 March 2022**

PRESENTED BY: Neil Savage, Director of HR & OD

AUTHORS: Ruth Thomas, Associate Director; OD, Learning & Development
Anis Ghanti, Head of OD & Leadership

SUBJECT: **2021 STAFF SURVEY RESULTS**

If this report cannot be discussed at a public meeting, please explain why	

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

The purpose of this report is to:
- Present an update on the final weighted and benchmarked 2021 Staff Survey results.

Recommendations and decisions required:
The Board are asked to:

- **Note** the survey results and related report content
- Take **assurance** that our strategic approach to people management, engagement, culture and communications over the past year is paying dividends, and
- **Recognise** that we still have further improvement work to do if we are to become a consistent top quartile performer in the survey outcome

Executive Summary

This report provides an update on the final results of the 2021 Staff Survey.

The Trust has committed, as part of our Trust People Strategy, to giving colleagues a **"Strong Voice"** at work and the Staff Survey remains a key and informative component to that commitment.

The Executive team and Great Place To Work Committee received an initial report earlier in 2022 outlining the immediate unweighted and yet to be benchmarked

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD PUBLIC SESSION – 31 March 2022
AGENDA ITEM 14: Staff Survey Results 2021 – Cover Report   Page 1 of 9
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results of the **2021 Staff Survey** which had been completed by colleagues in Quarter 3 (2021/22).

The results present a largely positive and improving view of how staff rate the Trust as an employer. They also provide signposting to areas to prioritise for action over the coming year. Five key areas of focus for 2022 are identified and recommended on page 8.

Overall within the survey, for questions where there are previous year comparisons:

- circa 60% of questions have been rated with improvements or the remained the same (54% improvements and 6% unchanged)
- 40% have had reduced ratings
- The seven Our NHS People Promise survey themes are new and have no previous year comparisons, however five out of seven (71%) of these are rated above average by colleagues in comparison with other Trusts in our benchmarking group (Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts)
- Of the remaining other two themes, Staff Engagement and Morale, while both are above our benchmark average, Staff Engagement has remained unchanged and Morale has seen a 0.1 reduction from 2020(1.6%)

Risks associated with meeting the Trust's values

The results of the Staff Survey help demonstrate whether the Trust is meeting its aim of being an employer of choice, and providing a 'Great Place to Work'. If not, this could have a direct impact on colleague well-being and levels of motivation; on retention and recruitment, and, ultimately, on patient care.

Potential risks of not achieving good ratings include:

- Lower colleague engagement, contributions, discretionary effort and morale
- Higher sickness absence and turnover
- Higher temporary staffing use and costs
- Lower efficiency and effectiveness leading to a lower quality service
- Heightened reputational risk, with poorer recruitment and retention success
- Further reputational risk, as the perception and knowledge of results may impact the views of patients, service users, carers and stakeholders

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Corporate considerations

Quality Implications	As core enablers of our People Strategy Commitment to giving colleagues a "Strong Voice", the Staff Survey results form part of a range of feedback that reflects how colleagues view the Trust. These views can have a direct impact on the quality of the services they provide to service users/patients and of the Trust as an employer.

Resource Implications	Most of the actions are expected to be managed within existing resources, although some actions have previously been provided via Charitable Funds.
Equality Implications	It is likely that the on-line access arrangements limit involvement by some staff groups who have less easy access to laptops/PCs. This has been mitigated in 2021 by increasing the availability of paper versions of the survey. The limited equalities monitoring across all protected characteristics reduces the usefulness of the evidence to support actions to reduce barriers and improve staff experience particularly regarding race. However, it provides pointers to taken forwards in actions through the Workforce Disability Employment Scheme (WDES) and the Workforce Race Equality Employment Scheme (WRES).

Where has this issue been discussed before?
The Staff Survey results have been presented to the Executive team and the Great Place to Work Committee. A deep dive is scheduled for April 2022's Great Place to Work Committee. More detailed discussions are also planned with drop in roadshows, the Joint Negotiating Consultative Committee, Medical Staff Committee, Senior Leadership Network; Staff Diversity Networks and the Workforce Management Group.

Appendices:	2021 NHS Staff Survey Full Benchmark Report

Report authorised by: Neil Savage	**Title:** Director of Human Resources & OD

2021 STAFF SURVEY

1   Background

1.1   This is Gloucestershire Health and Care's 2nd Annual Staff Survey. The survey was carried out in Quarter 3 2021/22 during the Omicron surge with its impact on operational staffing.

1.2   The full Trust-wide results of the 2021 NHS Staff are included in Appendix One.

2   Results

2.1   Key headlines from the 2021 survey are summarised below. Wider more detailed commentary is being developed for the April 2022 Great Place to Work Committee.

2.2   **7% improved response rate** – from 46% in 2020 to 53% in 2021.   The overall response rate for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts was just below this at 52%.

2.3   78.6% of colleagues would **recommend the Trust to provide care** down by 0.8% from 2020 but a significant 13.7% better than other Trusts. The rating has taken a hit across the wider NHS in the past year, with a 1.7% reduction in the best score, a 5.4% reduction in the average score, and a 2.2% reduction in the worst score.

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

	2020	2021
Best	84.1%	82.4%
Your org	79.4%	78.6%
Average	70.3%	64.9%
Worst	47.2%	45.0%
Responses	2,008	2,356
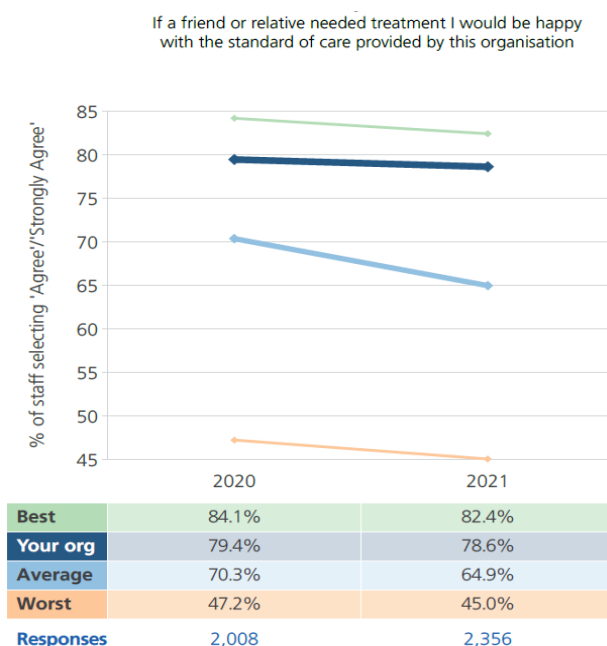
2.4   68.2% of colleagues would **recommend the Trust as a place to work**. While this is down 2.8% from 2020, it is encouragingly 5% better than the average for our benchmark group. Again, the wider NHS has taken a hit in terms of this rating. The best performing Trust is more than 4% lower than last year. The average score is 4.5% lower than last year. The worst score is almost 6% lower than last year.

I would recommend my organisation as a place to work

	2020	2021
Best	77.7%	73.5%
Your org	71.0%	68.2%
Average	67.7%	63.2%
Worst	49.2%	43.4%
Responses	2,011	2,352
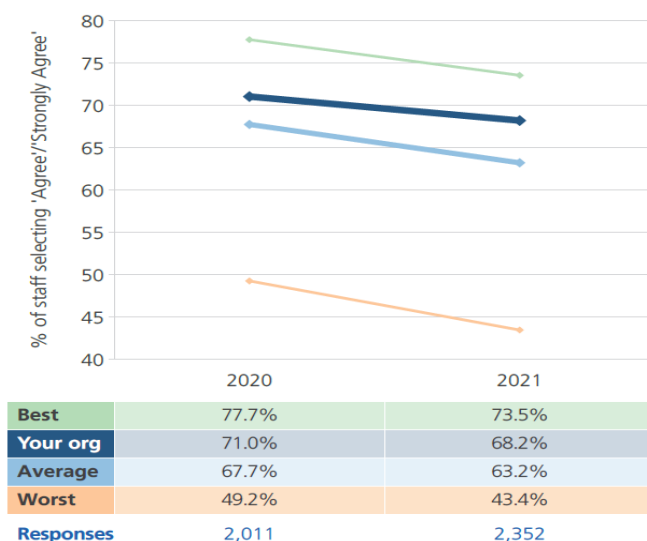
2.5 Across the 9 Theme results, colleagues rated the Trust above average in seven of these and below in two.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.6	6.4	7.1	6.3	5.7	6.6	7.0	7.2	6.1
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	2,366	2,361	2,351	2,348	2,286	2,354	2,364	2,365	2,365

2.6 Staff rated the Trust **above average** in the following Our NHS People Promise and Theme areas:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- Staff Engagement

- Morale

2.7 Staff rated the Trust below average in the following:

- We work flexibly
- We are a team

2.8 On the "We work flexibly" theme, staff rated the Trust slightly higher this year than last on "the opportunities for flexible working patterns". Out of the four survey questions on this theme, only one was asked last year too. The other three are new.

2.9 On the "We are a Team" theme, there are 12 questions, five of which are new and seven previously asked. On all seven, colleagues rated the Trust better than last year.

2.10 Staff ratings on the **Workforce Race Equality Standard** (WRES) questions have:

- improved by 2.9% in terms of those experiencing harassment, bullying or abuse from staff in last 12 months
- Improved by 2% in terms of those believing that the Trust provides equal opportunities for career progression or promotion
- Worsened by 1.1% in terms of BAME colleagues experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months
- Worsened by 2.1% in terms of those experiencing discrimination at work from manager / team leader or other colleagues in last 12 months

2.11 Staff ratings on the **Workforce Disability Equality Standard** (WDES) questions have:

- Improved by 0.3% in terms of those experiencing harassment, bullying or abuse from managers in last 12 months
- Improved by 3.5% in terms of those experiencing harassment, bullying or abuse from other colleagues in last 12 months
- Improved by 10.2% in terms of those saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
- Improved by 2.3% in terms of those who believe that the Trust provides equal opportunities for career progression or promotion
- Improved by a reduction of 4.3% in terms of those who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
- Worsened by 3.9% in terms of those staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months
- Worsened by 3.5% in terms of those satisfied with the extent to which the Trust values their work

- Stayed steady with a 0.1% improvement in the percentage of staff with a long-lasting health condition or illness saying the Trust has made adequate adjustment(s) to enable them to carry out their work. This is more than 5% better than benchmark Trusts
- Stayed steady with a 0.1 improvement in the Staff Engagement score of those with a long-lasting health condition or illness. This remains 0.2 below those without a LTC or illness and remains 0.3 better than the benchmark average.

2.12 In terms of how the seven Professional groups staff rate their performance in the 9 themes against that of the whole Trust as follows: -

Professional Group	Above Trust Ave	Same as Trust Ave	Below Trust Ave
Additional Professional, Scientific & Technical Staff	5	1	3
Additional Clinical Staff	-	3	5
Admin & Clerical Staff	8	-	1
Allied Health Professional Staff	6	1	2
Estates & Facilities	-	-	9
Medical & Dental	3	3	3
Nursing	4	1	4

This suggests that the Trust needs to continue putting extra focus into its Health Care Assistants (the Additional Clinical Staff category) and Estates and Facilities.

2.13 In terms of how the 24 Directorate areas staff rate their performance in the 9 themes against that of the whole Trust as follows: -

Directorate Area	Above Trust Ave	Same as Trust Ave	Below Trust Ave
Adult Management & Admin	6	2	1
Adult Management & Admin	3	5	1
Adult Physical Health	0	0	9
CYPS Management & Admin	2	3	4
CYPS Mental Health	2	0	7
CYPS Physical Health	3	0	5

Entry	1	2	6
Estates & Facilities	0	1	8
Executive	8	0	1
Finance	5	2	2
Hospitals Mental Health	5	2	2
Hospitals Physical Health	6	1	2
Human Resources	9	0	0
IT & Clinical Systems	0	0	9
Medical	8	1	0
MIIUs	4	2	3
Nursing, Therapies & Quality	9	0	0
Operational Management	9	0	0
Specialist Mental Health & LD	5	3	1
Specialist Physical Health	2	1	6
Specialist Services Management	6	3	0
Strategy & Partnerships	9	0	0
Urgent Care & Spec Svcs MH	1	0	8
Urgent Care & Spec Svcs PH	0	4	5

This illustrates that there are significant variances in rating in key areas which will need to be picked up via directorate managers, with the support of their Executive Directors and the Organisational Development (OD) team. Outlying areas include Adult Physical Health, Children and Young People's Services (Mental Health and Physical Health), Entry Services, Estates and Facilities, IT and Clinical Systems, Specialist Mental Health & Learning Disabilities, Urgent Care & Spec Services (both Mental Health and Physical Health).

2.14 Recommendations for actions in 2022 are being worked up in more detail for the deep dive at April's Great Place to Work Committee. However, the initial recommendation is to focus on five key areas: -

1. **Response Rates:** developing further improvements in response rates
2. **Communication, reporting and engagement:** continually improving our communications (particularly "you said, we did"), reporting and engagement with colleagues on the survey results and actions
3. **Team Working:** revise and relaunch team working content of existing middle and senior management leadership development programmes (e.g. "Thrive" – Brilliant Essentials and Leading Better Care Together, Flourish,

Five Elements of Successful Leadership) as well as resources that support and improve wider team working and a sense of team membership and cohesion

4. **Flexible Working:** implement Agile Working toolkit and guidance, review Flexible Working Policy, Flexible Retire and Return Policy, develop recording process and KPIs for capturing and monitoring flexible working.

5. **Professional Group and Directorate specific action plans:** drawn from their analysis of the Directorate and Professions results.

2.15 The planned timeline for the development, delivery and engagement of the 2021 staff survey results and action plan is:

March 2022	Weighted and benchmarked results presented to Board
April 2022	(a) Deep dive of results and proposed action plans Great Place to Work Committee
	(b) Engagement and reviews with Senior Leadership Network, colleague fora and associated networks
	(c) Directorate and Professions Action Plans agreed.
	(d) ICS People Board NHS providers & CCG Survey report
May 2022	(a) Wider actions plan reviewed and agreed by Executive Team and Workforce Management Group
	(b) ICS Social Partnership Forum survey session
June 2022	Progress update to Great Place to Work Committee
September 2022	Review and Committee progress update on Action Plan
	Preparation of comm's for 2021/2022 Staff Survey
October 2022	Launch 2022 Staff Survey

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey

Benchmark Report

Contents

About this report

This benchmark report for Gloucestershire Health and Care NHS Foundation Trust contains results for the 2021 NHS Staff Survey, and historical results back to 2017 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Please note: Results for q1, q10a, q22d, q23a-c, q24-q28a, and q29a-q31 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

We are **compassionate** and **inclusive**

We are **recognised** and **rewarded**

We each have **a voice that counts**

We are **safe** and **healthy**

We are **always learning**

We work **flexibly**

We are **a team**

In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes new sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub-scores are related and mapped to individual survey questions.

People Promise elements, themes and sub-scores

Please note that you can navigate to the results of a particular score or question result by clicking on it in the table below.

People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture	Q6a, Q21a, Q21b, Q21c, Q21d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15*, Q16a, Q16b, Q18
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development	Q20a, Q20b, Q20c, Q20d, Q20e
	Appraisals	Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Theme	**Sub-scores**	**Question**
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q21a, Q21c, Q21d
Morale	Thinking about leaving	Q22a, Q22b, Q22c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)* , Q16c, Q22d, Q28b		

*Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

Introduction

This section provides a brief introduction to the report, including features of the graphs used throughout. The '**Organisation details**' page contains key information about the organisation's survey and its benchmarking group.

People Promise element and theme results

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by results for each of the **sub-scores** that feed into these measures. **Trend data** are shown for the themes of Staff Engagement and Morale. Results for the People Promise elements and themes are also presented split by staff experience during the **Covid-19 pandemic**.

In the **Detailed information section**, question level results have been divided into sections based on the sub-score and People Promise element or theme they contribute to. These are presented as line charts, or as bar charts where no trend data is available.

Questions not linked to a People Promise element or theme

Results for the small number of questions that do not contribute to the result for any People Promise element or theme are included in this section.

About your respondents

This section provides details of the staff responding to the survey, including the results of questions relating to their experience during the **Covid-19 pandemic** and **demographic and other classification questions**.

Workforce Equality Standards

This section shows the data required for the NHS Staff Survey indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

Appendices

Here you will find:

▶ Response rate trends

▶ Significance testing of the theme results for 2020 vs 2021

▶ Tips on action planning and interpreting results

▶ Details of the other reporting outputs available

We are **compassionate** and **inclusive**

We are **recognised** and **rewarded**

We each have **a voice that counts**

We are **safe** and **healthy**

We are **always learning**

We work **flexibly**

We are **a team**

People Promise element and theme results

For more details please see the technical document.

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.6	6.4	7.1	6.3	5.7	6.6	7.0	7.2	6.1
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	2,366	2,361	2,351	2,348	2,286	2,354	2,364	2,365	2,365

Survey Coordination Centre

NHS

Promise element 1: We are compassionate and inclusive
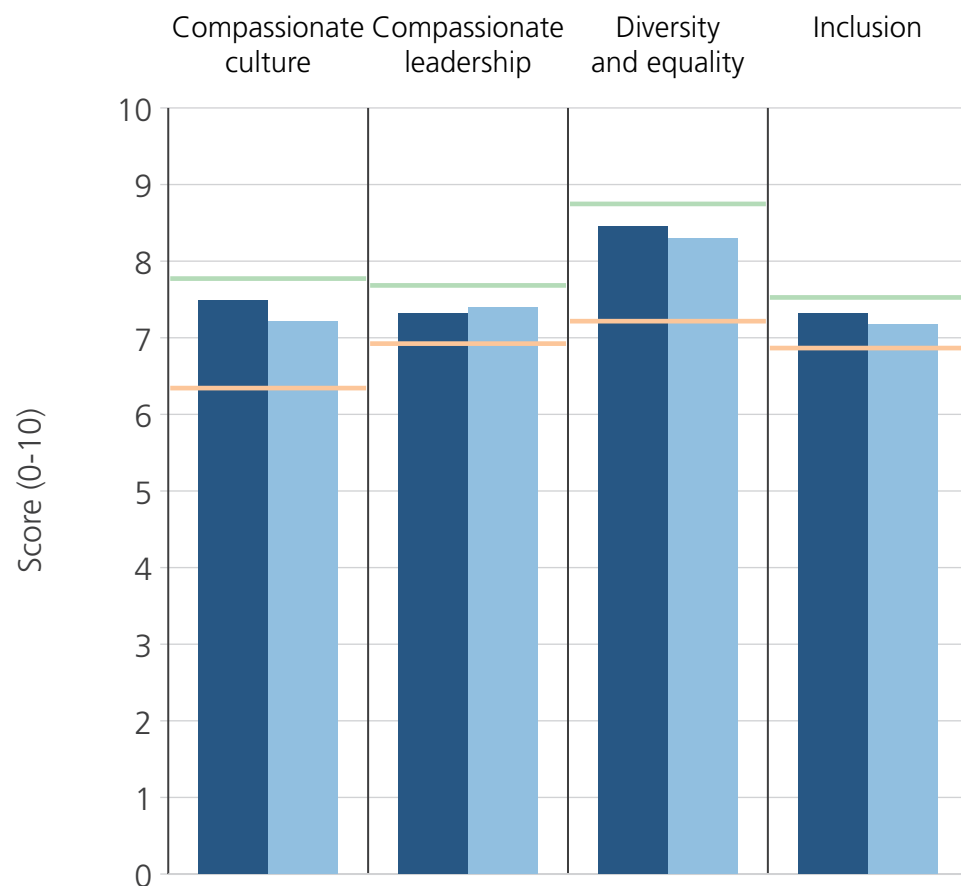
	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Best	7.8	7.7	8.7	7.5
Your org	7.5	7.3	8.5	7.3
Average	7.2	7.4	8.3	7.2
Worst	6.3	6.9	7.2	6.9
Responses	2,360	2,362	2,358	2,357

Promise element 3: We each have a voice that counts
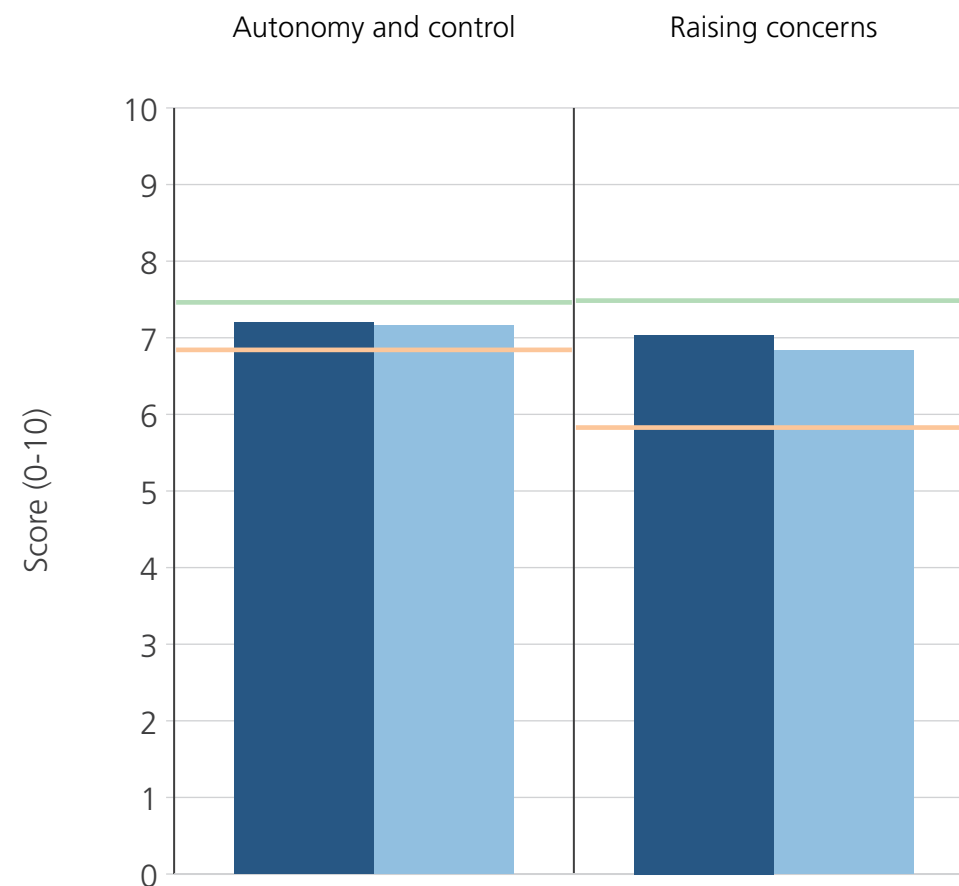
	Autonomy and control	Raising concerns
Best	7.5	7.5
Your org	7.2	7.0
Average	7.2	6.8
Worst	6.8	5.8
Responses	2,364	2,354

* Promise element 2 features no sub-scores and so is not included in this section of the benchmarking report

Promise element 4: We are safe and healthy
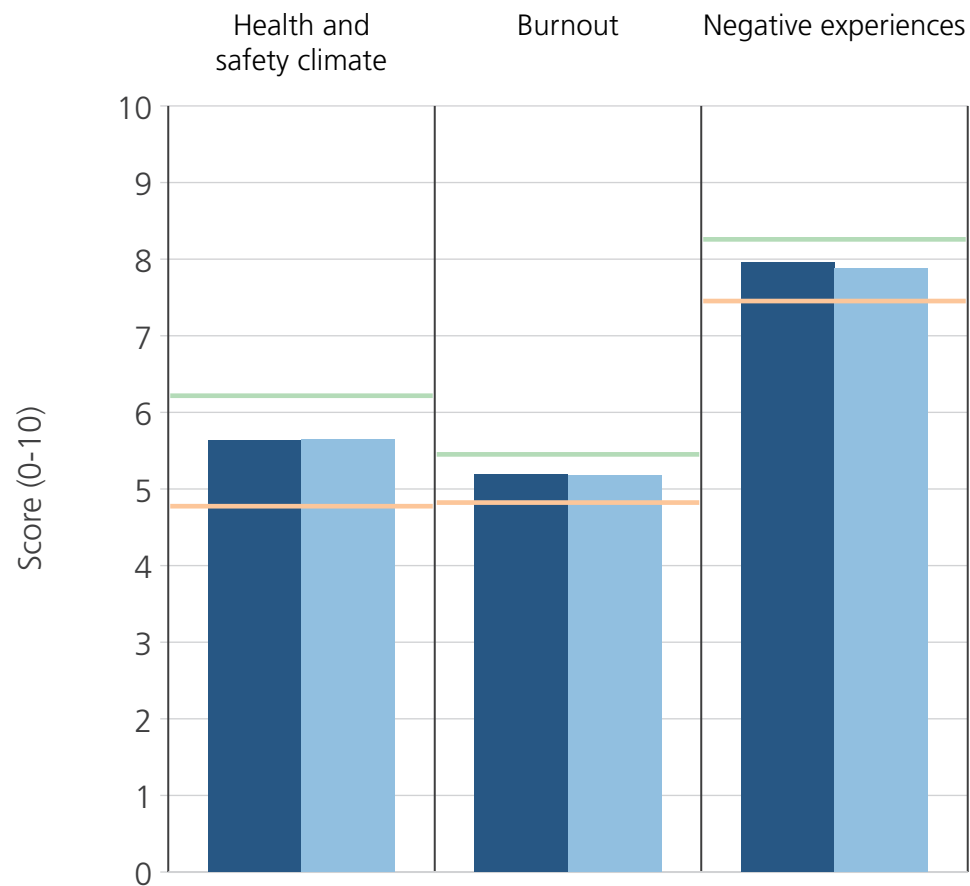
	Health and safety climate	Burnout	Negative experiences
Best	6.2	5.5	8.3
Your org	5.6	5.2	8.0
Average	5.6	5.2	7.9
Worst	4.8	4.8	7.5
Responses	2,364	2,359	2,354

Promise element 5: We are always learning
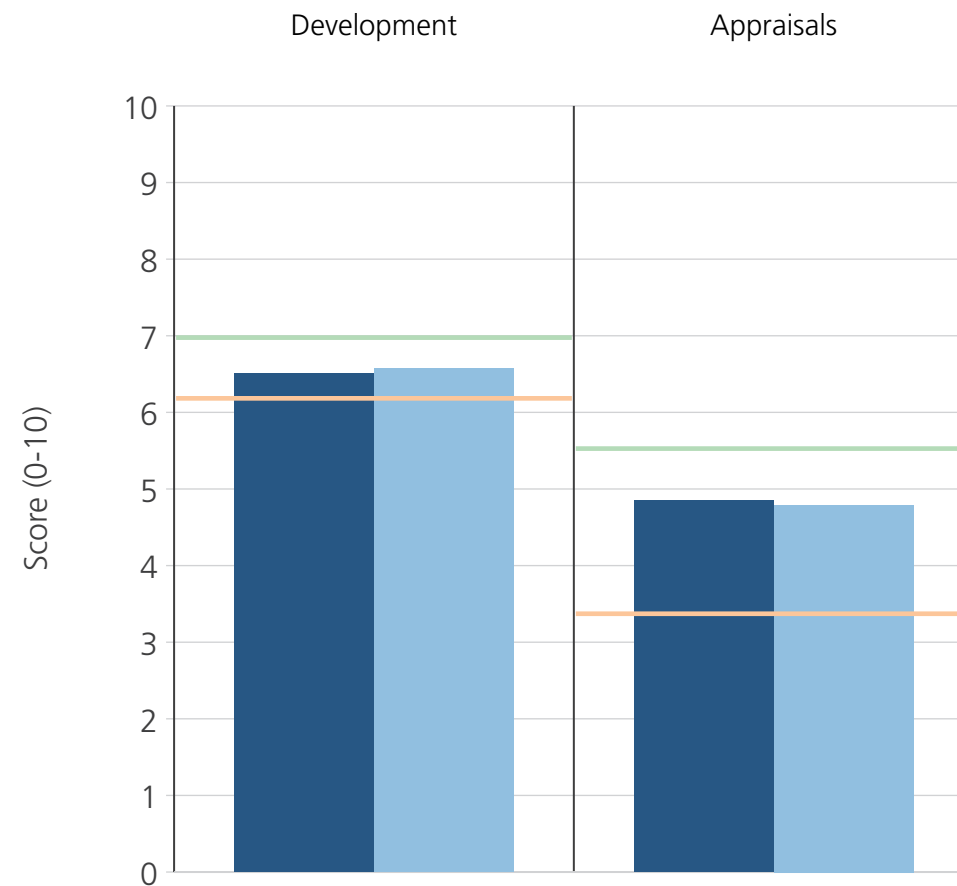
	Development	Appraisals
Best	7.0	5.5
Your org	6.5	4.8
Average	6.6	4.8
Worst	6.2	3.4
Responses	2,359	2,288

Promise element 6: We work flexibly
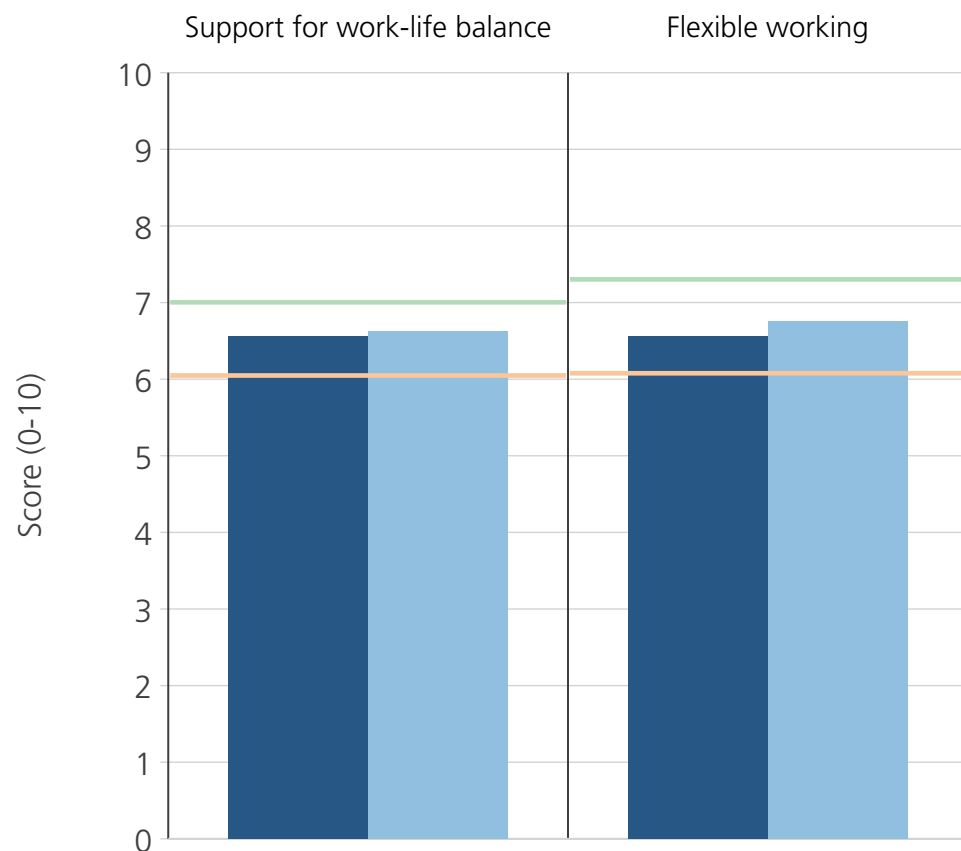
	Support for work-life balance	Flexible working
Best	7.0	7.3
Your org	6.6	6.6
Average	6.6	6.8
Worst	6.0	6.1
Responses	2,364	2,356

Promise element 7: We are a team

	Team working	Line management
Best	7.2	7.5
Your org	6.9	7.2
Average	6.9	7.3
Worst	6.5	6.7
Responses	2,365	2,365

12
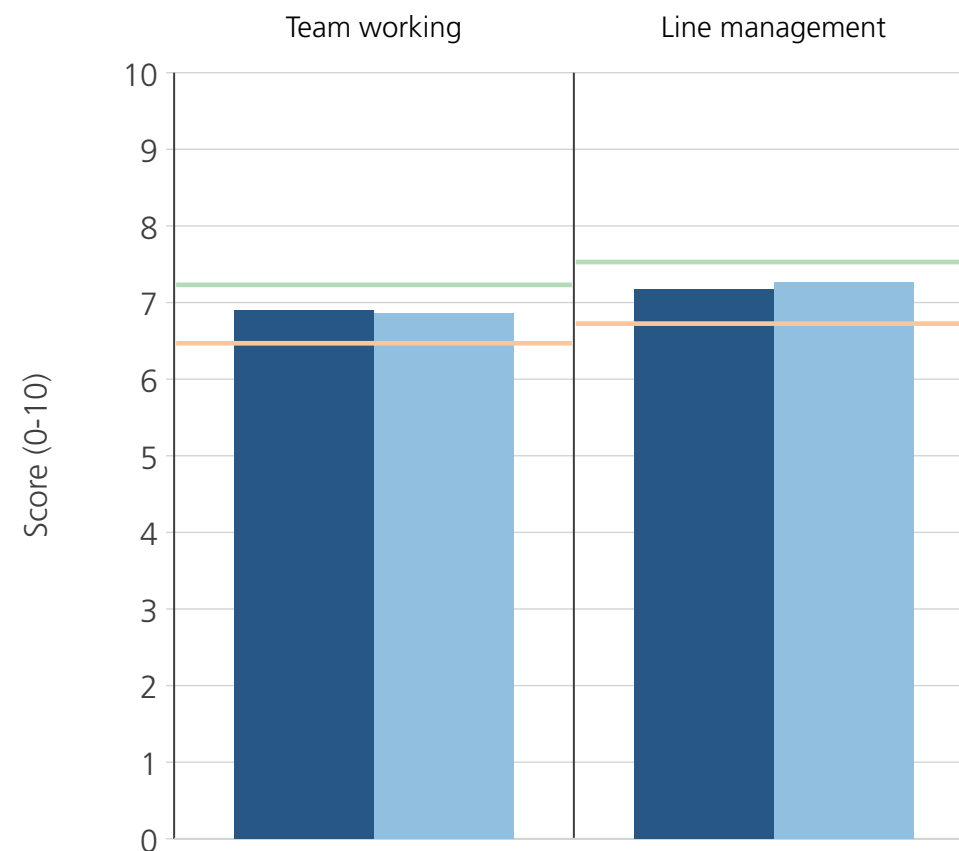
Staff Engagement
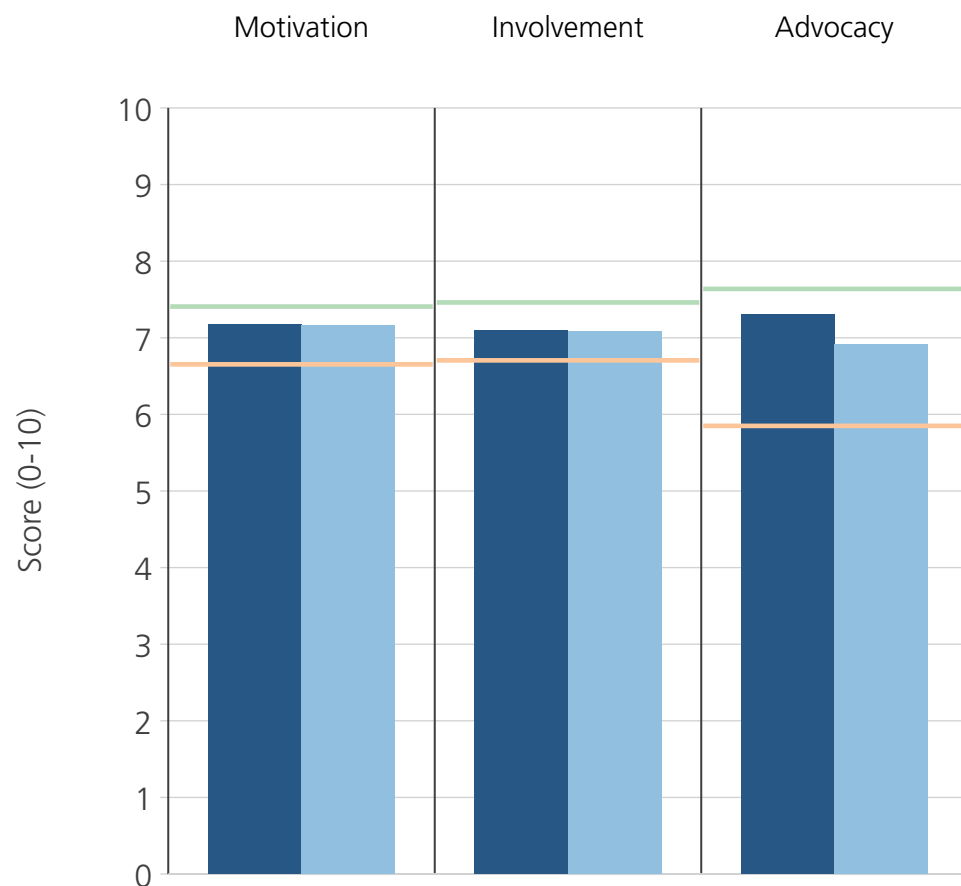
	Motivation	Involvement	Advocacy
Best	7.4	7.5	7.6
Your org	7.2	7.1	7.3
Average	7.2	7.1	6.9
Worst	6.7	6.7	5.8
Responses	2,348	2,364	2,357

Morale
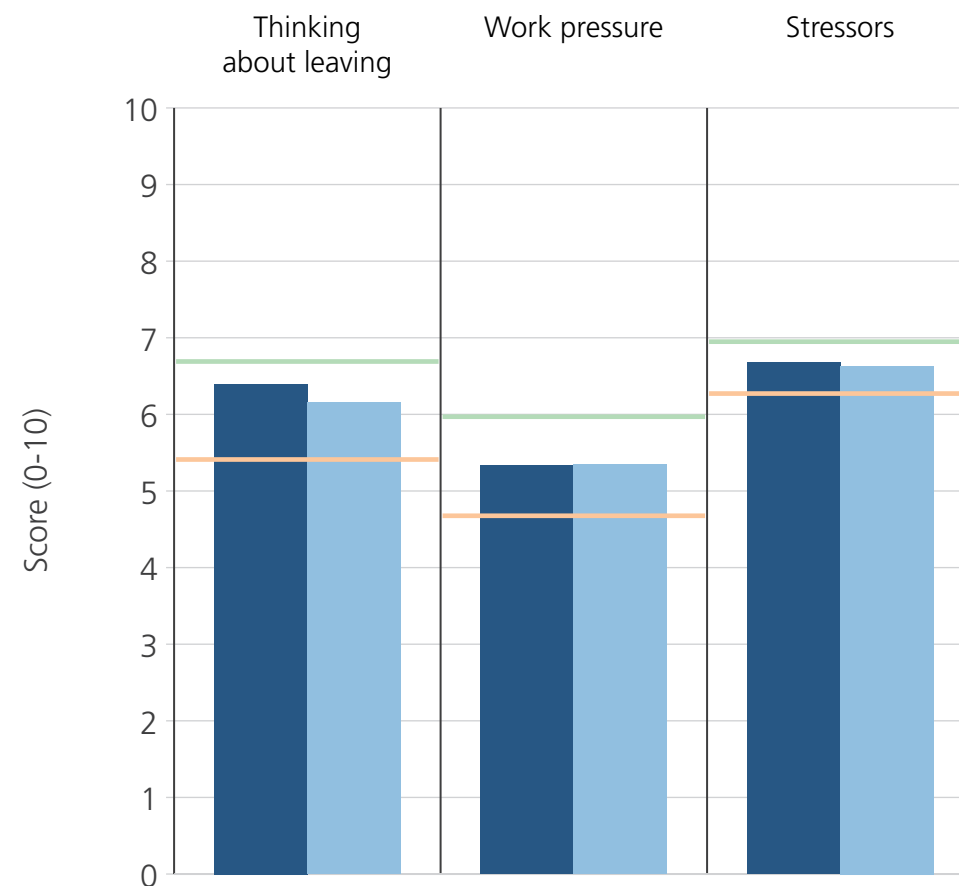
	Thinking about leaving	Work pressure	Stressors
Best	6.7	6.0	6.9
Your org	6.4	5.3	6.7
Average	6.2	5.3	6.6
Worst	5.4	4.7	6.3
Responses	2,362	2,363	2,362

Staff Engagement and Morale – Trends

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

	2020	2021
Best	7.5	7.4
Your org	7.2	7.2
Average	7.2	7.0
Worst	6.6	6.5
Responses	2,022	2,365
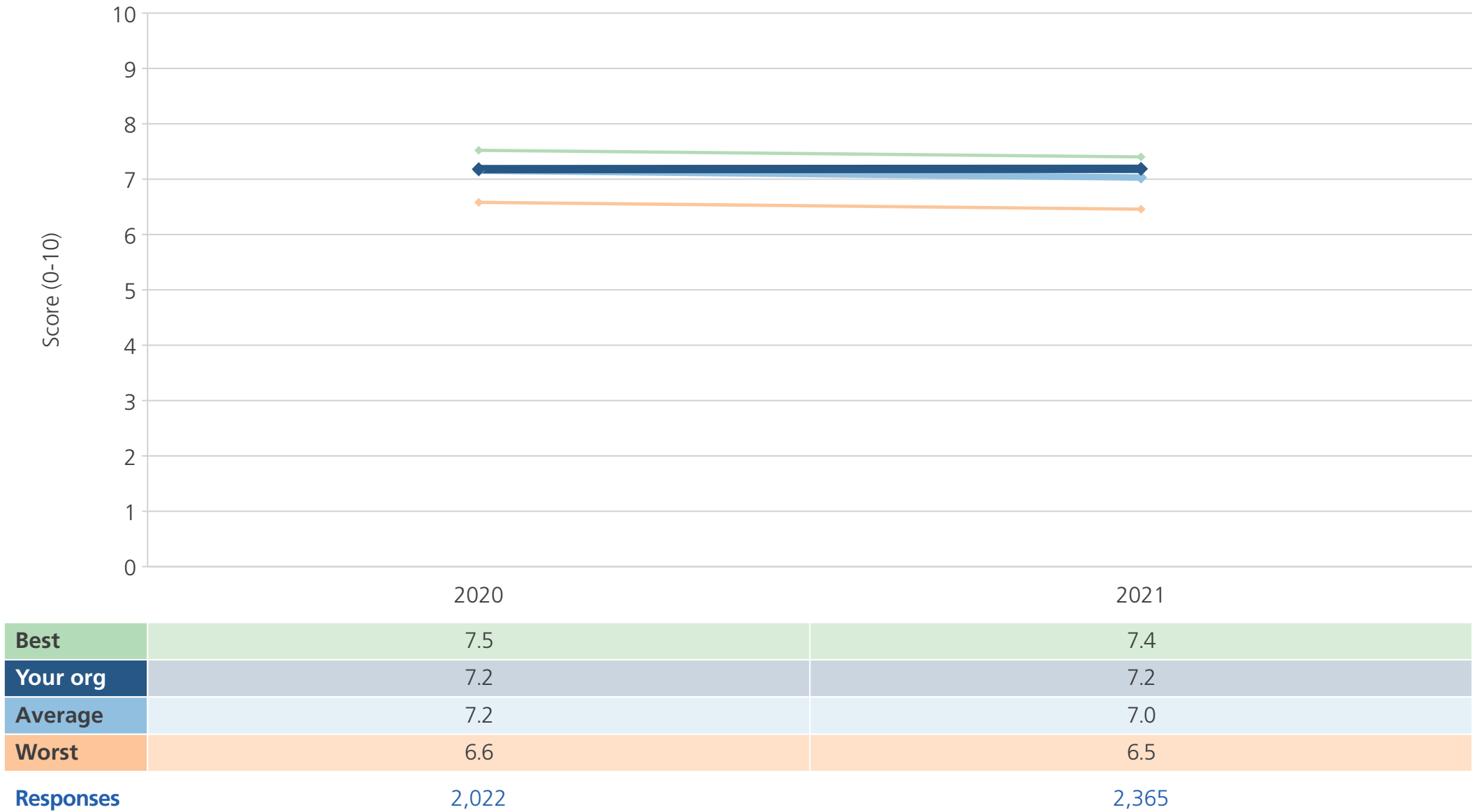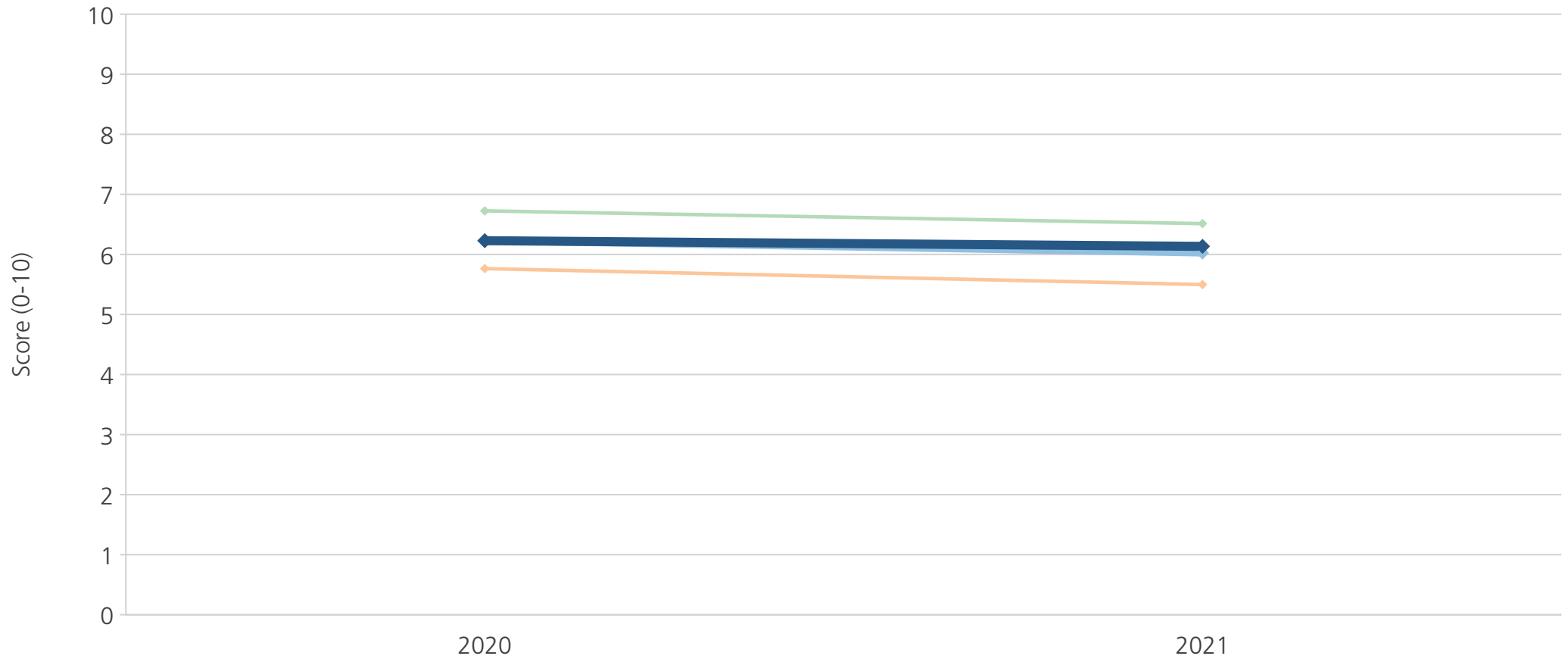
	2020	2021
Best	6.7	6.5
Your org	6.2	6.1
Average	6.2	6.0
Worst	5.8	5.5
Responses	2,022	2,365

People Promise element and theme results – Covid-19 classification breakdowns

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Covid-19 questions

In the 2021 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

a.	Have you worked on a Covid-19 specific ward or area at any time?	☐ Yes	☐ No
b.	Have you been redeployed due to the Covid-19 pandemic at any time?	☐ Yes	☐ No
c.	Have you been required to work remotely/from home due to the Covid-19 pandemic?	☐ Yes	☐ No

The charts on the following pages show the breakdown of People Promise element scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

Further information

Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.9	7.8	7.9	8.0
Your org	7.6	7.5	7.6	7.7
Average	7.5	7.3	7.3	7.6
Lowest	7.1	6.9	6.7	7.2
Responses	2,366	630	400	1,403

19

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.8	6.6	6.6	7.0
Your org	6.4	6.1	6.2	6.5
Average	6.3	6.0	6.2	6.5
Lowest	5.9	5.5	5.6	6.2
Responses	2,361	628	400	1,401

2021 NHS Staff Survey Results > People Promise element and theme results – Covid-19 classification breakdowns > **We each have a voice that counts**

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.4	7.3	7.3	7.5
Your org	7.1	7.0	7.0	7.2
Average	7.0	6.8	6.8	7.1
Lowest	6.4	6.3	6.3	6.4
Responses	2,351	624	396	1,400

Survey
Coordination
Centre

NHS

Score (0-10)

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.6	6.6	6.5	6.6
Your org	6.3	5.9	6.2	6.3
Average	6.2	5.9	6.0	6.2
Lowest	5.8	5.4	5.5	5.9
Responses	2,348	623	397	1,400

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.1	6.5	6.3	6.2
Your org	5.7	5.7	5.6	5.8
Average	5.6	5.6	5.5	5.7
Lowest	4.8	4.5	4.7	5.0
Responses	2,286	607	389	1,371

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.1	7.3	7.2	7.4
Your org	6.6	6.2	6.4	7.0
Average	6.7	6.3	6.5	7.0
Lowest	6.1	5.6	6.0	6.4
Responses	2,354	624	399	1,398

Survey
Coordination
Centre

NHS

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.4	7.3	7.4	7.5
Your org	7.0	6.8	7.0	7.2
Average	7.1	6.9	6.9	7.2
Lowest	6.6	6.2	6.4	6.8
Responses	2,364	630	400	1,403

2021 NHS Staff Survey Results > People Promise element and theme results – Covid-19 classification breakdowns > **Staff Engagement**

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.4	7.5	7.5	7.5
Your org	7.2	7.1	7.1	7.2
Average	7.0	6.9	6.9	7.1
Lowest	6.5	6.4	6.4	6.5
Responses	2,365	630	400	1,403

26

2021 NHS Staff Survey Results > People Promise element and theme results – Covid-19 classification breakdowns > **Morale**

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.5	6.5	6.4	6.6
Your org	6.1	5.9	6.0	6.1
Average	6.0	5.9	5.8	6.1
Lowest	5.5	5.3	5.2	5.5
Responses	2,365	630	400	1,403

People Promise element and theme results – Detailed information

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

People Promise element detailed information – We are compassionate and inclusive

Questions:

Q6a, Q21a, Q21b, Q21c, Q21d
Q9f, Q9g, Q9h, Q9i
Q15, Q16a, Q16b, Q18
Q7h, Q7i, Q8b, Q8c

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Q6a
I feel that my role makes a difference to patients / service users

Due to changes in this year's survey it is not possible to display trend data for this question

Q21a
Care of patients / service users is my organisation's top priority

Q21b
My organisation acts on concerns raised by patients / service users
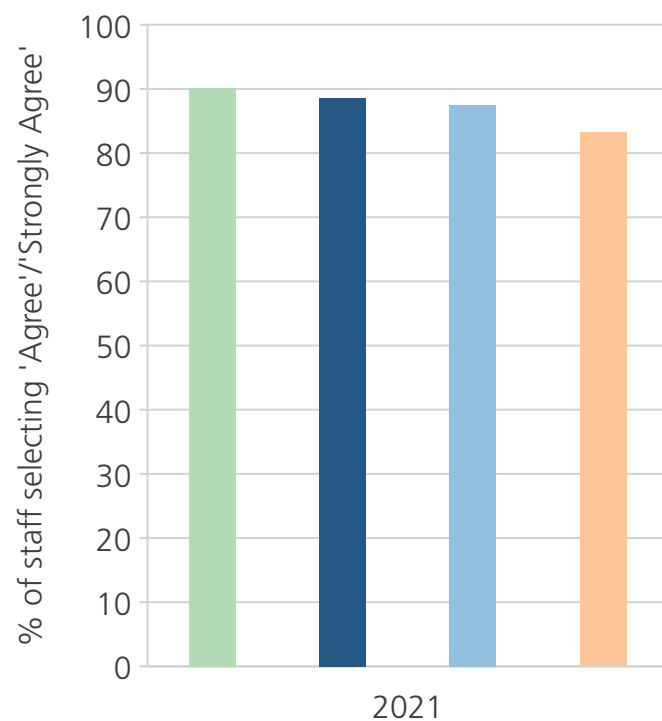
	2021
Best	90.2%
Your org	88.6%
Average	87.5%
Worst	83.2%
Responses	2,266

	2020	2021
Best	87.9%	87.5%
Your org	81.4%	82.1%
Average	80.5%	78.5%
Worst	66.5%	64.9%
Responses	2,010	2,359
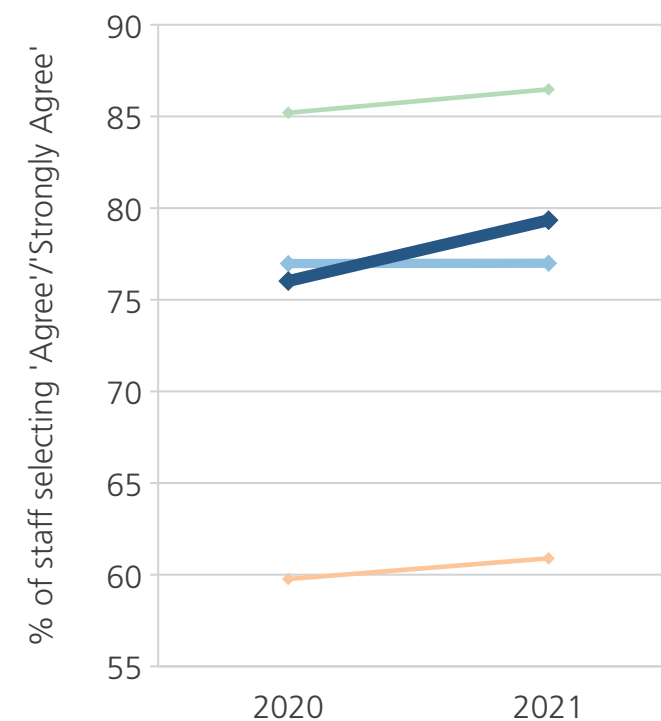
	2020	2021
Best	85.2%	86.5%
Your org	76.0%	79.3%
Average	77.0%	77.0%
Worst	59.8%	60.9%
Responses	2,009	2,353

Q21c
I would recommend my organisation as a place to work
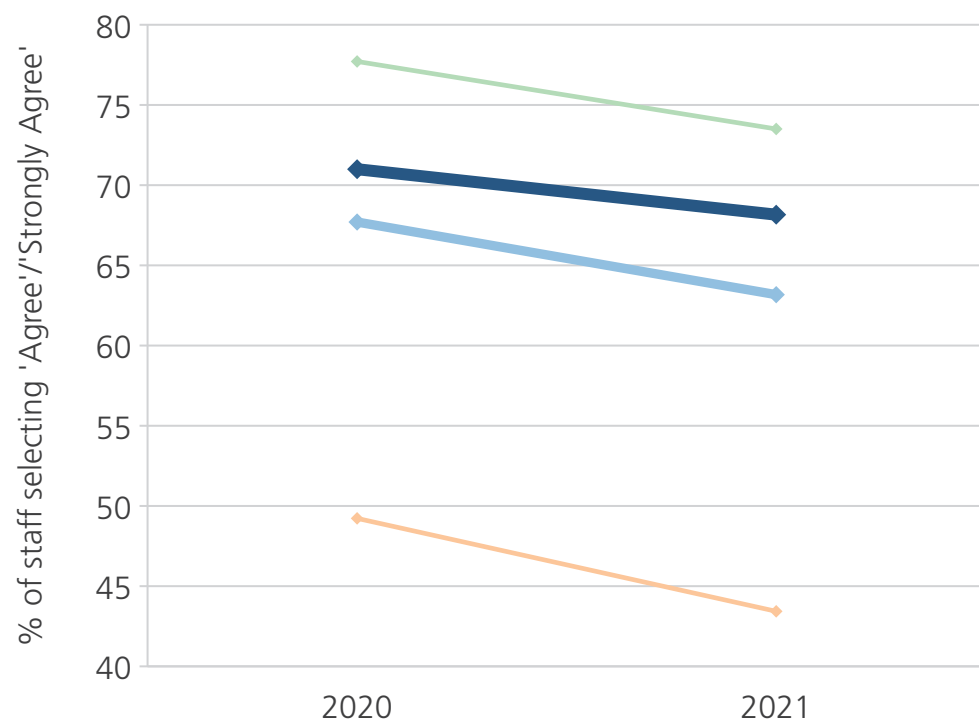
	2020	2021
Best	77.7%	73.5%
Your org	71.0%	68.2%
Average	67.7%	63.2%
Worst	49.2%	43.4%
Responses	2,011	2,352

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
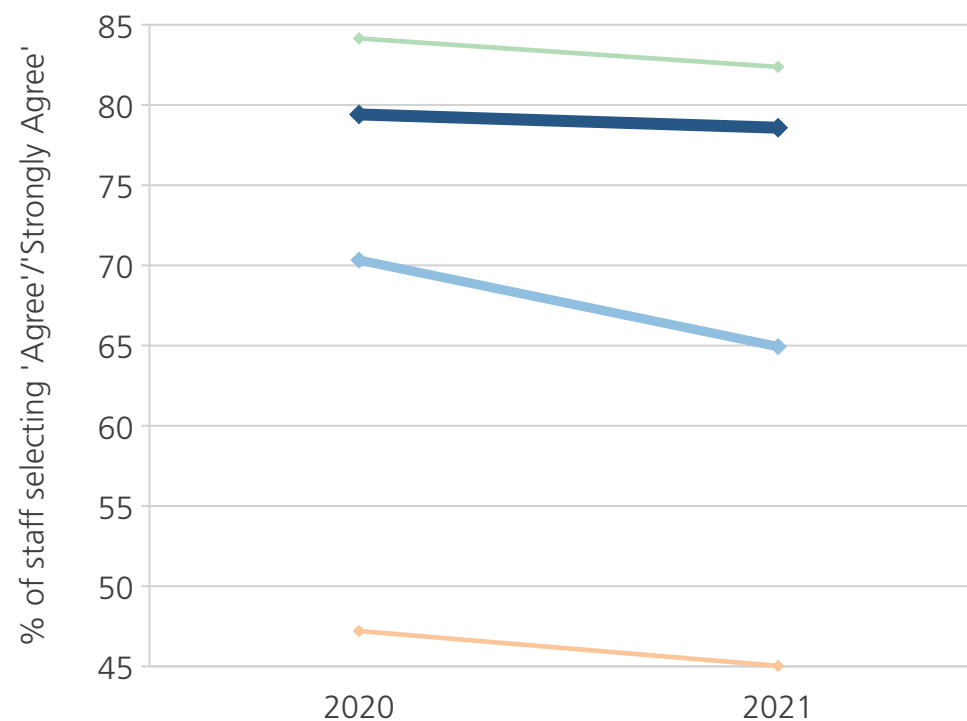
	2020	2021
Best	84.1%	82.4%
Your org	79.4%	78.6%
Average	70.3%	64.9%
Worst	47.2%	45.0%
Responses	2,008	2,356

Q9f
My immediate manager works together with me to come to an understanding of problems

No trend data are shown as this is a new question
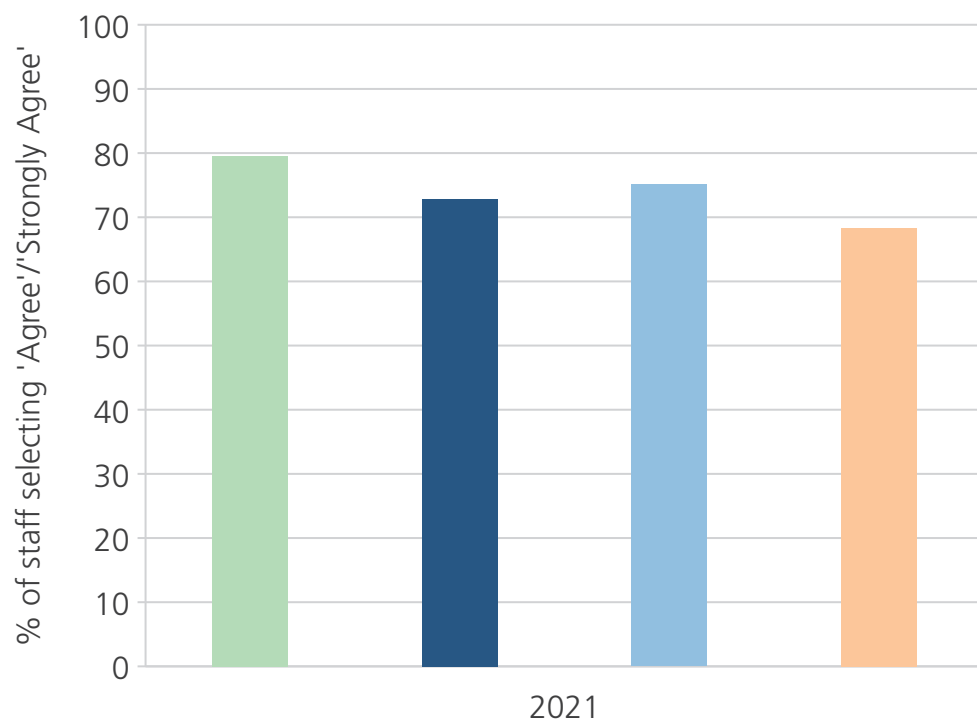
Best	79.6%
Your org	72.9%
Average	75.1%
Worst	68.3%
Responses	2,354

Q9g
My immediate manager is interested in listening to me when I describe challenges I face

No trend data are shown as this is a new question
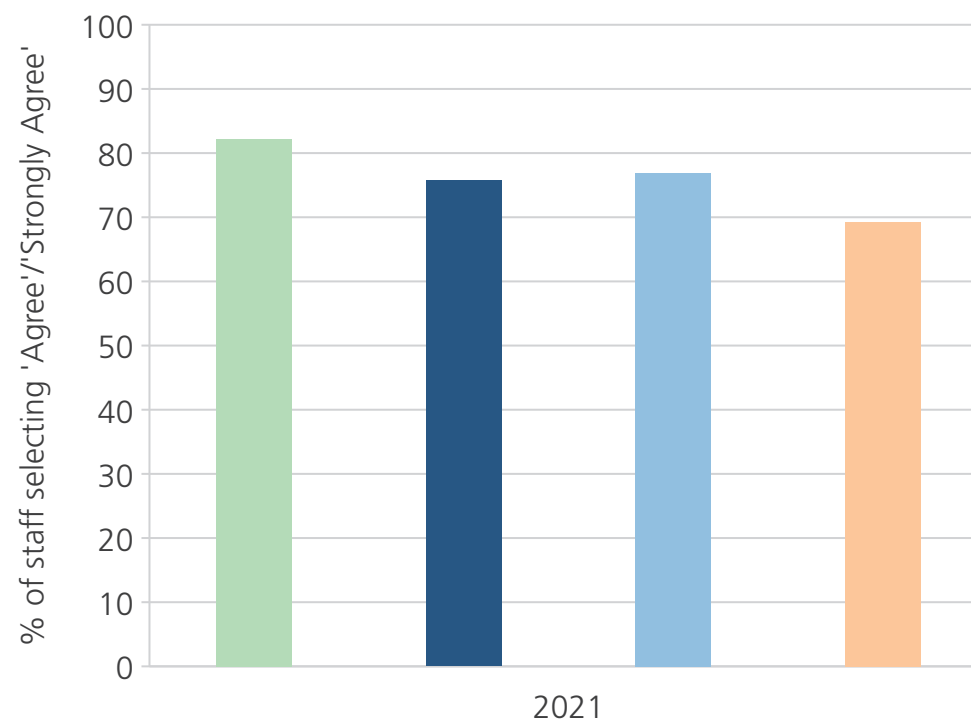
Best	82.2%
Your org	75.7%
Average	76.9%
Worst	69.2%
Responses	2,363

32

Survey Coordination Centre

NHS

Q9h
My immediate manager cares about my concerns

No trend data are shown as this is a new question

2021
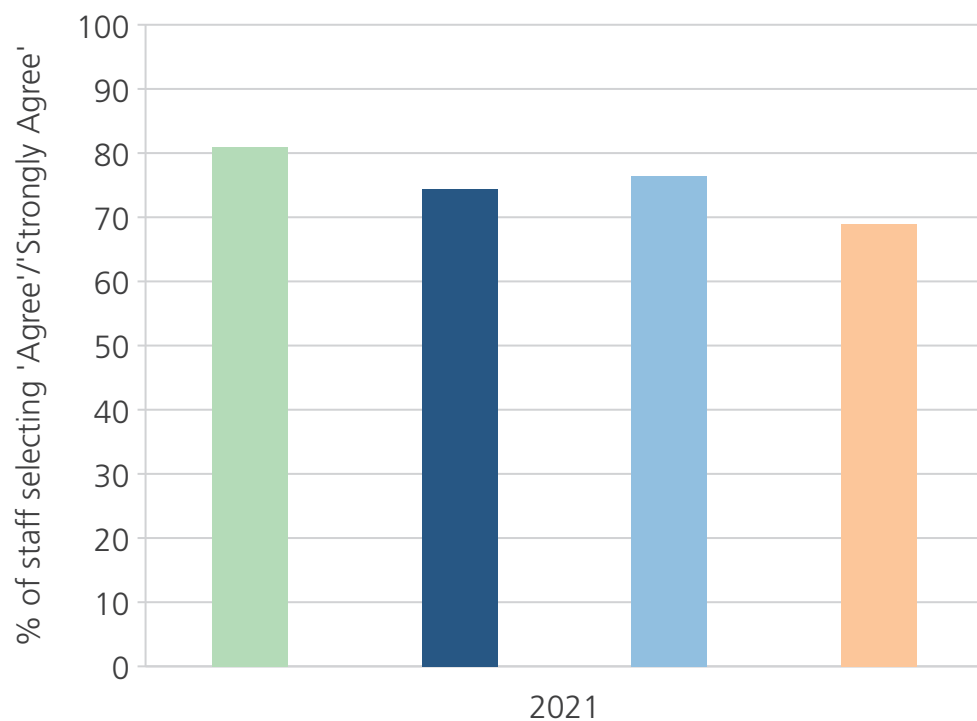
Best	80.9%
Your org	74.4%
Average	76.4%
Worst	68.9%
Responses	2,361

Q9i
My immediate line manager takes effective action to help me with any problems I face

No trend data are shown as this is a new question

2021
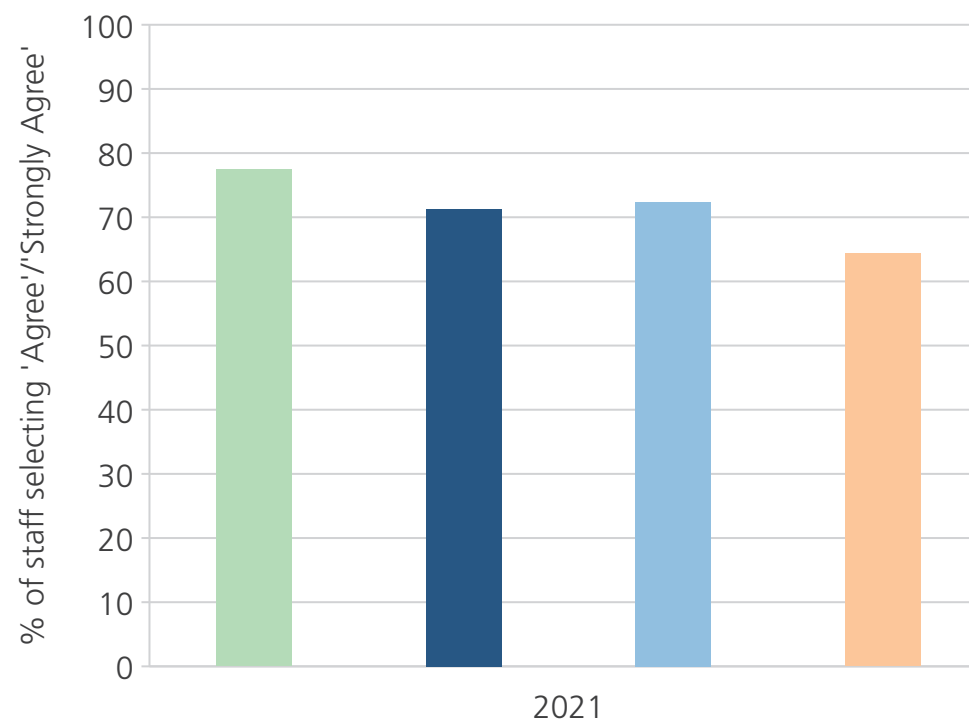
Best	77.5%
Your org	71.3%
Average	72.3%
Worst	64.4%
Responses	2,354

33

Q15

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
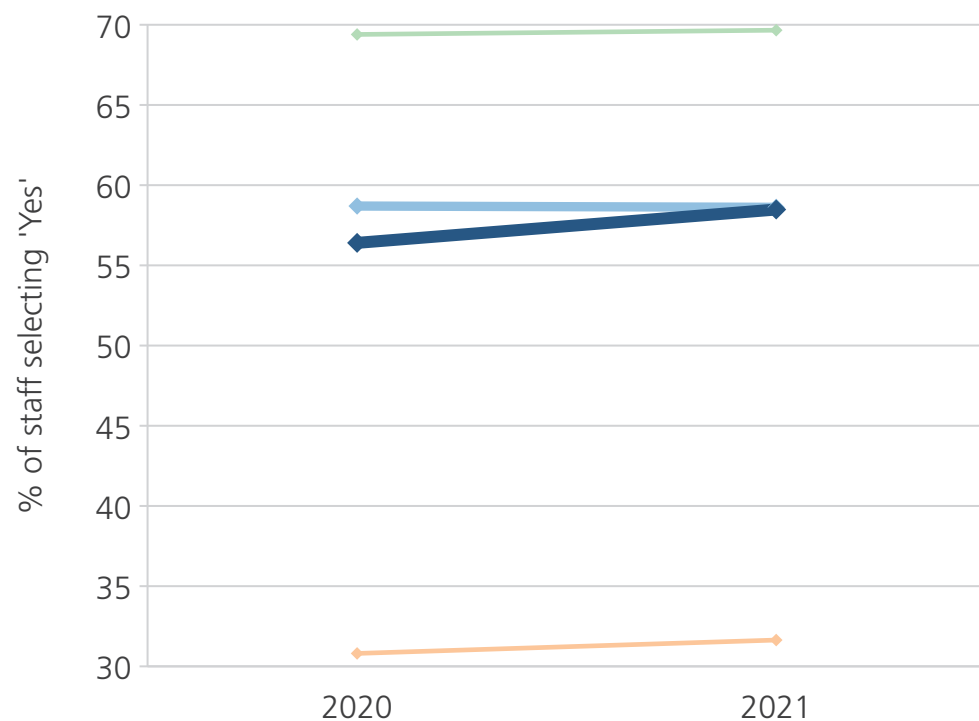
	2020	2021
Best	69.4%	69.7%
Your org	56.4%	58.5%
Average	58.7%	58.6%
Worst	30.8%	31.6%
Responses	2,020	2,341

Q16a

In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?
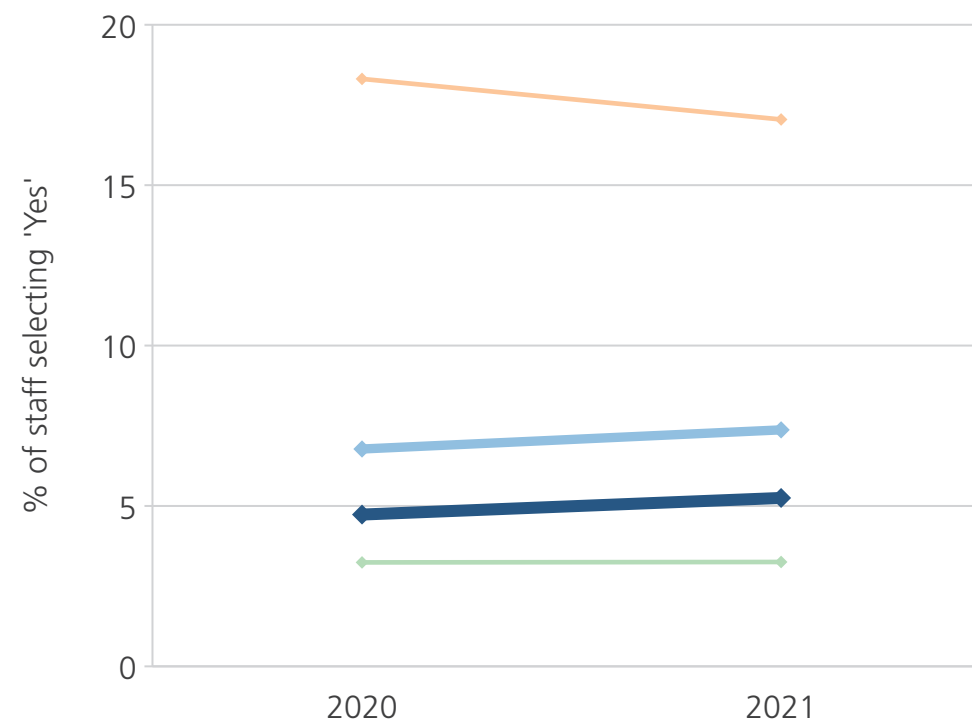
	2020	2021
Worst	18.3%	17.0%
Your org	4.7%	5.2%
Average	6.8%	7.4%
Best	3.2%	3.3%
Responses	2,010	2,355

Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

34

Q16b

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

Q18

I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

No trend data are shown as this is a new question
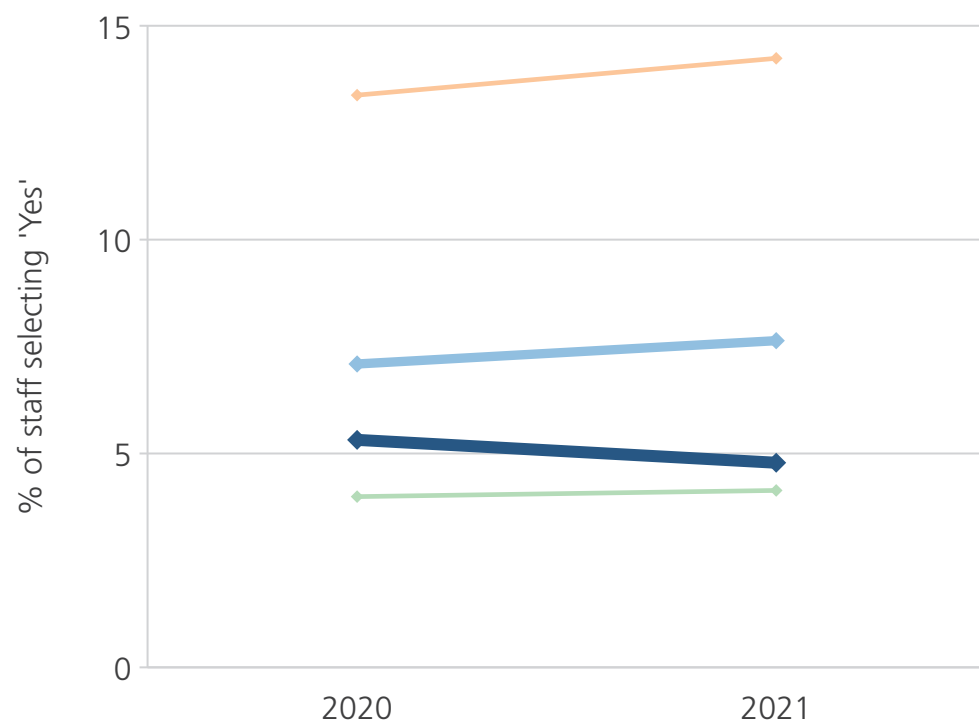
	2020	2021
Worst	13.4%	14.2%
Your org	5.3%	4.8%
Average	7.1%	7.6%
Best	4.0%	4.1%
Responses	2,006	2,344
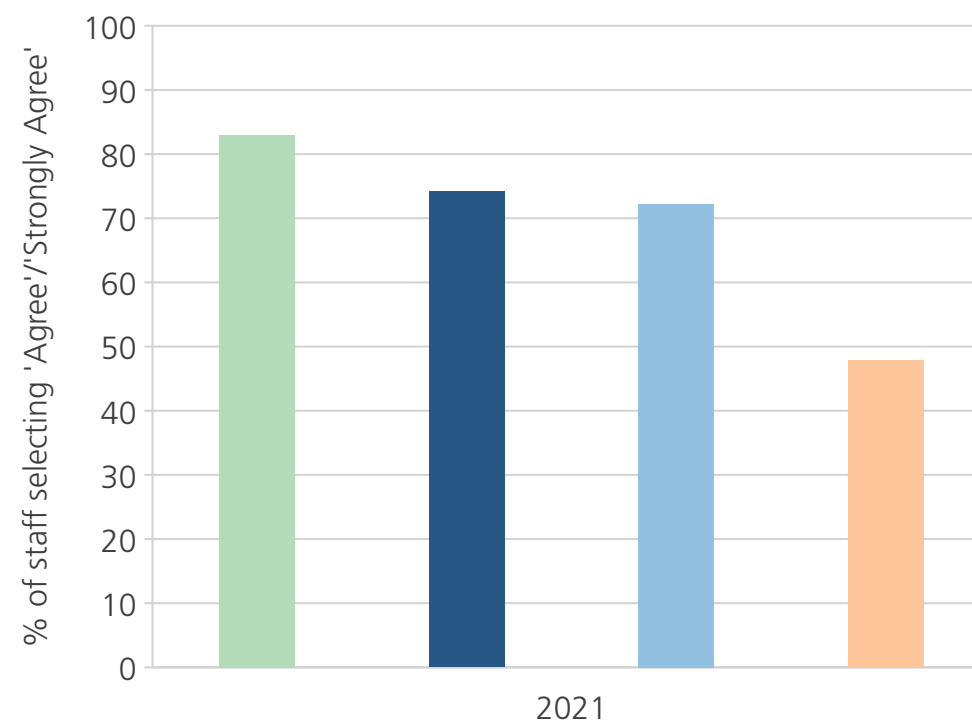
	2021
Best	82.9%
Your org	74.2%
Average	72.2%
Worst	47.9%
Responses	2,356

Q7h
I feel valued by my team

No trend data are shown as this is a new question
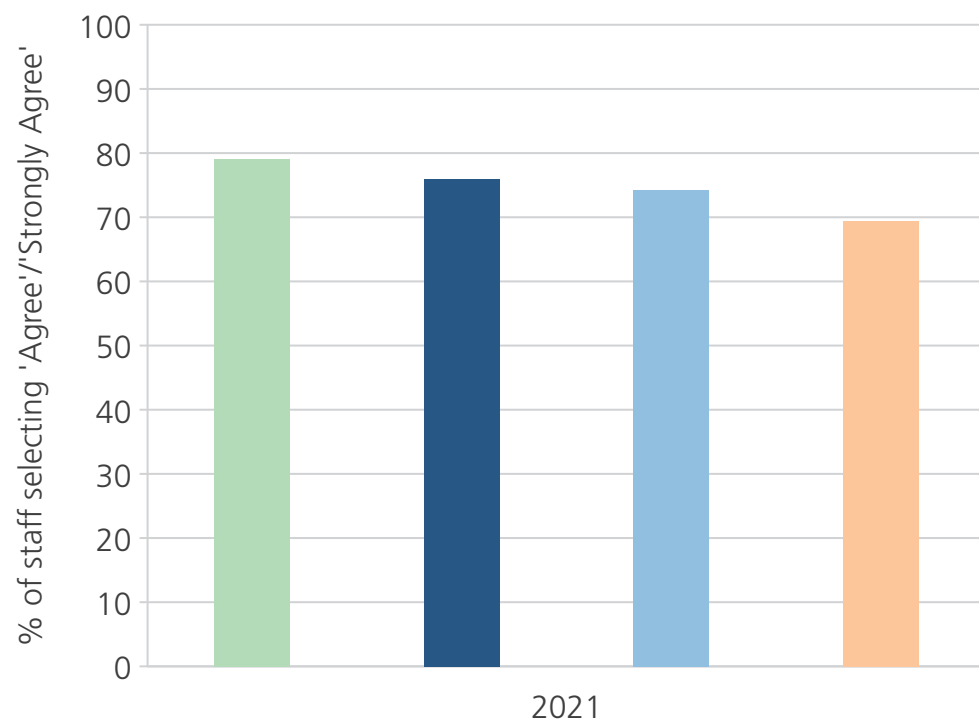
Best	79.1%
Your org	76.0%
Average	74.2%
Worst	69.5%
Responses	2,354

Q7i
I feel a strong personal attachment to my team

No trend data are shown as this is a new question
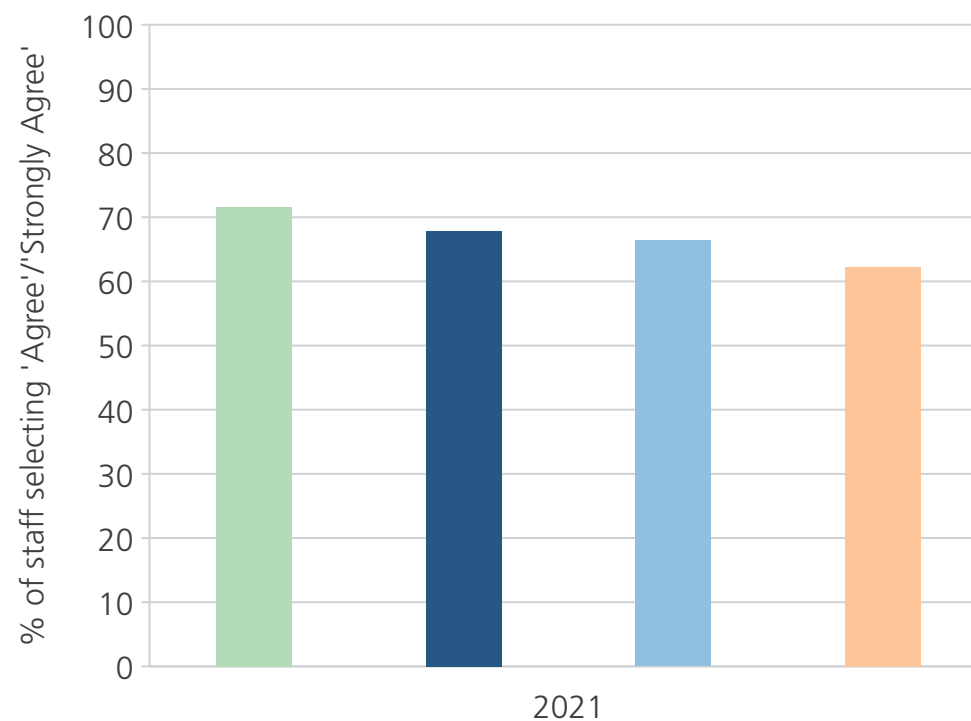
Best	71.6%
Your org	67.8%
Average	66.4%
Worst	62.2%
Responses	2,357

Q8b

The people I work with are understanding and kind to one another

No trend data are shown as this is a new question
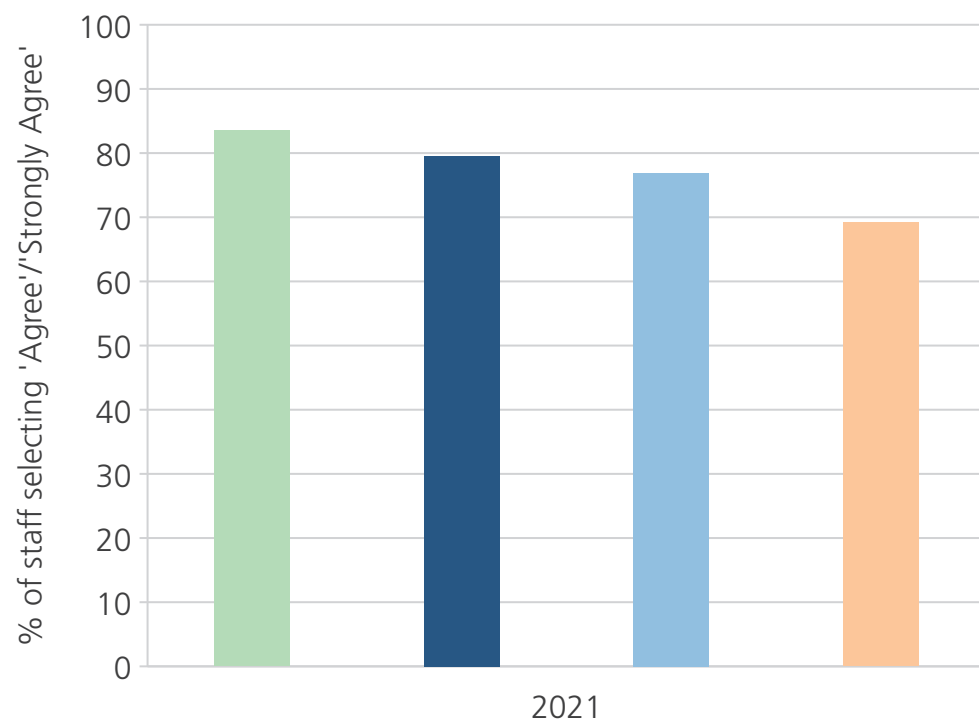
Best	83.5%
Your org	79.6%
Average	76.9%
Worst	69.2%
Responses	2,356

Q8c

The people I work with are polite and treat each other with respect

No trend data are shown as this is a new question
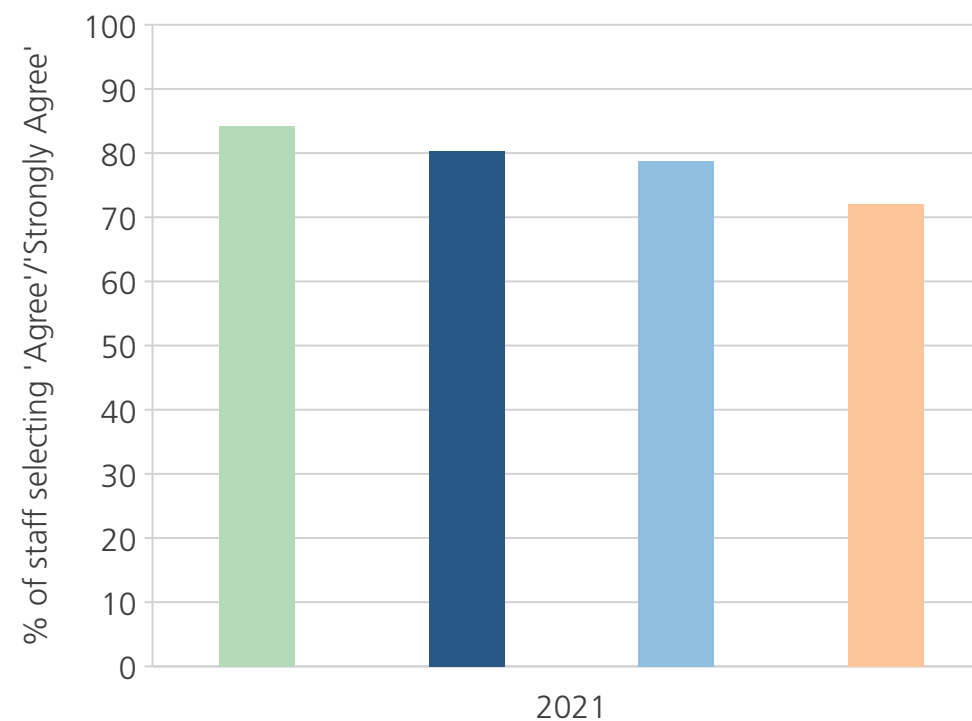
Best	84.2%
Your org	80.4%
Average	78.8%
Worst	72.0%
Responses	2,356
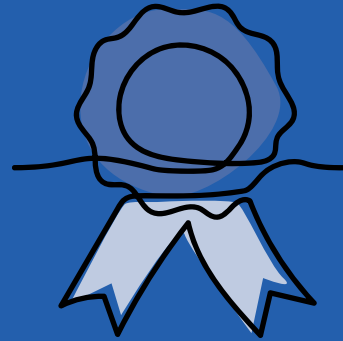
People Promise element detailed information – We are recognised and rewarded

Questions:

Q4a, Q4b, Q4c, Q8d, Q9e

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Survey Coordination Centre

NHS

Q4a
The recognition I get for good work
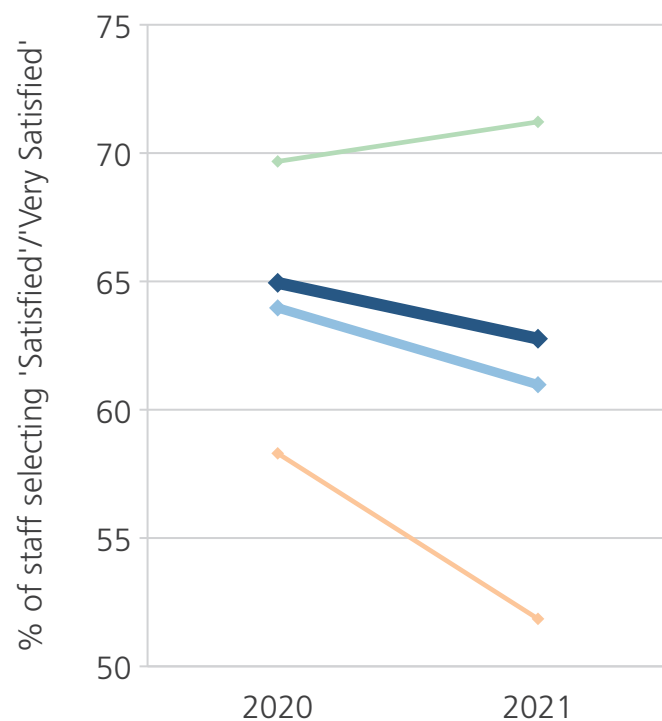
	2020	2021
Best	69.7%	71.2%
Your org	64.9%	62.8%
Average	64.0%	61.0%
Worst	58.3%	51.9%
Responses	2,010	2,358

Q4b
The extent to which my organisation values my work
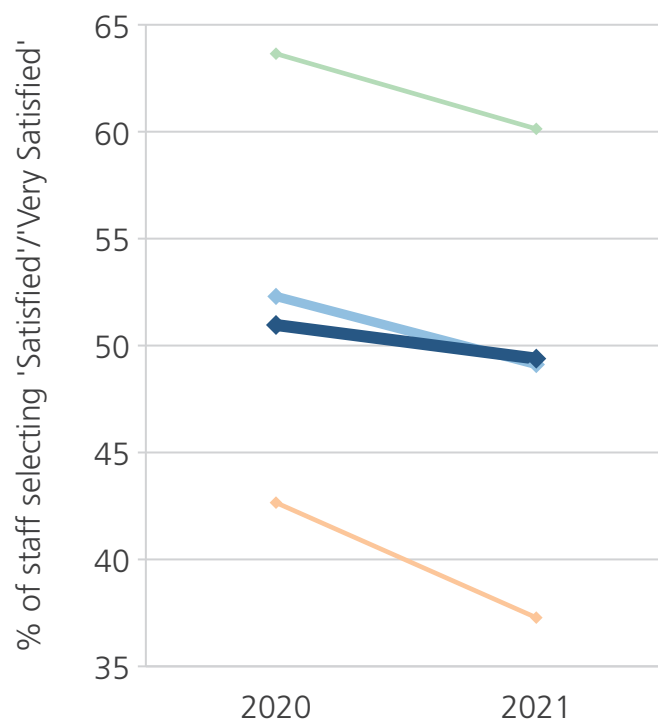
	2020	2021
Best	63.6%	60.1%
Your org	51.0%	49.4%
Average	52.3%	49.1%
Worst	42.7%	37.3%
Responses	2,012	2,357

Q4c
My level of pay
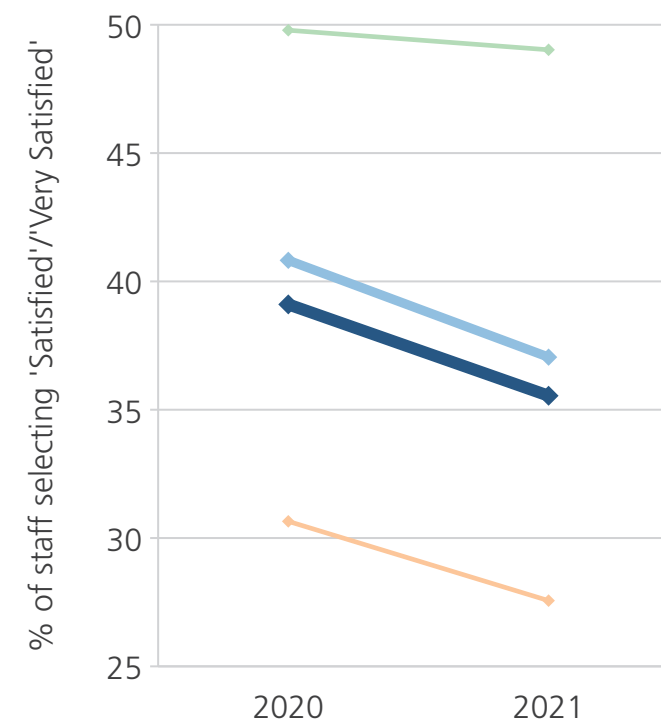
	2020	2021
Best	49.8%	49.0%
Your org	39.1%	35.5%
Average	40.8%	37.0%
Worst	30.7%	27.6%
Responses	2,011	2,356

Q8d
The people I work with show appreciation to one another

No trend data are shown as this is a new question
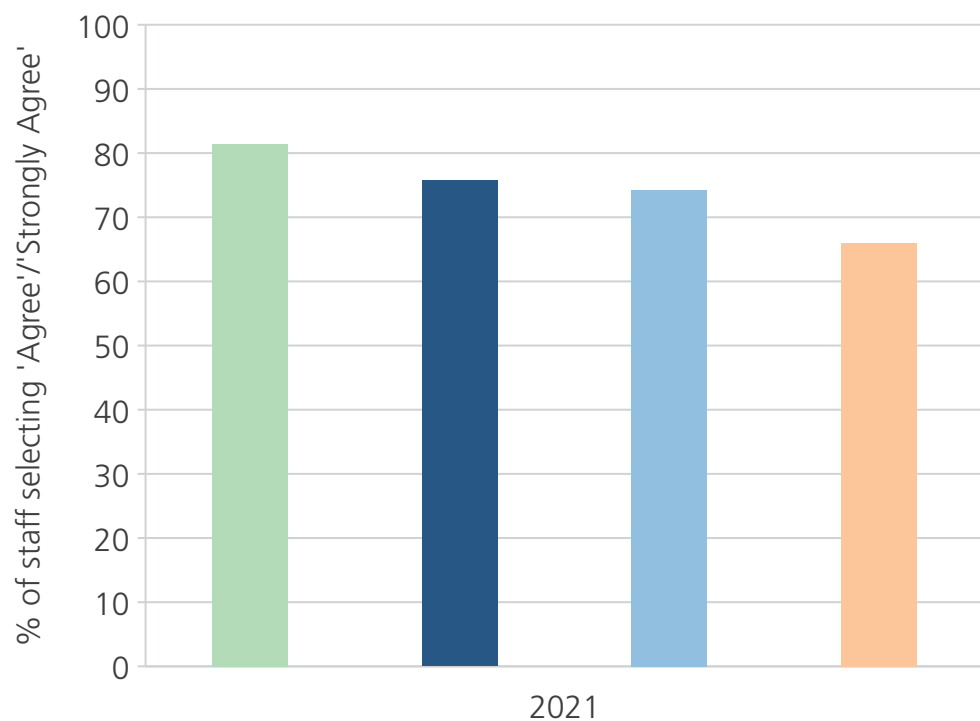
Best	81.4%
Your org	75.7%
Average	74.3%
Worst	66.0%
Responses	2,351

Q9e
My immediate manager values my work
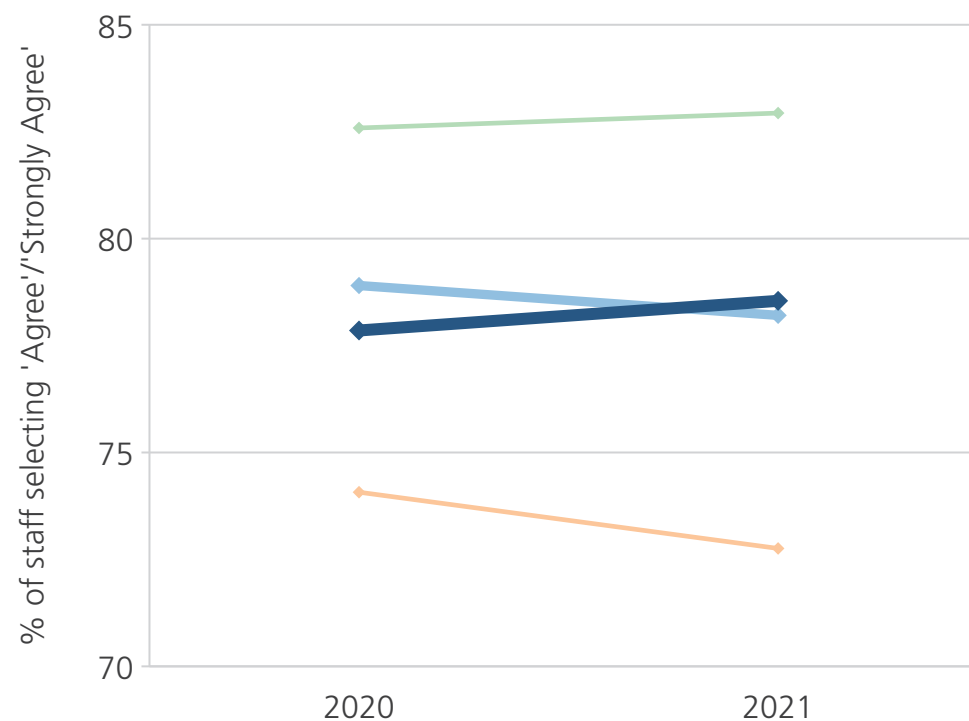
	2020	2021
Best	82.6%	82.9%
Your org	77.9%	78.5%
Average	78.9%	78.2%
Worst	74.1%	72.8%
Responses	2,017	2,357

40
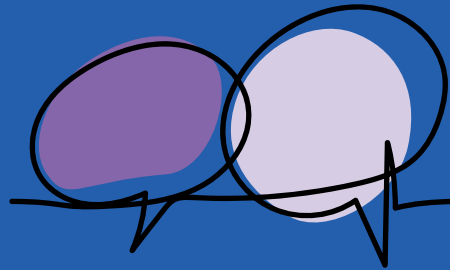
People Promise element detailed information – We each have a voice that counts

Questions:

Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
Q17a, Q17b, Q21e, Q21f

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Q3a
I always know what my work responsibilities are
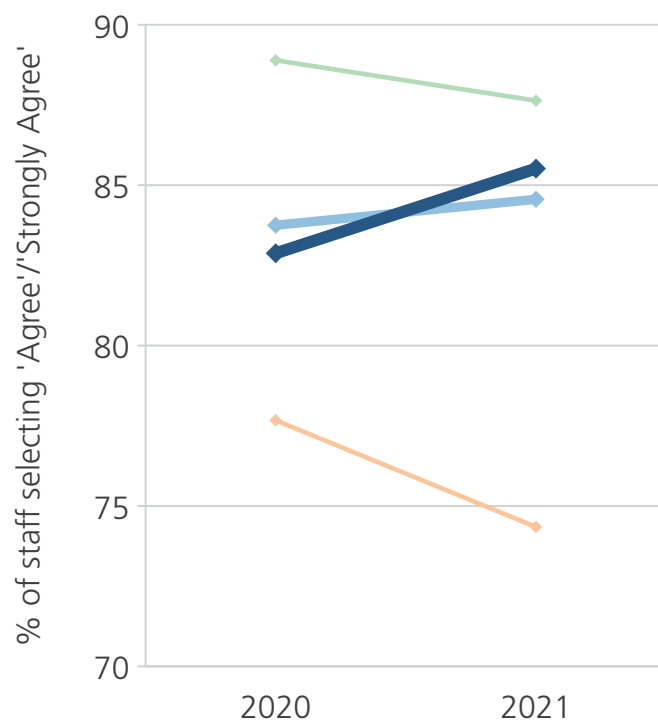
	2020	2021
Best	88.9%	87.6%
Your org	82.9%	85.5%
Average	83.8%	84.6%
Worst	77.7%	74.3%
Responses	2,012	2,363

Q3b
I am trusted to do my job
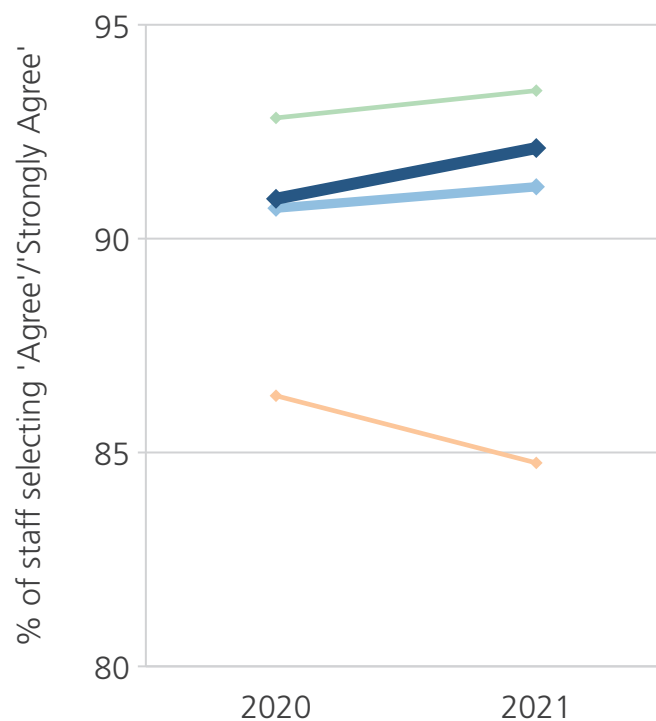
	2020	2021
Best	92.8%	93.5%
Your org	90.9%	92.1%
Average	90.7%	91.2%
Worst	86.3%	84.8%
Responses	2,005	2,362

Q3c
There are frequent opportunities for me to show initiative in my role

	2020	2021
Best	80.3%	80.4%
Your org	75.0%	76.6%
Average	75.6%	76.4%
Worst	70.5%	71.7%
Responses	2,015	2,357

Q3d
I am able to make suggestions to improve the work of my team / department
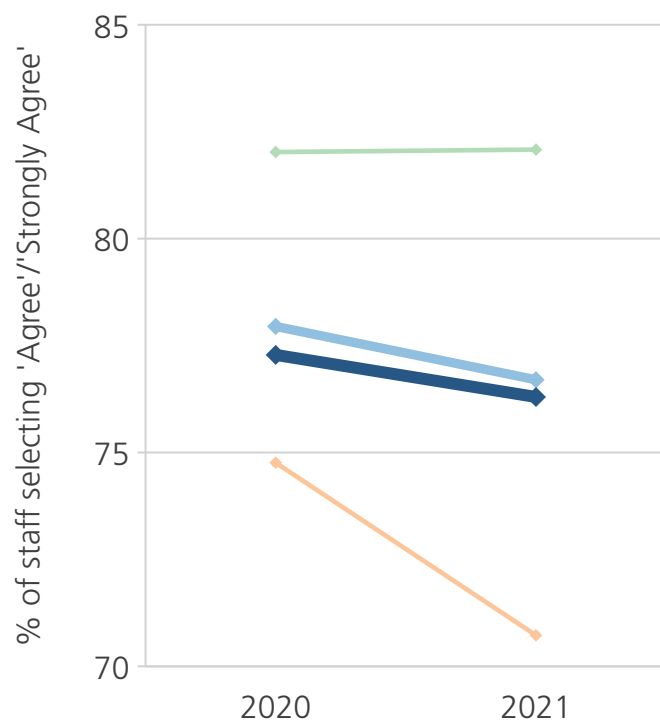
	2020	2021
Best	82.0%	82.1%
Your org	77.3%	76.3%
Average	77.9%	76.7%
Worst	74.8%	70.7%
Responses	2,015	2,353

Q3e
I am involved in deciding on changes introduced that affect my work area / team / department

	2020	2021
Best	63.4%	61.4%
Your org	52.5%	52.5%
Average	55.4%	54.4%
Worst	48.2%	46.8%
Responses	2,009	2,356

Q3f
I am able to make improvements happen in my area of work
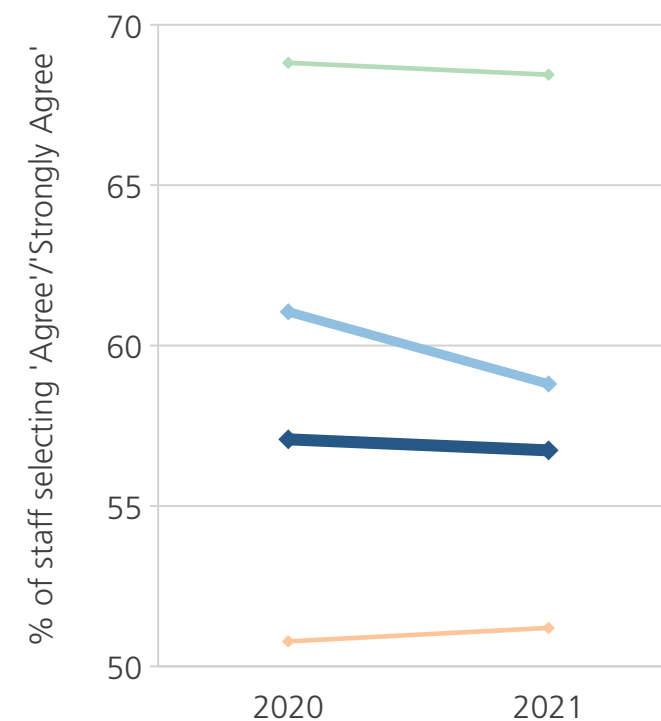
	2020	2021
Best	68.8%	68.4%
Your org	57.1%	56.7%
Average	61.1%	58.8%
Worst	50.8%	51.2%
Responses	2,003	2,338

43

Q5b
I have a choice in deciding how to do my work
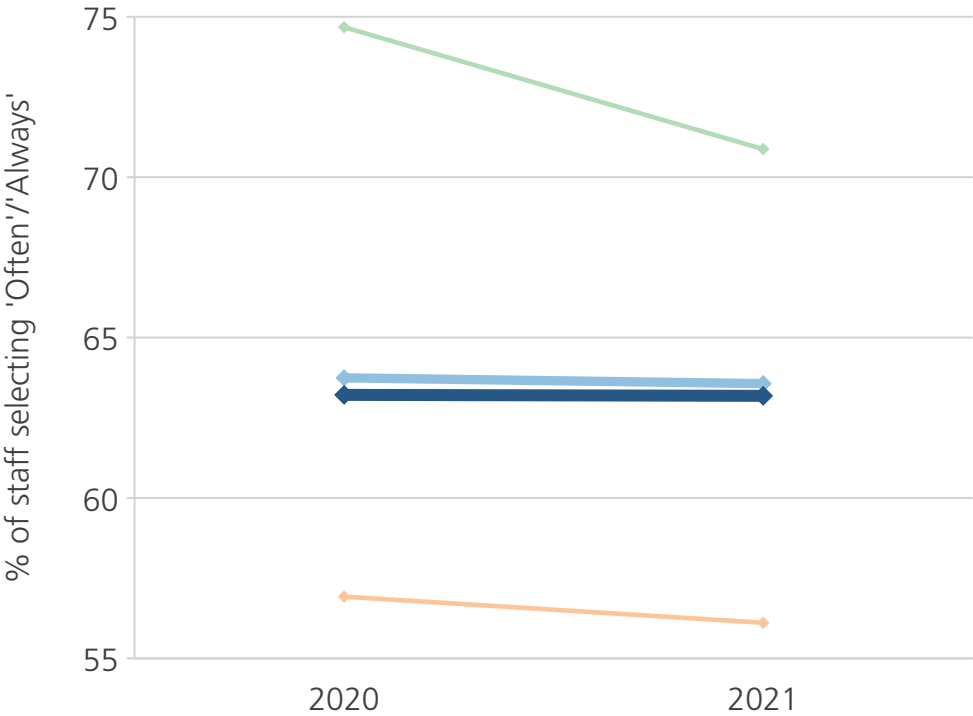
	2020	2021
Best	74.7%	70.9%
Your org	63.2%	63.2%
Average	63.7%	63.6%
Worst	56.9%	56.1%
Responses	2,010	2,349

Q17a
I would feel secure raising concerns about unsafe clinical practice
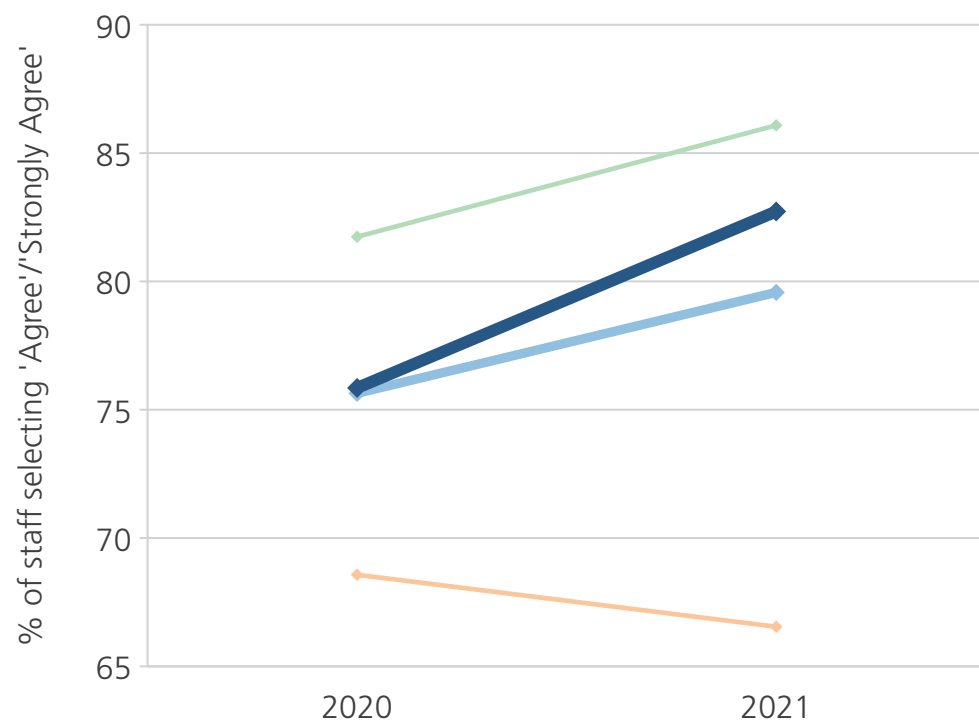
	2020	2021
Best	81.7%	86.1%
Your org	75.8%	82.7%
Average	75.6%	79.6%
Worst	68.6%	66.5%
Responses	2,011	2,357

Q17b
I am confident that my organisation would address my concern
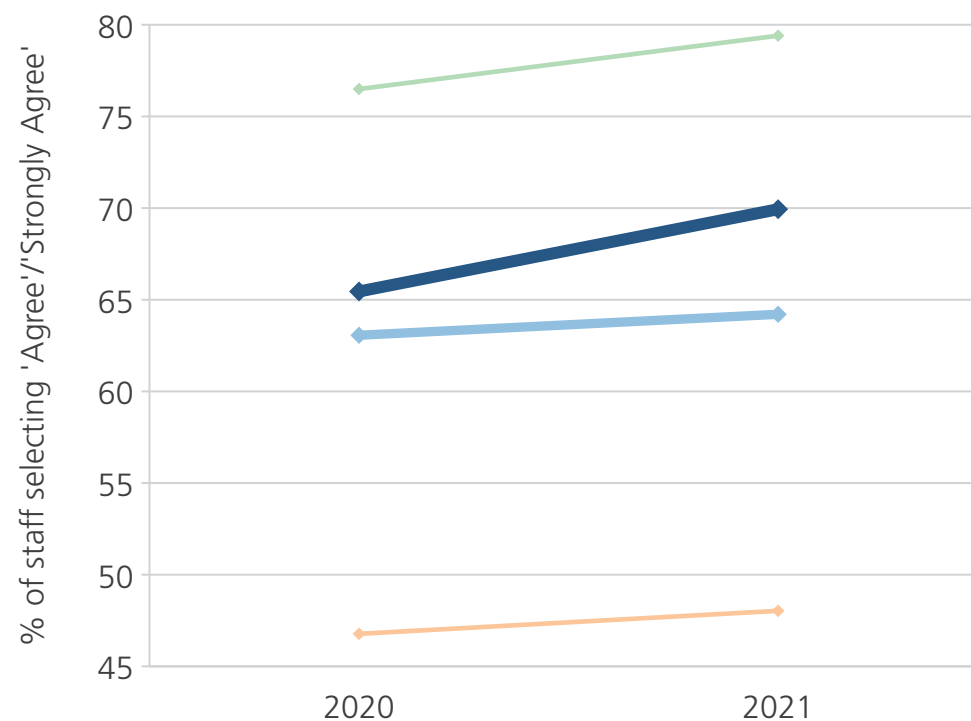
	2020	2021
Best	76.5%	79.4%
Your org	65.5%	69.9%
Average	63.1%	64.2%
Worst	46.8%	48.0%
Responses	2,006	2,349

Q21e
I feel safe to speak up about anything that concerns me in this organisation

Q21f
If I spoke up about something that concerned me I am confident my organisation would address my concern

No trend data are shown as this is a new question
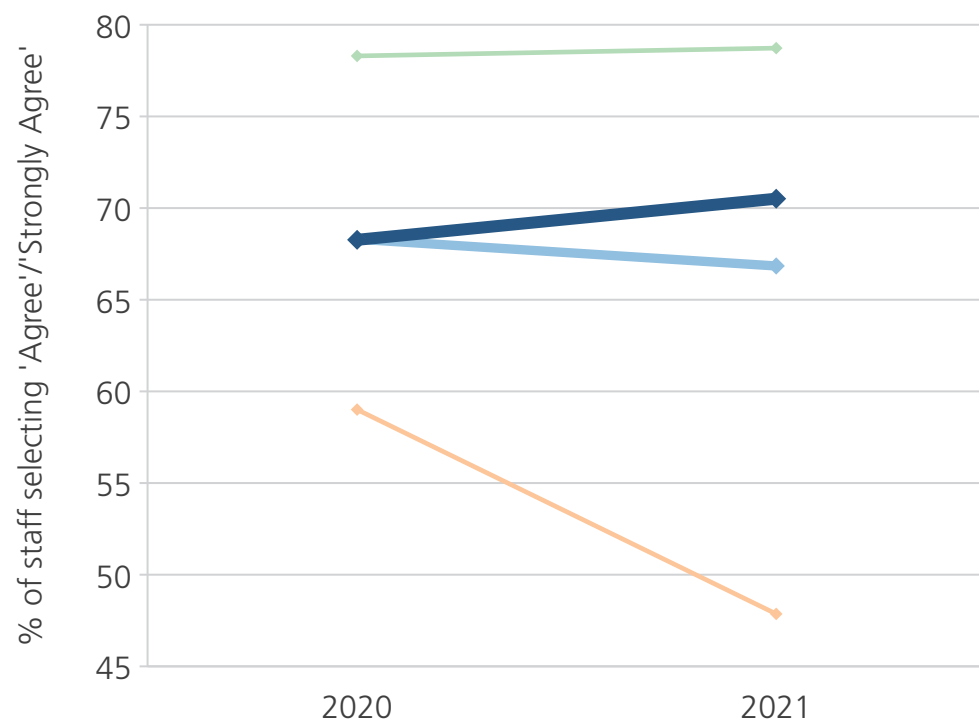
	2020	2021
Best	78.3%	78.7%
Your org	68.3%	70.5%
Average	68.3%	66.8%
Worst	59.0%	47.9%
Responses	2,006	2,357
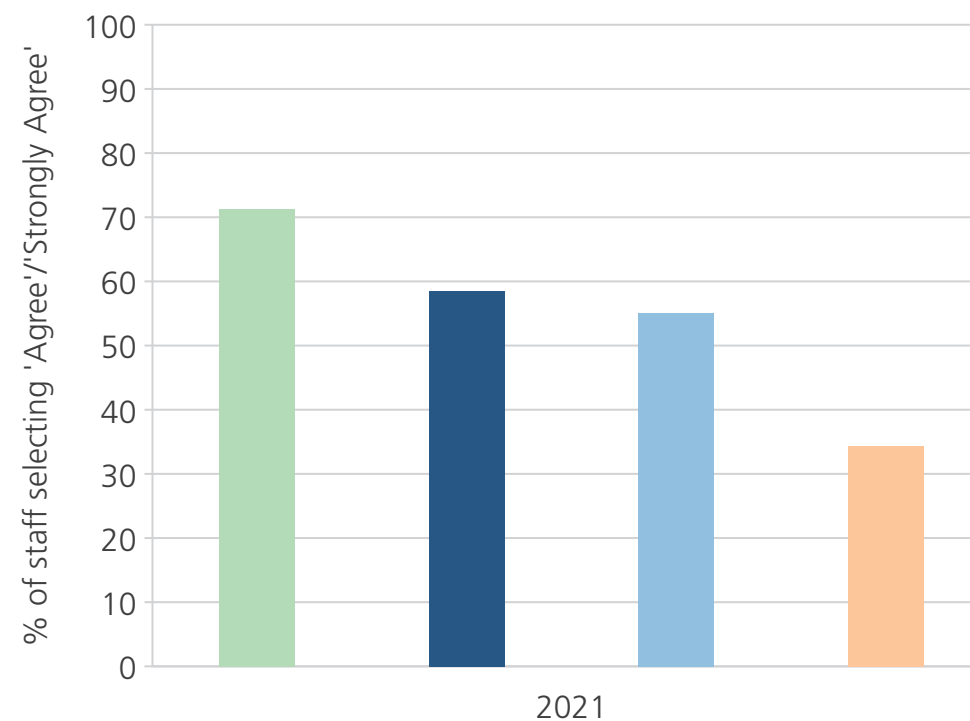
	2021
Best	71.3%
Your org	58.5%
Average	55.1%
Worst	34.3%
Responses	2,354

People Promise element detailed information – We are safe and healthy

Questions:

Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Survey Coordination Centre

NHS

Q3g
I am able to meet all the conflicting demands on my time at work

Q3h
I have adequate materials, supplies and equipment to do my work

Q3i
There are enough staff at this organisation for me to do my job properly

Q3g	2020	2021
Best	54.9%	52.5%
Your org	44.1%	41.6%
Average	48.7%	44.9%
Worst	36.2%	35.6%
Responses	2,010	2,350

Q3h	2020	2021
Best	74.4%	74.9%
Your org	67.1%	64.9%
Average	63.9%	64.0%
Worst	52.2%	50.0%
Responses	2,010	2,339
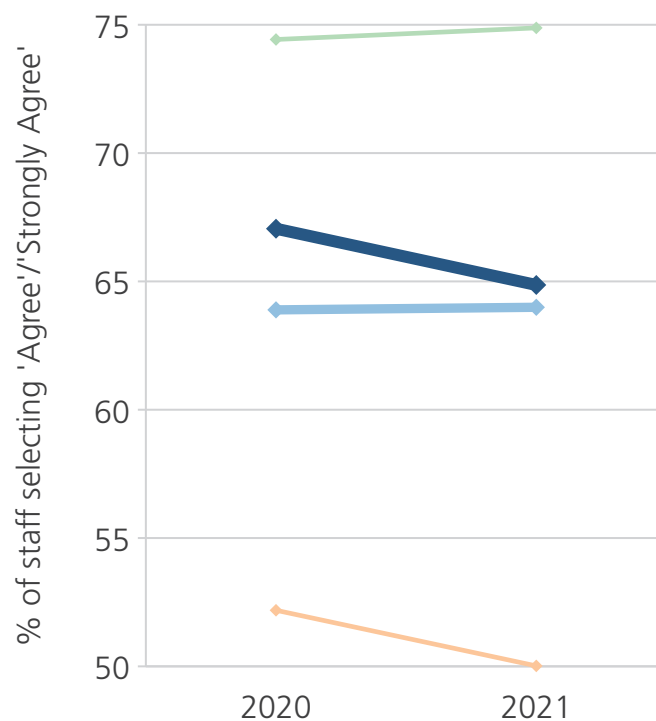
Q3i	2020	2021
Best	50.7%	38.6%
Your org	41.2%	30.4%
Average	40.9%	30.5%
Worst	28.4%	20.4%
Responses	2,008	2,355

Q5a
I have unrealistic time pressures

Q11a
My organisation takes positive
action on health and well-being

No trend data are shown as this is a new question

Q13d
The last time you experienced
physical violence at work, did
you or a colleague report it?

	2020	2021
Best	35.1%	33.7%
Your org	27.8%	27.1%
Average	26.9%	26.2%
Worst	17.5%	20.7%
Responses	2,016	2,361
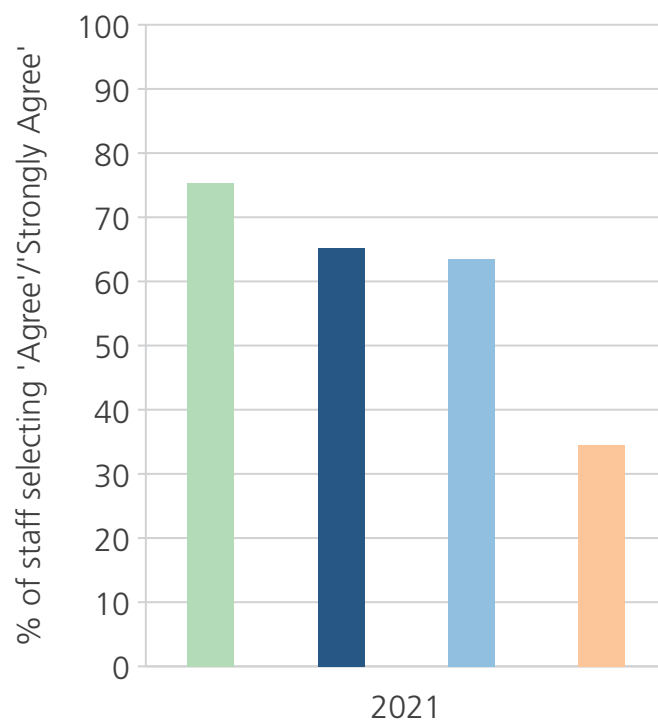
	2021
Best	75.3%
Your org	65.2%
Average	63.5%
Worst	34.5%
Responses	2,333
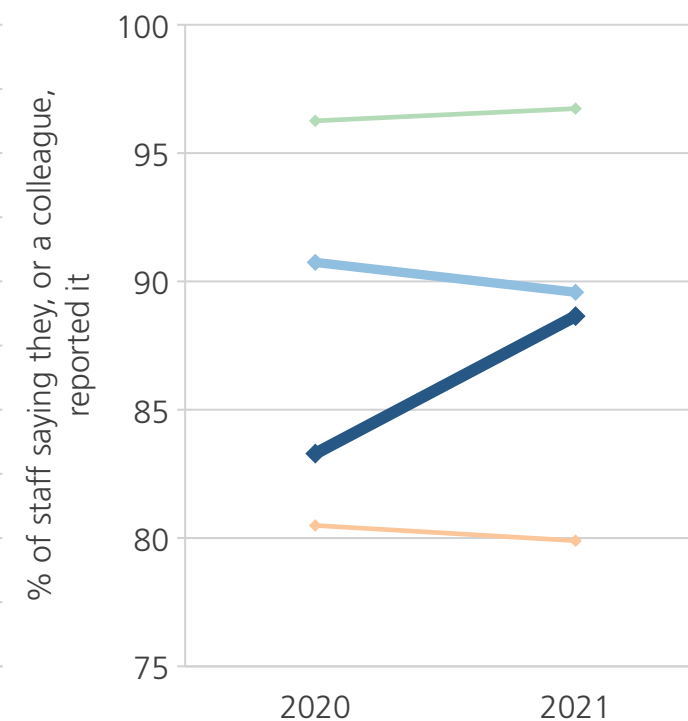
	2020	2021
Best	96.3%	96.7%
Your org	83.3%	88.6%
Average	90.7%	89.6%
Worst	80.5%	79.9%
Responses	227	236

Q14d
The last time you experienced harassment, bullying
or a colleague report it?
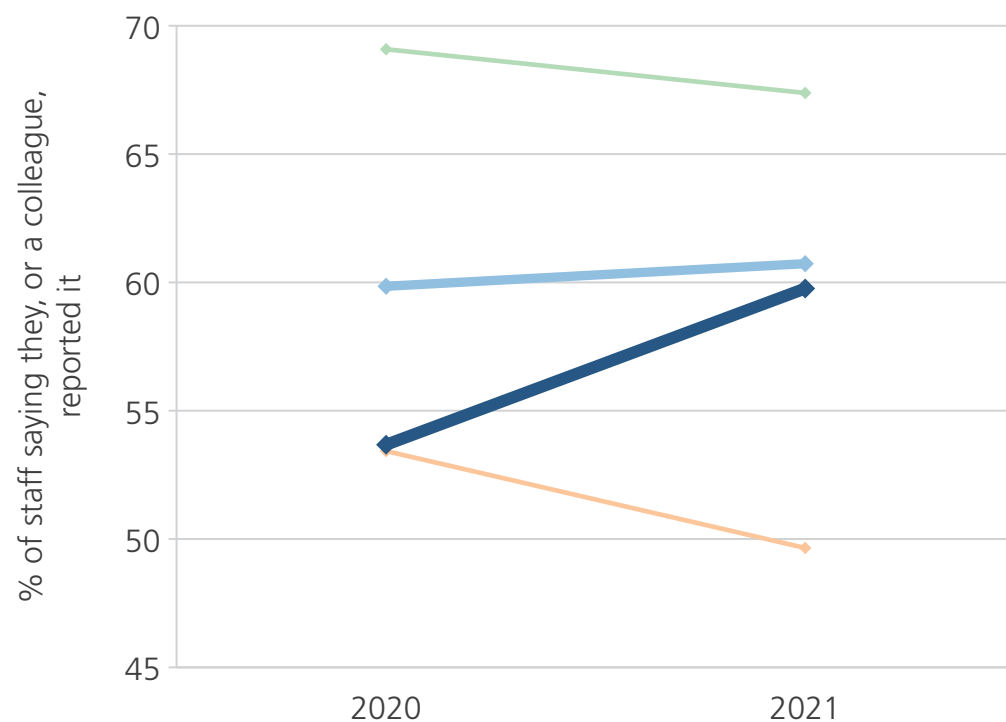
	2020	2021
Best	69.1%	67.4%
Your org	53.7%	59.8%
Average	59.8%	60.7%
Worst	53.4%	49.7%
Responses	667	759

Q12a
How often, if at all, do you find
your work emotionally exhausting?
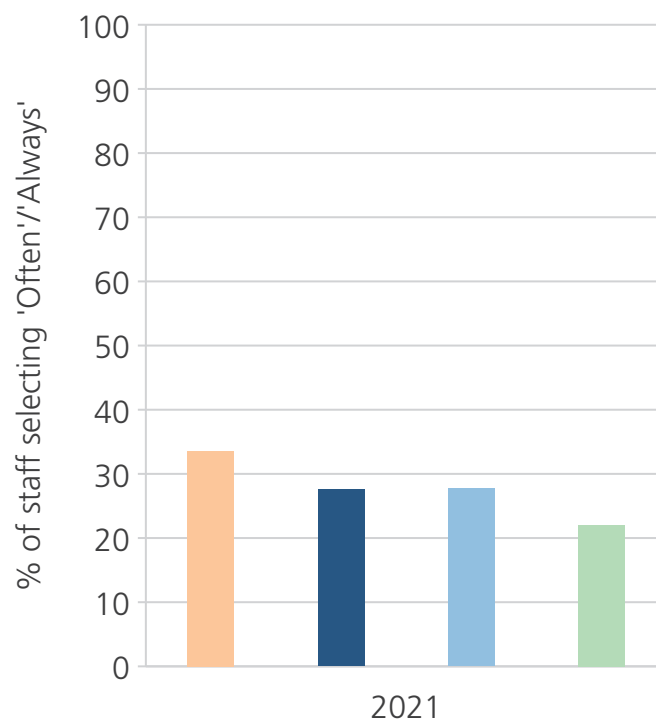
No trend data are shown as this is a new question
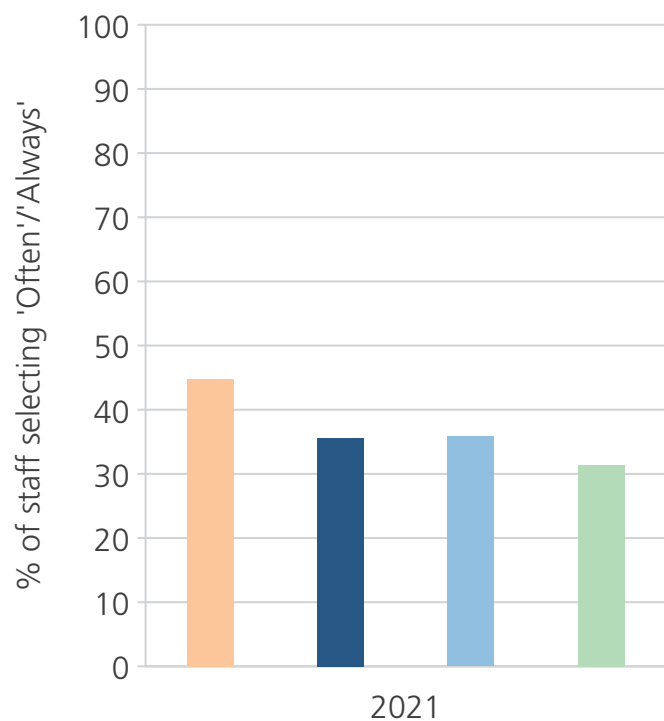
Worst	44.8%
Your org	35.6%
Average	35.8%
Best	31.4%
Responses	2,359

Q12b
How often, if at all, do you feel
burnt out because of your work?
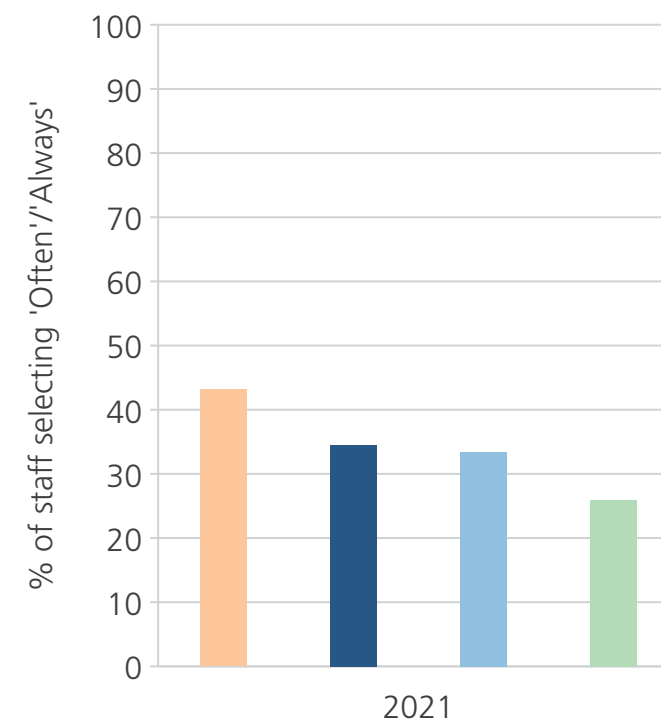
No trend data are shown as this is a new question

Worst	33.5%
Your org	27.6%
Average	27.7%
Best	22.1%
Responses	2,354

Q12c
How often, if at all, does
your work frustrate you?

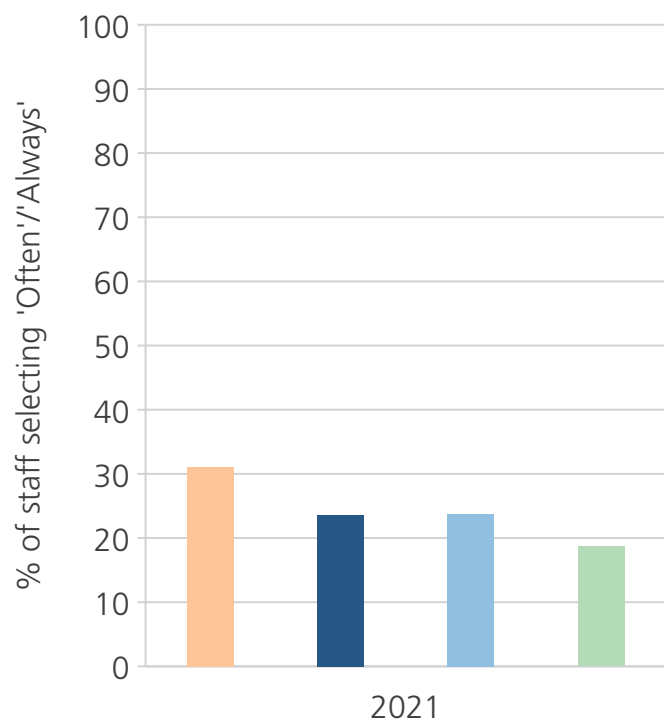No trend data are shown as this is a new question

Worst	43.1%
Your org	34.5%
Average	33.4%
Best	26.0%
Responses	2,354

Q12d
How often, if at all, are you exhausted at the thought of another day/shift at work?
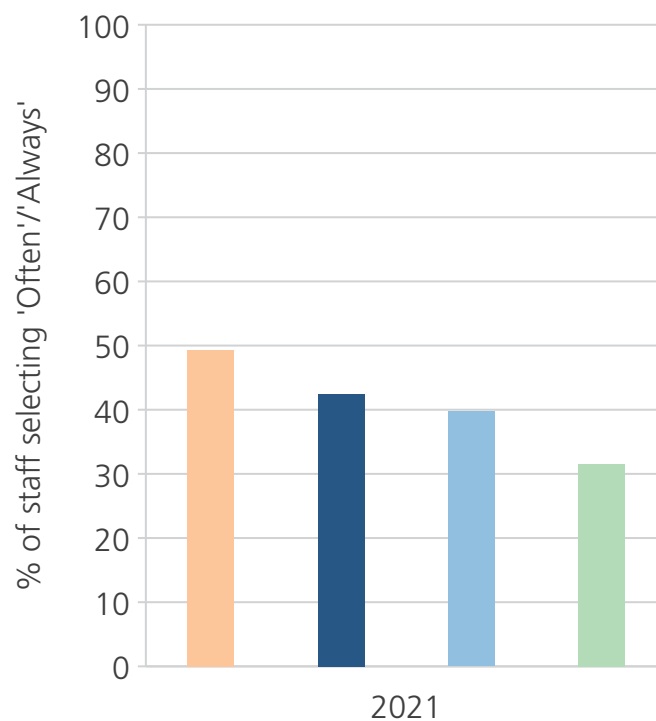
No trend data are shown as this is a new question

Worst	31.1%
Your org	23.6%
Average	23.8%
Best	18.7%
Responses	2,355

Q12e
How often, if at all, do you feel worn out at the end of your working day/shift?
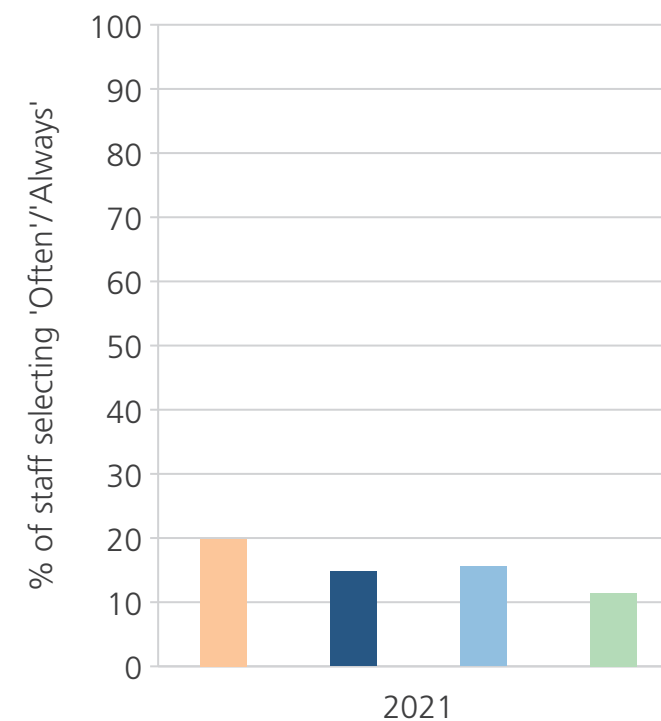
No trend data are shown as this is a new question

Worst	49.3%
Your org	42.4%
Average	39.7%
Best	31.5%
Responses	2,344

Q12f
How often, if at all, do you feel that every working hour is tiring for you?
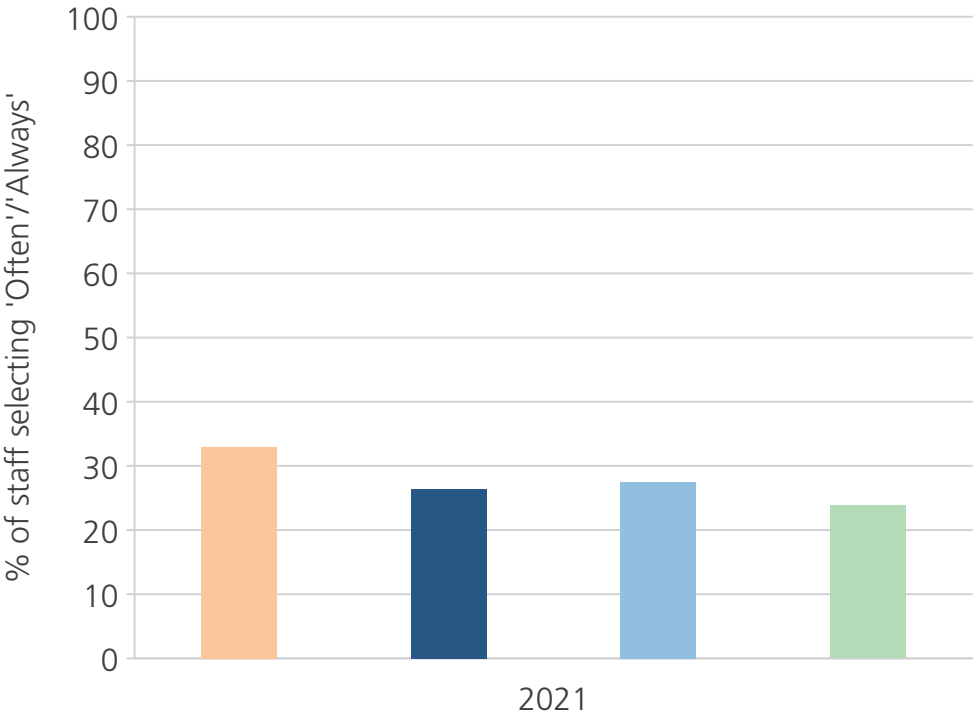
No trend data are shown as this is a new question

Worst	19.8%
Your org	14.8%
Average	15.6%
Best	11.4%
Responses	2,348

Q12g
How often, if at all, do you not have enough
energy for family and friends during leisure time?

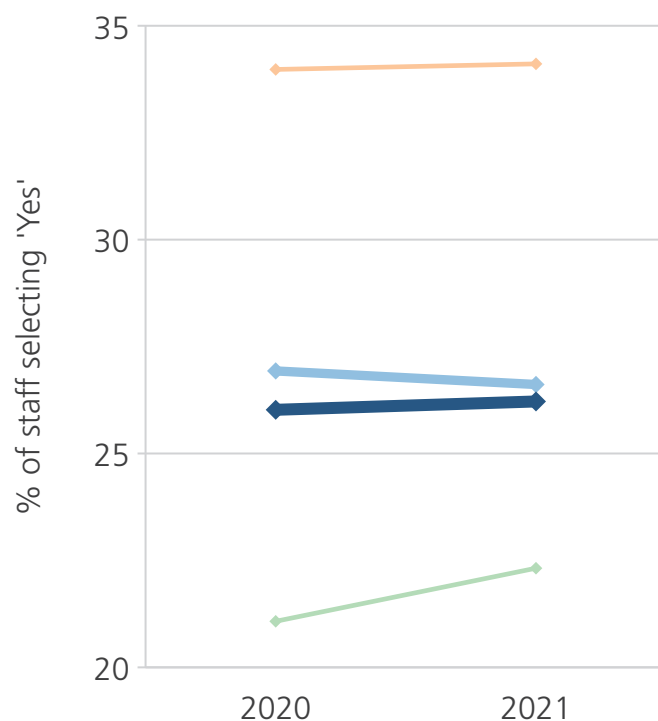No trend data are shown as this is a new question

Worst	33.0%
Your org	26.4%
Average	27.5%
Best	23.8%

Responses	2,356

Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?
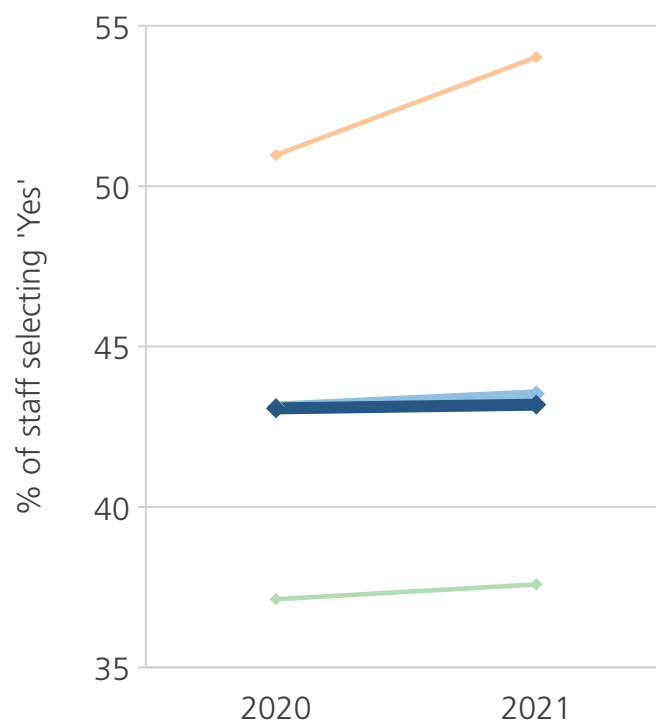

	2020	2021
Worst	34.0%	34.1%
Your org	26.0%	26.2%
Average	26.9%	26.6%
Best	21.1%	22.3%
Responses	2,009	2,350

Q11c
During the last 12 months have you felt unwell as a result of work related stress?

	2020	2021
Worst	51.0%	54.0%
Your org	43.1%	43.2%
Average	43.1%	43.5%
Best	37.1%	37.6%
Responses	2,011	2,349

Q11d
In the last three months have you ever come to work despite not feeling well enough to perform your duties?
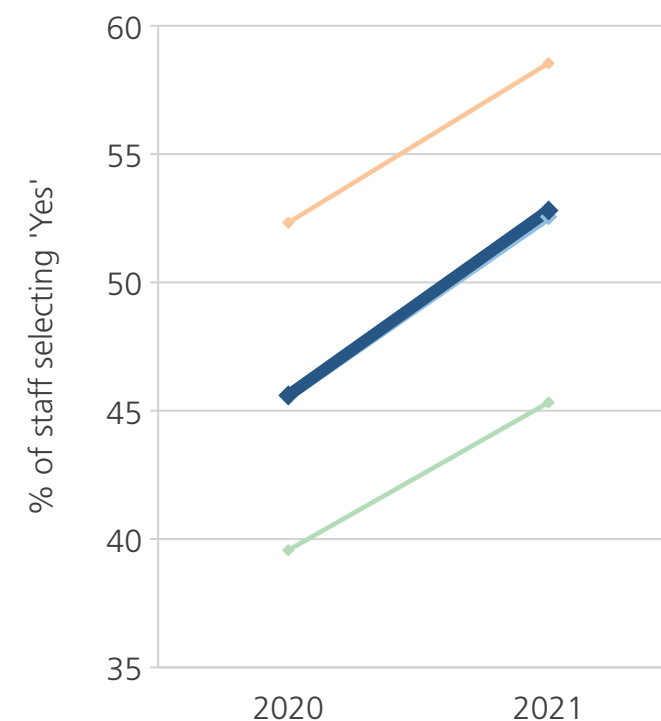
	2020	2021
Worst	52.3%	58.5%
Your org	45.6%	52.8%
Average	45.5%	52.6%
Best	39.6%	45.3%
Responses	2,011	2,353

Q13a
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?
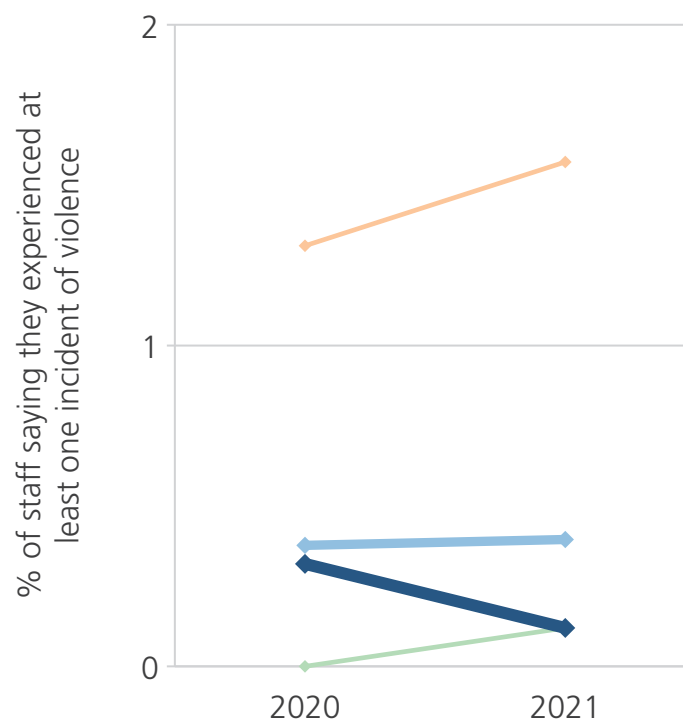
Q13b
In the last 12 months how many times have you personally experienced physical violence at work from managers?

Q13c
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?
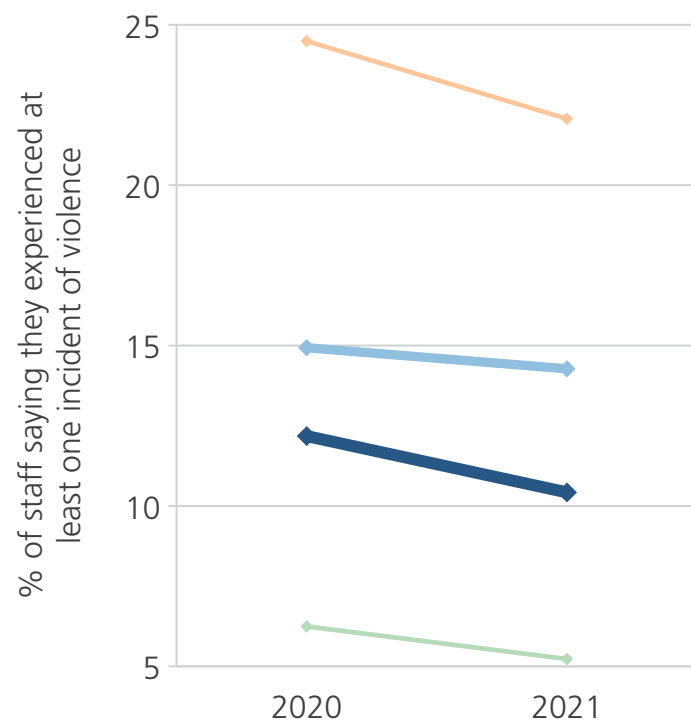
	2020	2021
Worst	24.5%	22.1%
Your org	12.2%	10.4%
Average	14.9%	14.3%
Best	6.2%	5.2%
Responses	2,016	2,355

	2020	2021
Worst	1.3%	1.6%
Your org	0.3%	0.1%
Average	0.4%	0.4%
Best	0.0%	0.1%
Responses	2,008	2,344
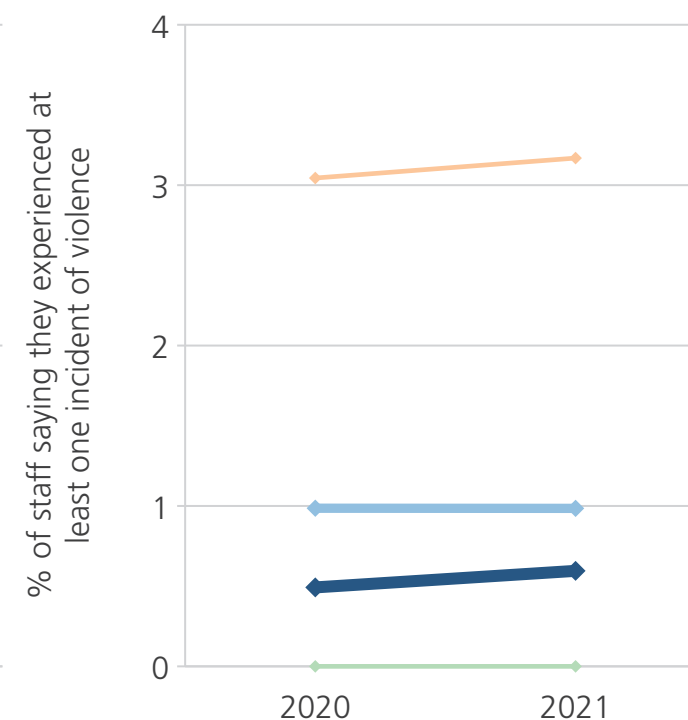
	2020	2021
Worst	3.0%	3.2%
Your org	0.5%	0.6%
Average	1.0%	1.0%
Best	0.0%	0.0%
Responses	1,996	2,314

Q14a
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

Q14b
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

Q14c
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?
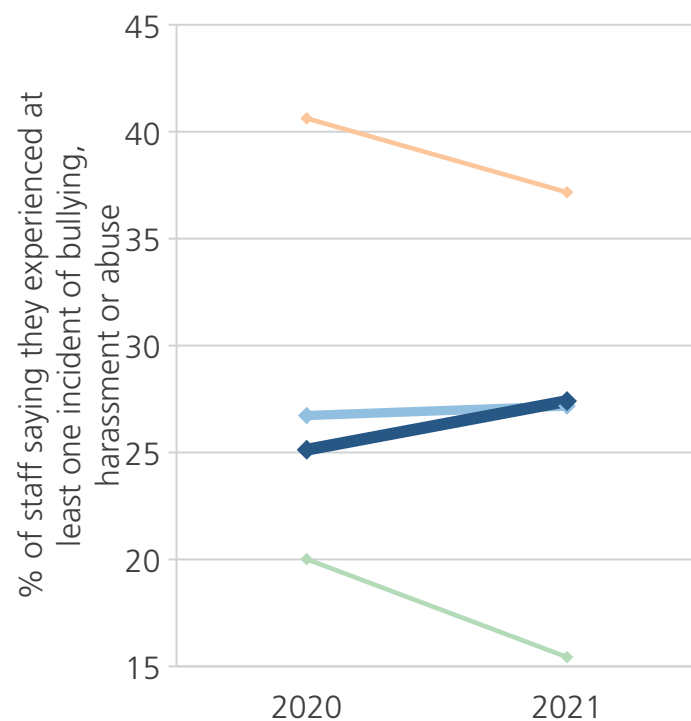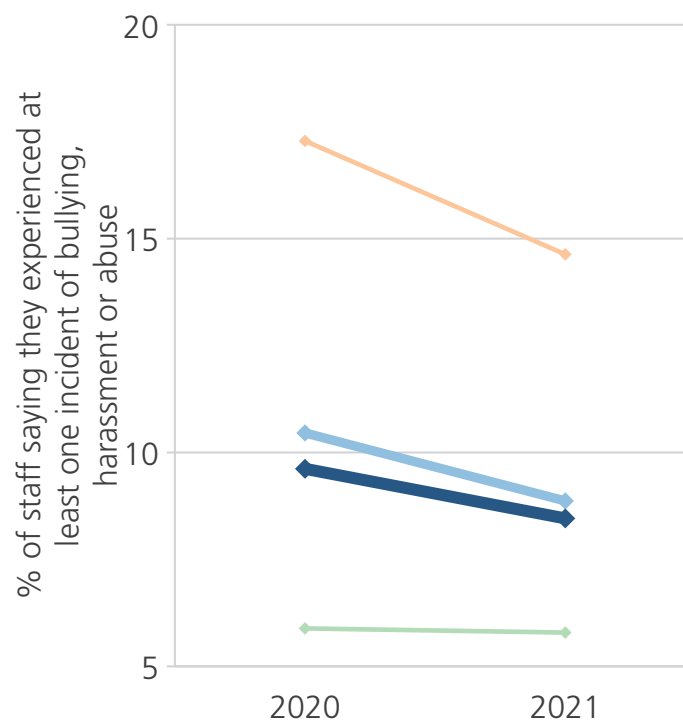

	2020	2021
Worst	40.6%	37.2%
Your org	25.1%	27.4%
Average	26.7%	27.2%
Best	20.0%	15.4%
Responses	2,007	2,350

	2020	2021
Worst	17.3%	14.6%
Your org	9.6%	8.5%
Average	10.5%	8.9%
Best	5.9%	5.8%
Responses	2,003	2,338
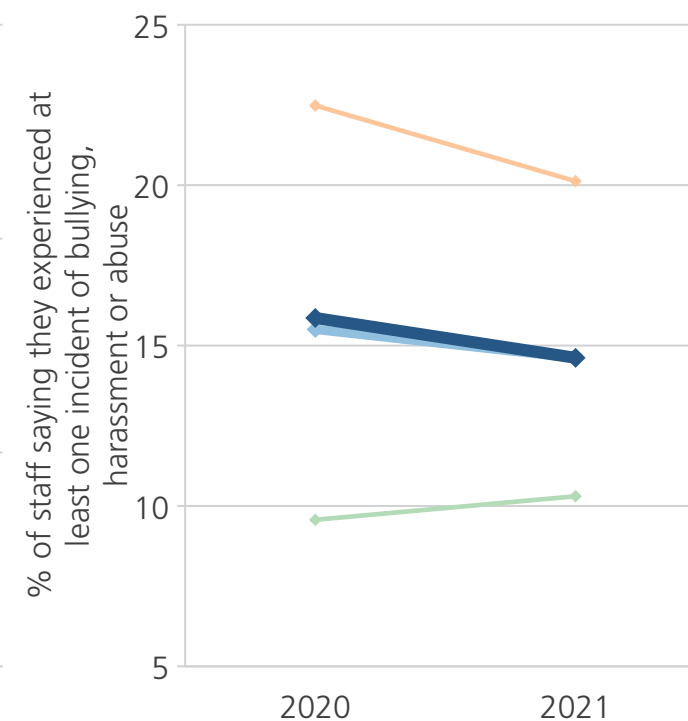
	2020	2021
Worst	22.5%	20.1%
Your org	15.9%	14.6%
Average	15.5%	14.6%
Best	9.6%	10.3%
Responses	1,982	2,316

People Promise element detailed information – We are always learning

Questions:

Q20a, Q20b, Q20c, Q20d, Q20e
Q19a, Q19b, Q19c, Q19d

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Q20a
This organisation offers
me challenging work

No trend data are shown as this is a new question
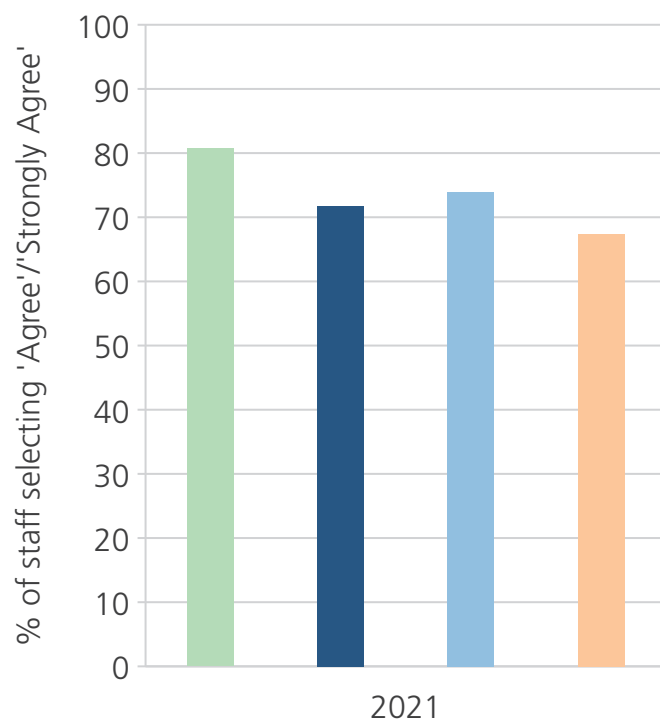
Best	80.7%
Your org	71.7%
Average	73.9%
Worst	67.4%
Responses	2,355

Q20b
There are opportunities for me to
develop my career in this organisation

No trend data are shown as this is a new question
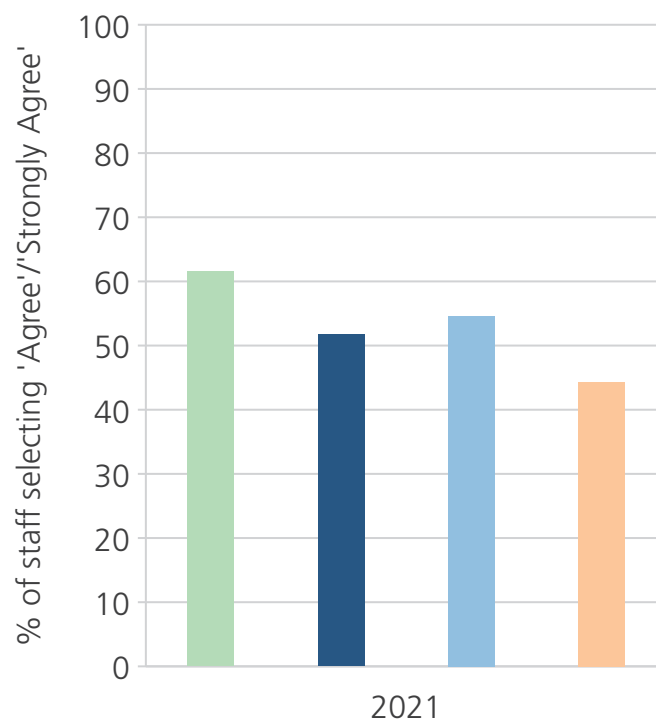
Best	61.6%
Your org	51.7%
Average	54.6%
Worst	44.3%
Responses	2,354

Q20c
I have opportunities to improve
my knowledge and skills

No trend data are shown as this is a new question
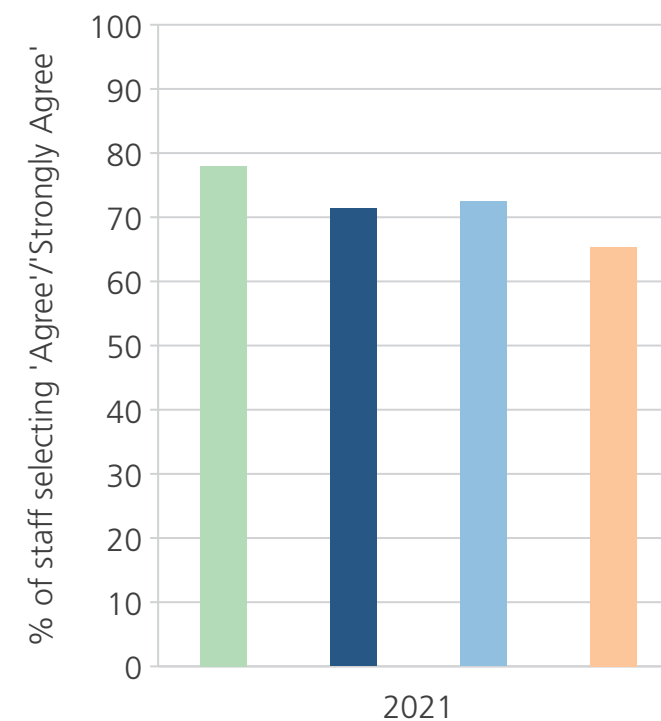
Best	78.0%
Your org	71.4%
Average	72.5%
Worst	65.4%
Responses	2,358

Q20d
I feel supported to develop my potential

No trend data are shown as this is a new question
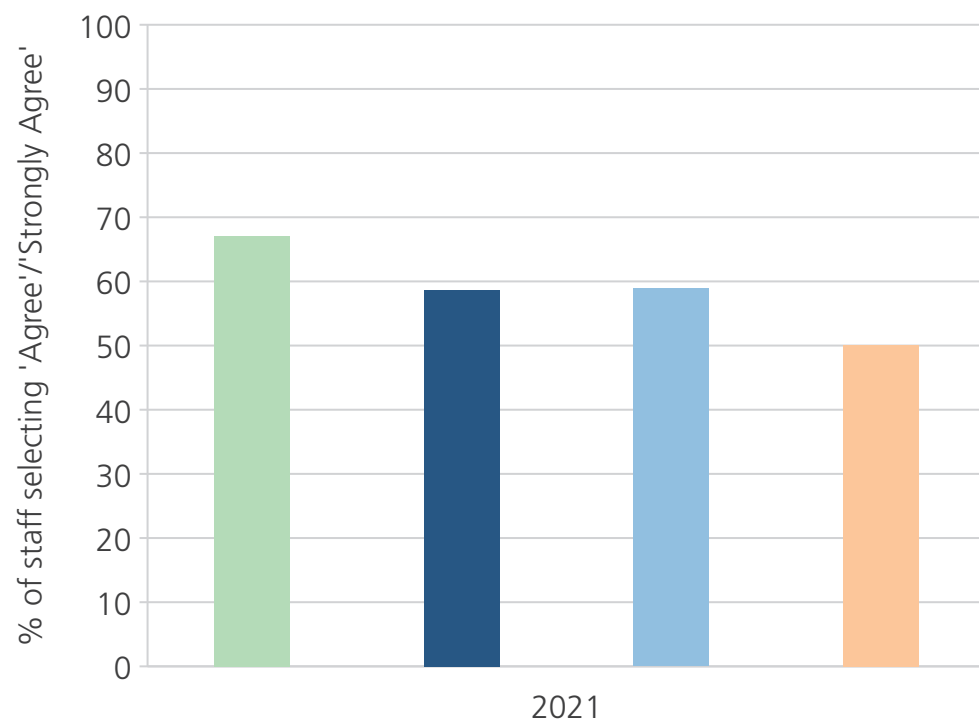
Best	67.1%
Your org	58.7%
Average	58.9%
Worst	50.1%
Responses	2,352

Q20e
I am able to access the right learning and development opportunities when I need to

No trend data are shown as this is a new question
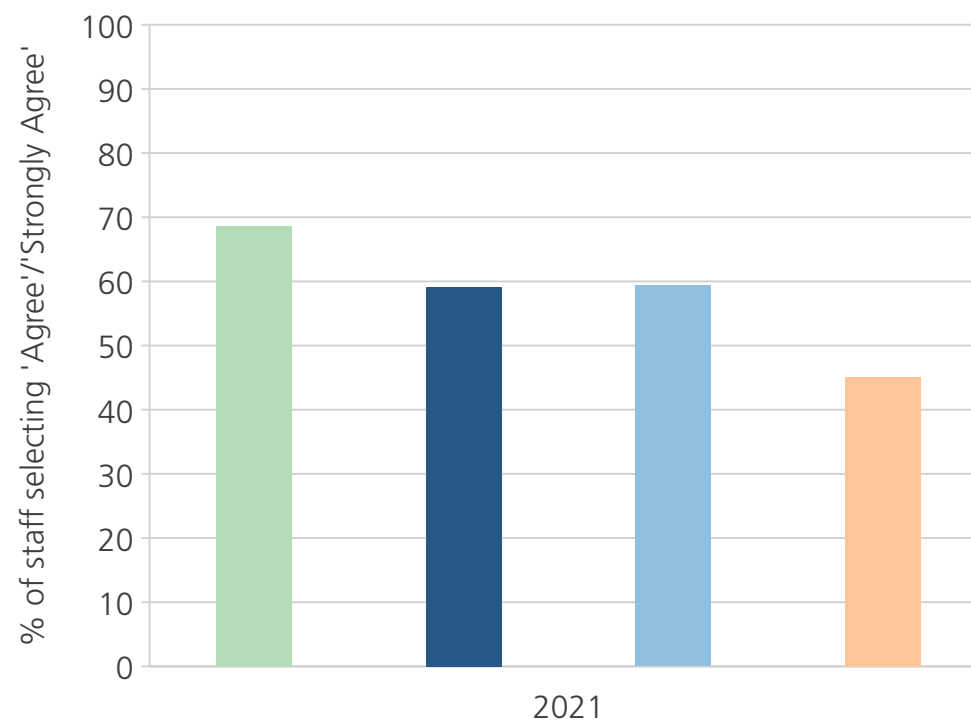
Best	68.7%
Your org	59.1%
Average	59.4%
Worst	45.1%
Responses	2,351

**Survey
Coordination
Centre**

NHS

Q19a

In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

Q19b

It helped me to improve how I do my job

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.
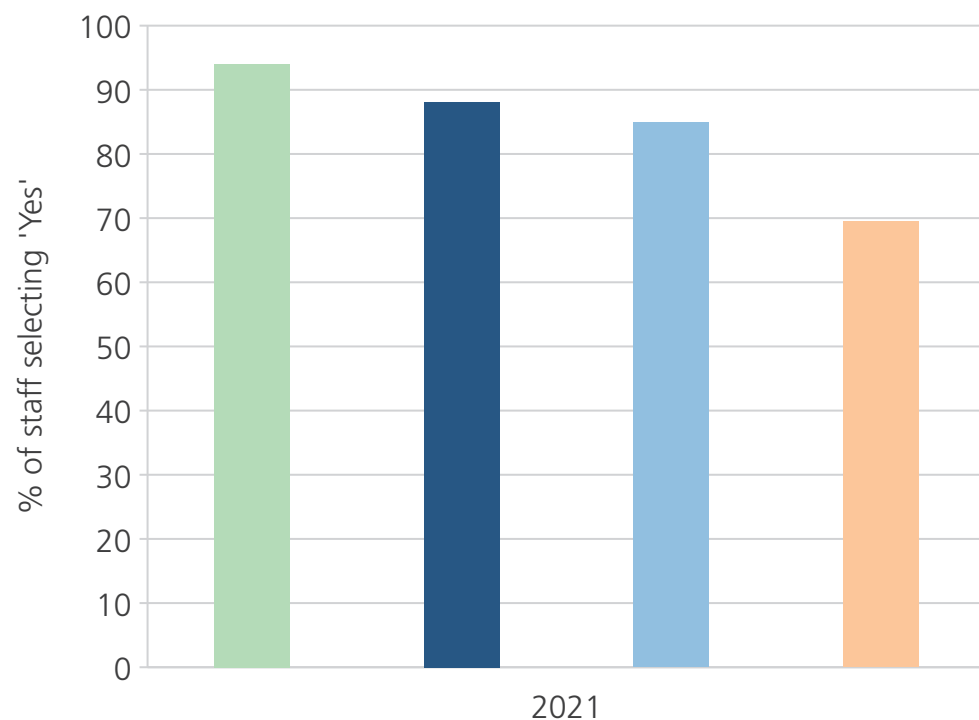
	2021
Highest	94.1%
Your org	88.1%
Average	84.9%
Lowest	69.5%
Responses	2,344
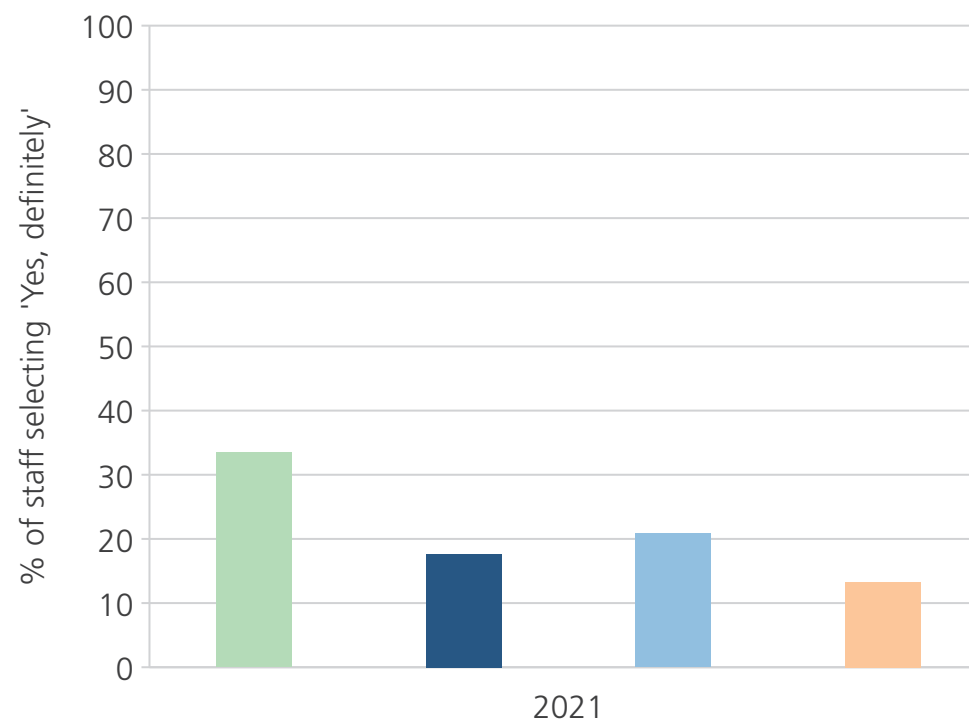
	2021
Best	33.5%
Your org	17.6%
Average	20.8%
Worst	13.3%
Responses	2,058

Survey Coordination Centre

NHS

Q19c
It helped me agree clear objectives for my work

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

2021
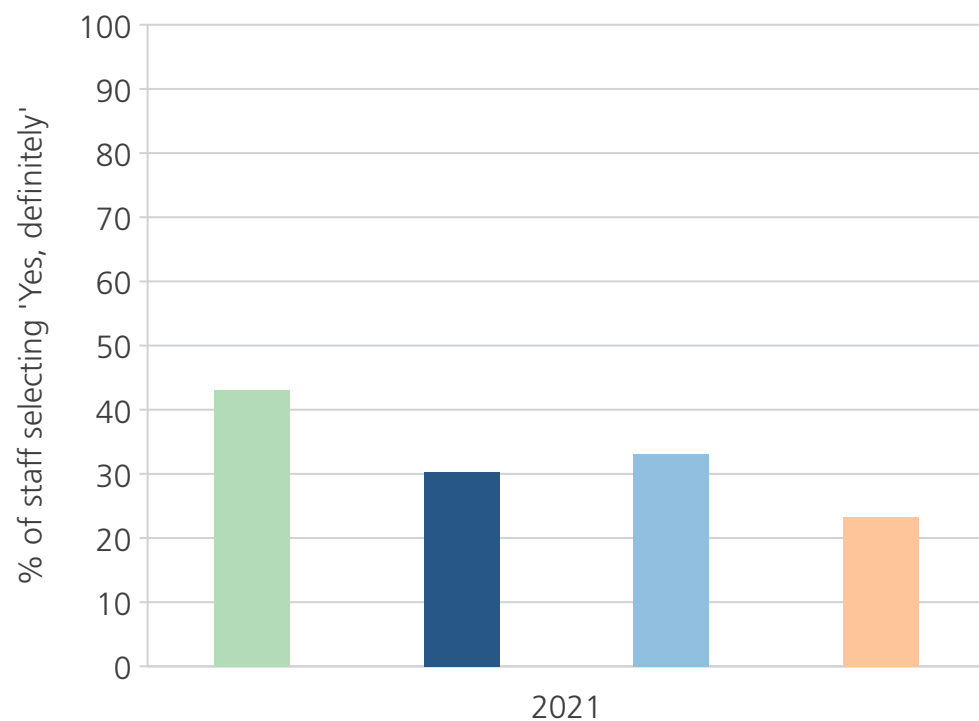
Best	43.1%
Your org	30.3%
Average	33.1%
Worst	23.3%
Responses	2,058

Q19d
It left me feeling that my work is valued by my organisation

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.
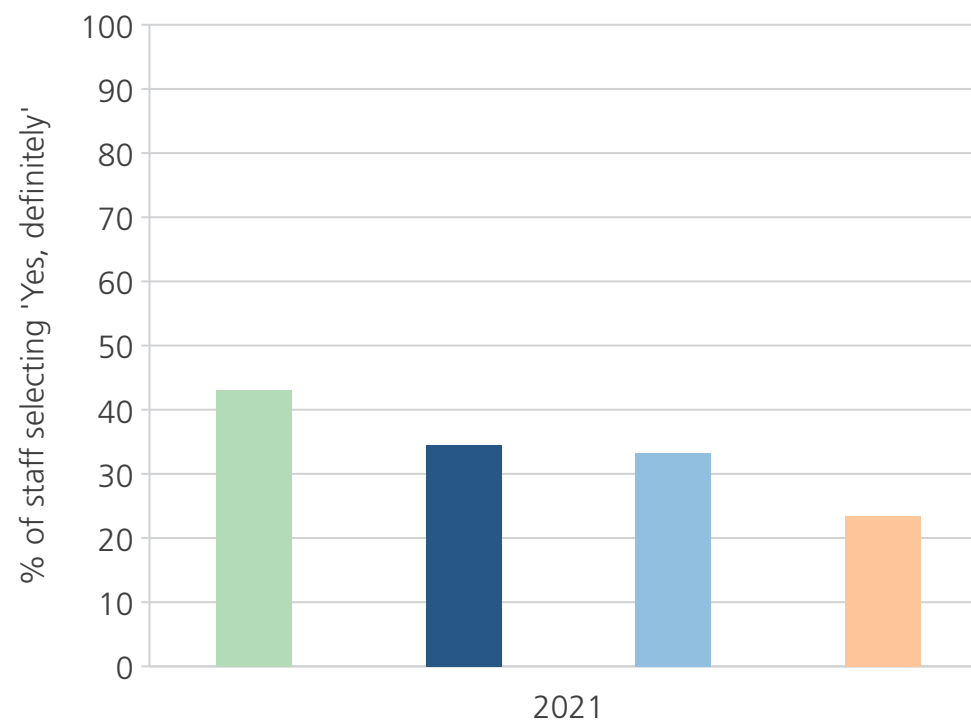
2021

Best	43.1%
Your org	34.5%
Average	33.3%
Worst	23.4%
Responses	2,056
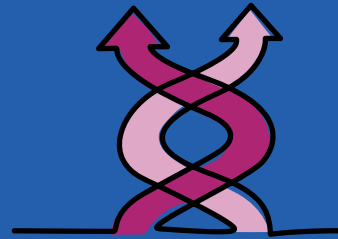
People Promise element detailed information – We work flexibly

Questions:

Q6b, Q6c, Q6d

Q4d

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Q6b
My organisation is committed to helping me balance my work and home life

No trend data are shown as this is a new question

2021
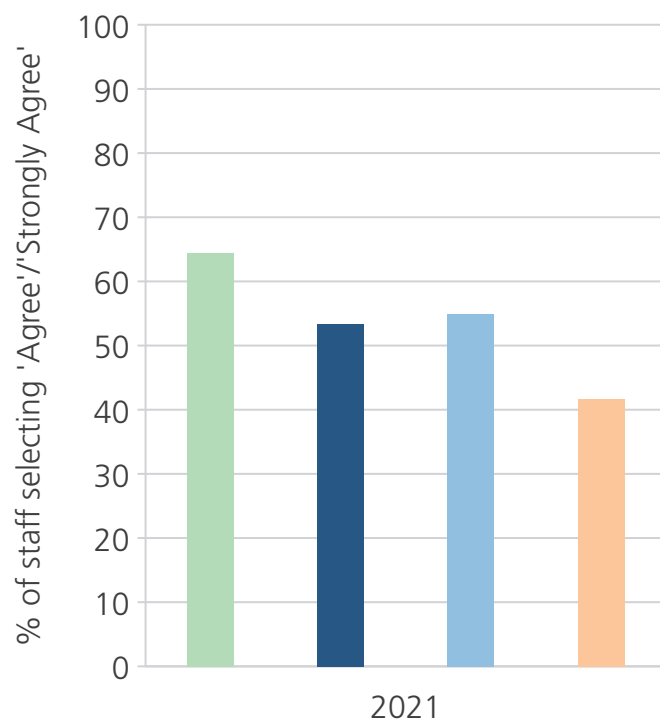
Best	64.4%
Your org	53.4%
Average	54.9%
Worst	41.6%
Responses	2,360

Q6c
I achieve a good balance between my work life and my home life

No trend data are shown as this is a new question

2021
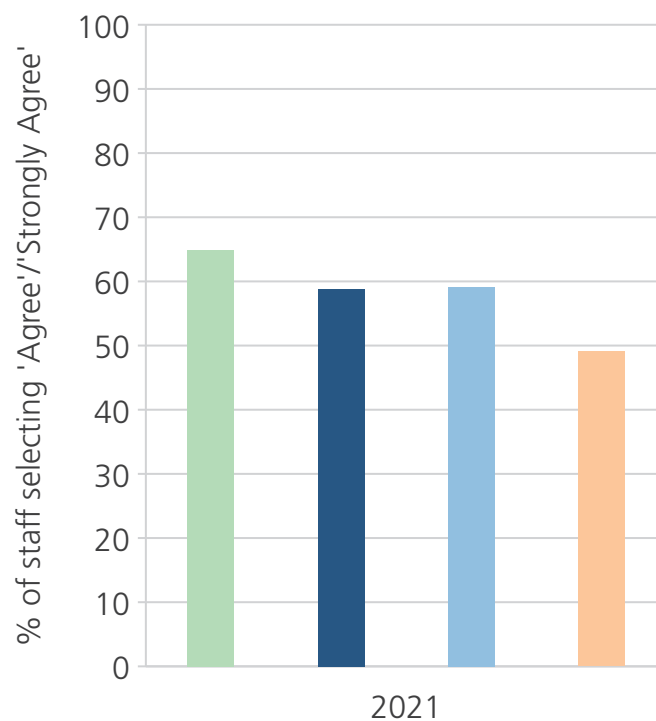
Best	64.9%
Your org	58.8%
Average	59.1%
Worst	49.1%
Responses	2,359

Q6d
I can approach my immediate manager to talk openly about flexible working

No trend data are shown as this is a new question

2021
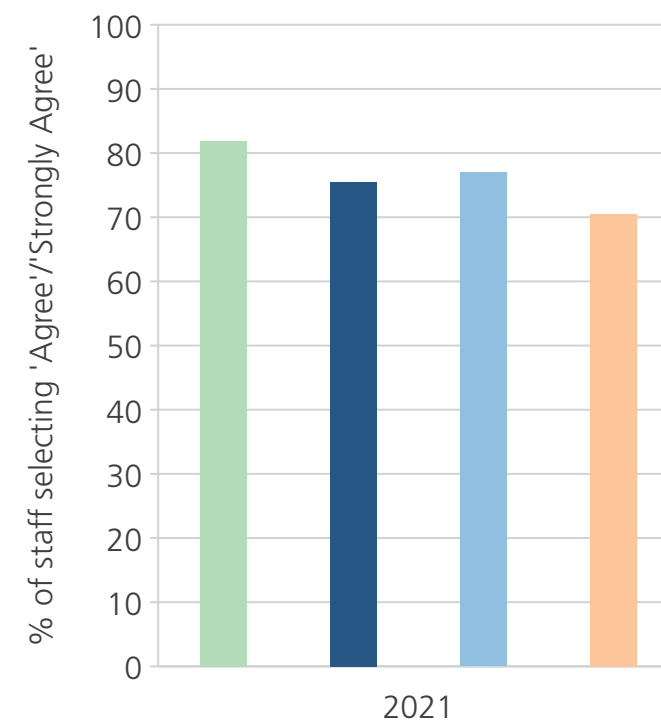
Best	81.9%
Your org	75.5%
Average	77.0%
Worst	70.5%
Responses	2,360

63

Q4d
The opportunities for flexible working patterns
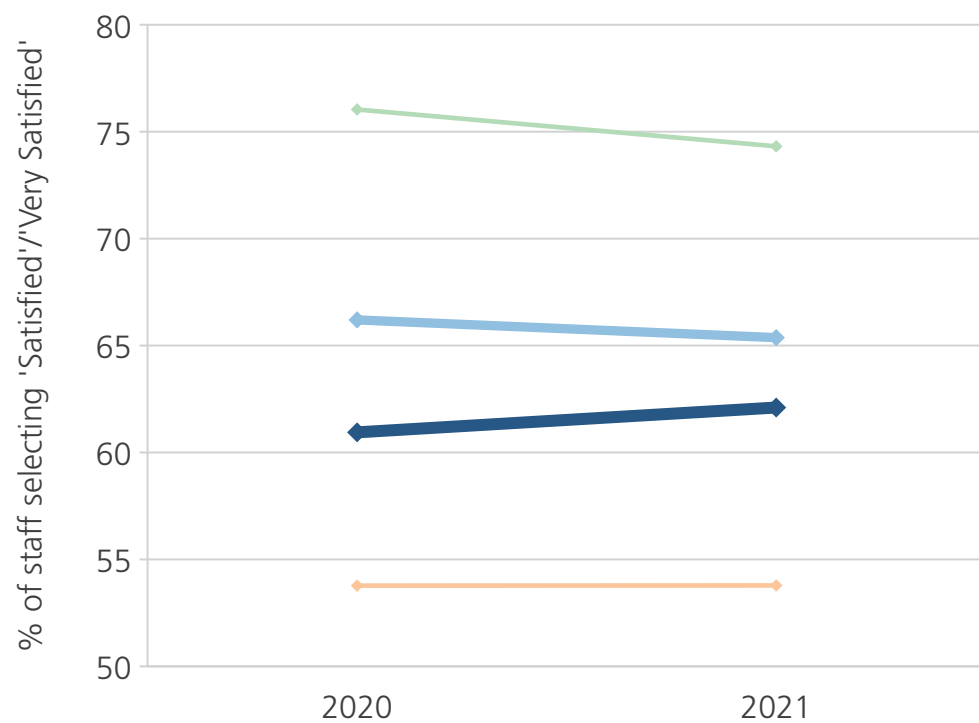
	2020	2021
Best	76.0%	74.3%
Your org	60.9%	62.1%
Average	66.2%	65.4%
Worst	53.8%	53.8%
Responses	2,013	2,356
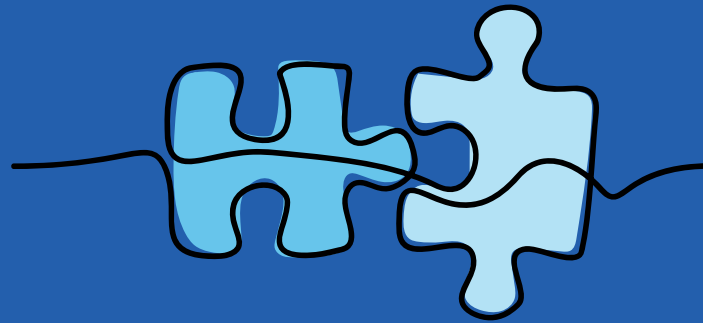
People Promise element detailed information – We are a team

Questions:

Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Q9a, Q9b, Q9c, Q9d

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Q7a
The team I work in has a set of shared objectives
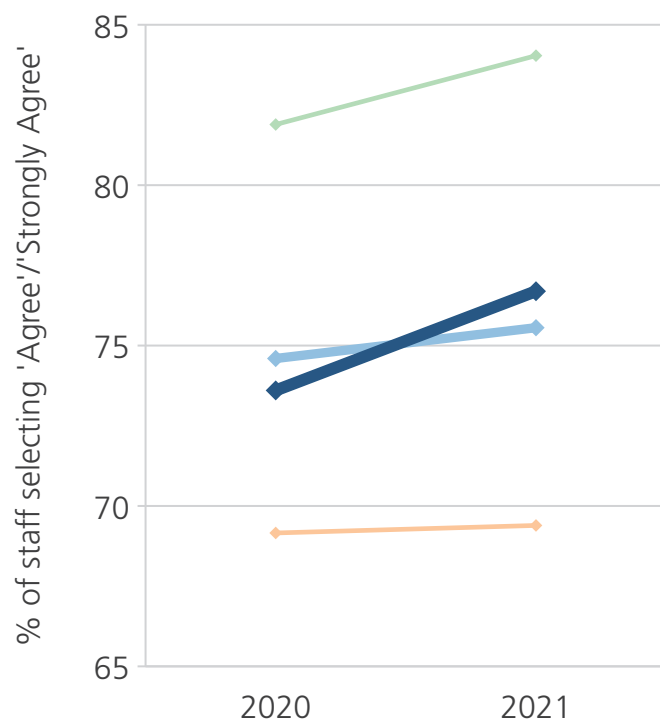
	2020	2021
Best	81.9%	84.0%
Your org	73.6%	76.7%
Average	74.6%	75.6%
Worst	69.2%	69.4%
Responses	2,004	2,359

Q7b
The team I work in often meets to discuss the team's effectiveness
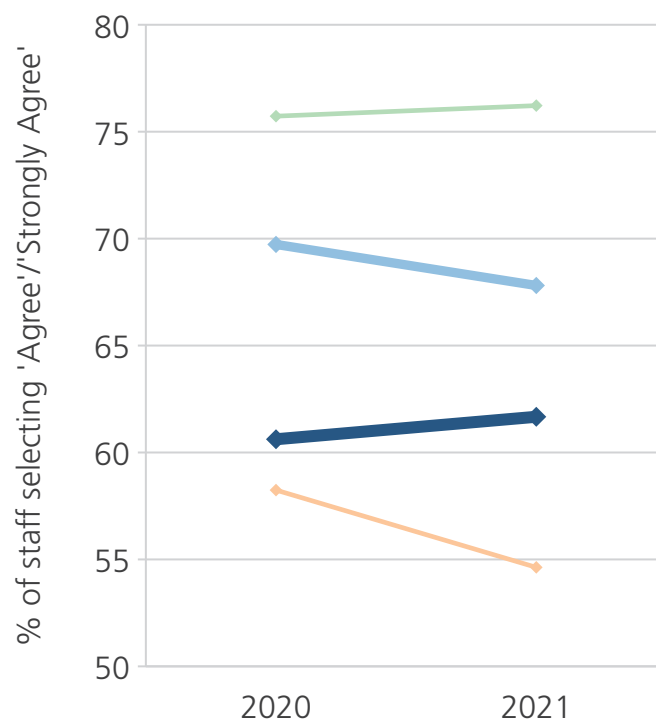
	2020	2021
Best	75.7%	76.2%
Your org	60.6%	61.7%
Average	69.7%	67.8%
Worst	58.2%	54.6%
Responses	2,009	2,360

Q7c
I receive the respect I deserve from my colleagues at work
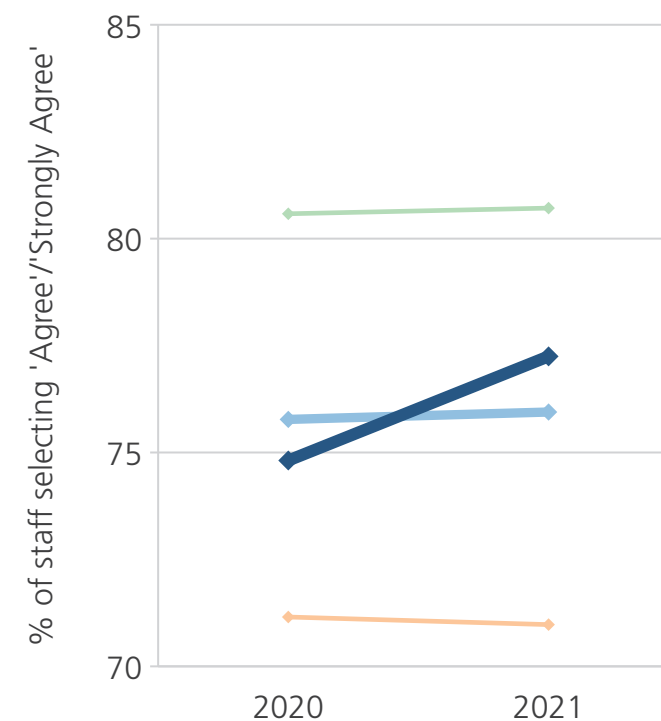
	2020	2021
Best	80.6%	80.7%
Your org	74.8%	77.2%
Average	75.8%	75.9%
Worst	71.2%	71.0%
Responses	2,014	2,362

Q7d
Team members understand each other's roles

No trend data are shown as this is a new question
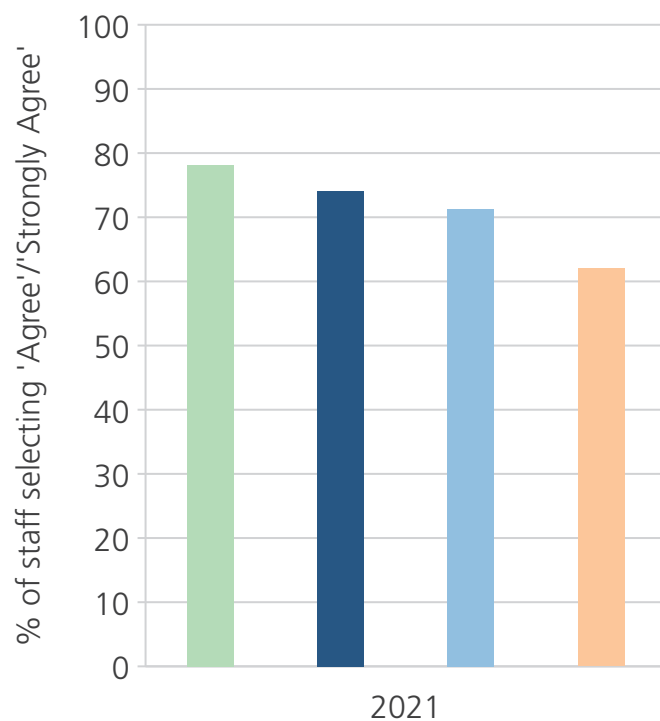
Best	78.1%
Your org	74.0%
Average	71.3%
Worst	62.0%
Responses	2,359

Q7e
I enjoy working with the colleagues in my team

No trend data are shown as this is a new question
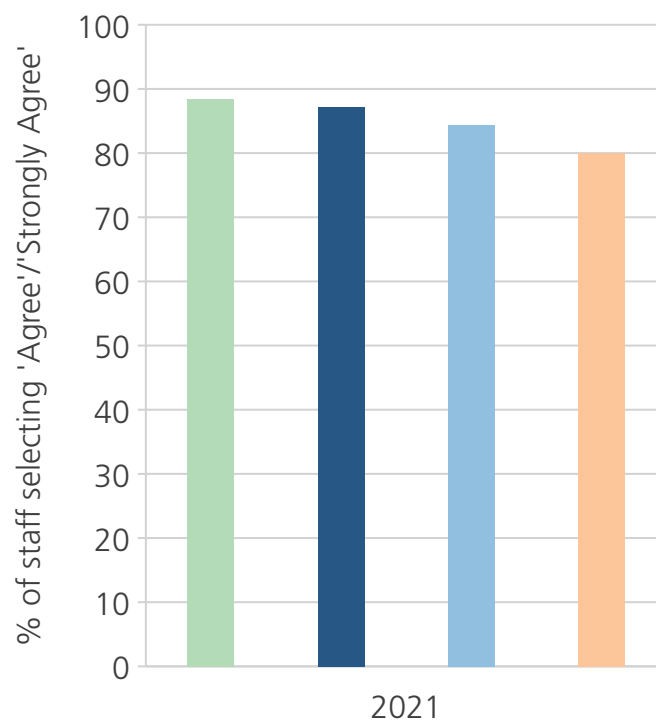
Best	88.5%
Your org	87.2%
Average	84.3%
Worst	80.1%
Responses	2,362

Q7f
My team has enough freedom in how to do its work

No trend data are shown as this is a new question
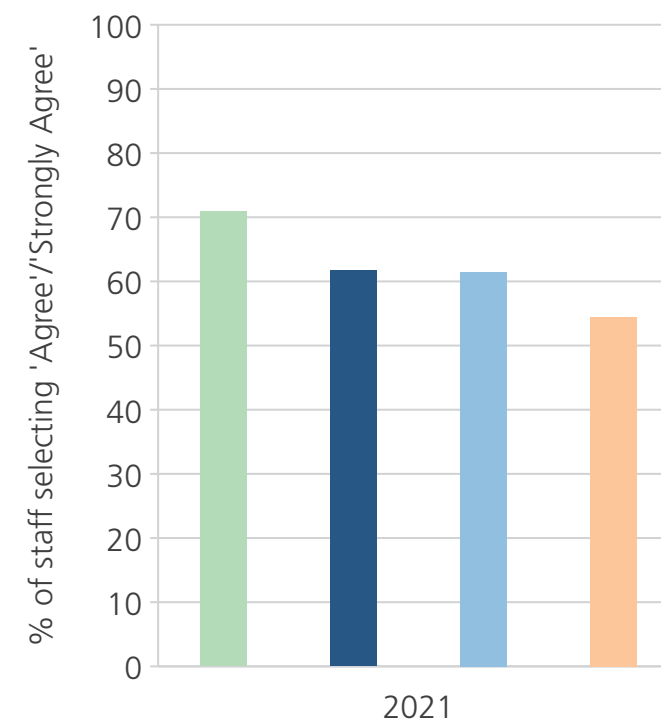
Best	70.9%
Your org	61.7%
Average	61.5%
Worst	54.5%
Responses	2,357

Q7g
In my team disagreements are dealt with constructively

No trend data are shown as this is a new question

2021
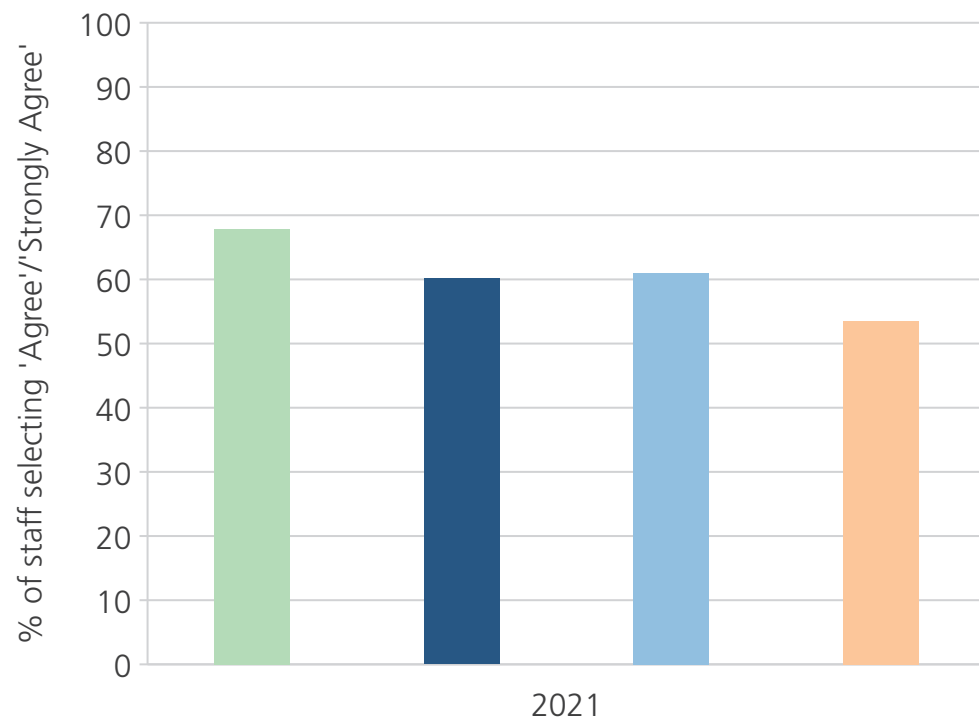
Best	67.9%
Your org	60.2%
Average	61.0%
Worst	53.5%
Responses	2,357

Q8a
Teams within this organisation work
well together to achieve their objectives

No trend data are shown as this is a new question

2021
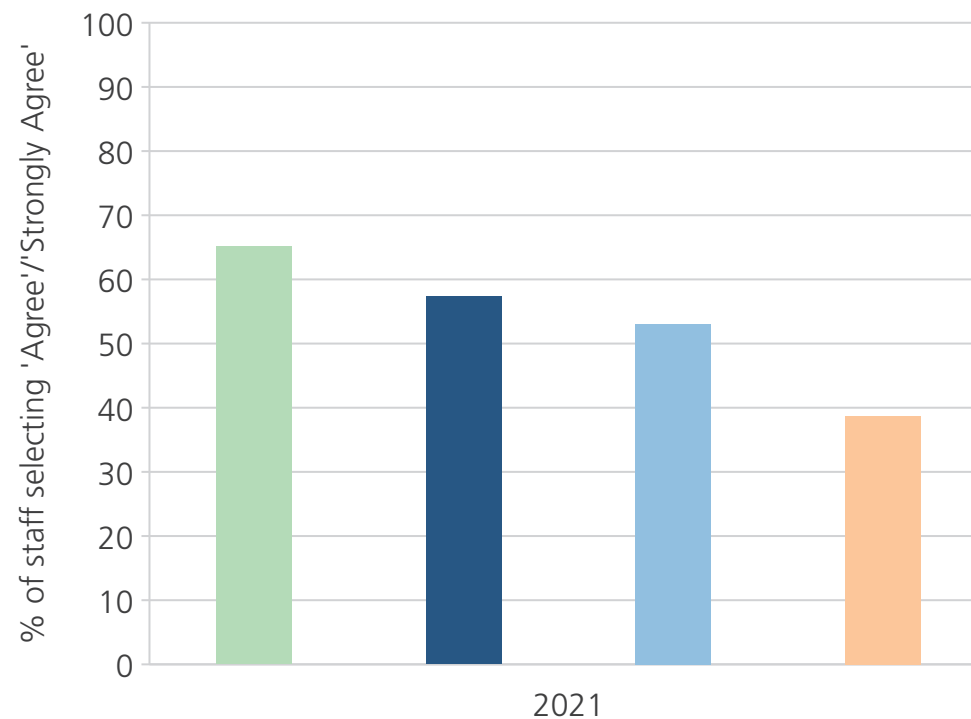
Best	65.1%
Your org	57.4%
Average	53.1%
Worst	38.8%
Responses	2,353
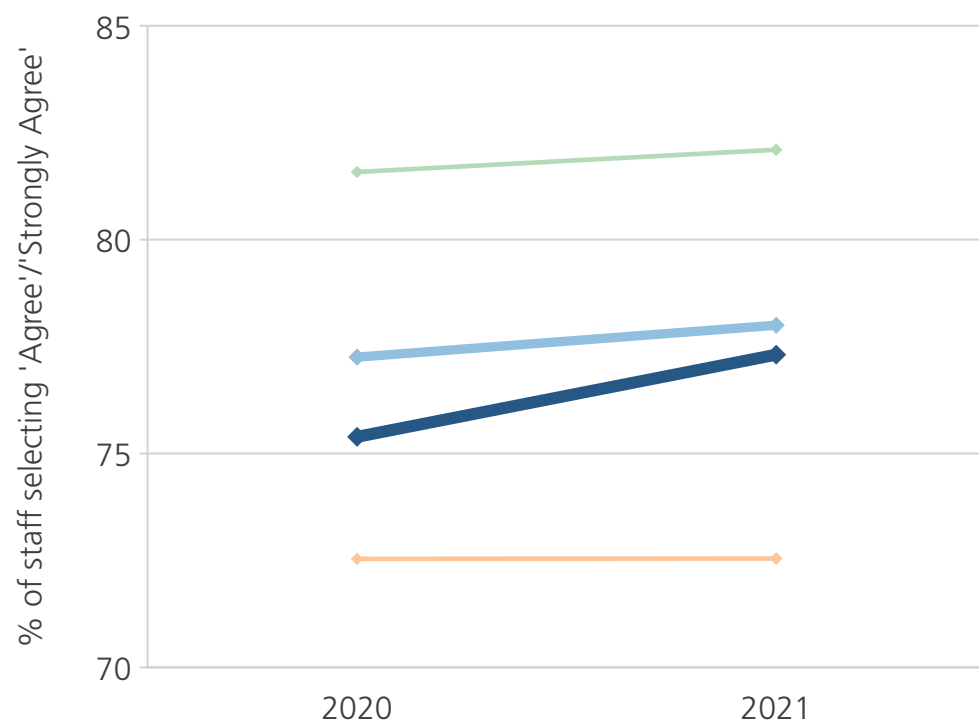
68

Q9a
My immediate manager encourages me at work

Q9b
My immediate manager gives me clear feedback on my work

	2020	2021
Best	81.6%	82.1%
Your org	75.4%	77.3%
Average	77.3%	78.0%
Worst	72.5%	72.5%
Responses	2,016	2,362
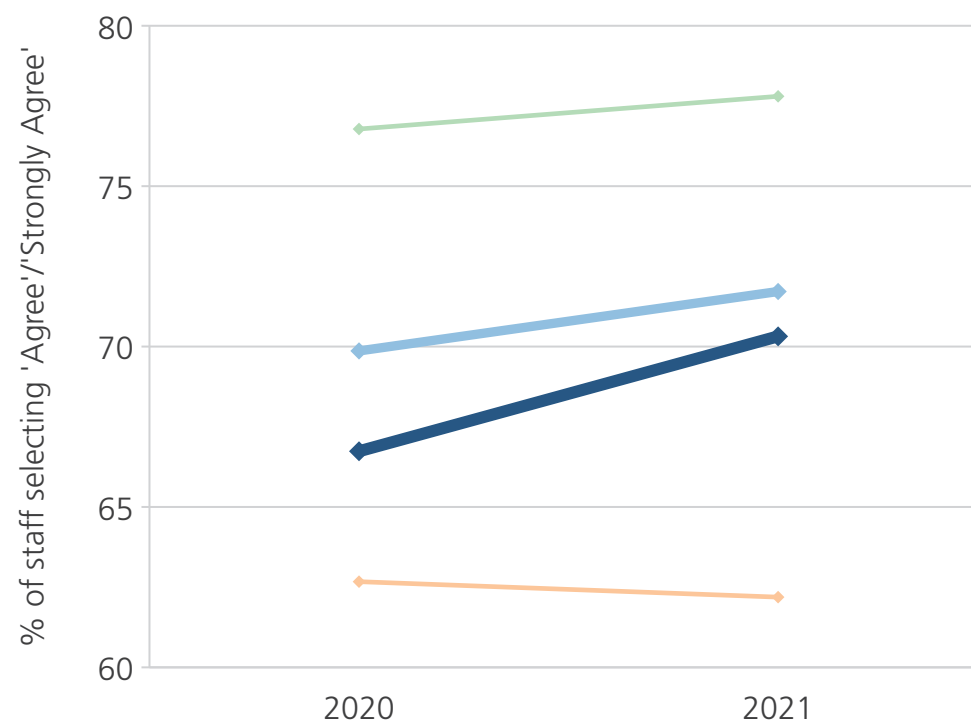
	2020	2021
Best	76.8%	77.8%
Your org	66.7%	70.3%
Average	69.9%	71.7%
Worst	62.7%	62.2%
Responses	2,013	2,363

Q9c
My immediate manager asks for my opinion
before making decisions that affect my work

Q9d
My immediate manager takes a positive
interest in my health and well-being
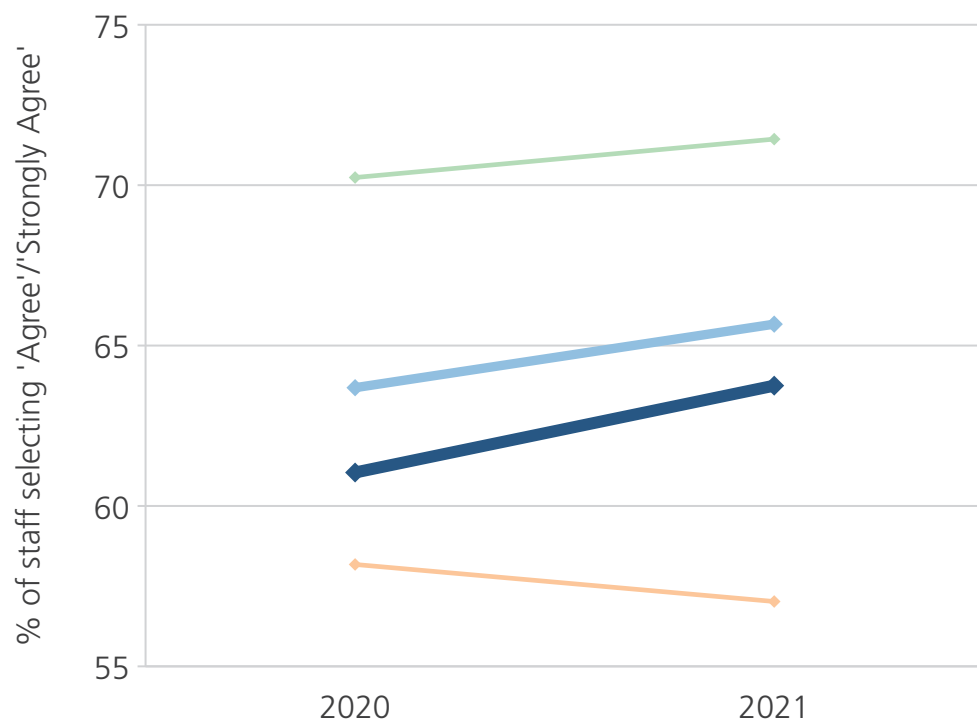
	2020	2021
Best	70.2%	71.4%
Your org	61.0%	63.8%
Average	63.7%	65.7%
Worst	58.2%	57.0%
Responses	2,010	2,359
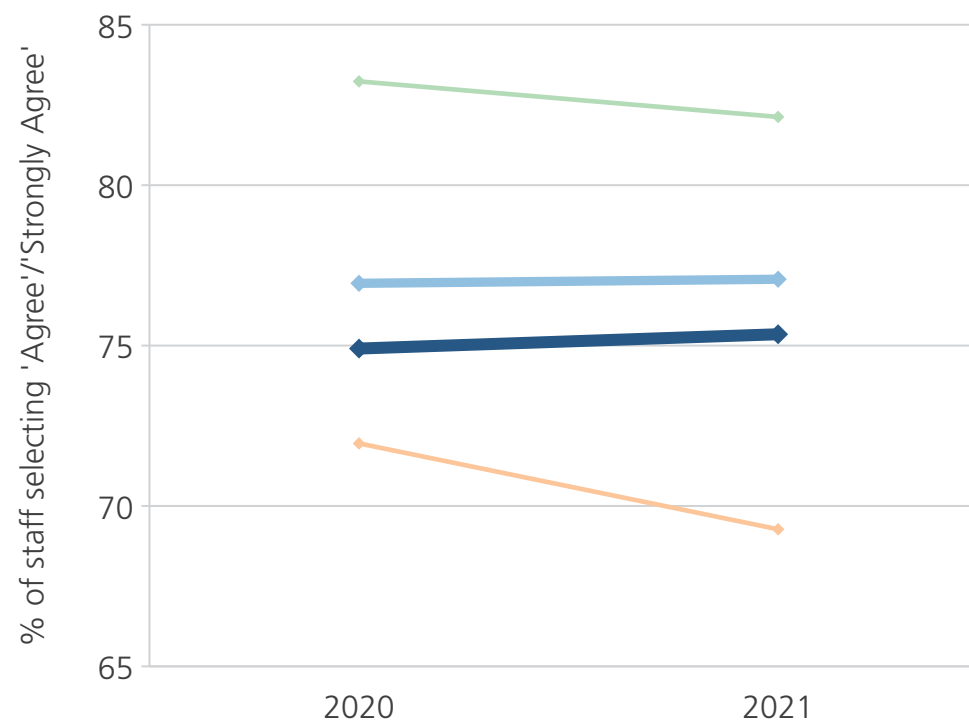
|	2020	2021
Best	83.2%	82.1%
Your org	74.9%	75.4%
Average	76.9%	77.1%
Worst	72.0%	69.3%
Responses	2,012	2,360

Theme detailed information – Staff Engagement

Questions:

Q2a, Q2b, Q2c
Q3c, Q3d, Q3f
Q21a, Q21c, Q21d

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Q2a
I look forward to going to work

Q2b
I am enthusiastic about my job

Q2c
Time passes quickly when I am working
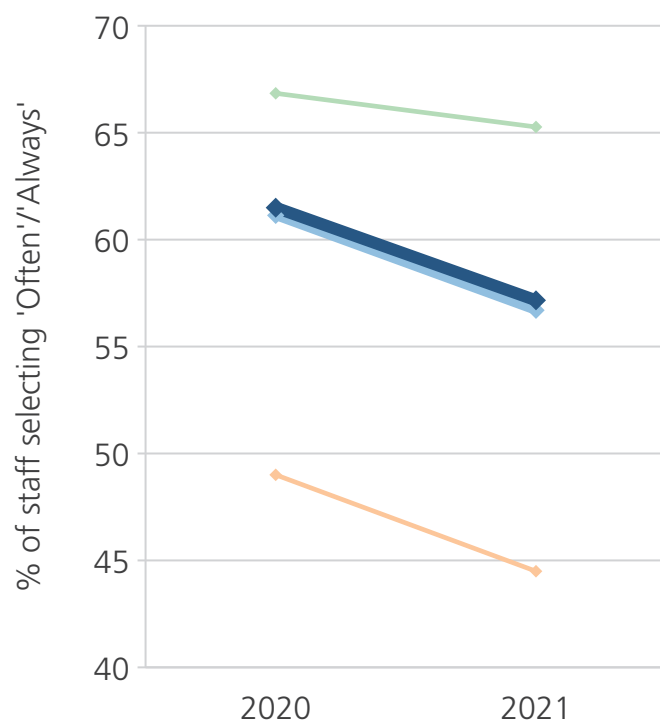
	2020	2021
Best	66.8%	65.3%
Your org	61.5%	57.2%
Average	61.1%	56.7%
Worst	49.0%	44.5%
Responses	2,016	2,358
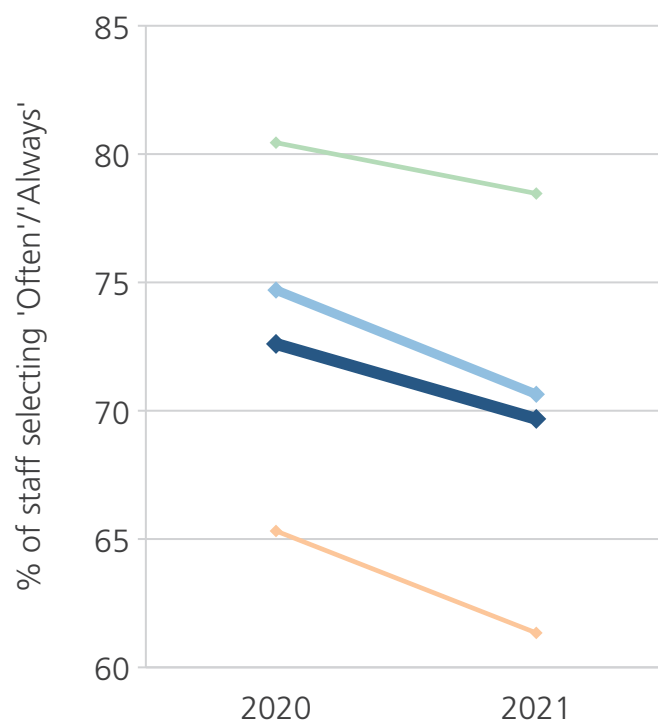
	2020	2021
Best	80.4%	78.5%
Your org	72.6%	69.7%
Average	74.7%	70.6%
Worst	65.3%	61.3%
Responses	2,004	2,348
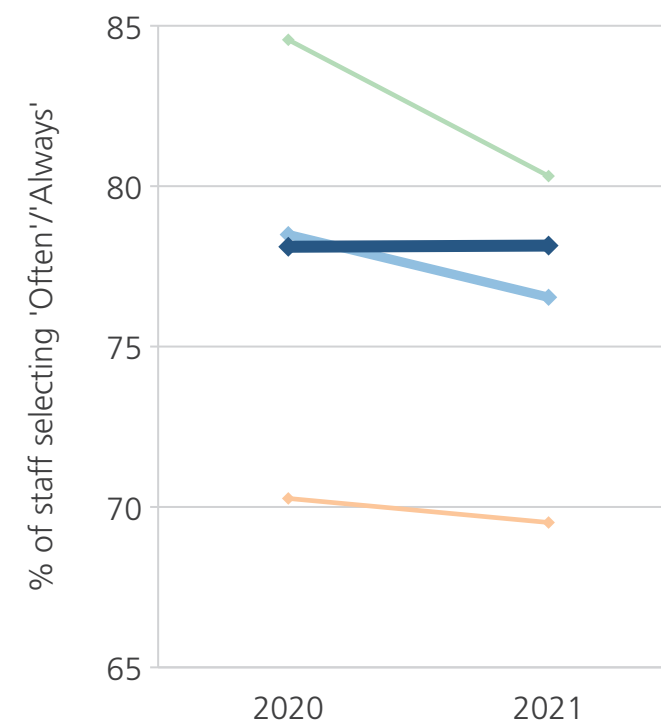
	2020	2021
Best	84.6%	80.3%
Your org	78.1%	78.1%
Average	78.5%	76.5%
Worst	70.3%	69.5%
Responses	2,004	2,348

Q3c
There are frequent opportunities
for me to show initiative in my role
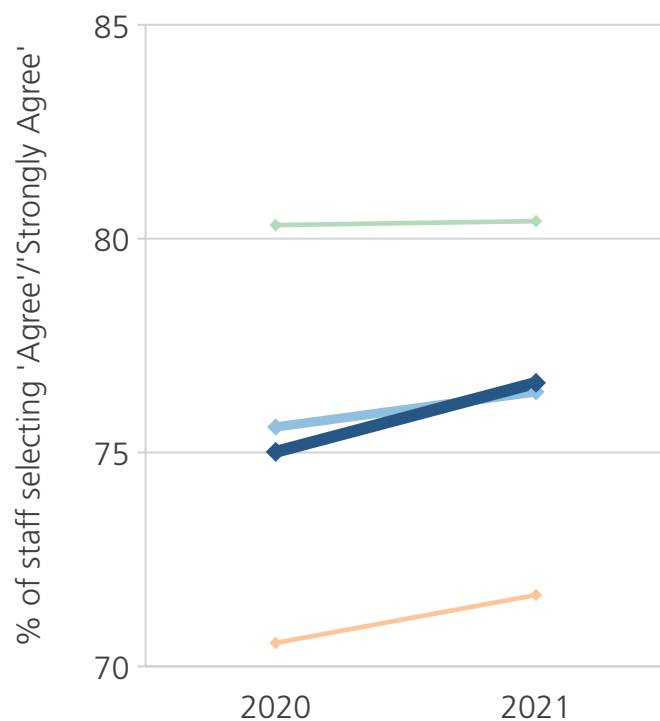
Best	80.3%	80.4%
Your org	75.0%	76.6%
Average	75.6%	76.4%
Worst	70.5%	71.7%
Responses	2,015	2,357

Q3d
I am able to make suggestions
to improve the work of
my team / department
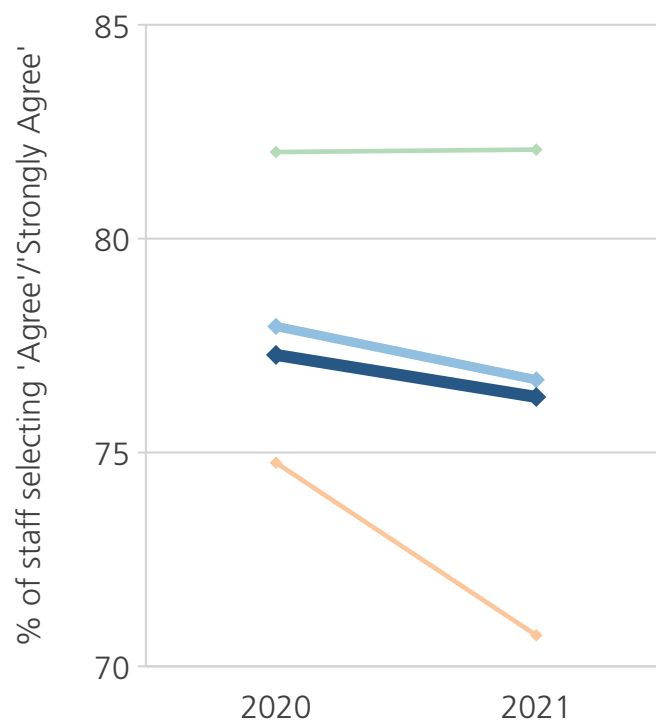
Best	82.0%	82.1%
Your org	77.3%	76.3%
Average	77.9%	76.7%
Worst	74.8%	70.7%
Responses	2,015	2,353

Q3f
I am able to make improvements
happen in my area of work

Best	68.8%	68.4%
Your org	57.1%	56.7%
Average	61.1%	58.8%
Worst	50.8%	51.2%
Responses	2,003	2,338

73

Q21a
Care of patients / service users
is my organisation's top priority

Q21c
I would recommend my
organisation as a place to work

Q21d
If a friend or relative needed treatment
I would be happy with the standard
of care provided by this organisation

Q21a	2020	2021
Best	87.9%	87.5%
Your org	81.4%	82.1%
Average	80.5%	78.5%
Worst	66.5%	64.9%
Responses	2,010	2,359

Q21c	2020	2021
Best	77.7%	73.5%
Your org	71.0%	68.2%
Average	67.7%	63.2%
Worst	49.2%	43.4%
Responses	2,011	2,352
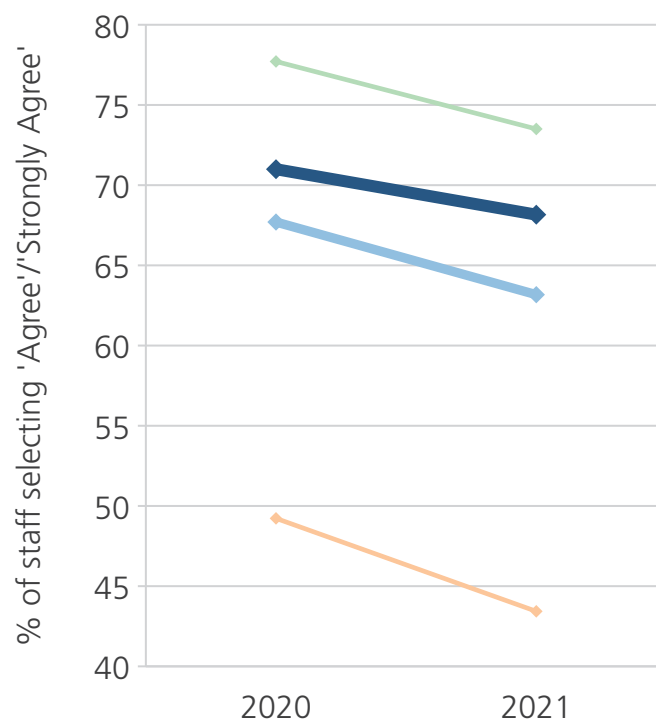
Q21d	2020	2021
Best	84.1%	82.4%
Your org	79.4%	78.6%
Average	70.3%	64.9%
Worst	47.2%	45.0%
Responses	2,008	2,356

Theme detailed information – Morale

Questions:

Q22a, Q22b, Q22c

Q3g, Q3h, Q3i

Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

**Survey
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NHS

Q22a
I often think about
leaving this organisation
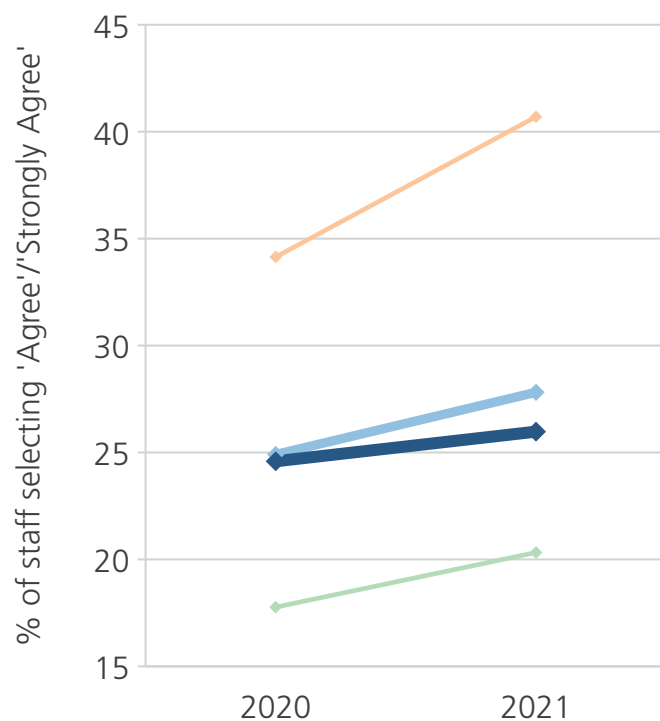
	2020	2021
Worst	34.1%	40.7%
Your org	24.6%	26.0%
Average	24.9%	27.8%
Best	17.8%	20.3%
Responses	2,016	2,364

Q22b
I will probably look for a job at a new
organisation in the next 12 months
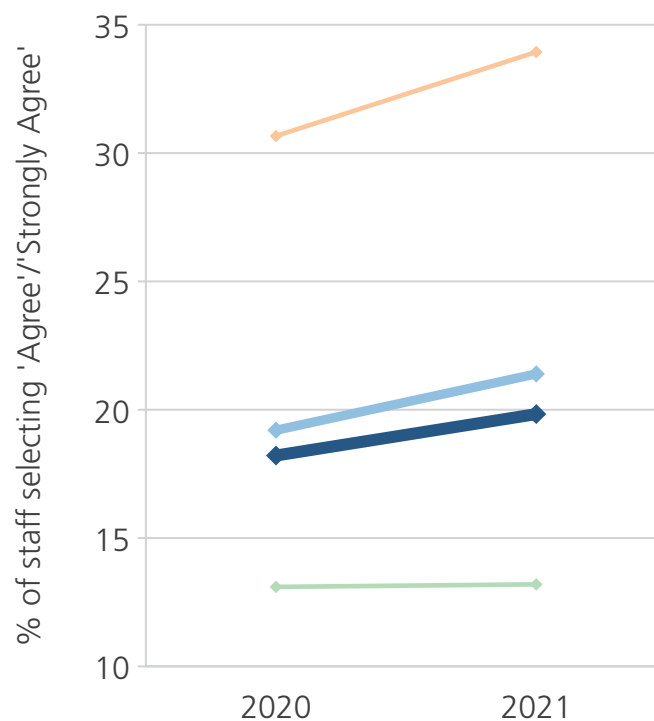
	2020	2021
Worst	30.7%	33.9%
Your org	18.2%	19.8%
Average	19.2%	21.4%
Best	13.1%	13.2%
Responses	2,008	2,357

Q22c
As soon as I can find another
job, I will leave this organisation
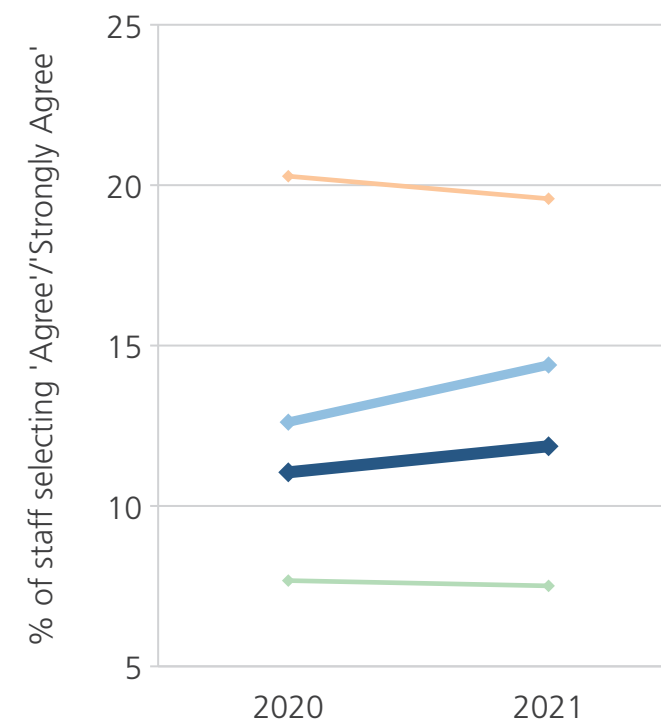
	2020	2021
Worst	20.3%	19.6%
Your org	11.0%	11.9%
Average	12.6%	14.4%
Best	7.7%	7.5%
Responses	2,006	2,348

76

Q3g
I am able to meet all the conflicting demands on my time at work
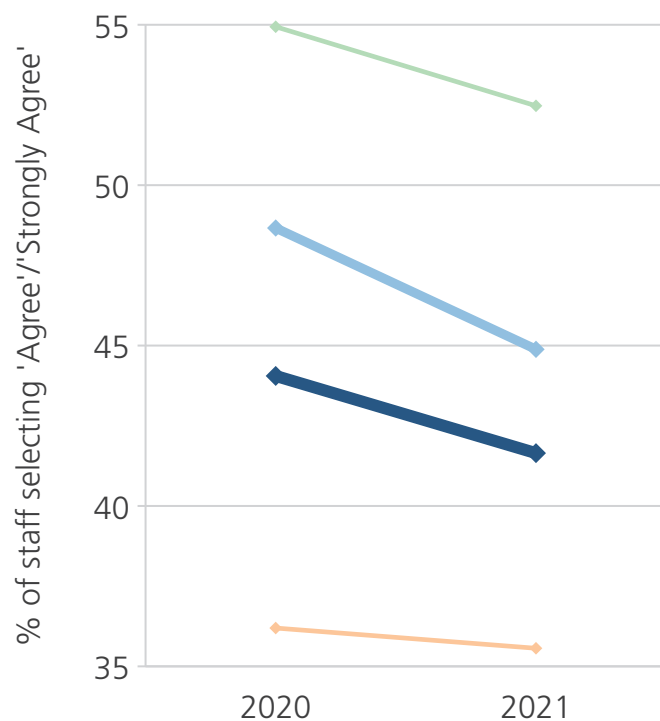
	2020	2021
Best	54.9%	52.5%
Your org	44.1%	41.6%
Average	48.7%	44.9%
Worst	36.2%	35.6%
Responses	2,010	2,350

Q3h
I have adequate materials, supplies and equipment to do my work
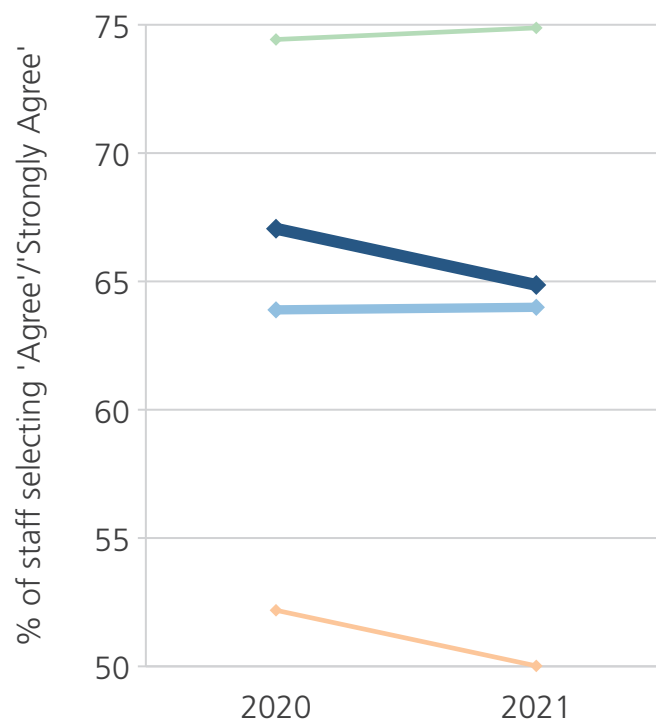
	2020	2021
Best	74.4%	74.9%
Your org	67.1%	64.9%
Average	63.9%	64.0%
Worst	52.2%	50.0%
Responses	2,010	2,339

Q3i
There are enough staff at this organisation for me to do my job properly
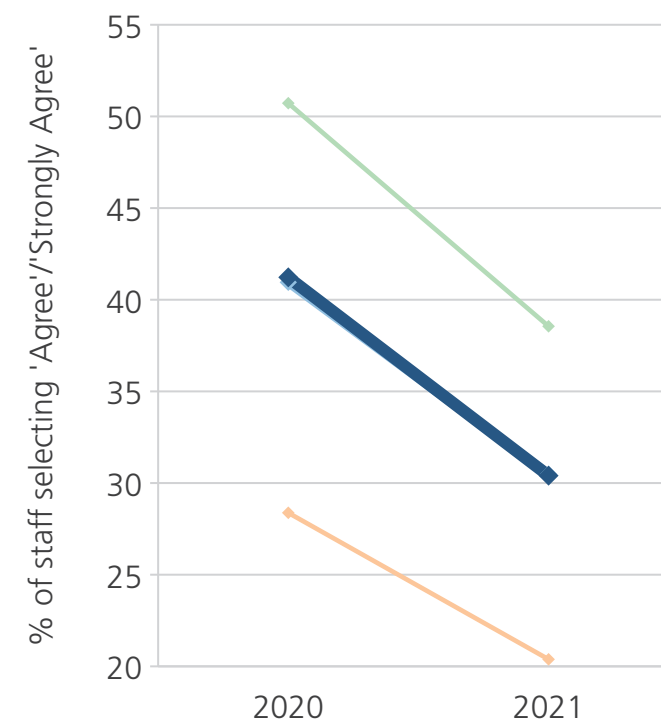
	2020	2021
Best	50.7%	38.6%
Your org	41.2%	30.4%
Average	40.9%	30.5%
Worst	28.4%	20.4%
Responses	2,008	2,355

Q3a
I always know what my
work responsibilities are
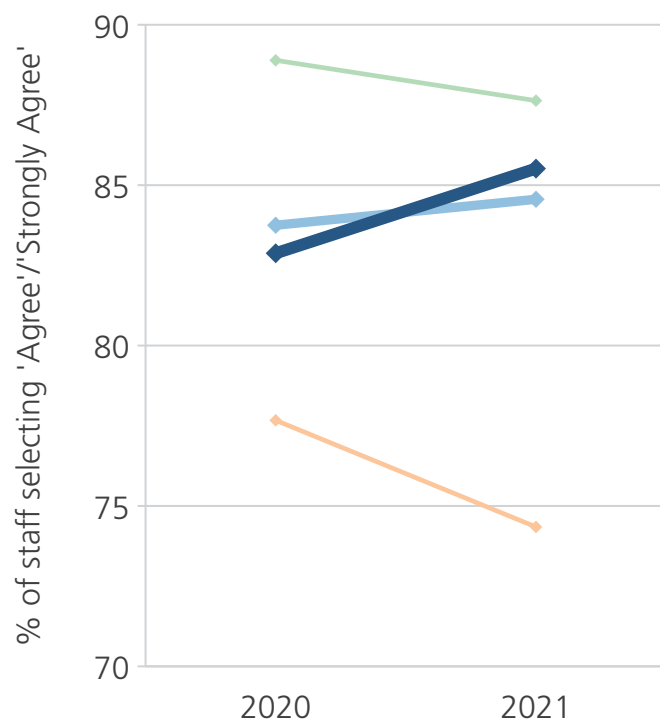
	2020	2021
Best	88.9%	87.6%
Your org	82.9%	85.5%
Average	83.8%	84.6%
Worst	77.7%	74.3%
Responses	2,012	2,363

Q3e
I am involved in deciding on
changes introduced that affect my
work area / team / department
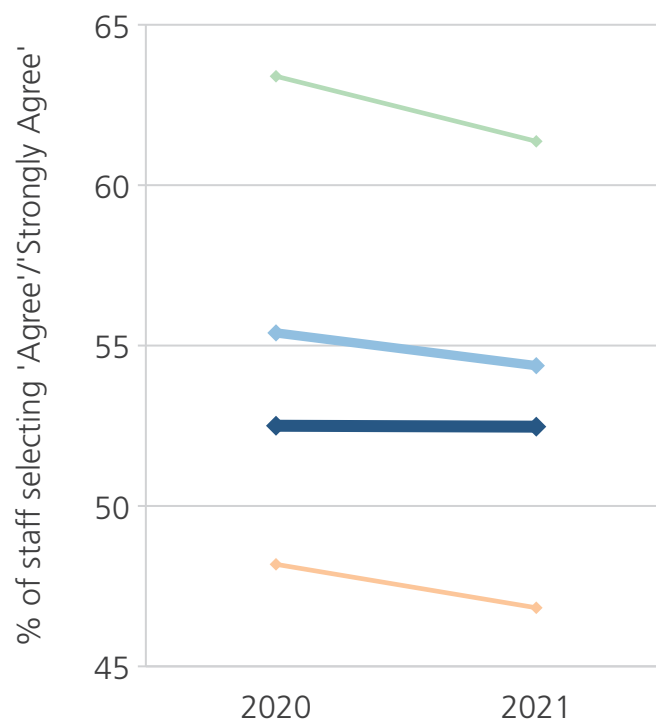
	2020	2021
Best	63.4%	61.4%
Your org	52.5%	52.5%
Average	55.4%	54.4%
Worst	48.2%	46.8%
Responses	2,009	2,356

Q5a
I have unrealistic time pressures
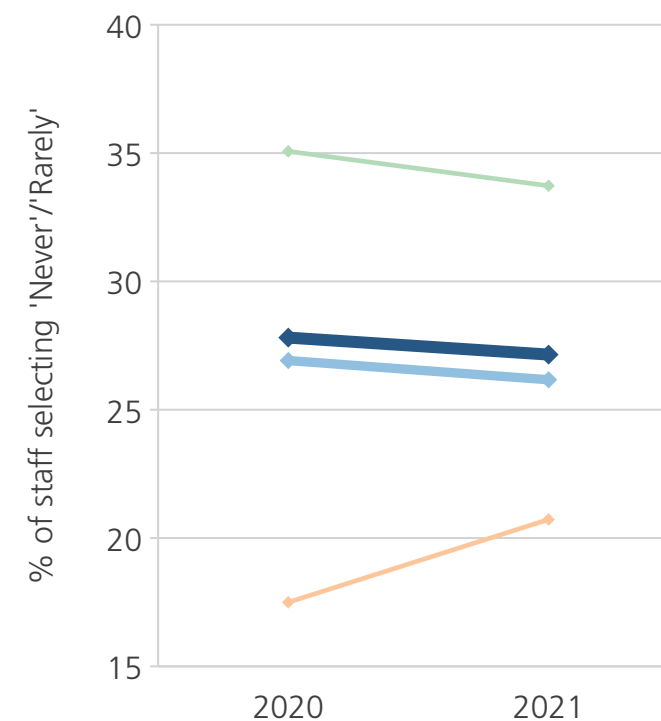
	2020	2021
Best	35.1%	33.7%
Your org	27.8%	27.1%
Average	26.9%	26.2%
Worst	17.5%	20.7%
Responses	2,016	2,361

Q5b
I have a choice in deciding
how to do my work
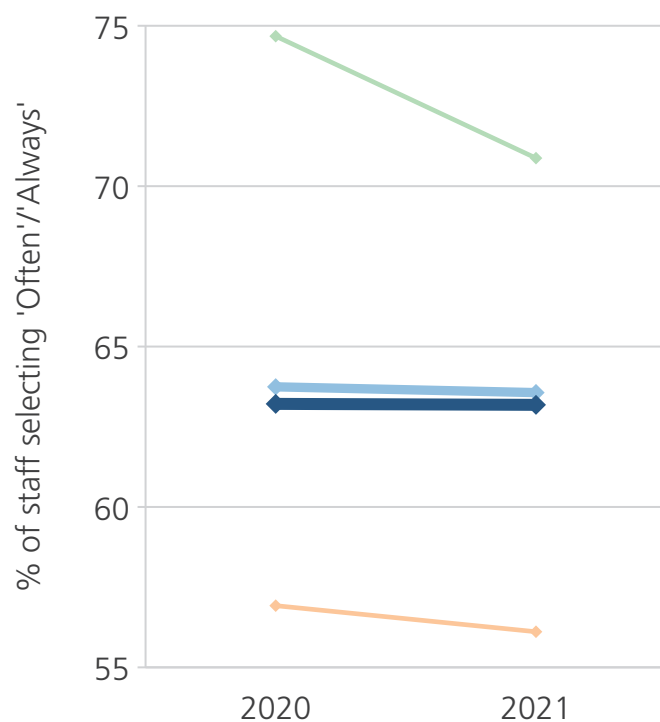
Q5c
Relationships at work are strained

Q7c
I receive the respect I deserve
from my colleagues at work

	2020	2021
Best	74.7%	70.9%
Your org	63.2%	63.2%
Average	63.7%	63.6%
Worst	56.9%	56.1%
Responses	2,010	2,349
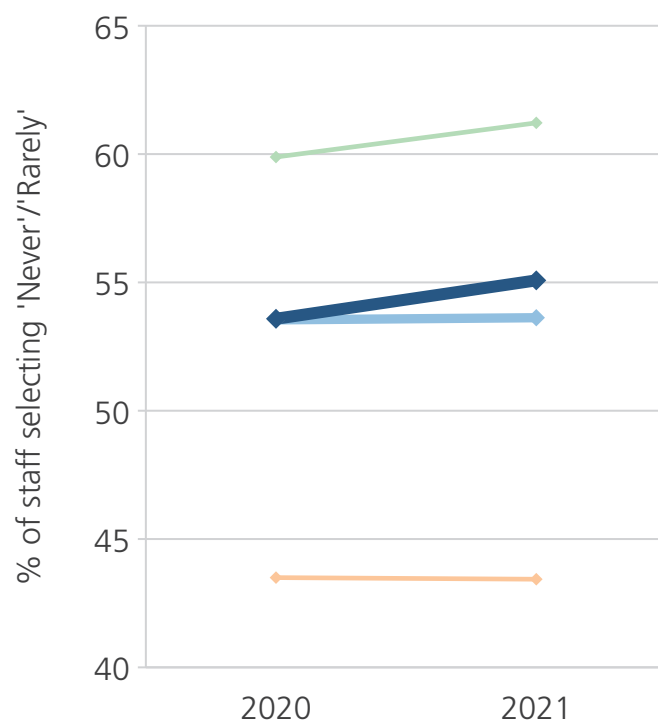
	2020	2021
Best	59.9%	61.2%
Your org	53.6%	55.1%
Average	53.5%	53.6%
Worst	43.5%	43.4%
Responses	2,013	2,358
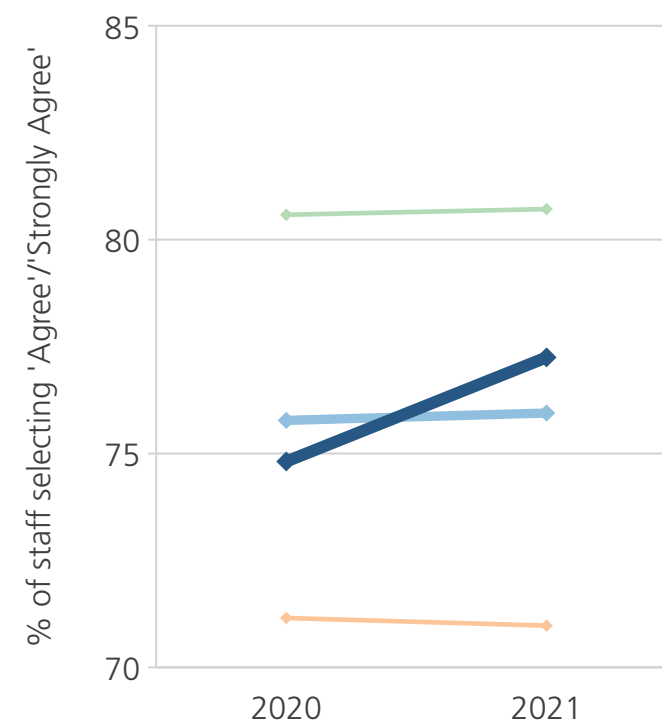
	2020	2021
Best	80.6%	80.7%
Your org	74.8%	77.2%
Average	75.8%	75.9%
Worst	71.2%	71.0%
Responses	2,014	2,362

Q9a
My immediate manager encourages me at work
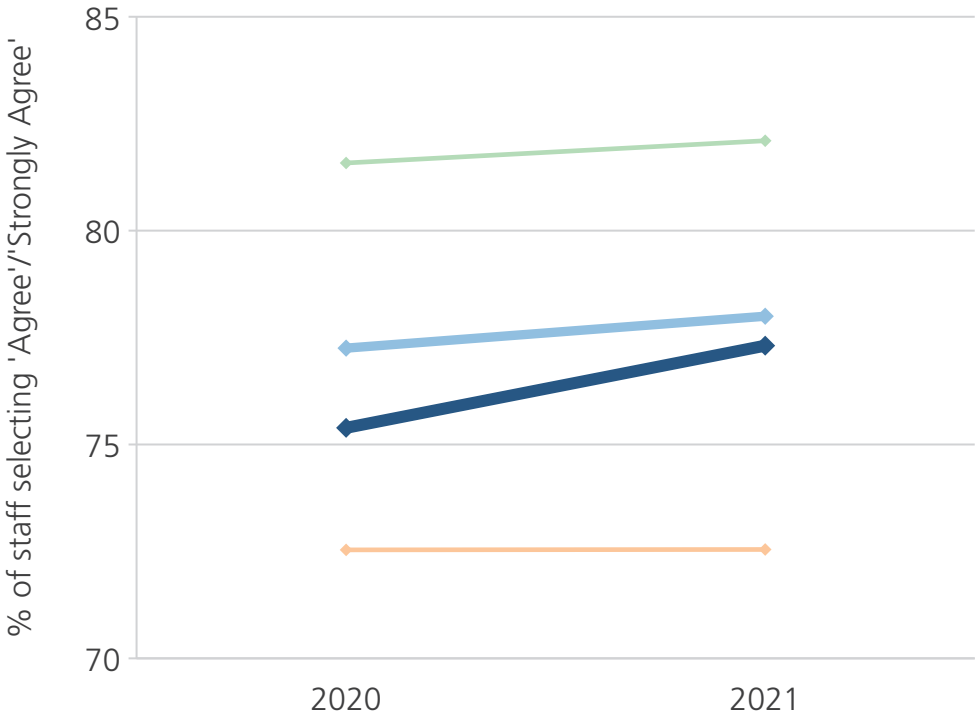
	2020	2021
Best	81.6%	82.1%
Your org	75.4%	77.3%
Average	77.3%	78.0%
Worst	72.5%	72.5%
Responses	2,016	2,362

Questions not linked to the People Promise elements or themes

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

	2020	2021
Your org	80.8%	82.7%
Average	80.9%	82.2%
Responses	2,011	2,349

	2020	2021
Your org	27.9%	27.9%
Average	19.5%	19.0%
Responses	1,904	2,217
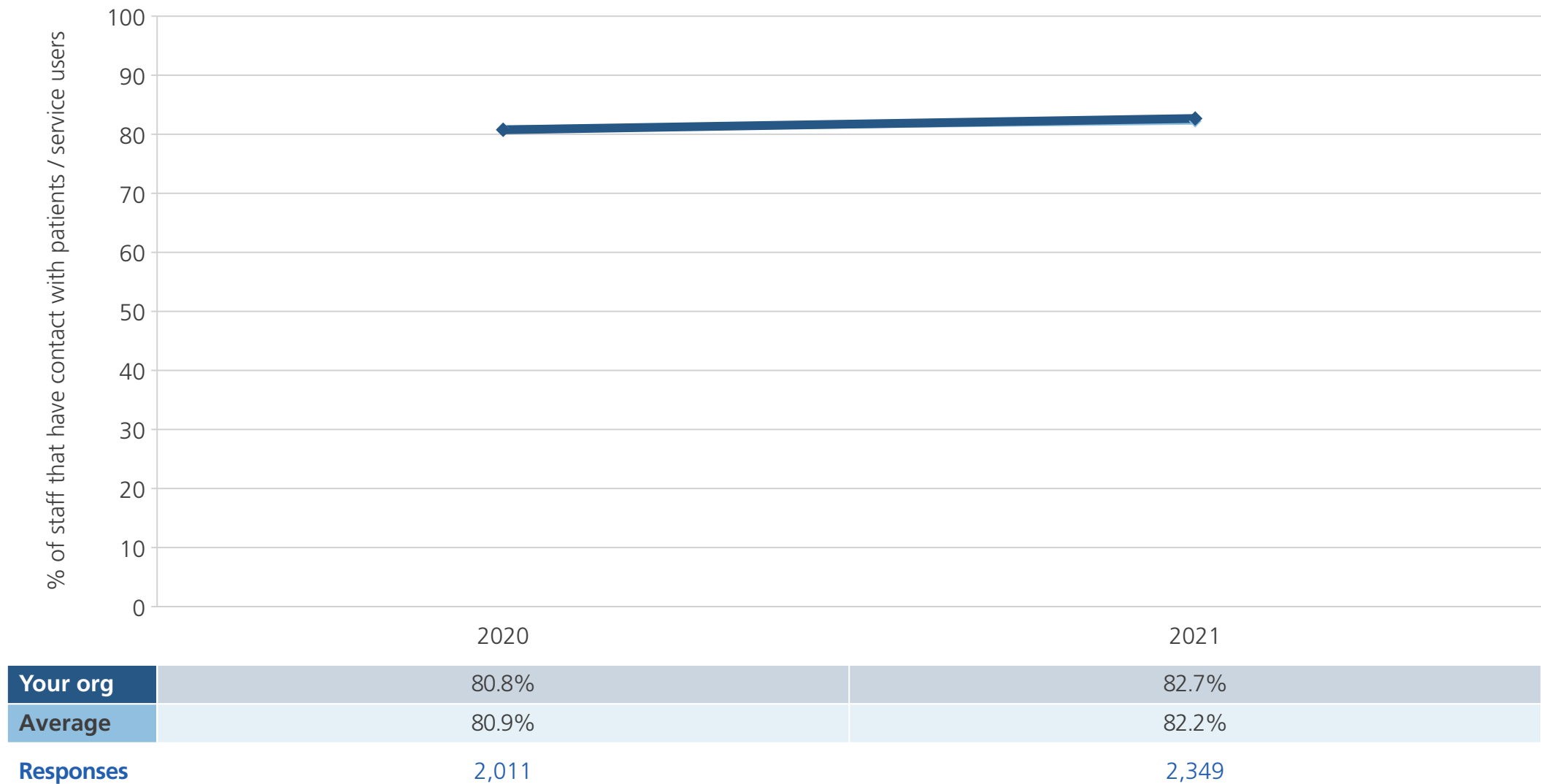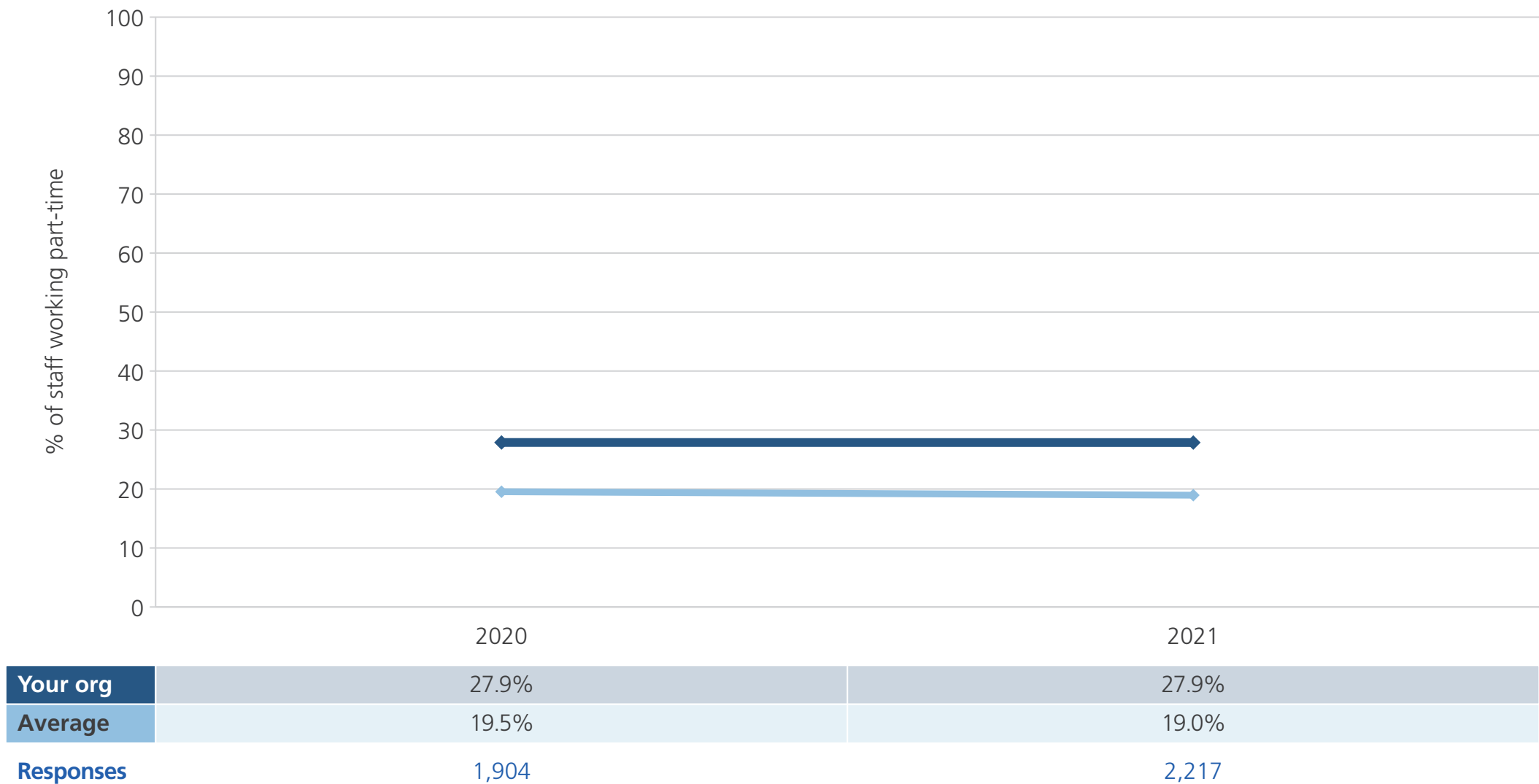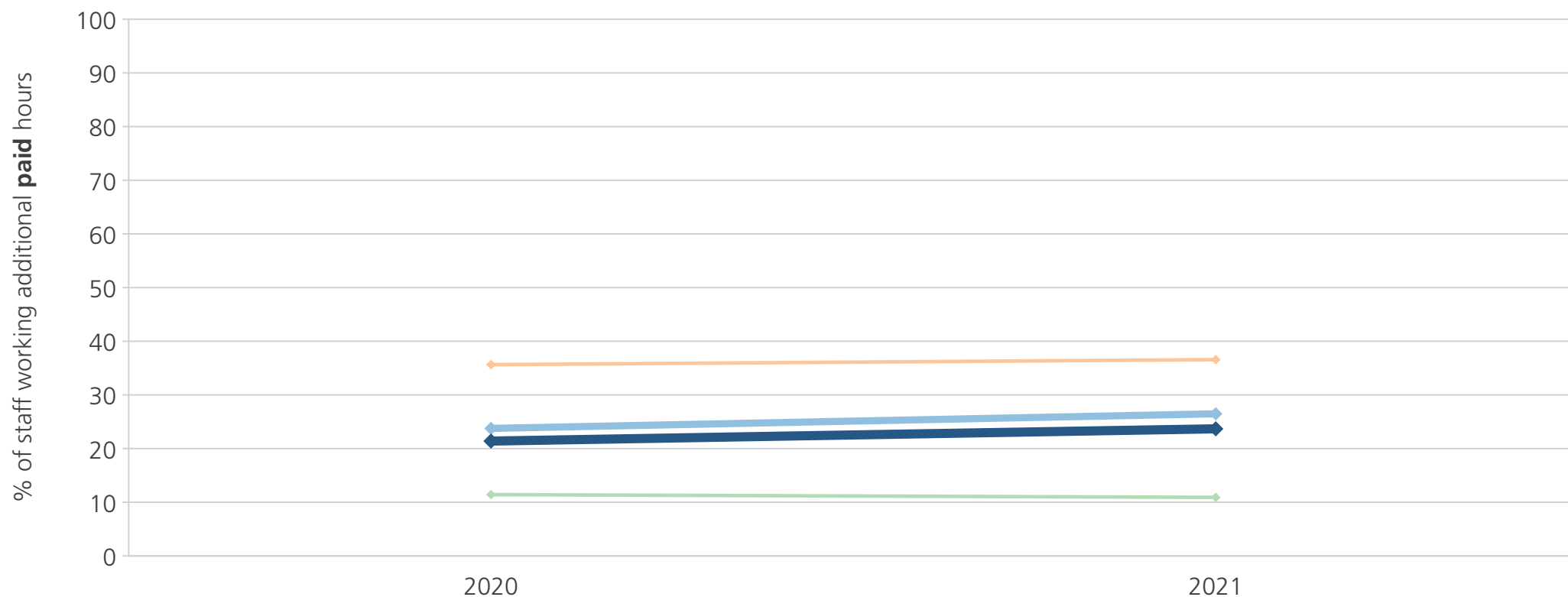
	2020	2021
Highest	35.6%	36.6%
Your org	21.4%	23.7%
Average	23.8%	26.5%
Lowest	11.4%	10.9%
Responses	1,922	2,271

84
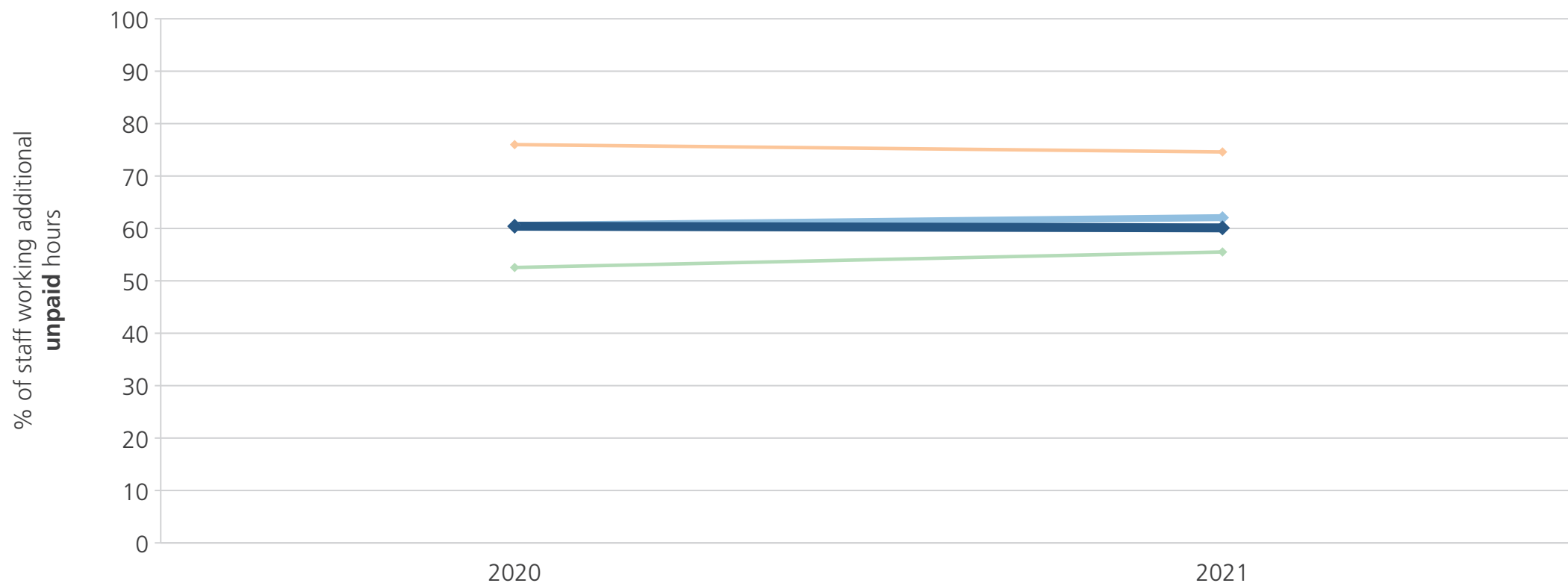
	2020	2021
Highest	76.0%	74.6%
Your org	60.4%	60.1%
Average	60.6%	62.1%
Lowest	52.5%	55.5%
Responses	1,964	2,306

This question was only answered by people who responded 'Yes' to Q11d.
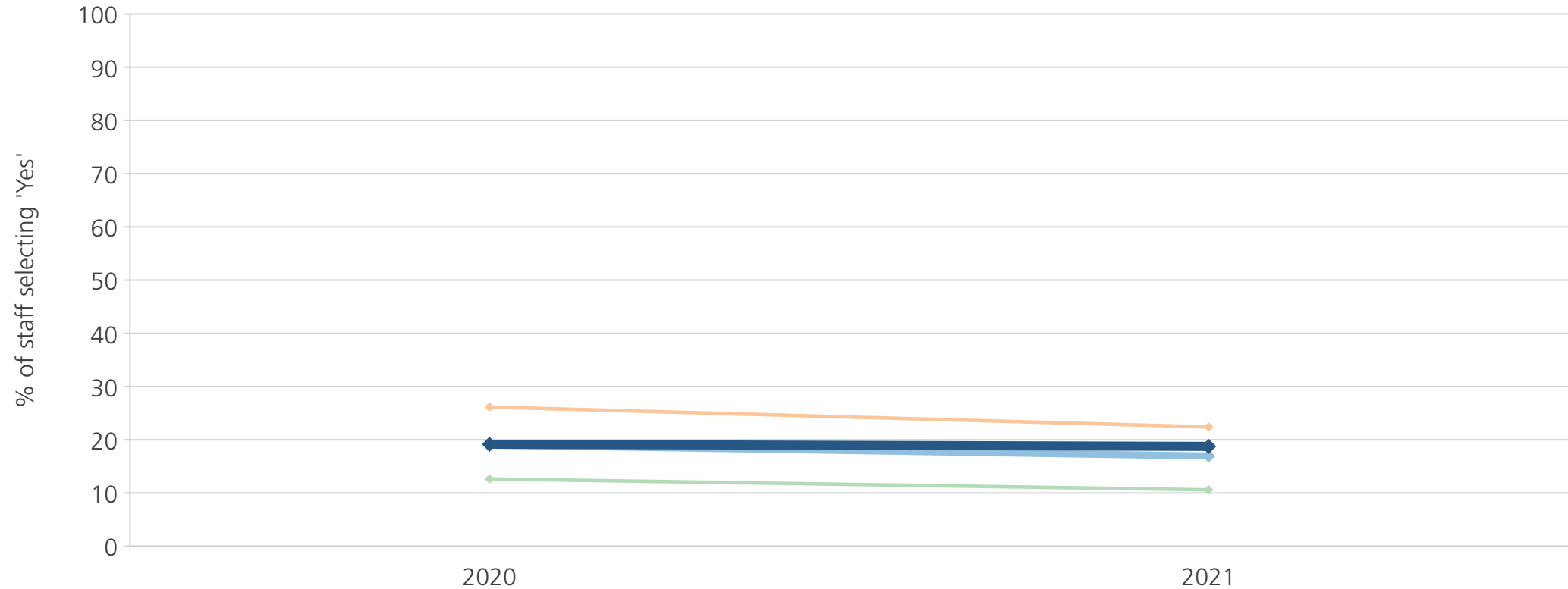
	2020	2021
Worst	26.2%	22.4%
Your org	19.2%	18.8%
Average	19.0%	17.0%
Best	12.6%	10.6%
Responses	913	1,206

86
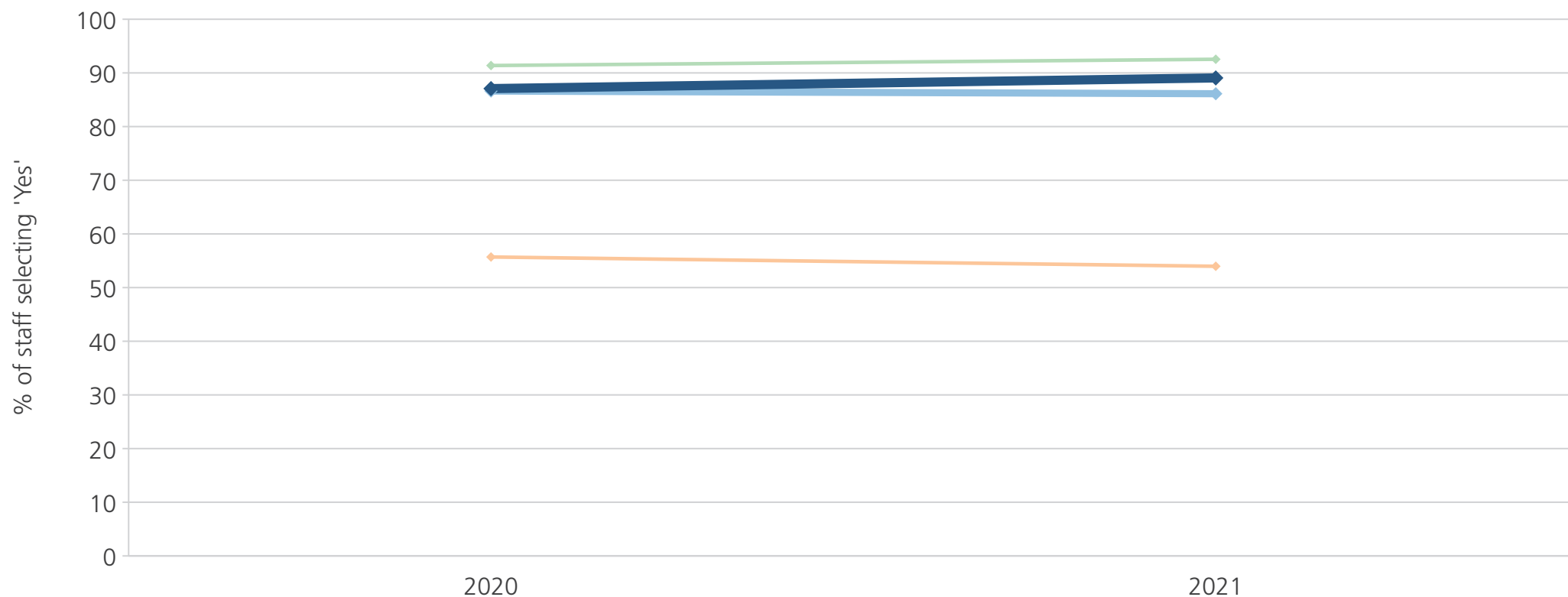
	2020	2021
Best	91.4%	92.5%
Your org	87.1%	89.1%
Average	86.6%	86.1%
Worst	55.7%	54.0%
Responses	1,310	1,541

Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.
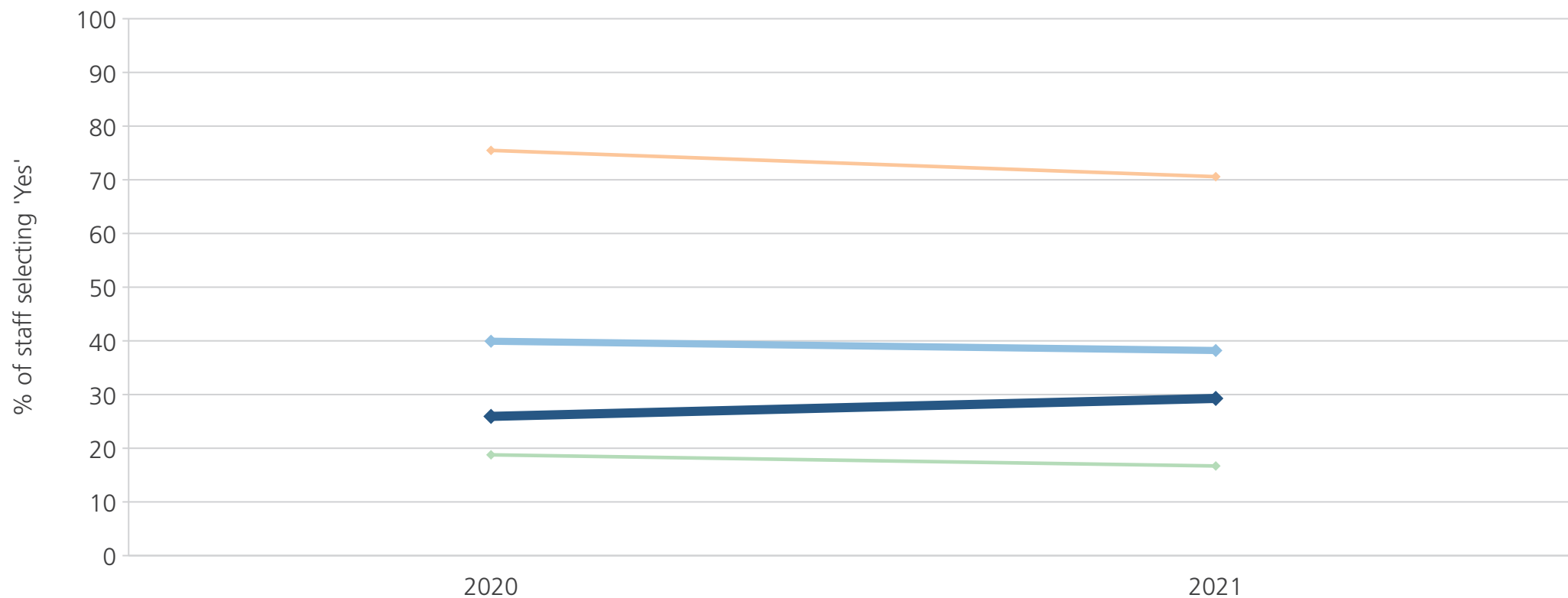
	2020	2021
Worst	75.5%	70.6%
Your org	25.9%	29.3%
Average	39.9%	38.2%
Best	18.8%	16.7%
Responses	178	190
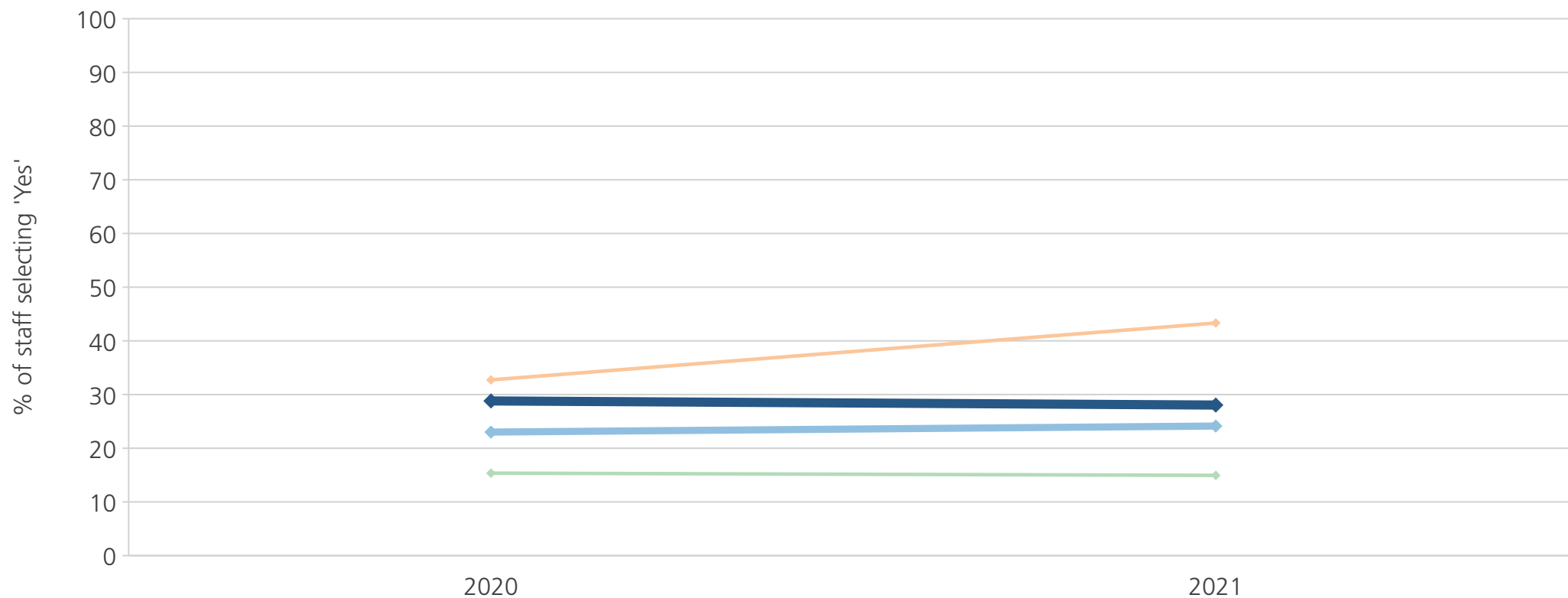
	2020	2021
Worst	32.7%	43.3%
Your org	28.8%	28.0%
Average	23.0%	24.1%
Best	15.4%	14.9%
Responses	178	190

	2020	2021
Worst	12.9%	13.5%
Your org	1.2%	3.0%
Average	4.7%	4.5%
Best	1.2%	1.9%
Responses	178	190

% of staff selecting 'Yes'
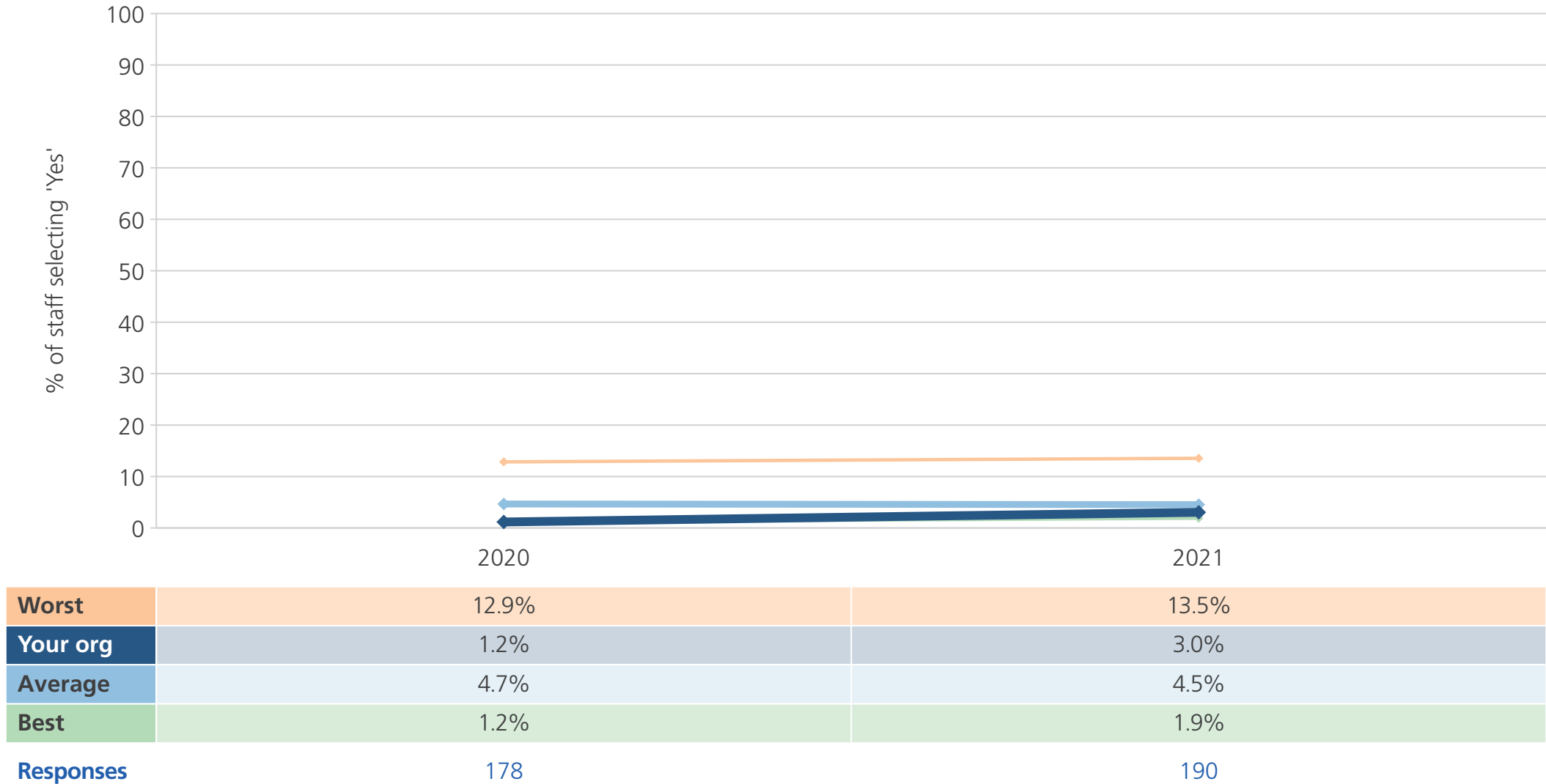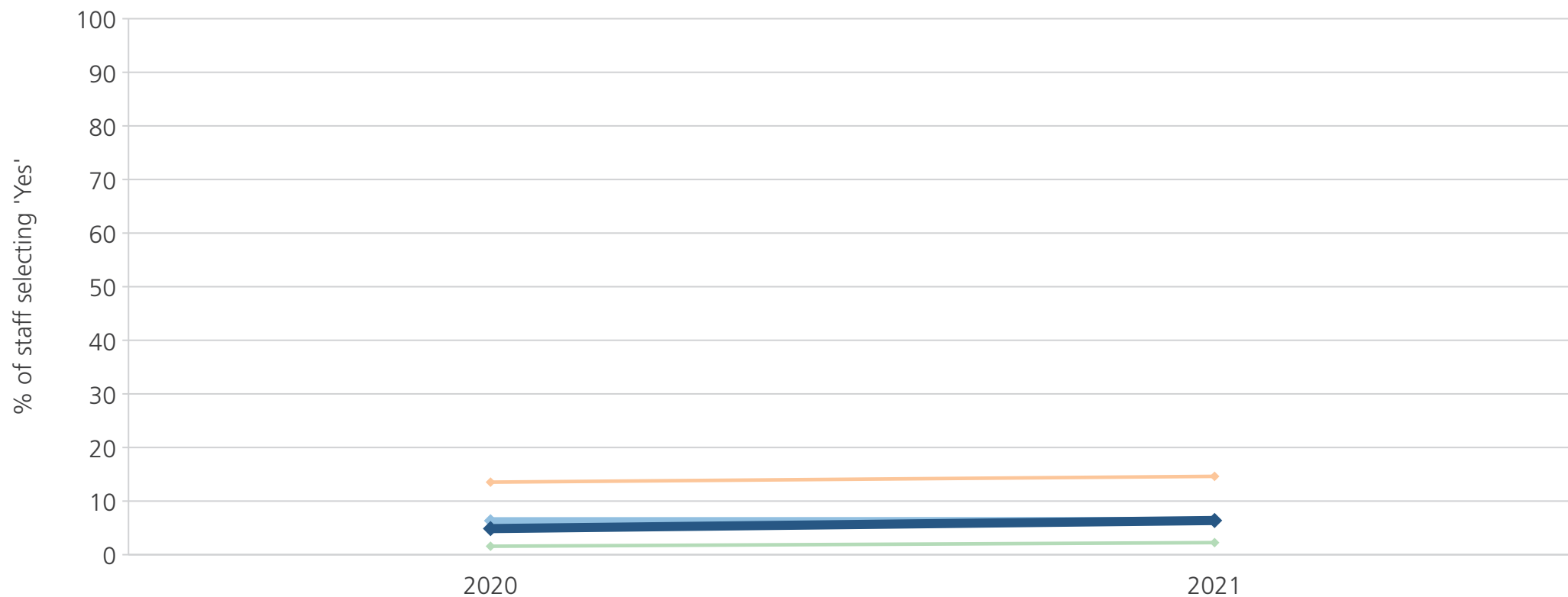
	2020	2021
Worst	13.5%	14.6%
Your org	4.9%	6.4%
Average	6.3%	6.4%
Best	1.6%	2.3%
Responses	178	190
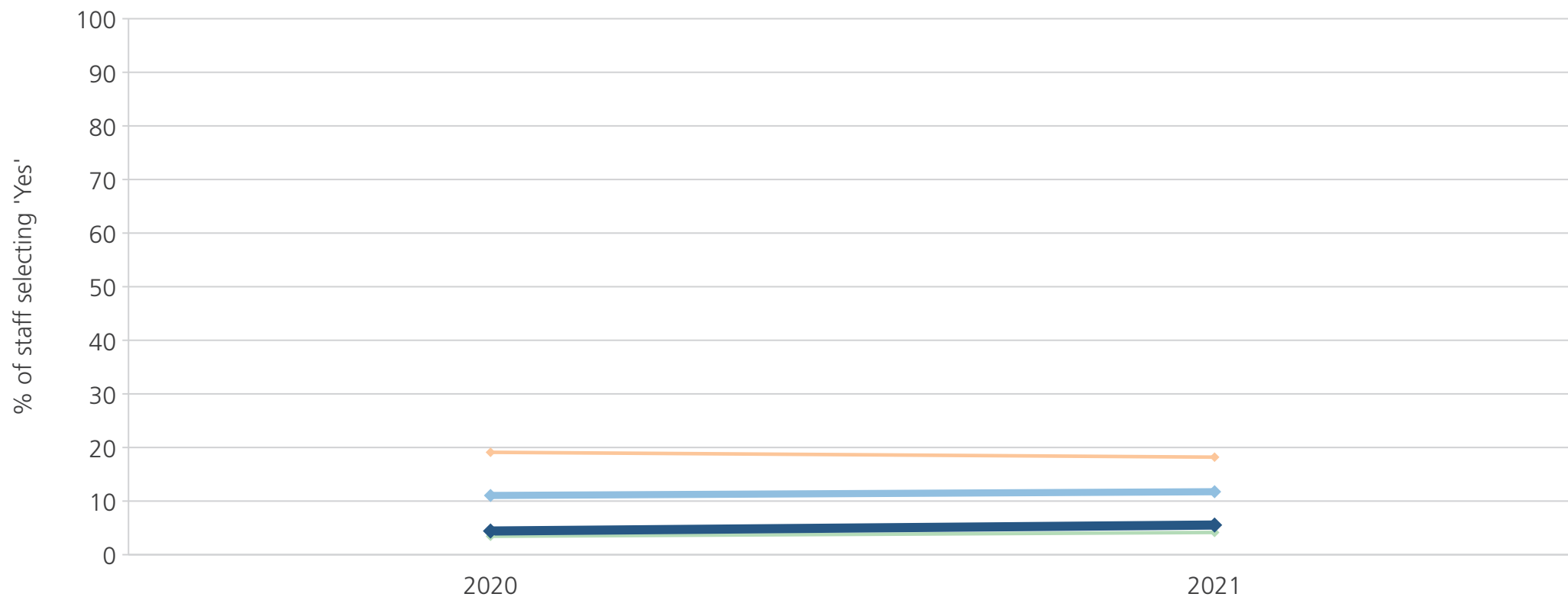
	2020	2021
Worst	19.1%	18.2%
Your org	4.4%	5.5%
Average	11.0%	11.7%
Best	3.4%	4.1%
Responses	178	190

92
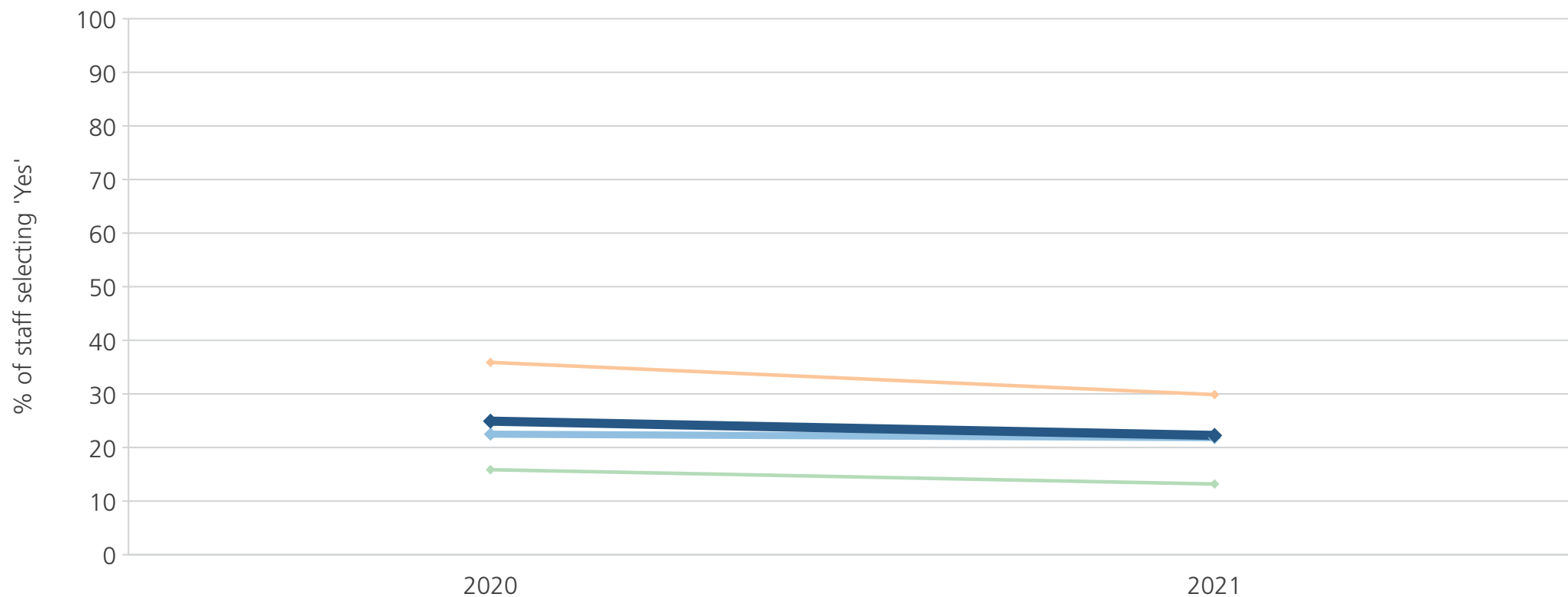
	2020	2021
Worst	35.9%	29.9%
Your org	24.9%	22.3%
Average	22.5%	21.8%
Best	15.9%	13.2%
Responses	178	190

93

Survey Coordination Centre

NHS

% of staff selecting 'Yes'
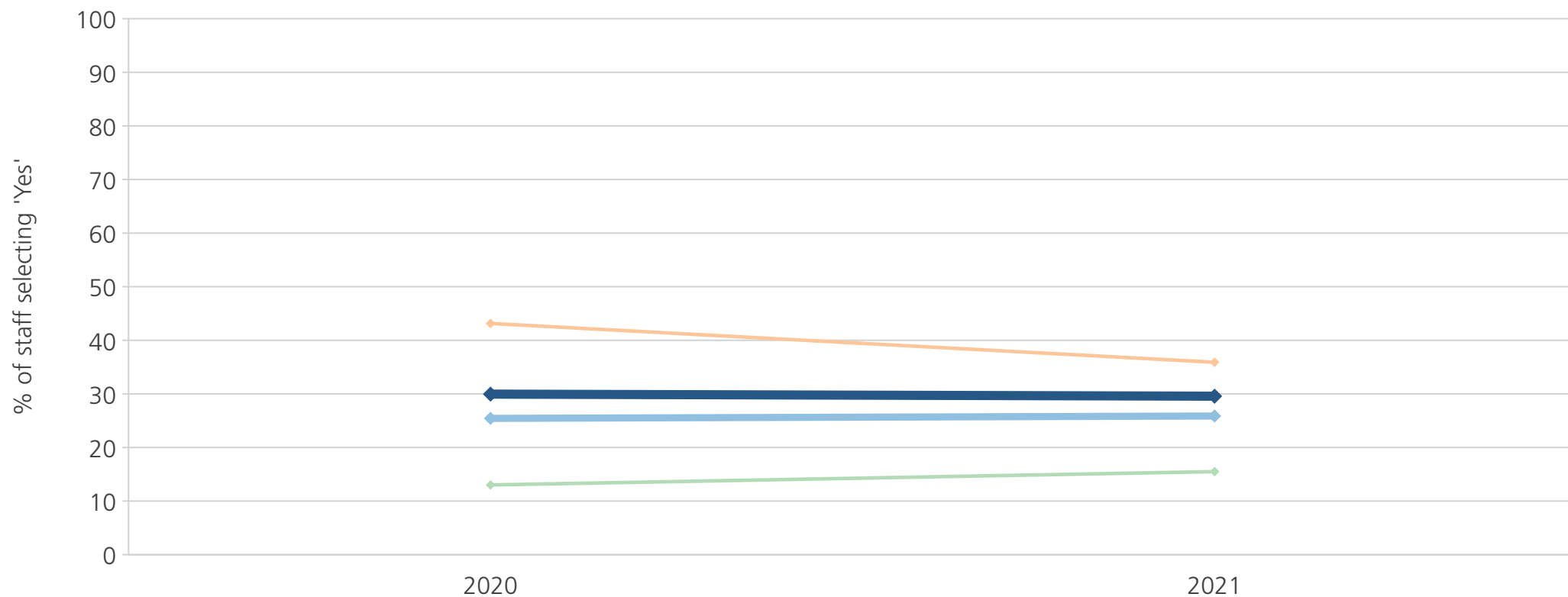
	2020	2021
Worst	43.1%	35.9%
Your org	30.0%	29.6%
Average	25.4%	25.9%
Best	13.0%	15.5%
Responses	178	190

94

	2020	2021
Your org	51.3%	50.1%
Average	53.4%	50.1%
Responses	1,817	2,097

Survey Coordination Centre

NHS

% of staff saying this would be their most likely destination

	2020	2021
Your org	16.8%	14.9%
Average	14.4%	14.0%
Responses	1,817	2,097

	2020	2021
Your org	13.1%	12.2%
Average	15.1%	15.2%
Responses	1,817	2,097

	2020	2021
Your org	2.2%	3.6%
Average	2.9%	4.2%
Responses	1,817	2,097

	2020	2021
Your org	7.1%	9.2%
Average	5.5%	6.8%
Responses	1,817	2,097

99

Survey Coordination Centre

NHS

% of staff saying this would be their most likely destination

	2020	2021
Your org	9.5%	10.0%
Average	9.2%	9.6%
Responses	1,817	2,097

This questions was only answered by people who responded 'yes' to Q28a

% of staff selecting 'Yes'
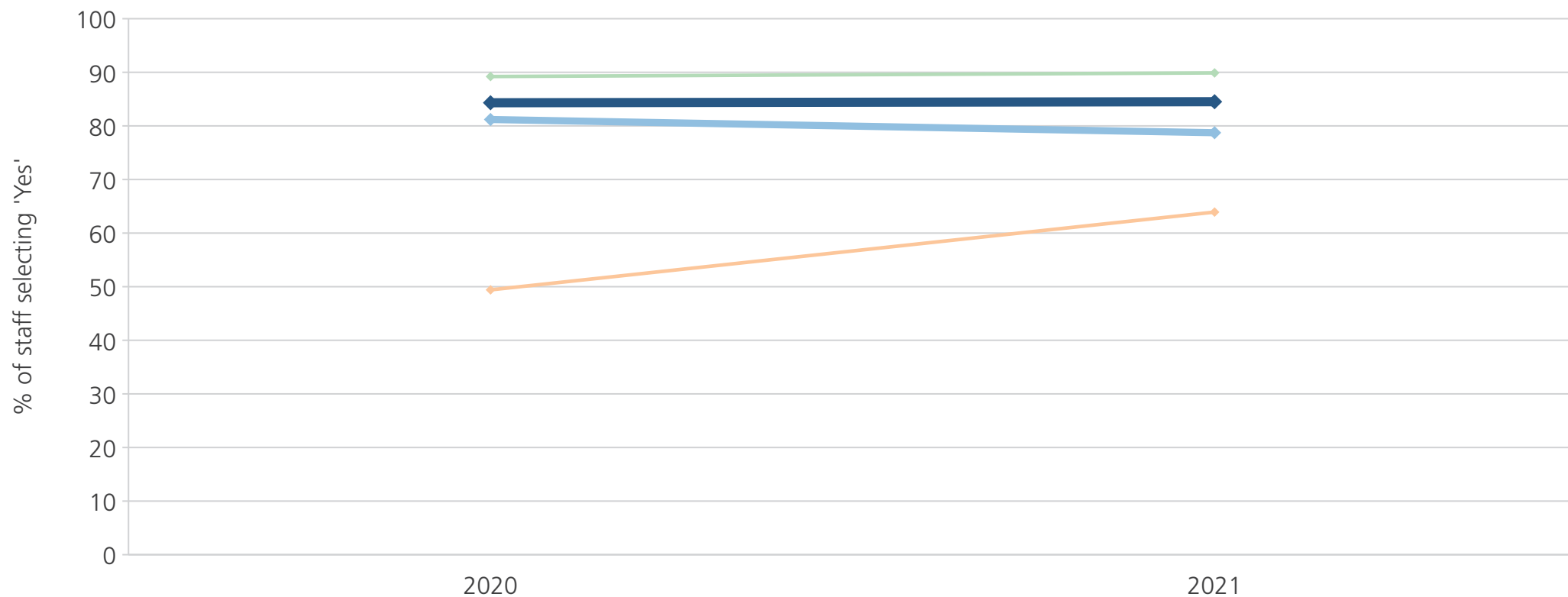
	2020	2021
Best	89.2%	89.9%
Your org	84.3%	84.5%
Average	81.2%	78.7%
Worst	49.4%	63.9%
Responses	253	334

About your respondents

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

About your respondents – The Covid-19 pandemic

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

	In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?	In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?	In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?
Your org	26.7%	17.1%	59.8%
Average	22.7%	10.4%	65.6%
Responses	2,356	2,334	2,348
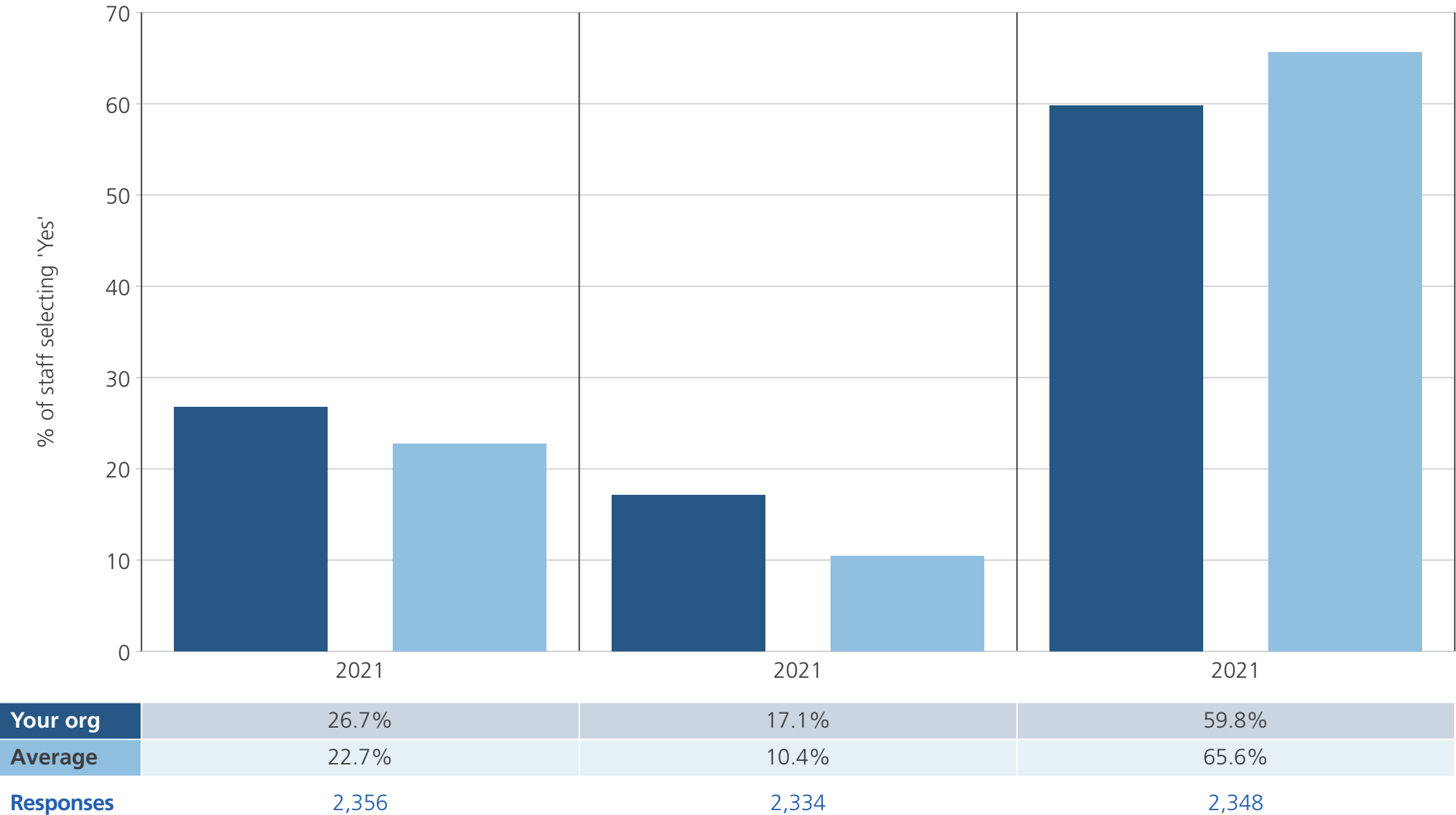
About your respondents – Background details

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Survey
Coordination
Centre

NHS

% of staff
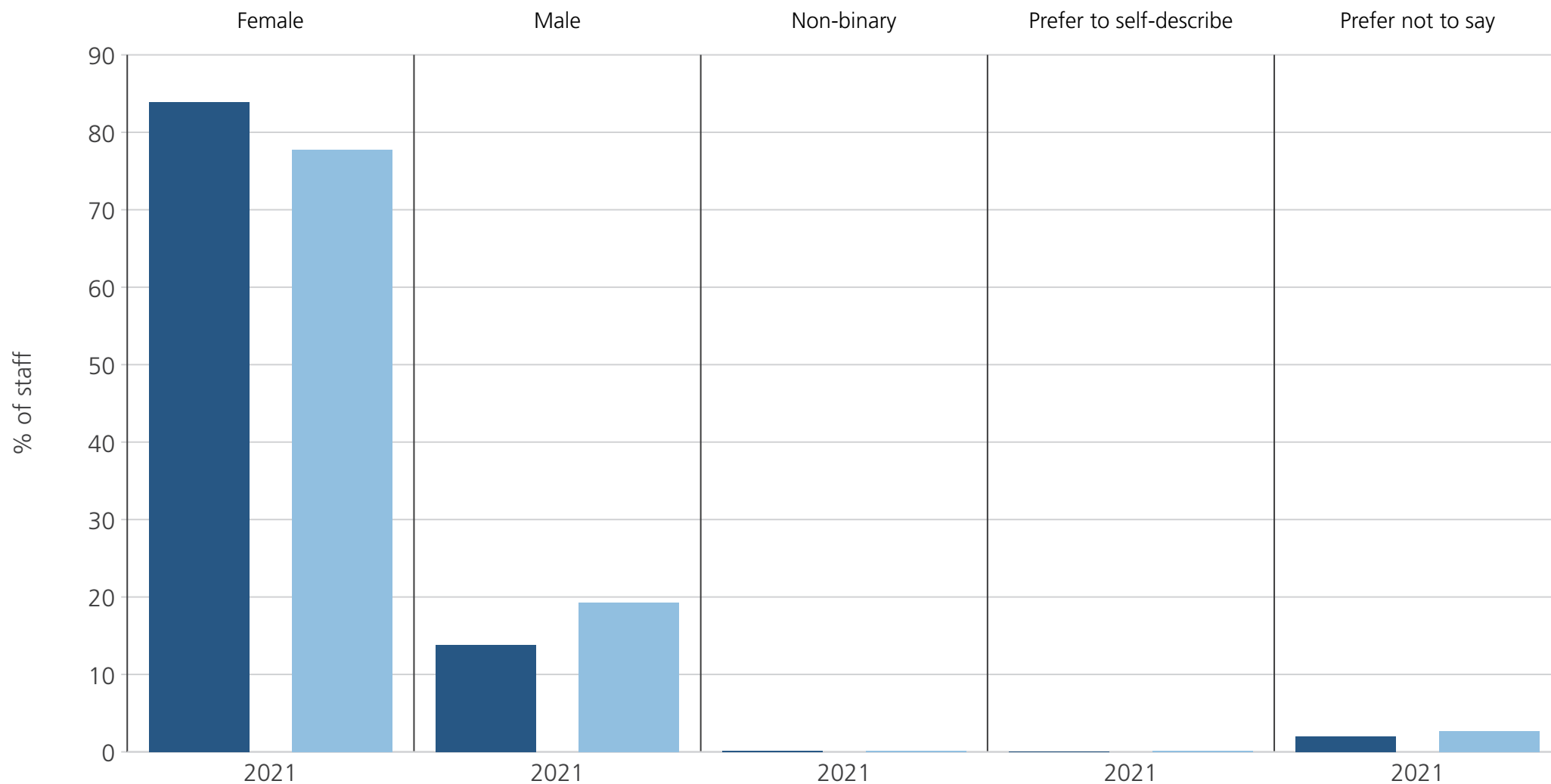
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
	2021	2021	2021	2021	2021
Your org	83.9%	13.8%	0.2%	0.0%	2.0%
Average	77.7%	19.3%	0.2%	0.2%	2.7%
Responses	2,352	2,352	2,352	2,352	2,352

	Yes	No	Prefer not to say
	2021	2021	2021
Your org	97.5%	0.4%	2.0%
Average	96.9%	0.4%	2.8%
Responses	2,113	2,113	2,113
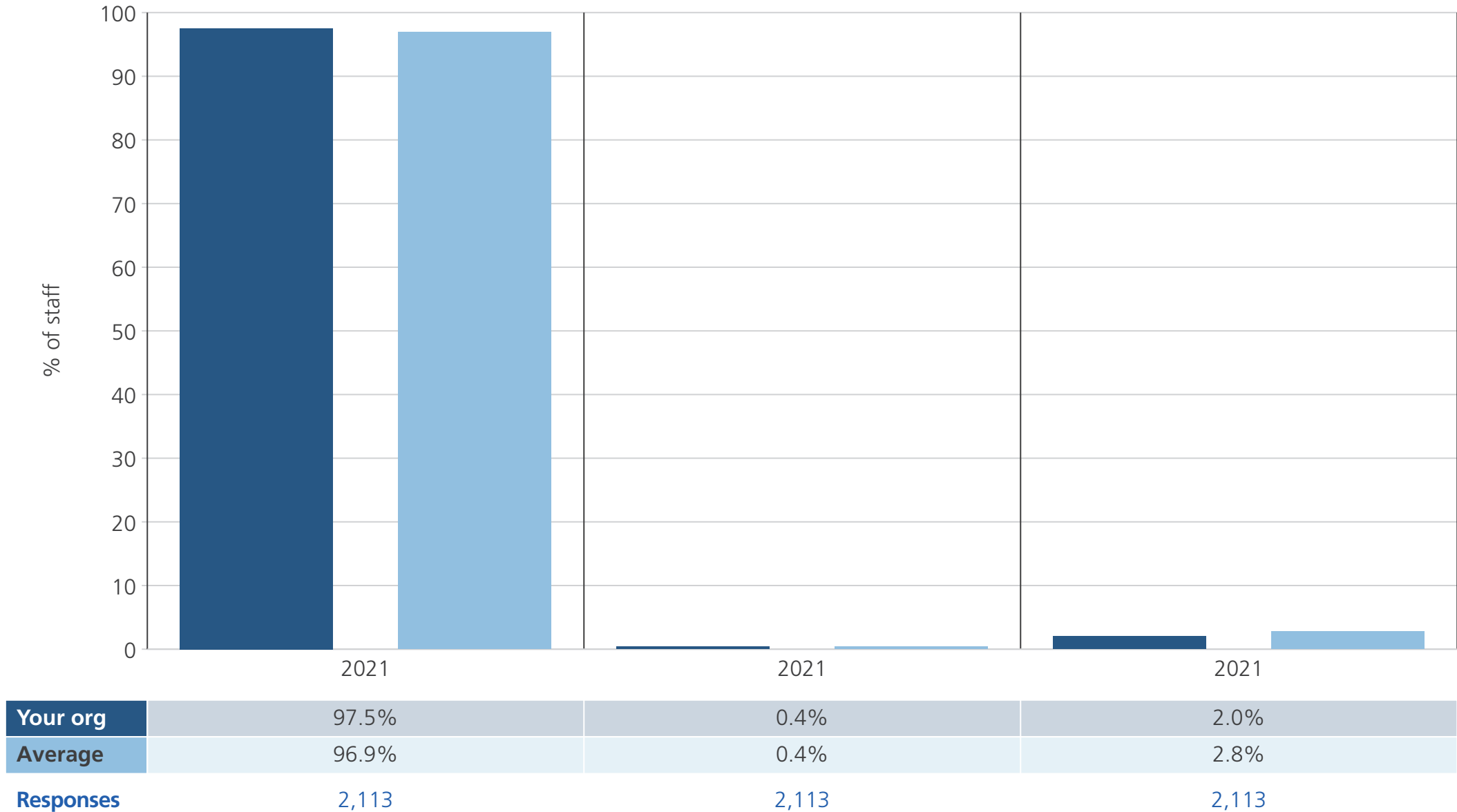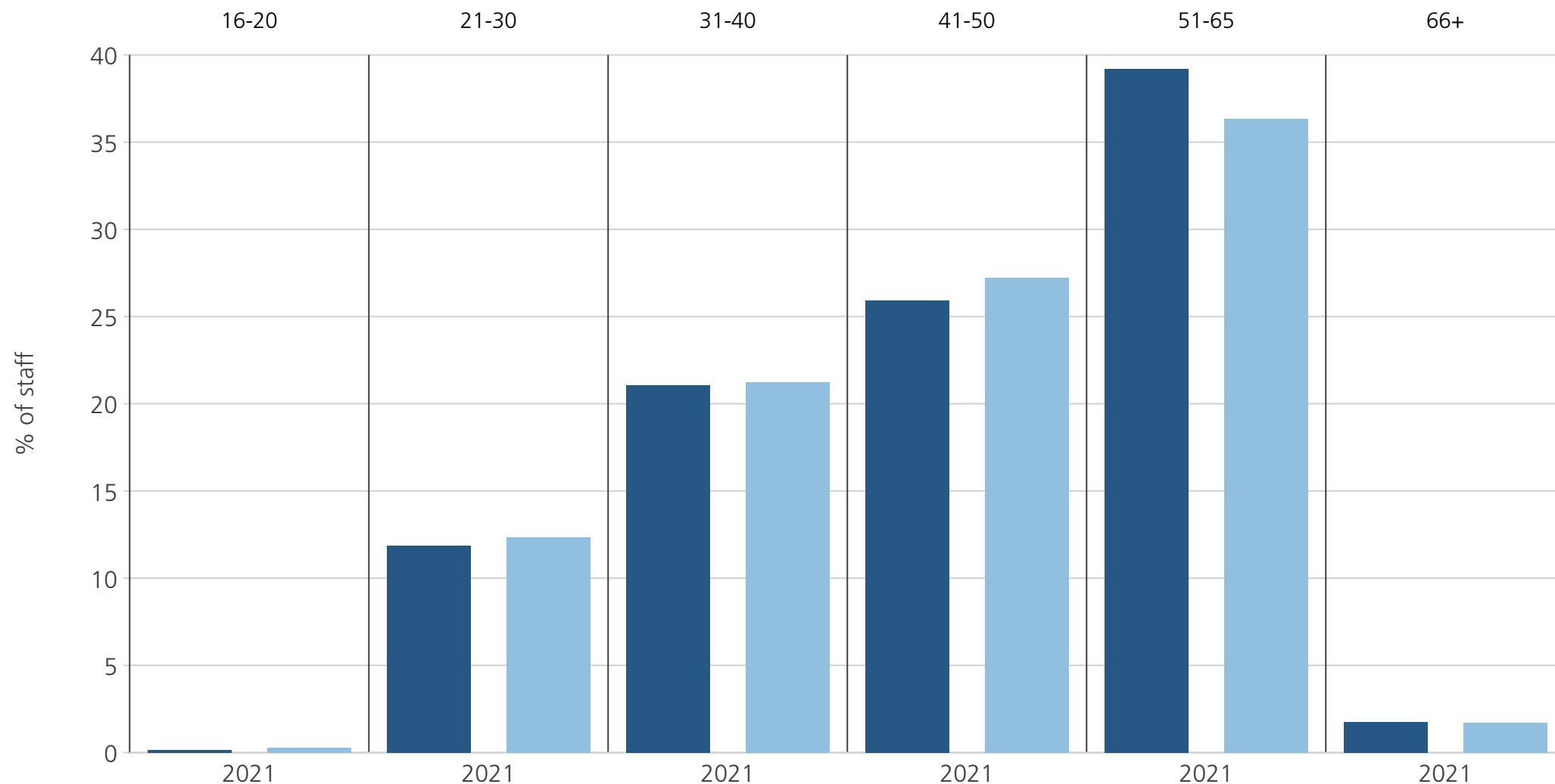
	16-20	21-30	31-40	41-50	51-65	66+
	2021	2021	2021	2021	2021	2021
Your org	0.2%	11.9%	21.1%	25.9%	39.2%	1.8%
Average	0.3%	12.4%	21.2%	27.2%	36.3%	1.7%
Responses	2,339	2,339	2,339	2,339	2,339	2,339

	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
	2021	2021	2021	2021	2021	2021
Your org	94.3%	1.3%	2.7%	1.2%	0.1%	0.3%
Average	87.9%	1.9%	5.1%	4.1%	0.1%	0.6%
Responses	2,349	2,349	2,349	2,349	2,349	2,349

	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	90.4%	2.1%	1.4%	0.3%	5.8%
Average	89.2%	2.7%	2.2%	0.5%	5.7%
Responses	2,354	2,354	2,354	2,354	2,354

	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
	2021	2021	2021	2021	2021	2021	2021	2021	2021
Your org	44.8%	46.2%	0.7%	0.8%	0.3%	0.7%	0.2%	1.4%	5.1%
Average	42.4%	44.3%	0.7%	1.0%	0.2%	2.0%	0.4%	1.7%	6.2%
Responses	2,353	2,353	2,353	2,353	2,353	2,353	2,353	2,353	2,353

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

	2021
Your org	25.1%
Average	27.0%
Responses	2,347

Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?

Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age?

	2021	2021
Your org	38.8%	34.3%
Average	39.2%	34.5%
Responses	2,338	2,334
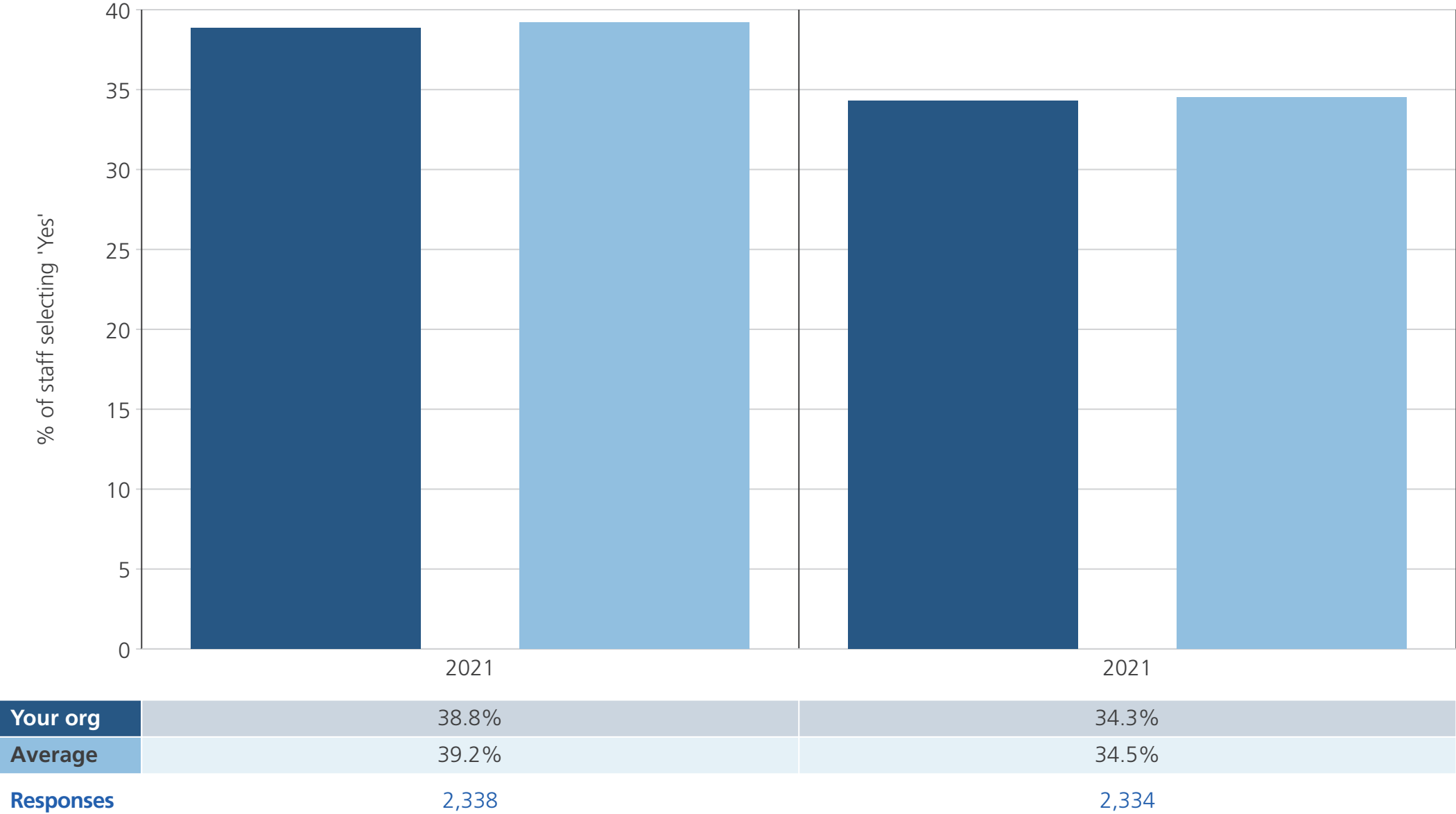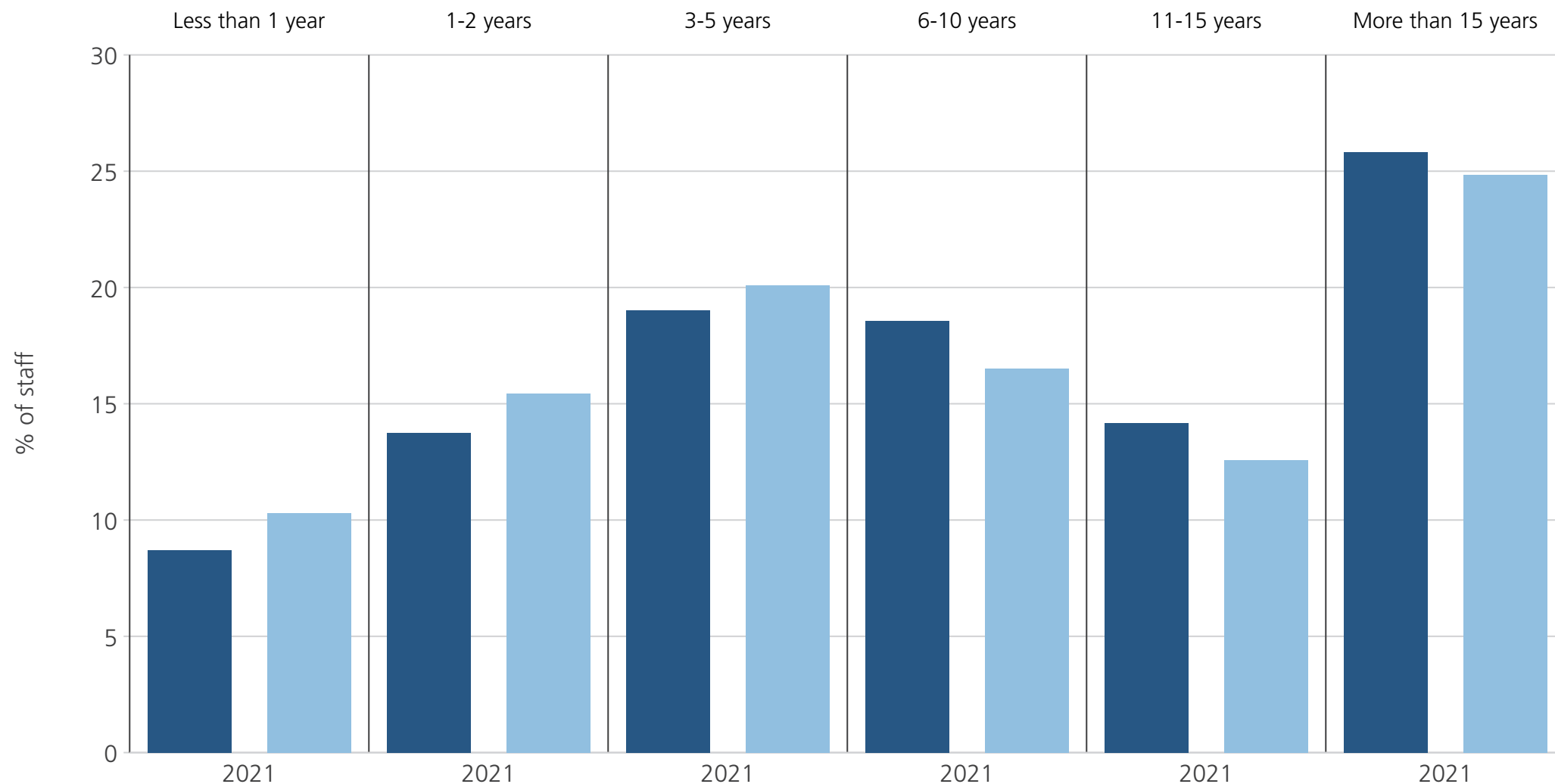
	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
	2021	2021	2021	2021	2021	2021
Your org	8.7%	13.8%	19.0%	18.5%	14.2%	25.8%
Average	10.3%	15.4%	20.1%	16.5%	12.6%	24.9%
Responses	2,356	2,356	2,356	2,356	2,356	2,356

	Yes	No	Prefer not to say
	2021	2021	2021
Your org	0.7%	98.6%	0.8%
Average	1.0%	98.2%	0.8%
Responses	1,975	1,975	1,975

	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied health professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions	Maintenance	General Management	Other	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Control Staff
Your org	31.1%	7.9%	3.9%	23.3%	0.4%	1.4%	0.8%	0.1%	15.1%	6.5%	3.9%	1.8%	3.3%	0.1%	0.3%	0.0%	0.0%
Average	29.8%	7.5%	4.2%	23.3%	1.7%	1.8%	0.3%	0.1%	14.5%	6.9%	2.5%	2.0%	3.7%	0.0%	0.0%	0.0%	0.0%
Responses	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337	2,337

Workforce Equality Standards

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Workforce Equality Standards

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standard (WRES)

➤ This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017-2021 organisation and benchmarking group median results for q14a, q14b&c combined, q15, and q16b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

➤ This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2021 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q28b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

➤ The WDES breakdowns are based on the responses to q28a *Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?* In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

Changes to how the Workforce Equality Standards are calculated

➤ For 2021, the data way in which data for Q15 are reported has changed, with the inclusion of "don't know" responses in the base of the calculation.

➤ In 2020, the approach to calculating the benchmark median scores and the way in which data for Q14d are reported also changed.

➤ All these changes have been applied retrospectively so all historical results for Q14d and Q15 and data shown in the average calculations are comparable across years. However, the figures shown may not be directly comparable to the results reported in previous years.

➤ Full details of how the data are calculated are included in the Technical Document, available to download from our results website.

Workforce Race Equality Standard (WRES)

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Survey Coordination Centre

NHS

Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months
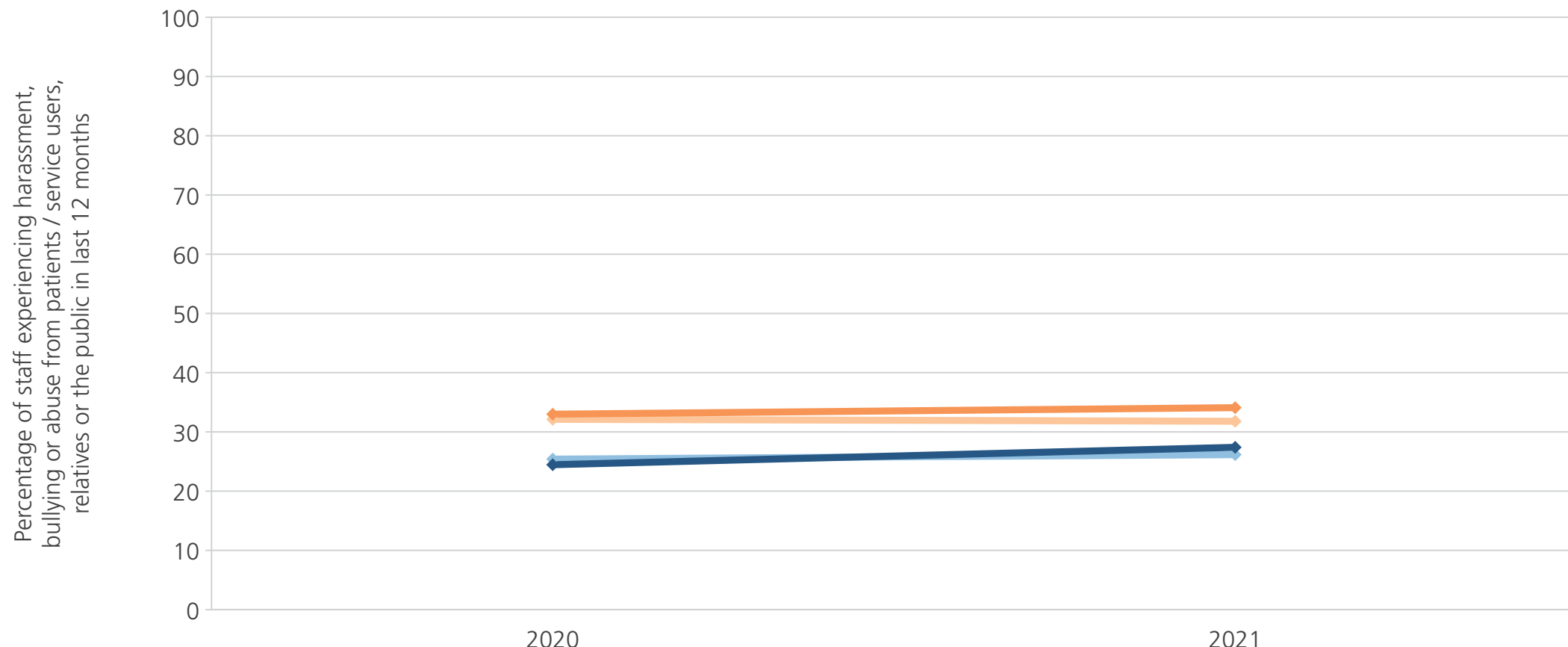
	2020	2021
White: Your org	24.5%	27.4%
BME: Your org	33.0%	34.1%
White: Average	25.4%	26.2%
BME: Average	32.1%	31.8%
White: Responses	1,893	2,201
BME: Responses	97	132

Average calculated as the median for the benchmark group

Survey
Coordination
Centre

NHS

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
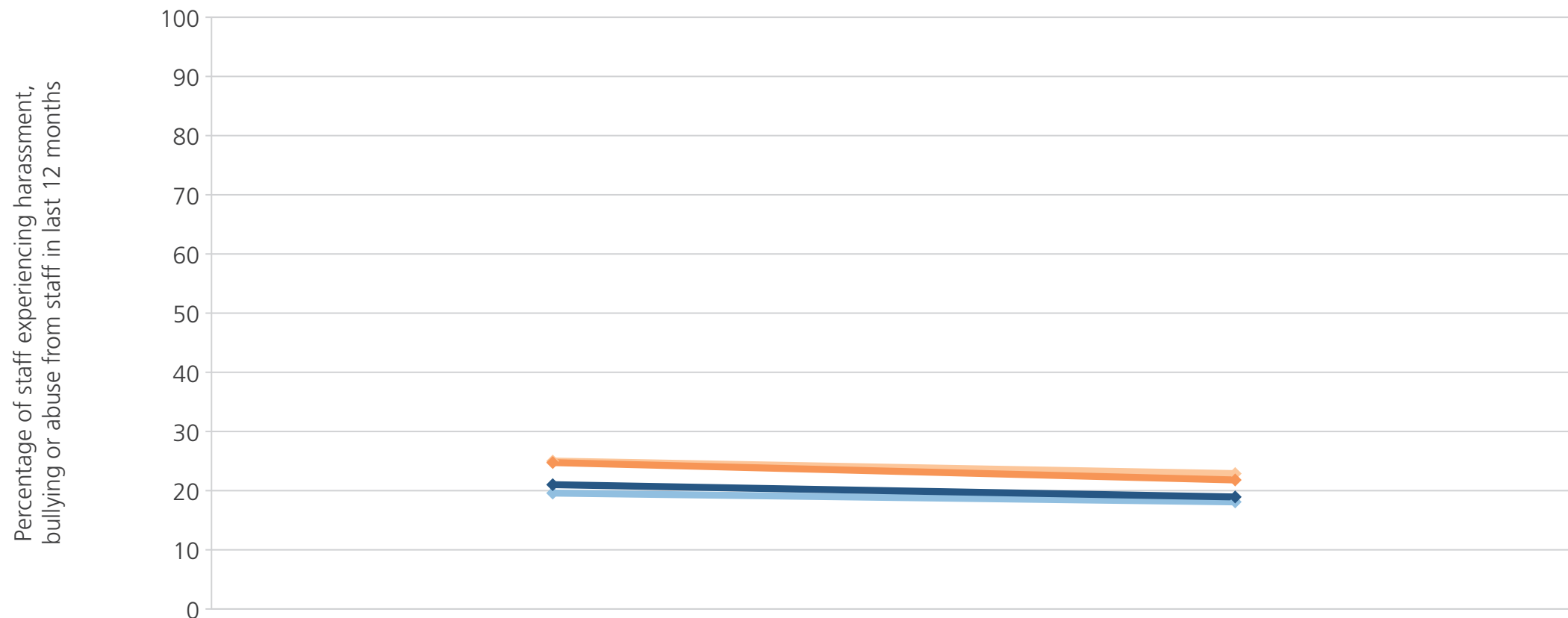
	2020	2021
White: Your org	21.0%	18.9%
BME: Your org	24.7%	21.8%
White: Average	19.6%	18.1%
BME: Average	25.0%	22.9%
White: Responses	1,899	2,197
BME: Responses	97	133

Average calculated as the median for the benchmark group

121
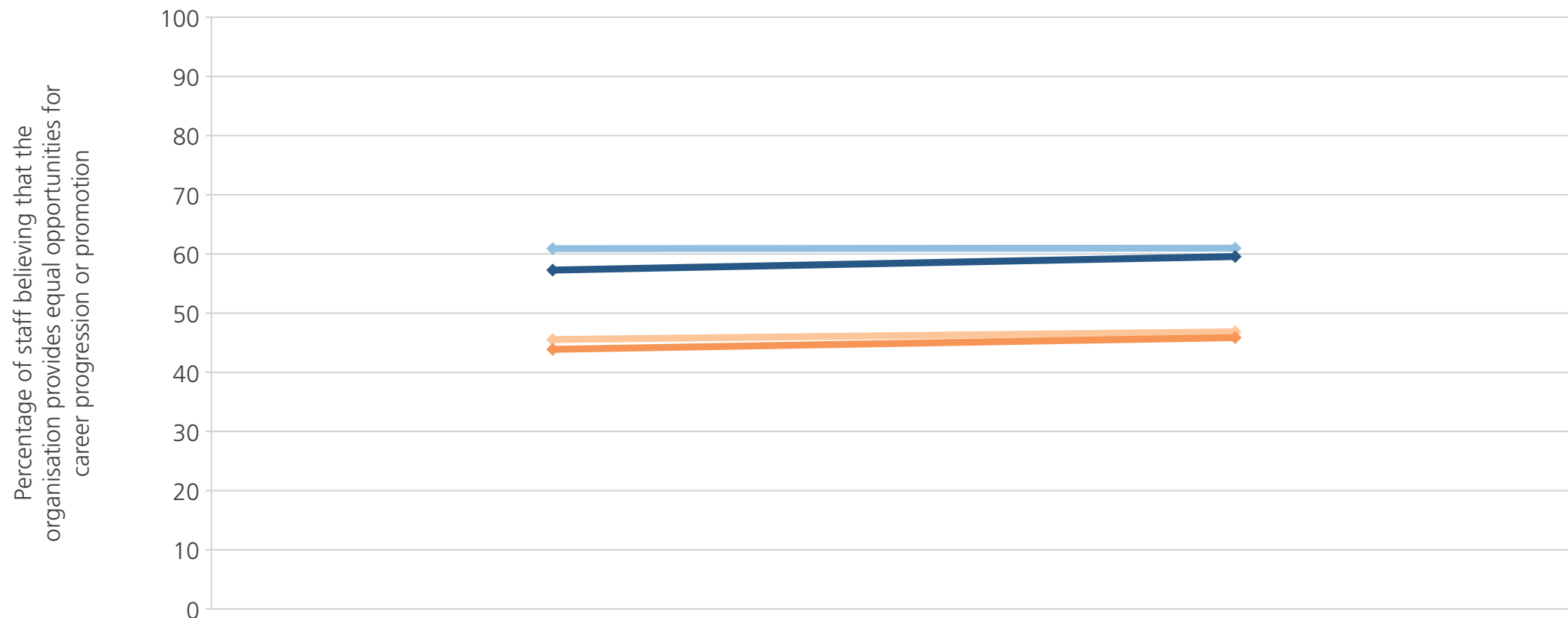
	2020	2021
White: Your org	57.3%	59.6%
BME: Your org	43.9%	45.9%
White: Average	60.9%	61.0%
BME: Average	45.5%	46.8%
White: Responses	1,905	2,191
BME: Responses	98	133

Average calculated as the median for the benchmark group

Survey Coordination Centre

NHS

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months
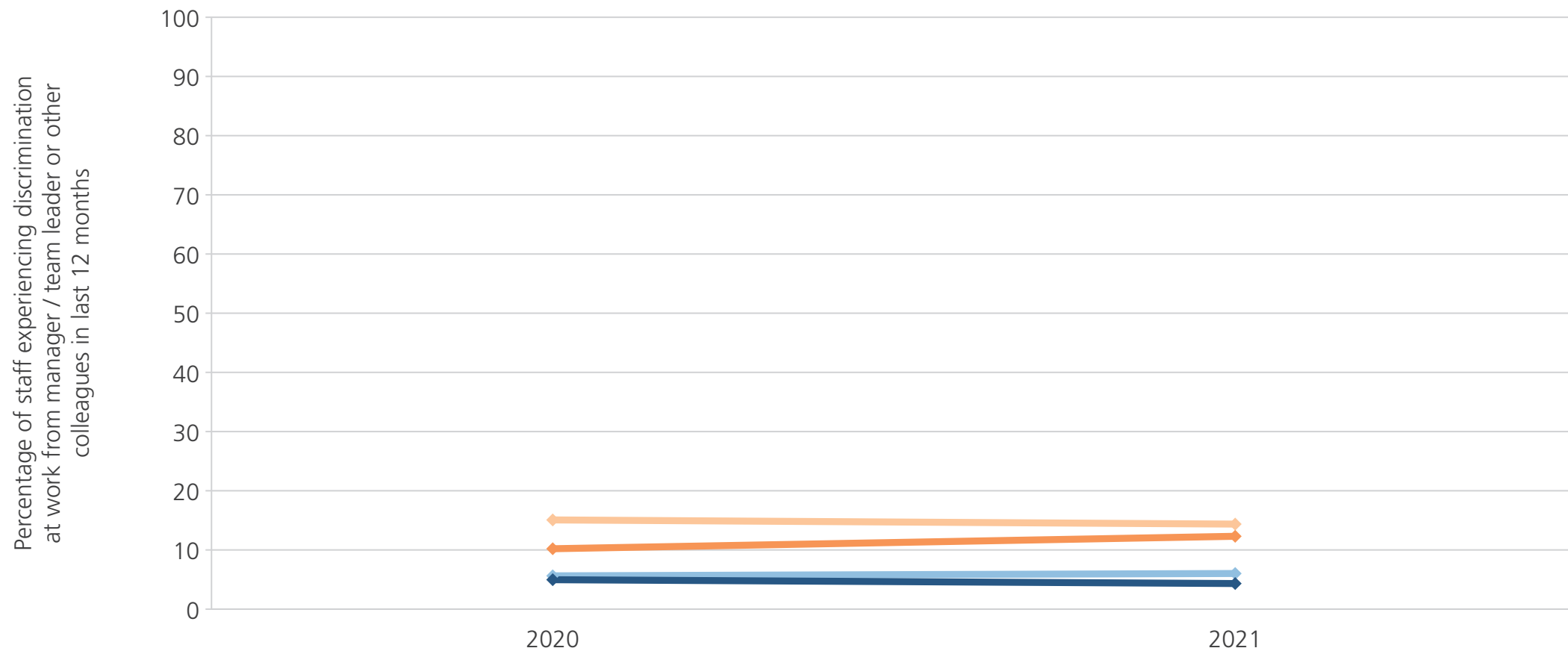
	2020	2021
White: Your org	5.0%	4.3%
BME: Your org	10.2%	12.3%
White: Average	5.6%	6.0%
BME: Average	15.1%	14.4%
White: Responses	1,891	2,197
BME: Responses	98	130

Average calculated as the median for the benchmark group

Workforce Disability Equality Standard (WDES)

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Survey Coordination Centre

NHS

Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months
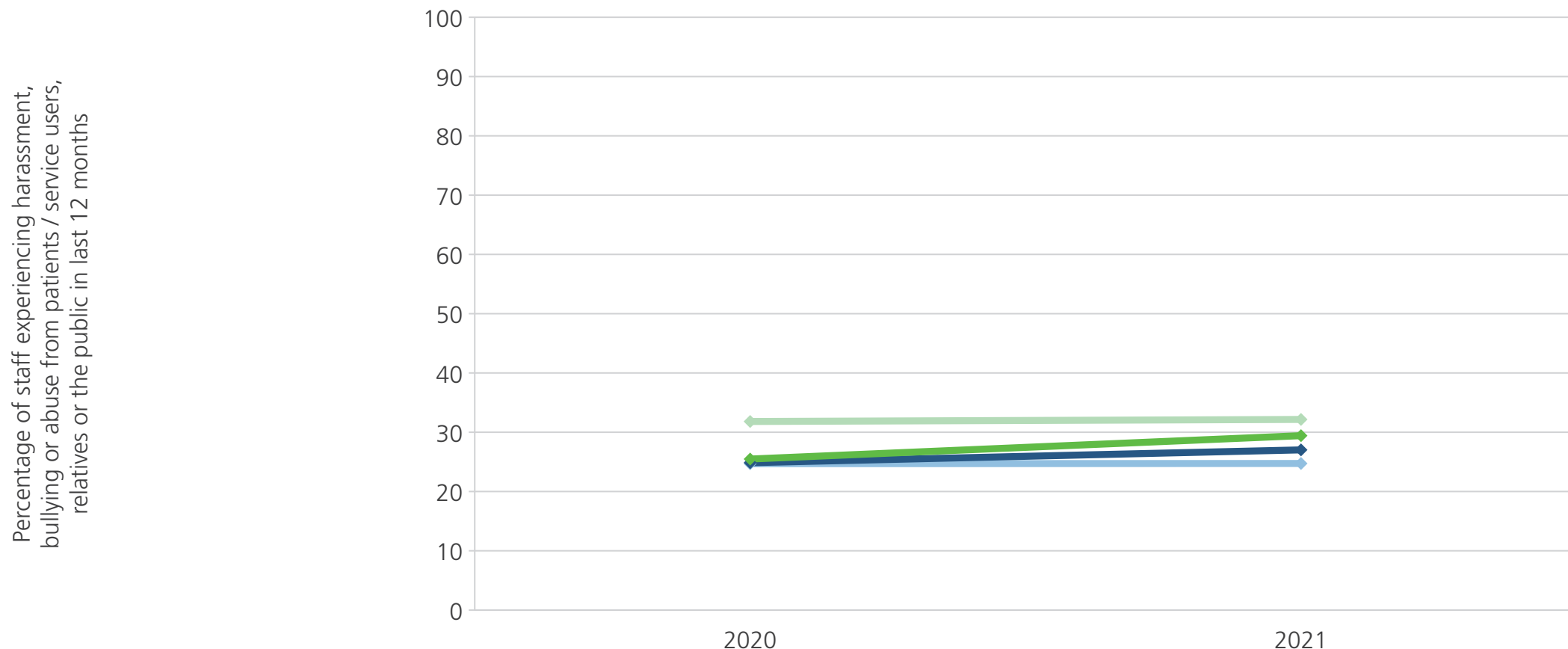
	2020	2021
Staff with a LTC or illness: Your org	25.5%	29.4%
Staff without a LTC or illness: Your org	24.9%	27.0%
Staff with a LTC or illness: Average	31.8%	32.2%
Staff without a LTC or illness: Average	24.7%	24.7%
Staff with a LTC or illness: Responses	420	588
Staff without a LTC or illness: Responses	1,573	1,743

Average calculated as the median for the benchmark group

Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months
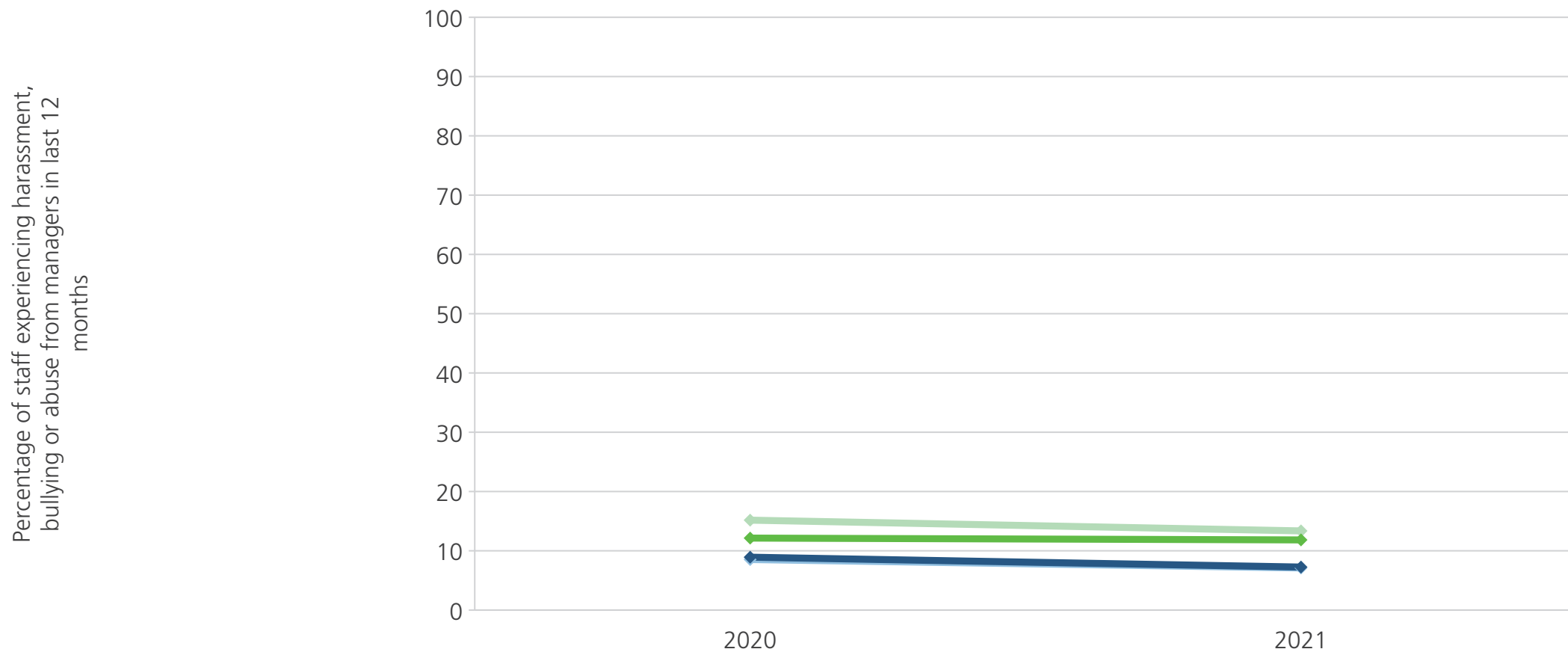
	2020	2021
Staff with a LTC or illness: Your org	12.1%	11.8%
Staff without a LTC or illness: Your org	8.9%	7.3%
Staff with a LTC or illness: Average	15.2%	13.4%
Staff without a LTC or illness: Average	8.5%	7.1%
Staff with a LTC or illness: Responses	420	583
Staff without a LTC or illness: Responses	1,569	1,736

Average calculated as the median for the benchmark group
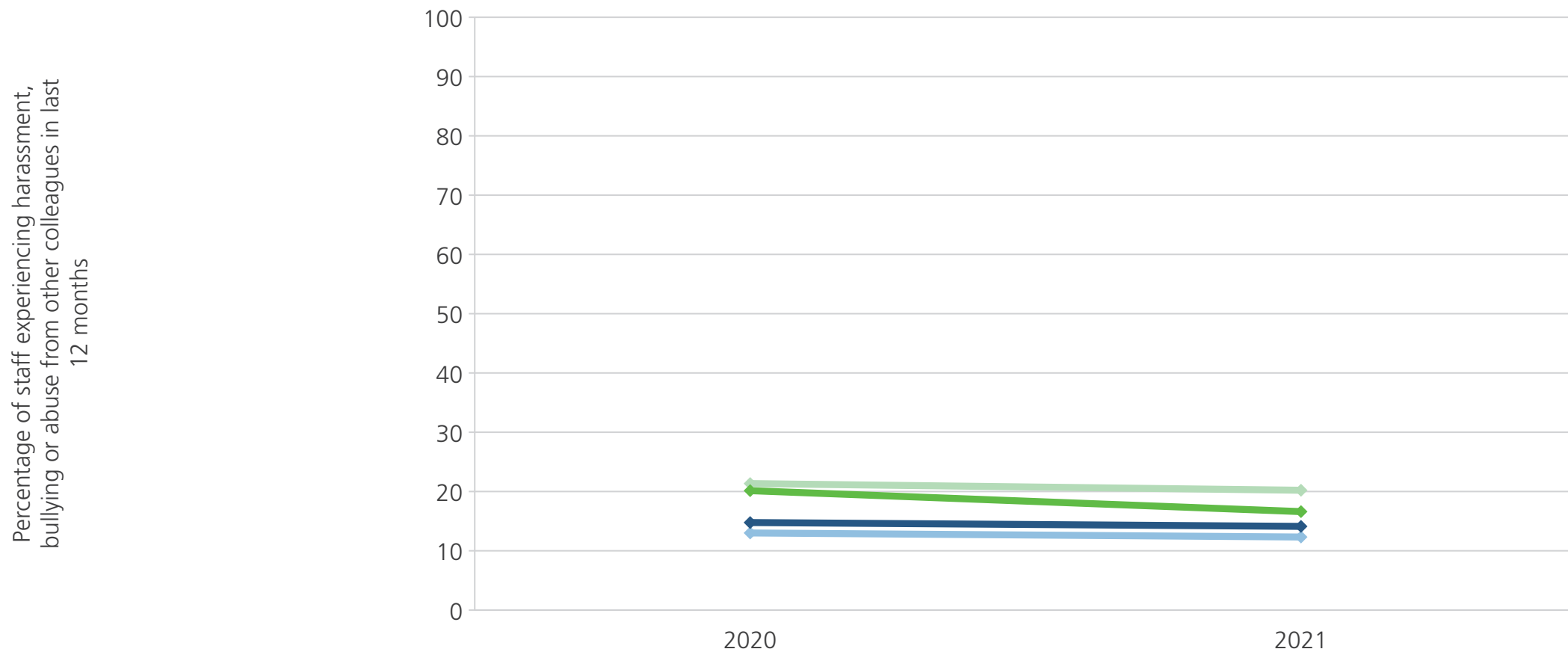
	2020	2021
Staff with a LTC or illness: Your org	20.1%	16.6%
Staff without a LTC or illness: Your org	14.8%	14.1%
Staff with a LTC or illness: Average	21.3%	20.2%
Staff without a LTC or illness: Average	13.0%	12.3%
Staff with a LTC or illness: Responses	417	584
Staff without a LTC or illness: Responses	1,551	1,714

Average calculated as the median for the benchmark group

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
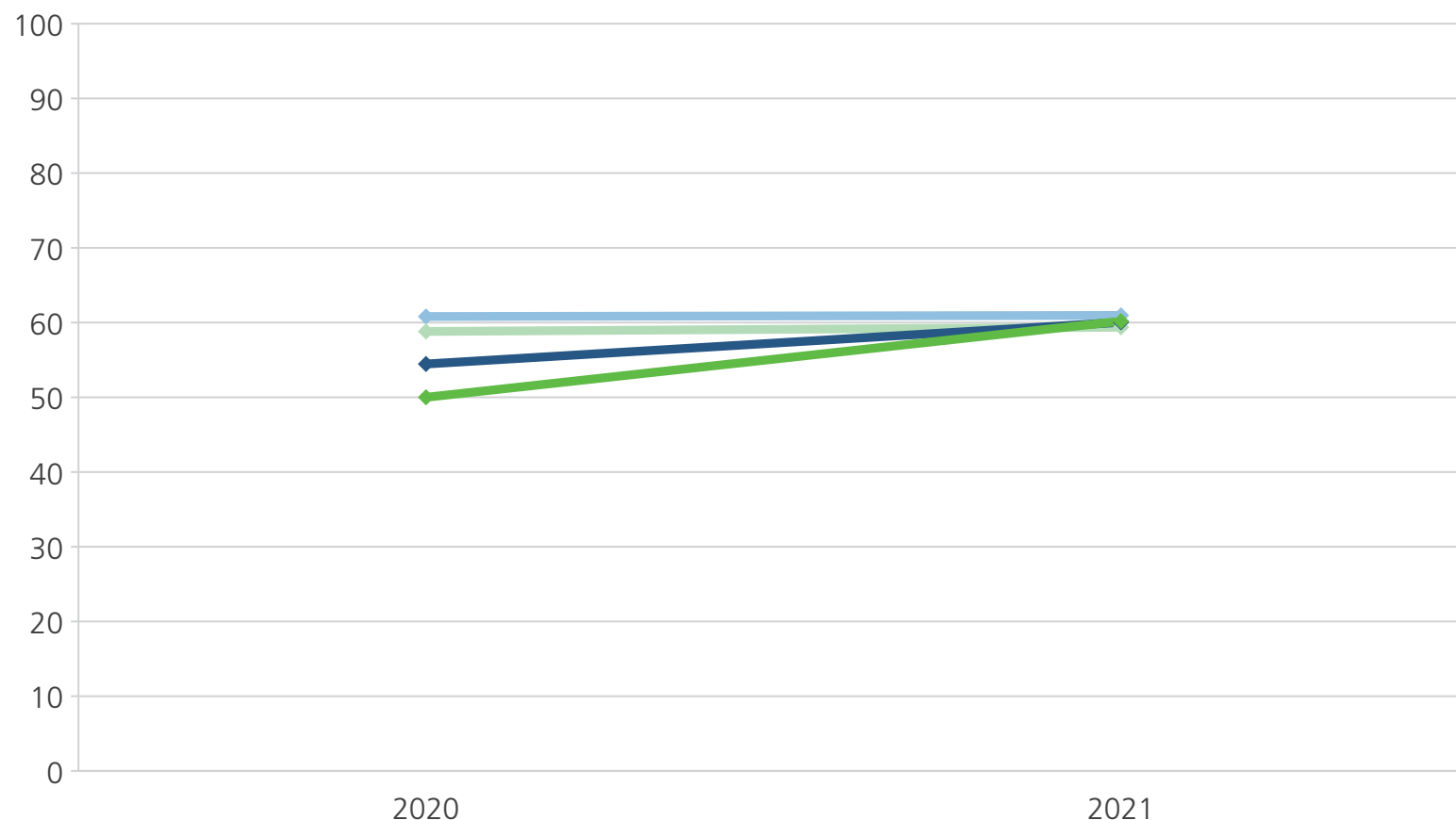
	2020	2021
Staff with a LTC or illness: Your org	50.0%	60.2%
Staff without a LTC or illness: Your org	54.5%	60.0%
Staff with a LTC or illness: Average	58.8%	59.4%
Staff without a LTC or illness: Average	60.8%	61.0%
Staff with a LTC or illness: Responses	156	211
Staff without a LTC or illness: Responses	505	543

Average calculated as the median for the benchmark group

Survey
Coordination
Centre

NHS
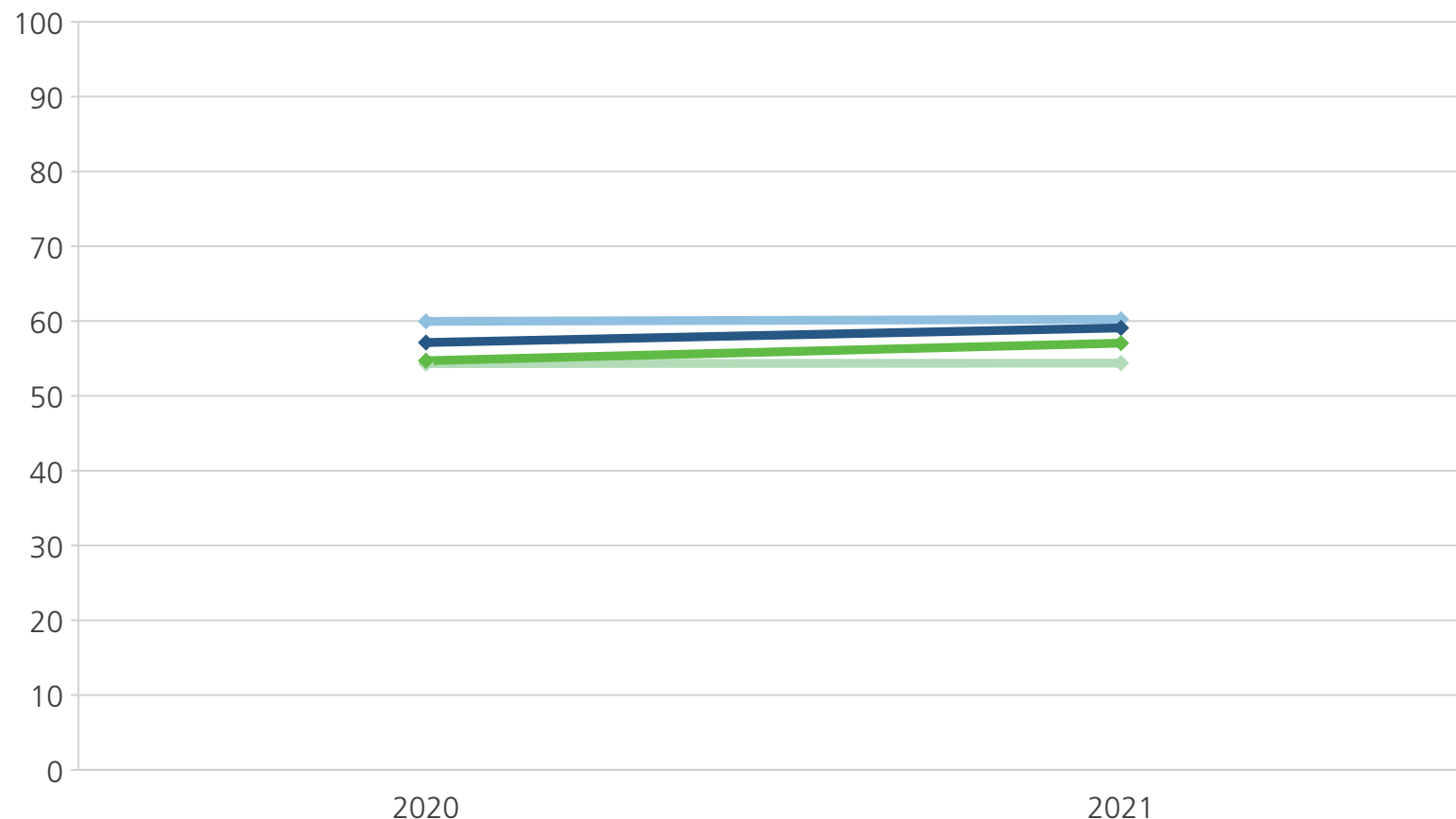
	2020	2021
Staff with a LTC or illness: Your org	54.7%	57.0%
Staff without a LTC or illness: Your org	57.1%	59.1%
Staff with a LTC or illness: Average	54.3%	54.4%
Staff without a LTC or illness: Average	60.0%	60.2%
Staff with a LTC or illness: Responses	426	582
Staff without a LTC or illness: Responses	1,579	1,740

Average calculated as the median for the benchmark group

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
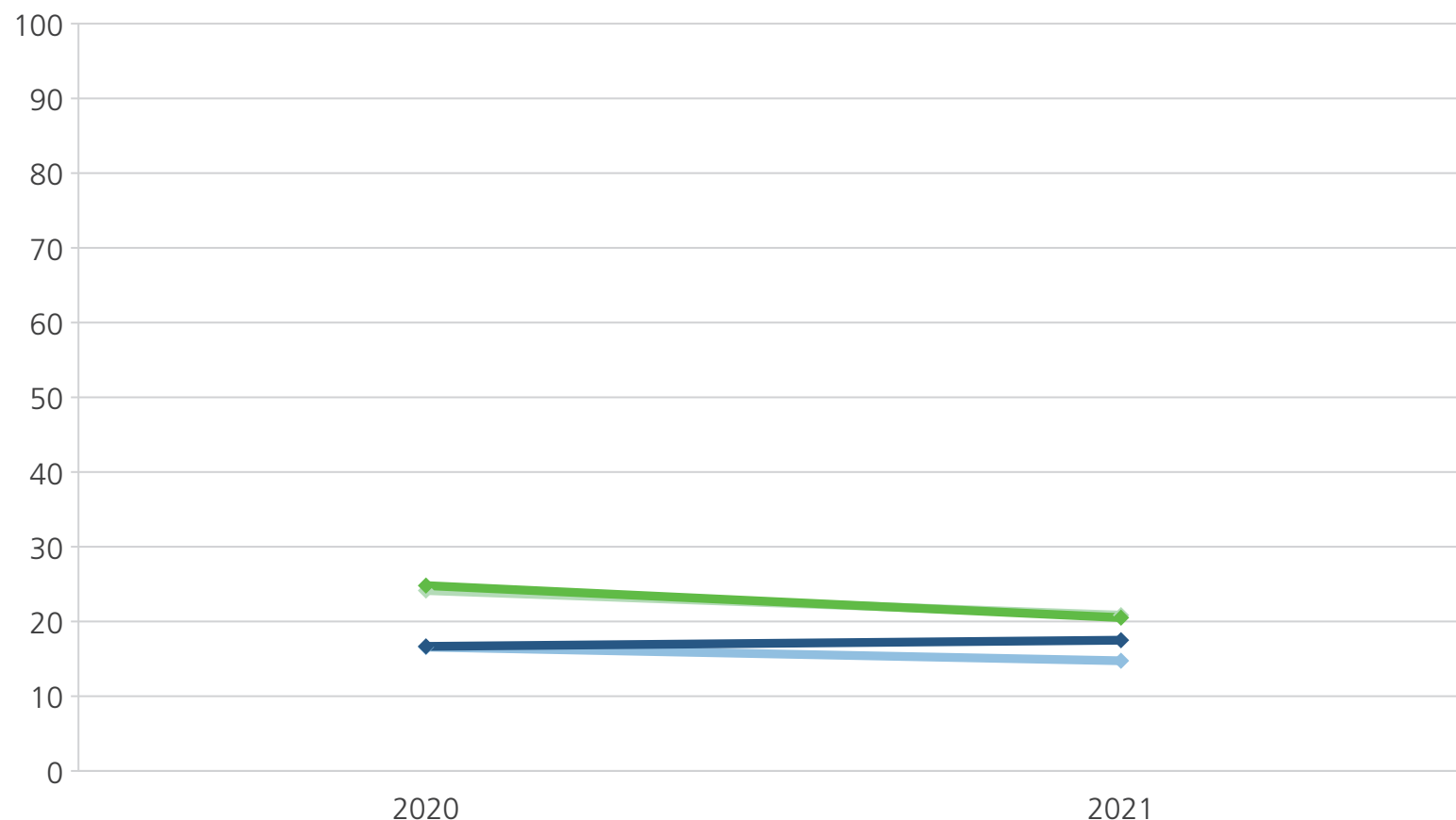
	2020	2021
Staff with a LTC or illness: Your org	24.8%	20.5%
Staff without a LTC or illness: Your org	16.7%	17.5%
Staff with a LTC or illness: Average	24.1%	20.8%
Staff without a LTC or illness: Average	16.6%	14.7%
Staff with a LTC or illness: Responses	254	390
Staff without a LTC or illness: Responses	654	806

Average calculated as the median for the benchmark group
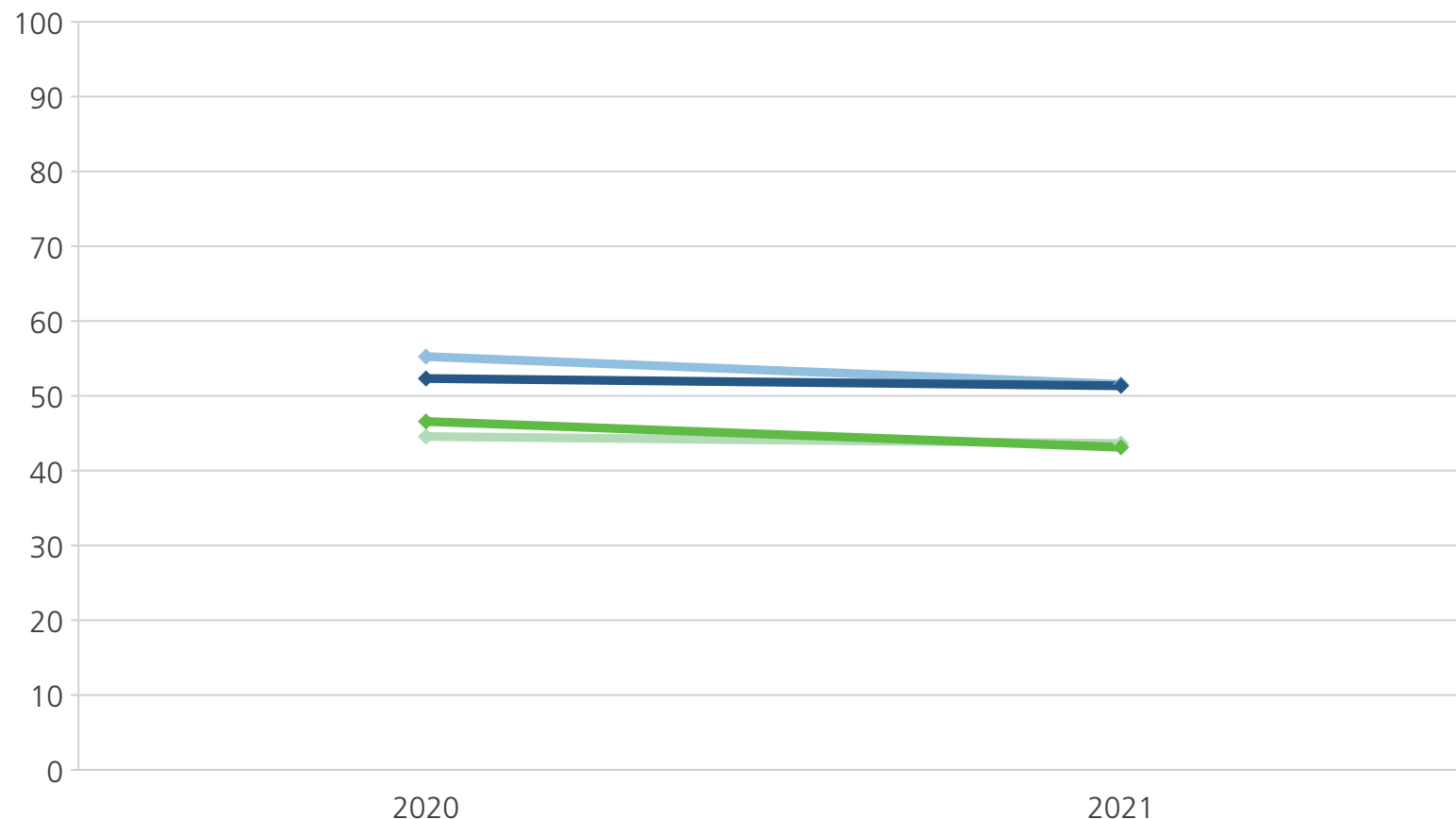
	2020	2021
Staff with a LTC or illness: Your org	46.6%	43.1%
Staff without a LTC or illness: Your org	52.3%	51.3%
Staff with a LTC or illness: Average	44.6%	43.6%
Staff without a LTC or illness: Average	55.2%	51.5%
Staff with a LTC or illness: Responses	423	589
Staff without a LTC or illness: Responses	1,573	1,749

Average calculated as the median for the benchmark group

Survey Coordination Centre

2021 NHS Staff Survey Results > WDES > Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

NHS
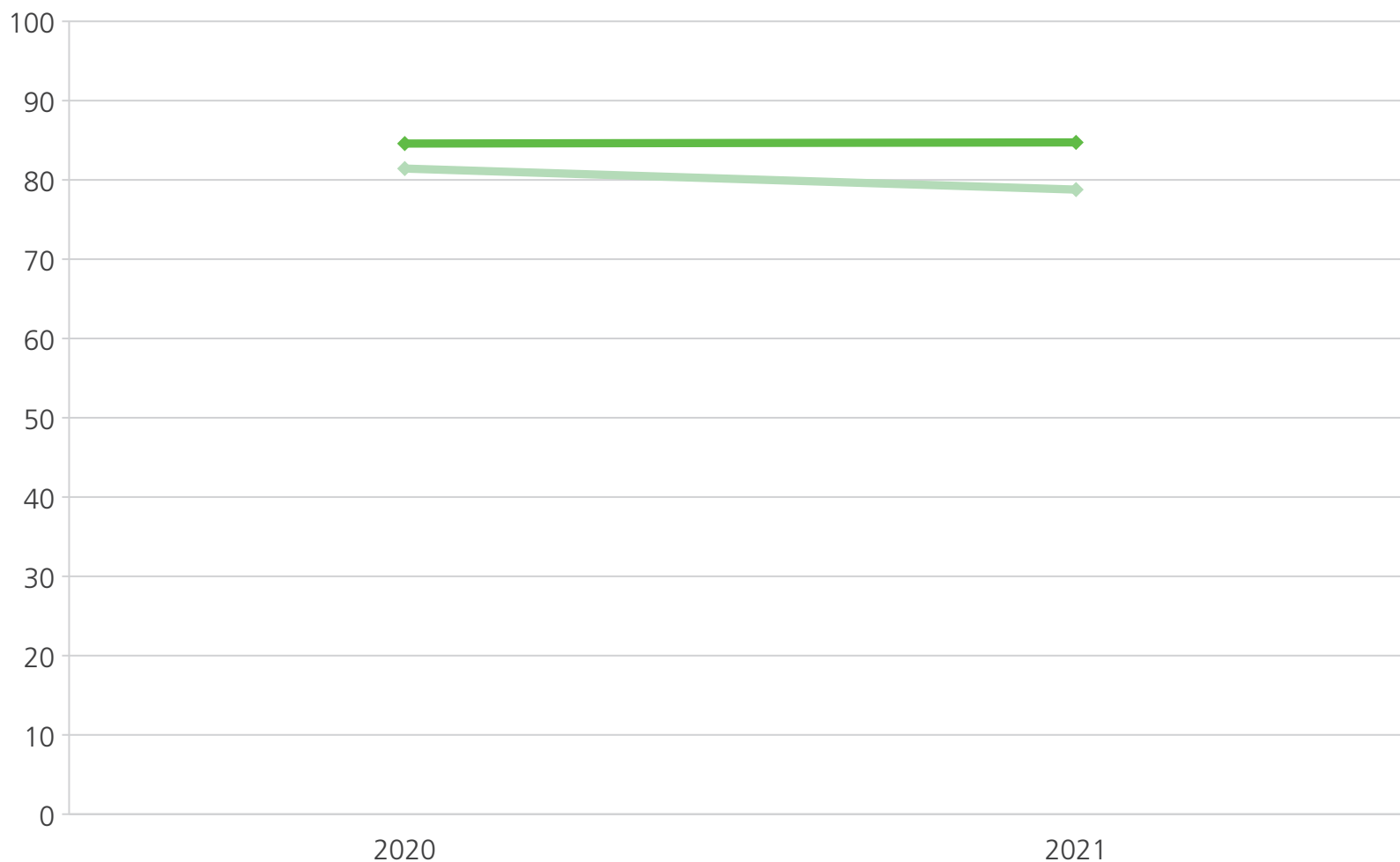
	2020	2021
Staff with a LTC or illness: Your org	84.6%	84.7%
Staff with a LTC or illness: Average	81.4%	78.8%
Staff with a LTC or illness: Responses	253	334

Average calculated as the median for the benchmark group

Staff engagement score (0-10)
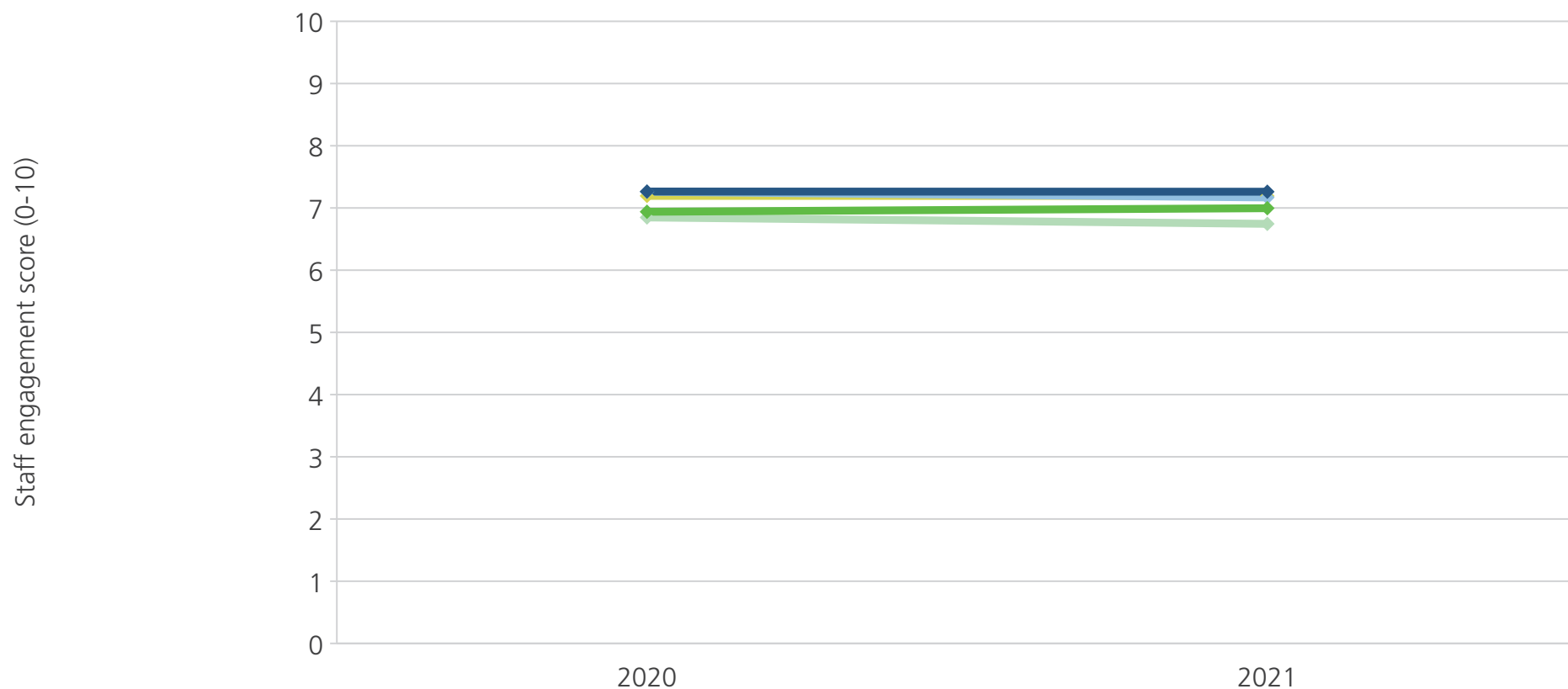
	2020	2021
Organisation average	7.2	7.2
Staff with a LTC or illness: Your org	6.9	7.0
Staff without a LTC or illness: Your org	7.3	7.3
Staff with a LTC or illness: Average	6.8	6.7
Staff without a LTC or illness: Average	7.3	7.2
Organisation Responses	2,022	2,365
Staff with a LTC or illness: Responses	427	590
Staff without a LTC or illness: Responses	1,579	1,755

Average calculated as the median for the benchmark group

Appendices

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Appendix A: Response rate

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

% of staff responding

	2020	2021
Highest	66.0%	67.9%
Your org	46.3%	52.7%
Median	49.3%	52.4%
Lowest	35.6%	32.3%
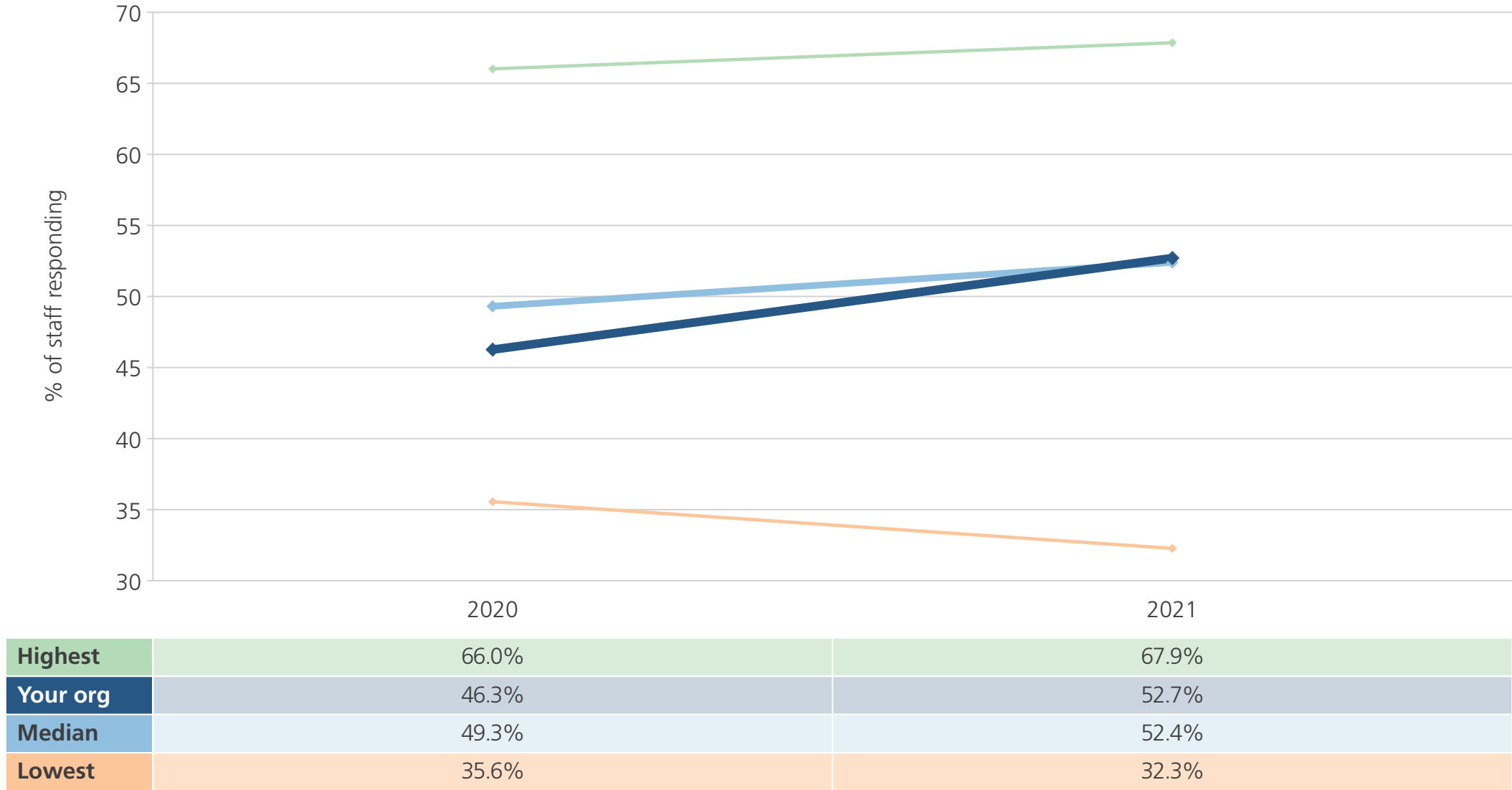
Appendix B: Significance testing – 2020 vs 2021

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021*. Note that results for the People Promise elements are not available for 2020. The table details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ⬆ indicates that the 2021 score is significantly higher than last year's, whereas ⬇ indicates that the 2021 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			7.6	2366	N/A
We are recognised and rewarded			6.4	2361	N/A
We each have a voice that counts			7.1	2351	N/A
We are safe and healthy			6.3	2348	N/A
We are always learning			5.7	2286	N/A
We work flexibly			6.6	2354	N/A
We are a team			7.0	2364	N/A
Themes	**2020 score**	**2020 respondents**	**2021 score**	**2021 respondents**	**Statistically significant change?**
Staff Engagement	7.2	2022	7.2	2365	Not significant
Morale	6.2	2022	6.1	2365	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

For more details please see the technical document.

Appendix C: Tips on using your benchmark report

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users who are new to the Staff Survey.

Key points to note

➤ The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the Staff Survey website.

➤ A key feature of the reports is that they **provide organisations with up to five years of trend data**. For this year, trend data is provided for the two themes of Staff Engagement and Morale, the sub-scores that feed into these themes and for all questions except those added to the survey for the first time this year, and those impacted by survey change. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.
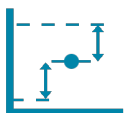
➤ People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

➤ By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.

➤ It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.

➤ Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

➤ Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.

➤ Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

Survey Coordination Centre — 2021 NHS Staff Survey Results > People Promise and theme results > Overview — NHS — EXAMPLE DATA

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.7	7.3	6.4	6.2	7.0	7.3	7.4	6.3
Your org	7.6	6.7	6.9	6.4	5.4	6.8	6.9	7.0	6.2
Average	7.6	6.4	7.2	6.2	5.8	6.6	7.0	7.2	6.1
Worst	7.1	5.8	6.7	5.9	4.9	6.3	6.6	6.7	5.6
Responses	182	181	181	182	174	181	182	182	182

Only one example is highlighted for each point

141

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

	2017	2018	2019	2020	2021
Best	6.3	6.5	6.3	6.3	6.2
Your org	5.7	5.8	5.8	6.0	6.2
Average	5.8	5.7	5.8	5.6	5.5
Worst	4.7	4.8	4.4	4.8	4.8
No. responses	344	803	668	738	764
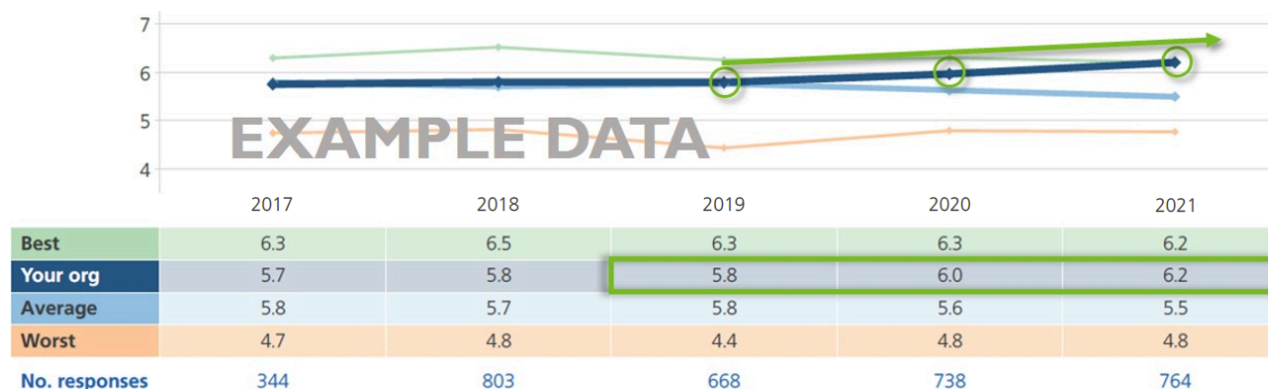
Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the **'Detailed information'** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.
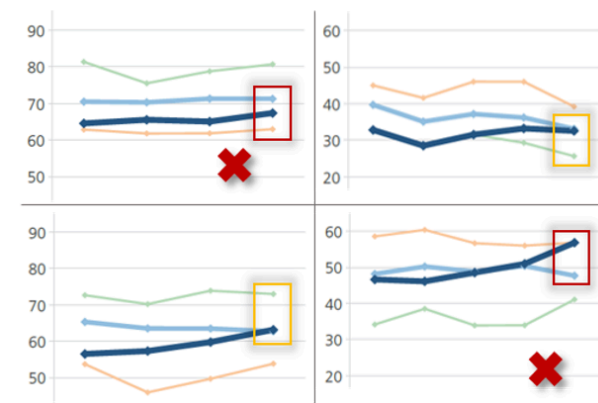
✖ = Negative driver, org result falls between average & worst benchmarking group result for question

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

Identifying questions of interest

➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data. You can search for specific question results using the 'Find text' feature or by clicking on the question number in the table on page 4.

➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).
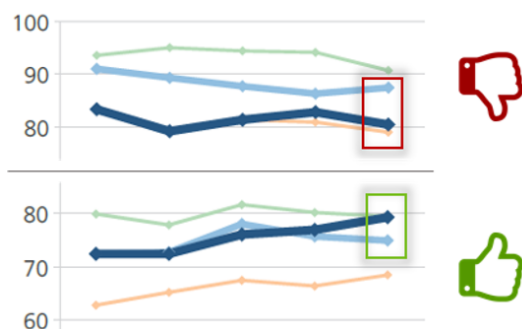
➤ To identify areas of concern: look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

➤ When looking for positive outcomes: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Appendix D: Additional reporting outputs

Gloucestershire Health and Care NHS Foundation Trust

2021 NHS Staff Survey Results

Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other local results

Local Benchmarking: Dashboards containing results for each participating organisation, similar those provided in this report, with trend data for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.

Local Breakdowns: Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.

Directorate Reports: Reports containing People Promise and theme results split by directorate (locality) for Gloucestershire Health and Care NHS Foundation Trust.

National results

National Trend Data and **National Breakdowns**: Dashboards containing national results – data available for five years where possible.

Regional/System overview and **Regional/System breakdown**: Dashboards containing results for each region and each ICS/STP.

REPORT TO: **TRUST BOARD PUBLIC SESSION – 31 March 2022**

PRESENTED BY: Neil Savage, Director of HR & OD

AUTHOR: Andrew Mills, Associate Director Workforce Systems & Planning

SUBJECT: **GENDER PAY GAP REPORT**

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

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

The purpose of this report is to:

The purpose of this report is to inform the Board of Directors of the 2021 gender pay gap across Gloucestershire Health & Care NHS Foundation Trust, to provide an update on related actions from last year, and recommended actions for the coming year.

Recommendations and decisions required

The Board is asked to:

- **Note** and debate the current report which was previously tabled and supported at the March 2022 Appointment and Terms of Service (ATOS) Committee
- **Agree** the proposed actions for the coming year
- **Agree** to publish this report on the Trust website with a link to the government website
- **Agree** the statement **(below in bold)** that will be published on the Trust website and via the government website.

Executive summary

The UK Gender Pay Gap legislation requires NHS trusts to annually publish a series of details and calculations that highlight the gender pay gap across the workforce. The information must be published on the Trust website and Gov.UK by 30th March 2022 and is based on data drawn from 2021.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 15: Gender Pay Gap Report   Page **1** of **11**
working together | always improving | respectful and kind | making a difference

Public and private sector organisations with 250 or more employees, are also required to publish their gender pay gap information on their own website and also on the Government website. Employers that fail to report on time or report inaccurate data will be in breach of the regulations and risk facing legal action from the Equality and Human Rights Commission.

The most recently reported average median gender pay gap in 2021 for the whole of the South West region was 16.6%, with the average median annual salary being £23,776. This means that in the South West women are typically paid 83 pence for every pound paid to a man. This compares unfavourably with the UK average median annual salary being £25,971, meaning that in the UK women are typically paid 85 pence for every pound paid to a man. The largest gender pay discrepancy in the regions is for the South East which sits at 18.9%, with average salary of £27,220 and women receiving 81 pence for every pound paid to a man.   Further details are included in Appendix 1 – "Parts of the UK with the widest gender pay gaps in favour of men."

This report contains the statutorily required calculations, presenting the gender pay gap against the six indicators. These are the result of a snapshot of the Trusts' workforce on the required date in 2021 and are summarised below:

- **Mean average gender pay gap**. Women earn less than men by 17.09%. This compares with a previous 2020 gap of 18.63%
- **Median average gender pay gap**. Women earn less than men by 4.31%. This compares with a previous 2020 gap of 7.55%
- **Mean average bonus gender pay gap**. Women are paid less than men by 12.79%. This compares with a previous 2020 gap of 11.8%
- **Median average bonus gender pay gap**. Women are paid more than men by 16.67%, this figure remains unchanged from 2020
- **Employee numbers by quartile.** The proportion of men and women (when divided into four groups) ordered from lowest to highest pay shows there are a higher proportion of women in all quartiles and the gap closes with progression toward the upper quartile

In 2021, the Trust Board approved the new People Strategy, which made a specific strategic commitment to equality, diversity and inclusion. In this, we have committed to being "a fair organisation that celebrates diversity and ensures real equality and inclusion. People will be able to bring their hearts to work, free from bullying or discrimination." Improving and removing the gender pay is one of a number of elements to operationally deliver on this commitment, alongside our actions on the Workforce Race (WRES) and Disability Equality Schemes (WDES).

While this past year's data paints a modest improving picture for the Trust, it also shows that that the Trust still has far to go. Importantly, it also continues to demonstrate the scale of challenge and the inherent unfairness in the nation more widely. Sustainable and at scale improvements will require amendments to national legislation, continued application of good practice, such as positive action, alongside changes in education, careers advice, flexible working, management and leadership culture.

Finally, in line with the national requirements, the Trust and its earlier legacy organisations have previously confirmed a statement of commitment to reducing the pay gap and the Committee is asked to endorse a similar statement of intent this year as described in the main body of the report.

Risks associated with meeting the Trust's values

Corporate Considerations	
Quality implications	The Trust strives to provide equality for all colleagues, leading to increased levels of colleague satisfaction and ultimately improved patient care.
Resource implications:	By failing to recognise and address issues of equality, colleague turnover could increase and also increase the amount of casework by responding to claims of detrimental treatment.
Equalities implications:	The Equalities Act 2010 sets out the duties of the Trust and the Equality and Human Rights Commission give clear guidance which the Trust should endeavour to meet. This report is intended to progress the agenda to meet these duties and guidance and to ensure compliance.
Risk implications:	Failure to provide equality of opportunity may result in claims of discrimination and damage to the reputation to the Trust as a fair employer.

Where has this issue been discussed before?
• Gender Pay Gap Reporting has been in existence since 2018 and has been reported within each legacy Trust and within GHC 2018-2022 • Appointment and Terms of Service Committee 2022 • Women's Leadership Network (planned) 2022

Appendices:	**Appendix 1** (Page 11) Parts of the UK with the widest gender pay gaps in favour of men

Explanation of acronyms used:	ESR – Electronic Staff Record VSM – Very Senior Manager GHC - Gloucestershire Health and Care NHSFT HEIs – Higher Education Institutes

Report authorised by: Neil Savage	Title: Director of HR and Organisational Development

1. CONTEXT

What is gender pay gap reporting?

UK legislation requires employers with over 250 employees to annually publish a range of statutory calculations showing the size of the pay gap between their woman and man employees. There are two sets of regulations, one mainly for the private and voluntary sectors, which became effective from 2017. The second, mainly for public sector organisations, took effect from March 2017, reportable by the end of March 2018.

The Government has required subsequent rounds of reporting to be published on both the Trust's and the Government's websites by 30 March annually. The data is based on a snapshot of the workforce on 31 March the previous year. This report it is based on a snapshot of data drawn from the Trust's Electronic Staff Records System (ESR) from 31 March 2021.

These results must be accompanied by a written statement of confirmation from the Chief Executive or another appropriate person. In the Trust we have made this statement on behalf of the Board. Any actions should also be published outlining how the organisation plans to reduce the gender pay gap.

Importantly, it should be noted that gender pay reporting is different to equal pay. This is important and a point that is often confused and misunderstood when considering the gender pay gap.

Definitions of these two themes are outlined below.

Equal pay deals with the *difference in pay between men and women doing the same or similar jobs or jobs of equal value*. It is unlawful to pay people unequally because of their gender and has been since the adoption of the UK Equal Pay Act, 1970 which prohibited less favourable treatment between men and women in terms of pay and conditions of employment.

This differs from the **gender pay gap** which shows *the difference in the average (or mean) pay between all men and all women in the workforce*. If the workforce has a high gender pay gap, this may indicate a number of issues to deal with, and the individual calculation may help identify what these issues are.

The majority of Trust colleagues work under the national NHS terms and conditions known as "Agenda for Change". These arrangements were introduced in 2004 with the express intention of removing and avoiding pay inequalities. Agenda for Change covers more than 1 million people and harmonises their pay scales and career progression arrangements across traditionally separate pay groups. Colleagues are expected to move up the pay bands irrespective of gender. The Agenda for Change Job Evaluation process enables jobs to be matched to national job profiles and allows Trusts to evaluate jobs locally to determine in which Agenda

for Change pay band post should sit. It is a tried and tested Equal Pay job evaluation system.

Agenda for Change terms of service contain the national pay and conditions of service for NHS colleagues other than very senior managers and medical staff.

Medical and Dental colleagues have different sets of Terms and Conditions, depending upon their seniority. However, these too are based on the principles of equal opportunity and are set across a number of pay scales for basic pay, which have varying thresholds within them.

Directors have been appointed on equal opportunity job evaluation methods, informed by the national NHS Improvement VSM Guidance and benchmarked using national surveys, for example from NHS Providers, regional and local labour market data.

2. Gender Pay Gap Indicators

Employers must publish the results of six calculations showing their:
1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Average bonus gender pay gap as a mean average
4. Average bonus gender pay gap as a median average
5. Proportion of men receiving a bonus payment and proportion of Women receiving a bonus payment
6. Proportion of men and Women when divided into four groups ordered from lowest to highest pay.

It should be noted that Consultant Medical colleagues are now the only employees to receive bonus payments within the Trust in the form of either national or local Clinical Excellence Awards.

3. Gender Pay Gap Analysis

Table 1 – Employee by assignment as at 31 March 2021.

AfC Pay Grade	Totals			
	Women	% makeup	Men	% makeup
Band 1	22	96%	1	4%
Band 2	614	88%	86	12%
Band 3	766	84%	142	16%
Band 4	420	87%	62	13%
Band 5	843	87%	121	13%
Band 6	957	85%	168	15%
Band 7	432	83%	86	17%
Band 8 - Range A	127	78%	35	22%
Band 8 - Range B	47	75%	16	25%
Band 8 - Range C	14	61%	9	39%
Band 8 - Range D	10	67%	5	33%
Band 9	2	67%	1	33%

Other	94	57%	70	43%
Totals	4348	84%	802	16%

The percentages in table 1 remain similar to the previous years' data 86% women and 14% men, with a 2% reduction in the number of women making up the workforce.

Table 2– Average and Median Hourly Rates – all eligible staff and pay schemes.

Gender	Avg. Hourly Rate 2021	Avg. Hourly Rate 2020	Median Hourly Rate 2021	Median Hourly Rate 2020
Women	£16.11	£15.67	£15.34	£14.79
Men	£19.43	£19.26	£16.04	£16.00
Difference	£3.32	£3.59	£0.69	£1.20
Pay Gap %	17.09%	18.63%	4.31%	7.55%

The figures above show a reduction in the average hourly and median pay gaps.

Table 3 – Number of employees – Q1 = Low, Q4 = High

Quartile	Women	Men	Women %	Men %
1	1044 (1,105)	157 (156)	87 (87)	13 (12)
2	1027 (1,075)	176 (198)	85 (84)	15 (16)
3	1034 (1,084)	165 (184)	86 (85)	14 (15)
4	953 (985)	253 (284)	79 (77)	21 (23)

(Previous year's figures in brackets)

Table 3 above shows a reasonably static workforce in relation to gender breakdown although a slight increase in the percentage in the higher quartiles for female employees.

Table 4 – Average Bonus* Gender Pay Gap

Gender	Avg Bonus Pay 2021	Avg. Pay 2020	Median Bonus Pay 2021	Median Bonus Pay 2020
Men	£10,288.53	£11,142.23	£9,048.00	£9,048.00
Women	£8,972.59	£9,827.13	£10,555.98	£10,555.98
Difference	£1,315.95	£1,315.10	-1,507.98	-1,507.98
Pay Gap %	12.79%	11.80%	-16.67%	-16.67%

The figures in **table 4** above illustrates no significant changes in bonus pay.

* The only bonus pay the Trust operates is the Clinical Excellence Award Scheme.

Table 5 – Proportion of Men and Women receiving a bonus against the overall totals

Year	Total	Gender		% of total		Number receiving a bonus		% receiving bonus	
		Men	Women	Men	Women	Men	Women	Men	Women
2020	119	47	72	39%	61%	26	6	22%	5%
2021	126	52	74	41%	59%	19	6	15%	5%

Figures in the table above illustrated that there has been no change in the number of woman consultants receiving a Clinical Excellence Award but it also shows a percentage reduction in the number of men receiving an award. As part of previous pay gap actions agreed, the Trust has strived to communicate and encourage applications from women and also BAME colleagues, alongside providing extension training and support to maximise the quality of applications.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

The headline figure based on all eligible Trust employees and pay schemes indicated that women are paid 17.09% less on average than men compared to 18.63% in the previous year.

The gap for median (middle point) earnings in the Trust is closer too, standing at 4.31% less for women, this figure was 7.55% in 2020.

The data shows that 84% (86% in 2020) of the Trust's substantive workforce were women, and ideally an analysis would show this is broadly reflected in each of the Agenda for Change pay bands, Medical and Dental pay and Executive Board level pay.

However, as with previous years the split between Women and Men in the pay bands suggests that there are still less opportunities for women in more senior roles or that jobs for this group are less attractive.

Even allowing for the availability of promotional opportunities, the pay gap will only close gradually due to a complex range of factors including incremental pay progression and pipeline changes (via HEIs). With progression it takes many years to rise through the nationally set pay bands.

Changes in working patterns, turnover, positive action in targeted recruitment advertising (particularly for director and deputy director level), improved flexible working and wider choices about career breaks will all factor into this, alongside

improved gender ratios in our apprenticeship and degree supply chain, particularly in medical school, nursing and allied health professionals.

Gender pay gap reporting has to include all earnings including bonus payments. The only payments that fall into this category are Clinical Excellence Awards (CEA) and these can only be applied to and awarded to Medical Consultants. Although there was an even divide in the numbers of men and women consultants, considerably more men than women traditionally apply for these payments, thereby being a significant contributing factor to the Trust's overall average pay gap. This pattern is repeated across the NHS, particularly in Acute, Acute Specialist Mental Health and Learning Disability Trusts in view of the low number of medics in the latter. However both men and women were in receipt of lower CEAs during the reporting period and the median bonus pay gap has now reversed. The 2021 CEA round has not yet completed, and following a national meeting last week, the Trust is awaiting further legal advice from our solicitors about whether or not we will be able to run a round for this past year, or whether we are going to have to cancel the round and make equal payments to all eligible consultants. A verbal update will be provided to ATOS. If the latter, it would positively impact the 2022 gender pay gap, but would still not provide a longer term solution to the inequity of CEAs.

The gender pay gap is also significant at Executive Director level with an average hourly rate which is 11.28% lower for women than men. Impacting this is the fact that six of the post holders were men and two were women.

The Trust has regularly stated its full commitment to equality of opportunity across the whole organisation and should recognise from the most recent data that there remains much further work to be done to close the gender pay gap. Evidence suggests that progress will not be achieved quickly or exclusively by internal organisational actions, requiring a wider shifts in education policies, and societal attitudes and behaviours. However, there are clear actions the Trust can continue to take to make a positive difference.

4.2   **Actions taken in the past year**

In the past year the Trust has taken positive action in encouraging women to participate in our Flourish, Thrive and Leading Better Care Together leadership development programmes launched in summer 2021. The impact and success of these will be assessed as part of their programme reviews in 2022/23.

We commenced an in-year review of our equality and diversity training offers, with an emphasis on the importance of using positive action to get the changed representation we need at senior levels. Recommendations will be made later in Quarter 1 2022/23.

The Trust's Flexible Working Policy was reviewed and updated to better support the use and accessibility of flexible and non-standard working. Our next steps are to develop effective and accurate ways to monitor uptake.

We refreshed our coaching and mentoring network offers, relaunching the Reciprocal Mentoring Programme and implementing the Mye-coach System for colleagues most recently in Q4 2021/22.

The Deputy Chief Executive and Director of Finance has continued with providing personal support on the development of the Trust's Women's Leadership Network. The gender pay gap and related actions have been shared and discussed with the network and a further session on the current analysis and actions is planned shortly.

4.3   **Recommendations**

Our Trust values and strategy remain rooted in fairness and equity and our goal must be to continue to understand and work towards eradicating any unfairness, perceived or real. To that goal, all of our colleagues, irrespective of gender, or any other protected characteristic, are vital to the delivery of our aims and ambitions. Our sustainability and our recruitment and promotion practices need to be rooted firmly in these principles.

To further tackle the gender pay gap differences, additional actions are recommended as being taken forward as follows:-

1. **Recruitment Positive Action.** The continuation of positive recruitment gender action "where all other things are equal" for areas of under-representation, particularly Bands 8 and 9, consultants and directors. However, the most recent ATOS Committee discussions have requested further more detailed work to be done on this for gender and other protected characteristics. In particular, the Committee is seeking the development of a future proposal outlining the breadth of what is possible under positive action, and being clear about the difference between "positive action", which is legally permissible, and, "positive discrimination" which is generally not. This will be taken forwards through ATOS.

2. **Positive action in leadership development and training.** Review and assessment of our internal leadership development programmes which were launched in Summer 2021 to ensure they are delivering skills and knowledge on key equality, diversity and inclusion matters in relation to recruitment, training / development and promotion.

3. **Equality, Diversity and Inclusion Training.** Completion of the current operational review of our equality and diversity training offers and the related future offers recommendations. This will include an updated programme for Values Based Recruitment which will include briefings on when and how to take positive action in promotion and recruitment.

4. **Agile Working / Flexible Working Environment.** Completion of the agile working toolkit and guidance pilot with a view to rolling out in Q1 2022/23 to further enhance the environment and options open to support colleague with carer commitments -- the majority of which are women -- across all levels of the organisation. After launch, this will be marketed in recruitment

advertising as a benefit. NB All roles are currently advertised with consideration for flexible working.

5. **Coaching and Mentoring offers.** In-year evaluation of gender focus and benefits of Reciprocal Mentoring programme and longer term recommendations. Gender focussed coaching CPD development workshop for Trust coaches. Specific options for a standard coaching offer to women consultants will be made in advance of this coming year's round.

6. **Strengthening Supportive Networking** - the continued development, support and facilitation of the Trust's Women's Leadership Network with wider linkage and networking into regional and national bodies.

7. **Clinical Excellence Awards (bonus pay).** Subject to the outstanding legal advice on whether a Clinical Excellence Award round can be run for 2021/22, a further series of presentations/training run by the Medical Director and the Director of HR and OD, to continue to encourage and support additional woman applicants to the next Consultant Clinical Excellence Award round.

8. **Stating our Intent.** The Board's agreement of the following statements (below) confirming our strategic commitment to fairness and equity in pay for all staff:

"The Board of Gloucestershire Health and Care NHS Foundation Trust confirms its commitment to ongoing monitoring and analysis of its Gender Pay Gap data and to developing the appropriate actions which will reduce and eradicate this gap over time."

In line with the 2021 and March 2022 Appointment and Terms of Service Committee's request, the Board is also asked to support an additional statement to strengthen our organisational commitment to closing the gap with the intent of sending a wider positive message to colleagues and applicants. The additional wording for this was:-

"Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove the gender pay gap."

Parts of the UK with the widest gender pay gaps in favour of men

	Average median gender pay gap (%)	Average median annual salary	Amount women are typically paid for every pound earned by a man
South East	18.90%	£27,220	81p
East Midlands	16.80%	£24,157	83p
South West	16.60%	£23,776	83p
North East	16.30%	£23,151	84p
Yorkshire and The Humber	16.20%	£23,800	84p
London	16.20%	£34,439	84p
East of England	16%	£25,334	84p
West Midlands	15.90%	£25,073	84p
UK average	15.4%	£25,971	85p
North West	13.40%	£24,456	87p
Wales	12.30%	£23,550	88p
Scotland	11.60%	£26,007	88p
Northern Ireland	5.70%	£24,000	94p

Note: Geographical data shown above is for all employees (full-time and part-time) and by place of work (not by place of residence).

Gloucestershire Health and Care
NHS Foundation Trust
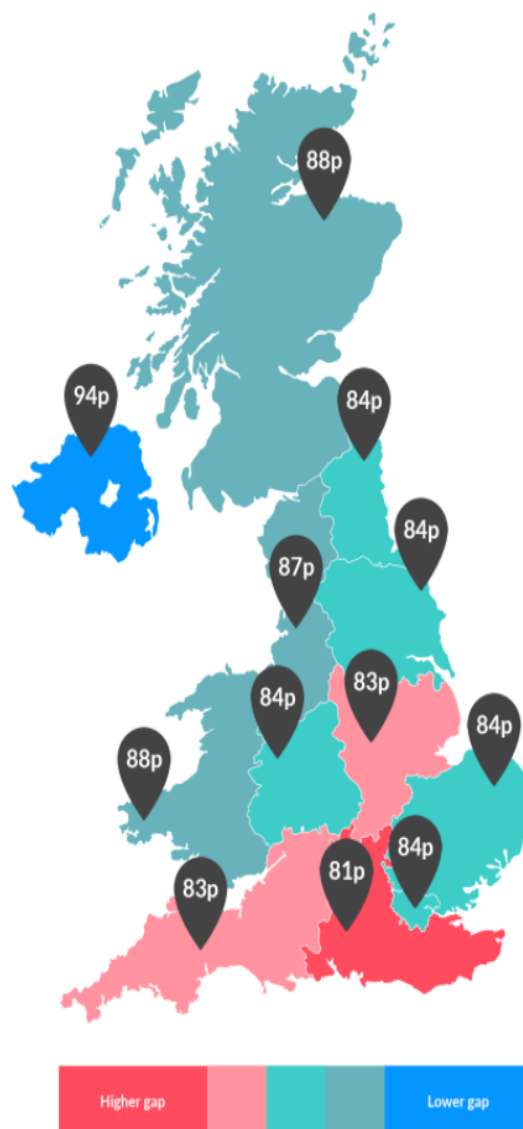
REPORT TO: **TRUST BOARD PUBLIC SESSION – 31 March 2022**

PRESENTED BY: Ingrid Barker, Chair

AUTHOR: Ingrid Barker, Chair

SUBJECT: **REPORT FROM THE CHAIR**

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

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

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

Recommendations and decisions required
The Board is asked to: • **Note** the report and the assurance provided.

Executive summary
This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas: • Board developments – including updates on Non-Executive Directors • Governor activities – including updates on Governors • Working with our system partners • Working with our colleagues • National and regional meetings attended and any significant issues highlighted

Risks associated with meeting the Trust's values
None.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 16: Report from the Chair Page **1** of **11**
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Corporate considerations	
Quality Implications	None identified
Resource Implications	None identified
Equality Implications	None identified

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

Appendices:	**Appendix 1** Non-Executive Director – Summary of Activity – January and February 2022

Report authorised by: Ingrid Barker	**Title:** Chair

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 16: Report from the Chair   Page **2** of **11**
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1. INTRODUCTION AND PURPOSE

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

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

2. BOARD UPDATES

2.1 Non-Executive Director (NED) Update:

- The Non-Executive Directors and I continue to meet regularly, and meetings were held on 18th January, 24th February and 22nd March. NED meetings have been helpful check in sessions as well as enabling us to consider future plans and reflect on any changes we need to put in place to support the Executive and to continuously improve the way we operate.

- Non-Executive-Director, Clive Chadhani, has stepped down from the Board due to work commitments which have meant he is based for an extended period of time in Canada. We are sorry to see Clive go and would like to record our thanks for the contribution he made during the short period he was with us. The recruitment process for a replacement Non-Executive Director is now ongoing.

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

2.2 Trust Board Meetings:

Board Seminar:
A seminar on ILP/Place took place on 8th February which focussed on Place and Underserved Communities. Helen Goodey, Director Primary Care and Locality Development and Angela Potter, Director of Strategy and Partnerships led the session and were accompanied by Dr Sasha Bennett, GP at Gloucester Health Access Centre and Matson Lane Surgery, Mark Elliott, Mental Health Practitioner, GHC, Dr Hein Le Roux, GP at Churchdown Surgery, Deputy Clinical Chair, GCCG & Population Health Management Champion, Ashley Green, Chief Executive, Gloucester City Homes, Jo Underwood, Transformation Programme Director, Gloucestershire ICS, Dr Jonathan Layzell, GP Rosebank Surgery and CD of Rosebank & Bartongate PCN, Jackie Mackie, GHC and Althea Bumpsted, Forest Voluntary Action Forum Youth Association. It was great to have the input of so many practitioners to help us move forward this key strategic area. The Board was hugely impressed by the energy and innovation demonstrated by our colleagues.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD PUBLIC SESSION – 31 March 2022
AGENDA ITEM 16: Report from the Chair
Page **3** of **11**
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A seminar on Risk took place on 15th March which focussed on a review of the current Board Assurance Framework, key Strategic Risks and consideration of how these might need updating to reflect the 2021/22 environment and the further development of our Strategy. The Board Assurance Framework and Strategic Risks will be considered further following the Strategy Session which is taking place in May.

A seminar on Patient Safety Strategy will take place on 5th April.

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

22nd February 2022 – Strategic Context and Planning a helpful development session as we consider progress with the new strategy. Key elements that need further emphasis in the Strategy were highlighted and the Board agreed a further session would take place during May. Monitoring how we are taking forward our strategy is a key Board responsibility to ensure we achieve our key strategic goals.

The proposed Board Seminar and Development Programme for 2022 was approved by the Board and will help ensure that our commitment to continuous improvement and learning from good practice remains central to our work.

Well-Led Review of Leadership and Governance – Our merger in 2019 brought together two 'good' trusts, each with legacies and achievements of their own. At the last CQC inspection in 2018, a rating of 'good' was provided for the Well-Led domain. The Trust is committed to moving to an 'outstanding' rating overall. A developmental well-led review has now been scheduled to take place, commencing in April. The Trust will be working with The Value Circle to conduct this review, and to support the Trust's 'outstanding' ambition. The aim is to assess the leadership and governance of the Trust as described in the well-led framework published by NHS Improvement and to identify developmental actions in response. This review will inform further targeted development work to secure and sustain the trust's future performance as part of continuous improvement.

3. **GOVERNOR UPDATES**

- I continue to meet on a regular basis with the **Lead Governor Chris Witham,** and we met on 10th February along with Trust Secretary / Head of Corporate Governance Lavinia Rowsell, and Assistant Trust Secretary, Anna Hilditch, to discuss agenda planning for the Council meeting on 16th March 2022.

- I had an introductory meeting with Steve Lydon who has been elected as a public Governor for the Trust on 2nd March, representing Stroud. This was followed by a **New Governor Induction session** on 3rd March which all Governors were invited to attend.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 16: Report from the Chair   Page **4** of **11**
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- Following two exploratory meetings with staff governors, the first quarterly **Staff Governor meeting** will take place on 5th May. I will join these meetings along with NEDs Jan Marriott and Sumita Hutchison. Dates for further quarterly meeting are in the process of being finalised.

4. NATIONAL AND REGIONAL MEETINGS

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

- **NHSP Community Network Event – 24th February –** Miriam Deakin, Director of Policy and Strategy provided an update on Strategic Policy followed by an update Stephanie Sommerville, Director of Transformation, NHS England and NHS Improvement.

- **NHS Providers Chairs and Chief Executive Network – 10th March** We received a Strategic policy update from Chris Hopson, Chief Executive, NHS Providers.

- **Lord David Prior's NHSE/I Chairs' Advisory Group** – I attended a further meeting of this group on the 9th March to contribute to national thinking on strategic priorities.

- **Confederation NHS Reset Webinars** continue to take place on a regular basis and are attended by some of the Non-Executive Directors. These recognise the continuing challenges faced by the NHS and the need to move effectively to a new normal taking with us the learnings from the past months.

- **NHS Confederation Mental Health Chairs' Network** – meetings take place weekly and I attend when my diary permits. A recent meeting gave us the opportunity to shape thinking around the Messenger Review of NHS and Social care Leadership with Sir Gordon messenger and Dame Linda Pollard.

5. WORKING WITH OUR PARTNERS

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

- Along with the Chief Executive and Director of Strategy and Partnerships, I attend meetings of the County Council's **Health Overview and Scrutiny Committee.** A joint meeting of **Health Overview and Scrutiny Committee and Adult Social Care and Communities Scrutiny Committee** took place **on 8th March 2022**.

  The meeting on 8th March focussed on Gloucestershire Urgent and Emergency Care Winter Sustainability Plan 2021/22, Child Measurement Programme, Covid 19 Temporary Service Changes and information reports from Health and Adult Social Care and Communities.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD PUBLIC SESSION – 31 March 2022
AGENDA ITEM 16: Report from the Chair   Page 5 of 11
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- I attended a regular meeting of the **ICS Health Chairs/GCC Social Care Cabinet Lead** on 3rd February.

- Along with the Non-Executive Directors, I attended the **ICS NED and Lay Member Network meeting** on 4th February. System and ICS Transition updates were received and Elizabeth O'Mahony, South West Regional Director provided a regional view. As the NHS re-organisation process moves forward these sessions help ensure NEDs and lay members are fully briefed on the wider partnership working issues.

- **Meetings of the ICS Board** were held on 17th February and 17th March, where a number of important operational and strategic issues were discussed. Partnership work is a key aspect of the County's response during the pandemic and this group helps ensure effective working is supported and ensures that we are thinking jointly about the "new normal".

- A further **ICS Strategic Workshop** took place on 28th March.

- The **Chair of Gloucestershire Hospitals NHSFT**, Peter Lachecki, and I continue to meet virtually on a regular basis to discuss matters of mutual interest.

- I was invited to be part of recruitment process for Peter Lachecki's **replacement as Chair of Gloucestershire Hospital NHSFT** and, I can advise, Deborah Evans has been appointed as Peter's successor. I and the Trust look forward to working with Deborah. She formally takes over at the end of April when Peter steps down, and I'm sure will continue the positive working relationship I have built with Peter. I would like to formally record my thanks to Peter for his support and challenge in the time we have been colleagues together, helping to support the Gloucestershire community across our organisations,

- I also continue to have regular meetings with the **Independent Chair of the ICS Board, Dame Gill Morgan.**

- A number of Trust colleagues, including board members, have been meeting over recent months with our friends from **the University of Gloucestershire** in joint seminars considering sustainability, digital and multi agency working. I have attended two of these and we are now considering a joint project with the University on evaluating the impact of our values on the Trust's culture.

6. WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

- I chaired a quarterly meeting of the **County's League of Friends Chairs** meeting on 17th March. Sandra Betney, the Trust's Director of Finance and performance and Deputy Chief Executive was also in attendance. Updates were provided on the Trust's response to Covid-19; the Integrated Care System; Fit for the Future; Forest of Dean Hospital; Minor Injury and Illness

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Units, Stroke Unit and Orchard Fundraising. It was interesting to receive updates from the Chairs on activities which have taken place within their areas.

- Annual meetings with the **County's MPs** continue and the Chief Executive and I met virtually with Siobhan Baillie MP on 23rd February. We met with Sir Geoffrey Clifton-Brown MP on 3rd February.

- On behalf of the Trust, I was privileged to attend and offer support to the families and friends of **Ukraine** at a 'Listening Event' organised by the Trust and CCG colleagues on 3rd March at the Ukrainian Catholic Church of the Good Shepherd in Gloucester. The Trust has provided follow up events and practical support to the local Ukrainian community.

- On 10th March I attended the **Cheltenham Alliance for Race Equity Launch**. The launch provided an overview of Cheltenham Alliance for Race Equity (CARE), its aims, plans for 2022 and CARE its Community engagement methodology. Gloucester City Race Equality Commission also presented its final report and calls to action. It was pleasing to see how this important work is moving forward.

7. ENGAGING WITH OUR TRUST COLLEAGUES

- To support the redeployment efforts, I volunteered to be a 'runner' on Monday afternoons during January at **Tewkesbury Hospital.** I found the experience very humbling and was glad to be able to offer practical on the spot support. NED Steve Brittan also volunteered. My thanks to Julie Ellery and her Team for making us feel very welcome. This type of activity, like reverse mentoring and all our co-production work helps to ensure the Board's views are grounded in the experience of our colleagues and people who use our services.

- I carried out a **quality visit** on 22nd March with **Kirsty Greaves from Tewkesbury Physiotherapy Department**. I observed the Inpatient and MSK Team on a patient follow up appointment and observed a physio assessment in the Falls Clinic. I also had the opportunity to have a really useful and informative group discussion with Physios from the range of services. The visit was very interesting and my grateful thanks to **Kirsty** and her team for supporting the visit.

- I continue to attend the Trust's Committees on a rotational basis and attended the **Resources Committee** on 24th February, **ATOS (Appointments and Terms of Service Committee)** on 1st March and **Quality Committee** on 3rd March.

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

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 16: **Report from the Chair** Page **7** of **11**
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Whilst drop in chats with services and colleagues continue to be mainly virtual, I continue to try to make myself available to support colleagues and recognise their endeavours, for example, recording a message for colleagues on **World Social Work Day** I have an active presence on social media to fly the GHC flag and highlight great work across the county.

8. NED ACTIVITY

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

See **Appendix 1** for the summary of the Non-Executive Directors activity for January and February 2022.

9. CONCLUSION AND RECOMMENDATIONS

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

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 16: Report from the Chair   Page **8** of **11**
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NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Dr Stephen Alvis	NEDs Meeting SIRI Meeting SI-16-22 Mental Health Act Managers Forum Senior Leaders Network ICS NED and Lay Member Network Meeting NEDs Meeting	Forest of Dean Assurance Committee Good Governance Institute Webinar NHS Chairs Reset Meeting	Quality Committee Update on Surge Planning and VCOD Ethics Committee Board Briefing – System Pressures Counter Fraud Awareness Session Public and Private Trust Board Board Seminar ILP/Place Board Succession Planning Strategic Board Development: Strategic Context and Planning Resources Committee
Clive Chadhani	NEDs Meeting Meeting with Ingrid Barker Risk Register Review Meeting Meeting with Director of Finance and Marcia Gallagher Board Finance Briefing Audit Pre-Meeting	NHS NED Induction RCPsych LMFS Sustainability presentation to Students	Counter Fraud Awareness Session Board Briefing – System Pressures Public and Private Trust Board Board Seminar ILP/Place Audit and Assurance Committee
Steve Brittan	Review of Resources Committee paper on Hatherley Disposal Executive Pairing Meeting with Julie Snell, Associate Non-Executive Director, Herefordshire and Worcestershire Health and Care NHS Trust Catch up meeting with James Powell Update on Surge Planning and Mandatory Covid Vaccination for health care workers NEDs meeting Resources Committee Agenda Planning Board Finance Briefing	Volunteer session at Tewkesbury Hospital FoD Assurance Committee Chairs Group Meeting NHS Providers Digital Boards Programme User Research Masterclass University of Gloucestershire and GHC Sustainability Workshop 2	Board Briefing – System Pressures Counter Fraud Awareness Session to Board Members Public Trust Board Great Place to work Committee Board Seminar ILP/Place Audit and Assurance Committee Board Session Succession Planning Strategic Board Development: Strategic Context and Planning Resources Committee

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022 AGENDA ITEM 16: Report from the Chair**
Page **9** of 11

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NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	NEDs Meeting		
Marcia Gallagher	NEDs Meeting NED Executive Pairing Chair 1:1 Senior Leadership Network Meeting Meeting with Director of Finance and Clive Chadhani Meeting with Chair and Vice Chair ICS NED and Lay Member Network Pre-Meeting ICS Chair Meeting Pairing meeting with Director of Strategy and Partnerships Chair 1:1 Meeting Internal Audit Presentation Succession Planning Meeting with Chair and NEDs Chair Appraisal Meeting with CEO NEDs Meeting	Good Governance Institute – Sir Michael Marmount National Chairs Meeting Women's' Leadership Forum Forest of Dean Health Forum GGI-Covid and Equalities Meeting NHSP NEDs Network Meeting Orchard Fundraising Well Led Review Presentations Well Led Review of Bids	Quality Committee Board Briefing - System Pressures Counter Fraud Awareness Session Council of Governors Public and Private Trust Board Great Place to Work Committee Board Seminar ILP/Place Audit Committee Strategic Board Development: Strategic Context and Planning
Sumita Hutchison	Update on Surge Planning and Mandatory Covid 1:1 with Staff Governor NED Meeting 1:1 meeting with Neil Savage Pairing Meeting with Sandra Betney 1:1 with Chair Charitable Funds Committee Effectiveness with Angela Potter NED Meeting	Health and Wellbeing Guardian Meeting Service director Interview Panel Health and Wellbeing Triangulation Meeting Health and Wellbeing Guardian Network Meeting Meeting with Orchard Fundraising	Ethics Committee Council of Governors Public and Private Board Great Place to Work Committee MHLS Committee Strategic Board Development: Strategic Context and Planning Board Seminar ILP/Place
Jan Marriott	NEDs Meeting 1:1 Director of Nursing, Therapy and Quality Peer Support Workers Update on Covid Surge Planning 1:1 with Chair	Personalised Care SW Collaborative Workshop Quality Assurance Group	Quality Committee Board Briefing – System Pressures Counter Fraud Awareness Council of Governors Public and Private Trust Board

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NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	1:1 Patient Survey Manager NED Executive Pairing 1:1 Speak Up Guardian Quality Assurance Group ICS Clinical Council NEDs Meeting Meeting with Peer Support Workers and Experts by Experience 1:1 with Quality Patient Experience Lead ICS NED and Lay Member Network Meeting Pre-meet for Working Together Advisory Group 1:1 with Forensic Psychiatrist 1:1 with End of Life Lead 1:1 with Orchard Fundraising		Board Seminar ILP/Place Strategic Board Development: Strategic Context and Planning Resources Committee
Graham Russell	Governors Meeting NEDs Meeting ICS Board Pre-Meet ICS Board FoD Hospital Assurance Committee Amjad Uppal 1:1 Meeting with Chair and Vice Chair ICS Board Pre-Meet with CEO ICS Board Meeting with Neil Savage and Ali Koeltgen	University of Gloucestershire Research Seminar	Quality Committee Broad Briefing – System Pressures Public and Private Board Meeting Counter Fraud Awareness ICS Great Place to Work Committee Board Seminar ILP/Place Audit Committee Strategic Board Development: Strategic Context and Planning

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REPORT TO:	**TRUST BOARD PUBLIC SESSION – 31 March 2022**
PRESENTED BY:	Chief Executive Officer and Executive Team
AUTHOR:	Paul Roberts, Chief Executive Officer
SUBJECT:	**REPORT FROM THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM**

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

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

The purpose of this report is to

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

Recommendations and decisions required

The Trust Board is asked to:
- **Note** the report.

Executive Summary

The report summarises the work led by or participated in by the Chief Executive (CEO) since the last Board meeting. In doing so it demonstrates the wide-ranging involvement and activity of the Trust and leadership team inside and outside the organisation. As an Executive Team by necessity, we remain focused on what is for the NHS a continuing pandemic, service recovery, and on managing the impact of continuing service pressures across all services. In the context of these operational pressures, we prioritise meeting the needs of our service users, supporting colleagues and achieving the aims set out in our Trust Strategy.

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

As well as updates on the activity and focus of the CEO, this report provides an update on the recent system CQC inspection, the extent and impact of Covid 19 and

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team   Page **1** of **14**
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the continuing Vaccination Programme in Gloucestershire, as well as updates on the Forest of Dean Community Hospital and the situation in Ukraine.

Risks associated with meeting the Trust's values

None identified

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

Where has this issue been discussed before?
N/A

Appendices:	

Report authorised by:	**Title:**
Paul Roberts	Chief Executive Officer

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team Page **2** of **14**
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CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

1.0 CHIEF EXECUTIVE CONTEXT AND ENGAGEMENT

1.1 Covid-19 and vaccination update

The table below contains data up until the week ending 18 March. A verbal update can be given with any relevant more recent data.

Item	Data last week	Data this week
GHFT Covid-19 positive inpatients (as of 9am 16/03/22)	148	103
GHC Covid-19 positive inpatients (as of 9am 16/03/22)	15	9
Infections (key trends 04 to 10 March)	3335	4831
New Virtual Ward referrals	132	211
Vaccinations (JCVI groups 1 – 15) 1st vaccination % uptake of eligible population	90.2%	90.26%
Vaccinations (JCVI groups 1 – 15) 2nd vaccination % uptake of eligible population	96.9%	96.98%
Vaccinations (JCVI groups 1 – 15) Booster % uptake of eligible population*	87.4%	87.16%
Contingency hotel accommodation residents in county	294	309

At the time of writing this report, the Covid data (18 March) outlines that Gloucestershire currently has an upward trend in infections. However, GHFT and GHC both have reducing numbers of Covid positive patients.

Referrals to the COVID virtual ward have increased in recent weeks suggesting that a higher proportion of people with more severe Covid symptoms can be cared for at home.

We continue to respond to changing national guidance to ensure we as a Trust maintain safe and proactive working practises for all. Despite the ease of government restrictions to most aspects of life, we will continue to prioritise staff and patient safety and will ensure we balance the need for effective policies and practises that are proactive in preventing the further spread of Covid-19 with the need to ensure that our services are accessible and that we reduce access times.

The spring booster programme

The vaccination programme continues to run efficiently, and colleagues continue to work extremely hard to ensure that the community of Gloucestershire has access to vaccinations. Spring boosters are now being offered to people at greatest risk of COVID-19 infection from 21 March in the latest phase of the vaccine programme.

An additional dose is being offered as a precaution to people who are at extreme high risk from COVID-19 infection from six months after their first booster. This will help protect them if COVID-19 rates are high over the summer

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team Page **3** of **14**
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months and reduce their chances of needing hospital treatment if they do catch the virus.

Who can have the spring booster?

The spring booster is available to those who are most vulnerable to COVID-19. People aged 75 and older, residents of care homes for older people and people aged 12 and over who have a weakened immune system are all eligible. 'Weakened immune system' includes those with underlying health conditions such as chronic leukaemia or lymphoma, and those who have had immunosuppressive treatment following an organ transplant or have had radiotherapy or chemotherapy.

There are two main ways to access a spring booster. Via appointment at one of the 11 community vaccination centres. People will receive an invite directly from local NHS services to book (often via text if the GP practice has a contact number). At the moment, we are asking people who are eligible for a spring booster not to contact their GP surgery, local NHS services will be in touch soon.

The other route is via the national booking system (NBS). People may choose to book an appointment at one of 10 community pharmacies across the county using the NBS telephone number and website (www.nhs.uk/covidvaccination or call 119).

Vaccinations for NHS colleagues

The government revoked the regulations requiring health and social care staff to be vaccinated against Covid-19 on 15 March. A high proportion of GHC staff are fully vaccinated and the Trust continues to encourage staff who are not fully vaccinated to have their jabs.

Unsurprisingly, given the high and increasing rates of Covid infection rates in the community the numbers of staff who test positive has increased and therefore absence numbers have also increased which is having an impact on a number of services.

1.2 **Care Quality Commission (CQC) inspection of the Gloucestershire system and of GHC urgent care services**

On 17 March the CQC released its inspection report on the urgent and emergency care services in Gloucestershire. As part of this inspection the CQC inspected **urgent and emergency care services within GHC and rated them as "Good" in all five domains**. They did not rate other NHS organisations as part of this wider inspection, The reason for rating the GHC services is that these services, technically do not have a rating as GHC inherited the ratings from 2gether NHS Foundation Trust in 2019 and until they have been inspected the ratings of services from Gloucestershire Care Services cannot be transferred across. This was therefore the first rating of physical healthcare services since the merger in 2019.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team   Page **4** of **14**
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Overall, the inspection of our GHC Trust services was very favourable. Our report highlights areas of good practice not only in our Trust but with and alongside our partners in the county.

We are pleased that the inspection team recognised the skills and professionalism of our colleagues who work in our Minor Injury and Illness Units. The inspectors noted that staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them to get better. They also noted good management practices, safe provision of services, and that people could access the service when they needed it and did not have to wait too long for treatment.

Where inspectors identified areas for improvement, we have already or will be implementing the improvements in the very near future.

Our overall Trust CQC rating also remains 'Good'. In terms of the wider system inspection, inspectors found:

- The NHS111 service was performing well, compared to the national average. However, a higher than normal staff sickness rate combined with an increase in the volume of calls higher due to the COVID-19 pandemic caused longer delays in giving clinical advice than had been seen before. However, the provider of this service, Practice Plus Group had an action plan in place to manage the risks involved and inspectors are monitoring its progress in taking this forward.

- The local directory of services used by staff in urgent and emergency care to direct patients to the right treatment and support was found to have inaccuracies and out of date information. This meant there was a delay in assessing patients and some patients were sent to the wrong services. For example, the local directory of services had not been updated to ensure children were signposted to an emergency department with a paediatric service

- The community urgent care services in Gloucestershire were generally well run, there were still opportunities to improve patient flow through services to reduce delays, and ensure people are treated in the correct environment.

- During the inspection of South Western Ambulance Service NHS Foundation Trust CQC found some patients experienced a long delay in response to 999 calls. There were also delays in the handover from the ambulance crew to local hospitals due to a lack of available beds on wards meaning patients were waiting too long in emergency departments.

- Patients were also remaining in hospital for longer than necessary, due to delays in their discharge home or to other services. The reasons for these delays were complex and involved many different providers of health and social care.

Through the Integrated Care System (ICS) we continue to explore urgently the potential for further improvements to reduce the access issues for patients, simplify the system and reduce pressure on colleagues.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team   Page **5** of **14**
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The Gloucestershire Health and Care NHSD Foundation Trust report can be found here (https://cqc-newsroom.prgloo.com/resources/z0ubz-no4lr-grg7x-pj6ph-f28bo).

1.3 Internal engagement and developments

A virtual **Senior Leadership Network** (SLN) meeting was held on 28 February. This provided an excellent opportunity to update participants on Trust and national developments. The February session featured presentations on Carers, the Quality Strategy Launch, the Trust's Sustainability Green Plan, our Working Together Plan, and on Diversity & Inclusion.

Another SLN meeting was held on 29 March (after this report was written) which Sandra Betney, Director of Finance and Deputy Chief Executive, chaired in my absence.

The Trust has continued to hold its **Covid-19 briefing calls** for senior and on call managers. The frequency of these meetings is dictated by the level of activity in the Trust and system, and are currently being held twice weekly on Mondays and Fridays. These calls provide national, regional and local updates and data on the number of Covid-19 positive patients in Gloucestershire hospitals. They also provide an update on the GHC testing team, the number of staff isolating, and any PPE stock updates. These calls ensure we can respond quickly to changes, and are able to assess resilience in these key areas on a regular basis and put in place any actions required.

Monthly **Team Talk** sessions continue to be held as digital events and are led by an Executive or a Deputy. They are open for all Trust employees to attend and provide an opportunity for the Executive Team to share the latest Trust news and for staff to share their thoughts, feelings and concerns. These sessions typically cover an update on the latest Covid-19 and workforce news, amongst other recent items of interest. The Team Talk sessions help to ensure effective communication across the Trust and provide an opportunity for the staff voice to be heard directly by the Executive Team. I led the session on 14 February.

On 09 December a **Board Seminar** was held to discuss how we organise services based on "Place" and how we use this mechanism to address the needs of underserved communities. This informative session included presentations on:
- First contact mental health practitioners in Inner City
- Warmth on prescription in Forest of Dean and Gloucester City
- Supporting patient with respiratory conditions in Gloucester City homes
- Listening to communities in Matson
- Supporting Asylum seekers and early cancer diagnosis in Rosebank and Bartongate
- Children and young people's mental wellbeing and obesity in Forest of Dean

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION – **31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team   Page **6** of **14**
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I attended the **Board Development Strategy Session** on 22 February which looked at progress with the new strategy and discussed horizon scanning to analyse the current environment and the impact on the Trust's strategy, as well as the Trust's position in the ICS with consideration for implications and priorities for operating in an Integrated Care System (ICS).

I also attended the **Strategic Board Development: strategic context and planning session** on 22 February.

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

I provided the Chief Executive's update at the **Non-Executive Directors meetings** on 24 February. Neil Savage, Director of HR & OD provided the Chief Executive update on my behalf on 22 March.

I attended the **Council of Governors** meeting on 16 March and provided Governors with an update on Trust activities.

On 16 February I led an **Executive Locality Meeting** for Gloucester. Since the pandemic started the Trust has run a small number of virtual locality meetings for the Executive team to supplement site visits that have not been able to happen with pre-pandemic frequency. This session fostered a productive conversation with participants and their feedback was then brought back to the Executive Team meeting to discuss how best to respond to concerns and implement positive changes. Issues raised were followed up.

I attended the **Appointment and Terms of Service Committee** meeting on 01 March.

I had an introductory meeting with **Anis Ghanti, Head of Leadership and Organisation** on 14 March.

I also met with **Nicola Moore, Head of Transformation** on 11 March to discuss the fantastic projects the Transformation Hub has been working on.

1.4 **Mental Health Focus**

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

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team Page **7** of **14**
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I chaired the monthly **South West (Regional) Mental Health CEO's** meetings on 18 February and 18 March. This group acts as the overarching governance summit for the regional South West NHS Provider Collaborative and provides an opportunity for CEO colleagues to raise key issues about mental health services across the region and to offer mutual support.

The national NHS England **Mental Health Trusts CEO meetings**, chaired by Claire Murdoch, National Mental Health Director, continue to take place on a monthly basis. Over the last two months these sessions provided updates on mental health, learning disabilities and autism, as well as workforce growth and development.

In Gloucestershire, I chair the **Community Mental Health Transformation (CMHT) Programme Board**. The CMHT meeting held virtually on 02 February discussed the People's Participation Board, the VCS partnership, updates from NHSE, physical health checks for serious mental illness, eating disorders, and the CMHT finance report.

The **South West Regional & National Mental Health and LDA Deep Dive meeting** took place on 03 March. At this meeting we discussed performance, workforce, finance and digital developments.

On 01 February, Graham Russell, Vice Chair and I met with Aileen Edwards from **Second Step** to share perspectives on **Community Mental Health Transformation (CMHT)** and the role of the Third Sector.

I facilitated a meeting between the CMHT leads **and VCS Alliance (Voluntary and Community Sector)** on 01 March. We had a productive conversation that explored better ways of working together.

Additionally, I have monthly meetings with **Programme Director for New Care Models, Anne Forbes** and **Director Commissioning (South West), NHS England and Improvement, Rachel Pearce** to discuss mental health initiatives across the South West.

On 10 February I met **with Elizabeth O'Mahony (Regional Director, NHS England and NHS Improvement – South West)** to discuss the South West Mental Health programme.

1.5 **Tackling Inequalities**

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

I am part of the **Health Inequalities Panel** established by Gloucestershire County Council and the ICS. This is designed to provide oversight of the wider inequality agenda and in particular to provide co-ordination of the Health and Wellbeing Programme and the ICS Programme. The meeting held on 31

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team Page **8** of **14**
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January discussed defining priorities, places and cohorts, levelling up, preventing health inequalities and the Health Inequalities Joint Working Group.

At the **ICS Board** on 17 February I led the presentation of a paper on **Health Equality: Integrated Care System Board update on tackling health inequality in Gloucestershire** alongside Jo Underwood, Sue Weaver, Head of Commissioning (Health Improvement), and Siobhan Farmer, Deputy Director of Public Health.

I am a member of the **South West Inequalities Leadership Forum** which is designed to share good practice and monitor progress across the South West NHS Region. I attended the meeting that took place on 17 March.

Following the **South West Inequalities Leadership Forum,** the Hackathon: How Can We Take a Value Enabled Approach to Delivering Core20Plus5 (NHS England » Core20PLUS5 – An approach to reducing health inequalities) took place on 07 March. This virtual event shared real examples of good practise and helped to develop ideas and co-design tools and enablers to help put ideas into action.

I chair the **Gloucestershire Covid-19 Vaccination Equity Group** which met on 09 March. This group continues to meet monthly for check-in meetings where colleagues across Gloucestershire services can work collaboratively together to ensure our vaccination programme is equitable across the county.

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

I continue to take part in the **Reciprocal Mentoring for Inclusion in GHC programme.** I have had sessions with both my mentor/mentees (Claire Turner and Kizzy Kukreja) since the last Board meeting. These sessions continue to be invaluable to help broaden perspectives and build mutual understanding.

I attended the virtual **Allyship and Race Conversation** coordinated by Bren McInerney which featured an informative presentation from Yvonne Coghill, Board Member, NHS Race and Health Observatory. The session discussed the different parts of the Allyship model and facilitated informative conversations on key findings amongst participants.

I had a meeting with Rupert Walters who chairs the **Gloucester Race Commission,** on 25 February where we further discussed next steps in tackling inequalities.

I also met with Kate Milton, Head of Equality and Inclusion – South West NHS England and NHS Improvement and Jasvinder Chopra-Povall, Divisional Director of Quality and Nursing – Surgery and Chief Nursing Officers' BAME SAG Lead – South West Region to discuss **Allyship in Gloucestershire** on 14 March. I therefore welcome the development of an **Allyship Programme for colleagues across the NHS in Gloucestershire** which will commence shortly.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team Page **9** of **14**
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On 28 February I met with Caroline Smith Senior Manager Engagement & Inclusion

Gloucestershire Clinical Commissioning Group, Becky Parish, Associate Director, Engagement and Experience, NHS Gloucestershire Clinical Commissioning Group and Natalia Bortolomediz, Insights Manager, ED&I, NHS Gloucestershire CCG to discuss **vaccine equity** across the county. Following this meeting it was agreed that in my role as **lead CEO for tackling inequality** that I would be the ICS Executive Project Sponsor for the Citizens Panel. A Citizens' Panel is a large, demographically representative group of citizens regularly used to assess public preferences and opinions with additional focus on areas with greater health inequalities.

I attended the **Walk In My Shoes (WIMS)** community reverse mentoring programme meeting on 11 March at which we discussed the approach to putting this programme on a more sustainable longer term basis supported by a local third sector organisation and on behalf of the local community activists and the local NHS. I have commissioned legal advice on establishing WIMS as a properly incorporated charity. We hope to make announcement about this later in the year.

I was pleased to see the refresh of the **Trust's Diversity and Inclusion Policy** being discussed and approved with our trades unions at last month's **Joint Negotiating and Consultative Forum (JNCF).** This revised policy sets out a framework for the Trust to further develop and maintain a culture which enhances the contribution from all colleagues to deliver responsive and quality services. It now more explicitly supports our Trust's Values and Behaviours, and our People Strategy aim, to be an 'employer of choice' and a great place to work. The policy also outlines our range of commitments to improving diversity and inclusion in the Trust.

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

1.6 **ICS (Integrated Care System) and System Partners**

Our Trust plays an important role in the Gloucestershire system with colleagues working committedly to meet the needs of our community. I have regular meetings with the **CEO of Gloucestershire Hospitals NHS Foundation Trust (GHFT)** – Deborah Lee and the **ICS Lead / Accountable Officer for Gloucestershire Clinical Commissioning Group (GCCG)** - Mary Hutton to keep abreast of any issues facing our partner organisations.

Dame Gill Morgan, Chair, Gloucestershire ICS, and I met virtually on 02 February and 09 March. We hold regular meetings to discuss matters arising across Gloucestershire.

The **ICS Board**, **ICS Executive** and **ICS CEO Meetings** continue to take place monthly focusing on system-wide planning and resilience, and provide updates on organisational matters and projects. The regular meetings, held with senior

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team   Page **10** of **14**
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colleagues across the health system, help ensure joined up working and provide a forum to discuss items affecting multiple partners.

On 03 March I attended the **22/23 Financial Planning Discussion Meeting** with Gloucestershire Clinical Commissioning Group and Gloucestershire Hospitals Foundation Trust CEO and Director of Finance colleagues.

The **Health Overview and Scrutiny (HOSC)** meeting took place on 08 March. This session a range of issues including the restoration of most GHC services following temporary changes made as a result of the pandemic. Of special note are the gradual restoration of 6 general community beds at The Vale Hospital and the reopening of Tewkesbury MIIU. The MIIU at the Dilke Hospital remains temporarily closed due to the particular physical constraints of this service.

I attended the **Elective Recovery Plan** webinar organised by Elizabeth O'Mahony on 10 February. We were joined by Amanda Pritchard (NHS Chief Executive), Jim Mackey (National Director for Elective Recovery), Bola Owolabi (Director of Health Inequalities), David Sloman (Chief Operating Officer) and Julian Kelly (Chief Financial Officer) to discuss top priorities.

The system Gold Health System Strategic Command, known as the **Gold Executive Review Group**, is now taking place twice weekly on Wednesdays and Fridays due to an increase in system pressures and Covid-19 cases, and as part of the wider **Gloucestershire ICS Covid-19 Response Programme.** This forum has proved essential in overseeing the system response to the Covid-19 pandemic and in providing a regular liaison point between senior leaders in the NHS and social care system.

I continue to attend the **Gloucestershire MP briefings**, led by CEOs of the Gloucestershire NHS organisations and senior County Council officers and Leaders which are currently taking place monthly.

The Chair and I are continuing to hold our **annual meetings with MPs** to discuss Trust updates, address any concerns and ensure effective cross communication. On 03 February we met with **Sir Geoffrey Clifton-Brown**. And on 23 February we met with **Siobhan Baillie**.

I additionally held meeting with Jennie Watkins from **Richard Graham**'s office to discuss Mental Health crisis services on 09 March. **Alex Chalk** and I also met on 9th March to discuss the eating disorders recovery programme.

I chaired the **Diagnostics Programme Board** on 03 February. This programme board is working on progressing the work of the developed proposals for local Community Diagnostics Hubs (CDH). This project focuses on the development and coordination of networked diagnostic services which are equitable and consistent; aiming to get the right patient to the right test, in the right location, in the fewest number of visits (and referrals) and in the shortest amount of time. The aim is to maximise the limited diagnostic capacity through triage, stratification and prioritisation which is personalised and sustainable across Gloucestershire whilst seeking to invest / innovate and expand existing services so that they meet current and future demands.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team Page **11** of **14**
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Additionally, **Kerry O'Hara, Associate Director (Diagnostics and Eye Health), Transformation & Service Redesign Directorate, Gloucestershire Clinical Commissioning Group** and I meet on a monthly basis to discuss the Diagnostics programme.

I attended the fortnightly **SW Regional Chief Executives** meetings. The frequency of these meetings is currently fortnightly to provide an opportunity for the group to discuss current challenges, performance and planning, elective recovery and transformation as well as discharge updates and other relevant matters.

I attended the **ICS Place Based Partnership Group** meeting on 07 March. The Place Based Partnership is a planned Workstream of the ICS Transition Programme. Its purpose is to ensure our system can continue to meet current system operating arrangements and requirements alongside the transition between current and future state.

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

The Medical Scrutiny Committee (MSC) meeting took place on 04 February which I attended to give the Chief Executive update.

I attended the **Chair and Chief Executives Network** meeting organised by **NHS Providers** on 10 March. This session discussed supporting trusts on their journey towards race equality, and provided a strategic policy update as well as a national update from NHSE/I presented by **Sir David Sloman, Chief Operating Officer, NHSE/I.**

On 11 March I attended the **West of England AHSN Board meeting**.

Over the past 2 months I have participated in recruitment panels across the system including:

- Interviews for the **One Gloucestershire Executive Director of Operational Planning and Performance** on 11 February
- Interviews for the **One Gloucestershire Chief Nursing Officer** on 18 February
- **Gloucestershire Hospitals Foundation Trust Chair** recruitment on 21 February

I attended a planning session on 24 February to discuss the **ICS NEDs Induction** session which will be taking place in May.

On 18 February and 16 March, I met with Kathryn Hall to discuss **the Community Improvement workshop** taking place on 11 May which I will be

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD PUBLIC SESSION – 31 March 2022
AGENDA ITEM 17: Report from the CEO and Executive Team   Page **12** of **14**
working together | always improving | respectful and kind | making a difference

chairing. I am the Executive sponsor for the **Improvement Community Programme** which is a co-operative network led by our system QI leads, building shared best practice and collaborating on innovative system development initiatives.

1.7   **Service Visits**

I continue to do **service visits** (in person – where this can be done safely). Each day spent in these locations has been a very valuable experience providing substantial insight into colleagues' experiences with their working environment and how they address the challenges presented by the ever-changing circumstances. I value the opportunity to be able to continue to meet with colleagues and patients, and to be on hand to discuss any topics or issues they would like to raise. On 09 February I was based at **Dilke Hospital** in the morning and **Lydney Hospital** in the afternoon**.**

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

2.0   FOREST OF DEAN COMMUNITY HOSPITAL UPDATE

Full planning permission for a new community hospital for the Forest of Dean was granted by the Forest of Dean District Council's Planning Committee on Tuesday 8 March. This marks a major milestone for the project as it enables the Trust to move forward with finalising the plans for the construction of the new hospital and letting of the contract to build the facility on the playing field at Steam Mills Road, in Cinderford. The reprovision of the existing skate park currently on the site was also given planning permission at the same meeting.

An enormous amount of work, energy and thought has gone into the development and planning for a new community hospital and we are grateful to everyone who has taken part in the dialogue, engagement and consultation about the hospital over the last few years.

The services to be provided within hospital were confirmed by Gloucestershire Clinical Commissioning Group in January 2021 and include an inpatient area with 24 single rooms with ensuite facilities, a Minor Injuries unit with separate adult and children's waiting areas; diagnostic services including x-ray and ultrasound services, outpatient and therapy clinics for both adults and children's, a purpose-built endoscopy suite and a dentistry facility.

The hospital has been designed with a focus on sustainability – aiming at an "Excellent" rating using the construction industry's BREEAM standards – to help reduce energy consumption and support an NHS ambition of net zero carbon emissions by 2040.

Work has already commenced to begin site preparations and groundworks for the new hospital development.

3.0   SITUATION IN UKRAINE

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team   Page **13** of **14**
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The situation in Ukraine is deeply concerning and we are working to support our colleagues who are affected by these events.

Our Trust was represented at a vigil held in Gloucester on 26 February by our **Partnership and Inclusion Manager, Dominika Lipska-Rosecka** and **Community Mental Health Nurse Marika Protsyshyn** who have been co-ordinating help at the Church of the Good Shepherd. Dominika and Marika spoke to members of the Ukrainian community about how our Trust can provide practical and emotional support and plans are now being progressed.

Following that event our **Partnership and Inclusion team** together with **One Gloucestershire** partners have organised two **listening events** for Ukrainian families. The listening events provided opportunities to share information with community members on where to go for more support, a space to listen to barriers and challenges in accessing services while gathering insights on further support required, and provided a space for people to connect with support organisations.

We are continuing to work in a collaborative approach with wider partners to provide resources and support at the local level. Conversation are taking place at the moment, coordinated by the Clinical Commissioning Group, with our Trust, Gloucestershire Action for Refugees and Asylum Seekers (GARAS), Gloucestershire County Council and wider system partners to plan preparation for a wave of new refugees and families under the new visa scheme who will be arriving in Gloucestershire. We are discussing the impact this may have on our wider services and are planning for the anticipated level of need for trauma support and interventions.

Many of our GHC colleagues are still volunteering at collection centres. It is amazing to see communities coming together to coordinate community collections and international logistics. In total 15 lorries full of Humanitarian aid from the Gloucestershire community have reached Western Ukraine and will be distributed by national and local charity organisations to the towns and cities affected.

4.0 CONCLUSION AND RECOMMENDATIONS

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

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 17: Report from the CEO and Executive Team   Page **14** of **14**
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REPORT TO:	**TRUST BOARD PUBLIC SESSION – 31 March 2022**
PRESENTED BY:	Angela Potter, Director of Strategy & Partnerships
AUTHOR:	Angela Potter, Director of Strategy & Partnerships
SUBJECT:	**INTEGRATED CARE SYSTEM UPDATE**

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

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

The purpose of this report is to

This paper provides an update on the activities that are taking place across the Gloucestershire Integrated Care System (ICS).

Recommendations and decisions required

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

Executive Summary

This paper provides an overview of a range of activities taking place across the Integrated Care System. This update includes:

- Joint meeting with the Health Overview and Scrutiny Committee and Adult Social Care Committee on the 8th March 2022 and Health & Well-being Board on the 22nd March 2022
- New general practice contract guidance on mental health practitioners
- Appointments to the new Integrated Care Board
- Gloucester City Commission to Review Race Relations Final Report
- Healthwatch Gloucestershire report on Post-COVID syndrome, people's experiences of health care and support in Gloucestershire
- Update on various engagement activities that have taken place

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 18: Systemwide Update   Page **1** of **10**
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Risks associated with meeting the Trust's values
None

Corporate considerations	
Quality Implications	The Trust will make specific note of any engagement and feedback reports specific to our services and include them within future service reviews and developments
Resource Implications	None specific to the Trust
Equality Implications	The Trust is actively engaged in wider inequalities work and will build any findings into the Trust service developments moving forward

Where has this issue been discussed before?
Regular report to Trust Board

Appendices:	ICS Accountable Officer Report (HOSC March 2022) ICS Board Minutes (February 2022)

Report authorised by:	Title:
Angela Potter	Director of Strategy & Partnerships

INTRODUCTION

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

1. **Health Overview & Scrutiny (HOSC) and Adult Social Care (ASC) joint committee meeting – 8th March 2022**

    There was a joint meeting of the HOSC and ASC on the 8th March. Key areas of agenda to note included a detailed review of winter operational resilience which demonstrated that whilst the system had faced significant operational challenges, the partnership working had been strong and all partners had made significant contributions to help through the very difficult period. There is much to be learnt from the experiences over the winter months and ongoing review and learning events are underway.

    The Trust presented temporary service change proposals to continue with the amended opening hours across the minor injury and illness units with the Dilke remaining closed and all units closing at 8pm rather than 11pm. In addition, it was outlined that the Vale Specialist Stroke facility would aim to revert back to its pre-Covid bed configuration of 14 specialist stroke rehabilitation and 6 general rehabilitation beds from June 2022.

2. **Health & Well-Being Board**

2.1 The Gloucestershire Health and Wellbeing Board (HWB) met on 22nd March 2022. They received an update on the work of the Gloucestershire Children and Young People Well-being coalition. The Board recognised the excellent work that was being taken forward by the Coalition and welcomed the creation of Family Hubs endorsing the vision and mission for this work. The hubs will build on the strengths of local communities and draw-in both community and statutory agency to support children, families and young people.

    The Board also received a detailed review of the work taking place across the Health Inequalities agenda recognising that much of this is multi-agency and system wide.

3. **National Developments**

3.1 **General Practice Contract 2022/23** – Board members will be aware that the Trust championed the employment of mental health practitioners in primary care

as a pilot in Gloucester City which was then expanded under the new Additional Roles Reimbursement Scheme (ARRS) roles in 2021.

Within the latest GP contract guidance, Primary Care Networks (PCNs) will continue to have flexibility to hire into any of 15 different roles as part of the Additional Roles Reimbursement Scheme (ARRS), but the contract letter encourages them to work with mental health providers to take accelerate where possible the recruitment of Mental Health Practitioners roles to support people with complex mental health needs. Contract guidance issued in December 2021 specified 1 mental health practitioner per PCN with a register of up to 100k patients (implies 15 specialist practitioners for Gloucestershire). There is ongoing consultation (closed 18th March) to consider additional flexibility in recruitment to these roles which would see a broadening to include non-clinical support for patients and an inclusion of Band 4 roles in the eligibility (now from Bands 4 -7) and the ability for a Trust to sub-contract the roles.

The expectation is that developments should align with transforming community mental health commitments and the Trust remains in close dialogue with PCN colleagues to ensure pro-active but planned recruitment to prevent de-stabilisation of any core Trust services.

The contact letter also re-phases two previous plans. First, PCNs will have an additional year to implement digitally enabled personalised care and support planning for care home residents, so that 2022/23 is now a preparatory year, with implementation by 31 March 2024. Second, there will be an extension of the period that PCNs have to develop their anticipatory care plans until December 2022.

3.2 **National drive to recruit NHS reservists** – announced this month to recruit thousands of new NHS reservists to support tackling COVID-19 backlogs. The launch follows a pilot at five sites last year where more than 17,000 people joined up. A wide range of opportunities are available and no previous experience is necessary as full training is provided. NHS reservists will be paid in line with the role they are doing. Local NHS services can call on the 'NHS reservist community', creating a bank extra resource for when it is needed.

3.3 **Delivery plan for tackling the COVID-19 backlog of elective care** – in February the national plan was published with an aim to maximise NHS capacity, supporting systems to deliver around 30% more elective activity by 2024-25 than before the pandemic (after accounting for the impact of an improved care offer through system transformation, and advice and guidance).

As part of the measures, a new online platform was launched allowing patients and their carers to access information ahead of their planned care and search average local waiting times.

Locally, good progress is being made on tackling the backlog - Gloucestershire is now doing around 80% of the operations and over 100% of the diagnostic procedures, such as CT scans and MRIs, compared to pre-pandemic levels.

3.4 **New category in annual NHS parliamentary awards to honour staff for COVID response** – nominations are made via MPs who reach out to their local health and care organisations, as well as members of the public, to seek nominations. Nominations have been sought internally within the Trust and the shortlist of regional winners will be announced on 13 June.

4. **Integrated Care System Updates**

4.1 **Local Integrated Care Board (ICB) -** The new ICB will fulfil the statutory commissioning functions of the current CCG and some from NHS England. The ICB will also be responsible for developing a plan to meet the healthcare needs of the population. Recent appointments to the ICB have been confirmed as follows:

- Dr Marion Andrews-Evans, Chief Nursing Officer
- Dr Paul Atkinson, Chief Clinical Information Officer
- Cath Leech, Chief Financial Officer
- Ellen Rule, Deputy CEO/Director of Strategy and Transformation
- Dr Andy Seymour, Chief Medical Officer
- Mark Walkingshaw, Director of Operational Planning & Performance
- Kim Forey, Director of Integrated Commissioning (joint post with Gloucestershire County Council)
- Helen Goodey, Director of Primary Care & Place (joint post with Gloucestershire Health and Care NHS Foundation Trust)
- Tracey Cox - Interim Director of People, Culture and Engagement.

Five designate independent non-executive director (NED) appointments have also been made to the new ICB board, subject to the new statutory NHS body coming into being on 1 July 2022:
- Professor Joanna Coast, System Resources
- Professor Jane Cummings, CBE RN - System Quality
- Colin Greaves, OBE - Primary Care & Direct Commissioning
- Clive Lewis, OBE DL - Remuneration

- Julie Soutter – Audit

Once the ICB becomes a statutory organisation on the 1st July 2022 the first immediate action will be to appoint the partner organisation members.

The draft ICB Constitution is currently being finalised and a date is being set for discussion on this and the Governance Handbook by the GHC Board in the coming month. In addition, the Strategic Development Plan for the ICB is also nearing completion and will be shared with Board members once finalised.

4.2 **ICS – Tackling Health Inequalities** - the ICS Board received a detailed update in February to support work to tackle health inequalities in Gloucestershire. The report includes a general briefing on health inequalities and the associated statutory and policy requirements on the ICS. It also provides a snapshot of the vast range of activities and initiatives being delivered across our system and a wealth of data.

It reports on progress across five priority areas:
- Restoring NHS services inclusively
- Mitigating against digital exclusion
- Ensuring datasets are complete and timely
- Accelerating preventative programmes for at risk groups
- Strengthening leadership and accountability.

The intention of the document is to provide a broad basis for increasing awareness and developing insight. It provides a helpful resource to inform the system's work. The issue of resourcing this work was raised by the ICS Board (it has been non-recurrently funded thus far) and members requested that the ICS Executive and Directors of Finance identify a recurrent sum in the system plans for this work.

4.3 The ICS will be holding a strategy development session on the 28th March 2022 to start to engage and develop the wider ICB Strategic vision and ongoing planning for the new system partnership working.

4.4 **Gloucester City Commission to Review Race Relations Final Report** – the Commission issued its report in December 2021. The Trust has provided strong input and leadership into this area and welcomes the publishing of the final report.

The report provides deep dives into five aspects: youth engagement in the Criminal Justice System; mental health inequalities; educational attainment; representation in senior workforce roles; access to diabetes services. The report

concludes with a number of 'calls to action' for each of the deep dive areas and four Calls to Action at a Gloucestershire wide level which are outlined below:

- **Establish an independent, permanent, funded and high-profile legacy institution for Gloucestershire**. The functions of this organisation should include development of a diverse, independent, and strong black-led VCS and civil society sector; monitoring the implementation of equalities policies and commitments, including the Calls to Action; contributing to policy development and the commissioning of services; providing a strong voice and raising the profile of diversity; leading on the development of a shared terminology across Gloucestershire

- **Set out a Gloucestershire wide vision for workforce equality in the public sector**. Put in place measures to monitor workforce equality (including pay), and deliver some workforce equality initiatives at a county-wide level, most importantly a Gloucestershire 'stepping up' programme for aspiring leaders from racially minoritized backgrounds.

- **Commit to putting in place measures and driving the required changes in culture and mindsets** to ensure the collection and use of comprehensive and high-quality ethnicity data in planning and delivering public sector services, including commissioned services.

- **Acknowledge the existence of racism, prejudice and micro-aggressions** in Gloucester and Gloucestershire, and commit to and step up individual and organisational leadership to tackle these with confidence and clarity.

The Gloucestershire Race Equality Action Group CIC (strategic independent body) chaired by Elaine Pearson-Scott will continue to provide leadership and support the work following this report and the Trust remains committed to this ongoing work and will support and input into the response to the calls to action as work develops further

In addition, Cheltenham Alliance for Race Equity (CARE) has now officially formed with its main focus being on Cheltenham city. CARE was launched at an online conference on Thursday 10th March. The Trust was represented by our Chair, Ingrid Barker and we are pleased to confirm our support to the initial action plans being developed.

4.5 **'Steps Ahead' project** –. The project will be launched by the County Council in April 2022 utilising around £900k from the government's Contain Outbreak Management Fund and will target the county's most disadvantaged areas to provide additional support for families with babies and toddlers born during the COVID-19 pandemic. The aim is to reduce longer-term consequences of the

pandemic, particularly those that lead to health inequalities of parents and children.

The County Council will work in partnership with Aspire Foundation, Barnardo's and the Trust's Health Visiting Team. The Health Visiting Team will deliver bespoke health related advice and support countywide. This will include tailored packages of care and group work to support child development, providing nutritional, sleep and behaviour advice, as well as supporting child/family relationships and infant mental health. Investment of almost £290k has been agreed by commissioners into health visiting for Year 1 of the service.

4.6 **Proud to Care has launched a new telephone support service** – Proud to Care is a local partnership between the County Council and NHS and supports Gloucestershire's care providers by sharing their current job vacancies, showcasing the range of opportunities available for career progression, and supporting job seekers to explore options. The new telephone service offers one to one career support to help job seekers interested in working in the social care and health sector.

4.7 **Tewkesbury Borough Council has appointed a new Chief Executive** - Alistair Cunningham OBE has been appointed as the Council's new Chief Executive and will take over in June 2022 when the current CEO (Mike Dawson) retires.

4.8 **Gloucestershire Support after Suicide Service (GSASS) -** a new support service for adults bereaved by suicide launched at the beginning of March by Gloucestershire County Council and its health partners, including the Trust. The new service is being provided by Rethink Mental Illness and is being funded through NHS England/Improvement's national suicide bereavement programme.

4.9 **Inspection Report on Gloucestershire Fire and Rescue Service (GFSR)** – in February, the County Council released the initial findings from a report by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (MHICFRS) following their inspection last autumn. The findings show improvements in fire protection work, such that 'protection' has been removed as an area of concern. However, two 'areas of concern' require immediate action, namely work to embed newly agreed values and associated behaviours, and further work to promote Equality, Diversity and Inclusion. The Council has agreed £2m additional funding into the service as part of its recent budget setting.

4.10 **Build Back Better – Market Towns** – Additional funding of circa £100k for the second phase of this initiative which aims to help communities recover from the Covid-19 pandemic has been confirmed.

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5.   Integrated Locality Partnerships (ILPs) Updates

5.1   The Board will recall we held a Board seminar on ILPs and Place on 8th February, where we received presentations from two of the ILPs, Gloucester City and Forest of Dean, which gave a really encouraging insight into the wide range of initiatives. We then followed this at the Board strategy session on 22nd February where as part of the agenda we discussed Place and under-served Communities.

6.   Focus on Patient, Carer and Engagement

6.1   **One Glos Ukrainian Listening Events –** the Trust's Partnership and Inclusion Team together with One Glos Partners organised two listening events recently for Ukrainian communities and families. Both events were well attended (70 people in total) and provided an opportunity to connect with each other in a confidential space, to listen and share at this difficult time and to find out more information about the local offers of mental health services and of voluntary and community organisations.

The Trust's Well-being line is also offering weekly drop in sessions for colleagues and wider partners who are affected by the crisis.

6.2   **#BlackLivesMatters Mental Health Report Gloucestershire (2021)**

The report provides feedback on engagement activities across our communities, including an event on 1 December 2021 at the Friendship Café, and discussion at several groups and forums.   An   implementation   group   is   being established to agree more formal communication of the report and how we share what we heard with our local black and minority ethnic communities and then co-produce an action plan with them.   This   will   also   include   relevant recommendations from Gloucester's Commission to Review Race Relations.

6.3   **On Your Mind Launch** - The One Gloucestershire partnership, has worked alongside voluntary sector organisations, children and young people and other stakeholders to co-produce the On Your Mind Glos (OYMG) website. The site provides easy to access support information and was launched to coincide with Children's Mental Health Awareness Week (w/c 7 February).

The website comprises a mental health support finder that can be accessed by the site or by text, a directory of trusted local mental health services, self-referral access to many NHS services in the county as well as self-help resources. The development has been shaped and informed by extensive research and testing with children and young people over the past 12 months.

6.4 **Sign Language Week (14-20 March)** - the theme of this year's campaign was BSL Brings Us Together, with the aim to encourage people of all ages to take up the challenge of learning some BSL for themselves and finding out more about the language and culture of the 87,000 deaf, deafblind and hard of hearing British people for whom BSL is their first preferred language. The Trust's Partnership and Inclusion Team has been working with Gloucestershire Constabulary and their Community Outreach Team, teaching them useful communication tips and phrases which may be helpful in the community when an incident involves a BSL service user.

6.5 **Healthwatch Gloucestershire** – published a new report in March *Post-COVID syndrome, people's experiences of health care and support in Gloucestershire.* The report summarises key messages from their survey (of 56 people). The aim was to understand how post-COVID syndrome (long COVID) is affecting people's health and wellbeing and to find out what care and support is available in Gloucestershire. Healthwatch worked with the Trust to reach people who used the services. There are a number of key messages in the report which are pertinent to the Trust including the length of time waiting to hear from the service following referral and a desire for more face to face conversations.

7. ICS Accountable Officers report

ICS Accountable Officer's report to HOSC in March along with the ICB Board Minutes are available in the Diligent Reading Room.

8. NEXT STEPS

Trust Board members are asked **to note** the contents of this update report.

REPORT TO: **TRUST BOARD PUBLIC SESSION – 31 March 2022**

PRESENTED BY: Angela Potter, Director of Strategy & Partnerships

AUTHOR: Angela Potter, Director of Strategy & Partnerships

SUBJECT: **DEVELOPMENT OF A NEW COMMUNITY HOSPITAL IN THE FOREST OF DEAN**

If this report cannot be discussed at a public Board meeting, please explain why	

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

The purpose of this report is to:
Present for approval the final costings/Gross Maximum Price to enable the letting of the construction contract for the development of the new Community Hospital. This includes confirmation that whilst the scheme costs have risen slightly, the scheme continues to demonstrate good value for money, and remains affordable and deliverable for the Trust in terms of revenue, cash and CDEL allocations.

Recommendations and decisions required
Trust Board Members are asked to:

- **Approve** the revised FBC value at a maximum of £25.5m for the development of a new community hospital in the Forest of Dean (noting that value engineering work will continue to reduce this further if at all possible) and the confirmation that this is affordable in both capital and revenue terms.
- **Give Delegated Authority to the FoD Assurance Committee to enable** the Trust to enter into an NEC4 contract for the construction of the new community hospital with Speller Metcalfe up to a value of £17.8m + VAT as soon as GMP final pricing work has been concluded.

Executive summary
The Full Business Case (FBC) was approved by Gloucestershire Health & Care (GHC) NHS Foundation Trust with a Not to Be Exceeded Price (NTBE) of £23.9m for the development of a new community hospital to serve the people in the Forest of Dean in July 2021. Since that time, the final design solution has been completed

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development   Page **1** of **16**
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and full planning permission has been obtained enabling the construction partner, Speller Metcalfe, to complete the full market testing of the works packages to enable us to now move to the completion of the Gross Maximum Price (GMP) and approve entering into the construction contract. GMP is a fixed maximum price to the Trust based on the market testing. Where cost certainty has not been possible within the supply chain our main construction partner holds a nominal contingency sum within their price.

Unfortunately, the market testing has come back outside of the NTBE price and is sitting at a total scheme value of £25.5m. Therefore, the value for money modelling, revenue modelling and cash flow have all been re-run. This paper confirms that the scheme remains both affordable in terms of cash, Capital Departmental Expenditure Limit (CDEL) and ongoing revenue requirements and the value for money assessment remains strong.

The FBC approval recognised that the business case is a multi-year scheme. The additional costs predominately fall within 22/23 and the CDEL position can be managed within the system allocation. The 23/24 position has not been finalised at this point in time but system partners are aware of the FoD requirements and the Trust's call against the CDEL allocation.

The Trust Board's self-certification on the FBC process was supported by the Regional Support Group in November 2021. Subject to the Board approving the revised parameters within this paper, the regional team will be notified of the full planning permission decision and the final GMP which were noted as outstanding commercial considerations in their review of our self-certification.

A final version of the full business case will then be prepared and presented back to the FoD Assurance Committee so that all parameters match the GMP and construction contract for audit trail purposes.

This paper therefore reconfirms that the drivers for the approval of the FBC in July 2021 remain unchanged and the scheme will provide a modern, fit for purpose environment and enhanced service facilities for the people of the Forest and beyond. Therefore, delivery of the proposed investment into the new community hospital should be completed by entering into the construction contract. This is an NEC4 standard Construction and Engineering Contract. Due diligence has been sought from legal advisors DAC Beachcroft and the FoD Assurance Committee have considered the range of KPI's and contract penalties to be incorporated.

Investment in this new facility will enable the re-provision of services, and subsequent closure of the existing two community hospitals, namely Lydney & District Hospital and the Dilke Memorial Hospital when the new hospital opens.

Risks associated with meeting of the Trust's values

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **2** of **16**
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Corporate considerations	
Quality Implications	Failure to deliver the scheme increases the ongoing risks associated with maintaining service delivery at the existing sites both from an environmental and backlog maintenance perspective and staffing resilience risks.
Resource Implications	The uncertainty in the construction market will add further inflationary and cost pressures. Once the contract is signed, the Trust has price certainty for the scheme.
Equality Implications	Failure to deliver the scheme may result in a reduction in services that can be delivered locally for the population of the Forest of Dean.

Where has this been discussed before?
• FoD Programme Board • FoD Assurance Committee

Appendices:	None

Report authorised by: Angela Potter	**Title:** Director of Strategy and Partnerships

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **3** of **16**
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**Development of a New Community Hospital
for the Forest of Dean
Update for the Trust Board 31 March 2022**

1. INTRODUCTION

The Full Business Case (FBC) for the Forest of Dean Hospital was approved by Trust Board on 15 July 2021 and set out the case for change and investment requirements in order to take forward the construction of a new community hospital. It demonstrated that the preferred option being taken forward delivered a viable and affordable solution to meeting the requirements laid out in the case for change.

The FBC represented the culmination of over five years of planning and preparation and demonstrated a significant step change in the ability to provide a modern, fit for purpose environment and enhanced service facilities for the people of the Forest and beyond. It acknowledged that investment in the new facility will enable the re-provision of services, and subsequent closure of the existing two community hospitals, namely Lydney & District Hospital and the Dilke Memorial Hospital when the new hospital opens.

In line with the 'material' transaction guidance the Trust Board prepared a self-certification document that was presented and accepted by the Regional Support Group in November 2021. The Regional Support Group accepted the Trust's self-certification subject to ongoing engagement with NHS England and Improvement regarding obtaining full planning permission and the guaranteed maximum price. Integrated Care System partner support was also obtained.

Following approval of the FBC, the Trust proceeded to complete the detailed design and site evaluation required for planning consent and submitted proposals to the Forest of Dean District Council for full planning permission on 12 October 2021. The anticipated planning period had been 14 weeks however, due to ongoing dialogue with Statutory Bodies such as Highways and Natural England full planning consent was only successfully achieved on the 8 March 2022. A separate enabling works contract was approved and commenced immediately on receipt of planning permission to enable site and ground work preparations to commence.

Speller Metcalfe have now been in a position to formally market test for all packages in order to arrive at a Guaranteed Maximum Price (GMP) for the construction elements of the FBC for the GHC Board to approve now that planning permission has been granted.

Unfortunately, the market tested figures have not achieved a figure within the current NTBE price envelope and total project costs are sitting at £1.6m above the agreed figure of £23.9m. Therefore, this paper assesses the impact of this cost rise and provides detail on the associated impacts to the value for money, cash and revenue affordability plus the Capital Departmental Expenditure Limit (CDEL) across the system and seeks support to agree the Guaranteed Maximum Price (GMP) and to enter into the construction contract with Speller Metcalfe.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION – **31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **4** of **16**
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2. CURRENT SITUATION

The FBC was based on a Not to be Exceeded Price (NTBEP) developed by the construction partner, Speller Metcalfe. A NTBEP differs from a Guaranteed Maximum Price (GMP) in that it is a price based on market rates, soft market testing, Quantity Surveyor judgement and Subject Matter Expert input rather than formal quotations from contractors. As such a NTBEP is caveated, particularly around inflationary pressures and scope creep.

On the basis of the NTBEP of £23.9m value within the FBC, the Trust was able to confirm that these costs were affordable from a capital and revenue perspective. The economic modelling in the business case demonstrated that the scheme offered good Value for Money (VFM) when compared to business as usual.

The FBC recognised that the construction market was experiencing high volatility and there was a risk of further construction inflation in the period between NTBEP and GMP. Additional contingency allowances were incorporated into the economic and financial modelling to account for this. However, the intervening period between approval of the FBC and the granting of full planning permission has coincided with a period of even greater than anticipated cost rises, primarily as a result of the world-wide pandemic and international events impacting on supply of materials and labour. These cost rises are in addition to the project inflation and contingencies which were prudently built into the original costings.

These cost rises have been mitigated as far as possible by further value engineering and work with firms in the supply chain without compromising the quality or function of the scheme. **Table 1** below sets out the revised costs that are now proposed to form the basis of the Guaranteed Maximum Price. Once GMP is agreed, the fixed construction price is entered into the NEC4 contract and means that further risks then sit with the Construction Partner.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **5** of **16**
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Table 1: Revised costs

Description	July 2021			March 2022		
	Cost	VAT	Cost Incl VAT	Cost	VAT	Cost Incl VAT
Construction	13,890	2,778	16,668	14,302	2,861	17,163
External Works	2,657	531	3,188	3,502	700	4,202
Works Cost Total (Figure for GMP)	**16,547**	**3,309**	**19,856**	**17,804**	**3,561**	**21,365**
Fees	1,120	224	1,344	1,992	398	2,390
Non Works including land & skate park	600	0	600	600	0	600
Equipment Costs	650	130	780	834	167	1,001
Planning Contingency	817	163	980	-	-	-
Trust Contingency				500	100	600
VAT Reclaim		(340)	(340)		(470)	(470)
Sub Total	**19,734**	**3,487**	**23,221**	**21,730**	**3,756**	**25,486**
Inflation Adjustments	581	116	697	-	-	-
Total			**23,919**			**25,486**

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **6** of **16**
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The FoD Assurance Committee have scrutinised the cost increases and noted that whilst there is an inflationary impact there are also a number of packages that came in above the estimated amount, particularly in relation to ground works. These have undergone a detailed review by Speller Metcalfe's team; Gleeds as the Trust's Quantity Surveyors and the wider Project Team. In addition, the Trust has received advice and input from our Project Manager at Archus to ensure that we drive out as much value engineering as possible prior to entering into the fixed price construction contract.

It is also worth noting that the Trust continues to hold a £500k + VAT contingency within the figures that remains outside of the Speller Metcalfe contract value should there be any unforeseen Trust risks. In addition, as is standard within projects of this scale, a Design Reserve and contractors Design & Build risk allowance sits within the contract at £232k to cover off any risk for Spellers and their design team.

Planning permission was granted for the new hospital scheme on the 8th March 2022. There are no S106 schemes applied to the permission and the caveat regarding any objections from Natural England has now been released. Therefore, risk sums in relation to Highways works; S106 allowance and culvert works have all now been fully priced and the risk sums removed.

Therefore, approval is now sought for the Trust to invest £25.5m in the development of the new community hospital. As stated in the FBC, this will be funded from the Trust's cash reserves and the sale of the Dilke Memorial and Lydney Hospital sites.

There are no changes to the services to be offered in the hospital or in the description of the facility as set out in the FBC. The Strategic Case, including the case for change and the investment objectives along with the Commercial Case all remain valid and are unchanged.

The paper sets out for the Trust Board the implications of the price change on specific elements of the FBC – namely:

- Impact on the Value for Money – The Economic Case
- Impact on the Trust finances (Cash, ongoing revenue and Capital Departmental Expenditure Limit (CDEL) allocations) – The Financial Case
- Revised Timescale – The Management Case

2.1 Impact on the Value for Money

The principles of economic appraisal are set out in the Economic Case of the FBC. The Comprehensive Investment Appraisal (CIA) model (mandated by NHSE/I) has been re-run to take on board:

- Increase capital costs for construction for both the new build and the base case where investment was required to ensure the Dilke and Lydney hospitals remained in operation.
- Consequent increases in life cycle costs.

The significant reductions in clinical inpatient costs, facility staffing costs and building running costs through the establishment of a new hospital replacing two separate hospitals, will continue to be achieved.

The costs in the economic model, excluding VAT, capital charges and depreciation, are set out in **Table 2** below.

Table 2: Revenue costs utilised for the economic model

Cost category	Existing cost (£'000s)	Costs from 2025/26 (at today's prices)
Nursing	4,152	3,068
AHP	352	364
Other clinical	312	270
Clinical non-pay	433	496
Total clinical costs	5,249	4,198
Non-Clinical costs	1,175	958
Building running costs	499	288
Rates	63	169
Total non-clinical costs	1,737	1,415
Total service costs	**6,986**	**5,613**

There are no anticipated changes in the value of the non-cash releasing benefits derived from the investment. These benefits remain as described in the FBC – there has been no change to these projected gains. **Table 3** outlines the non-cash releasing benefits to be achieved.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **8** of **16**
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Table 3: Non cash releasing and societal benefits

Benefit	Type of benefit	Equivalent annual benefit (£'000s)	Discounted value over 60 years (£'000s)
7-day therapy input on the ward	Non cash releasing	219	5,743
Nursing to therapy posts	Non cash releasing	115	3,012
Reduction in MIIU closures	Non cash releasing	52	1,374
Reduce of bed days due to infection	Non cash releasing	17	441
Endoscopy travel savings	Societal benefit	51	1,332
Carbon saving	Societal benefit	30	787
Total		**468**	**12,689**

The CIA model takes into account *Optimism Bias* which is the natural tendency to overstate benefits, and understate timings and costs, both capital and operational. Optimism bias is a measure that increases estimates of the costs.

The CIA model calculates optimism bias on the basis of the nature of the scheme and the steps taken to mitigate the factors that lead to underestimation of costs. When the FBC was approved in July 2021, planning permission had not been obtained, the full output specification for the construction had not been finalised and therefore the level of optimism bias was considerable higher than current levels due to the increased uncertainty in those aspects.

The optimism bias has now been re-appraised by Gleeds leading to a reduction from 17.1% to 7.9% as would be expected at this stage of the project. This has a significant impact on the economic model and works to counter the effect of increases in capital costs.

As can be seen in table 4, the scheme continues to demonstrate a good benefit to cost ratio and Net Present Social Value as it delivers significant benefits over its life compared with business as usual.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development   Page **9** of **16**
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Table 4: Economic Summary (Discounted) - £'000

	Option 0 - Business as Usual	New Forest of Dean Hospital Build on Steam Mills site (£'000s)	
		2021 FBC	March 2022
Incremental costs - total	0	(11,595)	(11,236)
Incremental benefits - total	0	47,351	47,351
Risk-adjusted Net Present Social Value (NPSV)	0	35,756	36,115
Benefit-cost ratio		**4.08**	**4.21**

This benefit cost ratio can be tested to demonstrate that there is still a benefit even in the most pessimistic scenarios using the same sensitivities as in the FBC. See **Table 5** below.

Table 5: Sensitivity of cost-benefit ratio to various scenarios

Table 4:	2021 FBC	March 2022
Value-for-Money (VFM)	4.08	4.21
VFM after maximum risk impact and probability applied	3.69	4.00
VFM after maximum risk impact and probability applied and NCRBs and SBs @50%	3.20	3.47
VFM after maximum risk impact and probability applied and CRBs and SBs reduced to zero	2.71	2.93

2.2 Impact on the Trust finances

2.2.1 Impact on revenue

Service revenue costs as set out in the FBC remain unchanged as these took into account wage inflation and included other contingency. Facility

management costs will remain as originally projected. The only revenue change will be in capital charges and depreciation arising out of the increased capital cost.

The following table shows the current costs of services operating from the Dilke and Lydney Hospitals and the operating costs from 2025/26 when the full reduction/redeployment of teams will be in effect. Costs are shown at in-year inflated values and take into account the increase in capital charges of £129k p/a arising from the increase in capital costs.

Table 6: Revenue costs

	Existing Annual Cost (£000s)	Existing Costs inflated to 25/26 levels (£000s)	Annual Cost from 2025/26 (£000s)
Nursing	4,152	4,442	3,282
AHP	352	376	389
Other Clinical	312	331	289
Clinical Non Pay	433	463	527
Total Clinical Costs	**5,248**	**5,613**	**4,487**
Non-Clinical Costs	1,175	1,265	1,024
Building Running Costs	498	553	335
Rates	63	70	169
Cap charges / depn	697	815	2,153
Total Non-Clinical Costs	2,433	2,704	3,681
Total Service Costs	**7,682**	**8,316**	**8,168**
Directly attributable income (OPD / Endo)	(242)	(259)	(674)
Position Net of Directly Attributable Income	**7,439**	**8,057**	**7,494**

The changes to the recurrent cost base listed above reflect all of the assumptions outlined in the FBC Financial Case (financial modelling section) and include the significant movement in capital charges and depreciation and the increase in rates which must be funded as a consequence of the new hospital. However, the overall position continues to demonstrate that the annual service costs in 2025/26 are more favourable following the development of the new hospital than under the existing business as usual scenario.

2.2.2 Additional capital requirement and implications for CDEL.

The preferred funding route for the capital programme (of which the new community hospital is a part) remains the utilisation of the Trust's cash reserves and disposal proceeds from the sale of surplus sites.

The five year capital programme has been fully reviewed and the required additional capital requirements falls within 2022/23. It is therefore proposed that the additional £1.6m required will be taken from the buildings, backlog

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **11** of **16**
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maintenance and net zero lines of the capital plan. The revised capital plan will be presented to the Trust Board for approval at the March Board meeting.

These areas were considered to be prudent lines to re-profile as it was noted that many of the net zero carbon projects crossed over with backlog maintenance, and the majority of the high and significant backlog maintenance works have already been completed, so the impact of these changes to the plan will be reduced.

The FBC approval recognised that the business case is a multi-year scheme. The additional costs predominately fall within 22/23 and as such the CDEL position can be managed within the system allocation. The 23/24 position has not been finalised at this point in time but system partners are aware of the FoD requirements and the Trust's call against the CDEL allocation.

This is explained in more detail in the March Board budget setting paper.

2.2.3 Implications for the Trust's cash flow

The Trust's cash position is healthy and a review of the whole of the cash flow for the five-year capital plan has been commissioned. The Trust's year end position will also be greater than anticipated when the FBC was developed thus enabling the additional funding required for the FoD new hospital to be secured without impact to other investment requirements or cash holdings.

This is explained in more detail in the Finance Report to the March Trust Board.

2.3 Revised Timescale

The Management Case in the FBC sets out the governance arrangements and timetable for the ongoing programme of works. As outline above, the programme has slipped due to delays in securing planning permission and therefore the milestone dates have been revised below in table 7.

The enabling works contract has now commenced and site preparations and ground works are underway. In order to ensure good continuity of site activities it is proposed that main construction contract is let as soon as possible after the Trust Board decision to proceed on 31 March 2022.

Table 7: Key milestones for the investment

Key Milestones	Start date	End date	Status/ assumptions
Trust Board approves FBC	7 July 21	15 July 21	Completed

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **12** of **16**
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Key Milestones	Start date	End date	Status/ assumptions
RIBA 3 design for planning	14 June 21	13 August 21	Completed
Submission of Full Planning Application	12 October 21	8 March 22	Permission granted 8/3/22. Decision issued 14/3/22
RIBA 4 Design	19 August 21	29 October 21	Completed
Tender of packages	1 November 21	21 March 22	Completed
Finalised costs		21 March 22	
Trust Board receive GMP (Guaranteed Maximum Price)	31 March 22	31 March 22	Value engineering work continues with the intention of reducing this where-ever practicable.
Hand over decision to award Contractor Contract to FoD Assurance Committee	31 March 22		
Contractors mobilisation for enabling works	10 March 22	10 March 22	Mobilisation has commenced
Enabling works period	10 March 22	1 July 22	In progress
FoD Assurance Committee award construction contract	1 April 22	30 April 22	
FBC updated	15 March 22	30 April 22	

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **13** of **16**
working together | always improving | respectful and kind | making a difference

Key Milestones	Start date	End date	Status/ assumptions
Main construction starts	4 July 22	4 July 22	
Construction period (73 weeks)	4 July 22	27 Nov 23	
Commissioning and Handover of new building and transfer of services from Dilke and Lydney	4 Sept 23	27 Nov 23	Dependent on construction timescale /unforeseen delays
Project Terminal (as per NHE requirements	27 Nov 23	22 Dec 23	
Closure of Dilke and Lydney and availability for disposal	Dec 23/Jan 24		

The following **Table 8** specifies the internal gateways which have been agreed to enable detailed review prior to progression to the next stage. As set out in the Management Case of the FBC, Gateways will be overseen by the Trust Board, delegated as appropriate to the FoD Assurance Committee.

Table 8: Internal gateways

Internal Gateways	Date in line with Project plan
Approval of Full Business Case	Trust Board 15 July 2021
End of Design Phase - completion of technical design (RIBA Stage 4)	Assurance Committee October 2021
Confirmation of any NHSEI approvals	November 2021
Final GMP cost, noting that VE work continues up to the end of April. Decision to	Trust Board March 2022

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **14** of **16**
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Internal Gateways	Date in line with Project plan
hand over construction contract award passed to FoD Assurance Committee	
End of construction phase (RIBA Stage 5)	Assurance Committee December 2023
End of Commissioning of new building (RIBA Stage 6)	Assurance Committee December 2023
End of initial operation (RIBA Stage 7)	Assurance Committee January 2024
End of Post Project Evaluation	Assurance Committee July 2024
Final sign off and Project Closure (equivalent to OGC Gateway 5)	Trust Board August 2024

3. CONTRACTUAL ARRANGEMENTS

The NEC4 Engineering and Construction contact has been agreed for use in the letting of the construction contract with the main construction partner, Speller Metcalfe. This is a standard form contract with input from DAC Beachcroft to ensure the bespoke elements such as key performance indicators and penalties are correctly drafted for the Trust.

The FoD Assurance Committee considered the range of Key Performance Indications (KPIs) and were pleased to see a number of social value indicators being developed with Speller's as part of the contractor proposals.

DAC Beachcroft, the Trust Project Team and the Archus Project Manager are now working with Speller Metcalfe's Commercial team to agree the final wording for the construction contract.

This will include contractual obligation for the delivery of the Project Social Value Plan which will encompass KPI commitments for:

1. Local Sourcing % spend targets
2. Number of Apprentices to be engaged on the project
3. Jobs created or supported by the scheme
4. Amount of training / educational hours to be generated
5. Construction Phase carbon monitoring & reduction
6. Engagement with local businesses & stakeholders

The current proposal is to record KPIs using the LOOP Social Value Tool in order that a monetary calculation of social value impact can also be generated.

The contract also requires us to set out the agreed parameters of the monetary penalties that will be applied if Speller Metcalfe are late in handing over the building (quality is covered by retention and defects period / response times). The contract penalties have to be genuine losses incurred by the Trust and cannot be arbitrary or punitive amounts. These will include additional

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development Page **15** of **16**
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professional fees that will be required by the project team for a prolonged period on site along with running costs for the existing two hospitals which we are currently sourcing.

In addition to the contract penalties, there will be a 3% retention within the final payment schedule that is only payable on satisfactory completion of all snagging and defects.

The contract is in its final stages of drafting and it is proposed that subject to the approval of Trust Board the NEC4 contract is let to Speller Metcalfe.   It is proposed that delegated authority is given to the FoD Assurance Committee to confirm the final contract value when they are satisfied all value engineering opportunities have been exhausted.

4.   CONCLUSION

The above sets out that the amendments required to the FBC will see an increase of £1.6m to the overall scheme value. The re-running of the economic and financial models have confirmed that the scheme continues to be affordable in both cash and ongoing revenue terms and demonstrates good value for money. The case for change remains valid and any further delays to the scheme will see further inflationary pressures and cost risks to the programme.

Trust Board are asked therefore asked to;

- **Approve** the revised FBC value at a maximum of £25.5m for the development of a new community hospital in the Forest of Dean (noting that value engineering work will continue to reduce this further if at all possible).

- **Give Delegated Authority** to the FoD Assurance Committee to enable the Trust to enter into an NEC4 contract for the construction of the new community hospital with Speller Metcalfe up to a GMP value of £17.8m + VAT. The contract to be let as soon as GMP final pricing work has been concluded.

- **Note** that a revised Full Business Case would be received by the FoD Assurance Committee in April once GMP is in place.

Angela Potter
Director of Strategy & Partnerships

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 19: Forest of Dean Hospital Development   Page **16** of **16**
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GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

Wednesday 10 November 2021

Held via Microsoft Teams

_____

PRESENT:

Ingrid Barker (Chair)	Nic Matthews	Chris Witham
Graham Hewitt	Kizzy Kukreja	Katherine Stratton
Said Hansdot	Mervyn Dawe	Julie Clatworthy
Sarah Nicholson	Katie Clark	Erin Murray
Paul Winterbottom	Jenny Hincks (Part)	

IN ATTENDANCE: Steve Alvis, Non-Executive Director
Sandra Betney, Director of Finance (Item 15)
Steve Brittan, Non-Executive Director
Clive Chadhani, Non-Executive Director
Marcia Gallagher, Non-Executive Director
Anna Hilditch, Assistant Trust Secretary
Sumita Hutchison, Non-Executive Director
Jan Marriott, Non-Executive Director
Gill Morgan, Gloucestershire ICS Chair Designate (Item 3)
Kate Nelmes, Head of Communications
Angela Potter, Director of Strategy and Partnerships
Paul Roberts, Chief Executive
Lavinia Rowsell, Head of Corporate Governance & Trust
Secretary Graham Russell, Non-Executive Director/Deputy
Chair
Gillian Steels, Trust Secretary Advisor (from Item 12)
John Trevains, Director of Nursing, Therapies and Quality

1. WELCOMES AND APOLOGIES

1.1 Ingrid Barker welcomed colleagues to the meeting.

1.2 Apologies had been received from the following Governors: Ruth McShane, Juanita Paris, Andy Holness, Dan Brookes, Tracey Thomas, Rebecca Halifax, Laura Bailey and Karen Bennett.

1.3 Ingrid Barker officially welcomed Clive Chadhani to his first Council of Governors meeting. Clive had commenced in post as a Non-Executive Director from 1 October.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. INTEGRATED CARE SYSTEM (ICS) – PRESENTATION

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 20: Council of Governors Minutes – 10 November 2022   Page **1** of **9**
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3.1   The Council welcomed Gill Morgan, Chair Designate of Gloucestershire ICS who had kindly agreed to attend the meeting to update Governors on the current plans and proposals for the ICS, which would become a statutory body from 1 April 2022.

3.2   The vision of One Gloucestershire ICS is to improve the health and wellbeing of the population. We believe that by all working together, in a more joined up way, and using the strengths of individuals, carers and local communities - we will transform the quality of care and support we provide to all local people.

3.3   The development of Integrated Care Systems is underpinned by the triple aim duty which will require all health bodies to collaborate and pursue 1) better care for all patients 2) better health and wellbeing for everyone and 3) sustainable use of NHS resources. The four fundamental purposes of an ICS are:
- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

3.4   Under the proposed legislation, the formation of a statutory ICS will include:
- A statutory ICS NHS Body which will lead and oversee the planning and delivery of NHS services across the whole system, develop a capital plan for NHS providers, hold the budget for the system, and meet the system control target, maintaining appropriate governance and accountability
- A statutory Health and Care Partnership, bringing partners together to address the wider health, social care and public health needs of the population and the wider determinants of population health and wellbeing

3.5   The design of the Board needs to enable the future ICS NHS Body to deliver on its statutory purpose and functions. Its purpose is to bind partner organisations together to take a collaborative approach to agreeing and delivering ambitions for the health of the Gloucestershire population. The Statutory Posts of the new Board as set out in schedule 2 of the Health and Care Bill are:

- A Chair and Chief Executive
- A minimum of three additional board members (expected to be full members of the unitary board), including at least:
-
  o One member drawn from NHS Trusts and Foundation Trusts that provide services within the ICS
  o One member drawn from the primary medical services within the ICS
  o One member drawn from the Local Authority with statutory social care responsibility

The advised posts according to the ICS Design Framework published June 2021 are:
- Two other independent Non-Executive Directors
- Director of Finance, Medical Director, Director of Nursing

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD PUBLIC SESSION – 31 March 2022
AGENDA ITEM 20: Council of Governors Minutes – 10 November 2022   Page 2 of 9
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3.6   In response to a question about the future role of the Governors in the ICS, Gill Morgan said that Governors were seen as critical friends and it was not envisaged that this role would change currently.

3.7   Chris Witham thanked Gill Morgan for the presentation. He suggested that it would be helpful to prepare some communication about working together and integrating services that would assist Governors and other colleagues to explain the ICS developments to the "people on the street". It was noted that a communication workstream was in place and extensive communication and engagement materials would be produced in the coming months.

3.8   Ingrid Barker thanked Gill Morgan for attending and presenting the update to the Council of Governors.

4.   MINUTES OF THE PREVIOUS MEETING

4.1   The minutes from the previous meeting held on 8 September 2021 were agreed as a correct record.

5.   MATTERS ARISING AND ACTION POINTS

5.1   The actions from the previous meeting were either complete, on-going or included on this meeting's agenda.

5.2   Mervyn Dawe informed the Council that he was liaising directly with the service leads in relation to Out of Area Placements as there were some areas that he felt required fuller assurance.

6.   CHAIR'S REPORT

6.1   The Council received the Chair's Report, which outlined the key activities of the Trust Chair and Non-Executive Directors up to September 2021. It was noted that this report had been presented in full to the Trust Board at its meeting on 30th September.

6.2   Ingrid Barker informed the Council that it continued to be a very busy time but that her report demonstrated that some great work was taking place, both within GHC and with wider system partners.

6.3   A new Board Committee had been established. The Great Place to Work Committee had its first meeting on 21 October and will be the committee with the lead for HR, workforce and health and wellbeing. Graham Russell would be the Chair of the new Committee. Summary reports from this committee would be presented in the Governor dashboard going forward.

7.   CHIEF EXECUTIVE'S REPORT

7.1   Paul Roberts provided the Council with a verbal update on key news and developments.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 20: Council of Governors Minutes – 10 November 2022   Page **3** of **9**
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7.2 Currently, Gloucestershire was at the top of the Covid infection rates table due to a recent problem with Covid testing. Paul Roberts advised that there had been an increase in patients being treated for Covid; however, this was a much lower level than previous waves. GHC continued to provide a testing service at Edward Jenner Court for NHS and local authority colleagues, and people preparing for elective surgery. The service was extremely busy and experiencing very high levels of demand. It was noted that Covid measures were still in place across GHC, with Covid Secure environment guidance in place to ensure that our buildings remain secure.

7.3 There remained huge pressures in the system, with an upsurge in demand for services. There was a knock-on impact on system flow with people discharged from the acute trust, into community hospitals with GHC and onwards into the social care system where delays were being seen. An increase in demand for mental health services was highlighted, as well as eating disorder services which could be seen at both GHC and Gloucestershire Hospital's Trust. Paul Roberts said that the Trust was looking at ways to support colleagues, including measures to speed up recruitment processes, reviewing bank staff and offering incentives. The Trust was very mindful of the continued pressure on staff at this time.

7.4 There was a real focus on recovery, with a huge amount of work taking place with operational services at GHC to review each service provided. A high-level summary of the Recovery programme was included in the Governor dashboard for the first time. Those services that had been RAG rated as Red were those requiring additional support in relation to workforce issues, capacity, waiting lists or estate issues. Robust monitoring and oversight of the recovery programme was in place. Kizzy Kukreja asked whether staff were getting the support they needed. Paul Roberts advised that a recent Senior Leadership Network meeting had discussed the support available to staff, both frontline staff and managers. Feedback loops were in place within the Trust to enable anonymous feedback to be received, as well as the more formal Freedom to Speak Up and Paul Roberts said that the Staff Governors could play a valuable role in seeking feedback from colleagues as to whether they felt that these routes were working. Nic Matthews said that feedback received from the September 2021 People Pulse Survey had indicated that some colleagues felt that they lacked confidence that speaking up processes were confidential and suggested that further work to address these concerns could be considered.

7.5 Paul Roberts provided Governors with additional updates on capital developments underway (Southgate Moorings and Stroud Hospital Upgrade), transforming Community Mental Health Services and inequalities. Further detailed updates would be presented to the Governors in due course.

8. FOREST OF DEAN HOSPITAL DEVELOPMENT

8.1 The purpose of this report was to provide a further update to the Council of Governors on the progression of the development of the new community hospital in the Forest of Dean and the final stages of entering into the transaction for the construction of the new hospital.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 20: Council of Governors Minutes – 10 November 2022 Page **4** of **9**
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8.2 Governors have received a number of presentations and updates throughout the duration of the project to develop the new community hospital in the Forest of Dean (FoD). The programme of work is managed by the FoD Programme Board and there is strong oversight and assurance on behalf of the Trust Board by the FoD Assurance Committee. Work has continued since the approval of the Full Business Case (FBC) in July 2021. This includes ongoing design development, submission of the full planning application and the submission of the Board Self Certification to NHS England/Improvement (NHSEI) regional team for ratification as the Trust's Regulator. Support from the Integrated Care System (ICS) has already been received.

8.3 Following approval from the NHSEI regional team and confirmation of full planning permission hopefully in early 2022 we will be able to finalise the cost plan with Speller Metcalfe (our construction contractor) for the building of the new hospital. The Council of Governors was asked to endorse that the Trust enters into this construction contract and commences the building works for the new hospital once appropriate due diligence has been completed by the FoD Assurance Committee. This endorsement was received from the Council.

8.4 Paul Winterbottom asked whether any learning had been taken on board from previous community hospital builds in considering the design of the new forest hospital development. Angela Potter advised that a great deal had been learnt which had been fed into the design, including the layout of bedrooms, door openings, the size of the bariatric suite, ceiling hoists and things such as the need to co-locate support services.

8.5 Chris Witham said that he was very encouraged that the Trust was using the BREEAM standards in its development, which would ensure that the hospital was built with a low environmental impact and sustainability as a key factor.

9. MEMBERSHIP UPDATE REPORT

9.1 The Council received this report which provided an update on Trust membership activity and statistics for the period up to 1 November 2021.

9.2 An overview of Trust membership was presented and included a breakdown of public members by constituency, ethnicity, disability and age profile. The Council was asked to note that public membership data had remained relatively static over the past 12-18 months, with little change in the statistics month on month. As of 1 November 2021, the Trust had 5937 Public members, of which 4994 are in Gloucestershire. Of these public members, 2591 receive communication from the Trust via Email.

9.3 It was noted that the Membership & Engagement Committee had been closely monitoring progress with the Membership & Engagement Strategy action plan at its meetings. Good progress was being made on all actions, with many of these now complete. An update on engagement activity was presented within the report.

10. GOVERNOR ENGAGEMENT AND PRE-MEETING REPORT

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 20: Council of Governors Minutes – 10 November 2022   Page 5 of 9
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10.1 The Governors had expressed their continued appreciation and thanks to Trust colleagues for the work that was taking place. There were a lot of tired people doing some fantastic work, ensuring that the Trust could continue to provide good care and services and this huge effort was recognised by Governors.

10.2 Mervyn Dawe asked about the impact on GHC of the recently announced compulsory vaccinations for NHS Staff. Angela Potter said that the Trust shared the concerns and anxieties around recruitment and capacity, noting that a clear plan for the Trust on how to address this would be developed in due course.

11. GOVERNOR DASHBOARD

11.1 The Governors received the Governor Dashboard, presenting data up to 30 September 2021. The purpose of this dashboard was to provide a high-level overview on the performance of the Trust through the work of the Board and Committees, with particular focus on the core responsibilities of governors in holding the NEDs to account for the performance of the Board.

11.2 In response to comments received at the September meeting, it was noted that the Dashboard had been developed and now included data on the Recovery programme, staff vaccination rates and additional information on complaints. A further request was made that future dashboards include the actual numbers in relation to Friend and Family Test (FFT) data, and to have this broken down by service area.

11.3 Governors once again welcomed this report, noting that this was a unique and valuable document that could be shared more widely. It was noted that consideration was being given to making this available to all staff via the Corporate Governance intranet pages.

12. HOLDING TO ACCOUNT PRESENTATION

12.1 The Council received a HTA presentation from Sumita Hutchison, Non-Executive Director and Chair of the Charitable Funds Committee. The presentation provided Governors with an overview of the purpose of the Committee, the key ways of working, those things that had worked well and a summary of the areas where development was underway.

12.2 All Board members are Trustees, and those members of the Charitable Funds Committee act on behalf of the Board. Sumita Hutchison Chairs the Committee, with fellow NEDs Graham Russell and Marcia Gallagher as members.

12.3 Currently, there was circa £95k in the unrestricted charitable funds with some bids pending approval. Over the past year the Trust has also received £215k from NHS Charities Together as part of the Covid response. This funding was received specifically for staff health and wellbeing initiatives and had to be pre-committed. The Trust's Charitable fund was relatively low in value.

12.4 The CF Committee is required to comply with legal and regulatory requirements. A lot of time was taken to consolidate the different charities from

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 20: Council of Governors Minutes – 10 November 2022   Page 6 of 9
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the pre-merger organisations, including approval of revised policies and procedures.

12.5   The CF Committee oversee the development of plans to raise more funds and to make better use of the funds available. Work has taken place to consider engaging with external consultants with expertise to develop a fund-raising strategy for the Trust. This would be taken forward in early 2022. It was important to note that the Trust did not have a dedicated resource or the expertise in-house to progress this work.

12.6   Mervyn Dawe asked how staff were made aware of the processes for applying for Charitable Funds and whether this was widely communicated out to people. Sumita Hutchison advised that colleagues in the Communications and Corporate Governance teams had recently carried out a refresh of the Charitable Funds application process, and a new intranet page was available for Trust staff setting out guidance on how to apply for funds, with an updated application form and process/timeline for applications to be received and reviewed at Committee meetings. Further communication on this would be included in future staff newsletters. Guidance for potential donors to the CF Funds was also available on the Trust's website, with a new Just Giving page in development.

12.7   Sumita Hutchison said that the Committee worked in a way that was consistent with the values and strategy of the Trust, and meetings were supportive with an appropriate level of challenge.

12.8   Mervyn Dawe asked whether interest was applied to the Charitable Funds. Angela Potter advised that the Trust did not invest its funds as they were relatively low, so therefore did not attract interest. As mentioned earlier, the £215k of funding received from NHS Charities Together was pre-committed.

12.9   Mervyn Dawe asked how the Charitable Funds linked with the Staff Lottery. Angela Potter agreed to check this and provide an update back. **ACTION**

12.10 The Council of Governors thanked Sumita for her presentation and for providing assurance on the role of the Charitable Funds Committee. The Council also acknowledged the huge contribution made over the years from the League of Friends.

13.   NOMINATIONS AND REMUNERATION COMMITTEE REPORT

13.1   The purpose of this report was to provide a summary to the Council of Governors of the business conducted at the Nominations and Remuneration Committee, held on 27 October 2021. Mervyn Dawe, Public Governor for Stroud and Member of the N&R Committee presented this report to the Council.

13.2   The Committee had received a report seeking the reappointment of Sumita Hutchison, Non-Executive Director for a further term of 3 years. Having considered the report, Committee members fully supported this reappointment, recognising Sumita's achievements and her positive links with external

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 20: Council of Governors Minutes – 10 November 2022   Page **7** of **9**
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organisations and communities. The Council of Governors **approved** this reappointment, which would take effect from 14 January 2022.

13.3 The Committee received the outcome of the annual NED Skills Audit. In order to inform future NED recruitment, a skills audit is undertaken annually of the current NEDs, including the Chair. The purpose of the audit is to identify the skills currently on the Board and, what if any, gaps exist, or will be created when individual NEDs retire. The top-level summary outcome of the skills audit was received and noted. A paper would be brought to the March 2022 meeting of the Committee setting out recommendations for future NED recruitment which would be informed by the results of the skills audit and the future needs of the Trust.

13.4 The Committee received a report reminding them of the decisions taken in 2020 regarding NED and Chair Remuneration. Following the merger of the Trusts in October 2019, the Committee considered the remuneration of the NEDs and the Chair in light of the new responsibilities within the larger organisation, a new NHSI/E framework and benchmarking data, and made recommendations to the Council of Governors on changes to remuneration levels. It was agreed by the Council that the remuneration of NEDs and the Chair would be pegged for three years (to October 2022). Further national guidance was expected in the coming months which would again provide a steer on remuneration levels for Trust Chairs and NEDs. Taking into account the NHS Provider 2020/21 remuneration benchmarking data, Committee members agreed with the decision to keep remuneration at the current levels and to review this again once the national guidance had been issued to ensure that GHC remained in line with its peers.

13.5 Following a resignation from the Council, a vacancy had also arisen on the Nominations and Remuneration Committee. An email was sent out to all Governors on 21 October inviting expressions of interest for people to join the Committee. Two Governors expressed an interest, Kizzy Kukreja (Staff Governor) and Graham Hewitt (Public Governor). The Committee welcomed this interest, and it was agreed that both Governors be invited to join the N&R Committee. Kizzy Kukreja would become a full member immediately, replacing the position left vacant following June Hennell's resignation. Graham Hewitt would be invited to join the Committee as a shadow member, to be appointed as a full voting member when Mervyn Dawe stepped down in June 2022 (or before). The Council fully <u>endorsed</u> the revised membership of the Nominations and Remuneration Committee.

13.6 The Committee also discussed a proposal for establishing a formal Deputy Lead Governor position; however, further discussion on this would take place at the next meeting in March.

14.   LEAD GOVERNOR NOMINATION PROCESS

14.1 The purpose of this report was to set out the annual process to seek self-nominations from members of the Council for the position of Lead Governor. It is a statutory requirement for the Trust to appoint a Lead Governor. The role of Lead Governor is for one year from the date of election and is subject to annual

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 20: Council of Governors Minutes – 10 November 2022   Page 8 of 9
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elections thereafter. A Governor can be reappointed as the Lead Governor for a maximum of 3 years.

14.2 This report was noted, and nominations for the position were sought by 26 November.

15. COUNCIL OF GOVERNOR MEMBERSHIP AND ELECTION UPDATE

15.1 The Council received and noted this report which provided an update on changes to the membership of the Council of Governors and an update on progress with upcoming Governor elections.

16. GOVERNOR ACTIVITY UPDATE

16.1 There were no further updates provided. It was noted that the process for capturing Governor engagement activities and attendance at events would be formalised, with a template being sent out for Governors to complete in advance of future meetings. A report would then be presented at the meeting for the record.

17. ANY OTHER BUSINESS

17.1 There was no other business.

18. DATE OF NEXT MEETING

18.1 The next meeting would take place on Thursday 13 January 2022 at 2.00pm. This would be a Governor development session.

COUNCIL OF GOVERNORS
ACTIONS

Item	Action	Lead	Progress
10 November 2021			
12.9	Angela Potter agreed to check the link between the Charitable Funds and the Staff Lottery and provide an update back to the Council.	Angela Potter	The Staff Lottery is hosted by Gloucestershire Shared services. Colleagues from all local NHS organisations can sign up and participate. However, there were no links between the Staff Lottery and GHC's Charitable Fund

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 20: Council of Governors Minutes – 10 November 2022   Page **9** of **9**
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GREAT PLACE TO WORK COMMITTEE SUMMARY REPORT

DATE OF MEETING 2 February 2022

COMMITTEE GOVERNANCE	- Committee Chair – Graham Russell, Non-Executive Director - Attendance (membership) – 100% - Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

DEEP DIVE – HEALTH & WELLBEING

The Committee held a deep dive in to Health and Wellbeing and contributed to discussions on content and focus of the forthcoming Health & Wellbeing Strategy.

The Committee was informed that Sumita Hutchison had been appointed as the Trust's board-level Wellbeing Guardian and reviewed the job outline and priorities for this important role.

The Committee **endorsed** and **recommended** to the Board the approach outlined in the paper, with particular support being sought for the Wellbeing Guardian role.

INTERIM STAFF SURVEY RESULTS 2021

The Committee received the interim Annual Staff Survey Results 2021 and noted that the results were embargoed until the end of Quarter 4.

The Committee noted the positive outcomes in the majority of survey ratings, and, in particular, the 7% improvement in the response rate. It also noted that the largest worsened rating within the results was the response to: *There are enough staff at this organisation for me to do my job properly.* This response had worsened by 10%, and it was observed that this was similar to other Trusts. The Committee was keen to understand this in more detail when the fully benchmarked and weighted report becomes available.

The Committee **noted** the report and **recognised** that the Trust's approach to people management, workforce culture and speaking up over the past year was paying dividends, despite the unprecedented workforce challenges.

The Committee **recognised** that there was further improvement work to do in order to become a consistent top quartile performer in the survey outcomes. It looked forward to a future deep dive.

VACCINATION AS A CONDITION OF DEPLOYMENT

The Committee acknowledged the recent government U-turn to the mandatory Vaccination as a Condition of Deployment (VCOD) and was assured that the VCOD and Mass Vaccination Oversight Group continued to meet on a weekly basis.

The Chair acknowledged the huge amount of work which had been carried out by colleagues to undertake the changes and thanked the teams involved.

HR POLICIES & PROCEDURES

The Committee was informed that four existing policies had been revised and agreed through the Joint Negotiating and Consultative Forum (JNCF) since the previous committee meeting. These were:
- Retirement and Long Service Awards Policy
- Diversity and Inclusion Policy
- Menopause Policy
- Supporting Attendance (Sickness Absence)

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 21: Great Place to Work Committee Summary Report – 2 Feb 2022 Page **1** of **2**
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OTHER ITEMS RECEIVED

The Committee **received** and **noted** the Performance Report, which provided a high-level view of KPIs across the Trust.

The Committee **received** and **noted** the Corporate Risk Register.

The Committee **received** and **considered** the Board Assurance Framework (BAF), and **noted** the proposed position for workforce related risks and the extension of the target dates for risks 5 and 6.

ACTIONS REQUIRED BY THE BOARD
The Board is asked to:
- **Note** the contents of this summary.

DATE OF NEXT MEETING	06 April 2022

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 21: Great Place to Work Committee Summary Report – 2 Feb 2022   Page **2** of **2**
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AUDIT & ASSURANCE COMMITTEE SUMMARY REPORT

DATE OF MEETING 10 February 2022

COMMITTEE GOVERNANCE	• Committee Chair – Marcia Gallagher, Non-Executive Director
	• Attendance 75%
	• Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

INTERNAL AUDIT REPORTS

The Committee **received** and **noted** the following Internal Audits reports and their risk classifications:

- Equality, Diversity and Inclusion Report - Classification: Low risk. One medium risk finding and two low risk findings.
- Health & Safety Report – Classification: Low risk. One medium risk finding and one low risk finding.

The Committee received a progress report on the implementation of the recommendations arising from the internal audit on Consultant Job Planning, which had been received by the Committee in February 2021. The Committee thank the Medical Director and colleagues for the significant progress made in this area.

EXTERNAL AUDIT

The Committee **received** the External Audit Plan 2021/22, which provided an overview of the external audit strategy for 2021/22; including the key risks identified and the planned approach to address them. The Committee was assured that the Trust was prepared for the adoption of the IFRS16.

COUNTER FRAUD, BRIBERY & CORRUPTION

The Committee **received** and considered the Counter Fraud, Bribery and Corruption report, which provided an update on Counter Fraud activity since November 2021. The Committee also received two final reports following the proactive work completed since the previous meeting; Bank Mandate and E-Learning. The summary of investigations was also received. The Chair thanked Lee Sheridan for organising the Counter Fraud training for the Trust Board, on which positive feedback was received.

The Committee was informed that Ali Koeltgen, Deputy Director of HR had been nominated to the Trust's Counter Fraud Champion.

RISK

The Committee **considered** the quaterly review of the Board Assurance Framework (BAF) and noted the movement in *risk 10 – National Economic Issues* which had increased from 8 to 12. A detailed discussion regarding the *Recruitment and Retention* risk took place and it was agreed that this would be kept under close review by the Great Place to Work Committee. The Committee **noted** that an Internal Audit on the use of the BAF would be undertaken in Q4 and this would inform the future development of the BAF for 2022/2023.

The Committee **received** the Corporate Risk Register and **noted** the information and assurance provided

FINANCE COMPLIANCE REPORT

The Committee **received** and **noted** the Finance Compliance Report. It was highlighted that the Better Payment practice had improved throughout the year, but remained cumulatively below target with the Better payment policy information demonstrating performance close to 88%. The Committee noted the national target of 95% for transactions paid within 30 days. The Trust had however, achieved 95% for month 9.

The Committee was informed that the SFI Compliance review had been undertaken. The review stage had been completed and showed a good compliance level.

CYBER SECURITY

The Committee received a presentation on Cyber Security and the use of Log4Shell. The Committee was informed that that this was a critical vulnerability in the widely used logging tool Log4j which had caused concerns beyond the cyber security community, due to Log4j being rather than a *single piece* of software; was a *software component* that was used by millions of computers worldwide running online services. This made Log4Shell potentially the most severe computer vulnerability seen in years.

The Committee was informed of the actions which were being taken to address the threat. It was reported that the ICS Response was being managed by the Cyber Lead for the ICS who would be working closely with the South West Cyber regional forum and the national cyber team.

The Committee was informed that there had not been any reported vulnerability to date, but alerts had been received. The Committee was reassured by the approach and actions being taken to address this threat.

The presentation is available in the Board Reading Room.

REVIEW OF INTERNAL AUDITOR EFFECTIVENESS

The Committee received the outcome of the effectiveness of the internal audit function.

OTHER ITEMS RECEIVED

The Committee received and considered;
- an update on the ongoing internal audit procurement exercise.
- the Internal Audit Progress Report.
- the Conflicts of Interest Policy update and took assurance from the work carried out and the planned review of the Managing Conflicts of Interest Policy in February 2022.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:
- **Note** the contents of this summary.

DATE OF NEXT MEETING	**12 May 2022**

MHLS COMMITTEE SUMMARY REPORT

DATE OF MEETING 16 February 2022

COMMITTEE GOVERNANCE	• Committee Chair – Sumita Hutchison, Non-Executive Director
	• Attendance (membership) – 75%
	• Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

MHA REFORMS WHITE PAPER - UPDATE

The Committee **received** the Mental Health Act (MHA) Reforms White Paper update which provided an update on the assessment of the local impact on staffing in implementing the recommended reforms to the MHA.

It was reported that the implementation of the reforms to the MHA would have a large impact on staffing and the report highlighted the requirement for an increase in resources to manage the extra demand.

The Committee noted that it was difficult to know exactly what would be definitely required, as this had not yet been confirmed by the government.

It was highlighted that the new role of the Nominated Person would have an impact on the number of Section 2 appeals to tribunal; as the Nominated Person would be able to appeal to the tribunal on the patient's behalf. The expanded role of Patient Advocates also would mean that they would be able to appeal to the tribunal on the patient's behalf. Due to this, an increase in the number of S2 appeals was expected, although the increase was not yet known.

The Committee **noted** the impact on future staffing requirements to implement the proposed changes to the MHA from the government White Paper, Reforming the MHA, Jan 2021.

CORPORATE RISK REGISTER

The Committee was informed that the following risk had been added to the Corporate Risk Register:

Risk ID 180 - Mental Health Act Changes - *There is a risk that new government legislation will have a significant impact on clinician workloads. This is because a Government review of the mental health act looks like increasing safeguards for patients and significantly increasing responsible clinician workload. There is a potential impact on provision of clinical services.*

BLACK LIVES MATTER

The Committee agreed an update on Black Lives Matter/ethnic minority monitoring would be received at the next committee meeting. The final presentation would be received at a future meeting.

OTHER ITEMS RECEIVED

The Committee received and noted the AMHP update report.
The Committee received and noted the Mental Health Operational Group (MHOG) update.

ACTIONS REQUIRED BY THE BOARD
The Board is asked to:
• **Note** the contents of this summary.

| DATE OF NEXT MEETING | 11 May 2022 |

RESOURCES COMMITTEE SUMMARY REPORT

DATE OF MEETING 24 February 2022

COMMITTEE GOVERNANCE	• Committee Chair – Steve Brittan, Non-Executive Director
	• Attendance 75%
	• Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE REPORT – MONTH 10

The Committee **received** and **noted** the Finance Report for month 10, which provided an update on the Trust's financial position.

It was reported that the Trust had a surplus of £309k and was working towards a full year forecast position of break even.

The Committee was informed that the capital expenditure for the end of January 2022 was £6.443m; and the cash balance of the Trust was £56.8m.

PERFORMANCE REPORT

The Committee **received** the Performance Report for month 10 and noted all of the indicators in exception had been seen by the Committee within the previous 12 months.

Nine key performance thresholds were reported for Mental Health and Learning Disability Services. Eating Disorder Services accounted for four of the indicators reported; Care Programme Approach accounted for two and Complex Psychological Interventions also two indicators reported.

20 key performance thresholds were in exception within Physical Health Services. It was reported that 13 of these were associated with a lack of data availability through the delayed SystmOne Simplicity progress.

The Committee noted that, although a proxy indicator and therefore not in exception; the average length of stay for inpatients within Community Hospitals was 45.7 days in January 2022. This had progressively increased across the year from a pre-April 2021 average of 30 days and based on 2018/19 and 2019/20 data; this was beyond the SPC upper control limit of 34 days.

It was reported that this was due to a range of factors such as; system wide delays in sourcing onward care (care home beds/ packages of care and discharge to assess beds), community equipment delays which prevented timely discharge, closure to visiting which had resulted in prolonged conversations with families and carers regarding provision of equipment/ needs on discharge and staff absences - which all impeded usual processes of effective discharge. In response David Noyes, Chief Operating Officer spoke of internal adjustments which were planned to try and reduce the length of stay; specifically, increased therapy offers in the community hospitals to allow re-habitation and patients to go home. It was advised that this was not a KPI with a threshold as it was not nationally required; but recommended it should be included in the exception reporting and looked at in further detail to determine a proxy threshold. The Committee supported this and agreed it would be valuable to review.

The Committee **noted** the aligned Performance Dashboard and **acknowledged** the ongoing impact of the pandemic and service recovery on operational performance.

2022/23 BUDGET: FINANCIAL CONTROL TOTALS, SYSTEM POSITION AND DRAFT 5 YEAR CAPITAL PLAN

The Committee received the Budget Setting Update 2022/23 and it was reported that the Gloucestershire ICS had been given an overall funding envelope of £960m for the financial year 2022/23. The System had a financial target of break even. The combined underlying deficit for the System at present was reported at £69m. The Committee noted that the 2022/23 underlying position for GHC was reported at a deficit of £9,012m.

The Director of Finance informed the Committee of the processes agreed with the ICS and reported that focus would be on getting the System in balance for all individual organisations. It had been agreed that all partners (within the System) would have a savings target of 1.6%.

The Committee received the Trust's current budget setting position and it was reported that when the budgets were set for 2021/22 they were set with a recurring surplus with a forecasted position to get to zero at the end of the financial year.

The Committee noted that the budget assumptions included the CIP requirements. This was noted at £7.6m.

The Committee was informed that the budget proposals were currently being refined and that budget resolution meetings would take place in February/March. The Trust Board would then receive the budgets for approval at the end of March 2022.

The Committee received the 5 year Capital Plan and it was reported that there would be the expectation that backlog maintenance would be prioritised within capital plans.

ELECTRONIC DOCUMENT MANAGEMENT SYSTEM

The Committee received a presentation on the Electronic Document Management System (EDMS) and was informed of the Trust's aspirations to become a paperless organisation and the national target to achieve this by 2024.

The Committee was informed that an options paper was taken to the Digital Group and the decision was made to purchase an EDMS Solution to provide one platform for the Trust's Clinical & Corporate documents; to resolve current issues and support the paperless agenda.

The Committee **noted** the scale of the project and the timelines which would have an impact on services over the next few years.

OTHER ITEMS RECEIVED

The Committee **received** and **considered** the Board Assurance Framework (BAF) and **noted** that an Internal Audit on the use of the BAF would be undertaken in Q4 and will inform the future development of the document for 2022/2023.

The Committee **received** and **noted** the Corporate Risk Register.

The Committee **received** the ICS – System Oversight Framework.

The Committee **received** and **noted** the Business Planning Report for quarter 3.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of this summary.

DATE OF NEXT MEETING	28 April 2022

APPOINTMENTS AND TERMS OF SERVICE COMMITTEE SUMMARY REPORT

DATE OF MEETING 1 March 2022

COMMITTEE GOVERNANCE	• Committee Chair – Ingrid Barker, Chair
	• Attendance (membership) – 86%
	• Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

LOCAL CLINICAL EXCELLENCE AWARDS

The Committee noted that discussions continued nationally on the future process for Clinical Excellence Awards (CEAs). It has been confirmed that GHC can continue with its local processes for clinical excellence awards this year, in line with previous practice. Meetings for the awards panel had now been arranged for 17 March and 25 April and the recommendations for the award of CEAs would be presented to the ATOS Committee at its next meeting in July.

GENDER PAY GAP ANNUAL REPORT

The purpose of this report was to inform the Committee of the 2021 gender pay gap across Gloucestershire Health & Care NHS Foundation Trust, to provide an update on related actions from last year and recommend actions for the coming year. The report contained the statutorily required calculations, presenting the gender pay gap against the six indicators.

In 2021, the Trust Board approved the new People Strategy, which made a specific strategic commitment to equality, diversity and inclusion. Improving and removing the gender pay gap is a key element to operationally delivering on this commitment alongside our actions on the Workforce Race and Disability Equality Schemes.

Whilst this past year's data paints a modest improving picture for the Trust, it also shows that the Trust still has far to go. Importantly, it also continues to demonstrate the scale of challenge and the inherent unfairness in the nation more widely.

The Committee discussed some of the proposed actions highlighted within the report, including taking positive action, on gender and other protected characteristics. The notion of positive action should be seen as different from positive discrimination which is generally illegal (albeit with a small number of very specific exceptions), or the pursuit of quotas which the committee would also not support. Providing that the Trust meets the conditions set out in the Equality Act, positive action is legal and would enable, for example, the appointment of someone with an under-represented protected characteristic in circumstances when 'all other things are equal', i.e. to differentiate between equally good candidates and fulfil a legitimate aim. It was agreed that a clear proposal should be brought forward which spelt out the nature of 'positive action' to avoid any confusion. It was also important to ensure that the Trust did further development work to provide equality of opportunity in career development and support, such that a competitive pool of diverse candidates could be expected as the norm.

The Committee also discussed the pay rates table in the report, making particular reference to

the number of people on pay bands 1 & 2. This was a low rate of pay but it was noted that the Trust no longer appointed colleagues at Band 1. The pay level was above the minimum wage, but it was comparable with people working in the retail industry. It was noted that low pay was the biggest issue and the Trust had lobbied MPs, NHSP and NHSC for differential pay awards. There was a huge disparity between the lowest and highest pay. This was a key area that could impact on the health and wellbeing of colleagues. It was noted that the Trust was working with a salary finance company who offered financial advice and guidance to staff who might be struggling. Recent increases in fuel costs would also have a huge impact on colleagues.

In line with the national requirements, the Trust and its earlier legacy organisations had previously confirmed a statement of commitment to reducing the pay gap. The Committee was happy to endorse a similar statement of intent this year, as follows:

"The Board of Gloucestershire Health and Care NHS Foundation Trust confirms its commitment to ongoing monitoring and analysis of its Gender Pay Gap data and to developing the appropriate actions which will reduce and eradicate this gap over time."

"Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove the gender pay gap."

TERMS OF REFERENCE REVIEW

The terms of reference for the Committee had been reviewed in line with best practice and the Trust's scheme of delegation and standing orders. Proposed changes to the terms of reference were highlighted and included amendments to provide clarity on the Committee's role in relation to the appointment of Executive Directors. The Scheme of Delegation was silent on where the responsibility for the appointment of the Executive Directors sits and it was recommended that this is with the ATOS Committee, on the advice of the Chief Executive. The Committee approved the revised terms of reference for onward presentation and sign off at the March Board meeting.

OTHER ITEMS RECEIVED

- The Committee received and noted the annual Fit and Proper Persons Review and Board member declarations. No issues of concern were brought to the attention of the Committee following the checks.
- The Committee noted that the updated Very Senior Manager (VSM) pay guidance was still awaited
- The Committee received and noted a summary of the outcome of the interim performance review of the Chief Executive.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:
- **Note** the contents of this summary.
- **Approve** the revised terms of reference for the Appointments and TOS Committee (See Appendix A)

DATE OF NEXT MEETING	6 July 2022

TERMS OF REFERENCE

Appointments and Terms of Service Committee
(for the Chief Executive, Executive Directors and Very Senior Managers) (VSMs)*
Version 4

1.	Purpose
1.1	The purpose of the ATOS Committee is to review on behalf of the Board the appointment, remuneration and terms of service and performance of the Chief Executive and Executive Directors of the Board in line with the Trusts Scheme of Delegation and Standing Financial Instructions.
2.	**Membership**
2.1	The Committee will comprise: • The Trust Board Chair • All Non-Executive Directors • Chief Executive The Trust Chair will chair the Committee. When the Trust Chair is unavailable the Vice Chair will chair the Appointments and Terms of Service Committee or in this person's absence the Committee will elect a Non-Executive Director from those present. The Chief Executive will not be present when the Committee is dealing with matters concerning them. **In attendance:** The following will also regularly attend the Committee: • Director of HR and Organisational Development • Head of Corporate Governance Other Directors may attend at the request of the Committee. Any attendees will not be present when matters discussed affect them personally.
2.2	Other Officers or Directors of the Trusts may attend at the discretion of the Chair.
2.3	**CONFIDENTIALITY** A member of the Committee must not disclose any matter brought before the Committee until the Committee has either reported to the Board or otherwise concluded the matter. A member of the Committee must not disclose any matter, whether concluded or not, that the Board or the Committee had determined is confidential or would otherwise breach a reasonable expectation of confidentiality.
3.	**Quorum**
3.1	Three members including two Non-Executive Directors.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 25.1: ATOS Committee 01 March 2022 – Terms of Reference   Page **1** of **4**
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4.	**Reporting Arrangements**
4.1	The ATOS Committee will update each routine Board meeting on its activity, highlighting decisions made, issues being progressed and issues requiring further consideration or decision by the Board.

5.	**Powers**
5.1	The Committee has delegated authority to manage and oversee the appointment and appraisal processes for the Chief Executive and Executive Directors on behalf of the Board.
5.2	The Committee will agree the remuneration and terms of service of staff employed on VSM contracts including all aspects of salary and any performance related pay or bonus, severance payments and the provision of other benefits (for example, cars, allowances or payable expenses).
5.3	Seek opinion from NHSI where required with reference to 'Guidance on Pay for Very Senior Managers in NHS trusts and foundation trusts'. (March 2018).
5.4	The Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation shall apply to the ATOS Committee.
5.6	The Committee is authorised to establish sub-groups, to which it can delegate specific tasks or functions, whose activities it will monitor through the groups minutes or reports depending on the tasks or functions undertaken. The Committee will approve the terms of reference of the sub groups.

6	**Responsibilities**
6.1	Nominations role

The Committee shall, in respect of nominations:

Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Executive Directors and make recommendations to the Board with regard to any changes.

Give full consideration to and make plans for succession planning for the Chief Executive and Executive Directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.

Be responsible for identifying and appointing, candidates to fill Executive Director posts within its remit as and when they arise.

Be responsible for identifying and nominating a candidate, for approval by the Council of Governors, to fill the position of Chief Executive.

Ensure that Executive Directors meet the requirements of the 'Fit and Proper Persons Test'. |

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 25.1: ATOS Committee 01 March 2022 – Terms of Reference　　　　　Page **2** of **4**
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Before an appointment is made, evaluate the balance of skills, knowledge, diversity and experience of the Executive Directors and in the light of this evaluation, prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates, the Committee shall use:

- open advertising or the services of external advisers to facilitate the search;
- consider candidates from a wide range of backgrounds; and
- consider candidates on merit against objective criteria.

Consider any matter relating to the continuation in office of any Executive Director at any time, including the suspension or termination of service of an individual as an employee of the Trust.

To consider the engagement or involvement of any suitably qualified third party or advisers to assist with any aspects of its responsibilities.

6.2	Remuneration Role

The Committee shall in respect of remuneration:

Establish and keep under review a remuneration policy for Executive Directors.

Consult the Chief Executive about proposals relating to the remuneration of Executive Directors.

In accordance with all relevant laws, regulations and the Trust's policies, determine the terms and conditions of office of the Executive Directors. To include all aspects of salary and any performance related pay or bonus and the provision of other benefits (for example, cars, allowances or payable expenses) ensuring they are fairly rewarded for their individual contribution to the NHS Foundation Trust – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff.

Use national guidance and market benchmarking analysis in the annual determination of remuneration of the Executive Directors.

Approve the arrangements for the termination of employment of any Executive Director and other contractual terms, having regard to any national guidance.

Approve all redundancies which attract a monetary value over and above contractual entitlement.

Ensure that any proposed compromise agreement is justified and that it is drafted in such a way as not to prevent proper public scrutiny by NHSI, the Department of Health or external auditors.

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 25.1: ATOS Committee 01 March 2022 – Terms of Reference   Page 3 of 4
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	Oversee the performance review arrangements for the Executive Directors ensuring that each Executive Director receives an annual appraisal. Agree the service contracts for Very Senior Managers, including, remuneration, other benefits and allowances, pensions arrangements, performance related pay, and termination payments taking note of current advice and requirements nationally.	
7.	**Frequency and Review of Meetings**	
7.1	The Committee will convene as often as is necessary, but normally 4 meetings will be scheduled each year. The Chair may agree further meetings if necessary. Virtual meetings, at the discretion of the Committee Chair, may take place using appropriate electronic methods.	
7.2	These Terms of Reference will be reviewed annually, with any change recommended to the Trust Board for approval. This review will include a self-assessment of the Committee's effectiveness in discharging its responsibilities as set out.	
8.	**Administration**	
8.1	The Trust Secretary will ensure appropriate support is provided to the Committee.	
8.2	The Committee will agree an annual plan which will outline the business to be discussed at each meeting. This will include the content and frequency of reports from sub-groups.	

*VSMs is defined by NHS Employers as 'other senior managers with Board level responsibility (March 2018)

Version:	Date Approved:	Approved by:
Version 1	28/10/19	Draft for consideration by Executive Team 12th November
Version 2	06/12/19	Re draft amended to reflect SFIs section 8.1.7
Version 2	28/01/20	Submission to Trust Board for approval
Version 2	29/01/20	Approved at Trust Board
Version 3	17/03/21	Draft reviewed by ATOS Committee
Version 3	31/03/21	Approved at Trust Board
Version 4	01/03/22	Draft reviewed by ATOS Committee
Version 4	31/03/22	Approved at Trust Board

Gloucestershire Health and Care NHS Foundation Trust: TRUST BOARD **PUBLIC** SESSION **– 31 March 2022**
AGENDA ITEM 25.1: ATOS Committee 01 March 2022 – Terms of Reference   Page **4** of **4**
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QUALITY COMMITTEE SUMMARY REPORT

DATE OF MEETING 3 March 2022

COMMITTEE GOVERNANCE	• Committee Chair – Jan Marriott, Non-Executive Director
	• Attendance (membership) – 100%
	• Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

OVERVIEW OF KEY DISCUSSIONS

The Director of Nursing, Therapies & Quality drew the Committee's attention to the Serious Incidents and the marked increase of 9 occurring in the previous month. The Committee was assured that this would be kept under review and whether any trends were identified. The Committee was assured that this was not a concern for stakeholders.

The Committee was assured that the work was monitored on a monthly basis and all incidents were reported through the national Patient Safety Reporting Mechanism. This was received by NHS England, CQC and also Gloucestershire CCG.

QUALITY DASHBOARD REPORT

The Committee **received** and **noted** the Quality Dashboard Report and was informed of the continued challenges within the Eating Disorders services, CPA target, recovery and staff vacancies, and assured that work was underway to address these issues. The Committee was informed that a series of reports had been commissioned which would give quality deep dive information into areas of concern. The report would highlight safety and performance metrics in an easy to read view allowing to identify areas of trends and issues.

The NED Quality Visits were highlighted within the report, which demonstrated consistent examples of respectful, kind and compassionate care across the visits undertaken. The main NED suggestions for follow-up were included in the report.

MEDICAL EDUCATION ANNUAL REPORT

The Committee **received** and **noted** the Medical Education Annual Report and was informed that the Trust was the highest ranked NHS Trust delivering postgraduate Psychiatry training in the South west in terms of trainee satisfaction. The benefits of the merger on medical education and training were demonstrated in the report.

RESEARCH & INNOVATION STRATEGY 2022-26 UPDATE

The Committee **received** and **noted** the Research and Innovation Strategy which provided an interim update on the development of the new Trust Research and Innovation (R&I) Strategy.

The Committee was informed that the process of developing a new Research and Innovation Strategy was underway. This would focus on creating a Research and Innovation Hub to provide training, education and support to local staff wishing to get involved in research and innovation. This would be done through strengthening links with the Quality Improvement and Audit teams to provide a truly Trust-wide, all-inclusive service.

The Committee noted that resourcing was an issue. The Committee was informed that funding was received year by year by the research team, which meant that jobs were not guaranteed each year. It was noted that some other trusts had invested in a core research team, which meant the jobs were substantive. This would be explored by the Trust.

OTHER ITEMS RECEIVED

The Committee **received** and **noted** the Corporate Risk Register for quarter 3.

The Committee **received** and **considered** the updated Board Assurance Framework (BAF).

The Committee **received** and **noted** the Quarterly Patient Safety Report, quarter 3.

The Committee **received** and **noted** the Learning from Deaths Report, quarter 3.

The Committee **received** and **noted** the Quality Assurance Group (QAG) Summary Report.

The Committee **received**, **discussed** and **noted** the Quality Strategy 2021/26 and Implementation Plan.

The Committee **received** and **noted** two policies (Job Policy and the Medical Appraisal Policy) that had been ratified and signed off by Amjad Uppal, Medical Director following a period of consultation.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of this summary.

DATE OF NEXT MEETING	5 May 2022

FOD ASSURANCE COMMITTEE SUMMARY REPORT

DATE OF MEETING 9 March 2022

COMMITTEE GOVERNANCE	• Committee Chair – Steve Brittan, Non-Executive Director
	• Attendance (membership) – 83%
	• Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

PLANNING PERMISSION
The Committee was informed that the FoD Planning Committee had met the previous day and had approved the planning permission for both the Skate Park redevelopment and the Hospital development. It was reported that the approval of the Hospital development was subject to no objections being received from Natural England within their statutory consultation period. It was noted that this was a low risk. The relaxation of the Covenant for the site had been agreed and was awaiting signature.

SCHEME UPDATE TO INCLUDE ENABLING WORKS
The Committee was informed that the enabling works by Speller Metcalfe were due to begin 10 March 2022. All other enabling works would be taking place throughout the next 14-15 weeks.

GMP & FINANCE
The Committee was assured that the Expenditure to the end of the current financial year was on track as planned. The design contract build risk of 2.5% was included and this should reduce to 1% once a signature was secured. It was noted that the figures included the £650k Trust contingency.
The Committee was informed that a draft copy of the contract had been issued to DAC Beachcroft (Trust solicitors) for review and comment. This would be received by the Committee at a later date.
The Director of Finance informed the Committee that the five-year capital plan had been received by the Resources Committee. From this programme it was proposed to take out £0.5m from buildings, backlog maintenance and net zero (totalling £1.5m). The Committee was informed that many of the net zero carbon projects crossed over with backlog maintenance, and that the majority of the most high and significant backlog maintenance work had already been completed.
It was reported if the above proposal was agreed, then the 22/23 CDEL could be managed providing that the cost increase could be contained to £1.5m.
It was proposed that the Trust Board would receive a proposal for £25.5m for the FoD new hospital construction contract on 31 March, but with the aim to reduce. The Committee would seek delegated authority from the Board for further approval. A final business case would be presented once the GMP was in place. This would be received by the Committee in April. The Committee supported Spellers Metcalfe commencing work 10 March and the decision to present the contract proposal to Trust Board 31 March.

CONSTRUCTION AGREEMENT
The Committee **received** the Construction Agreement which provided an update on the ongoing discussions and legal advice received. It was reported that the final documentation would be received by Trust Board 31 March for approval.
The Committee **noted** the ongoing discussions and provided further areas for exploration within the contract.

OTHER ITEMS RECEIVED

The Committee **received** and **noted** the Risk Register.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of this summary.

DATE OF NEXT MEETING	TBC